

Pastoral counselling of the paramedic in the working environment

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DEDICATION

Dedicated to
Reneé Lynette Crafford
Dirk Johannes Jakobus Van Straten

If I can stop one heart from breaking,

I shall not live in vain;

If I can ease one life the aching,

Or cool one pain,

Or help one fainting robin

Unto his nest again,

I shall not live in vain.

Emily Dickinson

ABSTRACT

Paramedics are exposed to high levels of stress and trauma in their working environment. Research has its focus on the coping mechanisms and trauma incidents escalating into Posttraumatic Stress Disorder. This study examines the paramedics' working environment in relation to the help available, and suggests a pastoral counselling method which may be utilized as an effective method of assisting in the coping process and prevention of PTSD. Emergency Medical Services as a helping profession is mainly concerned with the welfare of their patients. This study has its focus on helping the helper, with the main focus on assisting the paramedic to cope with his working environment. Implications of the research include kerugmatik counselling and narrative therapy, incorporated in a pastoral counselling method to assist the paramedic with the healing process. The main findings were that stress and coping of the paramedic in his working environment was a reality which was often overlooked, as these paramedics had their focus on caring for their patients. In most cases there is help available, but the paramedic is hesitant to seek it out. Paramedics are mostly self-reliant in their coping mechanisms as their understanding and relationship with God and with the church had been damaged. The researcher followed the four tasks of practical theology as theoretical framework, as explained by Osmer:

Descriptive-empirical Task – Priestly listening

Interpretive Task – Sagely wisdom

Normative Task – Prophetic discernment

Pragmatic Task – Servant Leadership

Keywords

Pastoral counselling, paramedic, working environment, emergency medical services, stress, secondary traumatic stress, vicarious trauma, compassion fatigue, counselee, narrative therapy, kerugma.

OPSOMMING

Die paramedikus word aan hoë vlakke van stres en trauma in die werksomgewing blootgestel. Navorsing het tot dusver op die eskalering van trauma insidente na Posttraumatische Stres Versteuring (PTSV) gekonsentreer. Die studie ondersoek die paramedikus se werksomstandighede met betrekking tot beskikbare hulp in die werksomgewing, en beveel 'n pastorale beradingsmetode aan as effektiewe metode om PTSV te voorkom. Mediese nooddienste is hoofsaaklik oor die welvaart van hulle pasiënte besorg. Hierdie studie fokus daarop om die helper te ondersteun, en konsentreer hoofsaaklik op die paramedikus sodat hy in sy omstandighede, die probleme die hoof kan bied. Die implikasies van die navorsing sluit in kerugmatiewe en narratiewe terapie, as deel van die pastorale beradingsmetode om die paramedikus in die helingsproses by te staan. Die hoof bevindinge is dat stres hantering en *coping* in sy werksomgewing vir die paramedikus 'n realiteit is wat dikwels ignoreer word aangesien hierdie individue meestal daarop konsentreer om hulle pasiënte te versorg. In die meeste gevalle is daar hulp beskikbaar, maar die paramedikus is huiwerig om daarvan gebruik te maak. Die paramedikus is baie onafhanklik wat betref sy stres hantering meganismes. Hulle begrip van, en verhouding met God en die kerk het dikwels skipbreuk gely. Die navorser het vir die doeleindes van die studie die vier take van praktiese teologie, soos deur Osmer uiteengesit, gevolg:

Beskrywend empiriese Taak – luister

Interpreterende Taak – wysheid

Normatiewe Taak – profetiese onderskeiding

Pragmatiese Taak – leierskap

Sleutel terme

Pastorale berader, werksomgewing, paramedici, noodreddingsdienste, stres, sekondêre trauma, plaasvervangende trauma, medelye-moegheid, beradene, narratiewe terapie, kerugma.

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TABLE OF CONTENT

<i>Dedication</i>	<i>ii</i>
<i>Abstract.....</i>	<i>iii</i>
<i>Opsomming.....</i>	<i>iv</i>
<i>Acknowledgements</i>	<i>v</i>
<i>Table of Content.....</i>	<i>vi</i>
<i>List of Tables.....</i>	<i>x</i>
<i>DIAGRAMS.....</i>	<i>x</i>
<i>List of Figures.....</i>	<i>xi</i>
<i>Acronyms</i>	<i>xii</i>
CHAPTER 1: INTRODUCTION TO THE RESEARCH TOPIC	13
1.1 INTRODUCTION	13
1.2 DEFINITIONS OF KEYWORDS	13
1.3 PROBLEM STATEMENT	16
1.3.1 Challenges in this study.....	16
1.4 RESEARCH QUESTION	16
1.5 AIM OF THE STUDY	17
1.5.1 Central Theoretical Statement	17
1.6 RESEARCH METHODOLOGY	17
1.7 TECHNICAL ASPECTS	19
1.8 CHAPTER OUTLINE.....	19
CHAPTER 2: DESCRIPTIVE-EMPIRICAL STUDY	20
2.1 INTRODUCTION	20
2.2 OBJECTIVES	20
2.3 RESEARCH DESIGN	20
2.3.1 Population, Setting and Sample	21
2.3.2 Instrumentation.....	22
2.3.3 Data Collection.....	22
2.3.4 Demographics	23
2.3.4.1 Coping with work-related stress	30
2.3.4.2 Implications of Counselling.....	35
2.3.4.3 Scores: open-ended questions	46
2.4 DISCUSSION OF FINDINGS.....	47
2.4.1 Demographics	47
2.4.2 Coping with work-related stress	48
2.4.3 Implications of counselling	48

2.5	CONCLUSION.....	49
CHAPTER 3:	INTERPRETIVE TASK.....	51
3.1	OBJECTIVES	51
3.2	INTRODUCTION	51
3.3	WORKING ENVIRONMENT	53
3.3.1	Gender and Age	54
3.3.2	Workplace violence	55
3.3.3	Support system.....	55
3.4	SELF-RELIANCE STRATEGY	56
3.4.1	Basic elements of the paramedic's self-reliance strategy	57
3.4.2	Perceptions on the paramedic self-reliance strategy.....	60
3.4.3	Burnout and Vicarious Trauma.....	61
3.4.4	Anger	62
3.4.5	Humour.....	63
3.4.6	Alcohol and Substance Abuse.....	64
3.4.7	Cigarette smoking.....	64
3.4.8	Exercise	65
3.4.9	Strengths and limitations of self-reliance	65
3.5	COUNSELLING APPROACH	67
3.5.1	Prayer as self-reliance Coping Strategy.....	69
3.5.2	Spirituality and Religion as self-reliance Coping Strategy	69
3.6	INTRODUCTION TO KERYGMATIC COUNSELLING	71
3.7	INTRODUCTION TO NARRATIVE THERAPY	73
3.8	PARAMEDIC SEEKING HELP.....	75
3.9	CONCLUSION.....	76
CHAPTER 4:	NORMATIVE TASK	78
4.1	OBJECTIVES	78
4.2	INTRODUCTION	80
4.3	PRACTICAL THEOLOGY	80
4.3.1	PRACTICAL THEOLOGY METHODOLOGIES.....	81
4.3.2	PRACTICAL THEOLOGY: SERVANT LEADERSHIP.....	83
4.3.3	PRACTICAL THEOLOGY: PASTORAL COUNSELLING	83
4.3.4	PRACTICAL THEOLOGY: SPIRITUAL DIMENSIONS	84
4.5	PROPHETIC DISCERNMENT	85
4.5.1	PROPHETIC DISCERNMENT: OLD TESTAMENT.....	85
4.5.2	PROPHETIC DISCERNMENT: NEW TESTAMENT	86
4.6	THEOLOGICAL INTERPRETATION.....	86

4.6.1	Job	87
4.6.2	The Apostle Paul.....	87
4.6.3	Reliance upon God	88
4.6.4	God-Concept.....	91
4.6.5	Obstacles to Grace	93
4.7	ETHICAL INTERPRETATION	95
4.7.1	Scriptural truth through counselling.....	97
4.7.2	The Holy Spirit as Counsellor	99
4.8	GOOD PRACTICE	100
4.8.1	Searching for meaning	102
4.8.2	Reconciliation	103
4.9	CONCLUSION.....	104
CHAPTER 5: PRAGMATIC TASK		106
5.1	OBJECTIVES	106
5.2	INTRODUCTION	107
5.3	PASTORAL COUNSELLING	109
5.4	THE PASTORAL COUNSELLOR AS SERVANT LEADER	109
5.5	ETHICS OF PASTORAL COUNSELLING	111
5.6	THE JOURNEY	113
5.7	COUNSELLING THE INDIVIDUAL	115
5.7.1	Narration of the story	117
5.7.2	Repentance and Forgiveness	119
5.7.3	Deconstruction	119
5.7.4	Externalizing the problem	120
5.7.5	Reconstruction	121
5.7.6	Reconciliation	122
5.7.7	Conversion.....	122
5.7.8	Transformation	124
5.8	CONCLUSION.....	124
CHAPTER 6: SUMMARY.....		126
6.1	INTRODUCTION	126
6.2	DESCRIPTIVE-EMPIRICAL TASK.....	126
6.3	INTERPRETIVE TASK	127
6.4	NORMATIVE TASK.....	128
6.4.1	The help that is available and their hesitancy to seek it out.....	129
6.4.2	The paramedic's self-reliance strategy to coping.	129
6.4.3	The paramedic's understanding and relationship with God.....	129

6.5	PRAGMATIC TASK	130
6.6	LIMITATIONS.....	131
6.7	RECOMMENTDATIONS	132
6.8	CONCLUSION.....	133
	<i>Bibliography</i>	<i>135</i>

Annexures

LIST OF TABLES

Table 2.1:	Distribution of Questionnaires	22
Table 5.1:	Kerugmatik Model: Proclaiming salvation (confessing)	72

DIAGRAMS

Diagram 4.1:	Osmer's Hermeneutical Spiral
Diagram 4.2:	Practical Theology Methodologies

LIST OF FIGURES

Figure 2.1:	Gender of respondents.....	23
Figure 2.2:	Age group of respondents in years.....	24
Figure 2.3:	Period of employment of paramedics	25
Figure 2.4:	Average marital status of paramedics.....	26
Figure 2.5:	Use of alcohol as stress reliever	27
Figure 2.6:	Rate of substance abuse among paramedics.....	27
Figure 2.7:	Spiritual values of paramedics.....	28
Figure 2.8:	Participation in physical activities for example, gym, jog, sport activities etc.....	28
Figure 2.9:	Whether paramedics view themselves as being religious	29
Figure 2.10:	Willingness to discuss problems with a pastoral counsellor	29
Figure 2.11:	Use of any medication as a result of working circumstances	30
Figure 2.12:	Discussing experiences at work with colleagues	30
Figure 2.13:	Most likely person with whom to discuss problems at work	31
Figure 2.14:	A psychologist being available and accessible to paramedics	32
Figure 2.15:	A pastoral counsellor being available and accessible to paramedics.....	33
Figure 2.16:	Paramedics' need to take alcohol after a traumatic rescue to cope	34
Figure 2.17:	Awareness of colleagues who take alcohol due to stress	34
Figure 2.18:	Professional counsel may create impression of inability to handle job.....	35
Figure 2.19:	Consulting a professional counsellor, may cause loss of employment.....	36
Figure 2.20:	Consulting professional counsellor will help to cope	37
Figure 2.21:	Consulting a professional counsellor, may create impression of being a coward.....	38
Figure 2.22:	Consulting professional counsellor, carry approval of colleagues.....	38
Figure 2.23:	Colleagues do not care if consulting a counsellor or not.....	39
Figure 2.24:	Plagued by intrusive or disturbing memories about work experiences.....	39
Figure 2.25:	Suppressing certain thoughts or avoiding situations	40
Figure 2.26:	Relationships affected by working environment.....	40
Figure 2.27:	Paramedics loss of compassion	41
Figure 2.28:	Long-term effects of stressful events lead to irritability	42
Figure 2.29:	Paramedics find working environment to be stressful	42
Figure 2.30:	Coping successfully with working environment	43
Figure 2.31:	Working environment negatively impacts paramedics' lives	44
Figure 2.32:	Paramedics would like to wipe problems from their minds.....	44
Figure 2.33:	Options to relieve stress	45

ACRONYMS

AAPC	American Association of Pastoral Counsellors
CISD	Critical Incident Stress Debriefing
EMS	Emergency Medical Services
PTSD	Posttraumatic Stress Disorder
PTSR	Posttraumatic Stress Reaction
UFS	University of the Free State

CHAPTER 1: INTRODUCTION TO THE RESEARCH TOPIC

1.1 INTRODUCTION

This is a pastoral study of the paramedic's self reliance in coping with his working environment, and how pastoral counselling can be of assistance in addressing stress and trauma. During the last seven years the researcher has been working at the Disaster Management Centre for Africa at the University of the Free State, where the researcher has been in contact with many paramedics and Emergency Medical Services (EMS) rescue workers. Throughout this time, I have become aware of their struggle to cope with problems arising from a stressful and traumatic working environment. When asked where they go for help after a stressful or traumatic incident, most of them confessed to having turned only to their colleagues and family.

Paramedics are aware of counsellors and psychologists which are there to help them, but do not make use of them, as it will be on their own request, and not an institutional rule. There is the perception that in making use of said psychologists and counsellors, that this will be interpreted as a sign of weakness which may be career limiting.

It is therefore my aim as pastoral counsellor to show in this study how paramedics may be helped by pastoral counselling to cope with their working environment.

1.2 DEFINITIONS OF KEYWORDS

- *Pastoral Counselling* – according to Geary (2003:68) pastoral counselling can be understood as a form of help which is informed by spiritual values and is open to the possibility of exploring spiritual and religious issues in the counselling relationship. Benner (2003:10) believes that pastoral counselling is centred in the proclamation of Scripture in the Christian Ministry of which it is a legitimate part. Pastoral counselling provides a unique opportunity for the Word of God to be spoken. Woodward and Pattison (2000:227) define pastoral counselling as an opportunity to provide a therapeutic relationship in which the counselee is able to think about his experiences and make strategic decisions about his life. Pastoral counselling is “a specialized type of pastoral care offered in response to individuals, couples, or families who are experiencing and able to articulate the pain in their lives and are willing to seek pastoral help in order to deal with it” (Hunter, 1990:849).
- *Counselee* – also referred to as the client, is a person seeking help by entering into a trusting relationship with the pastoral counsellor in the hope that his problems may be

solved. Hunter (1990:233) gives a clear definition of a counselee as: “*One who receives advice*”. As used in psychology this term connotes a person seeking help from a professional counsellor, implying recognition of need and often the payment of a fee. A client is one employing the service of a professional person, such as those employing lawyers, investment counsellors, or psychologically trained counsellors.

- *Paramedic* – Brouhard (2008:1) defines a paramedic as a certified healthcare provider who is trained to treat and transport victims of emergencies. Paramedics provide advanced life support to victims. Skills include injections, intravenous infusions, needle thoracotomy, cricothyroidotomy, intraosseous infusions and advanced airway management.
- *Working environment* – the paramedic's working environment is regarded as one of the most stressful occupations alongside that of a police officer, fire fighter and rescue worker. The United States Bureau of Labour statistics (2012) indicates that their work is not only physically strenuous, but stressful, sometimes involving life-or-death situations and suffering patients. These workers experience above average number of work-related injuries, stress and trauma. Hetherington (2001:1) describes working for the emergency services as challenging, but with the potential of being a highly rewarding vocation. Paramedics may work in the emergency department, fire department, public gatherings and factories, but most importantly the certification is aimed at providing care in an ambulance (Brouhard, 2008:1).
- *Emergency Medical Services*– as defined by Mosby's medical textbook is a national network of services coordinated to provide aid and medical assistance from primary response to definitive care; it involves personnel trained in rescue, stabilisation, transportation, and advanced management of traumatic and medical emergencies (Sanders, 2000:3). Emergency Medical Services is an occupational field in which paramedics deal with trauma and medical emergencies on a daily basis. They therefore have to switch from low energy activities to high adrenaline performances and absolute focus in a matter of seconds (Erasmus & Fourie, 2008:23).
- *Stress* – Weaver *et al.* (2001:82) define stress as “*an interaction between event and interpretation*”. Stress results from the perception of an intense or disturbing experience and may be referred to as anxiety, depression, anger, distress, frustration, pressure or emotional trauma (Cunningham, 2000:4; Lazarus, 2006:34). Louw and Edwards (1993:658) defines stress as people's physiological and psychological response to events in the environment called stressors.
- *Secondary Traumatic Stress* – Jenkins and Baird (2002:424) describe Secondary Traumatic Stress as “*the sudden adverse reactions people can have to trauma survivors when they are helping or wanting to help*”. Figley (2002:85) define secondary trauma as

“the emotional duress experienced by persons having close contact with a trauma survivor”.

- *Vicarious Trauma* – The definitions of trauma offered by the Dictionary of Pastoral Care and counselling (Hunter,1990:1287) illuminate the need for competent care (Massey, 2008:261). Physical trauma is defined as *“an injury or wound produced violently, and the resulting physical and psychological condition”*. Psychic trauma is defined as *“an emotionally shocking experience which has a lasting psychic effect, usually categorised as post-traumatic stress disorder”* (Hunter, 1990:1287). Trauma is also described as a physical and/or mental injury caused by an external agent – the result of a traumatic experience that causes physical or emotional harm to the person (Anon, 2008:23). Vicarious trauma refers to *“the impact of a traumatic incident on people other than the immediate victim but in some way bear witness to the event”*; a role typical for ambulance officers (Figley, 1995: xiv).
- *Compassion Fatigue* – is defined by Figley (1995:xiv) as *“the natural behaviours and emotions that arise from knowing about a traumatizing event experienced by a significant other – the stress from helping or wanting to help a traumatized person”*. According to Coetzer (2004:205), medical personnel tend to put the needs of others before their own, and are prone to nightmares as a result of what their patients have to endure. Even though they try to remain neutral where therapy is concerned, they may easily be emotionally overwhelmed, and it becomes difficult to ignore the potential of trauma in their own lives.
- *Narrative Therapy* – holds that our identities are shaped by the accounts of our lives found in the *stories* we tell. Narrative therapy focuses on the narrative in therapy. The narrative therapist and the counselee have to work together to develop thicker narratives. Narrative practices separate the person from the problem by externalization and a process of deconstruction and meaning making (Angus & McLeod, 2004:142).
- *Kerugmatic* – according to Brown & Augusta-Scott (2007:267) kerugmatik content means good news about salvation through Jesus Christ. The Greek word *“kerugma”* means *“proclamation”*. Brown & Augusta-Scott (2007:267) go on to say that *“this good news is not just any news, not just any truth, not just anything agreed with, or just any Biblical truth. It is good news about salvation through Christ”*.
- *Paramedic self-reliance* – paramedics mostly prefer to engage in informal, unstructured storytelling as a means of therapy. These informal debriefings allow them to express a greater range of emotions than they can in a formal Critical Incident Stress Debriefing session (Tangherlini, 1998:65). Colder (2001:237) indicates that the use of alcohol may be viewed as a self-reliant means of coping with distress.

1.3 PROBLEM STATEMENT

1.3.1 Challenges in this study

Mason (2006:1) states that a cumulative effect of many traumatic experiences does not usually have the effect of making the paramedic battle hardened. They often see themselves as professional, and are often unemotional about their dangerous and emotionally challenging work. These professionals mostly find comfort with fellow responders who work with them, and often use humour to survive emotionally.

Many will self-medicate with alcohol (or possibly other drugs/medication) to control anxiety, stress, fear and anger which may lead to substance abuse. Mason (2006:1) goes on to say that the mental and emotional distractions that past traumatic events create, can lead to accidents or mistakes that can further injure these professionals mentally or physically. The traumatised paramedics' method of processing the trauma will determine whether his wounds will heal or result in a silent struggle.

Paramedics use the term "*critical incident*" to refer to a category of workplace stressors. Factors that make an incident critical are mostly patient death, accidents where children or old people are involved, and burn wounds. This study focuses on how pastoral counselling can assist the paramedic in his stressful and traumatic working environment, hence the research question.

1.4 RESEARCH QUESTION

The above mentioned problem statement leads to the following question: *How can pastoral counselling assist the paramedic in his stressful and traumatic working environment?*

Questions that arise from the research question can be divided as follows:

- After completion of the empirical study, what new perspectives may be discovered concerning the paramedic's self-reliance strategy of coping in his working environment?
- What perspectives will be derived at from a literature study in the field of practical theology, psychology and other secular viewpoints on the chosen topic by the researcher for this study?
- What are the Scriptural perspectives on pastoral counselling, stress, trauma and the working environment?

- What conclusions can be drawn and recommendations made regarding pastoral counselling as a form of assisting the Paramedic?

1.5 AIM OF THE STUDY

The aim of the study is to establish how pastoral counselling can be used effectively in assisting the paramedic in coping with his working environment. Objectives in this study:

- After completion of the empirical study, outline new perspectives which may be discovered concerning the paramedic's self-reliance strategy of coping in his working environment.
- Complete the interpretive task by doing a literature study in the field of practical theology, psychology and other secular viewpoints on the chosen topic.
- Study Scriptural perspectives on pastoral counselling, stress, trauma and the working environment,
- Outline the conclusions drawn and recommendations made regarding pastoral counselling as a form of assisting the Paramedic.

1.5.1 Central Theoretical Statement

The central theoretical statement is that pastoral counselling can be used effectively in assisting the paramedic in coping with his working environment.

1.6 RESEARCH METHODOLOGY

The researcher proposes that this study be structured around the four tasks set out by Osmer (2008) which are: descriptive-empirical task, interpretive task, normative task and pragmatic task. In his review of Practical Theology by R.R. Osmer, Smith (2010:1) describes the primary purpose of the proposed model of practical theology as equipping the congregational leader, in this case, interpreted as the pastoral counsellor, to engage in practical theological interpretations of episodes, situations, and contexts that they are confronted with on a daily basis in their practice. In the light of the research topic, the researcher proposes that these episodes, situations, and contexts can be better understood through the lenses of kerugma, narrative therapy as a structured narrative, and the understanding of the paramedic's self-reliance in his working environment (unstructured narrative).

By doing the descriptive-empirical task, the question is asked “What is going on?” Information is gathered regarding the problem (Osmer, 2008:33). In Chapter Two, the researcher will conduct a literature study on different viewpoints regarding the paramedic in his working environment, as well as his coping strategies. The method of research used for data-gathering were questionnaires, set up in conjunction with the UFS data-analysis department under supervision of Dr. Delson Chikobvu, as well as informal interviews with persons involved in EMS and Disaster Management in South Africa. This research study aims to utilize the mixed methods approach to research which is defined by Teddlie and Tashakkori (2009:7) as *“a type of research design in which QUAL and QUAN approaches are used in types of questions, research methods, data collection and analysis procedures, and/or inferences”*.

Permission to conduct in-depth interviews was granted by the research committee of the Faculty of Theology according to the guidelines of the Ethics Committee of the North-West University, Potchefstroom Campus. Letters were written to the different EMS explaining the study, and asking permission to hand out questionnaires in their departments and 145 questionnaires were distributed. Individual paramedics and first responders were presented with an outline of the study, and that permission was given orally, for an audio tape recording to be used. Chapter Two consists of a detailed outline of the research methodology which includes sampling, data gathering, data analysis, and results of the study.

Chapter Three consists of the interpretive task of practical theological interpretation and asks the question “Why is it going on?” Osmer (2008:80) compares the researcher to a guide using a map. *“Skilful map readers must learn to choose a map that is suitable for their purposes”*.

The normative task asks the question “What ought to be going on?” and for the purposes of this study, perspectives from the Scripture will be researched. In this pastoral study Chapter Four is proposed to consist of the Scriptural perspectives. Smith (2010:5) explains that normative therapy seeks to discern God’s will for present realities. In order to achieve the research goal, the researcher proposes that there be attended to the following:

- A study of Scriptural perspectives of pastoral counselling and the pastoral counsellor’s identity.
- A study of Scriptural perspectives on compassion fatigue, stress, secondary trauma and the working environment.

Osmer refers to this task as prophetic discernment. Prophetic discernment involves both divine disclosure and the human shaping of God’s word (Osmer, 2008:134).

The fourth task, as set out by Osmer (2008), is the pragmatic task wherein strategies of action are determined that will influence situations in ways that have a desirable outcome. The pragmatic task asks the question “How may we respond?” In this pastoral study Chapter Five is proposed to consist of the suggested counselling approach and counsellor’s identity in assisting the paramedic in his stressful and traumatic working environment. Chapter Six of this study will consist of the summary, recommendations and conclusion.

1.7 TECHNICAL ASPECTS

Where the study makes use of the pronoun “he”, it also includes the pronoun “she” and visa-versa.

The Bibles consulted in this study are the King James Version and the Amplified Bible.

1.8 CHAPTER OUTLINE

Chapter 1: Introduction
Chapter 2: Descriptive-empirical Task
Chapter 3: Interpretive Task
Chapter 4: Normative Task
Chapter 5: Pragmatic Task
Chapter 6: Conclusion

CHAPTER 2: DESCRIPTIVE-EMPIRICAL STUDY

2.1 INTRODUCTION

“Saving someone’s life is like falling in love. It’s the best drug in the world. Once, for a few weeks, I couldn’t feel the earth. Everything I touched became lighter. You wonder if you’ve become immortal, as if you’ve saved your own life as well...” (Scorsese: 1999)

The main aim of this study is to establish how pastoral counselling can be used effectively to assist the paramedic in coping with his working environment.

2.2 OBJECTIVES

The descriptive-empirical task of practical theology consists of an authorized empirical study. This chapter will discuss the first task of practical theology interpretation as set out by Osmer (2008:34) where the researcher will answer the question of, *“What is going on in the lives of the paramedics in their working environment?”*

2.3 RESEARCH DESIGN

The descriptive-empirical study consists of quantitative and qualitative research and involves attending to others *“in their particularity and otherness in a systematic and disciplined way”*. (Osmer, 2008:49). Tashakkori and Teddle (2003:190) introduce the mixed methods design wherein the incorporation of both qualitative (QUAL) and quantitative (QUAN) strategies are used within a single project that may have either a qualitative or a quantitative theoretical framework.

Quantitative, descriptive research questionnaires were used to determine how paramedics view therapy, and how they cope with their working environment. According to Tashakkori and Teddle (2009:5) the purpose of quantitative questionnaires are to guide the investigation’s unknown aspects of the phenomenon of interest or the search for significant differences between groups or among variables. Answers to the questionnaires are presented in numerical form. Osmer (2008:50) regards quantitative research as helpful when aiming to discover broad statistical patterns and relationships. In Chapter Two the phenomenon of interest is pastoral counselling of the paramedic in the working environment. The findings are limited to the initial groups where the questionnaires were distributed. Questionnaires were distributed in the areas outlined in Table 2.1 of this chapter.

Qualitative research was randomly done via informal interviews with emergency medical personnel throughout the year. The research questions were narrative in form (Tashakkori & Teddle, 2009:6). A small number of individuals were interviewed and therefore qualitative research was incorporated. Osmer (2008:50) indicates that qualitative research is best suited when studying a small number of individuals or groups in depth.

According to Osmer (2008:38), qualitative research methods are consistent with priestly listening. According to Wiklund *et al.* (2002:115) most interviews are “*narratives about particular phenomenon of interest*”, and suggest that a hermeneutic approach be followed to interpret and understand what these narratives entail. They go on to explain that narratives are not objective reconstructions of experiences, but rather of how these experiences are perceived.

The emergency medical personnel were aware of the researcher being a pastoral counsellor, and a random outpour of emotions occurred. The researcher did not set out to conduct interviews. Instead, these interviews occurred spontaneously and they all agreed that research was needed in this area, and that they would like to contribute by giving their viewpoint. Each interviewee signed an approved letter of consent. Sadler (2007:314) highlights the focus of qualitative research as a focus on “*qualifying information by exploring a topic from the perspective of knowledgeable informants*”. A simple statement was made regarding the investigative topic and paramedics were treated on a holistic basis.

2.3.1 Population, Setting and Sample

The target population included paramedics from the Free State, Eastern Cape, and Northern Cape areas. Among those were rescue personnel and fire-fighters originally trained as paramedics. Each area employs both male and female personnel.

Table 2.1: Distribution of Questionnaires

SETTING	POPULATION EMPLOYED	NUMBER DISTRIBUTED	NUMBER RETURNED	% RETURNED
Rosepark Life Hospital Casualties, Bloemfontein	15	15	10	67%
Pelonomi EMS, Bloemfontein	50	40	38	95%
Eastern Cape Fire Department	58	40	31	77.5%
Cape Town EMS	200	40	40	100%
National Hospital EMS, Bloemfontein	30	10	1	10%
TOTAL	358	145	120	83%

2.3.2 Instrumentation

The questionnaire (Appendix A) comprises 33 closed questions and four open-ended questions. Questions 1 – 11 are related to demographics. Questions 12 – 17 access how the respondents in this study cope with stress related to their work. Questions 18 – 33 request that they state their level of agreement to questions pertaining to stress in the working environment. Questions 34 – 35 are open-ended questions.

The study involved six in-depth, authorized interviews conducted with two fire-fighters, a trauma nurse, two disaster managers and two rescue workers. All of these interviewees had been trained as paramedics, except for the trauma nurse. The reason for conducting interviews with such a diverse group was that each of them was familiar with the paramedic trauma scene, and all of them were known to the researcher through their work-related environment at the Centre for Disaster Management for Africa, University of the Free State. Interviews were conducted on an informal, voluntary basis at a venue of their choice. The interviewees were eager to contribute to this study, because although Emergency Medical Services as well as previous research identified a problem, it was their experience that few of the counselling programmes initiated, were really effective.

2.3.3 Data Collection

The questionnaire was printed and sealed in individual envelopes. The questionnaire was compiled with the help of the University of the Free State statistics department. A letter of permission (Appendix B) to conduct interviews was given by the North-West University. Each

questionnaire contained a cover page explaining the outline of the study. Each questionnaire contained a page for the participant's personal detail. The questionnaire was delivered after permission had been granted by the head of each Emergency Medical Centre. A total of 145 questionnaires were sent and a total of 120 (83%) questionnaires were returned.

2.3.4 Demographics

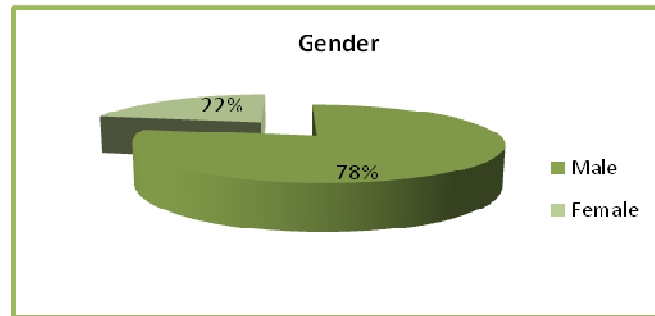


Figure 2.1: Gender of respondents

A percentage outcome of 78% male and 22% female personnel is an indication that the paramedics' working environment is male dominated. It implies that female personnel have to adapt to a male-dominated environment, creating additional stress for female members. A pilot study by Boyle *et al.* (2007:760) reveals that paramedics commonly experience workplace violence. Their study highlights that there is a significant number of female paramedics who experience sexual assault/harassment in the workplace by their colleagues.

Palidori (2009:32) states that “EMS personnel, although trained to deal with different people from different walks of life, stereotype those among their ranks. Women are stereotyped constantly”. She indicates that the result of this is that women now present themselves as “butch” or lesbian. “A woman must be almost male and give up a part of her femininity to be able to simply survive in the EMS profession”. In her research, Palidori quotes Martin and Jurik (1996:66) regarding the “world of men” in the working environment:

Women's presence (Palidori, 2009:32) undermines the solidarity of the men's group by changing the informal rules by which officers relate to and compete with each other. The world of men's locker room is filled with crude (sexual) language and talk, focused on sports, women's bodies and sexuality that foster men's bonds based on normative heterosexuality.

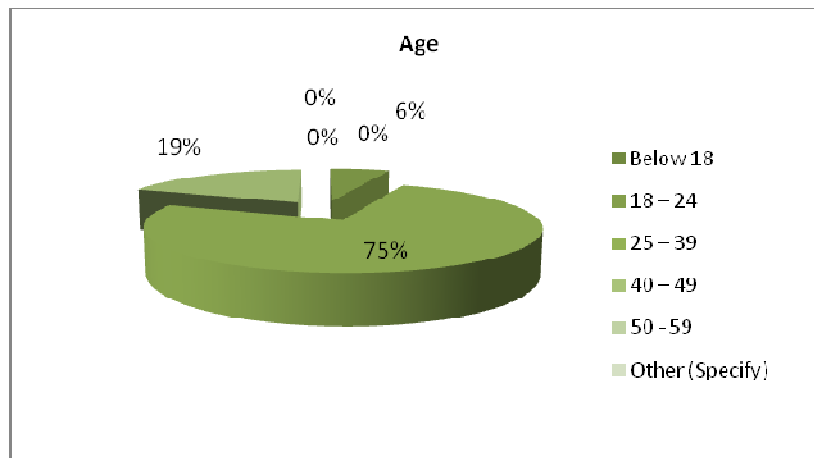


Figure 2.2: Age group of respondents in years

In Figure 2.2, 75% of the respondents are in the 25–39 age group. Harder (2009:1) explains this stage of young adulthood according to Erikson's stages of development. The basic elements at this stage are affiliation and love, childbearing and work. Tintinalli *et al.* (2010:83) highlight the vulnerability of this age group by indicating that suicide is among the top three causes of death among young people in the 15-35 age group. Depression is related to suicide, and suicide has been related to alcohol abuse. Of the respondents, 19% are in the 40–49 age group. The basic elements of the middle adulthood stage (Hoare, 2002:186) are production and care, managing a career, nurturing an intimate relationship, and expanding caring relationships. Figure 2.2 indicates that nil per cent personnel fall in the 50 -59 age group.

Figure 2.3 indicates that 28% of the respondents in this study have been in the emergency services for more than ten years. However, none of these respondents are over 50 years of age. This might be due to a number of findings. Sofianopoulos *et al.* (2010:2) report that in a study conducted in 2001, Scottish ambulance personnel attribute burnout to, among others, longer years in service. Over time, the paramedics' working environment takes a toll on their emotional well-being. Sofianopoulos *et al.* (2010:2) also report that according to a Japanese study, older and qualified paramedics suffer from more mental stress than other emergency personnel.

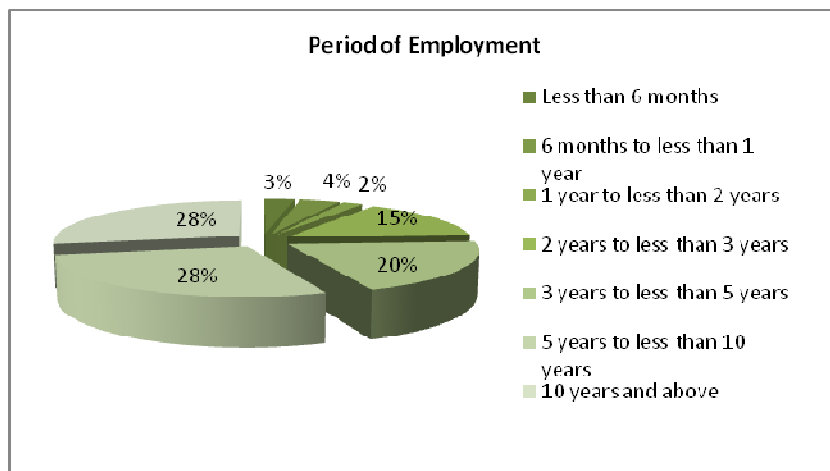


Figure 2.3: Period of employment of paramedics

In Figure 2.3, 56% of personnel have been employed for more than five years. The observation is made that these personnel members are hardy, well trained and competent paramedics. Kroger (2007:633) refers to Erikson's (1968) mid-adolescence stage when showing that the choices one makes at this stage are focussed on long-term commitments. This may refer to relationship as well as work commitments. Mock *et al.* (1999:509) state that advanced training and years of experience decrease levels of anxiety.

Langan-Fox *et al.* (2011: xix), however, indicate that the long-term effects of stress may lead to suicide. This indication correlates with Figure 2.2 where Tintinalli *et al.* (2010:83) refer to suicide and depression in the 15–35 age group. In this study most personnel are in the age group 25-39 and therefore are at greater risk of committing suicide and suffering from depression, as seen in Figure 2.2. Matzopoulos *et al.* (2002:19) reported that most suicide victims in South Africa which occurred in 2000 were between the ages of 25 – 39 years. The male to female ratio was 45:1, of which most suicides occurred in private homes.

In this study, a number of reasons may contribute to personnel not being above the age of 59 (Figure 2.2). Job satisfaction, changing profession and poor health may be considered. Rhodes and Doering, cited by Chapman *et al.* (2009:487) define the changing of one's career as "*the movement to a new occupation that is not part of a typical career progression*". A study regarding the paramedic's intent to leave his job for another indicates that it may be that highly trained and more experienced paramedics expect higher financial remuneration and opportunities than less trained personnel (Chapman 2009:497). In a recent study done by Hackland and Stein (2011:66) on the factors influencing the departure of South African paramedics from operation practice, it is clear that respondents are mostly dissatisfied with remuneration and their inability to change the situation. If they are therefore not sufficiently remunerated, it may lead to job dissatisfaction, and they are more likely to think about leaving

the EMS profession. Another factor that plays an important role in longer years in service is good physical health, which is critical to EMS work. Poor physical health (Figure 2.8) and work-related injury and illness may result in a permanent departure from EMS.

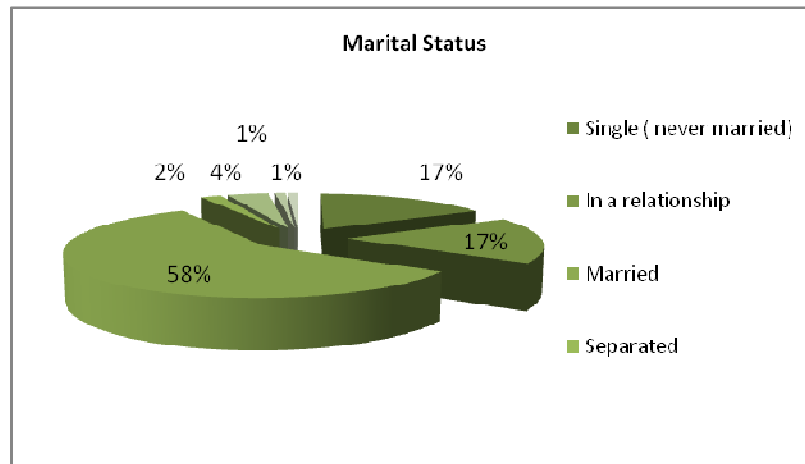


Figure 2.4: Average marital status of paramedics

Figure 2.2 indicates that the divorce rate among paramedics is not high (4%). Fifty-eight per cent of paramedics are married, and 75% of the respondents are young adults where the most significant relationships are with marital partners and friends (Harder, 2009:1). The high marriage rate versus low divorce rate (4%) may be an indication that paramedics are not quitters; they are committed to service (Figure 2.3) and committed to relationships. The paramedics' most significant relationships are with their spouses and their colleagues. It therefore seems that paramedics are capable of *"taking their baggage and walking with it"* (Interview with Craig Mobey 2012).

According to Regher (2006:99) the support of family is very important in reducing the impact of the paramedics' stressful working environment. However, stress may be transmitted to family members, especially their spouses/partners (Figure 2.13) to whom most paramedics choose to talk to about their problems. However, stress dampens the quality of marital interactions, and may lead to the spouse/partner developing a negative attitude towards the relationship.

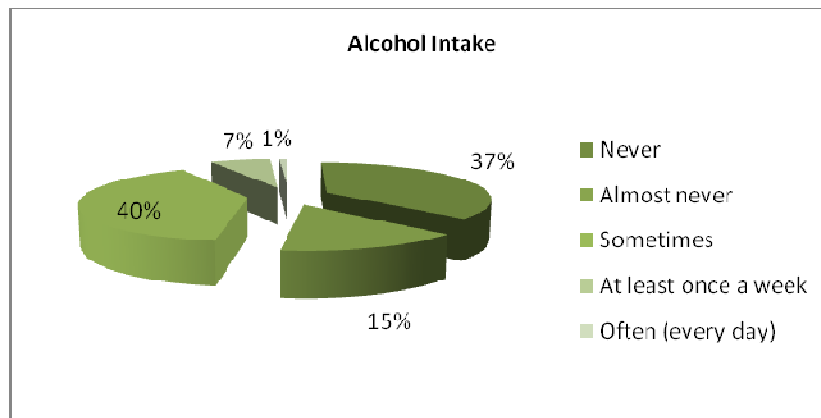


Figure 2.5: Use of alcohol as stress reliever

In this empirical study the results do not necessarily correlate with interviews (Figure 2.16 and 2.17). Mock et al (1999:511) indicate that a reason for these results not correlating may be due to the following criticisms on questionnaires in general:

"Items may be ambiguous, meaning different things to different people; that people do not know themselves well enough to give truthful answers; that people are unwilling to admit negative things about themselves; or that the respondent's answers reflect what they perceive the researcher wants to hear".

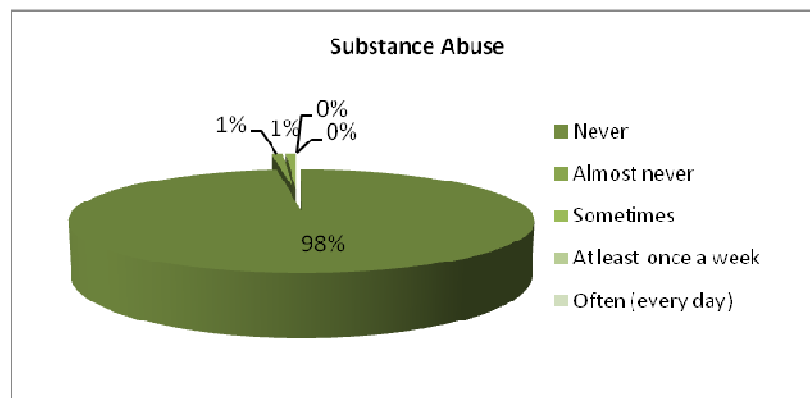


Figure 2.6: Rate of substance abuse among paramedics

According to Figure 2.6, there seems to be almost no drug misuse among respondents. Pajonk et al (2011:145) indicates that the prevalence rates of substance abuse among paramedics are high. However, in this study only 1% of the respondents indicated that they used drugs. One of the reasons why this study shows a result of 1%, is that substance abuse may be a widespread, but unreported phenomenon. Drug abuse is classified as a maladaptive behaviour associated with stress (Cross & Ashley, 2004:45). Sloboda (2005:4) distinguishes between illegal and legal drug abuse/misuse. Illegal substances include marijuana, heroin and cocaine.

Legal substances include solvents, over-the-counter drugs, or prescription drugs, tobacco or alcohol. Illegal labels for substances are applied through governmental legislation and regulation, and these substances are often used for their psychoactive effects and without the supervision of a physician.

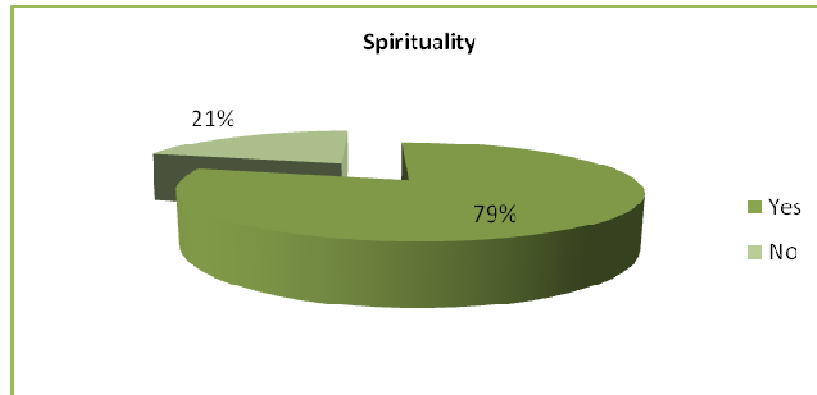


Figure 2.7: Spiritual values of paramedics

Figure 2.7 indicates that 79% of the respondents consider themselves spiritual persons. Spiritual well-being is defined by Paloutzian et al (2010:75) as “a self-perceived state of the degree to which one feels a sense of satisfaction in relation to God or a sense of purpose and direction”. The inherent advantage of being a spiritual person, with a spiritual identity as an eternal being through the connection to God, is that he strives to accomplish goals beyond his own narrow concerns which result in positive personal and social outcomes (Poll & Smith, 2003; Paloutzian et al, 2010). King et al (2006:418) conducted a study to determine the measurement of spiritual beliefs. They indicate that most opinion polls in European countries show a high confession rate to a belief in God, and a low rate in religious affirmation.

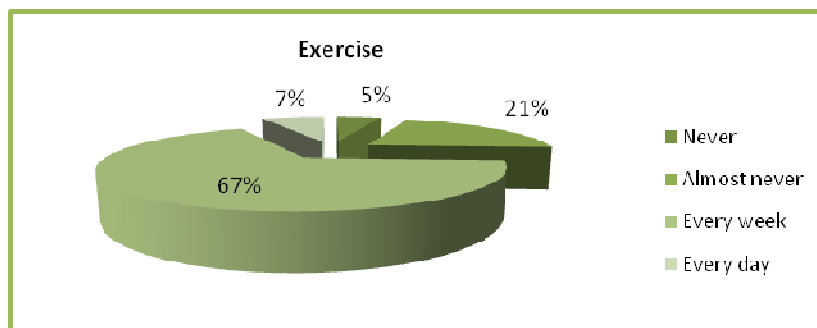


Figure 2.8: Participation in physical activities for example, gym, jog, sport activities etc.

In Figure 2.8, 7% of the respondents take part in physical exercise on a daily basis and 67% at least once a week. Twenty-one per cent almost never exercises and 5% never takes part in any form of physical exercise. The benefits of exercise contribute to the health of the paramedic

who deals with strenuous physical work on a daily basis. Tsismenakis *et al.* (2009:1) indicates that excess weight is highly prevalent and associated with elevated cardiovascular risk among paramedics, and important causes of morbidity and mortality among paramedics. The researcher's own observance in context to the physical appearance of the interviewees was that most of them are overweight.

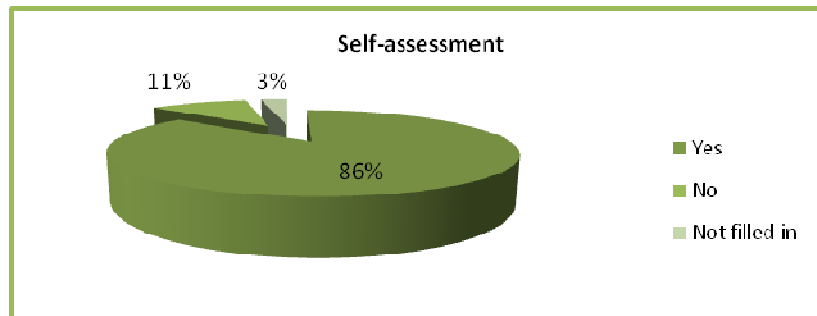


Figure 2.9: Whether paramedics view themselves as being religious

According to Figure 2.9, 87% of the respondents consider themselves religious persons. According to Paloutzian (2010:4) spiritual and religious concerns are not synonymous with each other. It may be bias to view workplace spirituality through the lens of religious traditions. It excludes those who do not share the tradition of the same denomination. Figure 2.7 indicates that 79% of the respondents consider themselves spiritual persons. Religion provides prescribed norms on what to do, and how to go about doing what is needed in uncertain and traumatic times. Knowing what to expect reduces uncertainty and anxiety (Inzlicht & Tullett, 2010:1184).

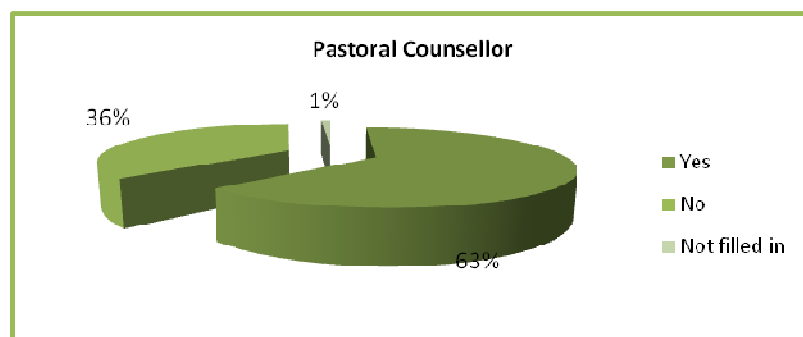


Figure 2.10: Willingness to discuss problems with a pastoral counsellor

In Figure 2.10, 63% of the respondents said that they would consider discussing their problems with a pastoral counsellor. Of the respondents, 36% said that they would not consider discussing their problems with a pastoral counsellor. Patrick and Kinney (2003:154) indicate that religiosity affects adult development and physical and emotional experiences in a positive way.

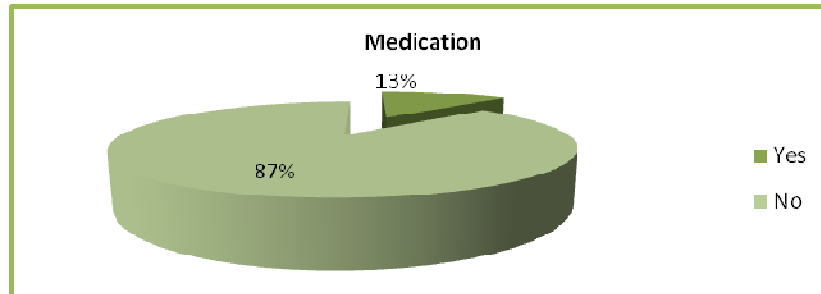


Figure 2.11: Use of any medication as a result of working circumstances

Figure 2.11 indicates that only 13% indicated that they were currently using prescribed medication as a result of their working environment, while 87% denied using any medication related to working place.

2.3.4.1 Coping with work-related stress

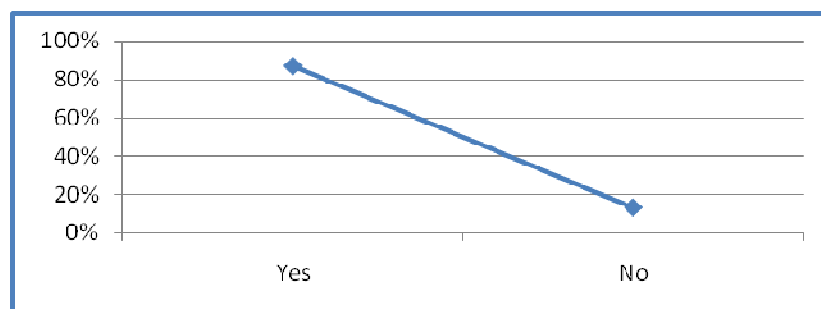


Figure 2.12: Discussing experiences at work with colleagues

Figure 2.12 indicates that the majority of paramedics (87%) are more comfortable talking about their work experiences with colleagues. However, according to Alexander and Klein (2001:79) older, more experienced paramedics may be more reluctant than younger less experienced paramedics, to admit to having emotional difficulties at work.

Interview:

During the informal, unstructured interview an ex-fire fighter and paramedic contradicts the above figure in his answer to the same question:

Most fire-fighters are normal people – coming back (from a traumatic experience) – with baggage – and no one gives them the opportunity to acknowledge the baggage. It's as if it's a cancer. As soon as it's identified, everyone thinks you are mad and a cry-baby.

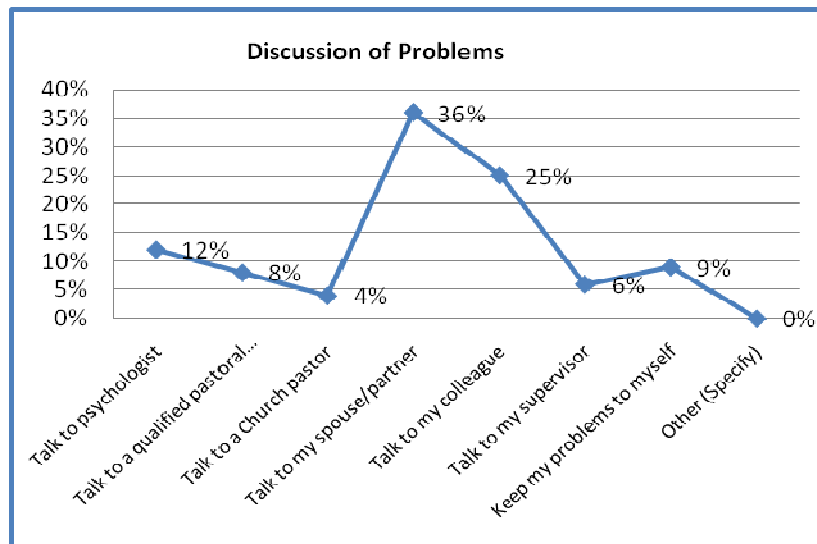


Figure 2.13: Most likely person with whom to discuss problems at work

According to Esere et al (2011:51) the key to a successful marriage is communication. Figure 2.4 indicates that 75% of respondents are in a relationship or married, and Figure 2.13 indicates that 36% of the respondents choose to talk to their spouses/partners. The conclusion drawn is that paramedics in this study have effective communication skills, and that talking to their spouses about their stressful working environment is perhaps in default of there being no one else. Talking to a church pastor or priest is a mere 4%.

According to the researcher of this study religion can be separated from God depending on the person's concept of who God is, such as in the case of non-Christians. The researcher asks the question if this may be an indication that some paramedics have a distorted concept of God or of theology, since Figure 2.10 indicates that only 8% of the respondents prefer to discuss their problems with a pastoral counsellor. However, Figure 2.7 does not correlate with the findings in Figure 2.13 where it is found that 79% of the respondents indicated that they were spiritual.

Interview:

One response to the question in Figure 2.13 was:

The God to whom you (pastoral counsellor) pray... I was there with Him on the highway when He took a life, and He took that life from my hands, not yours! That's what makes it tough. It's an unnatural situation.

In their study regarding the departure of South African paramedics from service, Hackland and Stein (2011:67) find that there is a perception that the middle and upper management do not communicate effectively, are not approachable to discuss problems related to the workplace and do not appreciate the efforts that the paramedics' job entails. In this study, 6% of the

respondents prefer to speak to their supervisors about their work experiences while the other 94% prefer different options, as seen in Figure 2.13.

In Chapter Three, the researcher will explain the paramedics' self-reliance strategies to cope with their stressful working environment, and its relation to pastoral counselling. Institutional and structured counselling sessions of any form, have negative connotations for the paramedics, and they tend to rely more on themselves to find effective coping mechanisms.

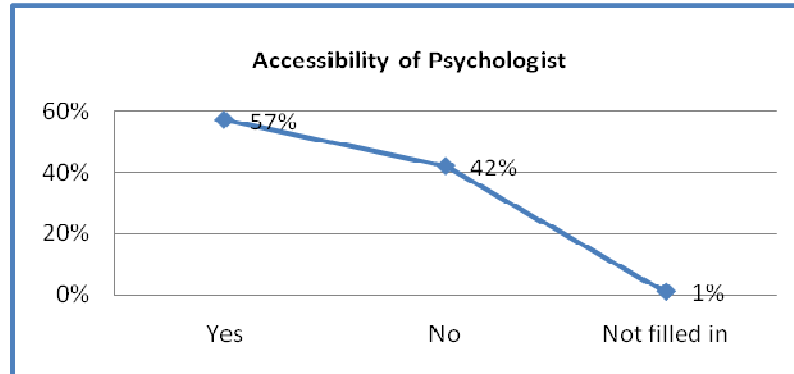


Figure 2.14: A psychologist being available and accessible to paramedics

According to Figure 2.14, 57% have access to a psychologist, yet prefer talking to their spouse or colleagues about their problems. Another 42% do not have access to a psychologist or know that a psychologist is available and may be the reason why this group of paramedics confides in their colleagues and/or spouses.

Interview:

A paramedic mentioned that they had access to a psychologist:

Right after a critical incident in the form of debriefing. Sometimes it's a bit too quick for the guys. We need someone on site who goes where we go.

He mentioned the frustrations of the Japan disaster in 2011 and said that:

We had to achieve the impossible. And now I'm back in South Africa and have to consult a psychologist who has learnt the basics of psychology and then just tells me things that I already know. Now I have to source funds from my private medical aid to seek additional help and this becomes a burden.

This might be a reason for the paramedics' preference in turning to their spouses/partners when talking about their work experiences, as shown in Figure 2.13.

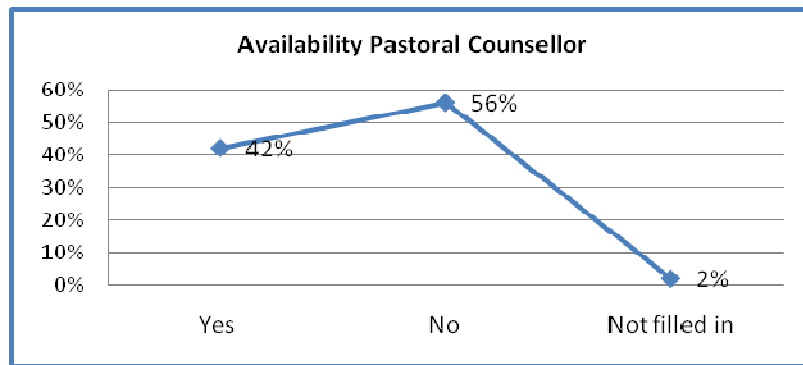


Figure 2.15: A pastoral counsellor being available and accessible to paramedics

In Figure 2.15, 56% of paramedics do not have access to a pastoral counsellor, and only 42% have access, which means that paramedics have greater access to a psychologist than a pastoral counsellor. They indicate (Figure 2.10) that they would prefer to talk to a counsellor which highlights the gap that exists in pastoral counselling. Sigmund (2003:222) indicates that life-threatening events and psychological trauma can prompt spiritual questioning. By combining kerugmatik- and narrative counselling methodology, the paramedic may be assisted to cope with his stressful working environment. This will be discussed in the Pragmatic Task, as set out by Osmer (2008). This study indicates that paramedics do not have sufficient access to a pastoral counsellor.

Interview:

Respondents were asked where they went for help:

There is no help. Books have been written on this subject, courses have been constructed, and everyone knows everything. The equipment is the best. All over the world they try to make it more professional. The vehicles are smaller, technologically advanced. The training is the best. My issue is, "What is being done about this (solving the trauma-problem)"?

He indicates that we are all talking about the existing problem, but there seem to be no solutions that help the paramedic cope. Another respondent answered that:

Healthcare professionals get traumatized, but for some reason, we don't get the chance to go for counselling. There are no motivating programmes for one to do that, there's no support. Even after an incident, you can't get the time to go for help.

According to Sigmund (2003:221), the spiritual impact of trauma has been an area of particular interest, as trauma evokes certain existential questions and crises, and therefore greater sensitivity should be applied to the Spiritual issues. Pastoral counsellors and clergy are:

“...specially trained to work with people regarding faith in God, religious teachings, and the reconciling of personal experiences with spiritual expectations. Clergy are also able to help patients connect to support systems available to them through faith communities during and after treatment”.

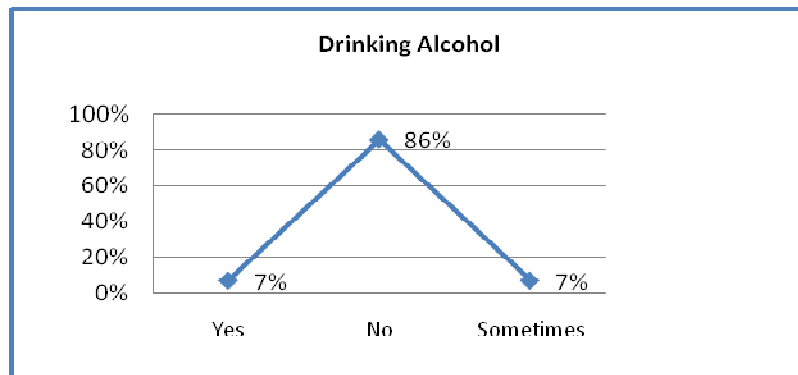


Figure 2.16: Paramedics' need to take alcohol after a traumatic rescue to cope

In Figure 2.16, 7% of the respondents indicated their need to take alcohol after a traumatic rescue, and 7% only sometimes had the need to take alcohol after a traumatic rescue. Figure 2.17 indicates that 63% of the respondents actually know of colleagues who take alcohol due to stress.

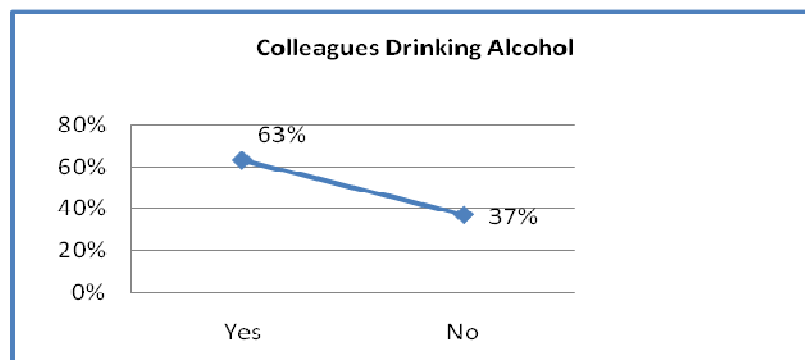


Figure 2.17: Awareness of colleagues who take alcohol due to stress

Contradictory to Figure 2.16, Figure 2.17 indicates that 63% of the respondents in this study are aware of alcohol abuse among colleagues due to stress. This result does not correlate with Figure 2.16 where only 7% indicated that they take alcohol to cope. Langan-Fox et al (2011:xix)

show that young people in high-stress jobs are at twice the risk of major depressive- and anxiety disorders than those in low-stress jobs.

A study done by Pajonk et al (2011:145) on the personality traits of paramedics shows that although they are usually resilient after stress and trauma, prevalence rates of substance abuse are high. These discrepancies may be due to a difference between the desired perception of the self, and the factual self-esteem. During narrative therapy the power of the narrative and the restorative quality of personal self-awareness aids the client to rebuild a professional and personal life of quality (Figley, 2002:130).

Interview:

When a rescue coordinator and paramedic was asked if he knows of colleagues that drink alcohol due to stress, his response was that he knew of many, especially in his line of work.

These guys are good people, but it's a problem. It's their way of dealing with the stress and in many cases it's management who are drinking the most.

2.3.4.2 Implications of Counselling

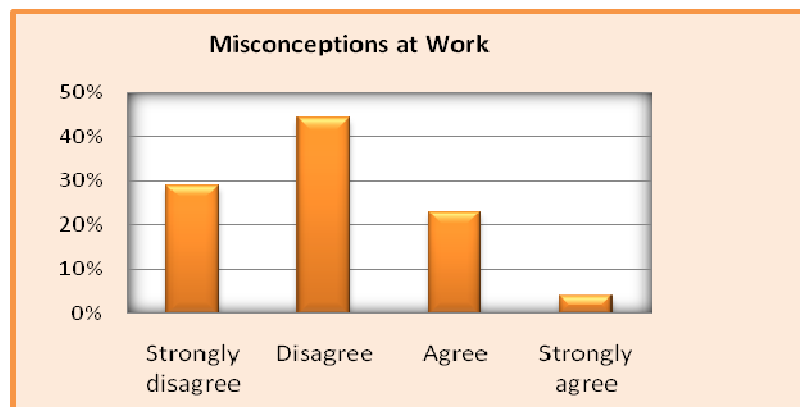


Figure 2.18: Professional counsel may create impression of inability to handle job

In Figure 2.18, 23% of the respondents agree and 4% strongly agree that consulting a counsellor may cause their colleagues to think that they cannot handle the pressures of their working environment. However, 44% of paramedics disagree with the statement while 29% strongly disagrees. According to Coetzer (2010:2) the cost of caring for traumatized people has an indirect impact on the helper. Paramedics have to deal with others' pain and suffering on a daily basis, and after a while may become indirectly traumatized. It becomes almost impossible for them to deny it. Figley (in Coetzer, 2004:199), defines compassion fatigue as *"the natural*

behaviours and emotions that arise from knowing about a traumatizing event experienced by a significant other – the stress from helping or wanting to help a traumatized person”.

Interview:

A Divisional Commander states that after every critical incident, he accesses his personnel and sends them for counselling:

There is a difference between leadership and management, and leaders should be available and dependable and trustworthy.

His personnel do not get angry at him for this because his managing skills are in place and managing skills programmes are in place. He teaches his personnel:

Not to try and be superman today, because when you are sixty years old the bad memories will haunt you because it's not that easy to manage bad memories when you are older and have not dealt with them.

A paramedic mentioned they worked in a small community and knew each other. If one of them went for therapy, everyone would know about it and think that he was a wreck. A male dominated environment, as indicated by Figure 2.1, may contribute to the reason for paramedics not seeking the help of a pastoral counsellor.

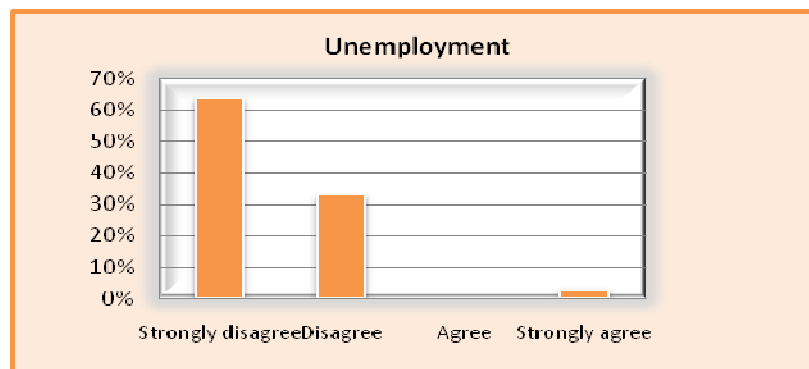


Figure 2.19: Consulting a professional counsellor, may cause loss of employment

In Figure 2.19 the majority, 64% of paramedics, strongly disagreed that consulting a counsellor may be harmful to their career. Thirty-three percent disagreed and only 3% strongly agreed.

Interview:

One of the station commanders responds that his personnel are taught not to keep quiet after they have experienced trauma:

It is very important to talk and deal with it.

Management should ask a rookie on his first day:

Have you ever seen a dead body? And on the second day “did you sleep?”

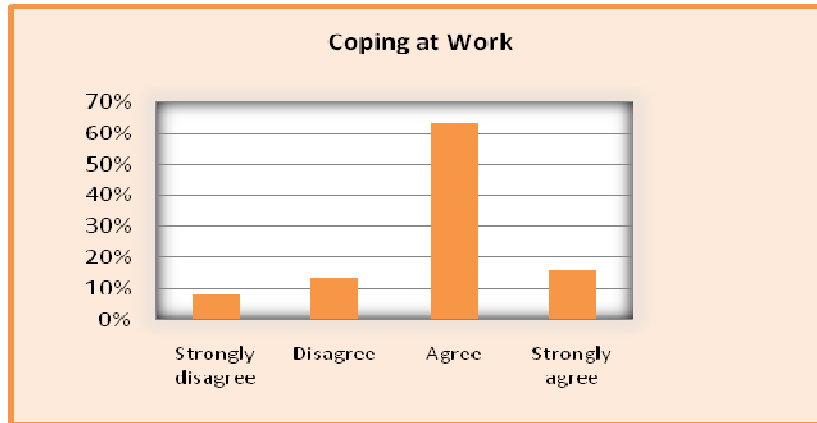


Figure 2.20: Consulting professional counsellor will help to cope

Figure 2.20 indicates that 63% agrees and 16% strongly agrees that a counsellor will be able to help them to cope with the stresses and strains of the job. Only 8% strongly disagrees while 13% disagrees that a counsellor will enable them to cope at work. If they have to talk to someone, they prefer talking to their spouses. According to Figley (2002:28) the nature of stressors include the severity, duration, identification through relationship and the place where the event took place. In an interview a paramedic stated why he would prefer not to seek the help of a pastoral counsellor.

Interview:

A respondent mentioned that he would not go to a pastoral counsellor:

Why? Are they going to pray for me? This guy is beyond prayer. For most paramedics prayer means nothing. Please don't get me wrong, I'm not an atheist, that's what makes it so tough. The guys are in an abnormal situation and now a pastor wants to pray for you! You don't need a pastor of the church to be in contact with God. In order for a counsellor to help us, you need to understand what we are going through.

Anger towards God and a distorted image of God may lead an emotionally wounded paramedic to try and avoid any conversation or thoughts about religion and prayer.

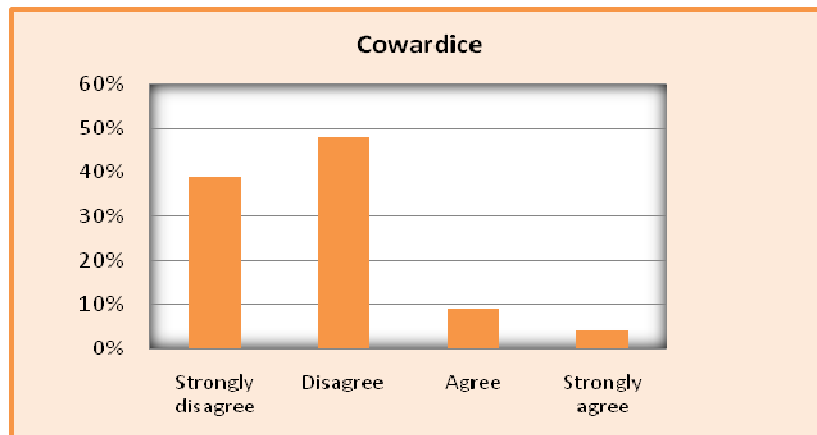


Figure 2.21: Consulting a professional counsellor, may create impression of being a coward

According to Figure 2.21, 9% agree and 4% strongly agree that in this study that their colleagues will think they are cowards for seeking help. However, 48% disagree and 39% strongly disagree that this may create the impression of being a coward when seeking the assistance of a professional counsellor.

Interview:

A respondent talked about the macho attitude that first responders had all over the world: *They have a macho, tough attitude, and drink and swear a lot. When the pastoral counsellor says they should talk about their experiences, it creates a problem.*

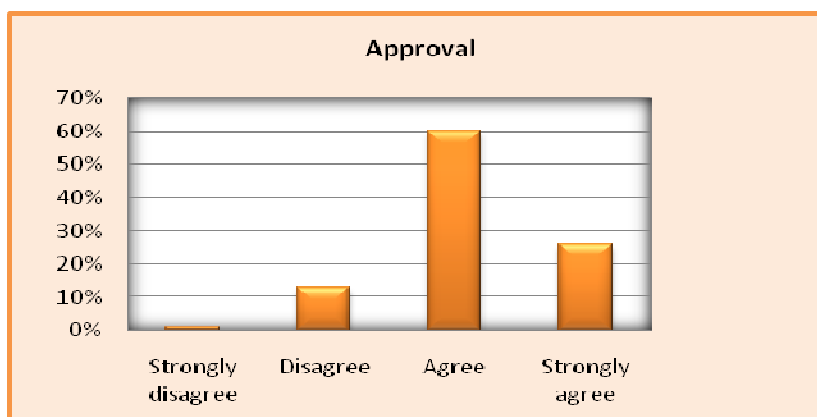


Figure 2.22: Consulting professional counsellor, carry approval of colleagues

Based on the findings of Figure 2.20 and 2.22 the researcher of this study asks the question, "Why then not consult a counsellor, if that's the right thing to do?" The findings of Figure 2.22 correlate with the findings of Figure 2.20 and 2.21.

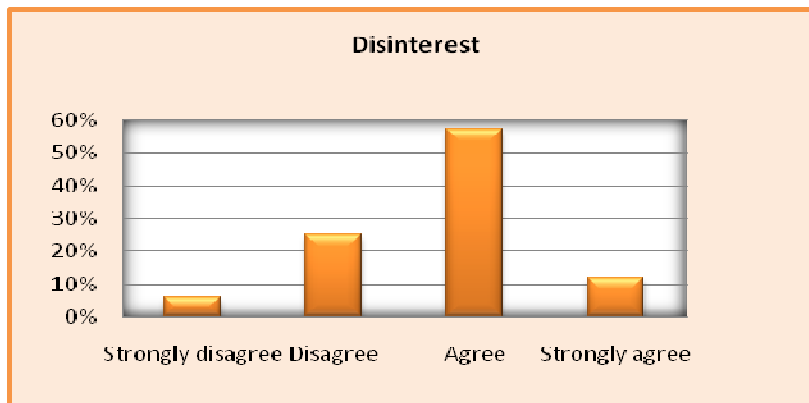


Figure 2.23: Colleagues do not care if consulting a counsellor or not

In Figure 2.23, 31% of the respondents felt that their colleagues would definitely care if they sought the assistance of a pastoral counsellor. Only 14% of the respondents thought that their colleagues were making a mistake by consulting a counsellor, while 13% of the respondents considered it a cowardly act. The fact that 57% of the respondents indicated that their colleagues did not care one way or another whether they consulted a professional counsellor or not, might be an indication that the paramedics were not as close to their colleagues as indicated in Figure 2.12, and why they preferred to talk to so many different people (Figure 2.13).

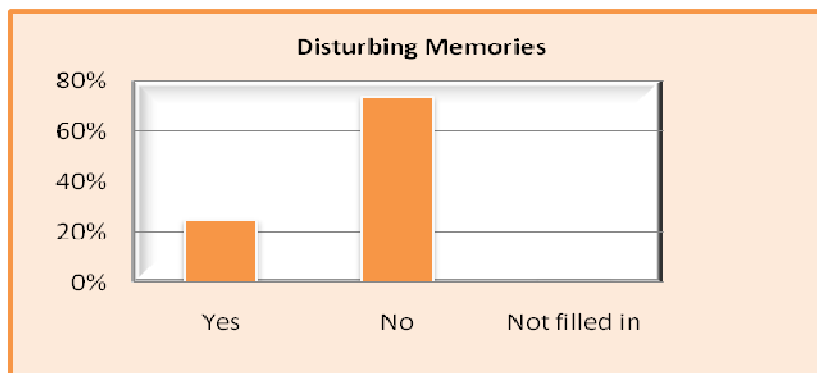


Figure 2.24: Plagued by intrusive or disturbing memories about work experiences

Paramedics in this study felt that seeing a counsellor was the right thing to do, but they did not consult them. Dissociation might be a factor to consider. LeBlanc et al (2011:5) discuss the negative impact of suppression and avoidance of emotions and disturbing memories. In Figure 2.24, 75% of the respondents did not suffer from disturbing memories while 25% indicated that they were plagued by them. Dissociation is further outlined in the interpretive task in Chapter 3.

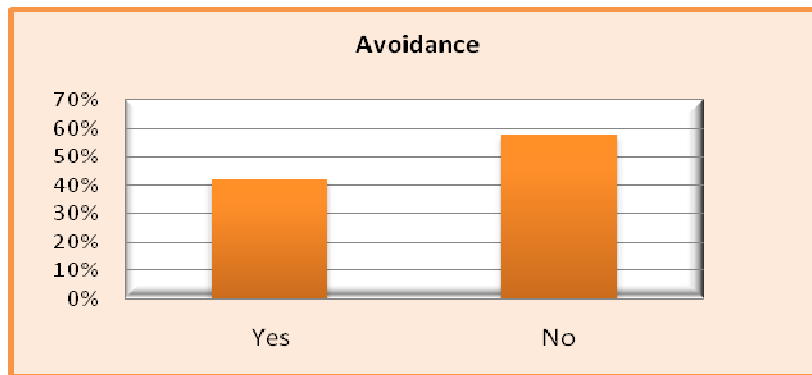


Figure 2.25: Suppressing certain thoughts or avoiding situations

According to Figure 2.25, 58% of the respondents were not suppressing disturbing thoughts or memories. However, 42% acknowledged that they suppressed certain thoughts as a way of coping. Tinnen (in Figley, 2002:163) explains that memories coded as images remain unfinished, intrusive and active if they are not tied to a narrative of past stressful and traumatic events. The consequences of avoiding certain thoughts and suppressing memories may lead to Post Traumatic Stress Disorder or/and alcohol and substance abuse.

Interview:

A paramedic indicated that they did what they did and then forgot about it:

You force yourself to forget and become experts in forgetting.

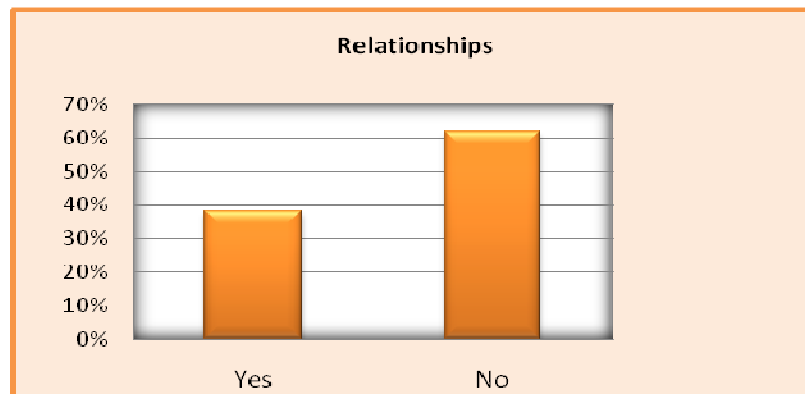


Figure 2.26: Relationships affected by working environment

In Figure 2.26, 62% of the respondents claimed that their relationships were not affected by their working environment, although 38% admitted that their relationships suffered because of their working environment. Figure 2.4 showed a divorce rate of 4%. Figure 2.12 indicated that 13% of the respondents did not feel comfortable talking to their colleagues about their work experiences. They might also feel that they would be judged as weak if they seemed to have problems regarding their working environment. This could be an indication that the paramedics

did not trust their fellow workers as much as they claimed to do in Figure 2.12. More than 80% of the respondents chose to discuss their problems with their colleagues, while 9% did not feel comfortable sharing their problems with anyone, and would rather keep it to themselves, as shown in Figure 2.13. This might be symptomatic of loneliness, isolation and stressed relationships in general.

Interview:

One responded mentioned that they came home from a stressful day and immediately had to tend to the “*hang-ups*” at home. Their families did not always understand the depth of what they went through in their working environment.

Even if they try to understand, they will never understand how you feel.

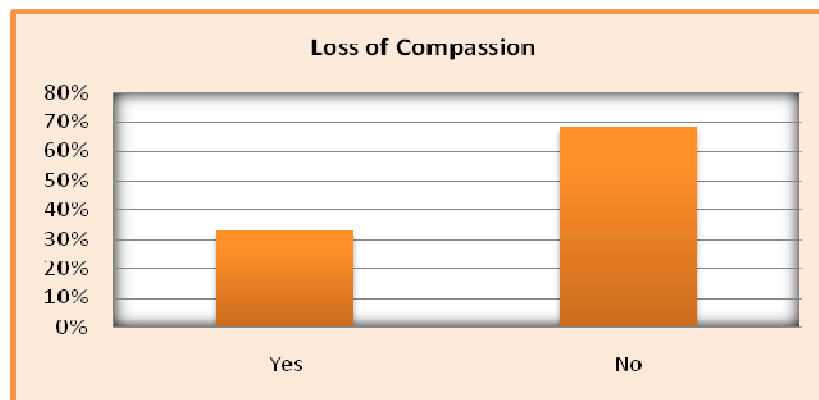


Figure 2.27: Paramedics loss of compassion

Figley (2002:25) explains that empathy is the vehicle whereby the paramedic opens himself to absorption of traumatic information. Such permeability to patients' traumatic events, lead to stress called empathic strain or to trauma, called vicarious trauma. This correlates with Figure 2.16 where 63% of the respondents knew of colleagues who used alcohol due to stress, and Figure 2.25 where 42% of the respondents avoided certain thoughts. Peterson (2008:4) refers to job demands as “*those physical, psychological, social or organizational aspects of the job that require physical and/or psychological effort, and are therefore associated with certain psychological costs*”. In the case of the paramedic, these costs may lead to burnout.

Interview:

Respondents indicated that many men “*burn out*” and did not know how to handle the stress, and then quit their jobs and chose a different career path to “*escape the present working environment*”.

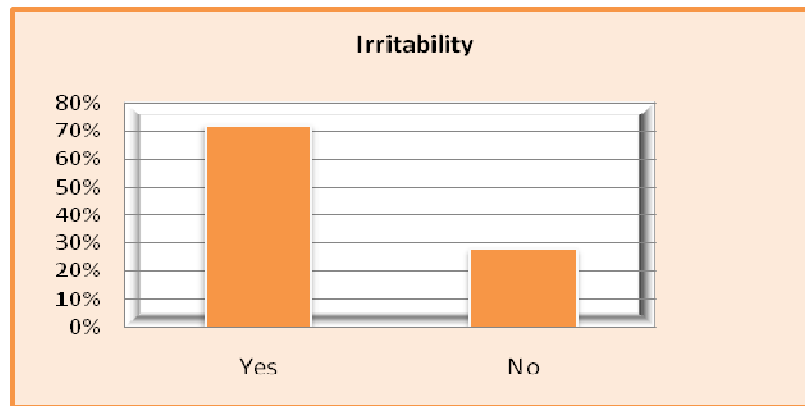


Figure 2.28: Long-term effects of stressful events lead to irritability

The long-term effects of stressful events lead to irritability (Regehr & Millar, 2007:56). Figure 2.28 indicates that 72% of the respondents acknowledged that they sometimes felt irritable. According to Peterson (2008:2) irritation is a behavioural outcome of burnout (Figure 2.27). Burnout often consists of three components: exhaustion, disengagement, and a reduced professional efficacy.

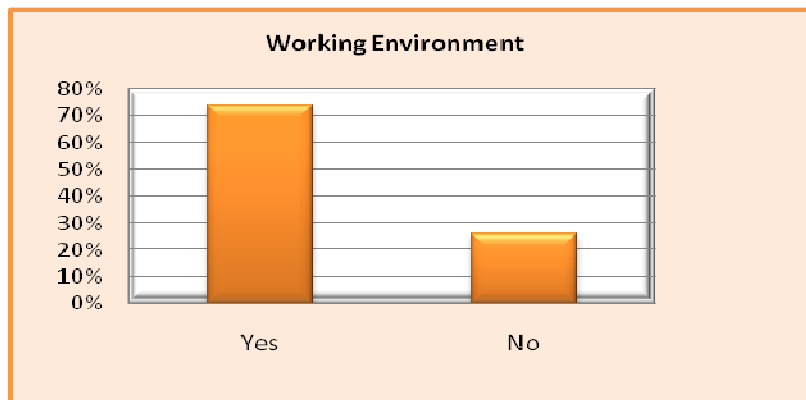


Figure 2.29: Paramedics find working environment to be stressful

In Figure 2.29 it is clear that 75% of the respondents found their working environment stressful and only 25% did not find it stressful. Maladaptive and traumatic survival strategy responses account for and explain the paramedics' stress responses to victims. Symptoms of stress stem from unsuccessful or maladaptive strategies (Figley, 2002:27). The known consequences of a stressful environment may lead to trauma responses. Regher (2008:99) is of the opinion that emotional numbing is one of the strategies used to cope with a stressful environment.

This correlates with Figure 2.25 where 42% of the respondents avoid certain thoughts. Regher goes on to state that by avoiding certain thoughts and experiences, the impact of the event may lead to emotional numbing. Emotional numbing is characterized by disinterest. Most paramedics in this study are young adults (25-39 age group), and according to Erikson's stages

of development (Harder, 2009:1) this stage is a time of child- bearing. Emotional numbing diminishes the parent's ability and willingness to interact with his children (Regher, 2008:99) and leads to poor parent-child relationships.

Nirel et al (2008:537) indicate that pressures at work are not always due to actual emergency work, but may result from having to cope with a lack of administrative support, paperwork, long hours, imbalance between work and family life, and salary. However, dissatisfaction in the working environment may be caused by burnout, work overload, and poor health. The paramedic's intent to change his profession may be a result of physical and mental health impeding his ability to work. These results correlate with the findings in Figure 2.3.

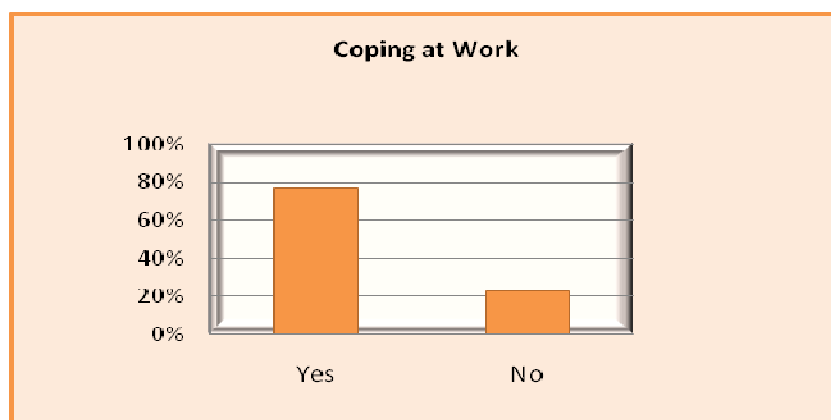


Figure 2.30: Coping successfully with working environment

Many paramedics perceive difficulties in their working environment as a means by which their lives become richer and more meaningful (Shakespeare-Finch 2007:365). According to Figure 2.30, 75% of paramedics in this study are coping successfully and only 23% are struggling to cope.

Interview:

One paramedic recalled that one of his colleagues was admitted in hospital for stress after the Haiti disaster in 2009:

It was because he did not have time to process the trauma and work through it.

However, he stated that they did not want time.

No! The sooner you get back to normality, the better. The sooner I adjust the better.

The question was then asked: What was normal? To this question, the paramedic's response was that:

Moving from one critical incident to the next is what you do and who you are, and after 30 years this is what normal is to me. We men can handle it.

The statement was then put before him that he could handle the pressure because it was his job. He then responded that:

It does, however, have an impact, especially where kids are involved. It is very traumatic.

An interview with a divisional commander revealed the following response:

Trauma experiences are normal. What is normal? To be scared. To feel out of place. To feel overwhelmed by the situation. The abnormal is normal. What is abnormal? A dead body. Blood. Crying patients. To cope with this we expect the worse scenario at the scene.

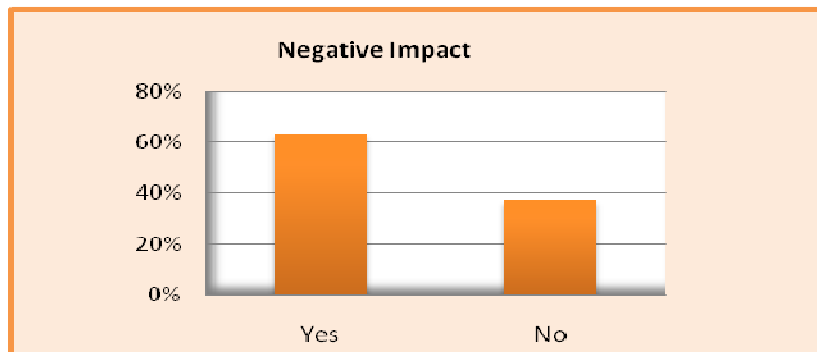


Figure 2.31: Working environment negatively impacts paramedics' lives

Contradictory to Figure 2.29 showing that 74% regard their working environment as stressful, and Figure 2.30, where 77% felt they coped successfully, Figure 2.31 shows that 63% of the respondents felt that their working environment had a negative impact on their lives. One of the reasons why paramedics seek other employment may be contributed to inadequate equipment. This issue correlates with Figure 2.13 and falls within the organisational realm (Hackland & Stein 2011:67). Shift work and a lack of family time may contribute to a stressful working environment.

Interviews:

Paramedics mentioned that they created their own coping mechanisms. (Hence: Self-reliance)

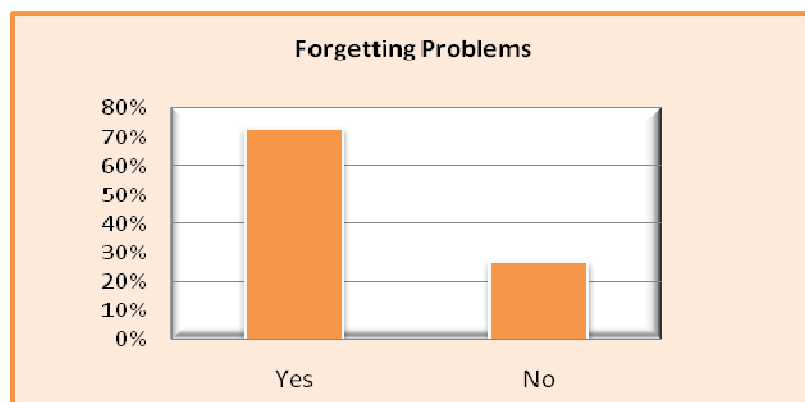


Figure 2.32: Paramedics would like to wipe problems from their minds

Figure 2.32 is an indication that paramedics would prefer to forget their problems (73%), although Figure 2.24 showed that 74% of the respondents were not troubled by memories of past working experiences. Contradictory to these findings, Figure 2.25 indicated that 42% tried to avoid certain thoughts or situations regarding their working environment and experiences. However, Figure 2.32 indicates that 73% of the respondents would like to forget their problems. It is not healthy to suppress one's problems or ensuing emotions. As indicated in Figure 2.25 it might lead to PTSD.

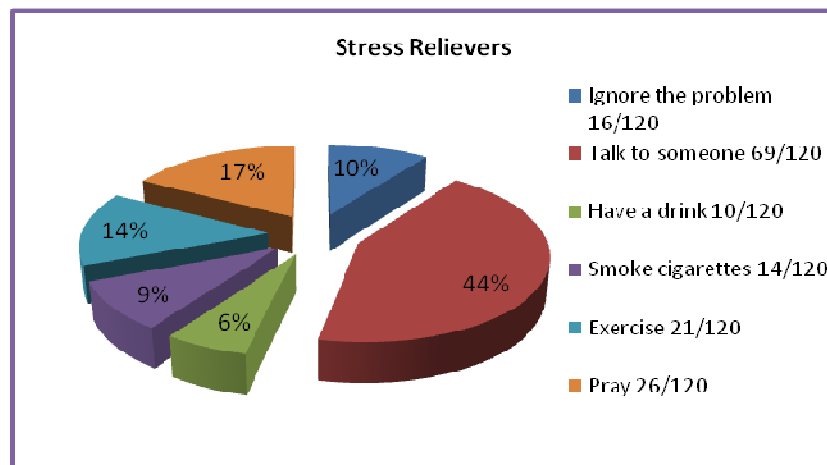


Figure 2.33: Options to relieve stress

Respondents were given a multi-choice question. The results of these questions indicate that talking to someone (56%) and prayer (22%) was the options chosen as the most likely options relieve stress. Figure 2.33 shows that 8% of the respondents chose to use alcohol to relieve stress. This is, however, inconsistent with Figure 2.16 where only 14% of the respondents felt the need for alcohol after a traumatic rescue. Figure 2.17 indicated a percentage of 63% of the respondents who knew of colleagues who depended on alcohol to relieve stress. Regarding religion and spirituality, Figure 2.33 indicates a mere 26% of respondents who relied on prayer. Figure 2.7 indicated that 79% of respondents were religious, and Figure 2.9 indicated that 87% of respondents regarded themselves as being spiritual. This leads the researcher to question the respondents' interpretation of the true meaning and worth of prayer in their lives. Furthermore, Figure 2.33 does not correlate with Figure 2.8 where 67% of the respondents indicated that they exercised on a weekly basis.

Interview:

An interviewee responded to the question whether prayer was sufficient (After a traumatic situation):

A preacher says, "Let me pray for you". When a first responder puts on his uniform, there is a radio channel straight to Heaven, and he speaks directly with God. It won't help to contact a preacher. The prayer issue won't help.

2.3.4.3 Scores: open-ended questions

- *Finding help:*

Question 34: Where will you go for help regarding stress and coping in difficult circumstances within your working environment?

The answer that most paramedics gave to the above question was that they would most likely consult their station commander for guidance. This answer did not relate to the findings of Figure 2.13 where only 6% of the respondents preferred to talk to their supervisors about their problems. Therefore this remains a point for further discussion and will be addressed in the interpretive task of this study. The question of whether the station commander was trained at all to handle the situation should be investigated.

- *Coping with stress*

Question 35: What are you doing to cope with your working environment?

The most preferred methods of coping with their environment were talking to someone, avoiding the problem, prayer, and exercise. Figure 2.33 correlated with the findings that most paramedics wanted to talk to someone to relieve stress. Exercise and prayer were the next best options for relieving stress. However, Figure 2.17 gave an indication that the need to take alcohol was the most popular method for relieving stress (also referring to Figure 2.33. Sixty-three percent of respondents indicated that they took alcoholic beverages (Figure 2.5). Figure 2.17 confirmed this where 86% of the respondents indicated that they knew of colleagues who abused alcohol after a traumatic rescue.

- *Pastoral Counselling*

Question 36: In your own words, please explain what you understand by the term “pastoral counselling”.

The most common understanding of pastoral counselling was that it was done by a pastor or the church, which was an indication that the respondents were not aware of the role or function of a pastoral counsellor. Sixty-three percent (Figure 2.10) indicated that they would consider discussing their problems with a pastoral counsellor. However, given an alternative, only 8% (Figure 2.13) would choose to do that. The researcher of this study deemed it necessary to investigate the paramedics' God-concept in future studies which may influence their willingness to talk to a pastoral counsellor, and also to understand the role of the counsellor in relation to religion and the church.

- *Pastoral therapy as alternative*

Question 37: Will you consider pastoral therapy as an alternative to your present way of coping?

Fifty-five percent of the respondents were positive about consulting a pastoral counsellor, but 35% would not consider pastoral therapy. Ten percent said they might consider pastoral therapy, but they were not sure. There were 87% of the paramedics who considered themselves as being religious and 79% considered themselves to be spiritual. These findings do not correlate with their preferred method of coping, which is alcohol abuse and discussing their problems with their spouses/partners.

2.4 DISCUSSION OF FINDINGS

In reply to Osmer's (2008) question, “What is this going on?” the following findings have been summarized

2.4.1 Demographics

The paramedics' working environment is male-dominated. Most paramedics in this study are in the 25 – 39 age group. Of the total number of paramedics who participated in this study, most of them had been serving as paramedics for five to ten years or more. The majority were married or in a relationship. Most paramedics declared that they sometimes or never took alcoholic beverages. Only 2% of the respondents sometimes or never took drugs, and only 13% were on medication due to work-related ailments.

Almost all paramedics were either spiritual or religious and did weekly fitness exercises. Most of these respondents considered discussing their problems with a pastoral counsellor even though their understanding of pastoral counselling is not entirely accurate. Inconsistencies were observed for when given a choice, the respondents preferred to talk to their spouses/partners about their problems. Even though the respondents indicated that they did not need or drank alcohol after a traumatic incident, due to stress, they knew that a majority of their colleagues abused alcohol to relieve stress.

2.4.2 Coping with work-related stress

The following conclusions could be drawn from the way the paramedics coped with stress related to their work. The majority, 87% of the respondents discussed work stress with their colleagues and only 13% chose not to talk to them about work stress. Thirty-six percent preferred to talk to their spouses or partners about their work stress and only a few would consider talking to a pastor (4%). Even though Figure 2.13 indicated that the respondents preferred to talk to their spouses/partners, 87% actually talked to their colleagues about their problems.

There were 57% of the respondents who had access to a psychologist, and 42% did not have access, although only 12% would prefer discussing their stress-related problems with a psychologist. Of the respondents 42% had access to a professional pastoral counsellor but a mere 8% preferred to talk to a pastoral counsellor about their stressful environment. Only 7% of the respondents replied that they took alcohol due to stress. In contradiction to this, 63% of the respondents answered that they knew of colleagues who abused alcohol due to stress.

2.4.3 Implications of counselling

Most respondents felt positive that their supervisors and colleagues would not think negatively of them or regard them as cowards if they consulted a professional counsellor. They felt secure that they would not lose their jobs if they consulted a counsellor and that the counsellor would be able help them cope with their job stress.

However, these findings are inconsistent with Figure 2.13 where it is indicated that only 6% were actually willing to talk to their supervisors about their problems. Seventy-four percent of the respondents agreed that their working environment was stressful, but they managed to cope successfully. In contrast to this, they (63%) stated that their working environment had a negative impact on their lives and 73% felt that they would rather forget their problems. These percentages do not correlate with Figure 2.10 where 63% of the respondents stated that they

would consider discussing their problems with a pastoral counsellor. If they would rather choose to forget their problems, why then risk discussing these problems with a pastoral counsellor, where negative emotions and painful topics were bound to be discussed?

Seventy-five percent of the respondents stated that they did not have intrusive or disturbing memories about past work experiences. Forty-eight percent were avoiding certain thoughts and situations, while 38% felt that their relationships were being affected by their working environment. This is inconsistent with Figure 2.32 where 73% of these same respondents indicated that they would rather forget their problems, therefore further studies on this matter are deemed necessary. When asked if they felt that they were suffering from a loss of compassion, 33% agreed that they did indeed suffer from a loss of compassion while 72% confessed to irritability. It has, however, been established that irritability is a behavioural outcome of burnout and compassion fatigue. To relieve stress most of the respondents opted to talk to someone (56%) or to pray (22%). However, alcohol was rated much higher on their chosen list of coping mechanisms, as well as trying to forget their problems.

2.5 CONCLUSION

Paramedics seem to be confused about where to go for help regarding their stress levels in attempting to cope with their working environment. They may not understand what pastoral counselling entails. By doing the normative and pragmatic tasks, insight will be earned on how to assist the paramedic to better understand pastoral counselling, their relationship to God and self, and how to implement these factors in successfully coping with their working environment. In the pragmatic task, a narrative approach to kerugmatik counselling will be offered as a means to promote pastoral counselling to assist the paramedic to cope with his/her working environment. The use of prayer as a way to cope will be placed into perspective.

The respondents seem to contradict themselves in terms of alcohol abuse, and the negative impact of intrusive memories. If 69% of the paramedics' colleagues are not interested enough to care whether they seek help from a counsellor or not, the question arises why they still find it so difficult to make this choice when they suffer from work stress. They may, for various reasons, not be entirely honest about their experiences.

From the descriptive-empirical task, the researcher of this study identifies four key issues for further discussion:

- 1) Stress and coping of the paramedic in his working environment.
- 2) The help that is available and their hesitancy to seek it out.
- 3) Their self-reliance strategy to coping.
- 4) Their understanding and relationship with God.

The interpretive task, as set out by Osmer (2008) will present a detailed discussion and various viewpoints from literature which may shed light on these contradictions. Pastoral counselling may change their perception that they only have themselves to rely on in times of crises. In normative and pragmatic tasks, pastoral counselling can be utilized as an alternative to existing methods of counselling in assisting the paramedics to cope with their stressful working environment.

CHAPTER 3: INTERPRETIVE TASK

3.1 OBJECTIVES

The objective of this chapter is to address the second task proposed by Osmer, which is the interpretive task. This chapter will therefore determine, “*Why is this going on?*” in response to issues embedded in the observations made in the previous chapter, by means of a literature study on existing theories and studies done concerning the lives of paramedics in their working environment.

Reasons are sought to explain the phenomena observed in the descriptive-empirical task, and information gathered regarding the problem (Osmer, 2008:33). In this chapter, the researcher will conduct a literature study on different viewpoints concerning the paramedic in his stressful working environment. Osmer refers to the interpretive task as applying “*sagely wisdom*”, of which the three main characteristics are thoughtfulness, theoretical interpretation and wise judgement. By doing the interpretive task, this chapter has its focus on the four key issues highlighted in the descriptive-empirical task in chapter two of this study. These key issues are:

- 1) Stress and coping of the paramedic in his working environment.
- 2) The help that is available and their hesitancy to seek it out.
- 3) Their self-reliance strategy to coping.
- 4) Their understanding and relationship with God.

3.2 INTRODUCTION

It is recognized that paramedic- and first responders have one of the most traumatic and stressful occupations (Marmar *et al.*, 2006:1; Naudé & Rothman, 2003:92). They are exposed to potentially traumatic situations on a daily basis in their working environment. Because of their rapidly changing environment with sudden sharp transitions from calm situations to emergencies (Nirel *et al.*, 2008:537) the negative outcomes and risk factors for Post Traumatic Stress Disorder (PTSD) is especially high and may lead to high rates of absenteeism, and early retirement from service.

Donnelly (2012:76) affirms the importance of understanding workplace stress and its effect on the Emergency Medical Services (EMS) personnel. She states that workplace stress is linked to certain stress reactions such as PTSD, which may have a negative impact on the paramedics' well-being. Nirel *et al.* (2008:537) explains that PTSD may also contribute to

adjustment problems in their families, circle of friends and work settings. It is therefore imperative that the interpretive task identifies the individual and institutional factors that influence the paramedics' vulnerability and resilience to trauma and stress in the working environment. This chapter will briefly outline existing viewpoints in literature concerning the paramedic's self-reliance strategy to coping, and his working environment in relation to pastoral counselling.

Ganzevoort (2008:12) states that traumatic experiences are not always due to the wrongdoings of others, but are also caused by natural disasters. In the case of natural disasters, there are no perpetrators and Ganzevoort labels these events as tragic. From this, questions may arise that deal with theodicy and comfort. In contrast to Ganzevoort's statement, Willard (2002:23) believes that all disasters are shaped by the choices made by people. People make choices based on how they view the world, and these choices shape their future. In their study on the effect of trauma onset and frequency on PTSD-associated symptoms, Hagenaars *et al.* (2011:192) report that dissociation, shame, guilt, and anger, are symptoms often found in persons exposed to multiple trauma, and that the anger is often internalized.

In the empirical-descriptive task in Chapter Two, it was established that the paramedics' working environment was stressful and that they might be hesitant as to where to go for help regarding their stress. There is help available (Figure 2.14 & 2.15), but it is not optimally utilized by all. Many agreed that a pastoral counsellor might be able to assist them (Figure 2.20), but it is interpreted that they may not fully understand the value and outline of true pastoral counselling. Many of the respondents claimed to be religious and spiritual, yet this implied relationship with God is not necessarily reflected in their overall response. Many of the respondents prefer to talk to their colleagues or spouses about their problems.

Donnelly (2012:76) states the importance of EMS to recognise when they are impaired because of stress. It is therefore necessary to understand the types of workplace stress, and the reasons why the paramedics may fail to recognise when they need to seek help. The literature review aims to highlight the most significant problems in the paramedics' working environment, to clarify the reasons for their coping mechanisms, and briefly to outline pastoral counselling. By doing the interpretive task, Osmer (2011:2) explains that the researcher enters into "*a dialogue with the social sciences to interpret and explain why certain actions and patterns are taking place*". This chapter aims to enter into such a dialogue to explain the main concerns established in the empirical-descriptive task in Chapter Two, which are: stress and coping of the paramedic in his working environment, the help that is available and their hesitancy to seek it out, their self-reliance strategy to coping, and their understanding and relationship with God.

3.3 WORKING ENVIRONMENT

Looking at the traumatic and stressful working environment of the paramedic, Holland (2008:14) finds that in the past two decades trauma research has shifted its focus from trauma victims of disasters to examining the effects of trauma on the paramedics, first responders and individuals who help the victims. Previous research done concerning paramedic stress and trauma reveals high rates of exposure to stressful and traumatic events (Clohessy & Ehlers, 1999:252; Alexander & Klein 2001:76; LeBlanc *et al.*, 2011:1). It is therefore necessary to understand why this is going on in the paramedics working environment, how they cope with what is going on, and what help is available.

In their working environment, paramedic's are constantly exposed to potentially stressful and traumatic situations. These situations may also be referred to as "*critical incidents*". Traumatic exposure may include among others, the death of a child, death of a patient for whom the responder has been responsible, death of a colleague, violence or situations that put the responder at risk (Regehr & Cooper, 2011:202). In her study on work-related stress in EMS, Donnelly (2012:76) identifies high levels of chronic stress, critical incident stress, and alcohol abuse which are significantly related to increased levels of PTSS. Brosschot (2010:46) explains that humans tend to make cognitive representations of negative events which occurred in the past, and which are anticipated in the future. He calls these ruminations "*preservative cognition*" which enables a person to extend his stress experiences to the past and the future. Prolonged preservative cognition may therefore be a potential cause of prolonged chronic stress. The paramedic is exposed to negative events on a daily basis, of which many are critical incidents.

Critical incidents are defined by Mitchell (in Donnelly, 2012:76), as "*any situation faced by EMS personnel that cause them to experience unusually strong emotional reactions which have the potential to interfere with their ability to function either at the scene, or later*". In the empirical study in Chapter Two, 74% (Figure 2.29) of the respondents agree that their working environment is stressful. 77% (Figure 2.30) of the respondents feel that they cope successfully with their working environment. In contrast to this, 63% (Figure 2.31) admitted that their working environment has a negative impact on their lives. Regehr and LeBlanc (2011:204) highlight many of the personal consequences of traumatic exposure which include flashbacks and graphic nightmares, avoidance through distraction or self-medication with alcohol and drugs, or changing duties. Physical symptoms may include extreme anger, tearfulness and anxiety. Stassen *et al.* (2010:3) warns that prolonged exposure to such a stressful working environment may heighten emotional stress among paramedics, or lead to burnout or PTSD, which in turn might aggravate the already stressful environment of pre-hospital emergency care.

3.3.1 Gender and Age

The empirical findings in Chapter Two of this study revealed that 75% (Figure 2.2) of the respondents are in the 25-39 age group. Heffner (<http://allpsych.com/psychology101/index.html>) outlines Erikson's stages of psychosocial development in young adulthood and middle adulthood as follows:

- Intimacy versus isolation

In young adulthood, we begin to share ourselves more intimately with others. We explore relationships leading toward longer term commitments with someone other than a family member. Successful completion can lead to comfortable relationships and a sense of commitment, safety, and care within a relationship. Avoiding intimacy, fearing commitment and relationships can lead to isolation, loneliness, and sometimes depression.

- Generativity versus stagnation

During middle adulthood, we establish our careers, settle down within a relationship, begin our own families and develop a sense of being part of the bigger picture. We give back to society by raising our children, being productive at work, and becoming involved in community activities and organizations. By failing to achieve these objectives, we become stagnant and feel unproductive.

Cibulka (in Bentley, 2011:48) indicate that although paramedics with more years experience in the emergency services have been more exposed to traumatic events, they show fewer symptoms of stress, and that those who were adversely affected by stress changed careers. This may be an indication for one of the reasons why there are 0% respondents in the population of this study who are above the age of 50 years, as shown in Figure 2.2 of the empirical task. Another reason for paramedics leaving the South African Emergency Medical Services (EMS) may be that many paramedics are migrating and working abroad (Binks, 2011:15). This has already been identified as a problem resulting in a shortage of skilled personnel in South Africa. However, Govender (2010:1) declares that paramedics deemed most likely to migrate are in the 21-30 age group. One of the major factors identified were the working conditions. In 2010 South Africa had 1631 registered paramedics tending to approximately 50 million people (30656:1 ratio). However, one of the reasons why paramedics remain in the service was identified by Nirel et al (2008:541) as the interest in variety and adrenaline from working in the field.

3.3.2 Workplace violence

A pilot study of workplace violence towards paramedics were undertaken by Boyle *et al* (2007:760) where they define workplace violence as “*violence that was associated with work*”, and these violent acts usually occur in the ambulance station, the ambulance itself or at the incident location. Of the paramedics surveyed in their research, 87.5% had experienced at least one form of violent act associated with the workplace during that year. Workplace violence may also include caring for patients under the influence of alcohol or drugs. Of these incidents the most commonly experienced workplace violence was verbal abuse or intimidation. Workplace violence may also include caring for patients under the influence of alcohol or drugs (Bentley 2011:5).

Overall the study reveals that female paramedics experienced a much higher rate of violence toward them which varies from verbal abuse, intimidation, physical abuse, to sexual abuse and sexual assault. The target population outcome in this study indicates a male-dominated working environment. According to Van Gundy (2002:350) the way females respond to stress differs from that of males. Exposure to stressful events increases the risk of men becoming more aggressive, and women more depressive. This is especially true in young adulthood. Figure 2.2 in Chapter Two indicates that 75% of the respondents are in the 25–39 age group.

Taking the age group of the respondents into consideration, and the fact that 58% (Figure 2.4) are married, it might be assumed that many of these respondents have young children. Many women feel that if they take all responsibilities upon themselves, and not cause any ripples by juggling motherhood and their stressful jobs successfully, they may lessen any conflict occurring in their environments. Becker (2010:49) states that the implication of this is that imbalance leads to stress and stress leads to imbalance. She goes on to say that “*as the fiction of the ideal worker economy crumbles in the face of dual-earner reality, it is the discourse of stress that helps cloak the social-political context of many women’s daily struggles*”. Further research regarding the female paramedic’s coping mechanisms is recommended.

3.3.3 Support system

Findings (Figure 2.13) regarding social support in Chapter Two are supported by Regehr and Millar (2007:54) in their earlier study conducted on the high demand, low control, and low support in paramedic organizations. Their study finds that the majority (78%) of paramedics indicated that their spouses were often supportive. (56%) felt that their friends and colleagues were very supportive. However, perceptions on employer support indicated that 31% felt that

their peers were never supportive, 16.2% felt that their peers were infrequently to never supportive. Chapter Two of this study show similar results. 36% (Figure 2.13) indicates that they choose to talk to their spouse or partner about their problems. 6% (Figure 2.13) of the respondents indicated that they chose to talk to their peers about their problems.

In their study on the role of peer support, Lowry and Stokes (2005:178) conclude that the presence of dysfunctional peer social support following duty-related trauma exposure contribute significantly to paramedics' negative attitude toward any expression of emotions. These findings are an indication that this is one of the reasons why the trauma recovery process is hindered. However, according to Alexander and Klein (2001:80) displacement may in some instances be present where some paramedics are unable to cope with their own emotional vulnerability and therefore they blame the system and their peers instead.

In the empirical findings of Chapter Two it was found that 6% (Figure 2.13) of the respondents prefer to talk to their supervisors about their problems. An open ended question asked of them to state where they would prefer to go for help regarding their stress, and most answers revealed that they would seek the help of their station commander for guidance. This preference is noted in light of the fact that 57% (Figure 2.14) and 42% (Figure 2.15) have or are aware of a professional alternative. The study revealed (question 36 of the open ended questions) that the most common understanding of a pastoral counsellor was that counselling was done by a pastor of a church. The role of counselling in the life of the paramedic will be discussed later in this chapter.

3.4 SELF-RELIANCE STRATEGY

The researcher wishes to define the paramedics' self-reliance strategy of coping used in this study as: Diverse self-discovered means of coping with, and responding to, daily stresses in their working environment through dependence on self and colleagues, by means of a conscious choice not to make use of, or to make partial use of, any provided conventional assistance.

Chapter Two, Figure 2.10 show that 63% of the respondents indicated that they would consider discussing their problems with a pastoral counsellor. However, when given the choice, only 4% (Figure 2.13) opted to consult a pastor. Most paramedics internalize their problems, although 63% (Figure 2.10) of the respondents agree that pastoral counselling might help them cope with their working environment. However, 58% (Figure 2.25) of the respondents choose to avoid certain thoughts. 74% (Figure 2.24) agreed that they had intrusive memories and 73% (Figure 2.32) who agreed that they would like to forget their problems.

It is confirmed by Maunder (2008:45) that the emotional aspects in the health care professions are not sufficiently recognised. It is not the priority of the curricula to educate the paramedic on these emotional aspects of their working environment, but rather to concentrate on the technical aspects such as increasing efficiency and speed. Attention is mostly focussed on the needs and emotions of the patient. Maunder goes on to state that research on emotion work in a paramedic practice has thus far been limited.

3.4.1 Basic elements of the paramedic's self-reliance strategy

It has already been established in this study, and is confirmed by Johnson *et al.* (2005:184) that the paramedics' working environment and job satisfaction have been identified as one of the most stressful and least satisfying of all occupations studied.

The traditional philosophies among emergency responders, as indicated by Holland (2011:336), are that they have "*tough skins*" and that "*nothing is supposed to bother them*". However, Holland indicates that these emergency responders are human and have emotions and therefore it is essential to deal with the challenges encountered in their working environment. Connell (in Van Gundy, 2002:350) shows that by asserting autonomy, young men may reflect an element of traditionally masculine identity and therefore these young men distance themselves from identifying with anything in the least bit feminine. There are paramedics who feel that their future careers and relationships with colleagues depend on a deliberate display of toughness (Lowry & Stokes, 2005:172). In Chapter Two, 62% (Figure 2.26) of the respondents in the empirical study indicated that their relationships were affected by their working environment.

The self in "*self-reliance*" cannot be defined, thus according to Rollins (1999:103), it is Plato, Augustine, Descartes, Kant and Hume who correctly explain "*self*" as a conscious inner agent that observes oneself through experiences. Self-making is our basic means of establishing a unique identity. Angus and McLeod (2004:4) explain that we distinguish ourselves from others by comparing accounts and incidents of each other, to each other. They view self-making as a "*narrative art*," as memories often fall victim to self-making stories. This occurs when the counselee cannot tell the original true story of the trauma or stressful incident, but rather construct a new story to narrate. To tell a story is not a simple matter. Stories depend upon what the person thinks others and general society thinks he ought to think. Responders in Chapter Two of the empirical study state that they prefer to talk to their spouses or colleagues about their problems. Tangherlini (2000:43) finds that part of a paramedic's working day

consists of telling stories and rehashing events of the emergency responses. He finds that these stories are drenched with cynicism and self-deprecatory versions of events.

When having to deal with stress and trauma, Paramedics have a reputation of shunning mental health services and perceiving their practitioners as bleeding hearts. For them, needing help implies that they are weak cowards that cannot do their job (Miller 1995:595). Figure 2.21 of Chapter Two indicates that nine per cent of respondents agree, and four per cent strongly agree, that their colleagues will think them cowards for consulting a professional counsellor. Another reason paramedics may have for denying their emotions is outlined by Williams (2012:2) where she shows that paramedics cope by keeping an emotional distance between them and the patients. They view them as objects by manipulating and suppressing their feelings. The findings in Chapter Two of the empirical study confirm this for 58% (Figure 2.25) of the respondents confess to suppressing certain thoughts and 73% (Figure 2.32) would like to forget their problems. Williams' study on emotion work in student paramedics reveals that paramedics try surface acting or hiding their emotions. There is an expectation of being met with negative attitudes towards the expression of emotion. The empirical study further showed that 23% (Figure 2.19) of the respondents agree, and four percent (Figure 2.19) strongly agreed that by consulting a counsellor, their supervisor and colleagues would think they could not handle the job. Three per cent (Figure 2.19) of the respondents strongly agreed that if they consulted a professional counsellor, they might lose their jobs.

Orner *et al.* (2003:23) studied the preferences of emergency workers when dealing with trauma. They compared the preferred coping and adjustment strategies with the principles underlying the delivery of debriefings, and found that there were few similarities. Talking about events was one such an example. Chapter Two, Figure 2.25 of this study revealed that 42% of the respondents confessed to avoiding certain thoughts. Maunder (2008:45) indicates that, as in several counselling models, the debriefing protocol indicates adherence to an agenda of successive stages that have to be followed. Those who deliberately talk about the events do so on their own terms. It is also true that many paramedics try to avoid the impact of the traumatic or stressful incident by distancing himself through drinking, smoking or emotional dissociation (Olf *et al.*, 2005:974).

Most trauma unit staff relies on the support of their colleagues after traumatic incidents. This is consistent with the findings of previous studies researching the coping methods used by nursing staff and other health professionals after distressing events at work (Crabbe *et al.*, 2003:571). These findings are also consistent with the empirical findings in Chapter Two of this study where it was found that 87% (Figure 2.12) of the respondents talked to their colleagues about their experiences at work. Although many staff members might not wish to use the help offered to

them, professional psychological help should be made accessible to all staff. Data in Chapter Two confirmed that paramedics were not keen on seeking the assistance of a professional counsellor, and would rather talk to their spouse or colleagues, as stated earlier in this chapter. Figure 2.14 indicated that 42% of the respondents did not have access to a psychologist, and therefore do not have the option to seek help from a professional psychologist. It was also indicated in Figure 2.15 that 56% of the respondents did not have access to a qualified pastoral counsellor.

A contributing factor to staff not wishing to use the help offered, is that employers are often perceived as unsympathetic and unsupportive to personnel on ground level (Jerling & Davies, 2002:23). Boyle (2005:45) indicates that emotional vulnerability may lead to harassment and ostracism. Figure 2.14 in Chapter Two of this study correlates with the findings of Jerling and Davies, indicating that 42% (Figure 2.14) of the respondents did not have access to a psychologist and 36% (Figure 2.13) indicated that they would rather talk to their spouses/partners about their stressful working environment. However, these finding did not correlate with Figure 2.20 in Chapter Two where 63% of the respondents agreed that a counsellor would be able to help them cope with job stress.

An additional contributing factor that deters staff from seeking personal help is the issues of confidentiality and career prospects that may be influenced on a negative level (Alexander & Klein 2001:76). In earlier studies done by Alexander (1993:80) these concerns are highlighted. The allegations are that the crews are reluctant to seek professional help because of their anxieties about confidentiality and the perceived threat to their career prospects. In their research, Alexander and Klein find that ambulance workers show a preference for talking about incidents to colleagues. In this research study it was clear that paramedics preferred to speak to their spouses or partners about their work experiences. However, when asked if they would consider talking to their colleagues about their experiences at work, most of the respondents indicated that they felt comfortable talking to their colleagues.

The question arises whether one of the reasons for talking to colleagues rather than a counsellor, may perhaps be because of the confidentiality factor? Alexander and Klein's (2001: 80) survey suggests that peer support is more available than support from senior staff. A huge concern in their study is that 73% view the ambulance service as "*never concerned*" about staff welfare after critical incidents.

3.4.2 Perceptions on the paramedic self-reliance strategy

Paramedic and emergency responders make use of certain coping strategies in their working environment in order to cope with stress. Paramedics are exposed to extremely difficult and stressful situations and critical incidents on a daily basis. Stress involves the individual's ability to cope with pressures from his environment (Aldwyn, 2007:9). Holland (2011:331) defines a critical incident as *"an event that is sufficiently disturbing to overwhelm or threaten to overwhelm the individual's normal coping methods"*. Holland goes on to identify two negative outcomes that may occur after a critical incident which are high rates of dissociation and interpersonal relationship difficulties. Dissociation after a traumatic event referred to as peri-traumatic dissociation, may develop into PTSD. Peri-traumatic dissociation inhabits the cognitive processing required to integrate the emotional and cognitive responses to the trauma into general memory systems in order to make them less traumatic (Brewin & Holmes, 2003:342). Avoidance of emotions has been identified as being helpful during a high-level, critical incident and may allow the paramedic to control these strong emotions (Regehr & LeBlanc, 2011:205). However, suppressing and avoiding these emotions of trauma may, in the long run, contribute to on-going physical and psychological harm resulting from these experiences (LeBlanc *et al.*, 2011:5).

In studies concerning the coping methods of emergency workers, it was found that the significant variables that lead toward traumatic stress may be the death of a child, care of a family member, care of disaster victims, care of crime victims, and care of burn victims (Holland, 2011:331). The main coping methods utilized by emergency responders which are escape/avoidance, distancing/dissociation, and confrontative coping methods. In the research study, the empirical findings indicate that 42% (Figure 2.32) of the respondents choose to avoid certain painful thoughts and 73% (Figure 2.25) of the respondents would like to forget their problems. These coping methods provide protective factors and may be the reason for the paramedics' resilience toward exposure to critical incidents. The coping methods identified in Holland's study (2011:336) include social support, problem solving, and positive reappraisal.

Paramedics and First Responders are required to endure high levels of stress in their profession. West (2003:2) highlights the importance of stress and trauma being dealt with effectively. The consequences of ignoring them can have a detrimental impact on the effectiveness of the paramedic's job performance, physical, mental, and emotional health, as well as their personal and interpersonal life. When stress is managed constructively, job performance increases and the paramedic are much more resilient and able to cope with his working environment. In order to understand the paramedic's self-reliance strategy better, viewpoints from literature on the effects of stress such as vicarious trauma, burnout and anger,

as well as coping mechanisms such as humour, alcohol and substance abuse, smoking, and exercise, are discussed.

3.4.3 Burnout and Vicarious Trauma

Paramedic burnout and compassion fatigue has been associated with work-stress (Vettor et al, 2000:216). Burnout has been described as an inability to cope with emotional stress at work (Bakker et al, 2010:245).

In Chapter Two of this study it was found that 33% (Figure 2.27) of the paramedics confess to suffering from compassion fatigue. 72% (Figure 2.28) acknowledged that they sometimes felt irritable and 74% (Figure 2.28) confessed that their working environment was stressful. Irritation was identified as an outcome of burnout. 63% (Figure 2.31) of the respondents stated that their working environment had a negative impact on their lives.

Salanova (2008:59) defines emotional burnout as *“feelings of being unable to give any more at an emotional level and a reduction of one’s own emotional resources”*. In many emergency departments paramedics work nine hour shift days where it should ideally only be three hour shift days. It is the opinion of Lloyd (2004:6) that this may be the main reason for burnout among paramedics. Shift work may contribute to the stress and burnout of the paramedics’ working environment as paramedics and rescue personnel may at times be expected to work long hours often extending to 72 hours. Shift work is closely related to outcomes of burnout.

Based on Section 12, of the Basic Conditions of Employment Act 75 of 1997, the number of hours of work per week should not exceed the 45 hours. Research done by Johnson *et al.* (2006:921) indicates that long working hours, extended and irregular hours, are associated with *“acute reactions such as stress and fatigue, adverse health behaviour such as smoking, and chronic outcomes such as cardiovascular and musculoskeletal disorders”*. Paramedic burnout may lead to poor service delivery and in the end may affect the department and personnel.

In their study of the South African EMS systems, MacFarlane *et al.* (2005:147) observe that South African paramedics are exposed to a vast amount of pre-hospital trauma and because of this tend to burn out quickly. According to Palm *et al.* (2004:73) trauma workers who are indirectly exposed to a traumatic event may experience vicarious trauma reactions which may include intrusive imagery and thoughts, avoidance and emotional numbing, hyper-arousal symptoms, somatisation, and physical and alcohol use problems similar to those experienced by direct trauma survivors. The consequences of these reactions may alter the paramedic’s

way of making sense of the world. Alexander and Klein (2001:76) explain that burnout can be plotted in three states:

- The first state is depersonalisation and refers to a loss of concern and compassion towards others.
- The second state is emotional exhaustion and refers to a condition of being overextended and emotionally drained.
- The third state is personal accomplishment and reflects the paramedic's sense of personal achievement at work.

In their study on Emergency Worker's quality of life, Cicognani *et al.* (2009:460) find that female- and full-time paramedics are more vulnerable to burnout. In their literature study, Stassen *et al.* (2012:3) identified that female paramedics were more prone to burnout than male paramedics. They also find that working within the community and not a hospital, may lead to greater levels of burnout. Their findings indicate that the most common coping strategy parallel to burnout is avoidance oriented. Of the respondents in the empirical study in Chapter 2, 22% (Figure 2.1) are female.

In a study done by Pines and Keinan (2005:625) it is found that stress and burnout are highly correlated with strain, whereas burnout is more highly correlated with job dissatisfaction. In their study on ambulance personnel and critical incidents, Alexander and Klein (2001:76) asked the question if it is possible that hardiness offers paramedics protection against the effects of regular exposure to critical incidents. Their results show that those with a hardy personality display significantly less burnout than those with a less hardy one. When avoiding their feelings, the lack of awareness and tendency to internalize their feelings make it difficult for the paramedic to recognize the symptoms of burnout in themselves (Vettor *et al.*, 2000:224).

Another contributing factor may be insufficient personnel and poorly maintained vehicles and equipment in the South African EMS due to financial constraints, patient overload, under-financing and a lack of equity in distribution of resources identified by MacFarlane *et al.* (2005:147) as a growing concern. This may possibly contribute toward a growing frustration for personnel and management.

3.4.4 Anger

Anger is described by Eslamian *et al.* (2010:338) as a complex human emotion and a common reaction to frustration. Kiefer (2010:6) explains that anger is a valid emotion and that most

emotional problems are nothing more than a failure to accept reality. Without proper anger management skills, these emotions may be destructive. Coetzer (2010:3) states that anger is one of the first phases that a person experiences after trauma, and that this anger should be expressed in an appropriate way. 9% (Figure 2.3) of the respondents in the empirical study in Chapter Two choose not to express their feelings. 42% (Figure 2.25) of the respondents acknowledged suppressing disturbing thoughts. However, aggression, anger and acting out may involve vicious verbal attacks, and a few may physically act out on their feelings (Anon, 2010:205). People are however sometimes taught to deny pain and anger, and rather to embrace love and friendliness. In the healing process, it would be wise to find someone impartial, to serve as a sounding board with which to share the burden. In Chapter Two of this study 23% (Figure 2.18) feels that if they ask for help their colleagues may think they cannot handle the job, and therefore they may choose other means of coping.

One of the contributing factors towards feelings of anger may be situations where paramedics feel empathy towards their patients (Regehr *et al.*, 2002:511). Empathy is defined as "*Identification with and understanding of another's situation, feelings, and motives*" (Online Dictionary, 2012). As indicated in chapter two of this study, 68% (Figure 2.27) of the respondents feel that they do not suffer from a loss of compassion and therefore feel empathy towards their patients. Millen (2009:41) identifies work stressors such as mass casualty stressors, major changes and daily hassles. These stressors may develop into anger and frustration if the stressor persists, and eventually develop into feelings of depression, hopelessness and negative thoughts.

3.4.5 Humour

Humour has been identified as one of the coping strategies which help the Paramedic to adjust to his stressful working environment. Moran and Massam (1997:1) argue that *humour enhances communication, facilitates cognitive reframing and social support, and has possible physical benefits*. One of the coping mechanisms used by paramedics is black humour (Regehr *et al.*, 2002:509).

Van Wormer and Boes (in Rowe & Regher, 2010:449) define black humour as "*a humorous response that appears inappropriate or illogical in the face of hopeless situations*". Rowe and Regher (2010:459) indicate that from a coping perspective, humour allows the paramedic to emotionally distance himself from the stressful memories.

Storytelling often takes on a darkly cynical character, also referred to as black humour (Rowe & Regher, 2010:448), and with descriptions of gore or violence that go far beyond what is

generally accepted in the more formal interactions. In her studies of memory and its encoding of traumatic situations, Loftus (2003:867) finds that memory can be altered by a change in the linguistic term used. She screened a movie in her laboratory of a collision between two cars and when describing the collision she used the word “hit” (“smash” versus “hit”) which dramatically affected the memory of the event and the descriptions of its magnitude. When viewers were encouraged to describe the collision with the word “smashed”, they described higher velocity and higher impact on collision. Therefore, the linguistic terms applied to a particular type of humour which in turn applies to the critical incident situation is often called black and may be a form of tension release in coping with a traumatic or painful event. The emergency scene can be such an event and is usually charged with tension.

3.4.6 Alcohol and Substance Abuse

Ineffective coping such as avoidance, is reflected in current national health problems such as alcohol and drug abuse among paramedics (West, 2003:15). Figure 2.5 of the empirical task revealed that 48% of respondents used alcohol. Figure 2.16 revealed that 86% of the respondents claimed not to use alcohol after a traumatic rescue but Figure 2.17 revealed that 63% of the respondents knew of colleagues who used alcohol.

When linking trauma and stress to substance abuse, Cross and Ashley (2004:45) found that one quarter of law enforcement officers are alcohol dependent as a result of job stress and tend to make alcohol use an accepted practice to promote camaraderie among them. Regehr *et al.* (2002:508) indicates that alcohol use among paramedics increase after exposure to a traumatic incident. Palm *et al.* (2005:74) refer to data which suggest that rescue personnel, including paramedics, may be more likely to cope with occupational stressors in general through alcohol use. This may be viewed as destructive behaviour in context to the paramedic's self-reliance method of coping.

3.4.7 Cigarette smoking

Nicotine is the principal psychoactive chemical in tobacco and an important component of tobacco addiction (Rezvani & Levin, 2001:263). The reason for the high smoking rates among paramedics may be due to the amount of stress in their working environment, as shown in a study done by Malik *et al* (2010: 511). Conclusions from this study compare to similar studies documented (Buchmann *et al*, 2008:247; Childs & De Wit, 2010:450; Sinha, 2008:3), where results were obtained and showed alarmingly high smoking rates among paramedics working in hospitals. Figure 2.33 of the empirical research showed that 14% of the respondents chose to

smoke to relieve stress. The development of substance- and tobacco dependence was influenced by psychological stress.

3.4.8 Exercise

Traditionally paramedics have to be persons of above average fitness, in order for them to cope with their strenuous duties. Today however, physical fitness is not a main requirement when recruiting new responders. More and more recruits show signs of an ever increasing manifestation of obesity-related complications (Tsismenakis *et al.*, 2009:1).

Exercise is a beneficial step in absolving feelings of anger. *“With physical exercise, stress hormones released for metabolism in the fight or flight response is used for their intended metabolic purpose. Exercise relaxes the mind as well as the body. Exercise acts as a catharsis to release toxic thoughts and feelings as well as burn off stress hormones”* (Seaward, 2000:19). Studies indicate that despite the fact that fire fighters' jobs require vigorous physical activity under extreme conditions, and present the stress of urgent life-threatening situations, a high prevalence of sedentary lifestyles, and generally have lower physical fitness than police officers and construction workers.

Regehr and Millan (2007:52) indicated that the demands of the paramedic's work place and the psychological demands of dealing with traumatic and stressful situations leave little time for physical rest or psychological processing. Chapter Two of this study indicates that 67% (Figure 2.8) of the respondents exercise at least once a week. 5% of the respondents indicated that they never take part in any physical activities such as gym, jog, or other forms of sport.

3.4.9 Strengths and limitations of self-reliance

Talking to someone about stress and traumatic experiences is not a simple matter. Polkinghorne (2004:4) confirms this when he states that telling others about oneself is difficult and the storytelling depends on what one thinks others think one ought to be like. Paramedics often internalize stories to make sense of their lives. However, these stories are mostly constrictive and blaming.

Those who were interviewed in this study received the researcher with a willingness to talk about the EMS, but they were reluctant to talk about their own experiences. They were aware of the researcher's capacity as pastoral counsellor and interviews were conducted in an informal setting. The researcher's interviews were not therapeutic in nature and therefore the

interviewees were more willing to talk about their working environment. These non-therapeutic conversations may point out why paramedics prefer to talk to seniors, colleagues and spouses as chosen conversational outlets. Some of the hesitancy to use provided assistance mechanisms must lay in the resistance to translate the conversation into a therapeutic one. The researcher recommends that further research is needed concerning the resistance towards provided assistance mechanisms.

Although many ambulance companies provide a formal interactive debriefing setting known as Critical Incident Stress Debriefing (CISD), paramedics generally prefer an informal de-briefing mechanism they have devised for themselves. Many paramedics express aversion to these structured, management-initiated storytelling sessions. Part of this aversion stems from the notion that repeated use of CISD can have a negative impact on their standing in the organization. Furthermore, the general feeling among paramedics is that CISD makes them even more subject to the company's apparatus of surveillance, a surveillance that they frequently try to avoid.

Some medics fear that colleagues will consider them "*weak*" or "*unable to cut it*" if they avail themselves of this service too often (Tangherlini, 1998:49). In chapter two of this empirical study, 23% (Figure 2.18) of the respondents indicated that consulting a professional counsellor may create the impression that they are unable to handle the pressures that their working environment require of them. According to Dittes (1999:6,8) the paramedic or rescue worker's readiness to be a pastoral counselee is never clearly communicated because the readiness is never clear. For pastoral counselling to occur, the counselee must be ready to be vulnerable, to discuss his or her life in the mode of surrender. It is important to notice that needs of paramedics are more fundamental than preferences. Surrender is directly linked to change and healing and according to Petrocelli (2002:80) many clients who find themselves at this stage of contemplation, tend to have an awareness of their problems yet lack the action or commitment needed. It is therefore necessary for the pastoral counsellor to know that at this stage these clients may benefit most from exploration of values, setting personal goals and recognizing necessary actions for healing.

Preferences are what people wish for, but unfortunately what they wish for is not necessarily what they need. This is noteworthy as people themselves do not know what their needs are, and therefore cannot express them (Erasmus & Fourie, 2008:24). In a study conducted by Halpern *et al.* (2009:2) with the aim of characterizing ambulance workers' experience of critical incidents and eliciting suggestions for interventions, it has been found that paramedics have difficulty admitting the presence of vulnerable feelings, even within themselves. According to Greenwald *et al.* (2004:54) deeply hurting people may consider seeking the help of a pastor, but

they refuse to seek the help of a mental health professional because they do not see themselves as having a mental illness.

In order to achieve similar therapeutic results, but without the formal structure or the perceived pitfalls of CISD, Paramedics prefer to engage in informal storytelling. In Chapter Two of this study 36% (Figure 2.13) of the respondents indicated that they prefer to talk to their spouse or partner about their problems, and 25% chose to discuss their problems with their colleagues. These discussions usually take place in an informal setting. This allows them to explore the horrors of certain scenes, examine their own actions and, through the response of the other medics, who make up the audience, achieve closure of these dramatic events, free from the potential management censure implicit in the formal CISD. These informal debriefings allow medics to express a greater range of emotions than they can in a CISD session (Tangherlini, 1998:64).

Allegations have been made by personnel during research, that crews are reluctant to seek help because of their anxieties about confidentiality and the perceived threat to their career prospects (Alexander & Klein, 2001:80). A later study done by Jennings and Stella (2011:527) showed that participants feel that *“being linked to certain types of critical incidents could be embarrassing within their peer group and may impact their likelihood of being considered for promotion”*.

In 2008 Stellman *et al.* (2008:1252) conducted a study with the main objective of describing mental health outcomes, social function impairment, and psychiatric co-morbidity in the WTC worker cohort. During this study it was shown that the USA military, recognizing the high frequency of PTSS in response to dangerous and life-threatening situations, as well as the costly effects of these symptoms on psychological well-being and performance, had instituted periodic behavioural health evaluations on all troops returning from Iraq and Afghanistan. Stigma was reduced by requiring every returning soldier to participate in these evaluations. Similarly, rescue and recovery workers after future environmental disasters would likely benefit from routine behavioural health evaluations, as well as early treatment when appropriate.

3.5 COUNSELLING APPROACH

Traditionally workplace resilience in the emergency medical services is aimed at intervening when psychological problems of individuals have already become apparent (Shakespeare-Finch, 2007:362).

Many therapists opt for debriefing, or “*screen & treat*” methods of treating persons exposed to critical incidents and who developed PTSD symptoms. The treatment is usually administered within one to three months of the incident (McNally *et al.*, 2003:46). This method of treatment may not always address the symptoms that develop at a later stage such as burnout, compassion fatigue, substance abuse (Alexander & Klein, 2001:76).

In the aftermath of a traumatic and critical incident, debriefing may cause some individuals to shy away from any form of psychological services. It may also contribute to emergency service organizations not being provided with direction as to how to respond to their employees in the aftermath of a critical incident (Suveg 2007:118). Bisson (2003:481) indicates that critical incident stress debriefing (CISD) is the popular means of therapy in the aftermath of trauma. The reason for this is to create a way to prevent the development of psychological sequelae following stressful and traumatic events. However, when therapists make use of several sessions of exposure therapy, time is allowed for habituation to occur.

In order to cope with their working environment, paramedics often gather to tell stories in narrative sessions that more often than not have the feel of heated competition, with medics vying against each other to tell the best story (Tangherlini, 1998:86). From a narrative therapy viewpoint, it is essential for a counsellor to understand that, through their storytelling, paramedics try to impose order on what is essentially unordered events and, as such, their storytelling mirrors Kermode's notion of the human need to provide beginnings and endings to the middle ground we inhabit, *“in making sense of the world we feel a need to experience that concordance of beginning, middle and end which is the essence of our explanatory fictions”* (Andrews 2010:153). The statement made by White and Epston (in Andrews, 2010:153) that life events and narratives which are not consistent with the person's life story tend to be abandoned, has never been truer than in the stories told by many Paramedics.

One central narrative is needed in order to preserve a person's stable self-identity. When a Paramedic then chooses a narrative that represents only one perspective for depicting the way things occur, the counsellor's goal is to provide him/her with different perspectives through which he can move smoothly between narratives of identity, which in turn help him/her cope and adjust to the situation (Palgi & Ben-Ezra, 2010:9). It is therefore necessary to understand the self-reliance method where Paramedics tend to shun any assistance from counsellors, and rather talk about their work-stress and trauma with colleagues or keep it to themselves.

By providing endings to essentially open-ended events, medics exert control over, and thus make meaning of chaotic work experiences. Retrospective retelling of the stories medics engage in, allows them a high degree of control over events that were often out of their control

when they were happening. Narration of personal experiences posits the narrator as the authority and imbues him or her with power.

Paramedic storytelling serves as a psychological outlet for the emotions engendered by encountering human suffering on a daily basis. For paramedics, maintaining a psychological distance from these, at times grisly, sights that greet them at medical emergencies is a necessary part of surviving life in the ambulance service (Tangherlini, 2000:47/48). The researcher values the thoughts of Rose and Tehrani (2000:6) where they indicate that persons who have suffered appears to have an inherent wish to be able to tell others of their experiences.

One of the common stress reactions experienced by paramedics is dissociation. 42% (Figure 2.25) of the respondents in Chapter Two of the empirical study acknowledged that they purposefully suppress certain stressful and traumatic thoughts or avoid certain situations or persons. Dissociation may be caused as a result of stress and may contribute to a feeling of isolation and loneliness. The tragedy of sin is the breaking of our relationship with God and one another (McMinn 2008:12) and thus contributes to feelings of loneliness.

3.5.1 Prayer as self-reliance Coping Strategy

Burkett (2002:42) defines the healing of traumatic memories as *“a form of prayer designed to facilitate the counselee’s ability to process affectively painful memories through vividly recalling these memories and asking for the presence of God to minister in the midst of this pain”*. In an informal, unstructured interview done between the researcher and a severely traumatized fire-fighter, he explained that in the beginning they prayed, but after a while they moved past prayer and ruled it out as an option because it did not seem to help. The fire-fighter was aware of the researcher’s capacity as pastoral counsellor, and the interview was in the form of a spontaneous outpour of emotions. Figure 2.33 of the empirical study in Chapter Two indicated that 22% of the respondents chose prayer to relieve stress.

3.5.2 Spirituality and Religion as self-reliance Coping Strategy

Looking at mental illness through the lens of religion and spirituality (Leavey et al, 2012:349) places healing as the central function and provides structures for meaning making, and coping with suffering.

Exline and Bright (2011:123) state that employees may at times be confronted with private struggles in the workplace involving crises of meaning, anger or negative feelings toward God. They go on to say that decisions on what role spirituality and religion must play in the workplace are struggles that employers may face. If a leader implements programmes to openly encourage spirituality and religious behaviours at work, it may benefit some employees, but also offend others.

Employees may face the challenge of their belief systems being questioned in their workplace, which may in turn lead to inner conflict. As seen in Chapter Two of the empirical study, 75% (Figure 2.2) of the respondents were in the 25- 30 age group. This is a time where many may find themselves in the midst of parenthood which may lead to struggles of meaning and purpose. Negative events in the workplace can lead to employees experiencing conflict in their perceived relationship with God. They may attribute negative events to God. An example of these negative events is trauma such as patient injuries and death paramedics witness and cope with on a daily basis in their working environment. They may come to experience these traumas as God's actions of cruelty, unfairness or abandonment. These thoughts and experiences may trigger emotions such as anger. Interviews conducted by the researcher were not of a therapeutic nature. The interviewees did however reveal certain feelings of sadness and anger towards God which became more transparent as the interviews progressed. When this happened, they immediately made excuses and the researcher could sense their guilt because of these feelings.

A very significant part of job satisfaction depends upon the paramedic's spirituality, as confirmed by Roberts *et al.* (2006:165) in his statement that Spiritual wellbeing correlates with job satisfaction. Part of a Paramedics job is dealing with traumatic stressors which may have a profound impact on his spiritual well-being and psyche. In addition to this, daily spiritual experiences may relate to a desire to find meaning in work, as often spirituality is associated with a search for general meaning of life or as a source of meaning in and of itself.

The empirical task indicated in that 21% of the respondents in this study did not consider themselves spiritual and 11% did not consider themselves as religious persons. Further research into the paramedics' understanding of spirituality and religion is suggested, and what they considered the role of the pastoral counsellor to be. Question 36 of the empirical task revealed that respondents' most common understanding of pastoral counselling was that it was done by a pastor or the church.

According to Seifert (2002:60) the presence of the Holy Spirit in the lives of believers opens new horizons for ethical action to serve God and make evident His reality in this world. Spirituality

can and should be a vital dimension in the healing process (Burkhardt, 2010: 48). Rogers (2002:8) is of the opinion that all forms of trauma have an effect on a person's spirituality. Spiritual trauma has a negative influence on the person's relationship with God and others and oneself. Spiritual well-being is therefore negatively influenced by emotions such as self-directed anger, difficulty in setting boundaries, feelings of helplessness, loss of self-worth, loss of meaning or loss of intimacy. These feelings and emotions may be accompanied by a crisis in faith and anger directed at God and religion. In counselling, the counsellor needs to be able to assess the spiritual depth of the counselee and become aware of the impact that the negative spiritual disposition has on the counselee (Gall & Grant 2005:529).

As indicated in Chapter One

3.6 INTRODUCTION TO KERYGMATIC COUNSELLING

Louw (1999:29) embraces the message of salvation in Christ which restores the counselee to a new person and guarantees redemption from sin. *"For all have sinned and fall short of the Glory of God, and are justified freely by his grace through the redemption that came by Christ Jesus"* (Romans 3:23-24). The kerugmatic approach is dominated by the reformed view of the human being: *simul Justus et peccator*. Louw (2010:80) highlights the main aim of kerugmatik counselling as the liberation from guilt through conversion, proclamation of salvation and forgiveness. The kerugmatik approach is determined by a Scriptural declaration. Through Scripture the counselee is taught, comforted, rebuked, corrected, and in all this, God is glorified (Kruis, 2000:7).

Louw continues by stating that the reality of sinful brokenness and transient fallibility (death) underlie all human problems. Restoration is beyond the competence of humans and is found only in redemption (Louw, 1999; Mohler, 2011). Pastoral counselling in light of kerugma implies forgiveness of sins. Tong (2011:0) encourages counsellors not to be ashamed of the Gospel as it contains the message of redemption and salvation.

Louw (2010:80) explains the kerugmatic approach to counselling in Table 5.1.

Table 3.1: *Kerugmatic Model: Proclaiming salvation (confessing)*

ANTHROPOLOGY	METHOD	THERAPY	EFFECT
(a) The bipolarity of sin and grace	(a) Proclamation (Scripture)	Repentance and forgiveness	Remorse Confession
(b) Distress regarding our misery and sinfulness (Problem orientated)	(b) Admonishment Confession Directive Advising	Function of pastoral care: Reconciliation, Conversion, Transformation	Conversion Redemption

Louw highlights the main aim of kerugmatik pastoral counselling as the liberation from guilt through conversion, proclamation of salvation and forgiveness.

Brown (2007:26) regards the kerugma as an invitation for us to believe without hesitation. It presents itself as a speech-event that reduces all other utterance to the level of triviality. The Gospel is transforming, if the counselee is willing to submit to God (Evans, 2004:148). Smith (2006:34) regards repentance as possible only because of God's promise of salvation and is only applicable to the one who repents. The announcement of judgment creates repentance as shown in 2 Samuel 12:10-12, Kings 22:11-13. Judgment is necessary for forgiveness and salvation. It is difficult for an unbeliever to understand Biblical truth and reality. The Apostle Paul writes in 1 Corinthians 2:11-16 that a person, who does not have a personal relationship with Christ, cannot comprehend many aspects of the truth (Narramore, 2007:28). When experiencing loss or grief a person can perceive God in a negative way (Smith, 2003:1443).

Newberg and Newberg (2005:243) define forgiveness as "*a religiously based technique that has been shown to be powerful in regulating negative emotions*". Forgiveness that is transmitted through pastoral counselling emphasizes mercy and not judgment and according to Kettunen (2002:21) one of the most central concepts of Christian discourse. The tragedy of sin is the breaking of our relationships with God (McMinn, 2008:12). Because of sin, people do not experience wholeness in their lives.

Because of Christ's redemption, wholeness is not something to just strive at, but a gift that has been won through His sacrifice (Eckert, 2007:41). Forgiveness is a process and is rarely confined to an instant moment. People gradually forgive, or are forgiven as they narrate their sins. Kettunen (2002:16) states that the pastoral confrontation deals with emotions and feelings of guilt. To have the courage to confess their sins, the counselee expects the counsellor to be

trustworthy, have the ability to listen and understand, to keep silent when necessary, and show empathy and acceptance.

One of the aims of kerugma is to educate the counselee as to an appropriate response to adversity and not to make incorrect choices in future and similar situations, kerugma says there is another way.

According to Von Knippenberg (2002:44) counselling has developed with relation to modern psychology, whereas kerugma is a communicative derivative to a theological belief system. The difference between kerugma and pastoral counselling not only has to do with classical and modern, but they are also linked by the interest in faith as well as experience, stability as well as change, longevity as well as topicality. With the help of each other, pastoral counselling and kerugma are aimed at “*comprehending the tradition of faith and the individual life story*” (Zukhner in Von Knippenberg, 2002). From the unification of pastoral counselling and kerugma, arises the concept of spiritual guidance. Spiritual guidance is the activity encountered when one person assists another on his path of life from a spiritual point of view.

3.7 INTRODUCTION TO NARRATIVE THERAPY

At the heart of the theory of narrative therapy lies the notion that experience is storied. The goals of narrative therapy are defined by the counselee. In order to make sense of life the individual arranges his experiences in life into “*a beginning (or history), a middle (or a present), and an ending (or a future)*”. Morgan (2000:4) identifies the aim of Narrative Therapy as:

- Narrative therapy seeks to be a respectful, non-blaming approach to counselling and community work, which centres people as the experts in their own lives.
- It views problems as separate from people and assumes people have many skills, competencies, beliefs, values, commitments and abilities that will assist them to change their relationship with problems in their lives.
- Curiosity and a willingness to ask questions to which we genuinely do not know the answers are important principles of this work.
- There are many possible directions that any conversation can take (there is no single correct direction)
- The person consulting the therapist plays a significant part in determining the directions that are taken.
-

Herman (2009:9) divides narrative stories into four basic elements:

- 1) A mode of representation that is situated in – must be interpreted in the light of – a specific discourse context of occasion for telling.
- 2) This mode of representation focuses on a structured time-course of particularized events.
- 3) In addition, the events represented, are such that they introduce some sort of disruption into a story world, whether that world is presented as actual or fictional, realistic or fantastic, remembered or dreamed.
- 4) The representation also conveys what is like to live through this story world – in – flux, highlighting the pressure of events on real or imagined consciousness undergoing the disruptive experience at issue.

Neimeyer et al (2006:127) explains that the self-narratives by which people try to order their lives have a tendency to be disrupted by stressful and traumatic events. Narrative Therapy therefore attempts to address the distress caused by these high expectations and the reality of the counselee who cannot meet these high life expectations (Briggs & Hinton-Braye, 2008:18). The narrative approach uses a number of key assumptions in therapy (Hart, 2007:4):

- People are “meaning-makers”, selecting events and interpreting them in a way that “makes sense” of them. A somewhat uncomfortable, Post-structuralist implication of this is that language does not represent reality; it constitutes it, frames it and brings it into being.
- People’s meanings are “socially-constructed”. For example, most readers are likely to hold the Western notion of the primacy of the individual with discrete interests. In contrast, many cultures value communality and mutuality more highly.
- People’s lives are multi-storied – there are many levels, many ways of selecting and linking together the events we experience. This offers an opportunity for helping people change stories that are not productive for them, or with which they are not satisfied.

Morgan (2000:2) stresses that narrative therapy seeks to be a respectful, non-blaming approach to counselling and community work, which centres people as the experts in their own lives. Narrative therapy views problems as separate from people and assumes people have many skills, competencies, beliefs, values, commitments and abilities that will assist them to reduce the influence of problems in their lives. Paramedics, who keep their feelings to themselves, try

to dissociate from the traumatic experiences. Marmar et al (1996:94) define dissociation as a compartmentalisation of experience in which elements of a traumatic experience are stored in memory as isolated fragments rather than as an integrated whole that may lead to lack of a narrative coherence. *“Dissociation at a time of trauma may protect the victim from full conscious appreciation of helplessness, grief, guilt and shame, but a cost of long-term difficulties in the integration and mastery of the event”* (Marmar et al, 1996:94).

A narrative approach to counselling and therapy is a discovery of the stories which people tell. Johnson and Segesten (2004:215) reported that by engaging in dialogue with colleagues and others it is also possible to cope with the effects of traumatic experiences. These stories are eventually reformulated to give new meaning to life. We should therefore consider, as Creegan (2007:13) does, that narrative does not deny that persons are largely bound by their past, but it does see hope for change in deliberate resistance of evil and help from others.

3.8 PARAMEDIC SEEKING HELP

Paramedics and Rescue Workers believe that in order to help them, the counsellor must understand them and their working environment (Interview with paramedic, Figure 2.20). Overall, Emergency Medical Workers manage their occupational environment very well, but there are times that stress does take its toll in forms such as substance abuse, broken marriages, burnout, PTSD or suicide (Erasmus & Fourie, 2008:15). In many departments, however, a Paramedic who seeks counsel may be perceived as the type who folds under pressure. Some Paramedics realistically fear censure, stigmatization, ridicule, impaired career advancement and alienation from co-workers (Miller, 1995:595). The South African Association for Pastoral Work (SAAP) highlights the importance of pastoral counselling by stating the following: *“An overwhelmed society needs trained caregivers to actively become part of the healing process. Pastoral workers, although they may be highly trained and competent, are not always recognised as professionals”* (<http://www.saap.za.net/about-saap>, accessed 13 June 2012).

Many (if not most) paramedics have never consulted a counsellor or a psychologist. In addition, most of South African Emergency Medical Services do not provide their employees with these crucial services. However, in the few cases where psychological services are provided, these are either on ad hoc basis or the services are not utilized to their full potential (Kriek, 2008:7). In most disaster intervention situations, emergency workers are overlooked, resulting in long term psychological effects which may not be associated with post exposure to horrific sights. Therefore debriefing of emergency workers during and after disaster response activities, is

critical to reduce the chances of post traumatic stress disorders among emergency workers (Lindell & Prater, 2003:176).

Paramedics need special attention because they often work long hours without rest, have witnessed horrific sights, and are members of organizations in which discussion of emotional issues may be regarded as a sign of weakness (Lindell & Prater, 2003:179). The difficulty in acknowledging their true feelings and a fear of being labelled as a “*crying cowboy*” deters the paramedic from seeking help. Halpern *et al.* (2009:173) suggests that these barriers may be overcome by educating the paramedics as well as their supervisors to recognize and tolerate the vulnerable feelings that are so often invoked by critical incidents.

Because of their scepticism to seek help, one may consider incorporating the counselling technique described by Louw (2011:157) as wisdom counselling. Wisdom counselling is mostly used within African context and refers to the moment in counselling wherein the counselee needs to make a true discernment pertaining to what really counts in life. Wisdom counselling mainly deals with questions pertaining to the meaning and significance of life. In the Christian tradition of Pastoral care, wisdom counselling is linked to Biblical counselling and kerugma. In his study on pastoral care needs of ICU staff, Gilcrest (2010:24) highlights the need for pastoral counselling and care to be taken seriously in the Healthcare debate, as well as the need for pastoral counsellors to be trained to the highest standards. The issues of concern around stress and dealing with the impact of traumas on personnel in their working environment are considered an important issue for the pastoral counsellor.

3.9 CONCLUSION

The interpretive task in this chapter aimed to enter into a dialogue to explain the main concerns established in the empirical-descriptive task in Chapter Two which are:

- 1) Stress and coping of the paramedic in his working environment.
- 2) The help that is available and their hesitancy to seek it out.
- 3) Their self-reliance strategy to coping.
- 4) Their understanding and relationship with God.

From the literature study in this chapter, there seems to be no effective trustworthy system in which to assist the paramedic to cope with his stressful working environment. Psychology seems to be focussed on the cognitive functioning of the paramedic, while kerugma is concerned with the proclamation of the Scripture.

The research is concerned with the question of how pastoral counselling can assist the paramedic in his working environment. The results found in Chapter Two (empirical task) had been referred to in Chapter Three (interpretive task) in order to compare the empirical with the interpretive, as set out by Osmer. The literature examined, concludes that the demands of the paramedics working environment may lead to stress, burnout and vicarious trauma, and a decline in job satisfaction, among others. These negative impacts on paramedics are widely influenced by the recovery time between emergencies, the amount of exposure to traumatic events, and long service in this profession.

The literature examined, concluded that in addition to pastoral counselling, psychological debriefing and quick fixes, which might only last for one session, were among the most popular means of trauma therapy. Even though there was no evidence of the success of debriefing, it still remained one the most popular types of help provided to paramedics. It had, however, also been mentioned that pastoral counselling was utilized as a necessary means of trauma therapy.

What had been researched in Chapter Two regarding the question of Osmer “what is going on?” was compared to the literature study by answering the question of Osmer “why is this going on?” Chapter Four of this study consists of the normative task as set out by Osmer (2010). The normative task is concerned with the Scriptural perspectives which seek to discern God’s will for present realities. The Normative Task, also referred to as prophetic discernment, is the third task set out by Osmer (Smith, 2010:100). The normative task asks the question of Osmer, “*What ought to be going on?*”

CHAPTER 4: NORMATIVE TASK

4.1 OBJECTIVES

The normative task, also referred to as prophetic discernment, is the third task set out by Osmer (2008:129). The normative task of practical theology interpretation, also known as “basis theory” (Parker, 2008:12), has its focus on theological reflection of the paramedic in his working environment, and how pastoral counselling can assist him to cope (Osmer, 2008:173). Smith (2010:112) critiques Osmer’s neglect of Scripture during practical theological interpretation and his preference in leaning towards the arts and sciences for this purpose. This neglect of Scripture is confirmed in Osmer’s (2011:4) article concerning the international perspective on practical theology, where little is said regarding exegetical theology. However, not many publications have been done with Osmer’s tasks to indicate how to interpret the normative task. Therefore the researcher of this study suggests that further research be done on the normative task of Osmer’s method.

Chapter Four aims to determine “*what ought to be going on?*” Theological interpretation is needed concerning the issues identified in the empirical and interpretive tasks. This may be done by making use of theological concepts to interpret particular episodes, situations, or context, and construct ethical norms to guide responses

The objective of the normative task is to interpret the critical issues through practical theology reflection by making use of theological interpretation, ethical interpretation and good practice (Osmer, 2008:132). According to Osmer and Schweitzer (2003:3) practical theology looks to resources mediating truth and goodness in a particular religious tradition as well as looking at the problems and possibilities of contemporary religious praxis in a particular situation, such as the four key issues identified in the empirical task. Norms are informed by the outcome of the empirical and interpretive tasks.

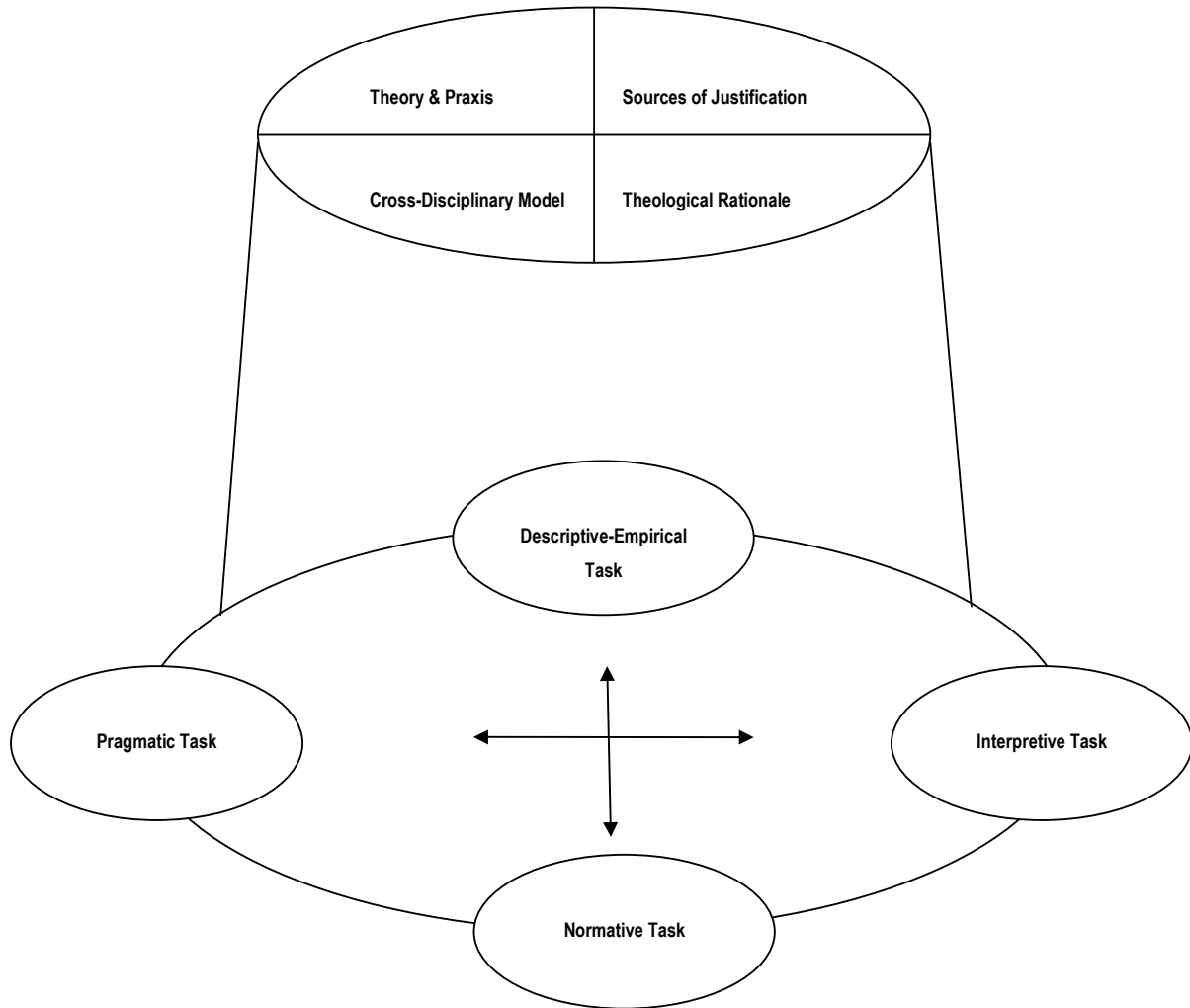


Diagram 4.1 The teaching ministry of congregations (Osmer, 2005:306)

According to Osmer (2008:10) the interaction and mutual influence of the four tasks in the hermeneutical spiral (Diagram 4.1) distinguish practical theology from other fields. He goes on to state that practical theological interpretation has the ability to spiral as insights emerge. Osmer (2011:3) indicates how practical theologians vary in their conceptualization of these four tasks. He identifies four metatheoretical issues that practical theologians have to deal with in an explicit or implicit manner:

- *The theory-praxis relationship:* Drawing on philosophy, social theory, and/or theology to make decisions about the nature of praxis or practice and theory's relationship to it.
- *Sources of justification:* The way in which a practical theologian draws on and weights the traditional sources of theological truth – Scripture, tradition, reason and experience.

- *Models of cross-disciplinary work:* The task of bringing two or more fields into conversation with one another. It includes the selection of dialogue partners and the way in which they are related to theology.
- *Theological rationale:* An account of the substantive theological convictions that explain why a practical theologian works in certain ways. It often grounds other methodological commitments or guides the way a practical theologian works on a particular issue.

4.2 INTRODUCTION

The focus of this study is on pastoral counselling of the paramedic in his working environment. The pastoral counsellor has a holistic approach to counselling with the aim of instilling hope and healing. This can be achieved by changing the counsellee's incorrect talking, thinking, and feeling (Lotter, 2004:1). From the normative task a practical-theological outline for pastoral guidance will be presented in the pragmatic task in Chapter Five.

4.3 PRACTICAL THEOLOGY

Theology is defined by Karl Rahner (in McGrath 2011:2) as "*the science of faith*". It is the conscious and methodical explanation and explication of the divine revelation received and grasped in faith. Practical theology is defined by Lindel and Mowat (Smith, 2010:89) as "*critical, theological reflection on the practices of the Church as they interact with the practices of the world, with the view of ensuring and enabling faithful participation in God's redemptive practices in, to and for the world.*" Heitink (1992:18) views practical theology as theology intertwined with the praxis of faith, through science, and therefore may be placed in the *handelswetenskap* category. Academics view practical theology as the acknowledgment of the significance of practice in the process of theological reflection. Pastoral counsellors view practical theology as a critical dialogue partner within the on-going conversation with contemporary psychological themes (Willows & Swinton, 2000:11).

According to Brown (2012:112) practical theology has a rich relationship with hermeneutics. Be it through an epistemological orientation to their work, or through a provision of a methodological framework, or for most, hermeneutical theory functions as both an informing perspective, as well as a rich methodological resource.

4.3.1 PRACTICAL THEOLOGY METHODOLOGIES

For academics, practical theology may indicate a way of looking at theology which acknowledges the significance of practice in the process of theological reflection, and for the pastoral counsellor it may be a critical dialogue partner within the conversation with contemporary psychological theories (Willows & Swinton, 2000:11).

Practical Theology is described by Smith (2010:93) as fundamentally hermeneutical because it *“recognized the centrality of interpretation in a way that human beings encounter the world”* and try to interpret those encounters. Good practice refers to the interpretive guide which draw on models of good practice, whether past or present, to *‘reform a congregation’s present actions’* (Osmer, 2008:153) as well as the analysis of present examples of good practice which can generate new understandings of God, the Christian life, and social values beyond those provided by the received tradition. When the paramedic chooses to seek counselling, it is the responsibility of the counsellor to accept him without judgment, to accept him with the love of Christ, restoring faith, hope and love. Meilaender and Werpehowski (2005:2) stress the importance of theological ethics in that it shapes moral life and meaning within the context of who God is and what God does. Human religious experience and theological reflection finds its roots in existential situations of suffering and the search for solutions to the questions and trials of life (Cahill 2005:10).

For Heitink (1999:163), practical theology methodology is focussed on three concepts namely understanding, explanation, and change. Understanding and explanation has its focus on the hermeneutical spiral/circle (Osmer, 2008:11), and change has its focus on the direct object of practical theology and transformation.

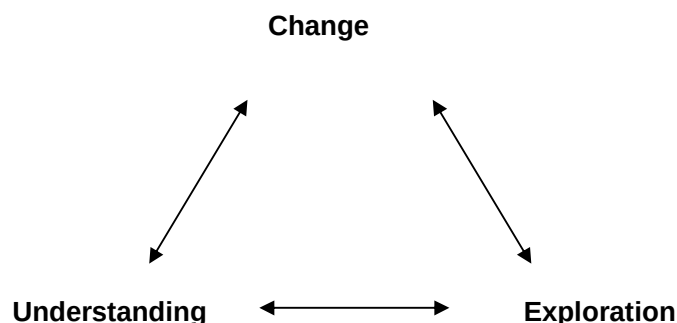


Diagram 4.2 Practical Theology Methodologies (Heitink, 1999:163)

According to Osmer & Schweitzer (2003:208), the priority of the kerugma is to evangelize and to share the Good News presented in Scripture.

4.3.2 PRACTICAL THEOLOGY: SERVANT LEADERSHIP

Scobie (2003:405) highlights servant leadership in the Old Testament by referring to the servant songs in:

I Isaiah 42:1-7

II Isaiah 49:6

III Isaiah 50:4–9

IV Isaiah 52:13 - 53:12

According to Scobie (2003:405) the word “servant” only occurs three times in these songs, and the author is different from the rest of the book. In these passages the servant is portrayed as someone chosen by God (42:1) to perform a specific duty (42:1 and 49:6). The servant is equipped by God for this duty (42:1) and he portrays the qualities of a servant leader by working quietly and patiently until his duties are fulfilled (42:3-4). Scobie (2003:406) goes on to identify the most characteristic feature of a servant as a person suffering for the sake of others. In the New Testament Jesus is a divinely inspired servant leader. Scobie indicates the typological relationship to the various forms of leadership in the Old Testament. Servant leaders walking in the steps of Jesus can be seen in Peter and Paul in the early church in the New Testament. Through them God spoke to individuals. It is the responsibility of a servant leader to interpret the true meaning of Scripture, and to convey the truth to individuals, as seen in the example where Paul was not hesitant to show his servant leadership when he addressed the Corinthian’s tendency to attach importance to themselves. Paul adopted the example of Christ as the ultimate servant leader (Chappel, 2000:29). Paul willingly departed from his comfort zone for the sake of the Gospel.

4.3.3 PRACTICAL THEOLOGY: PASTORAL COUNSELLING

Pastoral theology is a component of practical theology defined by Richardson (1969:253) as the “*branch of theological education which concerns the theoretical and practical training of clergy and ministers for their proper work*”. Although counselling is originally done by a minister or clergy, there are many counsellors who are trained for the sole purpose of becoming a pastoral counsellor, and are not employed by the church. Practical Theology strives to be part of the academic world beyond the church by partnering with the social sciences in academic dialogue and by taking psychological, societal and cultural factors into account (Osmer & Schweitzer, 2003:6). According to Osmer (2008:20) the central task of pastoral guidance is interpretation,

which is practical in nature. (Heitink (1999: xv) explains that practical theology is a theoretical undertaking which builds on a practical basis. He goes on to say that it should be understood as an empirically descriptive and critically constructive theory of religious practice and may be studied on three different levels:

- With reference to the society and culture,
- With reference to the church,
- And with reference to the individual.

For the purpose of this study, the practical theological focus falls on the individual, and not the congregation.

4.3.4 PRACTICAL THEOLOGY: SPIRITUAL DIMENSIONS

According to Heitink (1999:8), practical theology is aimed at mediating Christian faith. The centre of practical theology is based on God's action mediated through human actions. Practical theology as *"the theory of the mediation of the Christian faith in the praxis of modern society"* aims at change through a process of management and steering (Heitink, 1999:202).

In order to better understand the key issues discussed in this study, the normative task will consist of Scriptural perspectives which may indicate how to seek God's will for present realities. To understand these Scriptural perspectives, a hermeneutic approach will be followed. Wiklund *et al.* (2002:115) explains that *"hermeneutics is conceived of as the philosophy of understanding and the science of textual interpretation"*.

4.4 THE IMPORTANCE OF SCRIPTURE IN PASTORAL COUNSELLING

In II Timothy 3:16 Paul writes that *"every Scripture is God-breathed (given by His inspiration) and profitable for instruction, for reproof and conviction of sin, for correction of error and discipline in obedience, (and) for training in righteousness (in holy living, in conformity to God's will in thought, purpose, and action)"*. Paul encourages Timothy to trust that every word from God is the truth. According to Adams (1970:50) Scripture is may be used for reproof, teaching, correcting and training. Adams goes on to state that Paul, in his letter to Timothy, urged him to use Scripture in the correct manner. Paul writes in II Timothy 3:17 that Scripture is God's way of preparing His children for their journey and task.

“Biblical” is the adjective from the word *“Bible”* which in turn is derived from the Greek word *“ta biblia”* (the books). *“Theology”* identifies the concern of the discipline with *theos* (God). Theology means the *logos* of *“Theos”* (Scobie, 2003:3). Biblical Hermeneutics is the science that deals with the study of the earthly principles connected to the declaration of the Bible. Hermeneutics is viewed both as an art and as a science. It is considered a science as it demarcates Scripture to a set of rules. It is considered an art as elements in the text are not always explained by a set of rules (Virkler & Gerber-Ayayo, 2007:16). In this case the Holy Spirit, as well as the schooling and skill of the interpreter play an important role. The researcher values the thoughts of Berkhof (1938:38) where he states that it is the duty of the interpreter and theologian to constantly seek God’s truth as a whole:

“But the theologian cannot limit himself to the dogmas that are contained in the Confession of the Church, for this is by no means an exhaustive expression of its faith. He must utilize all the doctrinal truths that are revealed in the Word of God, and doing that, of course, also draw upon the fruits of other studies, such as Exegesis, Biblical Theology, History of Doctrines, and others”.

In the normative task the vantage point of pastoral counselling takes place from biblical principles, normative guidelines and a guide to pastoral hermeneutics.

4.5 PROPHETIC DISCERNMENT

“Prophetic discernment involves both divine disclosure and the human shaping of God’s word” (Osmer, 2008:133-135). Berkhof (1996:148) describes prophecy as *“the proclamation of that which God revealed”*. According to Osmer (2008:132) prophetic discernment is a crucial component to the normative task. He explains that, in order to understand the prophetic office of ancient Israel, we need to look at the communities covenant with God.

4.5.1 PROPHETIC DISCERNMENT: OLD TESTAMENT

Guns (2012:4) notes that the primary purpose of the prophetic ministry is to call the people of God back to the covenant relationship with Him (Jeremiah 3:12, 3:22; Hosea 6:1). The prophets deliver a message of judgment as well as a message of hope. Even though prophecy comes to us in an ancient word from God, it has an eternal and contemporary relevance in today’s cultural, historical a social setting and is a continuing revelation of His will for His people. In the New Testament, the prophetic dimension of Jesus is the central feature of the third

Gospel. Croatto (2005:453) describes the prophetic character of Jesus, as seen in the Gospel of Luke, as the epistemological centre and the essential kerugma.

Lopez (2011:13) states that the power of the prophetic is rooted in Scripture. Through prophecy, Scripture and the identity of God are revealed and we are drawn into the dimensions of His divine relationship with us. Within the New Testament Paul (1 John 4:2-3) views Jesus as the key to discernment of God (Moberly, 2011:224). Godly discernment enables us to make decisions based on God's truth and not on our own opinion. "But test and prove all things until you can recognize what is good; to that hold fast" (1 Thessalonians 5:21, Amplified Bible: 1400).

4.5.2 PROPHEPIC DISCERNMENT: NEW TESTAMENT

1 Thessalonians 2:13 is depicted by Moberly (2006:4) as the Apostle Paul's moving exposition of his lifestyle and work among the Thessalonians. His lifestyle is characterized by the principles of a servant leader such as integrity and practical concern for God's children (2:1-12). When Paul speaks of his ministry of servant leadership and counselling he is not in principle speaking of anything different from the Old Testament conception of the prophet. The Old Testament speaks of God's servant leaders as prophets, and the New Testament speaks of Apostle's. Apostle means "on who is sent" (Moberly, 2006:4).

4.6 THEOLOGICAL INTERPRETATION

Theological interpretation focuses on the interpretation of present episodes, situations, and contexts with theological concept (Osmer, 2008:139). Theological interpretation requires that the principles of hermeneutics be applied to assist the reader in arriving at the correct understanding of the text (Virkler & Gerber-Ayayo, 2007:16). Berkhof (1996:11) defines hermeneutics as "*the Science that teaches the principles, laws, and methods of interpretation*". In Chapter Four a theological interpretation is done by making use of certain text in Scripture to form a guide for finding the answers to "what ought to be going on?" To answer this question, this chapter will shortly refer to the example of Job and his environment (Old Testament), and the example of Paul and his environment (New Testament), as they represent two Biblical figures that had to cope with traumatic circumstances in their lives.

4.6.1 Job

Copeland (2006:3) states that Job (Old Testament) is the first of five books in the Hebrew Bible which form part of “*The Books of Poetry*”. The four remaining books are Psalms, Proverbs, Ecclesiastes, and the Song of Solomon. The author of the Book of Job is not clear. Many say Job himself wrote the book, and others are of the opinion that Moses, or Solomon wrote the book. The purpose of the book is to illustrate the sovereignty of God and the meaning of true faith (Bybel in Praktyk: 703). The central theme of the book is Job 2:3. Thus the question: why do bad things happen to good people? The language dates from the 2nd millennium B.C (Amplified Bible: 571). According to Copeland (2006: 4) the historical events seem to be set in the Patriarchal period as it mentions the flood (Job 22:16) and Job’s longevity appears to be typical of the patriarchs (Job 42:16: cf. Genesis 11:22 – 26, 32). De Kock (2003:11) shows that the book of Job concerns the righteous man’s struggle with the question of suffering inflicted by a loving God.

Copeland (2006:8) introduces the reader to Job’s environment as a traumatic and stressful one. A man of remarkable character making sacrifices on behalf of his children (Job 1:1-5), Job is tested in the most severe form when God allowed Satan to take everything from him, except his life. The question now arises “How did Job cope with his loss and stressful environment?” Job 1:13 – 22 shows that Job was deeply grieved, but continued to worship God without anger or resentment towards Him. Job continued to rely upon God. According to De Kock (2003:11) Job reacted in a responsible manner, even though he was severely traumatized.

4.6.2 The Apostle Paul

According to Gorman (2004:2) Paul’s working environment (New Testament) was mostly a Hellenized Mediterranean culture with a strong sense of group identity (dyadic culture). However, Judaism was united in their basic convictions such as the Torah, the Temple, circumcision, united in a hope for the kingdom of God and worship of the one God named YHWH. In a dyadic culture, failing to please the group (Figure 2.22; Figure 2.23) may constitute a loss of honour and of “*self*”, causing one to be viewed as a coward (Figure 2.21). Gorman (2004:17) goes on to state that, by the time of Paul’s ministry, the Roman empire ruled through conquest, subjugation and intimidation, treating the emperor as a god, enforcing public oaths as part of the Theo-political activities. The problem which Paul faced was that the Jewish people dispersed throughout these regions, were not immune to the Hellenization.

De Kock (2003:13) indicates the Apostle Paul's view that, even though the suffering which individuals have to endure is painful, it does not compare to the glory that God has in store for his children. In the Book of Job it is clear that Job's friends and counsellors have an inaccurate view concerning the cause and consequences of suffering. Paul quotes from the Book of Job in I Corinthians 3:19 where he warns that the wisdom of the world is foolishness in the eyes of God. Therefore one should not rely upon others or oneself, but rather on Christ (I Corinthians 3:21). During troubled times Paul continued to rely upon God (2 Philippians 4:13). Chappel (2000:447) indicates that Paul's troubles however did not make him indifferent to assistance (Philippians 4:15). From this example the paramedic may learn to trust a pastoral counsellor working in the service of God, for assistance in coping with their traumatic and stressful working environment.

4.6.3 Reliance upon God

Stress may be an indication that our relationship with God is lacking. The paramedics' quickest way of escaping their stress is by suppressing their negative emotions. In Matthew 26:41 it may be observed that temptation has a tendency of self-reliance and is part of Satan's plan to separate us from God. Just as we exercise our bodies and become strong, so also should we exercise our soul unto godliness (1 Timothy 4:7-8). When Stockton (2003:574) refers to the passion narrative in Mark 14, he suggests that we consider the preceding eschatological discourse when looking at "*keep awake*" and "*be watching*" (Mark 14:34, Amplified Bible: 1148). He describes Mark's Gospel as a "*spiritual resource for the trial of faith*", and views the disciples' failure to keep watch as "*an ironic comfort*" for those who feel abandoned by their faith. The paramedic who finds himself in a stressful working environment needs to be ready to deal with it. The challenges are to keep alert, at all times rely upon, and trust in God, and not lose faith.

Psalms is the second book which forms part of the "Books of Poetry" and teaches the importance of prayer. Psalm 62:1-2 "*For God alone my soul waits in silence; from Him comes my salvation. He only is my Rock and my Salvation, my Defence and my Fortress; I shall not be greatly moved*" (Amplified Bible, 643). According to Neilson (2002:151) God is addressed in the Psalter as a person Who hears and reacts to prayer and Who is approachable and can be loved. Metaphorically, God is also referred to as a Rock and a Fortress.

Job believes that no one can contend with God's power and wisdom (Job 9:1-13). "*He is wise in heart and mighty in strength*" (Job 9:4) – *He / Mighty*: God is infinitely wise and nothing is hidden from Him. Because of this power, Job complains of God's inaccessibility (Job 9:14-20). "*Whom, though I was righteous, yet would I not answer, but I would make supplication to my*

judge" (Job 9:15) – *would not*: God knows Job better than he knows himself. Job concludes that God destroys the blameless (Job 9:21-24) along with the wicked (Copeland, 2006:17) and therefore he is overcome with hopelessness and bemoans a lack of an understanding and helpful mediator (Job 9:25-35).

Theological concepts are interwoven in the pastoral counselling process to facilitate in the healing process. Theological concepts such as prayer, faith, the paramedics relationship with and reliance on God, are concepts that need to be addressed in the counselling process. Louw (2010:76) identified the following principles regarding a communicative praxis of faith when considering spiritual healing in pastoral care and counselling:

- *"The principal of understanding: to understand images of God within the praxis of human suffering and pain".*

Ephesians 3:12

- *"The principle of communication: to verbalise the meaning dimension and the comfort of the gospel in such a way that people will be consoled".*

The gospel was brought with God's authority and could be understood by all people (Mark 1:15). The message of repentance and forgiveness brought hope and consolation to all people.

- *"The principle of action and transformation: to express the vivid and actual presence of God".*

A relationship with, and daily experience of, the presence of the power of God helps a person to live life to the fullest (Romans 5:2), James 4:8 says "

- *"The principle of hope: to empower human beings regarding their courage to be".*

Isaiah gives a preview of the Good News Jesus would bring. God showed Isaiah that He would send a messenger before the Servant, who would bring the message of God's grace and give His children hope (Isaiah 53:3).

- *"The principle of creativity and imagination: to find metaphors and symbols that can express the aesthetic dimension in liturgical rituals; faith seeking beauty, aesthetic and creative expression of the content of faith. Imagination and creativity represent the*

dimension of aesthetics in pastoral comfort: the healing that emanates from Gods grace and salvation”.

- *“The principle of vision: faith seeking visual presentations and symbolic portrayals that can comfort”.*

There are many reasons why a person experiencing difficulties enters into a pastoral counselling relationship. Two functions that pastoral counselling can fulfil are:

1. To enable a person to become free in order to be responsible.
2. To enable a person to deal with pain (Blanchette, 1983:24).

In order to build a trusting relationship between the counsellor and counselee, the first thing they need to understand is how to talk to one another (Knight 2001:286). Counsellors understand that the same event can mean different things to different individuals. Thus they put aside their assumptions and focus all of their attention on the meaning of the sufferers' words. The growth of understanding creates the bond of trust necessary to take the risks to confront all the pain bound up in the sufferers' grief.

It is the aim and responsibility of the pastoral counsellor to lead and help the hesitant counselee in realizing these principles. Ephesians 3:12 (Amplified Bible, 1376) reminds us that *“we dare to have the boldness (courage and confidence) of free access (and unreserved approach to God with freedom and without fear)”*. The author of Hebrews confirms that we may fearlessly and without hesitancy seek the help of God (Hebrews 4:16; Amplified Bible, 1428) *“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)”*.

For the purpose of this study, the researcher defines self-reliance as follows:

To rely upon oneself and one's own abilities when coping with adversities, meaning that one is only accountable to oneself and no other.

Copeland (2006:33) shows God's grace (Job 33:8 – 33) by referring to His patients with man even though man counts God as the enemy inflicting pain. However, God's purpose is disciplinary and not punitive (Job 33:29 – 3). His purpose is to direct the individual away from

the everlasting doom of the Pit and to enlighten him. Therefore the individual should listen and adhere to the teachings of a pastoral counsellor.

The descriptive-empirical study in Chapter Two revealed that, when having to cope with stress and trauma in their working environment, paramedics chose to rely upon themselves (Figure 2.32, 2.33). The paramedic seems to have lost trust in the pastoral help available and in God. Thus, they are experiencing crises in faith. Another reason for relying upon themselves is the stigma of rescue-workers having to seek help (Figure 2.21). They are sometimes labelled as cowards if they seek help. Proverbs 3:5-6 (Amplified Bible: 702) communicates the following truth: *“Lean on, trust in, and be confident in the Lord with all your heart and mind and do not rely on your own insight or understanding”, in all your ways know, recognize, and acknowledge Him, and He will direct and make straight and plain your paths*”. The paramedic may be comforted by referring to Matthew 26 where he teaches that Jesus’ character is of such that He did the right thing even though He did not like it, and even though it took immense courage, and in so doing He paved the way for His followers to do as such, rather than rely on “self”.

Kierkegaard’s (in Kruschwitz, 2012:10) insight is summarized as: *“The fundamental purpose of God’s Word is to give us true self-knowledge; it is a real mirror, and when we look at ourselves properly in it we see ourselves as God wants us to see ourselves*”. The assumption behind this is that the purpose of God’s revelation is for us to become transformed, to become the people God wants us to be, but this is impossible until we see ourselves as we really are, we learn that Scripture is fundamentally practical. Osmer (2008:135) describes Jesus not only as the messenger of God, but that He is the Word of God (John 1:1). Kruschwitz goes on to say that *“we cannot hear it or read it properly unless we have a fundamental concern for how it should govern our lives*”. Thus, in order to rely upon God, we need to have knowledge of Scripture.

Peter (1 Peter 5:6-9; Amplified Bible, 1456) explains to us that there are 3 ways in which we are to humble ourselves (physically, spiritually and in character) as a prerequisite to *“casting all your care upon Him*”. This might be a challenge for the paramedic who relies upon himself in his stressful and traumatic working environment. Many of the paramedics believe that “cowboys don’t cry” and that they have to deny their pain. Sanderson (2011:219) describes humility as adopting God’s perspective on what you are assigned to do and to submit to His service. Proverbs 11:12 warns that pride leads to destruction.

4.6.4 God-Concept

Job’s friends angered God by saying things that were not true about God. In the Old Testament exile (hiddenness from God) is characterized by crises in faith. The exile model links the Old

Testament Israel with the New Testament Christians (Heitink, 1999:199). God instructed Job's friends to offer bulls and rams as a form of repentance, while God instructed Job to pray for them (Job 42:7 – 9). Job was obedient and therefore God restored his health and wealth and blessed him with more than he had before (Job 42:10). When renewing relationships, Moberly (2006:49) refers to compassion as a way of healing, as seen in Hosea 11:1-9 where God does not restrain His compassion towards Israel.

A person's God concept is described as the intellectual understanding of Who God is (Lawrence in Moriarty, 2006:88) and is an objective and abstract understanding of God. On the other hand, the God image, as explained by Moriarty (2006:88) is a person's personal and emotional experience of God. Because of their suffering, paramedics might experience crises in faith, causing them to question the concept and image of God. The paramedic may be under the impression that God will bless those who do well, and punish those who do wrong. This is a belief shared by many. This is true when considering Moses' three speeches concerning infidelity in relation to Israel's faithfulness to God, which became the cornerstone of a theology of divine retribution. According to Davis and Harold (2011:1) the counsellor should discern the spiritual state of the counselee based upon his level of well-being and suffering experiences.

Isherwood and McEwen (1993:9) states that our understanding of God and his relationship with people cannot be captured by fixed and unchanged dogmas and doctrines; it should rather be explored and anchored in people's lives as expressed in their daily realities

The empirical-descriptive task in Chapter Two reveals that there are paramedics who claim to be religious and spiritual, but choose not to turn to God during troubled times (Figures 2.7, 2.9, 2.10). Neilson (2006:281) describes this as an experience of exile from God, just as the Jews experienced when they arrived in Babylon as refugees. They longed for home and their closeness to God even though they felt torn from Him. The prophet Jeremiah encouraged them to pray and stay true. The paramedic is encouraged to seek the will of God with all his spirit, body and character and he will find God in a new way. In Exodus 1:12-13 the Israelites were oppressed by the Egyptians but in spite of this they grew stronger because they stayed true to God. In Psalm 145:14 David acknowledges that his burdens seem more than he can bear and that God is willing to take the burden from him.

In Matthew 11:28 (Amplified Bible, 1089) Jesus says, "*Come to Me, all you who labour and are heavy-laden and overburdened, and I will cause you to rest (I will ease and relieve and refresh your souls)*". A person may carry his heavy burden because of pride, but Jesus changes meaningless and wearisome toil into spiritual productivity and purpose when we enter into a relationship with Him. Mohler (2010:1) explains that a person's God-concept determines his

worldview. God's attributes of omniscience, omnipotence, faithfulness, goodness, patients, love, mercy, graciousness, majesty and justness is revealed and described in the Bible. Ganzevoort (2008:26) states that religion provides meaning to our lives. *"There is a God that holds this world together and keeps us from disintegrating. This God is characterized by benevolence. He wishes' us well and offer us the message of salvation. Even if bad things may happen, God promises that He will do us good."* Stress and trauma may have the potential to shatter this foundation.

Paramedics are frequently exposed to stress and trauma. Ganzevoort (2008:20) describes trauma as *"a psychological wound resulting from the confrontation with a stressful or traumatic event that shatters a person's integrity and induces powerlessness and estrangement"*. He explains that a stress experience or trauma is not the event itself, but the impact that the event has on the person, in this case, the paramedic working in situations where trauma is a common phenomenon. Trauma may, in some cases, become a threat to a person's identity when it disrupts the meanings, structures and values of a person's life story. Ganzevoort goes on to say that our religious assumptions are often shattered by trauma and then we turn away from religion in search for something that will keep our identity intact.

According to Aten et al (2012:2) God concepts involve a person's sense of what God is like. A person's God concept may help or harm a person's ability to cope with stressful or traumatic events. Some may experience these events as the will of God, and others may feel abandoned by God. In their study examining the extent to which disappointment with God influenced the physical and spiritual well-being of churchgoers, Strelan et al (2009:202) found that disappointment with God was related to stress and has a negative impact on a person's relationship with God and they feel less committed to this relationship. People disappointed with God are less likely to experience stress if they are spiritually mature. They found that the quality of a person's relationship with God is an important component of psychological and spiritual well-being. A crisis of faith may at times be a result of negative input from the church and in turn may lead to anger and disappointment with God.

4.6.5 Obstacles to Grace

It is the responsibility of pastoral counselling to assist in kerygmatic counselling (Louw, 2010:80) which asks for reconciliation with God. Stress and trauma challenges an individual's beliefs and purpose. Ozorak (2005:304) believes that religion and meaning is primarily applied to life in general. After stressful events many people have to re-appraise their view on religion and meaning of life. Some may become angry and develop a negative attitude towards religion, but for many, suffering is an opportunity to grow (Romans 5:3-5; Amplified Bible, 1304). According

to McMinn (2008:162) moral counselling assumes that people are suffering as a result of improper living and sinfulness, and therefore need to be re-directed to the right path. He goes on to state that, in order to understand grace, the counselee needs to understand sin as an obstacle to grace. Mobey (2012:5) defines an obstacle to grace is anything that keeps us from enjoying the loving relationship God offers us in Christ. Jesus Christ restores our relationship with God. In Christ we:

1. Remember our reconciliation—Jesus’ ministry began with the call to repentance, the offer of forgiveness, and the promise of eternal life (Matthew. 3:1-12).
2. Remember our baptism.
3. Recover our identity as children of God.
4. Receive the power to walk in the Spirit
5. Resist evil and renounce the forces of the evil one (James 4:7-8).

Bing (2009:39) identifies God’s grace as central to the truths of Scripture. He argues that grace is an undeserved and unmerited free gift from God and therefore its origin is not from within a person. Grace requires a person to approach God empty-handed, for it is not something to be achieved, but rather to be received.

Fowler (2004:1) defines grace *“in reference to the activity of Jesus Christ, redemptively, regeneratively, in sanctification”*, as *“the undeserved gift of God”* and refers to John 1:17 as a Scriptural affirmation in the New Testament that links grace to the historically revealed Jesus: *“The Law was given through Moses; grace and truth were realized through Jesus Christ”*. John Mark recorded the words of our Counsellor, Jesus Christ in Mark 2:17 (Amplified Bible,1124) *“Those who are strong and well have no need for a physician, but those who are weak and sick; I came not to call the righteous ones to repentance, but sinners”*.

Many theologians turn to the Book of Job when trying to explain human suffering. Davis & Harold (2011: 1) describes Job as an upright man, experiencing suffering, stress and trauma. The book of Job challenges the pastoral counsellor and counselee when theology does not seem to match reality. They explain that the therapeutic dimension of faith amidst suffering is closely related to the counselee’s concept of God. The book of Job does not present a universal answer as to why the righteous suffer, but rather how they should respond to suffering. In order not to allow suffering to overwhelm a person, it is suggested that he follows the example of Job where he sought the presence of God amidst his suffering: Job 12:13 *“But only with God are wisdom and might: He alone has true counsel and understanding”* (Amplified Bible, 580).

Dr. F de Lange (Heitink, 1999:197) suggests that the Apostle Paul's experience on the Damascus road is a good example of the hermeneutical spiral. In order to see the connection, a process of interpretation must bridge the distance between Paul's original encounter and the religious claim this event lays upon the private application of this event on Christians today. The Christ-event touched Paul's ability to read and understand and affected his total existence. Through this event it is clear that kerugma and daily narratives help explain a persons' unique state of being "in Christ". Thus, hermeneutics is viewed not only as a matter of exegesis, but as a matter of ethics.

4.7 ETHICAL INTERPRETATION

Ethical reflection refers to the use of ethical principles, rules, or guidelines to guide action towards moral ends (Osmer, 2008:161). According to Osmer these principles and guidelines should orient counsellors in the moral issues at stake in episodes, situations, and context. In addition to this, Louw (2011:156) mentions that the Christian tradition of counselling should be integrated with ethics, values, norms and morality. Each counselee has a different inner landscape and these guidelines determine the goals pursued in each particular circumstance. Patton (1993:60) stresses that pastoral care should communicate the healing message in an ethical way appropriate to the particular person and situation. He goes on to say that pastoral guidance does not solely address the question of "What must I do?", but also "Who am I?" and "Who is God?" Ethics and pastoral counselling involves guidance in moral decision-making and brings the counselee in touch with the law as well as the gospel.

Meilaender and Werpehowski (2005:2) stress the importance of theological ethics in that it shapes moral life and meaning within the context of who God is and what God does. They have identified the three chief theological virtues as faith, hope, and love. Human religious experience and theological reflection finds its roots in existential situations of suffering and the search for solutions to the questions and trials of life (Cahill, 2005:10).

Browning (1993:96) explains that change can never be neutral, and therefore has a normative component which links practical theology with ethics. Barth (Hoyle, 1993:3) defines ethics as a theological discipline as *"the auxiliary science in which an answer is sought in the Word of God to the question of the goodness of human conduct"*.

People tend to believe that they have control over their environment and their lives, and that God would never allow bad things to happen to good people. They believe that God is there to protect them. When stress and trauma enters their lives, they start to question their beliefs and

lose control over their environment. They question their purpose and meaning in life. Restoring these perceptions may be answered by turning to God in prayer, just as Jesus did in Gethsemane (Matthew 26:39) when He was faced with death. When considering an ethical interpretation to stress and coping, Patton suggests that we ask the question, "What must I do?" The answer can be found in Psalm 55:22 *"Give your burdens to the Lord, and He will take care of you. He will not permit the godly to slip and fall"* (Amplified Bible, 639). People's self-reliance and pride may sometimes be blinding and they tend to forget that they are physically and spiritually helpless. Only when they start relying on God can their endeavours be successful. In order to accomplish success, they need to admit their reliance upon God (Psalm 46:1-11). David expressed his feelings to God through prayer and reaffirmed his faith.

Within the context of the normative task, values and ethics provide the framework for counsellors within their pastoral practice (Lynch, 2002:10). This is of fundamental importance as ethics is a reflection of moral life and becomes crucial as counsellors make decisions that affect other people (Bush, 2006:2). Although pastoral counselling seeks to adhere to the ethical codes developed by professional counselling organizations, Collins (1988:34) stresses that pastoral counselling views the Bible as God's Word and therefore accepts Scripture as the ultimate fundamental standard against which all ethical decisions are tested. The main aim of ethical decision-making is to *"act in ways that will honour God, be in conformity with Biblical teaching, and respect the welfare of the counselee and others"*. Louw (2008:268) describes theological ethics as a science that has its focus on:

- Applying knowledge regarding the meaning and destiny of life issues – the quality of life, objectives and modes of living;
- The "ought" of human behaviour – the evaluation of life in terms of normative criteria as they are related to basic commitments and belief systems;
- The tension between good and evil – the assessment of the notion of human wellbeing in terms of moral issues;
- The quality of responsible decision-making and value judgements- the character of human choices;
- The identity and character of human ethos – the characteristic traits and mode of human behaviour, attitude and aptitude;
- The promotion of human dignity – the issue of justice and human rights;
- The understanding of the will of God – the function and cause of life from the perspective of the intention of God with creation and our being human.

4.7.1 Scriptural truth through counselling

When a person has been saved, as Paul has, they have the responsibility to share the Good News. Pastoral counselling has the responsibility to counsel through Biblical counselling. Pastoral counselling is equipped to assist the paramedic in healing his relationship with God, others and himself. Although pastoral counselling in South Africa's multi-cultural setting has a struggle to be recognised. Louw (2011:3) advises that, in order for pastoral counselling to move forward in South Africa, a new therapeutic perspectives are needed when examining the appropriateness of existing rational categories, belief systems and paradigmatic frameworks of interpretation for daily human behaviours. Morrison (2005:439) states that stewardship of pastoral authority has the responsibility of recognising the differences in others without judgment and to apply ethical decision-making in pastoral practice.

According to Jones (2006:8) a Christian worldview acknowledges truth as revealed by God through Scripture and is the ultimate standard by which all values, ideas and concepts are measured. The Holy Spirit instructs us on the truth (Romans 15:4, Hebrew. 4:12, 1 John 5:6-7). Jones goes on to state that, unless a counsellor's techniques and beliefs are built on a solid foundation of Scriptural truths and the awareness of Biblical revelation, counselling will be distorted and misleading. The researcher points out that, by the above mentioned statement, Jones does not shun secular psychological therapy techniques, but indicate that a solid foundation should be based on Scriptural truth. Adams (1986:13) believes that, in the counselling process, not only is it necessary to have a theological orientation toward the Scriptures to avoid misleading counselees and to correct errors in the thought and practice of counselees, but it is vital also to have this orientation in order to communicate truth authoritatively.

A pastoral counsellor should stand in service of the Lord as a spiritual leader. Chappel (2000:16) describes an effective spiritual leader as a shepherd, not a saviour. The ultimate goal of a spiritual leader is Christ. A counsellor following's God's counsel knows to trust God. To stand in service of Christ as pastoral counsellor involves growth in the discipline of grace, creating lifetime learners. This is confirmed by Scripture in Proverbs 8:14: "*I have counsel and sound knowledge, I have understanding, I have might and power*" (Amplified Bible, 707). Spiritual leadership is made possible by the inner working of the Holy Spirit. Chappel goes on to say that only those who have been born again, can attain servant leadership.

Sparkman (2009:16) mentions that Paul continually went before God in prayer on behalf of others (Romans 1:9; I Thessalonians 5:17). He relied upon God for guidance and protection.

Paul taught God's children to be persistent in prayer (Romans 12:12) and was not ashamed to ask others to pray for him.

Individuals are able to cope with stress and trauma in their lives because Jesus came to live among them as a man: "...*Who has been tempted in every respect as we are, yet without sin*" (Hebrews 4:15-16; Amplified Bible, 1428). Therefore they know that He understands their stress and fatigue. When they take their troubles to Him, He knows how they feel and will be able to heal them.

Mark 14:34 shows that Jesus was "*deeply grieved*" when faced alone with the prospect of the cross. He could have asked God to send a legion of angels: "...*and He will immediately provide Me with more than twelve legions of angels*", (Matthew 26:53; Amplified Bible, 1116) to save Him from the fate that awaited Him, but He kept His trust in God. Jesus "*fell to the ground and began to pray*" (Mark 14:35; Amplified Bible, 1148). Even though Jesus asked that He be spared, He does not assert His will, but rather, through prayer, expresses His willingness to submit to the Father and in this He shows His earnestness and love for His children (Grant 2010:2). From Jesus' example the pastoral counsellor teaches that the counselee should submit himself to prayer when facing stressful situations.

According to Scobie (2003:768) it is the task of Biblical ethics to determine what ethical principles are applied in Scripture and how contemporary Christians can seek to determine how those principles may be applied in their own environment today. An example of this may be seen in 1 Corinthians 11:2-16 where Paul applies a basic ethical principle

When considering pastoral counselling as an alternative to secular intervention, Thobaben (2004:529) has found that, according to the American Association of Pastoral Counsellors (AAPC), pastoral counselling provides theologically informed, spiritually sensitive, ethically sound, and clinically competent counselling. He further states that prayer and spirituality are effective means of helping the counselee in the therapy process. Hagen (2006:303) argues that the lack of spiritual and religious aspects in therapy may have significant consequences for the overall mental well-being of individuals as it is a crucial dimension of their cultural identity. She refers to spirituality as giving meaning and purpose to life, a search for wholeness, and a relationship with God.

Osmer (2008:140) refers to Niebuhr's "*Christian moral philosophy*" when explaining theology and ethics. Niebuhr believes that responsibility, and not obedience, is key in moral life and decisions making. It is the responsibility of each individual to compose their response into four elements:

- 1) All our actions are responses to action upon us.
- 2) Our responses are shaped by our interpretation of these actions, which place particular episodes, situations, and contexts in larger wholes.
- 3) Our responses are temporal in nature, stretching backward to the history of prior interaction and anticipating responses to our present action in the future.
- 4) Our responses are shaped by the community of interpretation with which we identify.

Kerygmatic counselling invites the counselee to reconcile with God. This requires conversion (Louw, 2010:80). Through pastoral confrontation the truth of Scripture is brought to the counselee, and he is assisted in the humbling act of conversion and surrender to Christ.

Newberg and Newberg (2005:243) define forgiveness as “*a religiously based technique that has been shown to be powerful in regulating negative emotions*”. Forgiveness that is transmitted through pastoral counselling emphasizes mercy and not judgment and according to Kettunen (2002:21) one of the most central concepts of Christian discourse.

4.7.2 The Holy Spirit as Counsellor

The Holy Spirit counsels and comforts believers. Torrey (2007:10) stresses the importance of understanding Who the Holy Spirit is. The Holy Spirit is as real as Jesus Christ and dwells within the hearts of all believers. The Holy Spirit is an ever present, loving friend and mighty helper in every difficulty in life. The Holy Spirit guides the pastoral counsellor and counselee into all truth (John 16:12-14). Fuller refers to 1 John 1:3 and 1:5-7 from where counselling takes its first step by responding to God’s counsel, which is to share in the joy of the fellowship between God and Christ.

Jesus Christ has been sent as the counsellor. John 14:16-17 “*And I will ask the Father, and He will give you another Comforter [Counsellor, Helper, Intercessor, Advocate, Strengtheners, and Standby], that He may remain with you forever. The Spirit of Truth, Whom the world cannot receive because it does not see Him or know and recognize Him.....*” (Amplified Bible, 1235). John 14: 26 explain that the Holy Spirit is there to remind the counsellor and counselee of their dependence on Christ. In order to hear the voice of the Counsellor, they need to be in tune with the Holy Spirit.

Jesus Christ, as the Spirit of truth, not presenting His own ideas, tells of the Father: John 16:13 “*But when He, the Spirit of Truth comes, He will guide you into all the Truth. For He will not*

speak His own message; but He will tell whatever He hears [from the Father] and He will announce and declare to you the things that are to come" (Amplified Bible, 1283).

4.8 GOOD PRACTICE

Osmer (2008:152) explains that good practice offers a way to do things better or differently. Good practice draws from the past and present situations to create a better model for the way things may be done in the future. Drawing from the interpretive task in Chapter Three there is help available for the paramedics regarding their coping and well-being in their working environment. They are however hesitant to make use of the assistance. It has been established in this study that the reason for them not consulting a counsellor is due to their broken relationship with God and their self-reliant coping strategy. When making use of good practice, the paramedic may draw from the past and present situations to create a safe environment where they may explore their relationship with God, themselves and others, through pastoral counselling.

The word "pastoral", as explained by Louw (2011:156), is derived from the Latin term "*pascere*", which means to feed and care for the flock, and underlines the fact that "*human crises have a spiritual dimension and cannot be fully overcome until the spiritual yearnings of the human being have been met*". The difference in mainstream counselling and pastoral counselling is reflected in the statement made by Neethling (2003:1): "*Pastoral counselling is different from mainstream forms of counselling, as pastoral counselling is guided by the conviction that emotional distress or problems can best be addressed by taking into consideration both spiritual aspects and knowledge of human psychology*".

When people turn to religion and spirituality during stressful times, it often means that they turn to prayer (Dunn & Horgas, 2000; Kaplan, Marks, & Mertens, 1995). Prayer is seen as "*perhaps the most ubiquitous, essential and personal of religious experiences*" (McCullough & Larson, 1999:86).

It is imperative that persons with such a stressful working environment as paramedics and first responders be supported through implementation of a pastoral theological basis of counselling and healing. Stress, trauma and coping awaken a need to know and understand God, ourselves and the meaning of life. Theological interpretation reveals the answers to these questions, and may be explored and revealed in the pastoral counselling situation. According to Garzon (2005:115) the Bible's healing message in counselling cannot be ignored.

An empathic stance towards a client may initiate the integration of Scripture where the character of Christ and His healing ministry towards wounded people are emphasized. Understanding the meaning of healing and counselling is outlined in Philippians 2:7-8 where Christ *“emptied Himself, by taking the form of a servant, being born in the likeness of men. And being found in human form, He humbled Himself by becoming obedient to the point of death, even death on a cross”* (Amplified Bible, 1394).

The example of how Paul dealt with his stressful working environment may encourage the paramedic to turn to prayer. Paul's response to his troubles was to request the Corinthians to pray for him (2 Corinthians 1:11). The lesson taught from this is that Paul realized his dependence on prayer to lighten his burden. His humility and dependence on prayer did not lessen his influence or destroy his reputation (Bounds, 2009:104).

Seeking counsel is seen as a wise option as described in Proverbs 15:22 *“Where there is no counsel, purposes are frustrated, but with many counsellors they are accomplished”*. Pastoral insight is developed through action which takes place because of the convictions and relationships within the community, in order to strengthen those who have become estranged. For the paramedic who has become estranged (Interview with paramedic) *“wisdom literature assumes God's presence in human life without talking much of God”*.

Pastoral insight is derived from Wisdom literature such as Psalms that teach the individual how to express his faith in many circumstances and concerns in life (Smith, 2010:10). Smith describes the book of Psalms as *“an amplification of the covenant ratification response described in the Pentateuch”*. Patton goes on to explain that Scripture provides a positive affirmation to individuals who are suffering from uncertainty and doubt about religion, God and the meaning of life.

A good counsellor criterion is explained in Psalm 37:30-31 *“The mouth of the righteous utters wisdom, and his tongue speaks with justice. The law of his God is in his heart; none of his steps shall slide”* (Amplified Bible, 29) and 2 Corinthians 1:4 *“Who comforts us in every trouble, so that we may also be able to comfort those who are in any kind of trouble or distress, with the comfort with which we ourselves are comforted by God”* (Amplified Bible, 1347).

The pastoral counsellor assists the paramedic to search for the joy in their lives, just as Paul did for God's children. Thurston and Ryan (2009:3) describe the book of Philippians as a reflection of Paul's thoughts on theological issues of faith and theodicy. They refer to Philippians 4:4-9: *“Rejoice in the Lord always; again I say, rejoice! Let all men know and perceive and recognize your unselfishness. The Lord is near”* (Amplified Bible, 1387). In this verse “rejoicing” is the key

emotional note in the letter (occurs 16 times). Paul had many difficulties in his own working environment (Philippians 1:27-30; 3:2-3) such as the lack of Christian joy, internal unrest and disunity. Paul attempts to encourage Christians to persevere amidst their struggles and to hold on to the gospel (Snyman, 2007:227). The source of Christian joy is found in the hope offered by Christ in a person's relationship with Him (Thurston & Ryan, 2009:3).

4.8.1 Searching for meaning

Through Paul's prayer life we learn that he believed in the power of prayer. From the outset of his ministry he took all his needs to God in prayer. Paul could do this with conviction, for he believed that God answered his prayers. Prayer is a way of communicating with God where an unlimited source of help is found by spending time in communion with God (Sparkman, 2009:14).

According to Heitink (1999:202) Christian faith works from the presupposition that people and society has the ability for change and renewal from the eschatological perspective of God's Kingdom.

Relying upon oneself for comfort and healing may be an act of foolishness, as described in Proverbs 12:15 *"The way of a fool is right in his own eyes, but he who listens to counsel is wise"*. The kerygmatic approach to counselling stressed the need for repentance. Choi (2000:264) explains that *"Jesus put repentance as a condition of salvation"*. In order to be forgiven, the counselee needs to repent.

When an individual searches for new meaning, their coping strategies may often involve pre-existing personal theology and a renewed interest in previously abandoned spiritual practices (Samson & Zerter, 2004; Taylor, 2003). According to Gall and Grant (2005:519) trauma and stress may cause doubt in a person's beliefs about personal control, the validity of church teachings, the benevolence and justness of the world or the existence of a loving God. Jeremiah 32:18 (Amplified Bible, 869) says: *"You Who show loving-kindness to thousands but recompense the iniquity of the fathers into the bosoms of their children after them. The great, the mighty God; the Lord of hosts is His name"*.

In Exodus 20:8–11 God revealed His compassion and understanding for human fatigue. Therefore He gave a day of rest. Paramedics often suffer from compassion fatigue and disturbing memories (Figure 2.27). They need hope to deal with their pain. Ephesians 2:12 describes how those who do not have God do not have hope. Hope has the ability to free one of the perils of this life and helps one to look forward to the fulfilment of God's promises through

Jesus Christ *“Trouble and anguish have found and taken hold on me, yet Your commandments are my delight”*(Psalm 119:143; Amplified Bible,686).

God's love has within it kindness, tenderness, and compassion (Psalm 86:15; 103:1-8:136). God's love requires obedience and gratefulness (Deuteronomy 6:20-25). Even though we are sinners full of pride, anger and destructive behaviour, Jesus assures forgiveness when we repent and He welcomes us into His loving arms (Luke 15).

According to Exline and Rose (2005:317) people sometimes blame their suffering on God and develop anger and mistrust toward Him. Among other things, they suggest prayer and meditation on Scripture as a means of healing these spiritual wounds. In cases where God is experienced as a distant or hidden figure, it might be helpful to deepen their relationships with the spiritual community, or to enter into a therapeutic relationship with a counsellor where narratives on Scripture could be shared.

4.8.2 Reconciliation

After reconciliation and conversion, kerygmatic counselling assists the counselee in the transformation process. In Matthew 12:38-39, Jesus asks of his children to have faith in Him and His Word alone. This requires that the individual surrenders his pride and commit himself to Him. We can only see His power if we surrender all and have faith. The paramedic, who relies upon himself for help, might have a hard time surrendering to Jesus. The empirical-descriptive task in Chapter Two revealed that some paramedics might be hesitant to seek help because of their macho-ego that might be jeopardised or the fear that their colleagues might think them weak (Figures 2.21, 2.22, 2.23). This might also be classified as a sign of pride.

Alexander and Cook (2008:104) claim that externalization is a linguistic practice and a stance that have been present in the language of the Church for a very long time. It is externalizing that allows us to separate the person from the problem, the sin from the sinner. Sometimes Christians tend to ascribe to God the responsibility for human actions. Such an approach weakens people, dispossessing them of faith in their God-given agency.

Repentance is not about a change of beliefs, but a change in one's attitude towards God. Christofferson (2011:38) describes the invitation to repent as an expression of love (Matthew 4:17). Repentance means striving to change, abandoning sin and committing to obedience, and requires a willingness to persevere through struggles.

Jesus called his followers His friends. In the Old Testament Moses spoke to God on behalf of His children as seen in Exodus 33:11 *“And the Lord spoke to Moses face to face, as a man speaks to his friend”* (Amplified Bible, 108). In the New Testament it is taught that Jesus Christ, our friend, has made it acceptable that we enter into a new relationship with God (Hebrews 10:19 – 23). This is confirmed in John 15:15 *“I do not call you servants any longer, for the servant does not know what his master is doing. But I have called you My friends, because I have made known to you everything that I have heard from My Father”* (Amplified Bible, 1237).

4.9 CONCLUSION

If theological interpretation, ethics and good practice do not meet as a normative action, then the client has no claim to a positive outcome, merely temporary relief (interview with Mobey on 05 July 2012). The normative task made use of theological concepts in order to interpret episodes, situations and contexts within the paramedic's working environment which need to be addressed in the pastoral counselling process. Kerygmatic counselling requires the counselee to repent his sins and receive God's forgiveness. The function of the pastoral counsellor is to assist the counselee through Scripture to reconcile, convert and be transformed.

Ethical principles, rules and guidelines are integrated in episodes, situations and context which recognise the uniqueness of each individual and the necessity for appropriate counsel towards a person as a whole. Pastoral counselling aims to assist the paramedic by taking the mentioned principles into consideration during the therapy process. Trauma may lead the counselee to ask questions about the meaning of suffering, and God's power and love. In the empirical-descriptive task respondents acknowledged to be religious and spiritual (Figures 2.7, 2.9), but some do not believe that it helps to pray (Figure 2.33 & Question 35). It was found that they would rather rely upon themselves. I Thessalonians.5:11 instructs us to *“encourage one another, and build up one another”* (Amplified Bible, 1400). By incorporating the Word of God and prayer may lead to growth through experience.

A model of good practice aims to assist the pastoral counsellor to implement the best possible methods in assisting each counselee. This can only be done through the example set by Jesus Christ, Acts 20:2 *“Then after he had gone through those districts and had warned and consoled and urged and encouraged the brethren with much discourse, he came to Greece”* (Amplified Bible, 1283). When looking at human pain and suffering, the world does little or nothing to alleviate this in comparison to the scale of the problem (Fouch, 2002:2). Isaiah 1:5 -17 and Isaiah 58 teach us to care for those in pain. God warns that if humans fail to do so, their prayers are empty and meaningless to Him. Paramedics enter their profession with the aim to alleviate

and care for people. It is the aim of the researcher, to therefore care for the caring. The pragmatic task in Chapter Five aims to determine strategies of action that will influence situations in ways that have a desirable outcome to alleviate the stress of the paramedic in his working environment.

The book of Job presents the answer to the question “why does God allow the suffering of His children? The conclusion Job came to after his ordeal, was that, no matter the situation, it is rather how one copes, which makes the difference in the outcome.

CHAPTER 5: PRAGMATIC TASK

5.1 OBJECTIVES

Chapter Four of this study concluded with the normative task in which theology, ethics and good practice were discussed in relation to the problem areas identified in the descriptive empirical task, as expatiated on through the interpretive task. Chapter Five consists of the pragmatic task as set out by (Osmer, 2008). In the Pragmatic task strategies of action are determined that will influence situations in ways that will have a desirable outcome. These strategies of action will be undertaken by combining pastoral counselling with elements of narrative therapy and kerugmatic counselling. A short introduction to narrative therapy and kerugmatik counselling was presented in the interpretive task in Chapter 3. Combining different methods in pastoral counselling helps to guide and direct the counsellor to maintain focus. According to Benner (2003:26) pastoral counselling is the facilitation of spiritual growth by bringing theological reflection to bear on life experiences.

Pastoral counselling has its focus on spirituality accompanied by a holistic perspective and is facilitated through a relationship of trust. Louw (2010:79) describes kerugma as *“the human predicament of sinfulness and the quest for forgiveness and redemption”*. He describes the aim of kerugmatic counselling as the reduction of human suffering and the problem of sin. The pastoral counselling approach to healing is combined with the kerugmatik approach of healing through God’s grace through Christ.

One of the focus points of Narrative therapy is creating a trusting alliance with the counselee in order to enhance and mend relationships with oneself, others and God (Monk et al, 1997:3). The interpretive task in Chapter Three indicates the paramedic’s broken relationship with God and others. Because of this he has developed a self-reliance strategy to cope with the stressful working environment. Monk et al (1997:6) highlight one of the characteristics of narrative therapy as the separation of the problem from the person. When entering a self-reliance strategy to coping because of hesitancy to seek help, the paramedic might find it difficult to distance himself from his problems. A narrative conversation attempts to turn the focus away from self-attack and judgment towards an alternative story, instilling hope and creating an opportunity for change. The pragmatic task will introduce narrative therapy and kerugmatic counselling as a combination applicable to the pastoral counselling context which is in turn applicable to the research design.

The suggested counselling approach will take into consideration the key issues identified in the descriptive-empirical study developed through previous chapters up to this point, will be further addressed in this chapter in order to formulate a strategy:

- 1) Stress and coping of the paramedic in his working environment
- 2) The help that is available and his hesitancy to seek it out
- 3) His self-reliance strategy to coping
- 4) His understanding and relationship with God

5.2 INTRODUCTION

Because of longer hours spent at work, the decline of a strong community base, and a cultural shift to post-materialism (Hill & Smith 2003:232), organizations and workplace settings find themselves in the midst of a growing call for spirituality (Fry, 2003:693). According to Sessanna *et al* (2007:252) a clear definition of spirituality is of utmost importance as it plays a critical role in human health, healing and well-being. King & Koenig (2008:2) define spirituality as *“the personal quest for understanding answers to ultimate questions about life, about meaning and about relationship to the sacred or transcendent, which may (or may not) lead to or arise from the development of religious rituals and the formation of community”*.

In order to answer the need for spirituality in the individual's life as a whole, which includes his working environment, the pastoral counselling method in this research study is combined with the kerugmatic and narrative therapy methods. Kerugma has its foundation in the Word of God and seeks inner change, as outlined in Chapter Four. Semmler and Williams (2000:52) explains the relationship between narrative therapy and pastoral counselling as an exploration of the human experience through the stories clients bring to counselling. They go on to state that, in a collaborative effort, the counsellor helps the client explore the stories they narrate, when necessary, to re-author these stories.

According to Muller (2004:77) people use language to construct and describe their traumatic experiences and environment. Narrative therapy provides a framework for counsellors to explore cultural assumptions that influence clients and offers counsellors an approach that is especially applicable to these multicultural processes. In addition to this, what narrative therapy offers to pastoral counselling is a fundamentally new direction from traditional approaches by assuming a *“curious learner”* stance the counsellor listens to the client's stories.

A current method of coping with the paramedic's stressful environment has been identified in the empirical-descriptive task in Chapter Two as mainly self-reliant. Stressful and traumatic situations challenge a person's self-understanding and self-identity and therefore self-narratives may become incoherent and destructive (Meier & Rover, 2010:144). In the pragmatic task in this chapter, pastoral counselling is introduced as an alternative method in assisting the paramedic in coping with his stressful working environment. During the interviews with the respondents the researcher found that they have a general idea that help is available in the form of a psychologist or pastoral counsellor.

The work of a pastoral counsellor is mostly understood as a pastor functioning in a church environment (Louw *et al.*, 2012:165) although the importance of pastoral counselling in congregations should not be underestimated. Meier and Rovers (2010:231) indicate that individual care should be seen as an obligation not to be neglected. For the paramedics who feel that their relationship with God have been broken, it is difficult to approach a pastoral counsellor (Chapter 2, Figure 2.13). In addition to this, Meier and Rovers (2010:221) indicate that it is possible that the secularization of society causes people to seek counselling outside the church.

There are respondents who have learnt to rely on themselves for coping, rather than seeking help because, among others, they fear reproach and losing their "macho-image" (Chapter 2, Figure 2.21). They would prefer to suppress the painful memories. This is not helpful and may lead to PTSR, which unchecked may lead to PTSD. Pastoral counselling seeks to help the person as a whole, by looking at their body-, mind- and soul-aspects of well-being, with the aim of restoring their relationship with God and themselves.

Most forms of Pastoral counselling find its foundation in Scripture where the will and ways of God are found. Romans 3:23 state: *"Since all have sinned and are falling short of the honour and glory which God bestows and receives"* (Amplified Bible, 1301). II Corinthians 1:4 teaches us that we should *"comfort those who are in any affliction"*. Human tragedy and trauma is part of life's journey. Ganzevoort (2008:12) explains that the experience of trauma is directly connected to a series of fundamental issues in theology such as suffering, making sense of painful experiences and still believing in a loving, caring God. He therefore advises that a true understanding of the nature of the person of God is critical. Estadt (1983:24) identifies two functions, among others, which a pastoral counsellor can fulfil when, individuals who experiencing stress and difficulties, seek their help, namely:

- 1) To enable a person to become free in order to be responsible
- 2) To enable a person to deal with pain.

5.3 PASTORAL COUNSELLING

True counselling is the work of the Spirit that involves change from within. This takes place in the heart of a regenerate human being as he responds favourably to the ministry of the Word because of his new life tendencies (Adams, 1986:233). Woodruff (2002:94) explains that pastoral counselling is focused on integrating spiritual and psychological dimensions of human experience and attending to the values and beliefs of the client. The sufficiency of Scripture in counselling is questioned by various contemporary approaches. Among these are the two-book and no-book approaches. The two-book and no-book approaches, among others, fail to take into consideration “*mans finiteness to knowledge, the depravity of human nature, and the sufficiency of Scripture*” (Mack, 2002:181). 1 Corinthians 18-21 teaches that human knowledge appears as foolishness compared to God's wisdom.

Louw (2010:67) defines pastoral care and counselling as “*the expression and representation of the sensitivity and compassion of the scriptures understanding and portrayal of God's encounter, intervention, interaction and involvement in our being human*”. He identifies kerugma as one of the main paradigmatic approaches when considering pastoral care and counselling, with its focus on “*the human predicament of sinfulness and the quest for forgiveness and redemption*”. When ashamed, a counselee may be caught in silence, becoming mute and dumb, and unable to speak about the why and wherefore of shame (Nauta, 2008:590). A theology of shame should speak about loneliness and isolation, of abandonment and secrecy, of failure and shortcomings. In the Biblical tradition there are many moments in which such loneliness is experienced as God-forsaken solitude, from Adam and Eve to Judas.

O'Brien (2007) writes, “*A sacred covenant: the spiritual ministry of nursing*” focuses especially on the spirituality of the nurses themselves and how that affects their personality by using the scriptures to help provide a broad spiritual grounding in this approach.

5.4 THE PASTORAL COUNSELLOR AS SERVANT LEADER

Spiritual followership and leadership have the potential to renew an individual's meaning of life, purpose, and integration for self, their working environment, and their communities (Frye et al, 2007:243). Greenleaf (1977:7) first explained servant leadership as leaders who lead by example of serving other. It is the opinion of Chapel (2000:15) that effective spiritual leaders “*are shepherds, not saviours*”. He goes on to explain that the servant leader should, by the grace of God, stand in service of others with Christ as goal, Scripture as authoritative guide, and the Holy Spirit as teacher.

In Matthew 20:28 Jesus explains that we need to serve each other, just as he had come to serve. This is the foundation of the meaning of pastoral counselling as servant leadership. According to Malphurs (2003:42) leaders who have the courage to lead enhance their credibility with counselee's. He stipulates three main methods in which God assists the servant leader:

1. God's providence: according to Scripture (Matthew 20:20-23), God sovereignly places leaders into their positions of leadership;
2. God's provision: provides leaders with His Word (Joshua 1:7-8) to direct their leadership;
3. God's presence: Christian leaders have God the Holy Spirit abiding with them, regardless of the circumstances, and God will bless their leadership (John 14:15-18; 1 Corinthians 12:13).

Osmer (2008:26) presents three key components of leadership. Firstly, leadership is the exercise of influence. Pastoral counsellors are in an authoritative position as they are perceived as experts in guiding individuals in the healing process and decision-making. Traditionally, pastoral counsellors have been considered as part of the function of the church. However, there are a number of counsellors registered at ethical institutions, who work independently from the church. Pastoral Counsellors enter into the caring profession because of their desire to help others. Therefore they need to be well trained in the field. According to Human and Muller (2009:162) pastoral counsellors in South Africa need the assistance of a governing counsel. They state that working with suffering people is a guarantee that a pastoral counsellor will encounter ethical dilemmas.

The second component to leadership is the exercise of influence through different forms of communication (Osmer, 2008:26). Patton (1989:214) claims that the pastoral counsellor offers a relationship in which the understanding of life and faith can be explored. Benner (2003:28) stresses the importance of boundaries which protect the counselee as well as the counsellor in the pastoral counselling relationship. Pastoral counselling may be seen as a relationship empowered by a faith in a God who remembers us and who, through a remembering community, offers us the grace to remembering God's love for us in Christ (Patton, 1989:214). Through this understanding of what happens in pastoral care and counselling is a contribution of the clinical pastoral paradigm, Patton (1989:215) insists that not only the message of care, but the person of the carer is important, as are the relationships in which the care takes place.

The third component of leadership mentioned by Osmer (2008:26) is that of collaboration. Just as the relationship between the pastor and the flock, between God and his people, is marked by

both compassion, challenge, and shared goals, the relationship between pastoral counsellor and client is marked by similar characteristics of growth (Estadt 1982:32). For Dayringer (1998: 66) reverence is another attitude necessary for the pastoral counsellor in developing good relationships. The reverence produces an atmosphere in which clients know they are permitted to express their feelings. A genuine attitude is the third attribute that helps to create good counselling relationships. This attitude is a combination of sincerity, authenticity, trustworthiness, integration, consistency, dependability, transparency, and congruence.

A primary source for the pastoral counsellor is the faith which enlivens the counselling dialogue. Just as the relationship between the pastor and the flock, between God and his people, is marked by both compassion and challenge, the relationship between pastoral counsellor and client is marked by similar characteristics of growth (Estadt, 1982:32). The counsellor, who displays appropriate emotional maturity in times of crises, has the ability to set a positive foundation for ministry while building credibility and trust (Malphurs, 2003:66). Dayringer (1998: 66) describes reverences as another attitude necessary for the pastoral counsellor in developing good relationships. The reverence produces an atmosphere in which clients know they are permitted to express their feelings. A truthful and genuine attitude is the third attribute that helps to create good counselling relationships and is a combination of sincerity, authenticity, trustworthiness, integration, consistency, dependability, transparency, and congruence.

5.5 ETHICS OF PASTORAL COUNSELLING

The ethics of the pastoral counsellor as a moral agent may be detected in the way he responds in certain situations. According to Bush (2006:5) the strength of the counsellor's character lies in his/her own particular moral dispositions which may develop over time through interaction with others. Values and principles of ethics are of fundamental importance in therapy and provide the framework for pastoral counsellors by which they decide on the most appropriate and helpful way in which to council people (Lynch, 2002:10).

One of the benefits of pastoral counselling is that it is shaped by the counsellor's principles, values, and moral reflection on issues such as confidentiality and trust. The counsellor's values are recognized in the way he reacts to clients' problems and makes sense of, and judge the pastoral practice (Lynch, 2002:7).

The researcher agrees with Adams (1986:234) when he states that the goal of counselling is Biblical change, and that Scripture is fully equipped to assist the counsellor in his work. The same viewpoint is held by Mack (2002:181) where he states that “*secular psychological principles are unnecessary and may even be harmful in trying to understand and help people*”. Tan (2007:108) warns that Scripture can be misused during therapy. However, he states that with appropriate and ethical use of Scripture, a therapist can be of significant help. The Bible may be used to comfort, instruct or diagnose. It would therefore also be wise to guard against the random selection of Biblical verses and text out of context which often prevails when pastors try to counsel Biblically (Capps, 2003:46).

According to Osmer (2008:24) it is the task of the interpretive guide to listen with care and empathy, and to maintain a critical stance toward their own social systems which shape their interpretive patterns. This increases their ability to relate the normative sources of the Christian tradition to the counsellee's issues in their stressful working environment. Given the nature of the emergency service work, counselling skills are predominantly used in responding to people involved in critical and traumatic incidents. Hetherington (2001:36) is of the opinion that by anticipating the disclosure of horrific or negative news can naturally evoke physiological and emotional reactions in the professional which are mutually unhelpful. These natural fears and anxieties may be diminished by repeated exposure to the event, working as a team to manage the incident effectively, debriefing and focusing attention on the positive effects of the professional's contribution.

Hetherington (2001:36) goes on to state that this requires the professional to have a sound working knowledge of the immediate and delayed effects of PTS, as well as the knowledge of how to respond appropriately to traumatic events, founded on a thorough understanding of the nature of traumatic stress. Hetherington goes on to state that confidentiality is a core ethical concern in the counselling process. The legal concept of confidentiality is has its focus on the concept of equity, of fairness, in that the counsellor should not take advantage of information which was related in confidence.

The counsellor, who himself is theologically unsure and lacks confidence, will communicate his Biblical insecurity in the way that he speaks to counselees. Alexander and Cook (2008:101-102) warns that, in counselling, we can never assume that the other person shares our worldview. Therefore, while working with the counsellee, the counsellor should be as considerate and careful as when working with a representative of a different culture. To achieve this, it is very important to develop one's own reflexivity and awareness of one's own cultural historical context, and to present transparently this context in interactions with the other person.

To prevent any misunderstanding as to the function of the pastoral counsellors in context to his worldview, it would be wise to take into consideration the very clear definition of pastoral counselling as given by Thorn (2001:437) where he states that:

"Pastoral counselling is a practice which is explicitly shaped by religious tradition or which is explicitly associated with a particular religious institution or organization. Additionally however, it can take the form of an explicit offer to engage with anyone, irrespective of faith, belief or value system, who wishes' to pursue the implications of their spirituality and spiritual connectedness".

Woodruff (2002:97) believes that it is vital for the therapist to have a clear understanding of the counselee's religious background.

Morgan (2000:34) interprets deconstruction as *"the pulling apart and examining of taken-for-granted truths"*. It is important for pastoral counsellors to recognize that all models, including their own, contain a certain degree of error. As Christians, counsellors must search both Scriptures and their own hearts in their quest to better understand the truth revealed through special revelation. As scientists, counsellors must search nature in the hope of gaining new insights in the truth which is in turn revealed by general revelation. Pastoral Counsellors should therefore allow their personal models to be informed by those of others (Guy, in Stevenson 2005:41). The similarities and differences, gifts and limitations between the narrative-kerugmatik- and self-help discourses should thus be explored.

According to Hetherington (2001:104) counselling skills have been identified as having a positive effect within the Emergency Medical Services. It is however necessary to keep in mind that these counselling skills have to be practiced within the clinical and legal limitations, and in turn, provide trust and safety to the individuals within the EMS.

5.6 THE JOURNEY

The ethics of conduct in pastoral counselling entails the option of responding in a particular situation via an action that calls for certain moral principles functioning as guidelines for decision-making (Bush, 2006:5).

For pastoral counselling to be effective, Crawford (www.pastornet.net.au/renewal/journal19.html) establishes that the counsellor should be aware of the presuppositions derived from the worldviews responses to questions such as: *"Who is God?"*, *"What is humankind?"*, *"What is right and wrong?"* She mentions that the counsellor should develop a method of counselling

which integrate the person as a whole, Scripture, principles of theology and psychology and from these create a model acceptable to pastoral counselling. The goal of the counsellor is to encourage the counselee towards change, taking into consideration the person as a whole which includes the physical, spiritual and character.

Taking previous experiences into consideration, individuals are counselled at pivotal points of commitment when they have established resolve for the future concerning conversion, confirmation and renewal (Bush, 2006:2). The empirical task and the interpretive task in this study have established that in some cases, the relationship between the paramedic and God has suffered because of stress and trauma they experience in their working environment. The aim of pastoral counselling is to facilitate the reconciliation between man and God (Topper, 2003:130).

Louw (2010:78) identifies the kerugmatic paradigm as one of the main paradigmatic approaches. He highlights the main focus of the kerugmatic approach as a:

“Focus on the human predicament of sinfulness and the quest for forgiveness and redemption. The tendency in this approach is to reduce most human and life problems to our being sinners (theological reduction). Healing is then God’s grace as incarnated in Christology, and communicated within the mode of proclamation”.

The researcher agrees with Mack (2002:181) that true Christian counselling is Christ centred, Church centred and Bible based. (See Appendix D: Pre-modernism, Modernism, Post-modernism).

Moon and Lenner (2004:245) indicates that spiritual direction in the pastoral counselling process is of fundamental importance. It offers a relationship of accountability between the counsellor and counselee wherein the counselee may truly come to know and understand the relationship with himself, others and God. For this to take place, trust is a vital part of counselling and should be developed within the first hour of counselling. Galindo (in Moon & Lenner, 2004:213) indicates that spiritual direction in pastoral counselling facilitates the transformation of the counselee in Christ. Conversion requires, not only a cognitive decision, but a radical change from one belief system to another, and in turn brings forth a personal surrender to the living God. According to McMahan (in Moon & Lenner, 2004:153) surrendering to the Holy Spirit brings the counselee closer to God. He refers to Psalm 16:8 – 9 (Amplified Bible) where David speaks of his own relationship with the Holy Spirit as a feeling of being face to face with God. He goes on to describe the surrender to the Holy Spirit is a spiritually powerful experience that gives birth to a lifetime journey with God:

1. The mutual accountability of the counsellor and counselee.
2. The role of the faith community in the life of the counselee.
3. The importance of faith orientation and legitimacy of conversion experiences.
4. The work of the Holy Spirit in the life of the counselee.

The task in Chapter 3 has shown that paramedics are able, and prefer, to function in group-format. The chosen method of therapy after a critical incident is mostly in the form of CISD. However, when having to function as an individual, they tend to rely upon themselves for coping, and in most cases it has been shown that this method of self-reliance has a negative outcome.

5.7 COUNSELLING THE INDIVIDUAL

According to Johnson and Segesten (2004:215), paramedics are thought to be adequately trained to handle the emotional effects of witnessing dead humans or injured survivors. However, ambulance personnel have been known to be vulnerable to the impact of recurring traumatic events, and also to the stress that results from helping or wanting to help injured humans. Stress reactions amongst paramedics can therefore be regarded as a natural reaction after such events.

Propper et al (2004:275) describe individual counselling as a promising and effective intervention strategy in addressing the specific needs of an individual and promoting healthy behaviour in their study, Ramsay and Main (2007:166) on the effectiveness of individual counselling have found that individual counselling increases self-esteem reduces anxiety and depression and increases levels of life satisfaction in individuals undertaking these therapies. Their findings suggest that individual counselling can be regarded as a successful and effective method in enhancing a participant's degree of psychological wellbeing and general quality of life.

One of the aims of the pastoral counsellor is to uncover human vulnerability during crises and stressful life events (Gerkin, 1989:18) and to reflect on the implications it has on the pastoral counselling methods used to facilitate healing and hope. Chapter Three introduced kerugma as a method to counselling. The therapy process presented by Louw (2010:80) includes repentance and forgiveness, reconciliation, conversion and finally, transformation. The relationship in which narrative stands in regard to the hermeneutical approach to the pastoral conversation, is that of an search for meaning through the narrative method in order to make

sense of, and find meaning in the counselee's story. The story is narrated, deconstructed, and the problem externalized, and reconstructed in a unique outcome (Morgan, 2000:1-72).

Because of spiritual trauma, individuals are sometimes not ready to face a pastoral counsellor, worship in a church, or pray and therefore are hesitant to seek out help. In situations like these, Rogers (2002:9) suggests that the counsellor advises them that they might benefit from reading literature that addresses spiritual and faith issues. Thus, creating a safe environment is of the utmost importance in counselling and can be achieved by engaging in a continuous dialogical process. In turn, this regenerates a better understanding of the paramedic's experiences (Ito, 2012:61). Ito indicates that the reality of chaos and despair may turn the individual against counsellors who tell them that "*they understand*", since the counselee himself does not understand. Individuals are more prone to trust when they sense that the pastoral counsellor deeply cares for their well-being (Ito, 2012:64). Malphurs (2003:64) states that, when people sense that the pastoral counsellor is sincere and cares for them, trust is built between the counsellor and counselee. To care means that the leader demonstrates concern for their well-being. This is depicted in Exodus 4:21 where it shows God caring for his people.

Theological constructions draw from a variety of sources such as philosophy, Scripture and church history. Integrating counselling practice and theology can take forms (Coleman, 2004:24):

- *Explicit*: interaction between counsellor and counselee, and entered into with clients consent and can involve religious and spiritual interventions.
- *Implicit*: theological assumptions and commitments direct and shape how the counsellor understands the client's problem. Insights from social sciences serves as a tool for understanding our human bent toward sinning.

The following factors should be taken into consideration for counselling to be effective (Collins 1988:26):

- Counselling should be problem-centred, goal-directed, focusing on the counselee.
- When the pace is deliberate and relaxed, the counsellor is less inclined to make hasty judgments.
- Listen sympathetically.
- At times, counselees must be confronted with the sin in their lives, but this should not be done in a judgmental manner.

- The counsellor and counselee must work together as a team in which the counsellor serves as a teacher-coach.
- View the client in a professional helping relationship and remain objective, not becoming emotionally over involved.
- Be realistic in terms of the timeframe in which change should occur.
- An empathic stance is important.

5.7.1 Narration of the story

Brunsdon (2011:3) describes narrative therapy as a welcome addition to Pastoral Circles in South Africa. According to Abels and Abels (2001: xi) the message narrative therapy portrays is that the stories people live by, are the stories that shape their lives. Destructive stories may cause damage and should be exposed. The stories people tell enables them to order the events of their lives, making their past, present and future experiences more logical. For the individual who relies upon himself and is prone to un-forgiveness of others, himself, and God, time has become problematic. It causes the past to become too grievous to remember, the present to be filled with pain, and makes the future unimaginable. Narrative therapy gives meaning to these experiences of time (Malcolm & Ramsey 2010:25).

Knight (2001:286) state that the first thing a counsellor and client must do is to learn how to talk to each other. According to him, trust is built on understanding. The focus of the listening process is to be able to understand the meaning of the stories experienced by the counselee. Knight goes on to say that counsellors need to understand that the same event can mean different things to different individuals and therefore they should cast aside their assumptions and focus their attention on what the meaning of the sufferer's words are for the sufferer alone. This creates growth of understanding and strengthens the bond of trust necessary to take the risks to confront all the pain bound up in the sufferers' grief.

For the paramedic, it may often be hard to be in therapy, especially when such treatment requires him to confront feelings that he would rather suppress. For him, the easy choice will be to block awareness of the pain and avoid the thought. To this, Briere and Scott (2006:69) prescribe a continuous appreciation of the client's bravery as a central task for the counsellor counselling the traumatized paramedic by acknowledging his courage associated with his mere physical presence during therapy. The counsellor needs to mention the courage and strength that are required when confronting painful memories while avoidance is obviously the less challenging option.

According to Briere and Scott, a therapist who is able to accomplish a respectful and positive attitude has a more positive outcome in the therapy process. Additional important elements in the counselling process are described by Hetherington (2001:28) as follows:

- *Empathy*: Empathy is the ability to perceive the world accurately as others see it, and to understand their reactions to their experiences. An ability to empathize is inherently limited by fundamental differences in the individual experiences of others in terms of religion, education, gender, culture and physiology.
- *Concreteness*: Concreteness refers to the professional's capacity to be clear and explicit in their interactions with an individual and to help the individual to express themselves clearly. This is a fundamental aspect to effective communication.
- *Self-Disclosure*: Self-disclosure on the part of the professional can be helpful in forming a more immediate rapport with the individual. It can serve to reduce some of the inherent tension in the situation by which an individual is thrust into a sensitive situation with a stranger. For the professional to self-disclose may make the interaction more equal, and reduce potential barriers to communication. Self-disclosure should be appropriate to the situation and limited in its content and frequency. It should be selective and focused with the clear intention of achieving the purpose of making the situation more manageable to the individual, or to enable the individual to cooperate more easily with professionals in their primary role.
- *Listening*: Listening involves three components: understanding the individual's verbal communications; observing their non-verbal behaviours such as posture, facial expressions, tone of voice; and placing their communications in the context of their current circumstances.
- *Questions*: Questions can form an effective component of counselling skills. Open questions can serve to elicit more information by allowing the client to expand on their understanding of the event, and to facilitate exploration of their understanding of the situation. The use of closed questions can serve to focus the individual's attention and direct the communication in a positive and determined manner. Their use in this way serves to funnel the questions towards a preconceived area of focus which may be important in proffering appropriate support to the individual at times of crises.
- *Reflection*: Reflection is the process of repeating the last phrase that the individual used in order to encourage the person to say more. Selectively reflecting back certain aspects of the individual's conversation can direct the focus of the communication towards a specific topic which may be central to the professional's primary role.

The vision of narrative therapy is to guide individuals into a life story that suits them. The person utilizing a counsellor who incorporates narrative therapy in the counselling process is assisted in revisiting the origins of some of these forgotten hurtful stories. In the case of the paramedic, it may be unfinished or suppressed stories (Abels & Abels, 2001:1). Therefore narrative therapy provides a valuable contribution to the therapy process in that it *“does not deny that persons are largely bound by their past, but it does see hope for change in deliberate resistance of evil, and help from others”* and more importantly, the individual learns to externalize the bondage of their fears, anger, stress, and anxiety (Creegan, 2007:13).

Kerugma invites the counsellee to discover the truth regarding their life story and the healing that Christ brings. Ganzevoort (2006:18) describes the kerygmatic religious model as based on *“the assumption of an absolute revealed truth”*. According to Beuckmann and Mosser (2008:112) John’s account of the truth does not depend on personal inclinations or depends on which group you belong to, but rather on human knowledge of the truth. Jesus was presented as the truth before the disciples (4:16), but still the disciples needed to be led into all truth (16:13). In Chapter Two of this study, the paramedics said that they were religious, but like the disciples, they might have to be led into all truth.

5.7.2 Repentance and Forgiveness

Pastoral counselling plays a valuable role in the process of forgiveness, which is rarely confined to an instant moment. People gradually forgive, or are forgiven as they narrate their sins. Kettunen (2002:16) states that the pastoral confrontation deals with emotions and feelings of guilt. To have the courage to confess their sins, the counsellee expects the counsellor to be trustworthy, have the ability to listen and understand, to keep silent when necessary, and show empathy and acceptance. Through proclamation of Scripture the counsellee is encouraged to repent and forgive (Louw, 2010:80).

5.7.3 Deconstruction

Kelley (2011:320) explains the steps in the deconstruction process in narrative therapy as follows:

- The counsellee’s views are heard, understood and acknowledged.
- Counselling gradually begins to help the counsellee to deconstruct the dominant story through continual summarizing and questioning. In the case of this study, the dominant story is trauma and stress within the paramedic’s working environment.
- The story is validated, fully discussed and analyzed for meaning.

- The influence of the effects of the problem on the counsellee is discussed.
- As the problem is gradually deconstructed, thoughts, beliefs and the environment is taken into account.
- Alternative stories (futures) are discussed such as: How it would be if things were different?, What the future would look like?, Who would notice the difference first?

Patton (1993:214) identifies one of the persistent themes in the synoptic gospels as the art of listening, the importance of the message conveyed, and the importance being prepared to act as a servant leader. This theme offers a powerful image for the pastoral counsellor wherein he connects with the paramedic's unique life story.

5.7.4 Externalizing the problem

Patton (1993:214) identifies one of the persistent themes in the synoptic gospels as the art of listening, the importance of the message conveyed, and the importance being prepared to act as a servant leader. This theme offers a powerful image for the pastoral counsellor wherein he connects with the paramedic's unique life story.

Payne (2006:50) describes externalization as an invitation to name the problem. He presents examples of questions which, during narrative therapy, invite the counsellee to examine their own negative self-narratives:

- How did you come to those ideas?
- Is this your own idea or someone else's?
- So you tell yourself you do not need to talk to someone about your problems because you are in control of your own life?
- Has your habit of feeling guilty ever seemed like something you might try to give up?
- What has your working environment and department done to make you feel angry?
- Has your colleagues' stories of self-reliance made you want to boast about similar accomplishments?

By externalizing the problem the counsellor teaches the counsellee to give their problems names and to relate to these problems as separate entities in their life story. For example: A paramedic who says "I am angry", may label the problem as "Anger". The counsellee is now encouraged to explore his relationship towards "Anger"(Lee, 2004:222). According to Shapiro (2002:96) narrative therapy makes use of questioning to help the counsellee to recognize and reflect on the discrepancies of their stories and to empower them to change their story into a preferred life-story.

Table 5.7.4 Types of Narrative Questions

TERM	PURPOSE	EXAMPLE
Deconstruction	Show how stories are constructed: situate narrative in a larger system	Who told you that "real men don't cry?"
Renaming	Situate counsellor-efficacy by sharing authorship and expertise with counsellor	What would you call your "self-reliance" strategy to coping?
Perspective	Explore other peoples view of counsellor	Does everyone agree that you are able to cope alone, or does someone else have a different idea?
Opening Space	Allow hopeful thoughts, actions to surface and be explored. Highlight counsellor's efficacy regarding problem	Are there ever times when "Anger" does not control you? Tell me about these times.
Hypothetical (Miracle)	Stimulate counsellor's imagination to envision different, more hopeful futures	Suppose a miracle happened and "Anger" was solved, how would your life be different?
Preference	Check to make sure the exceptional moments are actually preferred to the problem story, establish counsellor preferences	How did you feel when you got the paramedic job? Is this something you really want?
Story Development	Explore and linger on elements of the preferred story.	Tell me more about how you were able to resist drinking alcohol with your colleagues? What exactly happened?
Re-description	Help counsellor recognise preferred qualities in themselves and probe implications for identity	What does it say about you as a person that you were able to come and talk to a pastoral counsellor?
Bifurcation	Encourage counsellor to align himself against the problem	Is the event you are describing on the side of self reliance, or on the side against self-reliance?
Stopper	Refocus counsellor when he seems to be getting stuck in an old story.	Which story are you telling now?
Audience	Identify supportive witnesses to the new developing story	Who in your life would be least surprised that you are able to make this change?

5.7.5 Reconstruction

According to Kelley (2011:321) the reconstruction process in narrative therapy uncovers truths that are also true but are not part of the dominant story. For example: The paramedic explains that he is feeling tired and irritated and angry all the time. This is affecting his relationships. He examines the result of these feelings and how they cause him to feel guilty. Careful listening

may reveal the unique outcome of compassion. The paramedic is tired because of compassion fatigue which in turn leads to irritation. He feels guilty because he is a tough guy and not supposed to become tired. These truths are knowledge expanding experiences which have unique outcomes and cannot be explained by the dominant story.

In order to achieve a unique outcome regarding the identified problem of “Anger”, the counsellor helps the counsellee to recognize events constituting exceptions to the dominant story. The unique outcome now becomes the basis on which to construct a new, more helpful and positive story (Lee, 2004:222).

5.7.6 Reconciliation

According to Rogers (2002:8) trauma has a negative impact on an individual's life. This is especially true for individuals working in a stressful working environment. She mentions that spiritual trauma attacks the core of a person's being and his relationship with God and himself. *“The meaning and purpose of life becomes vague, confused, or lost. The ability to connect with nature, love and people is ruptured and the effects of such brokenness surface”*.

Imperative to pastoral counselling are the guidelines concerning reconciliation and rebirth. In the pericope presented by John 3:1-21 Jesus, in the capacity of teacher and counsellor, takes the time to explain this to Nicodemus. Bezuidenhout (2005:3) defines pastoral counselling as the ministry of reconciliation. He refers to 2 Corinthians 5:19-20 – *“that God was reconciling the world to Himself in Christ”*. It is the task of the pastoral counsellor to incorporate kerugmatik counselling in the therapeutic process in order to reconcile the paramedic with God.

McCullough (2009:2) describes that non-response and disobedience to the opportunity of salvation given by God, will leave them dead in their sins, just as it did in the wilderness. By incorporating Scripture in the narrative conversation the counselee is taught, comforted, rebuked, corrected, and in all this, God is glorified (Kruis, 2000:7). John 3:11 – *“I assure you, most solemnly I tell you, we speak only of what We know (we know absolutely what we are talking about); we have actually seen what we are testifying to (we were eyewitnesses of it)”*. According to Morgan (2000:3) narrative conversations are guided and directed by the interests of the paramedic who is consulting the counsellor. She confirms that narrative conversations are interactive, and always in collaboration with the people consulting the therapist.

5.7.7 Conversion

The paramedics are encouraged to let go of their burdens. Letting go might not be an easy task for the paramedic as most of them have acquired a macho-attitude towards their own pain and suffering (Figures' 2.1, 2.18 and 2.21). As God's temporary assistants, Jeik (2009:96) warns the counsellor not to become a temporary crutch to the counselee, but instead to turn to the Holy Spirit for guidance.

For the paramedics, trauma incidents and vicarious-trauma have the capacity to bring up deep questions about the meaning of life, suffering, the power of God and their trust in Him, and His love for His people (Fuller Rogers 2002:10).

When a person's relationship with God has been broken, Strelan et al (2009:211) suggests that anger and frustration toward God needs to be re-focused on addressing the nature of this relationship with God, and to strive for a mature level of faith. Individuals with an immature faith do not have the ability to cope well in their relationship with God when adversity strikes. According to Peres et al (2007:343) the way people process stressors is critical in determining whether or not trauma will be experienced, or to what degree the trauma may be experienced. Religiousness and spirituality are strongly based on a personal quest for understanding of questions about life and meaning. Therefore, building narratives based on healthy perspectives may facilitate the integration of traumatic sensorial fragments in a new cognitive synthesis, thus working to decrease stress or the development of post traumatic symptoms. Hetherington (2001:103) stresses the importance of a professional pastoral counsellor working with paramedics to have a sound working knowledge of the immediate or delayed effects of PTSD in order to prevent or recognize the symptoms and assist in the healing process.

If a pastoral model abandons its Biblical perspective of humans as sinners, then the following problem surfaces: People start wondering if they need grace at all or have they become so self-sufficient and autonomous that God has become superfluous (Louw, 1999:30). For the paramedic who is hesitant to seek help and relies upon himself for coping with his life stories, kerugmatik counselling (proclamation) is counselled through Scripture.

The meaning of life in context to suffering can be questioned as follows: "Why does God, Who is loving and caring, allow suffering and pain?" To find out what the answer is to this question, Fouch (2002:1) suggests that we start at the root, as depicted in Genesis 3:16-19 where man's relationship with God and one another suffered, and thus, through the fall, suffering and pain entered humanity's existence. Through Pauline theology we learn that the compassion which Christ has with suffering people means that God reconciles man with Himself through Christ, by forgiveness. Galatians 3:13. God's reconciliation with people is not a "*satisfaction*", in which an

angry God, through the sacrifice of Christ has been made good again. God's grace and love is larger than even the unbelief of people (Smith 2003:1446).

5.7.8 Transformation

The transformation process and outcome of narrative healing can be seen in the life dimensions of existential healing presented by Louw (2011:159):

Table 5.7.2 Life dimensions of existential healing

Existential issues	Life needs	Christian Spiritual healing/therapy
Anxiety: Experience of loss/rejection	Intimacy: Affirmation & self-actualization	Grace: unconditional love, role of God-images
Guilt/shame	Freedom/deliverance	Forgiveness/reconciliation
Despair/Doubt	Anticipation: meaning	Eschatological realm of hope/salvation
Helplessness/vulnerability	Support system	Fellowship & service
Frustration/Anger	Life fulfilment/direction/transformation	Gratitude & joy/promission therapy/ethics

5.8 CONCLUSION

In summary, it is evident that narrative therapy has the application to rehabilitation. Stressful events that throw lives into turmoil and force individuals to reassess their life path and expected life outcomes can benefit by the process of externalization of the 'problem'. This is achieved by a consideration of the strengths and gains made throughout life that can be renegotiated in terms of a new self-identity, by considering outside environmental changes and by considering alternate perspectives and alternate realities. The counselling process can be incorporated within a more traditional goal and problem-focused theoretical base of therapy, and kerugmatic views (Biggs & Hinton Braye, 2008:23). Kerugmatic counselling incorporates Scriptural perspectives and seeks God's will in the paramedics' present realities, as seen in the normative task in Chapter Four.

The counsellors' pastoral claim to participation in the search for more viable frameworks to support the care of one human for another is simply that they are here, called to this work of ministry, descendants of that long line of men and women who cared for the sick and the distressed in the style of their time. The pastoral counsellors claim rests upon the faith that we have been called to participate in a mystery – the mystery of God's grace appearing in human existence (Gerkin, 1989:18).

At the heart of this theological storm lies the diversity among theologians about how the Word of God should be proclaimed in the post-modern era, as postmodernism poses a challenge to all sciences to re-formulate their claims. So far, the pastorate has met this challenge by making use of the so-called narrative approach to therapy (Brunsdon, 2010:1). Comparing narrative therapy and the gospel story provides a way to engage the conversation meaningfully, both realities providing ways to transform human lives (Malcolm & Ramsey, 2010:23).

Narrative therapy is effective, but only if it is used in conjunction with the Word of God, the guidance of the Holy Spirit, and a counsellor or therapist who submits to the form of a servant leader. It is the opinion of the researcher, that although literature concerning Narrative therapy does not often enough stress the importance of religion in counselling, it is the responsibility of the counsellor to incorporate religion into the therapy process. The reason for this is that pastoral counselling is concerned with the person as a whole.

Narrative counselling and Biblical narratives are described as the primary means of communication in the Christian faith (Dinkins, 2005:14). By communicating these stories, they give direction to our lives. Every person has a story that forms and guides them. We cannot escape our stories. Stories can also be described as our history. There is no escape from our history. The difference is made by how the person learns to cope with his history which makes the difference to his future.

CHAPTER 6: SUMMARY

6.1 INTRODUCTION

The focus of this study was on pastoral counselling of the paramedic in his working environment.

The aim of this research study was to establish how pastoral counselling can be used effectively in assisting the paramedic in coping with his working environment. The study was structured around the four tasks set out by Osmer which are:

1. Descriptive-empirical task
2. Interpretive task
3. Normative task
4. Pragmatic task

6.2 DESCRIPTIVE-EMPIRICAL TASK

The empirical task discovered new perspectives concerning the paramedics coping strategies. It shows that there are paramedics who are hesitant to seek help. Some call-centres have help available in the form of psychologists or counsellors who mainly do Critical Incident Stress Debriefing with no follow-up. Reasons why many paramedics are hesitant to seek help have been identified as:

- Call-centres do not have counselling facilities available,
- Paramedics may be seen as cowards for seeking help,
- They have a macho-hero attitude and do not need help themselves,
- They feel hurt and anger towards their religion and God and therefore do not turn to him or his servants for help,
- Paramedics prefer to be self-reliant. If they do choose to talk to someone about there stressful working environment, they talk to there spouses or partners, there colleagues, or supervisors.

After completion of the empirical study, new perspectives were found regarding pastoral counselling of the paramedic in his working environment. The key issues were identified as:

- Stress and coping of the paramedic in his working environment.
- The help that is available and their hesitancy to seek it out.
- Their self-reliance strategy to coping.
- Their understanding and relationship with God.

These key issues were further discussed in Chapter Three (Interpretive task) with a detailed discussion and various viewpoints from literature.

6.3 INTERPRETIVE TASK

Based upon the key factors identified in the descriptive-empirical task, the interpretive task in Chapter Three identified and discussed the following factors contributing to the paramedic's stressful working environment:

- Workplace violence
- Constant exposure to potentially stressful and traumatic situations
- Shortage of skilled personnel
- Gender in-equality
- In-effective support system
- Availability and accessibility of therapists

The paramedic's stressful working environment may result in burnout, anger, dissociation, loss of meaningful relationships, alcohol or substance abuse, or excessive cigarette smoking. Their current coping mechanisms have been identified as mostly self-reliant. Paramedics have the need to talk to someone about their problems and choose to talk to their spouse or colleague.

In this study, pastoral counselling is proposed as an alternative method of helping the paramedic to cope with his stressful working environment. Pastoral counselling through the lens of theology is a combination of theory and practice (Patton, 2005:237). Prayer has been identified as a means of facilitating the healing process. Even though many do not realize this,

for the traumatised paramedic, religion and spirituality provides structures for meaning making and coping with their working environment.

The empirical task identified paramedics as mostly self-reliant when dealing with stress and trauma in their working environment. Paramedics tend to shun mental health services. They try to cope by suppressing their feelings and emotions. Many therapists make use of Critical Incident Stress Debriefing in the hope of preventing Posttraumatic Stress Disorder. PTSD occurs in response to untreated stress and trauma symptoms.

Paramedics tend to share their work experiences with their colleagues in an attempt to give meaning and order to their lives. By distancing themselves from traumatic realities through dissociation, they stand a greater chance of developing PTSD.

A stressful and traumatic working environment may lead the paramedic to question his belief system, and in turn this may lead to inner conflict and conflict in their perceived relationship with God. Chapter Three indicated that a part of job satisfaction, well-being and meaning making, depends upon the paramedics spirituality. Spirituality has therefore been identified as an integral part of the healing process.

6.4 NORMATIVE TASK

The Normative task aimed to seek God's will for present realities through Scripture by viewing the four key issues through the lenses of theological interpretation, ethical interpretation, and good practice.

Theological interpretation: In times of stress a person is advised to turn his focus to Jesus' suffering in Gethsemane. The passion narrative challenges the paramedic to keep alert, at all times relying and trusting on God.

Ethical interpretation: Stress may be an indication that the paramedic's relationship with God is lacking. Their quickest way of escaping their stress is by suppressing their negative emotions. In order to heal their wounds, they need to humble themselves, surrender to God and rely upon Him for help.

Good practice: During stressful times people often turn to prayer.

6.4.1 The help that is available and their hesitancy to seek it out.

Theological interpretation: Jesus Christ is seen as the counsellor's role model. The help that is available is trustworthy, as it comes directly from God and Scripture.

Ethical interpretation: Pastoral counsellor is there to assist in the principles of understanding the God images, communicate meaning, assist in the transformation process, bring hope, and initiate creativity, imagination and vision (Louw, 2010:80).

Good practice: By doing narrative therapy the paramedic's story of hurt, anger and destructive behaviour may be turned into a new constructive story.

6.4.2 The paramedic's self-reliance strategy to coping.

Theological interpretation: Through Scripture we come to know ourselves as we really are, and that we need to trust in God and rely upon Him. For this to take place, a person needs to humble himself.

Ethical interpretation: A willingness to submit problems to Christ is required when facing stressful situations.

Good practice: Chapter Four explains that the counselee needs hope in order to deal with their pain, which in turn has the ability to free them from their troubles and helps them to hold on to the promises of Christ.

6.4.3 The paramedic's understanding and relationship with God.

Theological interpretation: Because of stress and trauma, many paramedics may have a crisis in their religion, and their God-concepts may have been distorted. The example of Job coping with crises in his beliefs showed that the outcome is to seek the presence of God Who is the Truth and Wisdom.

Ethical reflection: Only through Christ can a person's relationship be restored. The Holy Spirit counsels and comforts believers.

Good practice: The paramedic needs to change his outlook from self-reliant and alone to a meaningful relationship relying fully on God as his fortress and rock, constantly turning to prayer for comfort and answers.

6.5 PRAGMATIC TASK

In the pragmatic task, pastoral counselling was suggested as an alternative method to paramedic's current method of coping. It has been established that pastoral counselling can be effective in the following ways:

The researcher has chosen the methods of kerugmatic counselling and narrative therapy, incorporated in pastoral counselling, as a suggested coping method. The main aim of pastoral counselling is to find the will of God for the present reality of the problems identified, and to assist the counselee in the healing process by allowing them to narrate their stories and seeking a new alternative to current stories.

The kerugmatic approach is determined by a Scriptural declaration. Kerugmatic counselling has its focus on God's will for present realities by mending broken relationship with God, and assisting the paramedic to surrender, repent, trust, and come to rely upon God.

Narrative therapy takes the counselee's story and makes new ones. The counsellor, who makes use of narrative therapy in the counselling process, provides the paramedic with different perspectives to help him cope and adjust in his present realities. Narrative Therapy is seen as one of the welcome developments by South African Pastoral circles during the past decades (Brunsdon, 2010:3). The message that narrative therapy provides is that the stories that people live by, and that shape their lives. If these stories are destructive, they ought to be exposed for the damage they are doing (Abels & Abels, 2001: xi). The vision of Narrative Therapy is to guide the person in developing the life story they would like to see for themselves. Persons utilizing a pastoral counsellor who incorporates narrative therapy in their counselling model are assisted in revisiting the origins of some of their forgotten or suppressed, sometimes positive, sometimes hurtful stories (Abels & Abels, 2001:1).

The main theory of narrative therapy is that experiences are storied. The goals of narrative therapy are defined by the counselee. It has been shown that, according to Ganzevoort (1998:2), narrative therapy consists of four main components: the author, the story, audience, and the purpose. Morgan (2000:2) stresses that narrative therapy seeks to be a respectful, non-blaming approach to counselling and community work, which centres people as the experts in their own lives. Narrative therapy views problems as separate from people and assumes people have many skills, competencies, beliefs, values, commitments and abilities that will assist them to reduce the influence of problems in their lives. We should therefore consider, as Creegan (2007:13) does, that narrative does not deny that persons are largely bound by their past, but it does see hope for change in deliberate resistance of help from others.

Taking the elements of kerygmatic counselling and narrative therapy into consideration, this study shows that it has the potential to assist in the healing process of the person as a whole.

Servant leadership has been identified as an important component of pastoral counselling. Patton (1989:214) claims that the pastoral counsellor offers a relationship in which that understanding of life and faith can be explored. Pastoral counselling may be seen as a relationship empowered by a faith in a God who remembers us and who, through a remembering community, offers us the grace to remembering God's love for us in Christ (Patton 1989:214). Through this understanding of what happens in pastoral care and counselling is a contribution of the clinical pastoral paradigm. Patton (1989:215) insists that not only the message of care, but the person of the carer is important, as are the relationships in which the care takes place. A primary source for the pastoral counsellor is the faith which enlivens the counselling dialogue.

The Journey to healing is summed up by Moon and Lenner (2004:32) as:

- The mutual accountability of the counsellor and counselee.
- The importance of faith orientation and legitimacy of conversion experiences.
- The work of the Holy Spirit in the life of the counselee.

6.6 LIMITATIONS

It has become clear that the cultural and religious differences among the responders are important when contemplating successful counselling. Cultural and religious backgrounds are of importance when counselling a paramedic. The counsellor should be aware of the milieu from which the paramedic comes, in order to better understand their stories and assist them in the healing process without judgment or prejudice.

Through this study, the necessity to determine and understand the level of emotional intelligence of the client in order to assist in the healing process is of paramount importance.

According to Dayringer (1998:62) one of the greatest difficulties with pastoral counselling which integrates Scripture in counselling, is that it prevents some people from seeking help. Some are not comfortable with members of the ministerial profession or have no respect for them or

confidence in them. In spite of this, it is necessary to take heart of Gerkin's (1989:18) claim that the pastoral counsellor's primary purpose is to uncover human vulnerability:

"As it appears in the throes of the crises that most characteristically comes to us in our present life and to reflect on the implications of what we then see for pastoral ministry. Our pastoral claim to participation in the search for more viable frameworks to support the care of one human for another is simply that we are here, called to this work of ministry, descendants of that long line of men and women who have cared for the sick and the distressed in the style of their time. Our claim rests upon the faith that we have been called to participate in a mystery – a mystery of God's grace appearing in human existence".

Further inconsistencies have been found in the paramedic's use of alcohol, exercise and the paramedic's spirituality.

6.7 RECOMMENDATIONS

In the interpretive task it was identified that some paramedics may have suffered broken relationships. The most prominent of these is the relationship with God. It is therefore recommended that the paramedic's God-concept be investigated in future studies.

Heatherington (2001:6) indicate that the emergency services delineate between counselling for staff and peer support for staff. Employees requiring counselling should be referred to trained counsellors, specialists who are either internal or external to the organization as required. Informal support by well-intentioned colleagues can unwittingly risk compounding an employee's difficulty.

Another difficulty encountered in pastoral counselling, as identified by Greenwald et al (2004: 52) is that the title of pastoral counsellor is not a legally protected job title. The reason for this is that counsellors, who identify themselves as pastoral counsellors, range from possessing no training, to six months' training, to doctoral degrees. The title of pastoral counsellor is not a legally protected job title. Counsellors, who self-identify as pastoral counsellors, lay pastoral counsellors, Christian Counsellors, Biblical counsellors or spiritual directors, range from possessing no training to doctoral degrees. This may be one of the reasons why paramedics do not seek the help of a pastoral counsellor. They are unable to claim the costs from their medical aid. It is therefore recommended that each Call Centre employ a pastoral counsellor.

6.8 CONCLUSION

Pastoral counselling is a structured and complex form of pastoral communication and takes place in a formal context. The primary goals of pastoral counselling are symptom relief, problem resolution and restoration of psychological health as well as addressing spiritual concerns and issues (Moon & Benner, 2004:174).

Patton (2005:214) describes the pastoral counsellor as a representative of the image of life and meaning, and offers a meaningful relationship wherein the counselee is constantly reminded of God's love for them through Jesus Christ. Pastoral counselling has been identified as a helpful means of therapy in the healing process of the paramedic in his stressful working environment.

Results of this study have confirmed that paramedics' working environment is stressful. The literature study in Chapter 3 (interpretive task) shows that the causes of their environment being stressful are mainly due to exposure to traumatic events called critical incidents. These critical incidents include, among others, the death of a child, vehicle-accidents, drowning, and burn-victims. As a result, these paramedics need assistance in coping with their working environment. According to Johnson and Segesten (2004:215), paramedics are thought to be adequately trained to handle the emotional effects of witnessing dead humans or injured survivors. However, ambulance personnel have been known to be vulnerable to the impact of recurring traumatic events, and also to the stress that results from helping or wanting to help injured humans. Stress reactions amongst paramedics can therefore be regarded as a natural reaction after such events.

The impact of stress on the paramedic and his working environment provides many reasons for concern. In order to cope effectively with his working environment, the paramedic is encouraged to seek the help of a pastoral counsellor. The effectiveness and importance of pastoral counselling as a legitimate means of assisting the paramedic in his stressful working environment, has been established in this research study. Pastoral counselling has its focus on the person as a whole. The main resources used in the counselling process are Scripture and prayer, through the guidance of the Holy Spirit. The necessity for Scripture in the therapy process is of paramount importance. "*Thy word is a lamp unto my feet and a light unto my path*" (Psalm 119:105, King James Version).

God provides direction to both the counsellor and counselee. Pastoral counsellors as servant leaders should always remember that they are standing in the service of Almighty God. Therefore they have the responsibility to choose their methods of counselling wisely. Through pastoral counselling, the paramedic is taught to surrender to God and to rest and peace with

God: John 14:27 *"Peace I leave with you; my peace I give to you. I do not give you as the world gives. Do not let your hearts be troubled and do not be afraid."*

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