

Running header: Walking with wounded children

Walking with wounded children -
equipping the church in a relational approach to support traumatised children.

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Abstract

This paper wants to:

- Explore the role the church as a 'healing community' could play in the psychosocial and spiritual support of emotionally wounded children
- Describe a model to equip the church for this role

This paper suggests that the church can become a valuable, effective haven for emotionally wounded children and families. The concept 'healing community' is explored, in particular where children are included as participating members. The characteristics of such a community and the role of the leader or facilitator is discussed. A model is proposed to equip leaders for healing communities with children in the centre, with reference to the program 'Walking with wounded children'.

1. Introduction

How can a child who has been severely traumatised by his environment be helped to be restored to emotional and spiritual health and to grow towards maturity, if access to professional therapeutic services is absent or limited? The answer lies with the people surrounding the child, the community which is 'home' to the child. While the sad truth is that the community or individuals in the community are often the primary cause of trauma in children, it is also true that a community that chose a path of healing can become an invaluable source of healing to wounded children. Communities that learn to 'walk with wounded children' can become candles of hope for Africa and beyond.

In this paper it is proposed that

- Traumatized children can find healing and hope in healing communities
- The church can fulfil the role of healing community
- Facilitators can be equipped to lead healing communities.

2. Case study: Shaun

Shaun did not know his father. In fact, his mother could not say with certainty who the father was. She used to be drunk most of the time and seldom remembered who she spent the previous night with. Shaun stopped crying when he was still very young. He hardly ever showed emotions, except for violent outburst when provoked. He was a bright, but battered boy of nine.

In Shaun's poor rural community his story was no exception. Alcoholism, promiscuity and violence were the norm, with very few resources available to bring relief. Shaun was just one more dirty, difficult child who would drop out of school before the age of fourteen to join the gang of drinking, smoking, stealing, fighting kids roaming the dusty streets...

In this community, however, there was one ray of light. A small church under the inspired leadership of a gentle and sincere elder, Uncle Daniel, and his wife, Aunt Margaret, was gathering weekly to pray, worship, listen to the Word and care for each other. In a quiet way they did significant things in the community and were generally respected. Uncle Daniel was a remarkable old man. He was passionate in his love for God, but also devoted to his community. His home and heart was open to all, in particular the marginalised, and he had the ability to love unconditionally. He was a gifted listener and in his dealing with others showed deep understanding and a great sense of humour.

Besides their weekly worship meetings in the small church, Uncle Daniel's flock met regularly in homes, most of which were mere tin shacks. Uncle Daniel was adamant that these meetings should be inclusive - all, including children, would be welcome and treated with respect. If the group grew too big, they would split up into more groups so that others could join.

It so happened that Shaun was also invited to a meeting. The small house was packed with old and young people. They seemed happy to see each other and everybody was greeted with a hug, including Shaun. After they shared soup and sandwiches, Uncle Daniel led the whole group in a few funny games.

After they settled down each one was asked to share something about the past week. Many sad and beautiful things were shared. While someone was sharing, the others listened

intently. Uncle Daniel would sometimes repeat some words. Shaun was surprised to see the honesty with which people shared their pains and joys, but the way they cared for one another made him feel safe.

When all had a turn Uncle Daniel explained that they were going to split up in pairs – one adult with one child - and pray for each other. “But”, he said, “the children choose who they want to pray with!” Shaun hesitated for a moment and then moved over to Uncle Daniel. As they sat huddled together on the floor, Uncle Daniel mentioned some personal concerns and blessings in his life, and explained to Shaun how he could talk to God about it. So, for the first time in his life, Shaun prayed for an adult. Then it was Shaun’s chance to share. He mentioned school and his mother, and Uncle Daniel prayed for him.

The rest of the evening went by quickly. They sang beautiful songs and read from the Bible and discussed what God wanted to say to them. Shaun sat listening in wonder how even the children’s opinions were taken seriously.

At the end someone mentioned a home with particular needs and volunteers arranged to pay a visit. Uncle Daniel smiled at Shaun and promised to come over with Aunt Margaret to visit his mother.

And then, too soon, with a song and a last round of hugs, the meeting was over.

From that day Shaun did not miss a single meeting and he promptly involved his sister, too, even though his mother refused to join. He discovered a great deal about himself, his feelings and his actions and about Jesus’ love for him. He learnt how to make better decisions and even how to become a blessing to others. Uncle Daniel was very creative in his ways to involve all in sharing and discovering. Often he would provide paper and crayons for them to

draw. Other times he would have a box full of twigs, stones, leaves, whatever he could find, and these became toys. Once Shaun had to bring clay from the river with which each created wonderful figures. They acted out dramas about life in the community. And Uncle Daniel told the most amazing stories of heroes of the past, of animals that could talk, and of Jesus and the faithful people in the Bible.

Today Shaun is a foreman at a large chicken ranch. Uncle Daniel has since passed away. Shaun's mother eventually joined the church, gave up her life of alcoholism and is fervently making up for her lost years. He still does not know who his own father is, but he lives in peace with his heavenly Father and has found fulfilment in being a father to the fatherless. Each week he gathers a group of wounded adults and children together somewhere in a small house, as is happening in other homes all over the town...

The story of Shaun contains many important elements. There is the fact of wounded children in a wounded – and wounding - society. There is the small community of believers who chose to become an inclusive ‘healing community’. There is the set of principles and processes that were followed in this ‘healing community’ to stimulate the healing of its members and ultimately the society. And there is the key role played by Uncle Daniel, bearer of the vision and facilitator of the formation and growth of the healing community. It was the combination of these elements in the presence of the Spirit of God that created the sphere of restoration for the boy. It can be a model for many others on the continent. The challenges are vast and numerous, however, and need careful consideration.

3.

The challenge

3.1. Large numbers of children experience trauma

It is a common but sad fact that the children of Africa rank amongst the most vulnerable and traumatised in the world. The continent is host to UNICEF's three key threats to childhood: poverty, armed conflict and HIV and AIDS (Bellamy, 2004, p.10), with its devastating effects on the wellbeing of children, including their psychosocial health. To quote one example, as reported in Mail & Guardian (12 March 2004): Several hundred youngsters who had been abducted by the notoriously brutal Ugandan rebel group the Lord's Resistance's Army were interviewed for a study¹. "A scorecard of their responses showed a massive 97% suffered from PTSD², regardless of the time they had spent as child soldiers or the time that had elapsed since they were involved in the conflict".

If trauma can simply be described as 'a severe experience of loss', it is clear that there are numerous other causes of trauma besides these three 'giants'. No society, developing or developed, is without traumatised children.

3.2. Some 'imported' programs to help children are ineffective

While some interventions had positive effects on traumatised societies and children, there are also concerns. Litherland (1998) comments: "The response by Western aid agencies during the 1990s has been to fly out psychologists to provide trauma counselling. But now British NGOs and experts say this sort of counselling often does more harm than good". Where communities hand over the responsibility for the healing of their own children to 'professionals', long term success is very unlikely. Where communities are empowered to take responsibility it brings more

¹ Derluyn, I., Broekaert, E., Schuyten, G. & De Temmerman, E. (2004). Post-traumatic stress in former Ugandan child soldiers. *Lancet*, 363, 9412, 861-863.

² Post Traumatic Stress Disorder

hopeful results, such as a counselling centre in Acholi in North Uganda. “It was founded by parents and is staffed by Acholi social workers -- which is crucial to its success” (Litherland, 1998).

3.3. The church is ill-equipped to deal with the challenge

Church leaders and laity in Africa often lack skills to deal with children, in particular traumatised children. Miles and Stephenson (in Anderson, 2001, p.54) observes: “Many churches also do not realise that they should be supportive communities not only for the membership but also for the area within which they are placed.” They then quote Gladys Mbiti, founder of Oasis Counselling Centre in Nairobi: “Sadly, we realised in the early 1990s that many people working with unaccompanied children in situations of war and conflict, children in orphanages, street children programmes, residential homes for children with AIDS, etc have never received any training on catering for the holistic needs of these children”. (Anderson, p.55). In their formation as pastors and ministers of religion, many theological students will have no or little official exposure to children’s issues and child counselling is virtually non-existent as a module or study unit in practical theology. Often church leaders are not equipped to facilitate small group or relational processes, either, resulting in churches that rely on big group meetings and a declaratory style of communication for almost all its pastoral functions.

3.4. Communities can hurt

Children can be traumatised through disastrous experiences where humans had no or little direct influence (e.g. natural calamities, like floods and earthquakes). But the most traumatic experiences are those resulting from deliberate evil acts of human beings (atrocities such as violence, rape, abuse, etc.). Atrocities done by human beings attack the very heart of humanity –

“Humans are supposed to help, love, protect....” (Velazco, 2001). The nature of the relationship between the child and the perpetrator is a key factor determining the extent of the trauma.

Generally, the closer the initial relationship, the more severe the experience of loss and trauma is.

One can say that the most severe experiences of trauma are always linked in some way to the community the child finds him or herself in. ‘Community’ in this case refers to both the micro and macro networks of human relations surrounding the child. An unhealthy, dysfunctional community can inflict serious wounds on its members, and the children are not spared.

Shaun was an African boy in a disrupted and disrupting rural African town. Almost all his inner wounds could be traced back to the actions of people - the abusive and violent members of his family, society and circle of friends, even those in authority. But the wounds caused by his mother and his absent father ran the deepest.

If it is true that the community is a major source of trauma, is it possible that the community can also be the major source of healing? There is reason to believe that this can be so, as was seen in the case study, but it takes a special kind of community to bring healing to wounded children.

4. The concept ‘Healing community’

4.1. Community as an association of caring individuals

A community can have many different purposes, shapes and sizes. Any of these can be healing (or wounding!) communities, depending on the values and principles embedded in the community. Two people can form a sensible community, as can a hundred. Of course, because relationships are the life blood of a healing community, the number of meaningful relationships a

community can accommodate has a limit. Research suggests 150 to be some kind of threshold number for an intimate human community. (Gladwell, 2000, p.179). Beyond that number the network of relationships becomes too complicated, the group becomes impersonal and members start to form subgroups or live out their attachment to the community through identification with one or more highly visible leading figures in the group. The so-called ‘macro churches’ are examples of communities where identity is often based on attachment to a charismatic pastor or a certain ‘macro culture’, rather than a strong network of interpersonal relationships.

In this paper the focus will be on healing communities as deliberate, purposeful groups of people with an active interest in the wellbeing of its members, but with an ultimate purpose to share this wellbeing with *all* members of society. It can also be described as ‘associations of caring individuals’, with the focus on relationships rather than constitutions and structures³. While membership might be informal and voluntary, the group has at least one designated or mutually acknowledged leader or facilitator and functions according to some general processes, values, principles and goals. In the context of this paper the groups are intergenerational, including children as well as adults, normally interfamilial, including members of different biological families and in general of mixed gender. In the author’s experience smaller groups (not exceeding 20) are the most effective, as long as they remember that the smallness of the group is strategic, not exclusive. A typical healing community will draw members and will have to start multiplying at some point. The ability to meet regularly is a key factor in its success.

³ Compare Volf, (1998), p.11: “The term “community” for me refers quite generally to the concrete relationships within the social edifice that is the church”.

4.2. *Healing and healing*

The adjective “healing” in the phrase “healing community” can be read in an active or passive way – it could point to the fact that the community is (actively) busy administering “healing”, mending the lives of broken people, but it could also mean that the community is (passively) in the process of being healed itself. For the purpose of our definition it is important that we apply both meanings of the word at the same time. The community is constantly being healed from its own brokenness by the Holy Spirit, but at the same time is used by the Spirit to bring healing to others, in this case children. (Coetsee, 2005, p.24). In his book “The wounded healer” Henry Nouwen (1979) applies the concept not only to an individual minister, but to a community of wounded healers, a “healing community” (p. 94).

4.3. *The result of healing: maturity*

Being a healing community in this sense implies growth. It is an ongoing, deliberate process with a specific goal: maturity. Much has been written on the meaning and nature of maturity. For the sake of this paper maturity will be defined in relational terms: being in a healthy relationship with self, others, the environment and God⁴. Paul in his letter to the Ephesians (4:13) sets Christ as the standard for maturity – “This is to continue until all of us are united in our faith and in our knowledge about God's Son, until we become mature, until we measure up to Christ, who is the standard”⁵. In his Gospel Luke neatly summarises Jesus’ own growth in maturity – “Jesus grew both in body and in wisdom, gaining favor with God and people”. (Luke 2:52⁶).

⁴ compare Wijngaarden (1950), who listed four relations: With God, self, others and one significant other

⁵ GOD’S WORD

⁶ Good News Bible

It is important to remember that maturity is not so much a fixed state or attribute, but rather a mindset or attitude that translates into actions. Maturity is relative and contextual - behaviour that can be regarded as mature in one set of circumstances might not be the same in another. With Jesus setting the perfect standard, we mortals will always be on a journey towards maturity, as we learn to relate to God in faith and obedience, to others in unconditional love, to ourselves in humble acceptance and to the world around us with freedom and responsibility. Embarking on the journey, however, is in itself an act of maturity and supporting each other on the journey an act of love.

The healing community is more than an association of wounded people. There are some values and qualities that characterise this community. Where these qualities are present, the environment is conducive to growth.

5. Some characteristics of a healing community

5.1. *Emphasis on Relationships*

One thing that fascinated Shaun and drew him back week after week was the way in which the people seemed to be interested in him as a person. They did not judge him, even when he sometimes felt he deserved to be judged, and they made an effort to listen to him. He noticed that all were treated in this way. He was surprised to see how honest people were; even the old people would share painful things and would still be treated with respect. This gave him the courage to open his heart, too.

The importance of relationships as a key characteristic of a healing community has already been mentioned. But as was indicated, relationships can be harmful, too. So what are the requirements of relationships that will stimulate growth and healing? Discoveries in the field of psychology might share light on this question.

Dr. Carl Rogers is generally regarded as the ‘father’ of relational psychotherapy. His studies on the value and nature of the relationship between a therapist and a counselee in counselling substantially influenced subsequent developments in the field of psychotherapy. Through his research he came to the conclusion that the relationship between the therapist and the counselee is of utmost importance, even more than the techniques employed by the therapist (Rogers, 1957). This claim has been substantiated in numerous studies. According to Norcross (2002a, p.13) “The research shows an effective psychotherapist is one who employs specific methods, who offers strong relationships, and who customizes both discrete methods and relationship stances to the individual and condition”

Extensive research in clinical therapy has proven the importance of healthy (therapeutic) relationships in creating an environment conducive to psychosocial growth. Constaquay, Goldfried, Wiser, Raue, and Hayes (1996) states: “It is imperative that clinicians remember that decades of research consistently demonstrates that relationship factors correlate more highly with client outcome than do specialized treatment techniques.” Lambert and Barley (2002, p.17) agrees: empirical research “strongly and consistently supports the centrality of the therapeutic relationship as a primary factor contributing to psychotherapy outcome”

Rogers’ research led him further to conclude that the nature of the relationship is of vital importance. To be therapeutic (‘healing’), relationships need to have certain universal

characteristics, of which he identified three indispensable ones: empathy, congruence and unconditional positive regard (Rogers, 1957). These characteristics are commonly referred to as Understanding, Sincerity and Acceptance. Where these three are present in a relationship, the relationship will flourish and deepen. Take away one or more, and the relationship will flounder. “Counseling is a personal matter that involves a personal relationship, and evidence indicates that honesty, sincerity, acceptance, understanding and spontaneity are basic ingredients for successful outcomes” (Corey, 2009, p.463).

A healing community will be characterised by a high level of commitment to understanding, sincerity and unconditional acceptance amongst its members.

5.2. Attachment

According to Erik Erikson, the first and fundamental developmental ‘task’ a child must ‘accomplish’ is in developing trust. This happens when the infant experiences care from a trustworthy caregiver. The development of a relationship of trust between the infant and caregiver is referred to as bonding or attachment. “Attachment is a reciprocal process by which an emotional connection develops between an infant and his/her primary caregiver. It influences the child’s physical, neurological, cognitive and psychological development. It becomes the basis for development of basic trust or mistrust, and shapes how the child will relate to the world, learn, and form relationships throughout life” (<http://www.attach.org/definitions.htm>)

Attachment is stimulated in the very early months of a child’s life by regular provision in the child’s primary needs by a reliable caregiver. The primary care includes physical care, such as food, protection and hygiene, but also socio-psychological needs, such as touch, positive eye contact, stimulation, affirmation, etc. Where the needs are met not only by one caregiver, but by

a community of 'caregivers', the attachment is broadened to include various people. While the specific form of the need might change as the child grows up, the need for care, touch, eye contact, positive regard and stimulation continues right into old age.

A healing community will be characterised by its ability to provide in the needs of its members in such a way that healthy attachment, and therefore trust, is stimulated. This does not mean the healing community has to provide in all the needs (for example, group members will not necessarily depend on the group for food and protection), but the members will form attachment if basic psycho-social needs are met.

Shaun struggled to trust people. It was not surprising, as the primary caregiver in his life gave him little reason to trust her. As Uncle Daniel's community relentlessly poured out their love on Shaun (and his mother), however, he began to feel a deep peace growing inside him and eventually admitted that he felt at home and safe with them. He had a 'family' to bond with.

5.3. Communication: Honesty and empathy

Effective communication is the keystone to effective counselling and different aspects of therapeutic communication have been researched extensively. The role of the counsellor as listener has been investigated in particular and different concepts have been coined, the best known probably the concept of 'active listening'. The basic principle is that the counsellor not only listens attentively to the communication of the counselee, but also provides a special type of feedback that will express understanding, sincerity and acceptance. This is also called a reflective response, in that the counsellor 'reflects' the words and meta-communication of the counselee in a way that the counselee will be able to recognise or 'hear' not only her own words, but also the emotions accompanying the words. Under most circumstances reflective listening expressed in

honest empathic responses will stimulate further communication and help cultivate a relationship where the counselee experiences understanding, sincerity and acceptance.

It is clear that the counselee needs to be able to express herself in ways that allows her maximum freedom and range of expression. The medium of communication becomes crucial. If there is a language barrier between the counselee and the counsellor, or the counselee has a restricted vocabulary or ability to express herself, communication will be hindered. The counsellor therefore has the task to facilitate communication as much as possible. This might include providing alternative media for communication, such as physical objects, pictures, music, art media, etc. In the case of children this becomes a very important challenge, because children show preference to play as medium of communication. Gary Landreth, renowned play therapist, is famous for his maxim: "Play is a child's language and toys are his words". This aspect will receive more attention in Section 6.2.

In a healing community the members strive to listen empathically and communicate honestly with each other. Members, including children, are given the freedom to communicate in their chosen 'language'. Where the actual skill of active listening with reflective responses is developed in a particular healing community, the general experience of mutual understanding is greatly enhanced.

5.4. *Structure*

Shaun secretly enjoyed the fact that the meetings did not change too much from week to week.

Even though there was enough variety to keep everyone interested, they always followed the

same pattern: greeting with a hug, then a small supper, then a game, then sharing and prayers...

Shaun felt comfortable and relaxed because he knew what was expected of him and he could focus on the content of the meetings.

In their work amongst child soldiers and victims of war in Western Africa and other regions, Phylis Kilbourn (1995, p.147) and colleagues noted the importance of structure to help a traumatised child on the road towards healing. “The need for order and predictability in a safe, disciplined – but not rigid – environment is essential not only for children who have been deeply traumatised by war, but also for those children who show some degree of resilience in handling their trauma. A structured environment promotes healing.”

Structure is about more than rules and regulations. It is about providing predictability, reliability, security, familiarity and form. The child – or adult - who has to battle with external chaos does not have reserve energy to deal with inner turmoil at the same time. Reducing the external challenges enables the person to start the important work reorganising the tangled inner world of emotions, perspectives and decisions.

A healing community provides this structure to its members. It becomes a place of familiarity and stability to the members by, for example, regular meetings, routines, recognisable symbols and rituals and clear expectations. Where this structure is accompanied by warmth, love, acceptance, care and protection, the members are allowed the maximum opportunity for healing and growth.

5.5. Orientation

Identity exists in relation to some other identity – I am because you are. I can only identify myself as male because there are other members of society who are identifiable as female. The same applies to groups. A football team makes no sense if there are no other teams to compete

with. It is the experience of the author that the most successful groups are those that understand their source of identity and are anchored in something above or outside the group. The group should have some kind of orientation. This can be a task, a purpose or calling, or a mutually accepted belief system that defines its identity. The church is such a group, existing because of a higher You, anchored in a relationship with Him and a calling and purpose towards the other people and the world that also exists because of Him.

A healing community does not find its identity merely in its own members, but in this bigger relationship and calling. The four relationships defining maturity as described in 3.4 clearly shows that the movement of the group and its individual members is outwards rather than inwards.

So how do children fit into this kind of community? What is needed for them to benefit from such a community?

6. Healing communities and children:

6.1. *A place where children are welcome*

“Children should be seen and not heard”. These were amongst the first lessons Shaun learnt in his life. Therefore Uncle Daniel’s group did not make sense to him in the beginning, because children were not only allowed, but even encouraged to speak and be part of everything. Never before, not in school or even when his own extended family met, did he feel so welcome.

Hospitality is a key Biblical concept. It is introduced in the first chapters of the Bible where God ‘welcomes’ Adam and Eve in his garden and is echoed in various situations

throughout the Old Testament where God welcomed people in his presence and people welcomed one another in God's name.

Jesus continued the tradition in a profound way, not only welcoming his people, but in particular the weak, marginalised and outcast. He even went beyond this and directly included children in his list of those who should be received with hospitality (Matt 18:5). He expresses his deep displeasure with the disciples failing to receive such children: "Let the children come to me, and do not stop them..." (Mk 10:14)

In a true healing community children are welcome. This means they experience respect, security and warm, unconditional love. Wherever possible, they are allowed to communicate in their preferred way and share in responsibilities, at times even leadership, while their gifts are recognised and encouraged.

6.2. Dealing with the wounds of children

In a healing community the wounds of children are taken serious. Opportunities are created for children to express their pain and a culture of understanding, sincerity and acceptance is promoted in which the child can find the strength and time to choose alternative responses to his pain and grow towards maturity. The community provides wisdom and guidance where needed. A healing community is creative and flexible, trying to adapt to the needs of specific children at specific points of their growth.

Because play is such a key element in the communication of children, the healing community will attend to different aspects of play. This includes structured games, where all take part in playful activities that promote healthy touch, humour, eye contact, physical expression and joy. Singing, dancing, catching and hugging games are plentiful in Africa and where all

members of the healing community are allowed to participate, identity, bonding and trust is generally stimulated.

Play in a healing community also refers to a different aspect, namely the provision of tools to stimulate specific forms of expression - what is normally found in the field of 'play therapy'. In play therapy a facilitator or therapist creates a special environment where the child can utilise a variety of media to express her inner world. This includes paint, crayons, clay, toys, natural elements such as sand and water, etc. In play therapy the facilitator does not participate in the same way as in group games, but rather adopts a listening or sometimes guiding role. Play therapy as a science should preferably be left in the hands of trained and registered professionals. However, the principles of play as a medium for self expression are very simple and a mature healing community can participate in this kind of play, allowing children and adults to share their stories in the group through the play objects or other media provided.

Play therapy is narrative in its essence. Children tell stories as they play and it is in 'rewriting their stories' that they start growing towards healing. The healing community can play an important role in helping children to rewrite their stories. One of the ways to do this is by therapeutic storytelling, a technique where a story is told to a child containing specific elements relating to her dilemma, in such a way that the child can discover new perspectives and options. Therapeutic stories can be of various kinds – true stories, personal testimonies, Bible stories, folk tales, fables, even specially designed stories.

A healing community will immerse itself in the narrative, telling and rewriting its own story, telling the stories of others and including the children of all ages and different levels in these narratives.

6.3. *Walking with wounded children*

It took Shaun several years to heal. Growth was slow and painful. He would not have been able to persevere on this road if he did not have a real, tangible 'cloud of witnesses' and a 'guide and end of his faith' to accompany him (Hebr 12:1-27).

Several key principles are locked up in the words 'walking with'. It refers first of all to the process of healing as a journey, a journey taking time and effort. Healing community is not a short term concept. Patience is therefore a basic value of the healing community.

'Walking with' also refers to the nature of relationships within the group. It is not 'leading' or 'guiding' or even 'helping' wounded children, but joining children as companions, as comrades. It might be a more risky endeavour, but at the heart of it is respect for and acceptance of the dignity of the fellow travellers.

'Walking with' is reciprocal. We walk with you and you walk with us. Sometimes you need us, sometimes we need you. The strong can become the weak, the weak can hold up the strong. This calls for deep humility and mutual trust.

'Walking with' implies another key aspect: The travellers are not alone on their journey. They have a Co-Traveller. Several Biblical images come to mind: The people of God following the cloud and the pillar of fire in the desert, the Good Shepherd leading his sheep, Jesus joining two anxious disciples on the road to Emmaus, and others. Faith is yet another key value of the healing community.

7. The church as healing community

“A Christian community is therefore a healing community not because wounds are cured and pains are alleviated, but because wounds and pains become openings or occasions for a new vision” (Nouwen, 1979, p.94).

7.1. The triune God as origin of community

In Trinitarian theology God has been described as Three-in-One. Maybe it is more fitting to say Community-in-One, since the three Persons of the Trinity cannot be separated from their relationship with one another. Volf (1998, p. 204) refers to the ‘communion of the divine persons’. God is the original relational Being. He is the Creator of community. Created in his image, we share his relationality. We find our identity not in independent solitude, but in relations - with God, with others and with our environment. ‘As Christians, however, human beings cannot live apart from fellowship with other Christians’ (Volf, 1998, p.206).

According to Volf the church is a reflection of the relationality of the Trinity. In Matthew 18:20 Christ promises his presence ‘where two or three are gathered together in my name’. This is the essence of the church, a community of people in fellowship with Christ in the centre. When the church acts as a healing community, the healing flows from Christ as the divine Healer, through the Spirit indwelling in the community, through the healing relationship of people with one another.

7.2. The church as fellowship of generations

One of the characteristics of the early church was its intergenerationality, the habit of including several generations in its meetings. In line with Old Testament directives and practices (e.g.

Deutr 31:12; Ezra 10:1) children seemed to be present where the adult believers met. Hints of this are found where Jesus ministered (Joh 6:9; Matt 18:2; Matt 21:15) and also later as the church gathered (Acts 21:5, etc). But intergenerationality goes beyond different age groups simply being together. Prest (1999b, p.1) points out: “It insists on a definite interaction, relationship and conversation between the three or four generations present. It carries strong concern for ‘bridging generations into acceptance, belonging, communication and conversation that provides maximum potential for the interflow of personal faith.”

7.3. The church as model for the restoration of family and society

Families are under tremendous pressure in the modern world. Where the church acts as a healing community, adults and children have an opportunity to rediscover the meaning of communication, love, confession, forgiveness, reconciliation, submission, servanthood and other key Christian values. *After her conversion Shaun’s mother could practice being a mother under the guidance of wise mentors like Aunt Margaret and Shaun could practice skills he eventually used to be a better father than the one he had.*

8. The person and role of the leader

All started with Uncle Daniel and his deep wisdom and maturity. He understood God’s heart and he was willing to take the risk and follow Jesus in creating a healing community. He had little formal education, but was open to learn from young and old. Not for a moment did he put his own interests above those of the others. He served and taught his flock to serve. He deeply loved God and the broken people in his town.

The task of the leader can seem daunting and many might feel ill equipped and reluctant to accept the responsibility. It is good to remember the words of the experienced psychotherapist and teacher Larry Crabb (1997, p.206) : “Qualifications to effectively counsel have more to do with wisdom and character than with training and degrees. Wisdom and character should be developed in Christian communities.” The list below is not meant to disqualify potential leaders, but rather to focus on key aspects of this wisdom and character.

8.1. Shared leadership

In a well functioning healing community leadership is shared, with different members playing different roles and performing different tasks. The particular gifts of individuals are acknowledged and utilised to promote the wellbeing of all. As indicated above, children share in this responsibility. It is natural, though, to have at least one key leader or facilitator with the skills to coordinate the different tasks of the group. There are certain characteristics and roles that all leaders in a healing community share, but that are essential in the coordinator in particular. For simplicity, the following discussion will refer to the leader in singular terms; bearing in mind that it also applies to the team of leaders.

8.2. Maturity

Maturity is a process, a journey. The leader is consciously and purposefully embarked on this journey. She opens herself to growth and continues to seek greater health in all her relationships. While it is a given that all people carry wounds or scars, the leader cannot operate with a high level of unresolved hurt. She has a fair amount of self-understanding and self acceptance and has a mature perspective on her past, present and future. She is able to interpret her circumstances and options objectively and accepts responsibility for decisions.

8.3. *Coram Deo*

The leader lives ‘before God’, in His presence and in His grace. God is the founder of the true healing community and the Healer of all wounds, and therefore the leader finds her own healing and purpose in Him. He is the source of her strength and wisdom. She lives in an honest, faithful, loving, obedient relationship with Him.

8.4. *Relational skills*

Because of the vital importance of relationships in a healing community, the leader possesses the basic skills to build relationships on different levels. This means she has a heart of empathy, sincerity and unconditional acceptance, as well as the skills to convey this heart. The leader is skilled in active listening and can communicate understanding effectively. The leader is transparent and honest and creates safety.

The leader has the ability not only to relate in such a way to other people, but also to create an environment that is conducive for the development of such relationships. She can stimulate healthy communication between group members. She can teach members to listen with greater empathy to one another. She can guide processes to enhance transparency and honesty and mutual acceptance.

8.5. *The leader as liturgist*

The leader is a facilitator of group processes. In theological terms these group processes can be described as liturgy, the ‘work of the people’ (in relationship with God). The leader helps the people to perform their ‘work’ and in this sense becomes a liturgist. As liturgist the leader is a priestly communicator of God’s love and guidance to the people and of the people’s needs and adoration to God.

9. 'Walking with wounded children' - Equipping leaders for healing communities

In Section 3.3 the statement was made that many church leaders are not equipped to be leaders of healing communities. There is a shortage of 'Uncle Daniels' – people who are not only capable of dealing with wounded children on an individual basis, but leaders who can facilitate small intergenerational communities where children and adults can find a safe space to embark on a journey of healing. To equip such leaders is no small task, because of the complexity of the role. It remains a challenge to institutions of learning to design ways for the training of leaders for healing communities.

While far from the ideal, Petra College in White River, South Africa with partners has begun to take up this challenge with a series of courses called "Walking with wounded children".

9.1. Basic course

The course 'Walking with wounded children' (WWWC) was designed to equip lay people with foundational skills to help traumatised children. In later development more attention has been given to skills dealing with small groups of children, not only individual children, and even families (see examples below).

A typical WWC course runs for 10-12 full days. Because the learning process itself is highly relational, groups ideally do not exceed a learner-facilitator ratio of more than 5:1. Time is invested in each individual and outcomes are pursued on knowledge, skills and value levels. The emotional background and needs of each participant are highly regarded. Facilitators strive to model all the principles of healing relationships and try to create a 'healing community' within

the class. Participants are treated with deep respect and ample opportunity is given for participants to grow through self-disclosure and discovery. The concept of 'wounded healer' is a working principle and both the woundedness and the capacity for healing of each participant are honoured.

A carefully designed experiential learning cycle is applied, where learners are exposed to an experience on which thorough reflection is done, leading to primary concept formation (or concept modification). The concepts and skills are then practiced in simulated settings and eventually tested in real life situations involving children with real problems, each time followed by more reflection and concept modification. In a course of 10 days each learner has at least five one-hour sessions with the same child. This gives opportunity for proper assessment, including self assessment. Unless prevented by serious inner obstacles, learners without exception exhibit high levels of growth in skills, commitment and understanding.

The course content can be divided into three sections, although the sections are presented in an integrated way:

- Trauma and its effects on children
- Establishing a therapeutic relationship with children (with the focus on active listening)
- Applying specific techniques to enhance communication between children and the helper

According to the specific needs and context of learners, aspects such as sexual abuse, anger, bereavement and grief counselling, critical incident debriefing and substance abuse receive more focussed attention.

In the course of five contact sessions with children, learners apply the following techniques:

- Building relationships with children through group games

- Non-directive play (toys, sandbox and drawings)
- Directive play (toys, sandbox, drawings, clay, lifeline, etc.)
- Therapeutic storytelling.

In shorter courses (5-7 days), learners have 3-4 contact sessions with children, and the content is adapted accordingly.

9.2. Follow up training – Walking with wounded children Training of trainers

In the ministry of Petra College the principle of multiplication is of key importance. A thorough 3 week course has been designed to equip facilitators to train others in the basic skills of ‘Walking with wounded children’. The course follows an experiential learning cycle as well, to ensure that the facilitators are really up to the task. In this way the capacity of larger numbers of leaders are being built.

9.3. Applied course – Weekend camp with wounded children

To meet the needs of children's workers who often deal with children in small groups, the basic course has been adapted to include a weekend camp with children. The main outcome is still to build the capacity of the children's workers, but because of the special advantages of having children for an uninterrupted period of 2-3 days, more principles and skills can be practiced.

Two examples of this model of training were courses run with *Onkarabile Trust*, a CBO doing home based care in the arid North West province of South Africa and *Coptic Orphans*, an OVC care project in Cairo, Egypt. The processes were essentially the same, although obviously contextualised and adapted to fit the particular needs.

The camps are structured around a carefully chosen theme or narrative (in both cases it was centred on the story of Paul's shipwreck in Acts 27 and 28). Other than most children's camps,

the ratio of facilitators to children is not more than 1:3. The facilitators' primary aim is to build healing communities with their allocated children according to the principles and characteristics above (where possible the children had a prior relationship with their facilitators and continued with the relationship after the camp). Play in all its various forms is employed to strengthen the relationship and allow the children to express themselves in ways they feel comfortable with.

9.4. Applied course – 'Walking with wounded families'

Working with Palestinian Christians in Gaza and the West Bank, the researcher came to the conclusion that an integrated approach involving not only the children, but whole families, will be the most effective. The basic WWWC course was adapted to equip community workers to build 'healing communities' with wounded families as units. The result was very encouraging and families who took part in the program testified of deeper communication amongst family members, with increased understanding, trust and security, leading to more positive life choices. The facilitators were able to apply the skills in follow-up sessions and with other families and intergenerational groups.

9.5. Applied course – 'Leading healing communities'

As church leaders and clergy become more aware of the church as a healing community, the need for specialised facilitator training grows. Shorter workshops in this regard has been done, but the final challenge is to equip all pastors and theological students, as well as lay church leaders, with thorough skills to facilitate effective healing communities.

It was argued in this paper that traumatised children can find healing and hope in healing communities, that the church can fulfil the role of healing community and that facilitators can be equipped to lead healing communities. The question is whether the church is willing to adopt this role and whether institutions responsible for equipping leaders for this task have the capacity to accept this responsibility. More research is needed and deeper understanding of how a process of capacity building should be structured, but this author has all reason to be hopeful that many 'Uncle Daniels' will rise up to help many 'Shauns' to find new life.

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