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COMMUNITIES FACING DISRUPTION: THE NEED TO SHIFT FROM INDIVIDUAL TO COMMUNITY PARADIGMS IN PASTORAL CARE

ABSTRACT

In a country regarded as one of the most violent and unequal in the world, no community in South Africa is spared the intrusive, disruptive and traumatizing effects of a seemingly well-established culture of violence. Although people are affected by these in an individual capacity, the well-being of entire communities is at risk. This presents us with the question of whether our pastoral care orientations are adequately aligned with the needs of the communities affected by disruptive phenomena. In response to this question the article sets out to present a pleading case for pastoral theologians and care givers to become aware of the traumatizing contexts within which our communities exist. It further provides Biblical and theological motivation for a (w)holistic understanding of health, well-being, healing and restoration that is only fully understood when such understanding is undergirded by an acute awareness of the relational and communal dimension of each of these.

1. INTRODUCTION

The on-going spate of traumatizing and disruptive events and processes South African communities face everyday begs the question whether our current pastoral care paradigms are adequately aligned with the collective pastoral care needs of our communities. In a context of inequality, violence, crime, poverty, HIV/AIDS, and other societal challenges (Lockhat & van Niekerk 2000:291-302; Jewkes & Abrahams 2002:1231-1244; Dinan, McCall & Gibson 2004:727-741; Kaminer *et al.* 2008:1589-1590; Simkins 2011:105-109) it becomes important to consider issues of healing, prevention, restoration and well-being from a more systemic and communal

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perspective (Mouton 2012:1). This would then mean that a deliberate shift be made from an individual to a community-directed approach in pastoral care and counselling. For the purpose of the discussion here I will make reference to the impact of the apparently well-established cycle of violence in South African communities.

South Africa has become known to be one of the most violent nations in the world, while at the same time its status as one of the countries with the biggest gap between rich and poor serves to intensify the divide between communities (Lockhat & van Niekerk 2000:299; Lefko-Everett, Nyoka & Tiscornia 2012:12). The seemingly well-established cycle of violence, already reported on in the past (e.g. Hamber 1999:113-128), is evident in the labour sector, civil protests and in much of the crime experienced and/or witnessed in the country[1]. However, this violence is much more than just physical violence. Instead, it is often entrenched in many structures of society and is frequently expressed most profoundly in the experiences of poverty, inequality, poor service delivery and the skewed power relations marking the South African political and socioeconomic landscapes (Lockhat & van Niekerk 2000:291-302). In fact, the president of the country in 2012 highlighted unemployment, poverty and inequality as the prominent issues faced by South Africans (Janzen 2012:15). While this seems to continue unabatedly, it leaves behind countless corpses, wounded people, traumatized individuals and communities, and perhaps even an aura of hopelessness in broader society. Although a multitude of complex factors contribute to the violence, abuse, and structural inequality, South Africa's violent political past not only retains significant influence over this culture of violence, but also still contributes to the apparent inability of society to deal with trauma (unresolved trauma), both historically and recently (Lockhat & van Niekerk 2000:291-302; Kaminer *et al.* 2008:1589-1590; Simkins 2011:105-109). This unresolved trauma impacts on all levels of society and may present significant threats to

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1   The violent element of crime and protest actions in South Africa is reported on extensively in local and international media. A few examples of these reports (electronic media) over the last years are:
  • http://mg.co.za/article/2013-10-11-00-strike-linked-damages-at-all-time-high;
  • http://socs.civicus.org/?p=3875; http://ewn.co.za/Topic/Bekkersdal-protests;
  • http://www.dailymaverick.co.za/article/2013-10-30-bekkersdal-protests-dirty-votes-and-the-anc-in-the-eye-of-the-storm/#.U2svG1eia2c;
  • http://www.itinews.co.za/companyview.aspx?companyid=22416&itemid=60E
    FE349-02FA-401B-80BB-5468DA67BCB5
  • http://www.news24.com/SouthAfrica/News/
    Gruesome-details-of-Griekwastad-murders-emerge-20120824
  • http://www.news24.com/SouthAfrica/News/Man-admits-to-raping-his-mother-20121003
  • http://www.news24.com/SouthAfrica/News/Cape-Town-girl-13-wounded-in-crossfire-20121001
  • http://www.news24.com/SouthAfrica/News/Boys-raped-in-N-West-20120926
  • http://www.news24.com/SouthAfrica/News/3-held-for-elderly-couples-murder-on-farm-20120911

individual and community restoration, reconciliation in the broader society, as well as social cohesion.

In this article I would like to argue that current disruptive phenomena and psycho-social challenges communities are faced with necessitate a more concerted effort in the pastoral care and counselling domain to shift towards a systemic and community-directed approach. This is particularly necessary as both individual and community well-being seems to be under pressure. In order to do this, brief attention will be given to the effects of disruptiveness and trauma due to violence, as a case in point. Links will be made to issues of inequality and unresolved trauma, although these aspects are a secondary focus of this article. However, it is necessary that we consider the intricate link between an understanding of pastoral care and concepts of healing, restoration and well-being in a context of violence and trauma. In this review I will show that a holistic view on these concepts should influence the choice for a stronger emphasis in the paradigmatic shift from individual to community pastoral care in the South African context.

2. SOUTH AFRICA: A DISRUPTED AND TRAUMATIZED NATION?

It is unfortunate that the violence SA communities are exposed to cannot be referred to as isolated cases or that they are related only to current conditions. The apparently well-established cycle of violence has already been reported on for some time (Brandon Hamber 1999:113-128; Lockhat & van Niekerk 2000:292,296; Kaminar *et al* 2008:1589).

At least part of the reason for this current culture of violence can be related to the institutionalised violence during the previous regime that provided fertile ground for the establishment of such a culture of violence (Hamber 1999:116; Lockhat & van Niekerk 2000:292,296; Kaminar *et al* 2008:1589), also structurally (Burnett 1998:789). However, there is a complex interplay between a whole range of factors causing this. One factor that may play a significant role, at least in part, and that should be mentioned here are the continually high levels of frustration that communities may experience due to sustained poverty and inequality[2]. This again may be linked to possible disillusionment as a result of unfulfilled political promises made during the transition from apartheid to a democratic state, one can almost appreciate the fact that these frustrations become a further justification for the violent nature of protest actions, for example. This point is illustrated in the 2011

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2   See article by Charles Simkins (2011).

SA Reconciliation Barometer of the Institute for Justice and Reconciliation (IJR) where it is for instance showed that slightly more than half of South Africans (51%) believe that the leaders do not really care about what happen to ordinary citizens (Lefko-Everett, Nyoka & Tiscornia 2011:15).

Exacerbating the effects of continued inequalities and politicisation, according to Hamber (1999:123), is the fact that so many of the survivors of past violence may not have been able to deal with their traumatic pasts by the time of the completion of the work of the Truth and Reconciliation Commission (TRC). In this regard Halpern & Weinstein (2004:570) points out that even when truth commissions worked well, much still needs to be done to address issues such as persistent fear of the other, mistrust, betrayal, discrimination and stereotyping – all of this still very much alive in South African societies. Also, in most cases the structural conditions and marginalising contexts may not have changed, adding to the trauma and frustration that could become a contributing factor in sustaining this culture of violence. I believe that Hamber (1999:124) is correct in his assertion that inequality and structural imbalances need to be addressed as part of the strategy to curb the on-going spread of violence and to further the cause of reconciliation in the country, a view also expressed on the SA Reconciliation Barometer Blog of the IJR (No Reconciliation 2012).

As a nation we seem to have reached a deadlock with regard to reconciliation and societal restoration, and this might have contributed to the current scenario that can only be referred to as a proverbial boiling point. To illustrate, I refer to an article by Johan Cilliers and Ian Nell (2011:2-3) in which they highlight the following from the SA Reconciliation Barometer published by the IJR (2010:2):

> Racial relations remain under pressure ...
>
> Optimism about a joint future has dropped ...
>
> From 2003 to 2009, there was no significant improvement in intergroup socialisation and contact ...
>
> We still struggle to understand each other ...
>
> Inequality remains a big obstacle ...
>
> The biggest divisive factors in South Africa (in order of significance): economic inequality, political parties, class, disease (such as HIV and aids), religion, race and language.

Referring to the 2009 Transformation Audit these authors also emphasise the fact that the levels of inequality in SA "are still shockingly high" (IJR 2010:3; Simkins 2011:105-119).

Despite the positive aspects of the political compromises reached during the transition to a democratic state, the inequalities of the apartheid regime have largely been maintained due to the inability of the current government to curb and reduce these inequalities (Simkins 2011:105-119). Whereas a small percentage of Black people have benefited from Black Economic Empowerment (BEE), addressing inequality remained a challenge between 1994 and 2008 (Simkins 2011:108). Hamber (2003) as well as Chapman and van der Merwe (2008) are but two voices amongst many who have argued that despite the important role of the Truth and Reconciliation Commission in guiding South Africa through a relatively peaceful transition, many issues remain with regard to equality, restoration, reconciliation and the adequate handling of trauma from the past. Government projects aimed at large-scale restoration, such as the 1994 Reconstruction and Development Program (RDP) and the 1996 Growth, Employment and Redistribution (GEAR) strategy yielded only limited results. The impact of the newly launched 2012 National Development Plan still remains to be seen. Due to this, and the high levels of corruption associated with it, disparities remain largely along the same lines as in the past, and many have come to resent these projects (Simkins 2011:106). The latest SA Reconciliation Barometer (2012) serves to confirm that significant disparities are still reported with regard to economic and employment security as well as service delivery. Although these disparities are still largely along racial lines, class definitions amongst Black communities have also become more pronounced since 1994. The report suggests that most South Africans still feel separated from each other due to language, race and ethnicity (Lefko-Everett, Nyoka & Tiscornia 2011:29).

I argue that post-1994 South Africa is experiencing such high levels of violence that the traumatizing effect of it goes way beyond the individual. It reaches into the very fabric of the collective. Indeed, as Brandom Hamber (1999:126) states: "All of South African society has been traumatised to some degree". More recently Fanie Du Toit, in the October 2012 edition of the SA Reconciliation Barometer Report stated that "[o]ur society remains deeply wounded and fractious ..." (Du Toit 2012:4) Also Lockhat & van Niekerk (2000:299), by referring to the mental health of black children in SA, suggested that the impact of many of the psychosocial trauma children have been exposed to during apartheid is manifested in social problems of the post-apartheid SA. Also, much of the "poverty, unemployment and inequality are structural problems that have their origins in apartheid" (Du Toit 2012:4). Not only can the source of trauma be found in the past political regime, the inequalities and violence of today, but also in the fact that this young democratic nation has been forced into a "collapse into modernity" (Cilliers & Nell 2011:3) that brings with it its own challenges in

terms of uncertainty and insecurity with regard to identity formation. No simple cause-effect approach is assumed here and I am well aware of the complex nature of inter-related factors linking socio-economic inequalities, psycho-spiritual considerations, unresolved collective trauma, and many other factors with violence in South African society, and its impact on community well-being and restoration.

Perhaps at this point it might be appropriate to say something about the phenomena of violence and its link to trauma as a result of violence's disruptive nature.

3. VIOLENCE, DISRUPTION AND TRAUMA

Community violence as a source of trauma has been reported on widely, both in relation to its prevalence in South Africa and elsewhere (see e.g. Lockhat & van Niekerk 2000; Eitle & Turner 2002; Dinan, McCall & Gibson 2004; Shields, Nadasen & Pierce 2009). Although acts of violence are often directed at individuals, the fact that it is such a common experience warrants it to be viewed as an issue of collective concern. In fact, Kaminar et al (2008:1593) in a study that examines the relative risk of post-traumatic stress disorder (PTSD) associated with various forms of violence, found that over a third of South Africans have had encounters with violence of some sort, often resulting in symptoms of post-traumatic stress. Interestingly, in a study on the exposure of South African children to violence it was found that exposure to community violence is more likely to have adverse effects on children compared to exposure to family violence for instance (Barbarin*, Richter & De Wet* 2001:23). Similarly, structural violence, such as the violence associated with the apartheid era and the current brutality of endemic poverty and poor socio-economic conditions appear to also have lasting adverse effects on many children who grew up under these conditions (Burnet 1998:792-793; Lockhat & van Niekerk 2000:301). Evidence from different studies indeed suggests that trauma related to violence is more likely to lead to PTSD than other forms of trauma (Kaminar *et al* 2008:1590). A negative spiral ensues where violence causes trauma, trauma causes violence, and so it goes on. Although this article cannot claim to include an extensive survey of studies investigating the phenomena and impacts of community violence, the few referenced here already suggest that the impact of violence has both individual and collective dimension and affects physical, psychological, social, spiritual, relational and structural aspects of existence.

The phenomenon of trauma has been discussed extensively by scholars from various disciplines (e.g. Culbertson 1995; Ganzevoort 2000;

Robson 2001; Alexander *et al* 2004; Ganzevoort 2009*a*; Ganzevoort 2011). It appears that they all agree more or less with the following: trauma relates to a radical event or experience that has to do with some form of injury and pain (from the Greek word trauma) and has the ability to shake ones world in such a way that all "normality" is turned upside-down to an extent that the person affected or confronted by the traumatizing event has no ability to cope with the reality of such an event. Hutchison & Bleiker (2008:387) puts it in the following way:

> Trauma is an encounter with an event or series of events so shocking that our understanding of how the world works is severely disrupted.

The phenomenon could also be described as "an experience that invalidates one's normal assumptions of order, predictability, safety, and identity" (Suedfeld 1997:849). Indeed, one's whole assumptive world is turned up-side-down. This "assumptive world" provides the milieu within which people live their lives and generate meaning from their lives, and rests on three fundamental assumptions: (1) a meaningful and coherence/continuity world, (2) the kind-heartedness of others, and (3) the worth of the self. When we experience trauma the certainty of these assumptions are threatened and even may not hold anymore, threatening our very existence (Ganzevoort 2009*a*:188-189; 2011:3). Responses to such traumatic challenges may vary, but is generally associated with highly contradictory and conflicting emotions and positions that require great care and wisdom when attempting to deal with it, especially in a collective context.

The concept of trauma indeed functions both on the individual and collective level (Suedfeld 1997; Ganzevoort 2000; Veerman & Ganzevoort 2001; Alexander et al. 2004; Audergon 2004; Lopez 2011). On a collective level it

> involves a breakdown of social and moral symbolic order based on trust and goodwill and its replacement by a malevolent order based on terror, violence, powerlessness, and silence, destroying the internalized culturally constituted webs of trust of people (Sonpar 2008, in Lopez 2011:301, 302).

This could be what South African communities experience at the moment, and It is indeed so that where communities suffer atrocity and disruption, the resultant trauma stay in every fabric of their existence, i.e. individual, family, society, and future generations (Audergon 2004:20).

It appears that trauma is not merely an event that simply remains in the past. Instead, it is a lived reality where survivors find themselves in a space where the line between life and death are blurred and where life does not

logically follows death – a space where the trauma is faced continually (cf. Rambo 2010). In a way this understanding of living with trauma almost forces me to immediately reflect on how this is the business of theology, practical theology and pastoral care, particularly when I am reminded of Ruard Ganzevoort's understanding of practical theology as lived religion, taking seriously the experience of a lived reality (Ganzevoort 2009*b*).

The issue of trauma is of significance for theology and religious study since one can argue that there is a fundamental relationship between religion and trauma, considering that religion has always had to do with life and its suffering, uncertainty, powerlessness and tragedy (Ganzevoort 2011:3). Not only has religion played an important role in dealing with suffering and tragic occurrences, but these also have led to critical views on religion, precisely because of the inexplicable nature of traumatic and tragic events. Ganzevoort (2008:12-14) argues for a number of theological issues that surface in trauma experiences that is relating trauma with theology. These are the issues of suffering and theodicy, guilt and innocence, tragedy and malice, the cross and resurrection which in itself is a story of traumatization and which is at the roots of the Christian tradition, and the centrality of forgiveness and reconciliation. The question Ganzevoort then raises is how these are affected by the psychological effects of trauma and whether our traditional, confessional beliefs are congruent with the psychological reality and damage of the trauma survivor.

Religious traditions have always struggled with the challenges of making sense of tragic events. This does not mean that in practical theology or pastoral care we are looking to provide answers to the questions related to suffering and trauma, but rather that we hope to endeavour to find ways by which meaning can be attained amidst and despite the suffering and trauma. This quest for meaning and meaningful life stories is not restricted to the religious world however, but is emphasized also in trauma theory (Janoff-Bulman 1992; Ganzevoort 2011). In the end it is about the clarification/enlightenment of the existential and spiritual question, dealing with a disrupted assumptive world and the resultant confusion in a bid to find new meaning, and certainly not about giving exact answers (Ganzevoort 2011:4). In the search for meaning in the midst of suffering and trauma our task would be to create the space for discourse between the core notions of both psychology and religion relating to our understanding of God, others and ourselves, namely: omnipotence/coherence; love/kind-heartedness/benevolence; and self-worth (Ganzevoort 2011:4). How we address the existential question arising from trauma depends how we understand the interaction between the event, the context, the tradition and the self, and ultimately determines the existential and spiritual meaning derived from such a traumatic experience.

Trauma, resulting from disruptive events and process, has been presented here as a life-shattering experience leading to confusion and many unanswered questions, as well as often having the effect of calling significant relations in question. It can therefore be argued that the notions of healing, restoration, well-being and wholeness, are relevant in the discourse about pastoral care in a context of disruption and trauma that reaches beyond the individual and threatens the very essence of the communities people live in.

4. HEALING, RESTORATION AND WELL-BEING – A (W)HOLISTIC BASIS FOR PASTORAL CARE IN DISRUPTED AND TRAUMATIZED CONTEXTS

It is now commonly agreed that health is more than just the absence of physical infirmity (Parmer & Rogers 1997:55). In fact, it is more appropriate to view it as inclusive of the concepts of physical, social and mental well-being (Visser *et al*. 2009:167). Even more inclusive is the understanding that it also encompasses a person's faith maturity, normative aspects and value systems, and the nature and quality of their relationships (Louw 2008:43-44). On the health-illness continuum it would then imply an increased emphasis on relationships and its dynamics, maturity and a meaningful way of relating to existential issues in life.

Restoration in this article refers to the restoration of the sense of well-being as experienced and perceived by affected individuals and communities, and includes aspects on a cognitive, physical, social, affective, occupational, and spiritual level (Poloma & Pendleton 1990:270; Parmer & Rogers 1997:55; Fiorita & Ryan 2007:341-368; Louw 2008:36; Utley & Wachholtz 2011:1). This implies a holistic and systemic approach to understanding the relationship between illness, health and life, where restoration and healing also includes the "utilization of spiritual, cultural, psychological and social resources" (Louw 2008:47). Briefly, a community-directed or holistic and systemic approach to pastoral care implies the acknowledgement that people only truly function within networks of relationships and hence within community, as Daniël Louw argues in his book *Networks of the Human Soul* (2012). It further suggests the understanding that pastoral counselling and care is never merely aimed at the empowering and wholeness of the individual, but also directed towards and for the purpose of others and the broader society (Clinebell 1995:2). This is especially relevant where pastoral care works with an understanding of anthropology which rests not only on constructs seated within an individual, but also on the dynamics and influence of the networks

of relationships within community, social aspects of existence, belief systems, cultural domains and other normative factors (cf. Louw 1999:297). The idea that individual well-being is only truly possible within community, and vice versa, corresponds to Biblical perspectives (Mouton 2012:76). I further propose that a community-directed approach in pastoral care and counselling does not merely suggest ministry to people in community or to communities, but also the acknowledgement and harnessing of the abilities of communities to minister within and to other communities. Given the severity of the impact of violence and disruptions within our South African communities, a model that depends on the expertise of a pastoral caregiver, with help directed primarily on the individual, is simply not effective and appropriate anymore. Such care must be directed towards communities, not only to minster to these communities, but to empower them to identify and optimise their own pastoral care resources.

Indeed, disruptive phenomena such as poverty, poor living conditions, sustained high levels of violence, etc. cannot be addressed without taking serious the context within which these are experienced, as well as the collective/communal nature of these phenomena. Acknowledgement of the collective nature of these phenomena inevitably will create awareness that a care response to these must also be approached with a collective/ community orientation in mind.

In terms of an African perspective this cannot be different. Indeed, when viewed from an understanding of the notion of *Ubuntu*, a concept implying "that a human being is a person through other persons" (Louw 2008:41), such collective and communal approaches in both analysis and care will not be regarded as strange. Also seen form a Biblical perspective, these issues cannot be addressed differently. The idea that the biblical understanding of being human refers to the "whole of the human being", including all relational networks, is well attested for by Wilkinson (1980:1; 1998:7) amongst others. One will find that a similar understanding of healing and restoration is developed from the study of biblical concepts on the issue. Healing has to do with much more than just the body and includes all that is to be understood as constituents of being human. This would then imply that it is only in relation to and as part of communities that one can begin to speak of restoration and well-being.

In the context of the Old Testament for instance, no one definition is given for the concepts of health. However, a variety of concepts are used that appear to encapsulates something of these, and include terms such as well-being, righteousness, obedience, strength, fertility and longevity (Struys 1968:142; Wilkinson 1998:11-16; Louw 2008:47). It appears to be well expressed through the idea of shalom (peace), a notion that

refers to complete fulfilment and is connected to moral activity, spiritual achievement, righteousness (sedeq), faithful fulfilment of the covenant and the torah (holiness), obedience to God and the law, blessing, fertility and longevity

as well as to "the right relationships" (Louw 2008:47). All of these in one way or the other implies relationality on one or the other level.

Similarly, the New Testament (NT) use of the concepts of health is also a much broader understanding than merely an individual, bodily state of being (Wilkinson 1998:21). A variety of Greek words are used in connection with the idea of health, well-being, healing and restoration – *hugies, eirene, zoe, bio, psuche* and *soteria* (Strong 1996; Wilkinson 1998:22-29). Despite differences in particular meaning and contexts of applications, all these terms in one way or the other, expresses an understanding of health and well-being that resonates with that expressed by the concepts an understanding associated with the term "shalom". In essence then it boils down to and understanding of health and well-being that extends to one's entire human existence. This must of course have implications for how we do practical theology and provide care to those in need.

Also, when reflecting on health and well-being, we have to reflect also on the concept of therapy. The word that gives character to what we do in pastoral care is the Greek word *therapeuo*. It is explained in the *New International Dictionary of New Testament Theology* (Brown 1971:163-164) by making use of the concept of recovery. Although used in the New Testament almost exclusively in the context of healing (Brown 1971:164), it also expresses something of a willingness to serve and give in the interest of others. *Therapeuo*, as well as other words that are used to express something about the process of healing, almost always implies restoration, healing and renewal, and then mostly in the context of relationships with others and God.

The functions of pastoral care and counselling also include the act and process of healing, in addition to sustaining, guiding and reconciling of human beings and their relationships (Clinebell 1984:20). Clinebell (1984:29) further places emphasis on the aspect of growth as an objective of pastoral care, particularly making the point that it is growth directed not only at the self, but also are the broader society. Indeed practical theology, and hence pastoral care and counselling as a discipline within it, always seems to be concerned with meaning generation in the contexts of relationships, and within the discourse on the place of theology in real human contexts (Pattison & Woodward 2000:5). This resonates with the understanding of other scholars (Louw 1999; Ganzevoort 2009*b*; McClure 2012). It appears to be about change, transformation, relationships, lived

reality, praxis-theory interaction, reflection, interpretation, meaning-generation and care (McCann & Strain 1985; Louw 1999; Ganzevoort 2011; McClure 2012). However, in contrast to humanitarian and social caring projects, all of the above happens with a reflective awareness that we merely participate in the "*praxis of God as related to the praxis of faith within a vivid social, cultural and contextual encounter between God and human beings*" (Louw 2008:17).

We can probably think of pastoral care as being concerned with processes of enabling, healing, empowerment, sustaining, guiding, reconciliation, nurturing, liberation, interpreting and growth with and within individuals and groups, in the context of relationships and mutuality, and real contexts (Clinebell 1984:25-26; Louw 2008: 75-77). If we reflect on these we realize that our calling to care should then strongly resonate that character of a compassionate God, as explained for instance by Louw (2011:65-76). An emphasis in pastoral care and counselling on this compassionate nature of God should bring about a move in our understanding of a theology of care: from the traditional clerical, ecclesial model and the phenomenological paradigm, to a *theopaschitic* approach – a "practical theology of intestines" (Louw 2011:65-76). This can be interpreted to imply a movement in the direction of inclusive and relational care that express this compassion of God. Such a shift will enable a caring praxis to replicate something of the praxis of God, a praxis of vulnerability as a result of God identifying with the human predicament of suffering and vulnerability. Only if our care praxis is informed and directed by the *passio Dei* (compassion of the suffering God), can practical theology and pastoral care, attempt to promote change and bring hope in our disrupted and traumatized communities. Due to the inclusive character of a *theopaschitic* approach and the fact that the notion of a suffering and compassionate God includes structural and comprehensive healing (the healing of life), the notion of a suffering and compassionate God can help pastoral theology to shift from a theistic God (out there) to the more passionate God (right here), and from a focus on individual ministry to a community-oriented and liberating praxis. It can therefore be argued that the pastoral care in a context of disrupted and traumatized communities is best dealt with through an integrative approach to health and wellbeing that not only sees people as spiritually integrated beings, but also takes seriously the relational, communal and social aspects of human living.

5. CONCLUSION

This paper has demonstrated that disruptive phenomena severely impact on both individual and community well-being. In addition it made an

argument for the need to approach pastoral care giving with an under-standing of humanity that is embedded in a network of interrelated aspects of human existence, including that which is personal as well as the communal or collective aspects of human existence. It showed that well-being and restoration cannot be conceptualized outside an under-standing of community and relationality, particularly in reference to our African context, the African concept of *Ubuntu*, and the biblical and theological undergirding of pastoral care. This should compel pastoral care givers and theologians to position themselves along the praxis of a compassionate God who takes serious the human predicament of suffering and vulnerability. When we realize that this vulnerability has a definite communal expression, we cannot but align ourselves with a pastoral care orientation that is directly aimed at community restoration and well-being. This however calls for a deliberate shift from individually inclined pastoral care to care for and with the communities we live with.

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