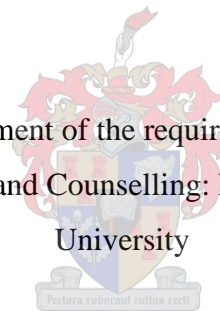# THE QUEST FOR REALISM:

AN ASSESSMENT OF DC MAGUIRE'S ETHICAL MODEL AS A RESOURCE IN HERMENEUTICAL PASTORAL CARE AND COUNSELLING TOWARDS MORAL DECISION-MAKING FOR ADOLESCENTS IN THE MIDST OF THE HIV AND AIDS EPIDEMIC IN SOUTH AFRICA

by

Johanna Isabella Janse van Vuren

Thesis presented in partial fulfilment of the requirements for the degree of Master of Theology: Clinical Pastoral Care and Counselling: HIV/AIDS Ministry at Stellenbosch University

Supervisor: Prof. Christo Thesnaar

Faculty of Theology

March 2017

DECLARATION

By submitting this thesis electronically, I declare that the entirety of the work contained therein is my own original work, that I am the authorship owner thereof (unless to the extent explicitly otherwise stated) and that I have not previously in its entirety or in part submitted it for obtaining any qualification.

Date: March 2017

ABSTRACT

The reality of the HIV and Aids epidemic in South Africa has entered into the lives of all South Africans in such a way that all people are either infected or affected by this epidemic. The age-old aphorism "Prevention is better than cure" is also true for the HIV and AIDS epidemic and can be seen as one of the primary strategies in the fight against HIV and AIDS in Sub-Saharan Africa. A lot of work has been done by different organisations both public and private to prevent further infections from taking place. Although there are a number of different strategies in place to help prevent the spread of HIV and AIDS, this epidemic is in essence a behavioural disease. By definition then, it can be prevented through changing behaviour. However, this is easier said than done. To change behaviour it is necessary to change thought processes and basic moral decision-making processes of individuals who are at risk of being infected with HIV and AIDS. In Sub-Saharan Africa the reality is that adolescents between the ages of 15-24 are at the highest risk of being infected because of a number of different factors often causing promiscuous and risky sexual behaviour. Even though incidence rates are decreasing as current statistics show, new infections are still occurring, especially amongst young people. A single, prescriptive approach, specifically when working with adolescents, is not feasible.

In light of the above, this research study explores the moral decision-making model of DC Maguire as a possible approach to empower pastoral caregivers in hermeneutical pastoral care towards guiding adolescents in a quest for realism in terms of their sexuality and sexual activities. By looking at the current context of HIV and Aids in South Africa, as well as the reality of adolescent sexuality, this study suggests that an approach to moral decision-making like Maguire's can empower pastoral caregivers to guide adolescents comfortably and confidently in the search for meaning-making when they are challenged with difficult decisions regarding their sexual activities in the light of the HIV and Aids epidemic in South Africa.

OPSOMMING

Die MIV en Vigs epidemie in Suid-Afrika raak die lewens van alle Suid-Afrikaners op so 'n manier dat elkeen óf daardeur geïnfekteer óf geaffekteer word. Die primêre strategie vir die afgelope aantal dekades is om infeksie te voorkom. Grootskaalse werk is alreeds gedoen deur verskeie publieke- en privaatorganisasies om voorkoming te bewerkstellig. Alhoewel daar veelvuldige strategieë in plek is juis om te voorkom dat verdere infeksies plaasvind, gebeur infektering steeds aangesien MIV en Vigs grootliks 'n gedragsiekte is. Per definisie kan die epidemie dus bekamp word deur gedrag te verander. Dit is egter makliker gesê as gedaan. Om gedrag te verander, moet denkprosesse en morele besluitnemingsprosesse van individue wat die grootste risiko loop om geïnfekteer te word, ook verander word. Jongmense tussen die ouderdomme van 15-24 in Sub-Sahara Afrika is tans die groep wat die grootste risiko loop om geïnfekteer te word as gevolg van 'n magdom faktore wat lei tot promiskuïteit en gevaarlike seksuele gedrag. Alhoewel huidige statistieke toon dat die voorkomsyfers van nuwe MIV-infeksies afneem, vind daar steeds nuwe infeksies plaas, veral onder jongmense. 'n Enkele, voorskriftelike benadering tot die voorkoming van nuwe infeksies is nie haalbaar nie, veral nie wanneer 'n mens met jongmense werk nie.

In die lig hiervan ondersoek hierdie navorsingstudie die morele besluitnemingsmodel van DC Maguire as 'n moontlike benadering om pastorale versorgers te bemagtig in hermeneutiese pastorale sorg om jongmense te begelei in die soektog na realisme in terme van hulle seksualiteit en seksuele aktiwiteite. Deur eerstens te kyk na die huidige konteks van MIV en Vigs in Suid-Afrika, asook die realiteit van adolessente se seksualiteit, stel die studie voor dat 'n benadering soos dié een van Maguire pastorale werkers kan help om adolesente met vrymoedigheid en selfvertroue te begelei wanneer hulle gekonfronteer word met moeilike morele besluite in terme van hulle seksuele aktiwiteite in die lig van die MIV en Vigs epidemie in Suid-Afrika.

ACKNOWLEDGEMENTS

TABLE OF CONTENTS

CHAPTER ONE

Introduction

CHAPTER FIVE

Adolescent Sexuality in a Pastoral Hermeneutical Approach

CHAPTER SIX

Conclusion to the research study

LIST OF ABBREVIATIONS

AIC – African Independent/Indigenous/Instituted/Initiated Church

AICs – African Independent/Indigenous/Instituted/Initiated Churches

AIDS – Acquired Immunodeficiency Syndrome

ARV – Antiretroviral

ARVs – Antiretroviral medicines

ART – Antiretroviral therapy

ATR – African Traditional Religion

ATRs – African Traditional Religions

HIV – Human Immunodeficiency Virus

HSRC – Human Sciences Research Council

NSP – National Strategic Plan

PEP – Post-exposure prophylaxis

PLWHA – People Living With HIV and Aids

PREP – Pre-exposure prophylaxis

SANAC – South African National Aids Council

SIV – Simian Immunodeficiency Virus

UNAIDS – Joint United Nations Programme on HIV and AIDS

WHO – World Health Organisation

LIST OF FIGURES

CHAPTER 1

Introduction

1.1   Introduction

Since its discovery in the 1980s, HIV has caused great tragedy throughout the world in various countries, including South Africa. Van Dyk (2012: 9) states: "HIV has established itself firmly in our communities and the effects of Aids have devastated many families, communities and economies – especially in developing countries." HIV and Aids are a real epidemic in South Africa and has been for a number of decades. It is a reality within the daily lives of all people living in South Africa today. This is not a new reality. Millions of people have died and children have been orphaned as a result of this virus. Thousands of people still become infected, sometimes without even realising it.

As Van Dyk rightly states, prevention is the best defense against this epidemic, as there is no cure yet (2012: 133). Prevention of the spread of this epidemic over the past decades has seen many forms and strategies from the side of the government, but also from the side of the church and other institutions and organisations. As this epidemic continues to plague the lives of many South Africans, education and strategies for behavioural change are still the focus of the government – which are important. However, these strategies may not be all that effective as new infections still occur. Effective prevention needs to take into account the behaviour of people in different situations (ibid: 133). It is not solely the responsibility of the church to resolve this crisis of HIV and Aids, but this epidemic touches the lives of so many people that it enters into the church through its members in such a way that the church must find a pastoral way to help its members to deal with this crisis.

It is true, as Capps & Browning (1984: 11) say, that pastoral actions happen all the time. In every day life people find themselves in situations that may be too difficult for them to navigate on their own and therefore they need the guidance of a pastor or pastoral caregiver. People may turn to a pastor or pastoral caregiver when a beloved family member passes away, when a job is suddenly lost or in light of the HIV and Aids epidemic difficult choices must be made. Louw (1999: 2) argues that all people are in search of meaning and that

1

pastoral care as a discipline of theology is intensely part of this search for meaning. Pastoral care wants to help people and give them hope by the conviction that faith consists of God's faithfulness, his fulfilment of his promise of salvation for all peoples in Christ's cross and resurrection as well as the conviction that life is lived in the presence of God. Pastoral care wants to interpret the will of God in terms of the search for the meaning of life so that people can live with joy and hope.

It is in the light of this search for meaning in the difficult reality of the HIV and Aids epidemic that this thesis will explore the role that pastoral care and counselling can play in guiding adolescents to cope with this crisis in terms of their own sexuality and sexual activities.

1.2   Background and motivation for this study

1.2.1   Adolescent sexuality and the reality of HIV and Aids in South Africa

Adolescents' sexual activity is one of the reasons why HIV infection in South Africa still takes place. In an on-line news article written by Lucy Holborn[1], she reports the following about the youth's sexual activity: "The 2008 National Youth Lifestyle Study published by the Centre for Justice and Crime Prevention found that 39% of 12-22 year-olds reported ever having had sex, and the Children's Institute's Child Gauge recorded that 43% of those aged between 15 and 19 years had had sex. While these figures are not alarmingly high, the sexual risk behaviour of those who are sexually active may be more worrying". Reasons why adolescents choose to be sexually active at such a young age can vary from peer pressure to exposure in homes and families, to the mass media, including movies and music, and sometimes even sheer boredom can motivate youths to become sexually active.

UNAIDS, the programme on HIV and AIDS run by the United Nations, gives frequent reports on the spreading and effects of HIV and AIDS in all countries that form part of the

---

[1] Holborn, L. 2011. *SA youth are sexually active at a very young age.* Published at http://www.moneyweb.co.za/mw/view/mw/en/page292681?oid=541613&sn=2009+Detail as on 26/06/2012.

United Nations. An on-line report published by UNAIDS[2] shows that 8.5% of South Africans have sex before the age of 15. In the Mid-year Population Estimates of 2011 by Statistics South Africa[3] the HIV prevalence estimates in the period 2001-2011 for the age group 15 - 49 show a percentage of 16,6 for the year 2011. It is believed that the prevalence is especially high among younger adults. In another report[4] on the HIV statistics in South Africa, it shows that the estimated prevalence of HIV in adolescents (15 - 24 years) was 8.7% for the year 2008. These statistics show that there are a number of youths in South Africa infected with HIV. Although some of these percentages may not seem alarming, every extra HIV infection is one too many, because infection can and should be prevented.

Based on a study conducted by Harrison, Colvin, Kuo, Swartz & Lurie (2015) the reasons for the sustained incidence of HIV include social, behavioural and structural factors such as the gendered context HIV – which include age-disparate partnerships and gender-based violence; sexual risk behaviours – which include condom use; developmental and biological factors and social factors – which include poverty and stigmatisation. One of the reasons for the spreading of HIV is the fact that sexually active people, whether HIV-positive or not, still have unprotected sex. In a report from UNAIDS[5] it shows that 10.6% of people in South Africa still have high-risk sex. Although this may seem low, the fact is that there are still HIV-positive people who do not practise safe sex with uninfected sexual partners.

In a country such as South Africa where the statistics show a high prevalence of HIV-infected people, it has become necessary to consider the consequences of having unprotected sex with a sexual partner, especially when said partner can be considered as a high-risk sexual partner. One of the biggest issues regarding HIV-infection and people living with HIV and AIDS is the problem of disclosure. Whom do I tell? What must I disclose? When is the right time to disclose my status? Should I disclose my status at all? Louw (2005: 461[250]) quotes a statement by Mercy Mkhalemele, given in the "Beyond Awareness Campaign", in which she describes how and why she disclosed her status. She said:

---

[2] UNAIDS is the Programme on HIV and AIDS run by the United Nations. The mentioned statistics are available on the Internet at http://www.unaids.org/en/regionscountries/countries/southafrica under Sexual Transmission of HIV in the "AIDSinfo" box.

[3] Statistics South Africa, http://www.statssa.gov.za/publications/P0302/P03022011.pdf as on 02/07/2012.

[4] Report found at http://www.avert.org/south-africa-hiv-aids-statistics.htm on 02/07/2012.

[5] UNAIDS is the Programme on HIV/Aids run by the United Nations. The mentioned statistics are available on the Internet at http://www.unaids.org/en/regionscountries/countries/southafrica under Sexual Transmission of HIV in the "AIDSinfo" box.

"I decided to keep quiet for some time until I was ready and I had accepted my status. I didn't take too long. It was tough to talk alone to myself, to get the information alone and not have anyone that I could speak to. It was the most difficult thing to keep inside me. It was the anger that actually drove me to want to say something to someone. One of the complications of disclosure was the public reaction: "Don't touch this child, his mother has AIDS" and "I don't believe you, you look so fit, it can't be true".

Courage, confidentiality and trust are some of the much-needed demands at this stage when it comes to HIV-infection and one's status, because of the problem of stigmatisation.

In South Africa the problem of stigmatisation is an unfortunate reality. Van Dyk (2012: iii) contends that South Africa may be the pioneer of biomedical research, but that the breakdown of stigma is seriously lacking. For a person to disclose his/her status, it is not as easy as simply making it public and because of stigmatisation many people are dying since they are too afraid to get tested, to go for counselling or to access available treatment. These issues can leave a person in a maze of uncertainty of how to respond to this crisis.

1.2.2   Pastoral Care and Counselling

This research study is situated within the discipline of Pastoral Care and Counselling, with a specific focus on HIV and Aids Ministry. As mentioned above, it is not only the church's responsibility to resolve the crisis of HIV and Aids in South Africa. However, it is true that many people are in search of meaning in this current crisis and they may turn to the church for guidance. It is the role of pastoral care and counselling to play a guiding role in meaning-making. Fowler (1987: 21) gives a definition for pastoral care that is helpful to better understand what is meant by pastoral care: "...pastoral care consists of all the ways a community of faith, under pastoral leadership, intentionally sponsors the awakening, shaping, rectifying, healing and ongoing growth in vocation of Christian persons and community, under the pressure and power of the in-breaking kingdom of God." Pastoral care can thus be seen from the perspective of the human vocation through Christian faith – every person who believes in Christ has a calling or destiny. This calling, for Fowler, is that all people believing in Christ are in partnership with God, to participate in God's ongoing work of creation, governance, redemption and liberation. In the light of the HIV and Aids epidemic this calls all believers to participate in this work. Van Dyk (2012: iii) quotes Peter Piot where he said:

"Aids is likely to be with us for a very long time, but how far it spreads and how much damage it does is entirely up to us".

Pastoral care and counselling have a long and interesting history and to go into too much detail here will not be feasible. Louw (1994: 67-71) however, states the importance of clarifying two main streams in the theology of pastoral care. One stream focuses on pastoral care as "faith care" while the other places the focus on pastoral care as "life care". There are also those who want to find a balance between these two main streams. Louw explains that pastoral care as "faith care" is mostly concerned with proclamation, according to the work of Eduard Thurneysen. The aim of pastoral care as "faith care" is to view man in his most natural state – that of a sinner. Hence the focus in pastoral care should be to reach a point of change or conversion. Within this approach with the focus on sin, admonishing the counselee is central. This approach, however, is not sufficient. According to H Tacke (referred to in Louw, ibid: 68), pastoral care should stimulate faith, encouraging a person to live. With this approach, Tacke tries to argue that pastoral care should focus more on the communication of the gospel and less on forced conversion and communication skills.

The pastoral care as "life care" approach is based on the premise of an empathic relationship in which healing takes place, which can lead to self-realisation. This approach was particularly attractive to C Rogers and S Hiltner, because of the focus on one's own abilities and potential. JH Clinebell places the focus on the relation between pastoral care and man's innermost potential. With the focus on counselling skills and relation, the communication model became very popular in pastoral theology. Stollberg contends that communication unites both proclamation and therapy, and Scripture and healing. Communication becomes a therapeutic factor. The skills of the counsellor become the focus in this approach. In this model, pastoral care can easily lose its unique character. Then pastors can easily become mere psychoanalysts or clinical psychologists.

Louw (ibid: 70) argues that faith care can act as life care and that pastoral care cannot solely rely on "pastors being intermediaries, or in their pastoral functions." It is through the pneumatological functions of the Holy Spirit that a pastor's communication and skills come to life. "From a pneumatological perspective, pastoral care must be based on the Trinity" (Louw, ibid: 70). God the Father as Carer, Jesus Christ as Mediator and Holy Spirit as Comforter form the theological principle of pastoral care. Pastoral care, theologically,

5

integrates the redeeming work of Christ into people's lives, through faith. It can be said that pastoral care is indeed "faith care". Pastoral care also works with the omnipresence of the risen Christ, through the working of the Spirit. Koinonia and diakonia through the body of Christ, the church, guarantees Christ's presence through his Spirit. Pastoral care indeed possesses a character of service. Thus, faith care becomes life care. Louw (ibid: 71) argues that the connection is the faithfulness of God through his new covenant. "Pastoral care is involved with this living covenantal communication. In terms of the new covenant, the Holy Spirit empowers man with hope which reflects and manifests God's victory as proved by the resurrection of Christ." The victory of the resurrection forms the basis for the scope of faith care and life care. According to Louw this is the third dimension of pastoral care. "Pastoral care envisages a *focus* on the future emanating from the victory of the resurrection, hence the dimension of transcending, intentionality and hope."

A hermeneutical approach in pastoral care and counselling has gained more and more acceptance over the past decades. This approach to pastoral care is embedded in the art-science of hermeneutics that is the theory and methodology of interpretation. Already forty years ago Gadamer (1975: 310-325) developed what he called "a hermeneutical experience" – an interpretive activity that helps a person to encounter and learn something completely new. This hermeneutical experience is divided into five phases that, rather than seen as steps to complete, must be seen as a hermeneutical circle. These five phases or moments are:

1. Pre-understanding – the premise of this is that interpretation is based on past experiences;

2. The experience of being brought up short – is the feeling that past experience is not sufficient to interpret a specific situation;

3. A dialogical interplay – Gadamer refers to a person, object or text revealing itself to the interpreter anew. From the viewpoint of the interpreter the experience of the person can be seen as a horizon (the farthest point that can be seen from a particular viewpoint). The interpreter's interpretation of the experience of the other person from the position of his/her own experience can be described as a dialogical interplay between these two horizons.

4. The fusion of horizons – this is the experience in interpretation that the horizon of the interpreter and the horizon of the interpreted person join, bringing about new insights for both;

5. Application – these new insights help both the interpreter and the person in need of interpretation to start thinking and acting in new ways. As mentioned above, all humans have the need to make sense of what is happening to them and in the world around them. In a

hermeneutical approach to pastoral care the pastor or pastoral caregiver acts as an *interpretive guide*[6]. This role as interpretive guide is the result of a movement away from a hierarchical model of pastoral care in many churches in the modern period. Pastoral authority as part of the clerical office of the pastor deminished. This was not seen as a negative development, but it rather gave pastors access to the ordinary every day experiences of people and in this way facilitated honesty and freedom in the pastoral conversations and relationships (Osmer, 2008: 18-20). For the pastor as an interpretive guide it is important to recognise these five phases when people in need come to them for guidance in their processes of interpretation and re-interpretation. Gerkin (1997: 121) explains this process as follows: "pastoral care of a congregation of God's people involves the construction of a particular, context-relevant theological awareness on the part of both the pastor and people." This hermeneutical approach to pastoral care will be explored in greater detail in chapter five of this research study.

1.2.3. Decision-making with regards to sexuality in Africa

From a Western perspective, human beings have the ultimate gift (although some may regard it as a curse) of making decisions every second of every day for the duration of their lives on earth. We are forced to make decisions about the issues in our lives – from the least significant to the most profound. We must choose what to eat, what to drink, what to wear, what career to pursue, and so on and so forth. We can name inexhaustible numbers of issues about which we must make decisions every day. It is important to be able to make responsible choices when it comes to HIV and AIDS as it can have drastic consequences for the rest of a person's life.

From a traditional African worldview, however, this is not the case. Van Dyk (2001: 60) remarks that traditional Africans experience the world completely differently from the way Westerners experience it. In a diverse country such as South Africa there are a number of cultural realities that have an influence on a person's decision-making with regards to sexual activities. Decision-making with regards to the HIV and AIDS epidemic in South Africa is more complicated than simply choosing not to have unprotected sex. In the Traditional

---

[6] This term was first used by the pastoral theologian Charles Gerkin in his book, *The Living Human Document: Re-Visioning Pastoral Counselling in a Hermeneutical Mode* (Nashville: Abingdon, 1984), p. 54.

African Worldview sexuality plays a different role. Sex is seen as more than just a biological function – it conquers death and symbolizes immortality (ibid: 62). Within an African Worldview there are also a number of other beliefs that influence African people's perspectives of HIV and Aids. These include for example the ancestors, witchcraft, or illness seen as pollution and germs (ibid: 60-62). Within this worldview it is then difficult to simply say that behaviour must change through making different moral choices. However, Van Dyk (2012: 215) is of the opinion that these different cultural beliefs can and must be integrated in prevention strategies if they intend to be successful in an African context. For this to be viable, a clear understanding of these cultural beliefs is necessary. This will be explored further in chapter two of this research study.

Adolescents face difficult choices regarding sex and sexuality every day. In an article by Di Caelers[7], she states that: "Teen sex may well be the two words guaranteed to get parents hyperventilating, but for teenagers the issue is a minefield of confusion and social pressure that leaves them with extremely tough choices to make". Peer pressure, coercion, sex for money, low self-esteem, pessimism and lack of communication by parents are mentioned as the six biggest drivers for adolescents to be sexually active at such a young age. To be able to discern what decision to make can be like forging through a maze when there is no wisdom involved in the process. Sufficient knowledge concerning HIV and AIDS and the effects of infection on one's life is necessary to be able to make moral choices. Each decision which a person makes has consequences. The decision to have unprotected sex with multiple HIV-positive partners, for example, may result in HIV-infection and as a result a lifetime of difficult consequences including changes to one's lifestyle and taking antiretroviral medication daily. It is important to know how to make responsible, moral choices when it comes to sex, HIV and AIDS, even in an African context where differing cultural beliefs influence an adolescent's understanding of sexuality.

Sex and sexuality in the light of the HIV and Aids epidemic in South Africa are indeed moral issues that need to be addressed. Moral decision-making is part of the process of internalising values. For adolescents it is becoming increasingly more difficult to make decisions in a world where moral values are deviating. Moralising or setting examples of what is morally

---

[7] Caelers, D. 2005. *Teen Sex Stats Shock.* Published at http://www.iol.co.za/news/south-africa/teen-sex-stats-shock-1.239971#.T_GQdFJciSo as found on 26/06/2012.

right or wrong is not sufficient ways of moral formation anymore, especially in a post-modern era. Rather than prescribing certain morals and values to adolescents, a model for moral decision-making wherein adolescents can choose for themselves which morals and values to internalise may be more feasible.

1.2.4 The decision-making model of D C Maguire

Kretzschmar and Van Niekerk (in *Kretschmar, Bentley and Van Niekerk,* 2009: 57-100) discuss ethical theories and methods for ethical decision-making in detail as has been presented by scholars since the time of Ancient Greece. They mention the importance of method in decision-making and present different methodologies of decision-making, or models for moral decision-making, stating "The methods we use should not let us hear only what we want to hear and what suits us. We need to use methods that help us determine what God's will is for ourselves, our society and our world." (*ibid:* 86). Kretschmar and Van Niekerk (*ibid: 87*-96) discuss different methods for decision-making, for example the method of Kunhiyob for African ethics which asks primarily three questions: *What us the problem?, What does Scripture say about it?, and What changes are needed in me (him, her), so that I (he, she) may do the right thing?*. Also, the method of Eduard Tödt which asks: *What is the problem?, What is the context of the problem?, What are the possible solutions?, What solution is the best in the circumstances?, Do other people accept your solution?* And, *Reach a decision about the solution and implement it.* They also refer to the method of Paul Ricoeur and Johannes van der Ven, which includes asking oneself *What is good?, What is right? And What is wise?*. And lastly, Kretschmar's own method for decision-making is discussed. Kretschmar's method is a combination of the methods of Tödt, Ricoeur and Van der Ven. Her method is devided into four steps, which include Analysis (*What is the ethical problem, What caused the problem to arise and What possible solutions are there?*), Evaluation (looking at the right norms and values, goals and consequences, and character), Asking others (including God and others within and outside own community) and Acting (making the decision and performing an action).

In my research I came across the moral decision-making model of D C Maguire[8]. In his book *The Moral Choice* (1979), Maguire proposes a model for moral decision-making to be applied in the quest for realism. This quest is proposed as a process through which sufficient knowledge must be gained concerning the issue in question to be able to make a moral choice. The model looks at all the different aspects which one has to consider in making a moral choice objectively and completely. Maguire states that the route to realism consists of two phases: (1) The expository phase, which is the questioning phase of ethics to gather the necessary information and (2) The evaluation phase, which is the phase in which assessment and interpretation of the information gathered with regards to ethics takes place.

In the expository phase the questions about ethics that must be asked are: What? (the cognitive question), Why? (the conative question), How? (the functional and instrumental question), For what purpose? (the telic question), In which style? (the mode question), Who? (the identity question), Where? (the contextual question), When? (the time question), What are the Consequences? (the future question), and What are the viable alternatives?

The evaluation phase focuses on the information gathered in the expository phase and how this information can be applied. Maguire suggests that certain issues must be addressed during this phase, such as ethics and creativity, principles, reason and authority, affectivity, the unique experience and the group experience, the tragedy and comedy in ethics, conscience and guilt in ethics and the hazards of moral discourse.

Although all these above-mentioned methods are different ways of ethical decision-making, they all present their own strengths and weaknesses. The specific model of Maguire focuses on asking different reality-revealing questions to help determine what would be the most viable option in making a specific moral decision in the quest for realism. This model is also focused on helping people to make pro-active choices in morally difficult situations. Maguire states that it is impossible to make a moral-ehtical decision in the heat of the moment. Therefore, this study would also like to point out that decisions regarding sex and sexual acts are decisions that a person must be prepared for. In terms of the specific focus on adolescents

---

[8] Daniel C. Maguire is a professor of Moral Theological Ethics at Marquette University, (a Catholic, Jesuit Institution) and the President of the Religious Consultation on Population, Reproductive Health and Ethics.

between the ages of 15-24, the model of Maguire is deemed the most adolescent-friendly of the above mentioned methods and as such will be used in this research study.

For these reasons I propose that this model be explored and evaluated as a possible approach in hermeneutical pastoral care to empower pastoral caregivers to guide adolescents in difficult decision-making processes with regards to their sexuality in light of the HIV and Aids epidemic in South Africa.

1.3   Research Problem and question

1.3.1   Research problem

The question, "How can the church as the body of Christ guide adolescents in making moral decisions with regards to sex and sexuality in the light of the HIV and AIDS epidemic in South Africa?" came to me as a result of the following:

(1) From UNAIDS[9] statistics, it is clear that less than 30% of the youth in South Africa is knowledgeable about HIV and AIDS, according to the 2010 South African report. The report shows the percentage of youths who could accurately identify ways of preventing the sexual transmission of HIV and who could reject major misconceptions about HIV transmission. If only 30% of South African youths today can accurately identify ways of preventing the sexual transmission of HIV, what are we doing about the other 70% who cannot?

(2) As a pastor working with adolescents on a daily basis, I introduced the topic of HIV and AIDS in a discussion group as part of a confirmation class only to be met with great resistance from my students to this specific topic. As a pastor involved in the faith and moral formation of the youth in my church this is of great concern to me. The HIV and Aids epidemic is part of the national school curriculum as part of life skills education "with the goal to increase knowledge, develop skills, promote positive and responsible attitudes, and provide motivational support to HIV-infected and affected school children (Van Dyk,

---

[9] UNAIDS is the Programme on HIV/Aids run by the United Nations. The mentioned statistics are available on the Internet at http://www.unaids.org/en/regionscountries/countries/southafrica under Sexual Transmission of HIV in the "AIDSinfo" box.

11

2008:79). This being the case, it is astonishing that only 30% of today's youth can correctly identify ways of preventing the sexual transmission of HIV and that the youth resist discussing this topic.

In the light of the HIV and AIDS epidemic, moral decision-making must surely play an important role when it comes to adolescents. Adolescence is the one psychological developmental stage that is characterized by confusion. From a western perspective Erik Erikson and his model of human development is well known. Erik Erikson's model of the different psychological developmental stages of life, as Louw (2012: 63) states, can be regarded as a classic. Erikson's model consists of different stages for the healthy development of personality of which Adolescence forms Stage 5. The principal developmental task of this stage is "Identity versus Identity Diffusion" which can be seen as the most important in the developmental process to reach maturity. The ages of persons in this stage are approximately 12 to 18.

Personal identity and a sense of self are a fundamental need of teenagers. During this stage the development of a sense of self and independence is explored by teenagers. This stage can be seen as a transition from childhood to adulthood. Confusion and insecurity play a part in this stage and the question, "Where do I fit in?" is usually contemplated by adolescents. To be able to answer this question, adolescents experiment with different behaviours, different roles and activities – including the development of sexual awareness and the urge to experiment. However, from an African perspective, young people who have completed their initiation rituals by age 16 or 18 are seen as adults. In South Africa there are also a number of childheaded households where all members are under the age of 18[10]. Even though this developmental stage may differ in different contexts, it will be argued in chapter three that moral decision-making regardless of the cultural context is an important factor.

When adolescents can discern for themselves how to make important decisions regarding sex and sexuality in the light of the reality of the HIV and AIDS epidemic, it may have an effect on what they choose to do. In the lives of adolescents there are, however, a number of role

---

[10] Meintjes, H., Hall, K., Marera, D. & Boulle, A. 2009. Child-headed households in South Africa: A statistical brief. Cape Town: Children's Institute, University of Cape Town, as found at http://www.childrencount.org.za/uploads/brief_child_headed_households.pdf accessed on 20/11/2016.

players that affect them and the choices they make. One of these role players is the Church which, in my opinion, has the responsibility to guide adolescents to make moral decisions with regards to sex and sexuality and identity formation in the specific developmental phase in which they find themselves.

1.3.2   Research question

The primary research question in this study is: In light of the HIV and Aids epidemic in South Africa and the crisis of sexuality amongst adolescents, can the moral decision-making model of D C Maguire be a possible approach in hermeneutical pastoral care and counselling for adolescents?

Subsequently, related secondary questions can expand the search for a possible answer and each chapter in this study will attempt to answer the questions posed here:

- What is the current HIV and Aids context in South Africa and what are the most basic facts about the HIV and Aids epidemic that adolescents need to know to make informed decisions?

- Adolescence as a psychological developmental stage is the most interesting but also the most difficult stage to navigate. What internal and external factors contribute to the development of adolescents?

- In the search for a non-prescriptive model for moral decision-making, is the model of D C Maguire a possible approach for hermeneutical pastoral care?

- Can this approach of Maguire empower pastoral caregivers to comfortably and confidently guide adolescents in making difficult moral decisions with regards to their own sexual activities in light of the HIV and Aids epidemic in South Africa?

Applying a single prescriptive model is not practically feasible within our current culture where the self reigns supreme with more emphasis on human rights and democratisation. However, the HIV and AIDS epidemic clearly indicates the urgent need for guidance pertaining to decision-making.

13

1.4   Theoretical framework

The theoretical framework of this study will be broadly based on and adapted from the work of Richard R. Osmer, *Practical Theology. An Introduction.* Osmer (2008: viii) states clearly that this framework of his is not a new invention, but that it is building on the works of other practical theologians who have influenced him greatly, namely Don Browning, Chuck Gerkin and Hannes van der Ven.

Osmer (*ibid*: 4) argues that practical theological interpretation is an important part of the lives of practical theologians and that a framework such as this can play an important role in the interpretation of situations or experiences that form a part of the practical theologian's life. Four questions make up this framework for interpretation and can guide a practical theologian to respond to situations in which interpretation is needed. These four questions are:
- What is going on?
- Why is this going on?
- What ought to be going on?
- How might we respond?

These four questions and the answers they seek, make up the tasks of practical theological interpretation, namely *the descriptive-empirical task, the interpretive task, the normative task and the pragmatic task.* The four tasks will be explained briefly here and then in more detail as necessary in the chapters to follow. It must also be stated clearly that Osmer (2008:10) suggests that these four tasks must be viewed as a hermeneutical circle[11] where the tasks of practical theological interpretation are distinct moments, but always interrelated in some way.

Firstly then, the focus of the descriptive-empirical task is to gather information. This task has as its goal the answer to the first question: *What is going on?* It refers to what Osmer (*ibid:* 35) calls priestly listening. In the context of this research study, it will focus on determining what is currently going on in South Africa with regards to HIV and Aids by "listening" to various reports and statistical analysis.

---

[11] Osmer is here referring to the work of Richard Palmer, *Hermeneutics* (Evanston, Ill: Northwestern University Press, 1969), pp. 25-26, 87-88, 118-21.

The aim of the interpretive task is to discern how to handle the *what* that is going on by asking *Why is this going on?* Osmer (*ibid:* 81) calls this sagely wisdom. In this research study the interpretive task will focus on researching different theories in the arts and sciences to understand more clearly the identity and faith formation of adolescents to determine if this plays a role in the high rates of HIV and Aids infections still taking place in South Africa.

The normative task will try to answer the question *What ought to be going on?* by looking at the specific moral decision-making model of DC Maguire as a way to respond to what is going on. Osmer (*ibid:* 4) calls this "constructing ethical norms to guide our responses".

Finally, the pragmatic task will focus on the way in which to respond to what is going on by developing strategies of action that will have a desirable outcome. Through a spirituality of servant leadership, pastoral caregivers can *lead change* (Osmer, ibid: 176). In the context of this research it means that, after having explored the first three tasks, the focus will fall on how to proceed to make use of Maguire's model in a pastoral hermeneutical approach as a way to empower pastoral caregivers in guiding adolescents in moral decision-making with regards to their sexual activities towards the prevention of further HIV and Aids infection in South Africa.

1.5   Research design and methodology

To be able to answer the primary research question and the four proposed secondary questions, I will do a literature study of the available literature. The research will focus on material from academic books, academic peer-reviewed journal articles, published reports and electronic databases. The book of D C Maguire, *The Moral Choice* (1979), will form the basis of the study. The theoretical framework for this study, which was briefly explained, will be based on the book of Richard R. Osmer, *Practical Theology. An Introduction* (2008).

A hermeneutical approach will be followed, as critical evaluation and logical reasoning will be used to make reliable findings. The ethical debate concerning HIV and AIDS and the Church is alive. Louw (2008: 444) states that the Church must not use the fear of death to try to build a new sexual morality. In the hope of changing adolescents' sexual behaviour, the Church cannot use HIV and the fear that accompanies this epidemic. A new sexual morality

15

must be based on "the quality of people's maturity and the degree and quality of their choices and commitments. Ethics based on the durable, binding and covenantal character of faithful love, creates a more constructive basis for a sexual morality" (Louw, 2008: 444). A hermeneutical approach is applicable as the study will focus on theological reflection on and interpretation of the current discourse surrounding the HIV and Aids epidemic and the role that adolescent sexuality has to play in this crisis.

1.5.1 Overview of chapters

Chapter One: Introduction and problem identification

Chapter one introduces the topic of this literature research study, explaining why this topic was selected and identifying the research problem. This chapter serves as the outline for this thesis in that it introduces the reader to the scope of this study as well as to the methodology that will be used. The importance of the reality of the HIV and Aids epidemic is argued for, as well as pointing out the difficulty concerning adolescents' ability to make moral decisions with regards to their sexual activity. The value of a moral decision-making model is argued for and the most important terms used throughout the study are defined as relevant to this research study.

Chapter Two: HIV and Aids: The reality of South Africa (*What is going on?*)

Chapter two will pay attention to the HIV and AIDS epidemic. The current state of affairs with regards to the HIV and AIDS epidemic in South Africa will also be sketched with the help of the most current statistics available to the researcher. The realities of HIV and Aids which may affect a person's decision-making will be discussed. Reference will be made to how the Church initially responded to the epidemic, as well as how the initial response changed over the years. The past and present strategies for the prevention of the further spread of HIV will also be referred to.

Chapter Three: The crisis of sexuality amongst adolescents (*Why is this going on?*)

Chapter three will focus on the crisis of sexuality amongst teenagers. The internal world of adolescents will be discussed by looking at the specific psychological developmental phase as well as the role of faith formation in this developmental phase. The reality of sexual activity amongst teenagers will be explored further by looking at the external factors (such as family, culture, media, peer pressure, socio-economic factors, the church as faith community) influencing adolescent moral decision-making.

Chapter Four: The Moral Choice: The moral decision-making model of D C Maguire (*What ought to be going on?*)

Chapter four will follow and focus on the model for moral decision-making of D C Maguire as presented in his book, *The Moral Choice* (1979). This chapter will be dualistic in nature. Firstly, it will focus on the different models of pastoral care and on the hermeneutical model of pastoral care. Secondly, the model of Maguire will be explained in full as interpreted by the researcher, focusing on the two different phases of the model, as well as looking at the limitations of the moral discourse.

Chapter Five: Adolescent sexuality in a pastoral hermeneutical approach (*How might we respond?*)

Chapter five will be dedicated to adolescent sexuality in a pastoral hermeneutical approach. The focus of this chapter will be on developing a possible strategy for making use of Maguire's model in hermeneutical pastoral care through the servant leadership of pastoral caregivers as interpretive guides to empower them to comfortably and confidently guide adolescents to discern how to make morally responsible choices in light of the HIV and Aids epidemic in South Africa.

Chapter Six: Recommendations and concluding remarks

Chapter Six will conclude this thesis with the possible implications that this study might have for the pastoral care and counselling of adolescents with regards to HIV, AIDS and sexuality.

1.6   Delimitations of this study

This research study is based in the field of pastoral care within the discipline of practical theology. The context of this study is the current reality of HIV and Aids within South Africa and adolescents' decision-making abilities with regards to sex and sexuality within this reality. This study explores the different disciplines of theology, ethics, psychology and sociology, but only where it is contributing to a better understanding of the context and the researcher is positioned as a theologian in this study.

The reality of HIV and Aids is such that there are a number of social and economical factors in play where infection cannot be prevented, such as cases of rape, forced sexual activity amongst adolescents or sex for money. All these factors cannot be considered in the scope of this study. Therefore, this study is limited to discussing and addressing the sexual activities of adolescents who still have unprotected sexual intercourse who are at risk of being infected.

This study is also largely based on one literary resource, *The Moral Choice,* by D C Maguire (1979) and even though it is almost 40 years old, a resource such as this still has value to add. The researcher opted for this resource because of the thoroughness of the writer to develop a comprehensive model such as this. The fact that this model focuses on asking enlightening questions and refrains from being too prescriptive is what makes it such a valuable resource. Maguire also argues that it is difficult to make moral decisions in the heat of the moment and therefore it is necessary to contemplate these questions and prepare oneself for morally difficult situations.

1.7   Relevant terms defined

The following are the most relevant terms used throughout this research study and are defined here for the purpose of clarification. The researcher notes that different definitions can be given to these terms when they are used in different contexts. For the purpose of this study, these concepts are defined within the context of practical theology and pastoral care:

Adolescents[12] – The term adolescents refers to persons who find themselves in the age group 12-24 years old, with early adolescence ranging from 12-18 and late adolescence ranging from 18-24 years of age. This, however, is true in the Western Culture of psychological development. In other cultures this period may be considerably shorter. This period is described as the transition phase between childhood and maturity and it includes people who have reached puberty, but who are not yet emotionally mature.

Pastoral Care – Pastoral care can be defined differently depending on the context. Here the researcher opts for the definition given by Louw (1999: 27), stating that theologically speaking, pastoral care refers to the comforting and helping effect of God's empowering and transforming presence through the work of his Holy Spirit in the world.

HIV and Aids – Van Dyk (2008: 4) refer to the global understanding of Aids as the acquired immune deficiency syndrome caused by the human immunodeficiency virus (HIV). In chapter two these terms will be defined in detail, and throughout this study these terms will be used together as shown here, to refer to the devastating epidemic, unless otherwise stated.

Moral – The term moral as defined in the Oxford English Dictionary[13] refers to that which is "concerned with or derived from the code of behaviour that is considered right or acceptable in a particular society."

Church – The term church should be understood here as the broad term used for all people who profess faith in the Trinitarian God and thus form a part of the body of Christ. The term *faith community* will also be used throughout this study to refer to the local church community.

Realism – Maguire refers to the discovery of what is moral as a quest to ethical realism. Maguire discerns here between false generalizations and true and individuated discernment and argues for a quest for realism by asking reality revealing questions in his model for ethical method.

---

[12] As explained in the chapters on early and late adolescence in the work of Wait, J; Meyer, J & Loxton, H. 2005. Menslike Ontwikkeling: 'n Psigososiale perspektief. Parow-Oos: Ebony Books. p. 151-182.

[13] www.oxforddictionaries.com/definition/english/moral, accessed 05/10/2015 at 11:00.

1.8   Conclusion

This chapter has served as an introduction to this research study presenting the research problem and contextualising this study within the current state of affairs in South Africa regarding the HIV and Aids epidemic. The field of pastoral care has been explored and a specific approach chosen in the introduction to this first chapter. The reality of adolescents' current knowledge with regards to HIV/Aids has been presented. The case for a possible model for moral decision-making as a helpful guide in pastoral care and counselling has been presented. The reason for choosing the specific model of D C Maguire has been argued for. The most important and relevant terms that will be used throughout this study have been defined in this chapter.

Chapter two will be devoted to sketching the current context of the HIV and Aids epidemic in South Africa. The researcher will argue that sufficient knowledge about the HIV and Aids epidemic is necessary for informed decision-making with regards to sexuality. The chapter will focus on the reality of HIV and Aids prevalence and incidence, which will be reflected in current available statistics. The Church in Africa's response to the HIV and Aids epidemic will be shown, and different prevention strategies from the past and present will be explained with the specific focus on strategies for behaviour change.

CHAPTER TWO

HIV and Aids: The current crisis in South Africa

2.1   Introduction

Chapter one described the purpose of this study as an effort to explore the moral decision-making model of DC Maguire in hermeneutical pastoral care, where pastors act as interpretive guides for adolescents with regards to making difficult decisions about sex and sexuality in the light of the HIV and Aids epidemic in South Africa. It was stated that the art of decision-making is one of the many gifts (or maybe curses) given to mankind. The ability which a person has to make decisions is both terrifying and liberating. It is terrifying in circumstances where a person's decisions are not based on the moral conscience inherent in all mankind. It is liberating because it grants a person the ability to do what is morally acceptable. Sufficient knowledge is desirable in any given circumstances where a decision is to be made. Decisions made without the necessary information can often have dire consequences. For anyone to be able to make any kind of decision, it is essential to have ample knowledge concerning the circumstances. The same is true for a person where the possibility of infection with the HI-Virus is imminent.

According to UNAIDS[14] statistics published in 2011, based on the population surveys conducted in low- and middle-income countries, only 24% of the young women and 36% of the young men knew the correct answers to five questions asked about HIV prevention and transmission. South Africa is still at the top of the list of countries in the world with the highest level of HIV prevalence and incidence. Therefore, it is the aim of this second chapter to look at the basic factors and background information on HIV and Aids as well as drawing a picture of the current state of affairs in South Africa, by using available statistics, towards a quest for informed decision-making.

The focus of this chapter will be the descriptive-empirical task of practical theological interpretation as described in chapter one. The purpose of this task is to gather information in a systematic way to be able to understand what is going on in a certain context. In the case of

---

[14] www.unaids.org

this research study the context is South Africa as a country and more specifically the HIV and Aids epidemic. It is necessary to understand the basic facts about HIV and Aids to be able to make informed decisions. These basic facts include information about the origin of the virus, its transmission as well as prevention of transmission, the difference between HIV and Aids and what the available treatments are for HIV-infected people. Ignorance and blame-shifting are two of the most common defences used as answers to the daily new infection rates worldwide, and especially in Sub-Saharan Africa. The Church in Africa's response to the HIV and Aids epidemic will also be examined and the different prevention strategies of the past and present will be shown.

2.2   The origin of and background information on HIV and Aids

Where exactly the HI-Virus originated is a controversial point and researchers agree to disagree because of a lack of sufficient evidence. Van Dyk (2012: 5) quotes Schoud who said: "Little is known about the origins of any human virus, let alone HIV". One of the theories is that the virus has been present for centuries in Central Africa, but was not discovered because of a lack of diagnostic facilities. One theory blames polio vaccines as cell cultures from the kidneys of African green monkeys were used to produce these vaccines. Another theory blames anti-malaria medication. However none of these theories are seen as correct.

A different idea that is seen as more correct (ibid: 5) presents the possibility that the virus is related to the SIV (Simian Immunodeficiency Virus) present in primate species. The possibility that different strains of the SIV crossed the barrier between simians and humans at different times causing different strains of the HIV was investigated. The diversity and possible origin of HIV is shown below in **Figure 2.1**.

The SIV resembles the HIV in that it also has different strains and there is one specific strain that relates closely to an HIV strain. The possibility is that contaminated blood from the primates was transferred to humans where the humans may have had open cuts when they slaughtered the SIV-infected animals for food. Scientists are hesitant to accept this theory though, because of the lack of evidence.
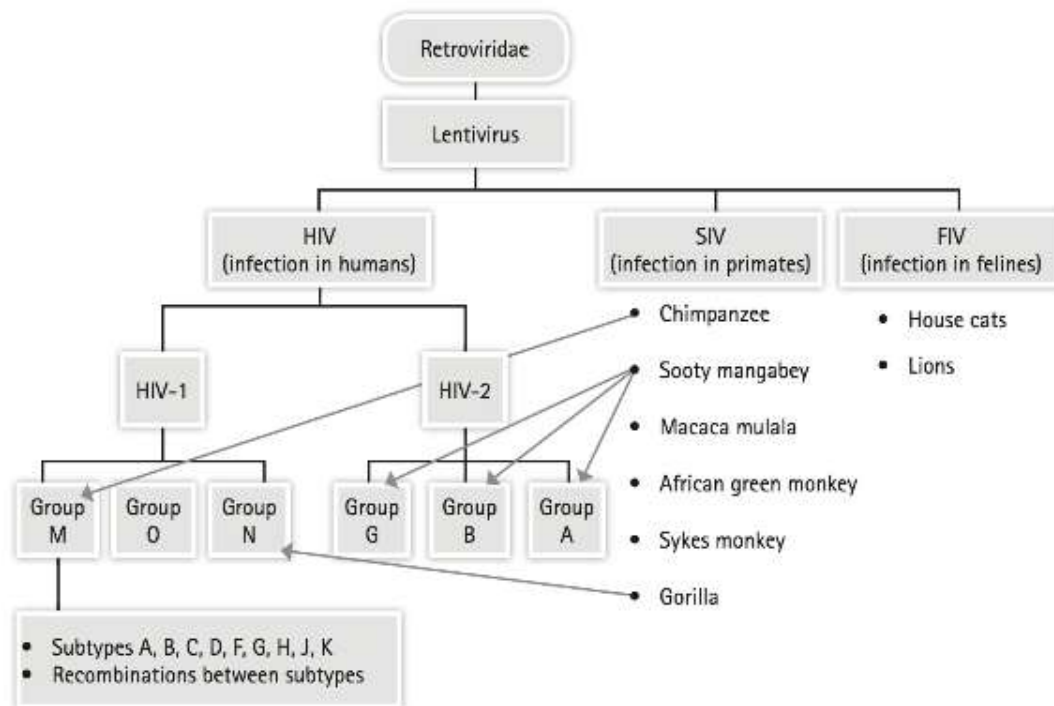
Figure 2.1   HIV diversity and possible origin (Source: Van Dyk, 2012: 6)

Different experiments were conducted comparing the SIV and the HIV, showing different types of the HI-Virus (HIV-1 and HIV-2), with different sub-groups in each type and different subtypes in sub-group M. The dominant strain of the virus found in South Africa is HIV-1 subtype C (ibid: 6). In an attempt to clarify how the virus crossed the species barrier, scientists tested a number of primate species and compared the results with HIV. The conclusion was that a type of HIV-1 group M virus has been transmitted from a chimpanzee and it is estimated that this happened around the 1930s in equatorial West Africa (ibid: 7).

Scientists may differ in opinion as to where and how HIV originated, but all scientists, as well as most lay people, will agree that it is a devastating virus. Transmission and prevention of infection with the virus between human beings have become some of the more pressing matters to discuss and find solutions for. This will now be discussed to present the basic necessary information for all to understand how the virus is still spreading.

2.2.1   HIV transmission

The HIV and Aids disease is often described as a terrible beast that enters the body and destroys the immune system – the most vulnerable part of the body. What makes this virus so daunting is the fact that it attacks the CD4 cells of the body's immune system. It slowly diminishes the CD4 cells of the body until the immune system is weakened in such a way that it can no longer protect the body against other infections or diseases. No other virus has ever been known to have this impact on the human body.

Van Dyk (2012: 38) and Louw (2008: 421) both explain that the virus is transmitted mainly through sexual intercourse, but also by HIV-infected blood being transferred directly into the body of another person (e.g. blood transfusion or intravenous drug users sharing needles) and by a mother to her unborn child during pregnancy or at childbirth (Mother-to-Child-Transmission) or even through breastfeeding. The body fluids that can carry HIV are blood, semen and vaginal fluids. HIV cannot be transmitted through saliva, sweat, tears or urine, although these body fluids can also carry the virus. The reason for this is mostly that these body fluids are not usually transferred between humans in large enough quantities to transfer the virus along with them.

Van Dyk (2012: 38) states that HIV is primarily transmitted through unprotected (i.e. without a condom) penetrative vaginal or anal intercourse and to a certain extent through oral sexual contact. HIV-infection occurs when two things happen: firstly, when the virus finds a way to enter into the bloodstream, and secondly, when the virus "takes hold" of the CD4 cell. These two occurrences will be more likely to happen when:

- The virus is present in *sufficient quantities* (in the semen, vaginal fluid or blood).
- The virus gains access *into the bloodstream.*
- The *duration of exposure* is long enough. The risk of infection increases with the length of time that a person is exposed to the virus.

For the purpose of this study, the other forms of transmission (through contaminated blood and mother-to-child transmission) mentioned will not be discussed in detail here. It is, however, also necessary to understand the difference between HIV and Aids.

2.2.2   The difference between HIV and Aids

It is important to understand the difference between HIV and Aids for there is still some uncertainty[15] among young people on exactly what the difference is between these two terms. To comprehend HIV it is important to know that Aids is an acronym for *Acquired Immunodeficiency Syndrome.* The "acquired" refers to the fact that the disease is not inherited, but a person obtains the disease as a result of the infection with HIV. The internationally known virus, HIV – *Human Immunodeficiency Virus* attacks a person's immune system by attacking and killing certain types of white blood cells, called CD4 or T-helper cells, which are responsible for destroying dangerous bacteria in the human body. The HIV slowly destroys all the healthy CD4 cells in the human body, leaving the immune system so weakened that the body cannot protect itself against attacks from other dangerous viruses or bacteria, also called "opportunistic infections". Once the body is so weak that it cannot fight off these other opportunistic infections, a person has Aids.

Infection with HIV happens when the virus infects the CD4 cells by "inserting viral genetic material into the nucleus of these cells. By cell replication a new virus is produced in and released by the host cell, which is eventually killed off so that the body's response to the infection is suppressed" (Louw, 2008:421). Van Dyk (2012: 31) states that HIV is so effective in destroying human lives because, as far as is known, the CD4 cells in the human body have no way to defend people against HIV. As daunting as this might seem for the human race, much has been done in the fields of research regarding a cure (which has not been found, as yet) and making it possible to live a full HIV-positive life, or as some programmes would like to call it, "Living positively with HIV".

Louw (2008: 421) states that Aids is the most advanced stage of this condition after being infected with HIV. Aids is often called an incurable and deadly disease. This reference to Aids, however, causes a lot of panic and fear within people and stigmatisation and discrimination result from this fear. Aids has also been called a "manageable, chronic illness, much like hypertension or diabetes", but this reference reflects a lack of understanding of the

---

[15] In a recent conversation with a group of 17-year-old high-school learners, I asked them what the difference is between HIV and Aids. The responses varied from for example, "I did not know there is a difference", and "I thought it is the same thing" to "I'm not sure".

seriousness of the illness. Louw (ibid: 421) quotes a UNAIDS document (2006: 2) in which a preferred description is given, namely, "AIDS, the acquired immunodeficiency syndrome, is a fatal disease caused by HIV, the human immunodeficiency virus. HIV destroys the body's ability to fight off the infection and disease, which can ultimately lead to death."

To summarise: HIV is a virus that enters the human body through the transmission of HIV-infected body fluids. Once HIV has entered the body, it attacks the T-helper cells, which are the cells that make up the body's immune system. HIV then breaks down the T-helper cells and destroys them in such a way that new cells cannot be produced. This weakens the body's immune system to such an extent that the body is unprotected against other opportunistic infections. At this stage a person has AIDS. Now the focus will shift to available treatment options in South Africa.

2.2.3   Treatment options

Once an individual has been infected with HIV, the infection must be managed to prolong the individual's life and to do everything possible to prevent opportunistic infections and full-blown Aids. The CD4 lymphocyte count and the viral load in the blood of an individual are the indicators used when evaluating the immune system, indicating when treatment against opportunistic infections and diseases, as well as antiretroviral treatment should start. Therefore, it is important to test the CD4 count and viral load regularly.

Antiretroviral therapy (ART) is the main treatment option, medically speaking, for HIV-positive individuals. ART is a use of a combination of three different types of drugs that was started in 1995, also called HAART (highly active antiretroviral therapy), and the goals of ART are four-fold, as stated by Van Dyk (2012: 110):

"Antiretroviral therapy has the following four primary goals:

1. *Virological goal*: to reduce the HIV viral load[16] as much as possible – preferably to undetectable levels – for as long as possible.

---

[16] By Van Dyk's (2012:500) definition: "Viral load refers to the amount of viral RNA (or viral particles) detectable in the blood of an infected person. The quantitative PCR technique is used to "count" the HIV particles or viral load in the blood of an HIV-positive person."

2. *Immunological goal:* to restore and/or preserve immunological function so as to improve immune functioning, reduce opportunistic infections and delay onset of Aids.

3. *Therapeutic goal:* to improve the quality of the HIV-positive person's life.

4. *Epidemiological goal:* to reduce HIV-related sickness and death, and to reduce the impact of HIV transmission in the community.

ART changed the character of HIV infection. Before the option of ART, HIV infection was thought to be an acute, deadly disease. With the help of ART, HIV-positive people can now live with and manage this chronic disease. The HI-virus, however, is so complex that the search for a cure during the last few decades has seemed like an unreachable goal. The best strategy against the spread of HIV is still to help HIV-negative people to stay negative and to treat HIV-positive people with dignity and compassion.

Having looked at the basic biological facts about HIV and Aids, the focus will now shift to the current situation in South Africa by looking at the most recent prevalence and incidence rates.

2.3   South Africa: The current state of affairs

This disease is spreading and the deadly effects can be seen throughout the whole world. Unfortunately the effects – whether physical, emotional or social – are nowhere more tragically felt than in sub-Saharan Africa. According to a UNAIDS report (Van Dyk, 2012: 7-8) Aids remains one of the most serious health issues in the world, although much success has been achieved in the fight against this epidemic. Sub-Sahara Africa shows some of the sharpest declines in incidence and prevelance rates; however, it is still the region that is the most severely affected. Worldwide, 1 in 20 adults live with HIV (ibid: 7). To be able to understand the full picture of the current state of affairs in South Africa, current available statistics will be used here.

2.3.1   HIV prevalence

HIV prevalence refers to the current number of people living with HIV. Numerous sources reveal that South Africa is the country in the world with the highest HIV prevalence. Adam Wakefield (2015) reported that one in every ten South Africans live with HIV as the mid-year

population estimates report for 2015 showed that 6.19 million in a population of 54.95 million South Africans live with HIV. The UNAIDS statistics for the estimated HIV prevalence in South Africa for 2015 will be shown here, reflecting the current reality. In the first figure (2.2) the HIV prevalence of people of all age groups is shown. In the second figure (2.3) the estimated prevalence of HIV in the age group 15-24 is shown.
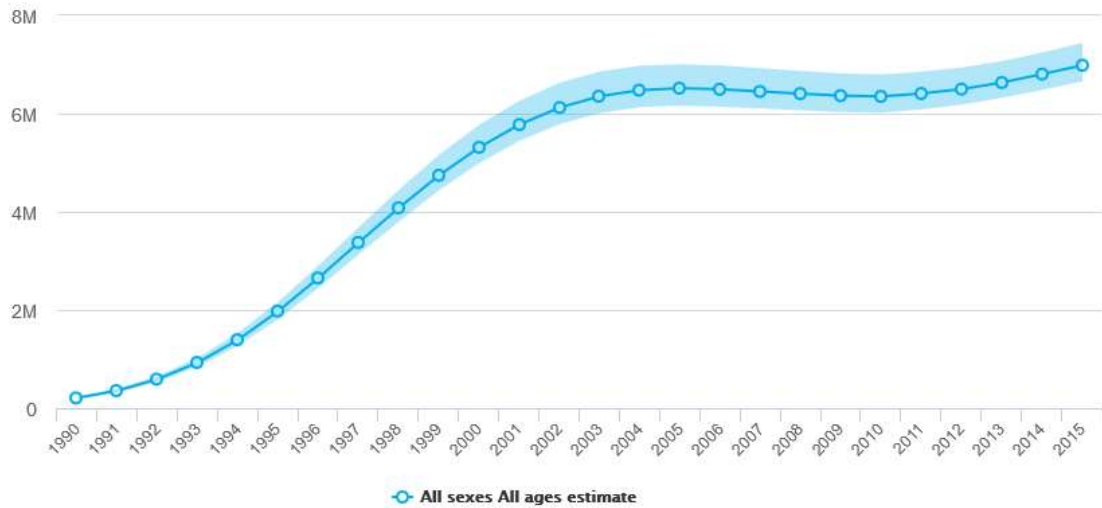
Figure 2.2 Estimated HIV prevalence in South Africa among people of all sexes and ages (Source: UNAIDS, 2015)
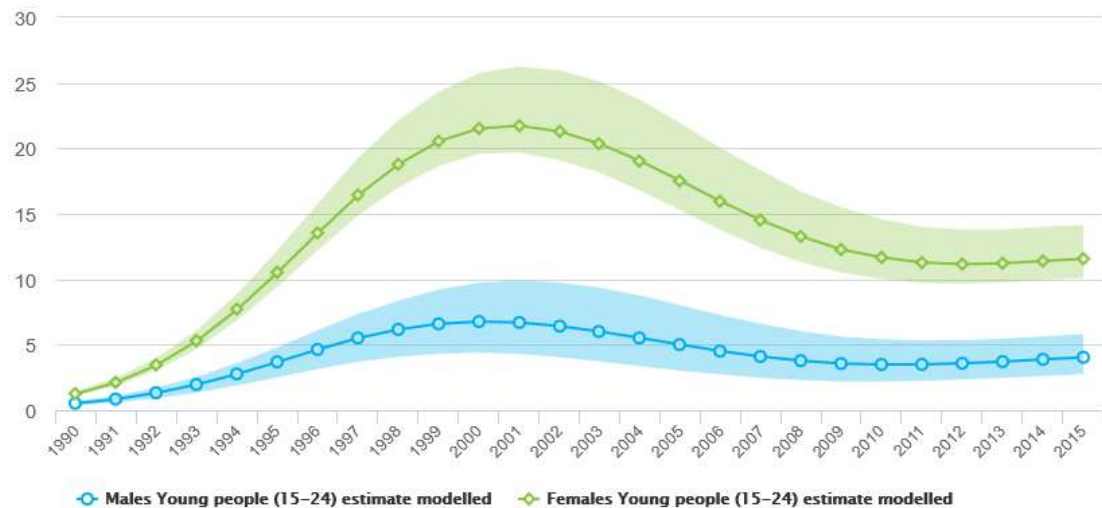
Figure 2.3 Estimated HIV prevalence among young people (15-24) male and female (Source: UNAIDS, 2015)

In figure 2.2 the estimated number of people living with HIV shows 7 million people. Figure 2.3 shows the estimated number of females aged 15-24 as 4 million people and 2.7 million for males. Of note in these statistics is the fact that the prevalence among young women is noticeably higher than in men. The reasons for this are numerous, for example gender-based violence against women and age-disparate relationships. More will be said about this at a later stage.

2.3.2   HIV incidence

HIV incidence refers to the annual number of new HIV infections as a proportion of previously uninfected people. It is necessary to note the estimated incidence in order to be able to track the dynamics of the HIV epidemic. HIV incidence also reflects the impact of HIV-prevention strategies that have been implemented. As the 2012 South African National HIV Survey states (:113) "HIV incidence is therefore the biomarker of choice to associate with recent behaviours or recent behavioural changes."

Figure 2.4 and 2.5 below shows the number of newly infected individuals in South Africa as published by the UNAIDS. Figure 2.4 shows the estimated number newly infected individuals of all age groups. Figure 2.5 shows the estimated number of newly infected young people (15-24) for 2015.
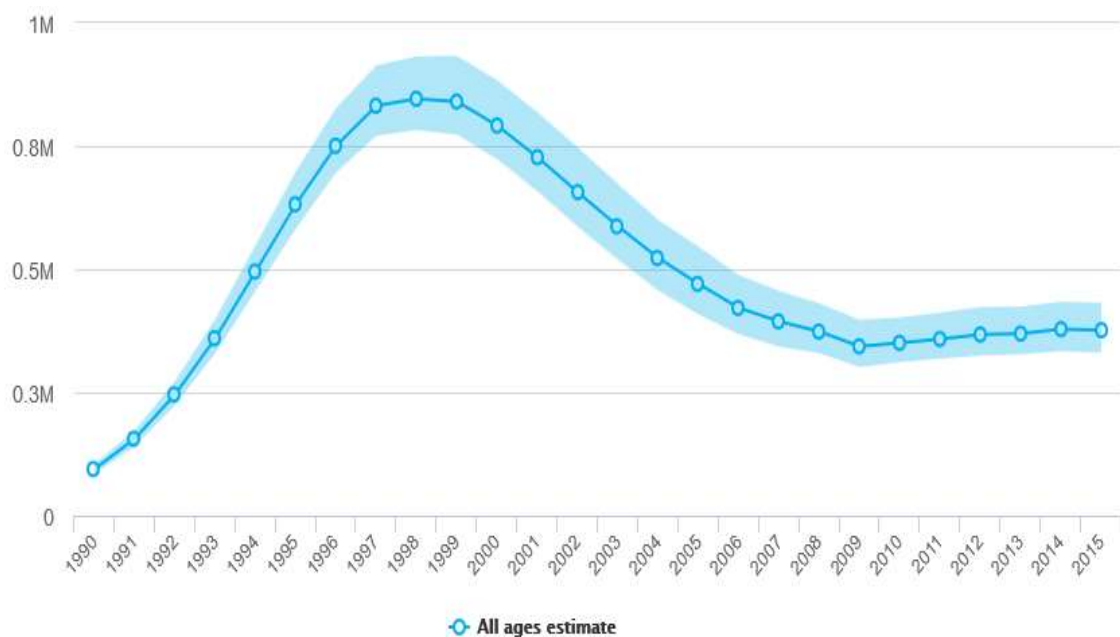
Figure 2.4 Estimated number of new HIV infections (all ages) (Source: UNAIDS, 2015)

29
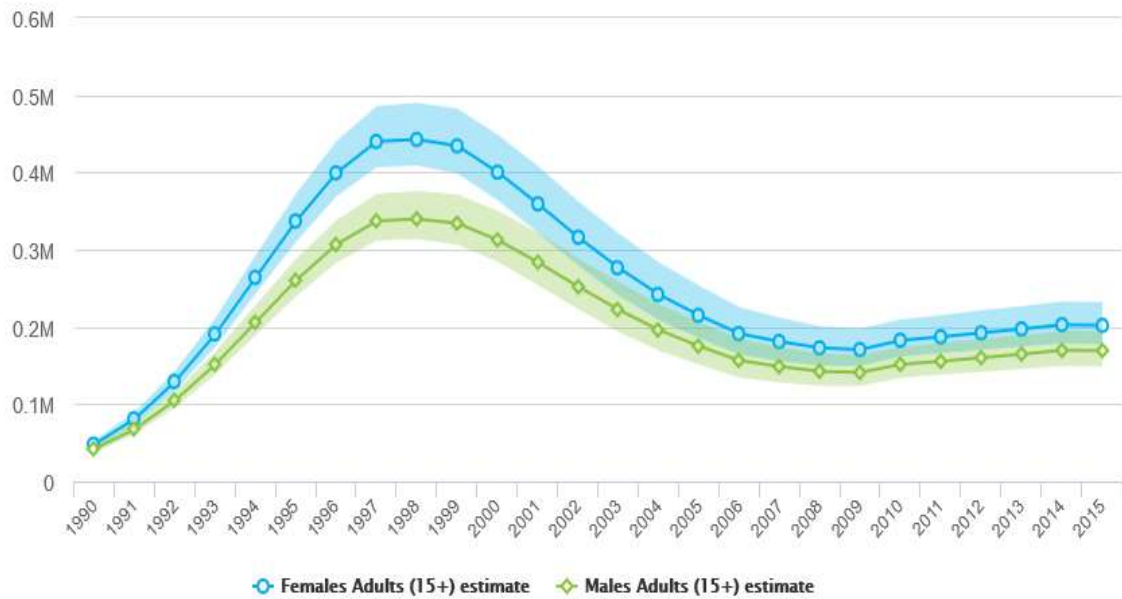
Figure 2.5 Estimated number of new HIV infections among young people (15-24) male and female (Source: UNAIDS, 2015)

Figure 2.4 shows the estimated number of new HIV infections among people of all ages in South Africa for 2015 as 380 000. Figure 2.5 shows the estimated number of new HIV infections among young people (15-24) as 200 000 for females and 170 000 for males.

These statistics are consistent with a trend identified by the UNAIDS Outlook report[17] stating that young people (aged 15-24) are leading the HIV prevention revolution by taking charge to protect themselves from infection. Whether by waiting longer before becoming sexually active, by having fewer partners or by more responsible use of condoms amongst those with multiple sexual partners, incidence in this age group is declining. Wonderful as it is to see that incidence among adolescents is decreasing, risky sexual behaviour is still happening and infection continues. The only way in which HIV infection will stop, is to continue advocating behaviour change.

---

[17] UNAIDS Outlook Breaking News Report: Young People Are Leading The HIV Prevention Revolution, as found at www.unaids.org on 28/10/2014.

2.4   Advocating behavioural change as prevention for HIV infection

Although HIV can be transmitted between individuals in various ways, the main form of transmission is still through risky sexual behaviour. As the statistics previously mentioned revealed – HIV is still spreading throughout South Africa. In an article in the Mail&Guardian by Mia Malan[18], Leickness Simbayi was quoted saying, "The increase in some risky sexual behaviours are disappointing, as this partly accounts for increases in some risky sexual behaviours still occurring in South Africa. We must therefore keep reminding South Africans to avoid being complacent when it comes to HIV prevention and to continue to engage in safer sex practices in order to prevent new infections."

Louw (2008: 422-423) describes HIV in a number of terms. One of these terms is that HIV is a *behavioural disease*. This implies that HIV is linked to human behaviour, thus it can be associated with virtues and values/morals. Dilley (quoted in Louw, 2008: 422) says, "Because AIDS is primarily transmitted by specific high-risk sexual activities, and by sharing of infected needles, AIDS is a disease of behaviour". There is not one person on this planet that is immune to HIV-infection.

GJ Knobel (quoted in Louw, 2008:423) is certain that all the sexually active people in the world hold the key to the prevention of Aids, by way of making responsible *choices*. Some of these choices are:

AIDS: One can Acquire the Infection only by Doing Something (usually sexually);

AIDS: Avoid Infection by Declining all Sex;

AIDS: Avoid Infection by Delaying Sexual experimentation;

AIDS: Avoid Intercourse with Different Sexual partners;

AIDS: Avoid Infection by Doing it (sex) Safely[19].

---

[18] Malan, M. 2014. SA has highest number of new HIV infections worldwide – survey. Mail & Guardian, as found at http://mg.co.za/article/2014-04-01-sa-holds-highest-number-of-new-hiv-infections-worldwide-survey on 05-11-2014.
[19] *The capitalization of the first letter of each word is my own to show what AIDS stands for in each instance.*

Kimweri (2008:59-61) also argues that one of the prevention strategies for combating the spread of HIV is *behaviour change.* This change, however, can only take place through HIV-awareness education. Education is not the only method to prevent the spread of HIV-infection. In the community of Kipawa, Tanzania, there is sufficient knowledge about HIV and Aids and how it is acquired, but the people do not seem to realise that although a person may seem perfectly healthy, he/she is still able to spread HIV. If this is the case in Tanzania, it is also possible that a similar understanding of the spreading of HIV can exist in South Africa. Kimweri argues that Pastoral Counselling should encourage people to practise positive, moral sexual behaviour.

Lungile Xhamela (2008: 326-343) dedicated a whole essay to the need for pastoral counselling and, for that matter, for all churches everywhere to develop a strategy to advocate behavioural change. Xhamela (2008: 330) points out that the South African Government has been advocating "moral regeneration" and that the aim of an initiative like this from the government is to revive the moral fibre of all citizens from all levels and sectors in this country.

Xhamela (2008: 330) says, "...(I)n the light of the Moral Regeneration drive that has now become topical in our country (South Africa)...there can be no meaningful moral regeneration if:
- The ethos of morality is fragmented and disjointed
- There is no standard against which morality can be measured
- There are no universal ethical and moral absolutes

Morality is viewed against the backdrop of mere humanistic philosophies."

In order to advocate responsible sexual behaviour as a strategy for the prevention of an increase in HIV infections, it is important to note what has been said and done in the past, what worked and what did not work. Firstly, however, it might be helpful to look at the response of the church in Africa towards the HIV and Aids epidemic. How the church responded in the past and the way this response has changed over the last few years can help to show what is still needed from the side of the church in the fight against the further spread of HIV and Aids in South Africa.

2.4.1   The Church in Africa's response to HIV and Aids

This research study does not have as its aim to explain in full detail the response of the church in Africa to the HIV and Aids epidemic; however, an overview will be given here to explore how the church's response has changed over the last few years. Chitando (2007: 1-2) and Van Dyk (2012: 9) argue that the overall response to the HIV and Aids epidemic from African governments had a slow start. The first reactions were ones of denial, blaming and moralising. In the earliest phase of the epidemic, churches had a very judgemental response presenting the epidemic as a divine judgment and representing the "signs of the end times" (Chitando, ibid: 2). The Church fuelled the stigmatisation and discrimination against HIV-positive people. Theological rigidity also contributed to the church's initial judgmental response. Believing God punishes the evil and rewards the good was the reason for this. Another obstacle for the Church's initial response towards the epidemic was the fact that sexuality was, and sometimes still is, not a subject that the church speaks about (Chitando, 2007: 19-37). These are just some examples of the reasons for the Church's initial negative response.

However, as time passed, the Church reviewed its initial response and started to play a crucial role in the fight against this epidemic. It has become necessary for the Church to respond more positively towards this epidemic, because many of the HIV-positive people are also a part of the church and Body of Christ. Foster (2010: 6-24) argues that the statement "The Church has AIDS" is one of the most controversial in the contemporary Christian church. Even thought this statement might be controversial, it is necessary as a way to show solidarity with church members who are HIV-positive. Foster (ibid: 7) states that it would be prudent for the Church to ask, "What would God want in this situation?"

Dube (2012: 77-72) gives an overview of the work that has been done in the last 25 years in the fight against HIV and Aids, and also suggests the way forward for the next 25 years, especially in terms of the church and theological education. She concludes that, "we have come a long way in the struggle against HIV/Aids, but we have a longer journey to undertake in pursuit of hope and healing ourselves, our communities, and our world in the current 25 years of engaging HIV/AIDS." She further claims that the lessons learnt in the first 25 years can help pave the way for the years to come. These lessons include the inter-connectedness of all human beings, men and women, young and old, the academia and faith-based institutions,

the Two Third worlds and the First world, PLWHA and those affected by it. Dube (ibid: 90-91) gives hope by saying, "I have great hope, hope for healing, for it has become clear to us that we are responsible for and to one another, that we are inter-connected and that my health and your health cannot be separated."

Foster (2010: 8) states that the Church's response to HIV and Aids was traditionally divided into two categories, namely prevention and mitigation. He states that the Church has been more successful in mitigation than in inventing prevention strategies. The Church's prevention campaigns have also been complicated significantly by the influences of African culture, fertility, the expectation of procreation and poverty. However, as Foster states, the Church has made some significant contributions and one example that Foster refers to, is the work of the South African Council of Churches that adopted the following statement as a response to the HIV and Aids epidemic to encourage all its member churches:

"We delight in the statement of our Lord Jesus, 'I have to come that you may have life, and have it abundantly' (John 10.10).

We commit ourselves to helping all people to have life and have it abundantly.

We embrace all people living with HIV and AIDS, and celebrate their presences among us.

We believe that HIV and AIDS can, if we allow it, lead the Church to a deeper and more meaningful ministry in responding to the love of God.

We call on all Southern Africans to embrace people infected and affected with HIV and AIDS, who live with us, as living examples of hope. We invite them to share their stories and journeys of struggle with us." (Foster, ibid: 8).

The concept of *Ubuntu* in Africa has also helped the Church in its response to the HIV and Aids epidemic. The importance of understanding people in terms of the community within which they exist plays an enormous role in Africa and can be helpful to HIV-positive people and the church. Already in 1969 John Mbiti said the following about the importance of people as part of communities with reference to *Ubuntu*:

"When he suffers, he does not suffer alone but with the corporate group; when he rejoices, he rejoices not alone but with his kinsmen, his neighbour and his relatives whether dead or living. Whatever happens to the individual happens to the whole group, and whatever happens to the whole group happens to the individual. The individual can only say: I am, because we are; and since we are therefore I am."

The Church as a faith community has the responsibility to speak the truth in terms of moral and ethical issues, but then always in a way that is non-judgemental and non-threatening to the dignity of all human beings, whether infected with or affected by HIV and Aids. Foster (2010: 17) quotes Rakoczy who states: "...Christian community has the responsibility, in the name of Christ, to speak the truth to the government, to health officials, to the nation as a whole about the dignity of each HIV positive person. Its prophetic voice must echo in the Parliament, in government committees, in local councils, in NGO meetings, in the press, the media – and from the pulpits of its churches. In a fearless ecumenism, Christians must come together with their brothers and sisters in Christ, and with those of other religious faiths, to speak and to act in the name of Christ, of a true humanity..."

The Church in Africa has come a long way since its initial responses to the HIV and Aids epidemic. Just a few references were made here, but the contribution which the Church has made in the fight against HIV and Aids is far more broad and complex than it has been explained here. In the next section the prevention strategies of the past and present will be explored.

2.4.2   Prevention in the past

Some of the earliest programmes initiated to prevent the spreading of this disease (Louw, 2008:423) include the *ABC* – programme:
- **A**bstain (from risky sexual behaviour)
- **B**e Faithful (to one partner)
- **C**ondomise

And the *SAVED* – programme:
- **S**afer practice
- **A**vailability of medication and access to treatment
- **V**oluntary virus testing
- **E**mpowerment through education and correct information
- **D**iet, dialogue and disclosure

In the first few years prevention strategies were focused primarily on condemning risky sexual behaviour as immoral and in some contexts, especially in some African Traditional

Religions (ATR) HIV and Aids are still seen today as God's punishment for immorality and sins (Van Dyk, 2012: 216). Manda (2011: 201-212) also states the fact that previously, in the earlier theological literature on HIV, focus was placed on morality and that the HIV and Aids epidemic was seen as a punishment from God for immoral sexual behaviour.

A number of people, religious and non-religious, are still asking the question whether the HIV and Aids epidemic is part of the will of God. If it is not God's will, if one believes that God is a god of love, then why is He allowing this epidemic to destroy millions of lives and families? Why doesn't He do something to stop the suffering, pain and destruction? The second question can be related to the theodicy-question. This question is as old as life itself. Since the very beginning, people have asked this question. If one thinks back to the Old Testament with God's people struggling in banishment in Egypt, or to the early Christians having been taken captive and killed for sport under the rule of Caesar Nero, or to the Anglo-Boer War, to the First World War and not even to mention the Second World War, the question can be asked, "Where was God?" It is the same when one thinks about the HIV and Aids epidemic. Why is this happening? Why is a virus so vicious and incurable invading the lives of millions of people worldwide?

Slattery (2002: 89) ventures a guess when he writes that God is perhaps allowing this curse of a virus to plague human beings so that a deep moral renewal can take place. God has to be God in people's lives and greater obedience to God is necessary. He says, "We can therefore see in the AIDS pandemic a great moment of grace as God calls us all back from the brink of self-destruction to become deeply involved in the spiritual and social transformation of our society".

Approaches such as this in combating HIV infection are both judgemental and limited. This often leaves an HIV-positive person with feelings of shame. David Barr (in Karpf *et al*, 2008: 139-148) recounts the early years as a gay man living with AIDS in the United States of America in the 1980s and what the earliest government strategies included:

> "The portrayal of the AIDS patient as victim was generalized and applied to the entire gay community. The empowerment of the PWA (person with AIDS) in programme and policy – and more broadly applied, the empowerment of the community at risk for and affected by HIV – became the central organizing principle for the community's response to AIDS at both the micro and the macro

levels. The value of this principle is clearest in the area of prevention. What little guidance was offered by government and the medical establishment was often moralistic and showed little understanding of the priorities and practices of the social and sexual lives of gay men."

Stigmatisation[20] of HIV-positive individuals and people living with Aids (PLWA) as immoral and sinful people is still widely felt even today. Ackerman (in Karpf *et al*, 2008: 103-109) states that this stigma must be countered, as stigmatisation inhibits prevention strategies. She says that, "...HIV-related stigma intrudes into virtually every aspect of social, political and familial life, expressing itself in acts of discrimination, exclusion, condemnation and even banishment. Stigma presents a major impediment to decent care because it perpetuates the silence surrounding HIV/AIDS. Stigma challenges religious institutions to examine their own traditions of discrimination, and to act in ways that are caring, inclusive, affirming and life-giving" (Ackerman, 2008: 104).

2.4.3   Present: A strategy for combined prevention

During the past few decades it has become evident that a single approach to the prevention of the spreading of HIV is not possible. Manning (in Haddad, 2011: 321-345) refers to seven principles of the 2005 UNAIDS strategy towards intensifying HIV prevention. The first of these seven principles as stated in Manning's article (ibid: 322) is, "HIV prevention programmes must be differentiated and locally adapted to the relevant epidemiological, economic, social and cultural contexts in which they are implemented." Manda (2011: 201) states that recently a shift has been made in theological literature from seeing HIV as God's condemnation for immoral behaviour towards a reflection on HIV and Aids "in a way that seeks to emphasise life-promoting and life-affirming values."

---

[20] Stigmatisation will differ in various contexts based on different cultural or religious differences. For the purpose of this study, stigmatisation should be understood broadly as the exclusion or alienation of a person because of his/her HIV/AIDS status.

Van Dyk (2012: 135-149) dedicates a whole section of her book to covering all the different aspects of behaviour change that is necessary to keep in mind to enhance prevention. She states (ibid: 138) that there are certain components of behaviour change that need to be present so that people are more likely to change their sexual behaviour. **Figure 2.6** below shows how behaviour change can take place.
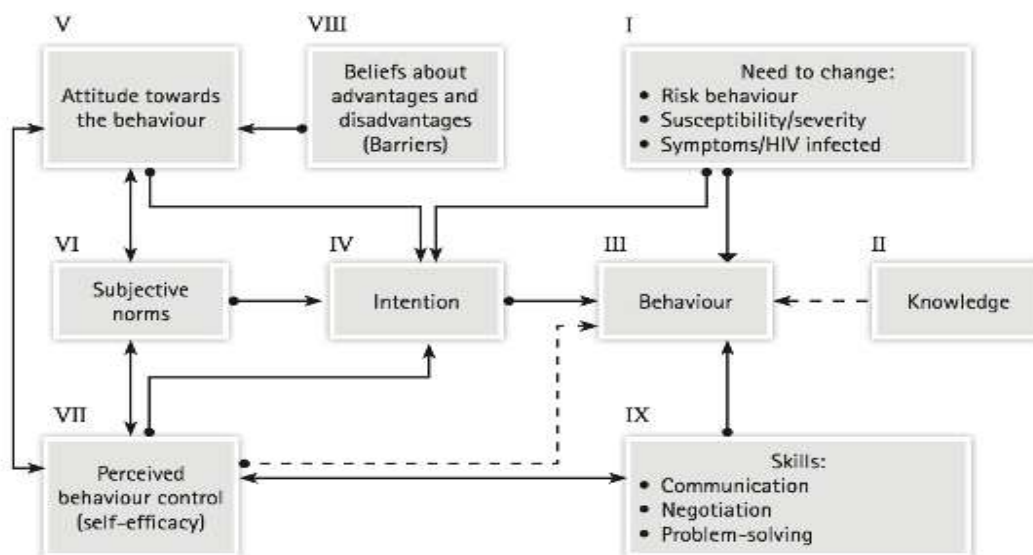
Figure 2.6   **Cognitive, social and psychological factors influencing behaviour change Adapted by Van Dyk from Aizen, 1991:182 (Source: Van Dyk, 2012: 137)**

With these components in mind, developing strategic plans for behaviour change also need to consider the different social, economic and cultural backgrounds of people affected by and infected with HIV. In an online report from the South African National Aids Council (SANAC) about the National Strategic Plan (NSP 2012-2016) and with specific reference to the Eastern Cape's Provincial Strategic Plan[21] (PSP), it is mentioned that the strategy has six key priorities[22], namely: *1. Prevention; 2. Treatment, care and support; 3. Impact mitigation; 4. Promote human and legal rights; 5. Management of the provincial response; 6. HIV and AIDS research.* In this same report[23] the following is part of the recommendation from the 2007-2011 report for the strategic plan for 2012-2016:

---

[21] Eastern Cape Provincial Strategic Plan report found at http://sanac.org.za/resources/cat_view/2-nsp, accessed 19/11/2015.
[22] http://sanac.org.za/resources/cat_view/2-nsp, p. 26.
[23] http://sanac.org.za/resources/cat_view/2-nsp, p. 27

"Prevention

Positive prevention initiatives

There is a need for the development and/or cultural adaptation and evaluation of theory-based behavioural risk reduction intervention targeting PLWHA (People Living with HIV and Aids) who are aware of their status. The main goal of such interventions, which are known as positive prevention approaches, is to prevent both the infection of their uninfected partners (primary prevention) and themselves from being re-infected with another strain of the virus (secondary prevention).

Combination prevention initiatives:

Increasingly, it is evident that no one (1) solution will facilitate effective prevention. A combination of communication messaging, biomedical and other supportive interventions need to be crafted and aimed at specific risk populations."

Through quoting this report and the recommendations for the current strategic plans in action, the researcher wishes to show that behaviour change, although combined with other prevention initiatives, is still an important focus in strategies preventing new HIV infections from taking place.

For a long time the focus in prevention strategies, including behaviour change strategies, fell on education. This was based on the assumption that sufficient knowledge will make people change their behaviour. However, education and sufficient knowledge about this disease may not necessarily cause a change in people's behaviour. Martin (2007: 177-185) argues that education is not the only prevention strategy that will cause people to change their behaviour. Although people may have all the knowledge about HIV and Aids, this may not necessarily cause them to change their behaviour. Martin states clearly that education is morally very important, but that people tend to do the opposite of what they know is the best for them. The desire to do that which one knows is not beneficial always seems to have a certain appeal to it[24]. This is especially true for adolescents as they seem to experience a certain amount of invulnerability with an attitude of "it cannot happen to me" (ibid: 178). Martin suggests that

---

[24] This reminds us of what the apostle Paul spoke of in his letter to the Romans: "I do not understand what I do. For what I want to do I do not do, but what I hate I do." Rom 7:15 from the Holy Bible: The New International Version.

the focus, especially in pastoral care and counselling, should rather be placed on appealing to the nature of human beings that longs to do the good and be accepted by God. He states "it is not enough to counsel people to do the lesser evil. The challenge is to get them to do the good they are capable of" (ibid: 185).

2.5   Conclusion

As the age-old adage states, "Prevention is better than Cure". However, this is definitely easier said than done, especially in a diverse context with a multitude of cultural and religious ideologies. Although the picture that the current statistics paint about the dynamics of the HIV epidemic in South Africa is not a good one, much work has been done to prevent the spread of HIV and to treat those individuals already infected (PLWHA) with the correct medication, human dignity and compassion. From the first stages of identifying the HIV and Aids epidemic for what it is up until the point where it is now, much has been done in terms of prevention. Some strategies have worked better than others, but it is clear that one simple strategy is not feasible to prevent the spread of HIV in a diverse context where different ideologies play a large role in the understanding of sex and sexuality.

Throughout chapter two the researcher tried to focus on the descriptive-empirical task of practical theological interpretation by trying to answer the question, *What is going on?* by giving an overview of the basic knowledge about the background information on HIV and Aids (transmission, the difference between HIV and Aids, different treatment options) as well as an overview of the current state of affairs in South Africa (HIV prevalence and incidence). Reference was made to the response of the church in Africa to the HIV and Aids epidemic, as well as noting past and present prevention strategies as a way to explain what is going in South Africa in terms of the HIV and Aids context.

Chapter three will focus on the identity and faith development of young people (15-24 years old) in an attempt to understand their decision-making abilities in this specific stage of life, as well as the different factors that influence adolescents' understanding and participation in sexual activities. This will be an attempt to answer the question *Why is this going on?* which is a part of the interpretive task of practical theological interpretation.

CHAPTER THREE

The Crisis of Sexuality amongst Adolescents

3.1   Introduction

The second task of practical theological interpretation is the interpretive task, which is aimed at answering the question of *why* certain patterns and dynamics have emerged in a specific context. To be able to answer this question, it is necessary to look at the different theories that are present in this specific context. Osmer (2008: 89) states that there are different ways in which wisdom can be obtained, but that ultimately it is gained from "deriving general insights from the observable patterns of nature and human life", which he calls the wisdom method of inquiry. This is the aim of the interpretive task. By reflecting on the natural and social sciences, discernible patterns can be recognised and learned from. The same is true for congregations and communities and looking at their folk wisdom and cultures. From this it is possible to discern how people interpret their lives and how they act accordingly.

Chapter two of this research study focused on the contextual analysis (the descriptive-empirical task) of the current state of affairs in South Africa with regards to HIV and Aids, sketching the context and what the researcher deemed necessary information to be able to make informed decisions with regards to sex and sexuality.

It will be the aim of this chapter to focus on and explore theories from the fields of psychology, sociology and theology to better understand the inner world of adolescents and how morality is formed within this specific developmental stage, to sketch their reality in terms of the crisis of having to deal with difficult decisions regarding sexuality in their specific environments and amidst a multitude of different influences in their lives. These influences include parents, and the lack of parental guidance, peer group pressure, the media and specifically also social media, the church (as the body of Christ) and different cultural and religious perspectives that can have an important influence on forming adolescents' identities. The fact that a prescriptive model for guiding adolescents to make morally responsible choices about their sexual behaviour is not feasible, will also be argued. Focus should rather be placed on guiding adolescents to discover their identity in Christ. Making responsible choices can flow more easily from this.

The focus of this chapter is dualistic in nature. Firstly, the researcher will focus on the internal factors that influence the development of adolescents by briefly looking at different developmental theories in the work of psychologists, sociologists, cultural anthropologists and theologians like Jean Piaget, Erik Erikson, Lawrence Kohlberg, Johannes van der Ven, and James Fowler, to name a few. These developmental theories all contribute to a more holistic developmental understanding of the human being. Rather than focusing on only one aspect of development, for example cognitive development, the researcher deems it necessary to have an understanding of the holistic development of adolescents – psychological development, identity formation, faith formation and moral formation. The researcher emphasizes that one cannot be considered without the other and that all must be considered in an integrated approach to understand the complete development of adolescents. All the available works of the different theorists cannot be mentioned in a research study such as this, due to the sheer magnitude of all the different resources available on the different developmental theories. A brief summary of the basic principles in the work of each of the selected theorists will be given.

Secondly, the researcher will focus on different external factors that influence the development of adolescents and their understanding of sexuality, i.e. the role of parents and family structures (or lack thereof), peer group pressure, the different forms of media, the church (also described as the faith community), social issues (e.g. poverty and gender-based violence) and also different cultural influences and perspectives (e.g. the current phenomenon in South Africa known as the Blesser-Blessee relationships).

Both the internal and external factors contribute to a more holistic approach to understanding the development of adolescents, especially pertaining to the crisis that adolescents experience in terms of sex and sexuality. The researcher will conclude with an argument that the world in which adolescents live and must learn to live today is a very confusing world to navigate oneself in. For this reason adolescents need the guidance of adults.

3.2   The internal influential factors for adolescents with regards to sexuality

According to a UNAIDS fact sheet[25], based on the report of the Secretary General of the UN published in February 2012, there are 1.6 billion people between the ages of 12-24 – "the largest generation of adolescents and young people ever." This fact sheet also states that in the year 2010, young people in the age group 15-24 "accounted for 42% of new HIV infections in people age 15 and older." The question arises – Who are these young people? According to Harrison (in Karim and Karim, 2008: 263), the definition for "young people" are those individuals between the ages of 10 and 24, based on the description preferred by the World Health Organization (WHO).

In the first chapter of this research study it is stated that the term "adolescents" refers to a specific developmental stage of life, pertaining to people who find themselves in the age group 12-24, with early adolescence referring to the age group 12-18 and late adolescence referring to the age group 18-24. This developmental stage functions as the transition phase between childhood and adulthood (Erikson, 1968: 128). It is important to note here that this definition of adolescence refers to a Western world view of psychological development. In other cultures, such as different African cultures, this developmental phase may be much shorter, or in truth may not exist at all – with people moving from childhood to adulthood by participating in cultural practices, e.g. initiation rites. *Adolescence* or *Adolescents* refers to these individuals who find themselves in this specific stage of life.

Adolescence, according to Meyer (Wait, Meyer & Loxton, 2005: 151), is often described as the most exciting phase of life. Adolescents are on the brink of life in terms of love and work, and they are introduced to the most interesting people – themselves. Adolescence is the developmental phase between childhood and early adulthood. This period of life can differ from culture to culture, for instance, in the Western culture this period can last up to ten years, but in other cultures it is significantly shorter or even non-existent. In the African context, for example, initiation rituals are used and even a form of internship is followed for a year or two to complete the transfer from childhood to adulthood. These young people are seen as adults at the age of sixteen or seventeen. As a result of the different views of the period of time allotted to this developmental phase, there are a number of different views on

---

[25] Accessed on www.unaids.org on 26/09/2014.

adolescence in the field of psychology. Maiko (2007: 165) states that there are three different stages in adolescence within an African context, starting with early adolescence (10 to 15 years old); middle adolescence (16 to 24 years old) and late adolescence (25 years and older). For the purpose of this study the researcher will focus on the age group 15-24 years old, as this is the age group in which the most new HIV infections are recorded (as shown in the statistics in chapter two).

In the work of Erik Erikson (Erikson, 1968: 128 & Meyer, Moore & Viljoen, 2008: 202) adolescence is described as the stage of development that starts from the onset of puberty around the age of twelve and this stage ends when early adulthood starts, which could be any time between the ages of eighteen and twenty-five.

Meyer (Wait *et al.*, 2005:152) mentions the work of Newman & Newman which states that adolescence can be sub-divided into two phases: early adolescence and late adolescence. Early adolescence starts with the onset of puberty and ends with the completion of high school. This period is characterised by fast physical changes, cognitive maturity and a heightened sensitivity for peer acceptance. In this phase, according to Newman & Newman, the developmental crisis is *group identity versus isolation*. Late adolescence starts at around the age of eighteen and continues for approximately three or four years. The developmental crisis in this period as explained by Erik Erikson is *Identity versus role confusion* (Rich & DeVitis 1985: 59).

During adolescence (both early and late adolescence) there are a number of important developmental tasks that an individual undertakes. Meyer (Wait *et al.*, 2005: 152; 165) states these developmental tasks are: accepting physical changes, developing cognitive maturity, developing emotionally, accepting the peer group, establishing relationships, developing own identity, autonomy from parents, establishing gender role identity, developing an internalised morality and making a career choice.

One of the key developmental tasks of adolescence for this research is developing an internalised morality. As adolescents develop towards maturity, they are confronted with different aspects of morality. For instance, now that they are able to have sex, they must decide what sex means to them and if they condone sex before marriage or not. They also have to evaluate the actions of their peers and decide if it is important to achieve good marks

in school, what role they will assume in society in terms of achieving success (which is measured in terms of the amount of money that is earned) and what role faith will play in their lives. For the purpose of this study, another moral aspect can be added to this list of possibilities: will I allow myself to get infected with HIV? Adolescents learn both desirable and undesirable values from the people with whom they spend their time, which in this phase of their life are mostly their peers (Rich & DeVitis 1985: 55). Therefore the guidance of significant adults – adults who can help shape their values – is necessary.

In the following section the researcher will focus on the different developmental theories with regards to adolescent development. For anyone working with adolescents, an understanding of the needs and issues that make up so much of an adolescent's inner world is vital. Attention will largely be paid to the cognitive, moral, faith and identity formation of adolescents.

3.2.1   Cognitive development

Shelton (1983: 29-42) gives an in-depth summary of the cognitive developmental model of Jean Piaget. This summary will be used here to highlight the most important factors in the work of Piaget. Piaget's cognitive development theory has deeply influenced studies in educational and developmental theory. Piaget's work in cognitive development led him to discover that cognitive growth takes place in stages. These stages follow a definite sequence and are invariable for all people (ibid: 30). A person's biological make-up and the normal processes of human development are what cognitive development results from. Cognitive development takes place as the person continues to accumulate new information. The two biological functions necessary for cognitive development to take place are *organization* and *adaptation*, according to Piaget. "Organization refers to the arranging and structuring of various mental processes, such as memory and perception." (ibid: 30). And, "the ability to function and cope adequately with the environment in everyday life activity is called adaptation." (ibid: 30). Assimilation and accommodation are two intellectual functions that make the on-going adaptation to reality possible. And so, "assimilation and accommodation are complementary processes and through their continuous interaction they bring about conceptual adaptation and growth." (ibid: 30). As people accumulate new information as they grow older, they organise and adapt by assimilating the new information into their cognitive

view, while simultaneously accommodating their own understandings to the new information received.

Piaget's theory of cognitive development unfolds in four stages. Stage one, from birth to around two years old, is called the "sensorimotor stage". The "pre-operational stage" follows, from two to seven years of age. From seven to twelve years old is called the concrete "operational stage" and at the onset of early adolescence the stage that Piaget calls the "formal operational" stage starts. This last stage is what helps adolescents make sense of the reality of the world around them. During the concrete "operational stage", children can only perceive that which is concrete and evident, tied to reality and that which a child experiences. It is only during the "formal operational" stage that young adolescents start to hypothesise and demonstrate abstract thinking. Now, "the adolescent can move from the concrete, personal experiences of life, to the 'possible' and 'potential' aspects of situations and personal experiences. The adolescent constructs hypothetical situations of what might be and examines various alternatives and solutions to everyday problems." (ibid: 33).

In this stage of formal operational thinking, adolescents start to consider the more "burgeoning questions of life" such as belief, questions about God and their own personal values. Adolescents also start to think about thinking. This stage with its introspective qualities helps the adolescent to make sense of the transition between childhood and adulthood, for now the adolescent must start to consider his or her own role in the adult world. "Such reflections encourage the adolescent to begin constructing a personally meaningful value system that incorporates opinions and attitudes on political and social realities." (ibid: 34). One of the important characteristics of the formal thinking stage is that adolescents think of themselves as special and that they are, in a way, invincible and that they can do no wrong. This "mistaken notion of invincibility" (ibid: 36) is what often leads to sexual acting out or other destructive behaviours.

Adolescents are also very self-absorbed. Elkind (1978) developed the notion of adolescent egocentrism by stating that adolescents often find it difficult to shift the focus away from themselves and see the interests of others. This manifests in two ways, according to Elkind namely: imaginary audience and the personal fable. Adolescents are often so self-concious that they think they are the centre of everyone's attention (imaginary audience). Adolescents also believe that they are unique and *special* and that what they experience is so completely

different from what others are experiencing that it bears no resemblance (personal fable). This often leads them to think that what is happening to other people "will never happen to me". The implication of this in terms of sexual activities is that they might think they will not get infected with HIV or fall pregnant.

To summarise, this stage of formal operational thinking helps the adolescent to make the transition from childhood to adulthood and helps him or her to ask profound questions about the important factors in life such as religion, values, and personal morality, and they start to set up a belief system that will not only be meaningful at present, but will also be functional for later in their adult life (ibid: 37).

3.2.2   Moral development

In this section on moral development the moral formation theories of psychologist Lawrence Kohlberg and the practical theologian, Johannes van der Ven will be explored. Moral development is an important part of the development of adolescents and it is necessary to understand the development process to have a clearer understanding of who adolescents are and how their thinking about morality shapes their decisions.

Moral development starts in early childhood, according to the theory of Lawrence Kohlberg at the age of four years. A summary of Kohlberg's theory (1981: 409-412) consists of three levels (A, B and C) and six stages, with a transitional level between Level B/C. Level A consists of stages one (the stages of punishment and obedience) and two (the stage of individual instrumental purpose and exchange). This level is called pre-conventional morality and is found in children aged four to ten years old. The emphasis is placed on external control of moral judgement and moral standards of others are followed to avoid punishment or to get rewarded. Stage one is focused on an obedience and punishment orientation. Rules are followed to avoid punishment. Motives behind actions are ignored and focus is placed on how bad an act is and what the punishment will be. The question "What will happen to me?" is the consideration for moral or immoral acts. Stage two consists of conforming to rules out of self-interest and considering what someone else can do for me. The question "What's in it for me?" is the consideration for moral acts.

Level B consists of stage three (the stage of mutual inter-personal expectations, relationships, and conformity) and four (the stage of social system and conscience maintenance). This level contains conventional morality and is found in children aged ten to thirteen years old. The emphasis is on a desire to please others. External standards of morality are followed but also internalised to a certain extent. Children on this level have a desire to be seen as "good" by others whose opinion is highly valued. Stage three is focused on the maintenance of reciprocal relationships, the approval of others is very important, children have a desire to help others, they can judge others' motives, and evaluate actions according to underlying motives. The good boy/girl attitude is maintained. In stage four a social conscience develops and maintaining the social order is important. An action is wrong if it breaks a law and impairs others, regardless of motive.

Between Level B and Level C there is a transitional level, B/C. On this level the focus falls on the post-conventional stages, however principles are not yet established. Conscience is relative and arbitrary, based on emotions. Concepts such as "duty" and "morally right" are not yet established. In this stage, the personal perspective is that of a person detached from his/her own society, making decisions without commitment or obligations to a particular society.

Level C consists of stage five (the stage of prior rights and social contract or utility) and six (the stage of universal ethical principles). On this level post-conventional morality is found in children aged thirteen and older. On this level adolescents have autonomous moral values or what Kohlberg calls "real morality" and internal moral and behavioural control. In stage five the emphasis is on rational thoughts, the majority's will, the well-being of community, and a strict adherence to laws. When laws conflict with personal desires, the law is followed. In stage six there exists a consciousness of a morality of universal ethical values. The emphasis falls on doing what an individual thinks is right regardless of others' opinions or restrictions by law. Adolescents and adults then act according to internalised standards, knowing that they will judge themselves if they do not.

With this model of moral development from Kohlberg in mind, it is relevant to note that by the time individuals reach adolescence, they should be able to act according to autonomous internal moral values. However, this may not be the case for all adolescents. There are a number of influences that have an impact on the reasons why adolescents find it hard to make

ethical decisions. These influences will be discussed in the second section of this chapter under the external factors that influence adolescents.

Johannes van der Ven, in his book *Formation of the Moral Self* (1998), states that moral development takes place through a number of different modes. These modes are discipline, socialisation, and the transference of values, cognitive development, enlightenment and emotional and character formation. These modes then help to shape the individual and guide him/her to lead a self-regulating life.

Van der Ven (1998:36) distinguishes between formal and informal moral development. Formal moral development takes place systematically and methodically through the educational activities in different organisations, for example as part of primary, secondary, tertiary or adult education. It may also take place in other institutions such as associations and faith communities.

Informal development takes place in the informal relationships in which people are, for example, a child's relationship with his/her parents, brothers and sisters or any other member of the primary household. Informal moral development can also take place in the larger community, for example, through relationships with neighbours or other significant relationships in the every day surroundings. The church or faith community can also fall under informal moral development. The difference between informal and formal may not always be exactly clear and therefore they can overlap.

Van der Ven (ibid: 38) also makes two comments about moral education that, as he says, can be used in the mode of moral transmission. Firstly, he states that it should be the focus of the educational process to introduce the moral and religious traditions of a community to a child. Secondly, an emphasis should be placed on the development of a child's moral judgement. However, the difficulty is that there are many different traditions, and navigating between them can be an arduous task – especially since indoctrination should be prevented.

In conclusion, the aim of moral formation in specific contexts, for example, a faith community or informally in a family, should be to shape adolescents into people that adhere to the specific morals and values that exist in that context or community. With that said, the next section will focus on identity formation.

3.2.3   Identity formation

For this section on identity formation the researcher will focus on the work of developmental psychologist, Erik H. Erikson. According to Erikson's theory that consists of eight stages, with a developmental task in each stage and a potential developmental crisis if this task cannot be mastered, all people have the potential to resolve their own developmental crises and, in so doing, achieve competent functioning. This is what Erikson (1968:91-92) calls human growth and he states that when one refers to growth, it is important to remember the *epigenetic principle*: "this principle states that anything that grows has a ground plan, and that out of this ground plan the parts arise, each part having its time of special ascendancy, until all parts have arisen to form a functioning whole."

To discuss the whole of Erikson's identity development theory will be an impossible task to fit into a study such as this. The researcher will focus here on the identity developmental stage of adolescence. Again it is important to note here that these theories were developed in a very Western world view. Nguru (2014: 103) states that various authors (with reference to Mwamwenda, 1995; Kiminyo, 2007; Kabiru & Njenga, 2007) have built their work concerning the development of African children on the basis of the developmental theories of psychologists such as Erikson. With reference to the work of Louw (2008), Nguru places emphasis on the fact that a person in Africa must be seen in a more dynamic approach, rather than just in Western psychological categories. In an African approach, personhood is strongly connected with the African concept of communality and solidarity. A person's development is strongly connected to the kinship with the extended family and the larger community. With reference to Mbiti, Nguru (ibid: 103) states that one cannot take an individualistic approach when looking at the development of personhood, because of this communality. African traditional religions also affect every detail of life and by definition then the development of people as well. However, Nguru (ibid: 105) states that although this is true, these developmental theories may help one to understand the development of African adolescents as well to a certain extent.

During adolescence, according to the theory of Erikson, young people are mostly concerned with answering the questions "Who am I?" and "What do I want from life?" Steinberg (in Wong et al., 1999: 898) describes identity development during adolescence as follows: "Before adolescence the child's identity is like pieces of a puzzle scattered about the table.

50

Both cognitive development and social situations encountered during adolescence push individuals to combine puzzle pieces – to reflect on their place in society, on the way others view them, and on their options for the future."

This stage of life is a very confusing time because of a number of changes that are happening. Uncertainty, mistrust and confusion decorate this stage of life. Erikson (1977: 234-237) explains that adolescence is marked by the developmental crisis of *Identity versus role confusion*. Earlier certainties about identity that an individual might have had are all brought into question by the physical changes of puberty and the beginning of sexual maturity and social expectations, such as a career choice, to name but one. Erikson (1968: 128-129) states, "...adolescence looks most fervently for men and ideas to have *faith* in, which also means men and ideas in whose service it would seem worthwhile to prove oneself trustworthy... At the same time, however, the adolescent fears a foolish, all too trusting commitment, and will, paradoxically, express his need for faith in loud and cynical mistrust." Adolescents tend to re-struggle with all that they have learnt and experienced in childhood as a way to figure out for themselves who they are. This often results in adolescents also fighting with well-meaning people (peers or adults) whom they appoint as "adversaries" in the search for an own identity.

Erikson (ibid: 235) states that the confusion to avoid in this stage is the fact that sometimes, in search of an own identity, adolescents apparently lose themselves in "over-identifying" with the heroes of crowds or cliques. This initiates the process of falling in love, which seldom has anything to do with real love, but is a way in which adolescents can express themselves towards others and see themselves reflected and thus gradually clarify who they are. Adolescents are also remarkably "clannish" (ibid: 236) and they can be extremely cruel to others who are seen as different from their 'clan'. Adolescents also tend to test others' *fidelity* to the group, for example, by rituals or creeds, often resulting in adolescents doing something that they might not choose to do of their own accord, but to prove their loyalty to the group.

Louw (1999: 163) also states that identity formation takes place through the responses and reactions of the people that surround adolescents. Identity development is also a life-long process. Weber (2014: 106) states that adolescents who are Christians are faced with difficult choices regarding their identities on a daily basis, because of what they believe. They risk being ridiculed and isolated for their beliefs. She further states that the youth see themselves

through the eyes of those around them (peers, family, et cetera) and when these people in their lives disappoint them they tend to question their own identities. The positive side of this stage of life is that adolescents are very passionate about what they do decide to do. However, Weber then states that adolescents take on different personalities in the various contexts in which they find themselves as a way of exploring a possible personal identity. She states, "They take on a false self in which they act in ways they know to be different from their core being when they feel that their real self has been rejected by parents, peers and other influential others in their lives" (ibid: 107). She continues by arguing that identity development is about how well adolescents respond to what is happening in their lives, which includes the degree to which they take responsibility for their actions. She contends that, "Theologically, it (identity formation) concerns how these youth discover God's calling upon their lives, whether they accept or reject it. That these youth have freedom to respond to this call is entirely God's grace because Christian identity is ultimately vested in a relationship with God who through His Holy Spirit daily transforms the young person." From a Christian perspective then, identity can be discovered and formed through a relationship with God and the in-working of his Holy Spirit in the life of an adolescent. Louw (2012), referred to in chapter one, made this clear by stating that all people, including adolescents, are in search of meaning in their lives. For Christians, this is the grace of God through his salvation-work in Jesus Christ. God's grace is what gives Christians hope for the future and it is this hope in Christ that can help adolescents face the difficult challenges in this fascinating stage of life.

3.2.4   Faith development

Faith formation or development is an important part of the development of adolescents. In this section the researcher will focus on faith formation as found in the work of James Fowler in his book, *Stages of Faith* (1998). Fowler acknowledges in his book that faith formation is not something that happens on its own, separate from identity and moral formation, but that the development of human beings happen holistically. He builds his theory of faith formation on the works Piaget, Kohlberg and Erikson.

The term *Faith* has caused a number of discussions, and often disagreements, among scholars worldwide. Fowler, mentions the struggle to find a term or concept more suitable than *faith*, and that he considered alternatives, but in the end came to the conclusion that: "There simply is no other concept that holds together those various interrelated dimensions of human

52

knowing, valuing, committing and making and maintaining of human meaning." (Fowler, 1981: 92). Fowler states that faith is a "dynamic existential stance" (ibid: 92), one of the ways in which people find meaning in their lives. In the lives of adolescents, faith can and often does play an important part in the way in which they make sense of their lives.

The third stage of faith, the stage in which adolescents fall, according to Fowler, corresponds with the formal operational thinking of Piaget, as the third stage of cognitive development referred to earlier in this chapter. In this stage of faith formation formal operational thinking has a significant influence. As formal operational thinking gives one the ability to think about one's own actions and the consequences they can have, not only to the self, but also to others, it also translates into thinking about ideal situations. In other words, it can be idealistic, and at the same time harsh on the person him/herself as well as on others (Fowler 1981: 152). Formal operational thinking can help an adolescent to step outside of his/her reality and view it in an objective light. This helps the adolescent to reflect on the past and what has already happened until that point in one's life. But more importantly, it can also help an adolescent to conceive possible futures. Formal operational thinking also gives an adolescent the ability to think from an *interpersonal perspective* (Fowler, ibid: 152). Adolescents are now able to think of themselves in terms of how others perceive them. This is a new type of self-consciousness that emerges in this stage of life and faith and it can seem very egotistical, thinking only bout oneself and the way others think about you. What helps to moderate this egocentrism is what is called the *mutual interpersonal perspective*. Adolescents move beyond only thinking about themselves and can also think about others in terms of themselves.

This becomes helpful in the way that they perceive God. The ultimate need of an adolescent is to be seen and known deeply and also to be accepted for who they are. Fowler (ibid:153) states that the adolescent in this stage of life and in the third stage of faith formation is now able to imagine God to be infinitely bigger than previously imagined. Adolescents also hunger for a God capable of knowing them on a much deeper level. In other words, God can be become the one being who knows and ultimately accepts and confirms their identity and faith.

In this stage adolescents are also susceptible to what other people think of them. How people perceive them and the expectations which significant others have of them are of great importance to them. Adolescents are of course still able to develop their own values, but the

influence of other people in their lives also plays an enormous role in their self-development. Fowler (ibid: 154) states that when adolescents see God as a significant other, "the commitment to God and the correlated self-image can exert a powerful ordering on a youth's identity and values outlook."

The negative influences in this stage must also be mentioned here. Fowler (ibid: 173) names two "deficiencies": The first is the danger that what others think and expect of the adolescent can become so internalised that he/she cannot think or act for themselves anymore. The second is that differences in opinion, experienced as *interpersonal betrayals* can cause the adolescent to have insurgent feelings about themselves or cause them to have an unbalanced relationship with God and ignore relationships with people.

In conclusion, the different social, psychological and theological theories of the cognitive, identity, moral and faith formation of adolescents help the researcher to understand that adolescents are in a life phase where they are starting to look to the future and are discerning for themselves, but also through the influences of other significant people in their lives and through their relationship with God, what kinds of people they want to be as they grow older.

In the next section the focus will fall on the crisis of sexuality for adolescents. The aim will be to show that adolescents are surrounded by different influential factors that can either support them or be a hindrance on their road to self-discovery. These influential factors include peers and peer pressure, household structures (familial influences), the media, different cultural norms and the church (or faith community).

3.3   The external influential factors for adolescents with regards to sexuality

Adolescence is a fascinating stage of life; however, this stage can be characterised as a very confusing time in the life of an adolescent, as has already been stated. During this stage adolescents are not separated from the world that surrounds them and as such their surroundings have an enormous influence on their experiences and understanding of themselves, which include their sexuality. Moore & Rosenthal (2006: 2) contend that this is the stage of life that can be seen as a "critical period" in terms of adolescent sexuality. Even though sexual questions may arise long before adolescence and though sexual development will continue for years after, adolescence is the stage where sex drive upsurge starts, initial

sexual behaviour takes place and sexual values are established. "The advent of puberty, the power of peer group expectations and the communication of mixed messages about sex from the adult generation make dealing with sexuality a difficult but exciting challenge for adolescents" (Moore & Rosenthal, 2006: 2). In the following section attention will be given to the external factors that influence adolescent sexuality.

3.3.1   Peer pressure

For an adolescent it is very important to become part of a specific peer group and to establish relationships with boys and girls of his/her own age. It is important to be accepted and respected, even loved, for who you are and what you stand for. Therefore, it is necessary to determine or identify and establish who you are and what you stand for. Van den Abeele, Campbell, Eggermont, & Roe (2014: 10) state that, "The peer group is the main reference group with which adolescents identify themselves and against which adolescents compare themselves. Adolescents attach a great deal of importance to what their peers think of them, and peers strongly affect their attitudes and behaviors." To be a part of a group implies a certain amount of pressure to conform to the norms of the peer group. The intense desire to be accepted as "normal" sometimes causes adolescents to participate in activities that can be described as antisocial (ibid: 10). Adolescents also have the need to be seen as popular and as such will behave in ways that will sustain their status in the peer group (Erikson, 1968 & 1977).

Establishing romantic relationships also falls under the developmental tasks for the adolescent stage of psychological development. Brown (1999: 297) states that adolescents go through a phase known as "the status phase" and during this phase adolescents' romantic relationships are, "an important means of establishing, improving, or maintaining peer group status". The need for romantic relationships stems from social expectations and sexual maturity. However, since adolescents are not yet in a position to make a permanent commitment such as marriage, these romantic relationships are often not a long-term commitment. Adolescents are often encouraged to explore different relationships with different people to determine what they "like" and "dislike" about a romantic partner as a

way to discover who they are and what they want from a future relationship. This is known as dating. Newman & Newman (1987: 352)[26] confirm this understanding of dating by stating:

> "Dating behaviour during early adolescence is usually not motivated by a need for a permanent partner. The experience of dating helps clarify the adolescent's sex role identification. Through the process of meeting many boys and girls and receiving affection and approval from them, adolescents learn to value themselves as males or females and to take pleasure in experiencing their sexuality. Dating during early adolescence is usually closely related to peer group membership and social status. Adolescents may be pressured to have dates whether or not they care to. There may be demands to limit their association to certain people whether or not they find them attractive. In this sense, dating may be as much a symbol of group affiliation as it is one of sexual growth."

During this developmental phase, as puberty is reached, it also becomes important for adolescents to show their peers that they are "sexually normal", by establishing a sexual relationship with someone. As a 17-year-old boy puts it in DiGiacomo (1993: 107), "Peer pressure at this time is tremendous. You want to be accepted as sexually normal. If your friends have a more exciting social life than you do, some people will accuse you of homosexuality. These accusations can have a horrible effect on your life. Rumours do not stop easily; they can destroy someone." Bachanas et al. (2002) states that adolescents also experience pressure from their peers to engage in sexual activity as a way to gain status in this phase of life.

Unfortunately adolescents' emotional development often lags behind their physical development and they are often emotionally inept to deal with the consequences of sexual relationships. An adolescent's emotional development is often characterised by emotional intensity and fluctuations, with highs and lows, optimism and pessimism, pride and embarrassment, love and hate. Adolescents also experience that they are different. Intense emotions are often not reciprocated by parents or siblings. As a result of these emotionally intense fluctuations, adolescents tend to be very impulsive and act irresponsibly without

---

[26] Quoted in Wait, J, Meyer, J & Loxton, H. 2005. *Menslike Ontwikkeling: 'n psigososiale perspektief.* Parow-Oos: Ebony Books. p. 159.

considering the consequences. Irresponsible acts often include unprotected sex (Wait *et al,* 2005: 157; DiGiacomo, 1993: 107).

Adolescents are constantly busy with a process of self-evaluation in the context of their peer groups. They are extremely sensitive about others' opinions of them. They are often preoccupied with their need to belong to a peer group. This can have either a negative or a positive effect on them. When an adolescent is accepted in a peer group it can boost his/her self-confidence. But when an adolescent is not accepted for who he/she is, they can feel pressured to conform to the norms and values of a certain group to feel accepted. In the light of the HIV and Aids epidemic, this can have dire consequences when an accepted peer activity is to have unprotected or risky sex with multiple sexual partners as a way of conforming to the peer group and maintaining peer group status.

3.3.2   Household structures[27]

The reality of a post-modern society in which parents spend less and less time with their children has left the family life in a crisis. In some cultures parents are completely absent and children are left to the care of grandparents or other relatives. In the African Traditional Cultures there is great emphasis on the family's role in raising children (Healey & Sybertz, 1996, Bujo & Muya, 2005). The absence of a solid family structure in which children are taught morals and values has left the South African society in a crisis. Who is responsible for raising the children of the nation? In this case schools and faith communities are left with the responsibility to teach children Christian moral values (Powell, et al, 2011).

Another challenge for adolescents is the fact that parents or guardians, if they are present, are reluctant to talk to them about sex and sexuality. Posel (2008: 14) states that South Africa is one of the countries where there is definite resistance when it comes to adults speaking about sex and sexuality with adolescents. But the reverse is also true. Maguire (2004: 23-24) states that the Western culture and its view on sex and sexuality as impure and sinful has caused great difficulty for anyone, and especially for adolescents, to speak freely about their sexual encounters. Adolescents find it difficult to talk about sex with their parents or other

---

[27] It is important to note here that in a culturally diverse country such as South Africa it is impossible to refer only to parents as an influence in the crisis of sexuality for adolescents.

significant adults in their lives, because they do not feel comfortable enough with sex or the ability to speak freely about it (Maguire 2004: 25). This places a burden on adolescents to carry around their own feelings about sexual encounters and this can be a heavy burden to bear. The sad reality is that research shows that where there is healthy and open discussion about sex and sexuality between adolescents and their parents, adolescents tend to postpone their first sexual encounters (ibid: 25).

Effective communication between adolescents and their parents is, however, very difficult to establish. If communication in the family set-up is not established in the early childhood years, it will become increasingly difficult as children move to the adolescent phase (Strommen & Hardel, 2000: 47). Parents, who are not communicating effectively with children from an early age, may find it increasingly difficult to communicate with them in the adolescent phase of life.

This, however, does not mean that parents do not want to communicate with their adolescent children, but they might not know how to do it. Some parents may feel it will damage the already fragile relationship that they have with their adolescent children. DiGiacomo (1993: 106) states that adolescents understand that parents are concerned about sex and sexuality, especially the consequences involved for their children. Parents worry. He asked a group of high school learners what they would give as advice to parents of teenagers who are worried about sex and they answered:

- "Most parents today are scared witless about discussing sex. Their attitudes are very puritanical and archaic.
- Parents shouldn't force their values on their children. They should be open and receptive to their children's sexual problems.
- Tell parents that their children love them very much, and that they appreciate their concern for their safety."

Adolescents would agree that irresponsible, haphazard sexual behaviour is wrong, but where there is a loving, committed relationship, sex is a beautiful thing even though it can have serious consequences. What adolescents need is adults who can communicate with them without fear or discomfort. This will be explored more thoroughly in chapter five of this research study.

3.3.3   Media

Adolescents today live in a complex and media-saturated world and spend the majority of their time devoted to the media. Moore & Rosenthal (2006: 114), already a decade ago, referred to research that revealed that some adolescents spent up to eight hours a day in contact with some form of media. Today this may be even more. Adolescents have at their fingertips a multitude of media ranging from the television to the Internet, smartphones and tablets to the printed media and everything inbetween. The media are inseparably part of the world in which they are growing up. Although some adults may be familiar with multi-media devices, it is not something with which they grew up. South Africa, according to Internet World Stats of 2011 (referred to in Cloete, 2012: 3), is one of the countries listed amongst the Top 10 Internet-using countries in Africa.

Media, although wonderful for communication, have created a dilemma for adolescents. Maguire (2008) claims that "The revolution in communications, including film, television, and the internet has led to a revolution in the availability of highly eroticized materials, easily accessible by adolescents." The accessability of all types of material, including material that encourages and promotes sexual experiences (for example, pornogragphy) is available at adolescents' fingertips (Cloete, 2012: 3). Television shows airing in time slots when young people can easily view them, or the easy accessibility of pornography on smartphones leaves adolescents with various options to obtain sexual material easily. Cloete (ibid: 3) quotes the work of a family therapist who stated that she is: "not surprised that teenagers indulge in these sexual activities as it seems that 'everything goes'. With the access to media, a lack of healthy sex education, porn on the internet and cell phones, teenagers have become sexually desensitised. (Yoro Bodut, 2006)." The danger of all these media and materials at the fingertips of adolescents is that they may not yet be mature enough to handle the consequences and the influences on their sexual lives.

Mueller (2006: 27) argues that both the media and adolescents are depending on each other for survival. Adolescents are the market for the media's economic survival, and because of the decline in the influence of families and school on shaping the youth culture, adolescents are looking more to the media for guidance and nurture. Schultze *et al* (1991:11) agrees with Mueller and maintains that there exists a "symbiotic relationship" between the media and adolescents. The media can be seen as a "parent" guiding adolescents in surviving in a

changing world. Because of a post-modern society, as mentioned earlier, some adolescents may not have the guidance of significant adults in their lives to help them navigate this treacherous terrain of the world of multimedia. Again, the researcher must assert that adolescents need the guidance of influential adults to help them in this difficult stage of life.

3.3.4   Different cultural influences

The cultural context surrounding adolescents in South Africa can have a great impact on their behaviour, and then more specifically on their sexual behaviour and the choices that they make with regards to it. In this section the researcher will explore the different cultural influences that adolescents encounter in South Africa. Van Dyk (2012: 39-42) and a 2015 study done by Harrison, Colvin, Kuo, Swartz & Lurie show a number of biological, epidemiological and socio-economic factors that are contributing to the sustained incidence rates of HIV in South Africa. These factors will be named here briefly.

Gender: Women are still one of the most vulnerable groups when it comes to possible HIV-infection. This is true for a number of biological, cultural and social reasons. Biologically, women are more likely to become infected during unprotected vaginal intercourse, because they are exposed to semen for a longer time and the vaginal area is larger and as such more exposed. Culturally, women in different societies are still seen as less important/having a lower status than men, thus making it impossible for them to refuse sex or even to demand protected sex (Van Dyk, ibid: 39-40). Age-disparate partnerships (Harrison, *et al*, 2015: 208) show that many younger women enter into sexual realtionships with older men. This often results in gender-based violence and women are limited to "no negotiation rights" in the relationship. The incidence of gender-based violence is extremely high in South Africa and women are most often the victims of physical abuse, sexual assault with women under the age of 18 being at the highest risk of getting raped (Harrison, *et al*, ibid: 208). These factors regarding gender intersect with the HIV and Aids epidemic with a correlation between these factors and the continuing spread of the epidemic.

Cutural understanding of sexuality: From an African perspective, sexuality is seen as a way to promote immortality by conquering death (Van Dyk, 2001 & 2012). This is seen by the need which Africans have to overcome death by having children. To be forgotten after death

60

is a terrible punishment for a traditional African. Procreation is one way of ensuring immortality. This implicates the use of condoms to prevent HIV transmission.

Condom use: From an African perspective, condoms are not very popular (Van Dyk, 2001: 63 & Harrison, *et al*, 2015: 209). Van Dyk contends that some African cultures believe condoms "block the gift of self" (the flow of bodily fluids between two sexual partners) and also prevent the "ripening of the fetus" (the belief that semen is needed to ripen the fetus), which are two important factors in African culture. Harrison *et al*, states that sexual partners who request the use of condoms are seen as being guilty of infidelity, which makes the use of condoms unpopular. Condom use also declines when other substances are used, for example, alcohol. If condoms are used, it is usually inconsistently, especially among adolescents.

Socio-economic factors: In a country such as South Africa, a large percentage of people are affected by low income. Thus poverty contributes to the continued incidence of HIV. Some of the consequences (Van Dyk, 2012: 41 & Harrison, *et al*, 2015: 210) of this include: women selling sexual services for money, high unemployment rates that force men to migrate to cities which disrupts family life and creates new sexual networks, widespread illiteracy and poor education, lack of information and support and alcohol abuse to name a few. Alcohol abuse lowers inhibition and compromises decision-making abilities.

African perceptions of illness: Van Dyk (2001 & 2012: 215-221) thoroughly explains the African understanding of illness. Illness is not seen as simply bad luck, or a result of a choice made. When a person becomes ill, there can be a number of different reasons for this, including:

- God and the ancestors: Ancestors are seen as mediators between God and the living and they form an intrinsic part of traditional Africans' daily lives. Ancestors can send illness as a punishment for social taboos or norms that were violated or if people do not listen to their council.

- Witches and sorcerers: Africans see illness as a result of the work of witches or sorcerers. If a person becomes ill, it is usually seen as a result of the work of a witch or sorcerer that put a spell on them.

- "Pollution": Some Africans still believe that daily purifying rituals must be performed and a neglect thereof causes a person to become ill. Ritual impurities are often associated with sexual intercourse – in particular sex with a prohibited person. Therefore, when a person

61

becomes ill, it can be regarded as a consequence of forbidden sexual activities. This understanding can be helpful in the fight against HIV and Aids.

- Germs: Not all illnesses are believed to be caused by evil-doing; however, witches can use germs (other forms of diseases and STIs) to cause illness. Often, tradional Afrians cannot understand the relation between sexual practices and infection with HIV, because HIV attacks all body parts except the sexual organs.

For a long time these cultural views on sexuality and illness were seen by many as ignorance. However, Chitando (2009: 45-65) & Van Dyk (2012: 228-229) argue that the time is ripe to use these cultural beliefs in a positive way to educate adolescents about HIV and Aids. An example is provided by Van Dyk (2012: 224) who refers to an exotic form of sexual intercourse performed by Rwandans. This practice is called *kunyaza* and focuses on heightening both partners' sexual pleasure, while penetration is kept to a minimum. By looking for the positive value in cultural traditions, one might find that these traditions and beliefs may help prevent the further spread of HIV and Aids.

Another current trend in South Africa that the researcher has observed, especially amongst adolescents in the stage of late-adolescence between the ages of eighteen and twenty-four, is what is known as the Blesser-Blessee relationships. This is typically a relationship of a much older, sometimes married, person (male or female) with a much younger person. The relationship is based on the mutual understanding that the older person will provide gifts in the form of money, clothing, sometimes even trips abroad – basically anything that the Blessee requests – in return for sexual favours (often including risky sexual behaviour) of the Blesser's choosing.

Sarah Adams (2016), a reporter for *The South African* (an online news website reporting daily news and events about South Africa), wrote about this trend of Blessers and Blessees and reported that a new website had been launched in April 2016 and that so many new subscribers attempted to register themselves as either a Blesser or Blessee that the website crashed due to the inability to handle the high number of visitors to the webpage. At the time of the above-mentioned website crash, the founder of said website tweeted on Twitter, a worldwide social media platform that their website is "the future" and ended the tweet with The hashtag #Moralsmustfall. In this same news article, Adams also refers to a newly-established *Facebook* page called *BlesserFinder Mzansi* where prospective Blessers can post

a request to find a Blessee, and vice versa. The managers of the page will then respond to help each applicant to find someone to their liking.

BBC blogger, Kate Lamble (2016), mentions that there are also a lot of anti-blessers and mentions that South African Health Minister Aaron Motsoaledi announced a new anti-HIV campaign in May 2016 in which the focus would fall on supporting adolescents, especially young women between the ages of fifteen and twenty-four, in preventing the effect of Blessers and the possible further rise in the HIV-incidence rate in South Africa. Young women, especially from poor backgrounds, fall prey to these types of relationships as they see it as a way out of their poverty-stricken circumstances.

The researcher could not find any academic literature on the current cultural trend, and as such it is just an observation. The researcher must conclude that the relative recentness of this phenomenon must be the reason for the lack. It is not the aim of this study to determine the effects of the Blesser-Blessee relationships on the new HIV-incidence rates in South Africa, but the researcher is of the opinion that future studies on this subject will be necessary if the prevention of new HIV-infections is to be taken seriously.

3.3.5   The Church as faith community

In light of this developmental stage with adolescents maturing on spiritual, emotional and biological levels, the dangerous reality of HIV and Aids should be communicated to adolescents in a way that will help prevent them from becoming infected. Van Dyk (2012: 206 and 2008: 81-82) states that adolescents may have a clear understanding of how HIV is transmitted and how complex human sexuality can be, experiencing it themselves. Communication with adolescents about HIV and Aids should focus on the acquisition of life skills "so that young adolescents will have the opportunity to acquire the skills to prevent infection with HIV" (Van Dyk, 2012: 206).

The Church or faith community that adolescents associate with has a very important part to play in the formation of their lives. Cloete (2012: 4) is of the opinion that the church has to take over the role of teaching adolescents about sex and sexuality. In her opinion, the Church has been slow to take up the challenge. She argues that morality must play an important role in sexual education for adolescents and the church as a moral agent must focus on this. She

63

states: "Sexual education without an accompanying moral education does not provide the desired and best outcome for the youth and faith communities are perhaps best positioned to put sexual education within a moral context."

One of the problems, however, is that the Church and Christian tradition have ignored the sexual development of adolescents and the questions they have regarding sex and sexuality. Maguire (2004: 23-24) refers to the way in which the Church has deemed sexuality as impure and all sexual activities, even in marriage, should make a person feel guilty. In this day and age, this approach is no longer feasible. For a long time the Church also promoted a "no pre-marital sex"-approach to adolescent sexuality. In a lot of churches this is still the case. Ignoring one of the most important parts of human life and claiming it to be sinful is definitely problematic, even more so in the context of South Africa as a country being weighed down by the reality of HIV and Aids. If the Church wants to have a meaningful impact on adolescents' lives, it will have to rethink its approach. Adolescents will turn to other "guides", such as the media, peers or other groups, to shape their values with regards to sex and sexuality if the Church continues to resist the challenge of guiding adolescents in this difficult stage of life. In this way the Church will lose the chance to impact the lives of its "future".

Weber (2014: 127) states that the Church as a faith community can be a safe space for adolescents where they can feel accepted completely. This is more likely to happen if they are in contact there with adults who are authentic. Authenticity is of great importance to adolescents. When adolescents cannot turn to parents, other family or peers with their questions about sexuality, the Church may be a place to which they can turn.

3.4   Conclusion

This chapter aimed to answer the the second question of practical theological interpretation. The focus fell on adolescent sexuality in an attempt to answer the second question namely, *Why is this going on?* This was done as a way to understand why HIV and Aids are still spreading in a country like South Africa. This chapter was divided into two parts. The first part looked at the relevant social and psychological theories to better understand the internal factors that determine adolescents' development. Reference was made to the cognitive, moral, identity and faith formation theories of relevant practical theologians, psychologists

64

and sociologists. The second part of this chapter was focused on exploring the external factors that have an influence on adolescent development and their understanding of sexuality. These factors included peer pressure, household structures, cultural understandings and the Church. In a research study such as this, it is impossible to reference all the relevant theories and influences that have an impact on the lives of adolescents and the researcher notes here that there may be many more examples that could be given.

The researcher concludes here that this stage of life is indeed a very interesting, exciting but often also a very confusing stage of life. By keeping all the influential factors mentioned in this chapter in mind, the researcher concludes that adolescents are in need of guidance and that the church and its pastoral care work can and should indeed take up the challenge to guide adolescents.

In chapter four the focus will turn to the normative task of practical theological interpretation. This will be an attempt to answer the question, *What ought to be going on?* by looking at different models of pastoral care and counselling and specifically focusing on the model of D.C. Maguire to evaluate this model as a possible approach for hermeneutical pastoral care to guide adolescents in moral decision-making in the light of the HIV and Aids epidemic in South Africa.

CHAPTER FOUR

The Moral Choice

4.1   Introduction

In chapter three the focus fell on the inner world of adolescents and the specific developmental phase in which they find themselves. The focus of the chapter was to understand *why* HIV infection is still taking place in South Africa. It was stated that there are different factors that influence adolescents' ability to make moral choices and that these factors vary in different cultures. From the factors explored in chapter three, it is clear that adolescents find themselves in a very challenging and confusing stage of life. For this they need guidance and when guidance from parents, family members or the Church are lacking, adolescents may turn to peers, the media or other groups that influence them.

Chapter four will focus on the third task of practical theological interpretation, namely the *normative task.* This task is focused on "using theological concepts to interpret particular episodes, situations or contexts, constructing ethical norms to guide our responses, and learning from 'good practice'," as Osmer (2008: 4) describes it. This chapter will unfold in two parts. The first part will explore the different models of pastoral care by systematically looking at the development of pastoral care and counselling as a field in practical theology. The hermeneutical approach in pastoral care will be argued for as an appropriate approach to guiding adolescents in making difficult decisions. Secondly, the rest of the chapter will be solely dedicated to explore in its entirety, the Moral Decision-Making Model of D C Maguire. This is an attempt to answer the question, *What ought to being on?* as the third task of practical theological interpretation.

4.2   Models of Pastoral Care

It is necessary to clarify here what the role of Pastoral Care and Counselling is. Louw (1999: 27) describes pastoral care as a part of the discipline of practical theology and as such refers to the comforting and helping effect of God's empowering and transforming presence through his Holy Spirit in the world. According to this definition, pastoral care can be seen as a means to help with spiritual formation. Willard (in Hall & McMinn, 2003: 4) refers to

66

Gerald G. May's definition given for spiritual formation stating, "Spiritual formation is rather a general term referring to all attempts, means, instructions, and disciplines intended towards the deepening of faith and furtherance of spiritual growth. It includes educational endeavors as well as the more intimate and in-depth process of spiritual direction."

Don S. Browning (1976) also explored the specific concerns of pastoral care in church ministry and states that pastoral care has two principal functions. He claims that the focus falls more on the second principal function, namely: "(2) the assistance of persons in handling certain crises and conflicts having to do with existential, developmental, interpersonal and social strains" (1976: 20).

Gerkin (1997), Browning (1976) and Ganzevoort & Visser (2007) explore the long and ever-evolving history of pastoral care and counselling by looking at the different models that were and are still found in this discipline of practical theology. The researcher found the work of Ganzevoort & Visser the most helpful in the explanation of these different models and will therefore refer to their breakdown of these models. Understanding the different models of pastoral care as presented by Ganzevoort & Visser will help clarify why a hermeneutical approach is necessary.

Ganzevoort and Visser (2007: 68-99) presents us with different models of pastoral care. In these models the work of the pastoral caregiver is central. Ganzevoort & Visser (ibid: 69) refers to the work of Weber (1969) and his typology of leadership. He differentiates between a traditional-hierarchical model, a functional-rational model and a personal-charismatic model of leadership. In each of these models of leadership, different pastoral models are explored. In the traditional-hierarchical model the pastoral caregiver is presented as a witness. In the functional-rational model the pastoral caregiver is presented as a helper or therapist and in the personal-charismatic model as a companion. These different roles of the pastoral caregiver and the pastoral care models which they represent will be explored further in the following section. The terms pastor and pastoral caregiver will be used interchangeably, but will always refer to the person providing pastoral care.

In the first model of pastoral care the pastoral caregiver is seen as a witness (ibid: 69) who represents the revelation and tradition of the Church. The Protestant version of this is kerygmatic pastoral care, whereas the Roman Catholic version is more ecclesiastical-

67

sacramental (Van der Ven 2000). According to Weber's typology, the role and status of the leader is determined by his/her position in the social or religious system to which he/she belongs0. The basic model for this is kingship. Aspects thereof are seen in the kerygmatic and sacramental models, where calling and consecration took over the place of the dynasty. This model focuses on the office of the pastoral caregiver. This identity of pastoral care comes from interfaces with the ecclesiastical services and the tendency of clericalisation, the tendency to place more emphasis on the official representatives of the Church. The reinforcement of the priestly positions at the expense of pastoral caregivers in the Roman Catholic Church is an example of this.

In the second model the pastoral caregiver is a helper/counsellor who supports the person in need with expertise, as other counsellors or psychologists might do (ibid: 70). In Weber's typology the role and status of the functional-rational leader is based on his/her expertise. The base model is the technical-professional person or manager. The focus does not fall on the position of the leader but rather on the way in which he/she does his/her work. This is seen in the therapeutic model of pastoral care, where the focus falls on the office of the pastoral caregiver. Here, pastoral care has interfaces with other careers in the fields of care and support where the emphasis falls on professionality.

In the third model the pastoral caregiver has the role of a companion that neither acts on behalf of God or the Church, nor is seen primarily as a professional (ibid: 70). Here the pastoral care is focused on "normal" interpersonal contact and solidarity. This model seeks legitimacy in the personal characteristics and charisma of the pastoral caregiver. The humanity of the pastoral caregiver is more important than the office which is emphasised in the other two models. These three roles of the pastoral caregiver as they are presented by Ganzevoort & Visser (2007: 70-99) will be discussed in detail in the next section to clarify the development of these pastoral models in a clear and systematic way.

4.2.1   The pastoral caregiver as witness

Ganzevoort & Visser (2007:70-79) explain the role of the pastor as witness extensively. This is the first and foremost role of the pastoral caregiver. This role was most prominent in the kerygmatic pastoral model, but it was also developed on the Roman Catholic side as a strong

ecclesiastical-sacramental model. A current trend to which Ganzevoort & Visser refer, is the Charismatic approach in pastoral care.

4.2.1.1 The Kerygmatic & Ecclesiastical-Sacramental approach of pastoral care

The kerygmatic pastoral care model is from European origin with its roots found in the time of the First World War. The aftermath of the war had serious repercussions for theological thought. People turned away from the strong anthropocentric thinking of theology of the nineteenth century, because the darker side of humanity showed itself. It was deemed that it would serve theology well to return to its original work – the revelation of God. Eduard Thurneysen laid the ground work for the kerygmatic model of pastoral care by using the insights of Karl Barth – who focused his theological thought on the distance between God and people and the bridging of this gap only through God's initiative in sending His Son, Jesus Christ. That is the central message of the Bible and it is the basis for a truly humane existence. For Thurneysen the starting point of pastoral care was found in the Word of God and that the focus of every pastoral encounter should solely focus on the Word of God and the message of justification even if the pastoral caregiver can pay attention to the person in need through his/her own knowledge. In the pastoral conversation there should be a focus on a normal interpersonal conversation on the one hand and an encounter with God on the other hand. In the end the conversation must come to a point where what God has to say in his Word about the specific situation is the focus.

The role of the pastor in this model is defined as a witness who stands for the truth of God's revelation in his Word. Although this may seem like a characteristic of all Christians, what differentiates the pastor is not so much his/her piety or good behaviour, but rather the fact that he/she is called to stand as a witness of God's kingdom in this world, despite how the world acts, speaks and exists. For a pastor this is of the utmost importance and the official ordination serves as the concretisation of the calling. He or she is called to make it heard and seen that God's grace goes against anything that people can think of in all circumstances.

The Roman Catholic version of this model is the ecclesiastical-sacramental model (ibid: 72). The primary task of the priest is the service of the sacraments and the maintaining and expanding of the Church as an institute of salvation that includes the implementation of the Church doctrine and also to advise people on the moral and spiritual issues in their lives. The

priest is the embodiment of the Church through his office. This can easily become authoritative, just as with the kerygmatic trend. But it must rather be understood in terms of witnessing.

Ganzevoort & Visser (ibid: 73) state that in both these models of the pastor-as-witness the pastor is represented as the one who "knows" and the person in need of pastoral care is dependent on the knowledge of the pastor. The personal spiritual dedication of the pastor is what gives him/her the pastoral competence. Professional approaches, such as psychological insights, are not always ignored, but they are seen as secondary to the insights of the pastor's faithful witness.

The role of the pastor as a witness produces valuable elements (ibid: 75). It gives an alternative to the radically secularised world – the kingdom of God. The biggest objection lies in the authoritative nature of this model. The role of the pastor as witness in Weber's perspective is an institutional-hierarchical form of leadership: The position of the pastor is determined by his/her position in the religious system. The pastor's authority is not determined by his/her own personal characteristics, but rather by the fact that he/she represents the Church, the tradition or revelation of God. This is closely related to the understanding that the revelation of God determines everything. It pays too little attention to a person as the subject in the communication of faith.

Using this model in pastoral care with adolescents, especially when speaking about a contentious subject such as sexuality, may not be very helpful. The pastor's role as a witness of what God's Word has to say about adolescent sexuality may be more harmful than helpful. Adolescents may also feel intimidated by the role of the pastor, casuing them not to be truthful about the specific issues that they might struggle with. This role can create distance between the pastoral caregiver and the adolescent in desperate need of guidance. Because of the way that the Church handled (or did not handle) issues regarding sexuality in the past (chapter three), adolescents might feel that the pastor or God is judging them.

4.2.1.2 The Charismatic model of pastoral care

Ganzevoort & Visser (ibid: 76-79) classify Charismatic pastoral care with the model of the pastor as witness, because the story of God has priority over the story of people in this model.

The pastor is seen as the representative of God. At the same time there is a realisation that the roles can easily be reversed because the Charismatic model intimates the work of the Holy Spirit which in principal means that anyone can be a pastor and that he/she can mediate salvation if he/she is commissioned by the Holy Spirit to do so. There are people with special spiritual gifts and because of these gifts, they are given the same position in pastoral relationships that affords them the same mandate and authority as someone in the classic ecclesiastic office. The combination of this role with the direct activity of the Holy Spirit can even give more weight to the position of the pastor.

The central starting point of charismatic pastoral care is the conviction that God is still part of the human reality and He actively takes part in it (ibid: 76). The power of the Holy Spirit is centrally located in the charismata: the spiritual gifts of insight, prophecy, healing and deliverance. The spiritual gifts are not given in equal measure and it is important to discover one's own gifts and to use them to the advantage of the congregation and the neighbour. In the reformed tradition the charismata are often underplayed and it is even suggested that the spiritual gifts were only meant for the earliest years of the Christian faith and in the mission fields. For the charismatic movement it is all about the spiritual gifts that God uses to build His church. One point of discussion in the charismatic movement is whether to see the spiritual gifts as part of creation and thus available to all people, or as part of salvation and therefore only accessible for Christians.

Objections against this approach were raised because of the claims that people often saw faith as a condition for healing, with the result that people who were not healed were reproached for not having sufficient faith. In the current Pentecostal movement much of that extremism has disappeared, but the approach is still more miraculous and ecstatic than the ecclesiastical variant.

In the Charismatic approach to pastoral care three themes are found that are not seen in the other pastoral models (ibid: 77). The role of a person is not only that of a sinner, but also of a wounded person, which means that healing and sanctification are highlighted and the work of the Holy Spirit is central. The specific themes that draw attention are inner healing, bodily healing through prayer and deliverance from demonic possession. And even though these characteristics of the charismatic tradition are often seen as controversial, there are also elements that fit with pastoral needs (ibid: 79).

In the Charismatic approach to pastoral care an asymmetrical relationship develops between the person seeking help and the person giving help, because the person in need of help is dependent on the spiritual gifts of the pastor. The pastor is the mediator that is so taken over by the power of the Holy Spirit that he/she stands central. At the same time the role of the pastor in the Charismatic Movement is immediately put into perspective by the fact that the person seeking help must cooperate actively in the healing through faith and dedication.

The model of pastoral care may be harmful for the faith formation of adolescents in that it places the responsibility of faith in the hands of the adolescents. Placing emphasis on the faith and dedication of the adolescent may be too heavy a burden to bear for a young person in search of meaning. Saying something like "just believe" or "it's because you are not believing hard enough" can cause serious damage to a young person's understanding of faith. Although this approach might work in some churches or in some cases, it may not be very helpful in the search for meaning-making with regards to adolescent sexuality.

4.2.2   The pastoral caregiver as therapist

Ganzevoort & Visser (ibid: 80-87) explain the second role of the pastor as a helper/counsellor and refer to the therapeutic approach in pastoral care and the current trend of contextual pastoral care.

4.2.2.1   The Therapeutic model of pastoral care

The Therapeutic approach to pastoral care was founded by Boisen (1936). Through his own experience as a patient in a psychiatric hospital he found the skills of pastors lacking in ability to help people when they realised what was going on with people in crisis. The pastors were incapable of helping the people in their hour of need. Moreover, he was convinced that psychological disorders were linked with existential crises that arose from religious questions. He thought it essential that future pastors gain insight into this link and that they should learn how to "read" people as "living human documents" to understand what was happening to them. This led to the start of further pastoral training containing various aspects of learning, such as psychological processes, communication skills, self-awareness, and the ability to use religious resources. This offered a new perspective on pastoral care: it should

focus on the growth and self-development of people through the elimination of their internal barriers.

This approach differs from the kerygmatic approach in this sense that it starts with the needs of the person seeking help and not with what the Bible says about that person. A relationship is established with this person seeking help through empathy to help him/her see what his/her situation truly is. After this "self-discovery" both seek solutions to this situation together. Through this approach personal growth is possible. The quality and nature of this relationship are of crucial importance. Theological notions and designations do not have to be more explicit, however, it is not excluded that when a person in need overcomes his/her problems through the pastoral contact, the pastor can add theological insights afterwards. These theological insights should only be used when it is to the benefit of the person in need and should not be used to determine the course of the conversation. The psychological reference here is just as important as the theological (Van der Ven 2000).

In the pastor-as-helper approach the office of the pastor is no longer the determining factor. Parallel to this, the person is not seen primarily a sinner. Instead, the person in need is seen as a client or patient who needs help to grow and become less burdened by his/her problems. Here, the pastor is the helper who works with competence, just as other helpers might do. This model was implemented more strongly in institutions than in church ministry because of its professional approach. The pastor is the expert who supports the client in a professional manner. Personal convictions are not excluded, but the core of this profession lies in its official dimension. In relation to the person in need, this implies a new kind of power relationship. The pastor, again, is seen as the one who "knows" and has all the knowledge. The person in need comes to the pastor as the one seeking help and the pastor is the one who gives the help. The main difference between the two roles of the pastor as witness in the kerygmatic approach and the pastor as helper in the therapeutic approach is that support is shifted from God's Word to a more professional therapeutic support.

Ganzevoort & Visser (ibid: 83-84) mention three points of critique against this model. The first point of critique is that the therapeutic approach to pastoral care focused on the psychologising of pastoral care and the need to highlight the theological quality of pastoral care was felt. The question remained, what made this model of pastoral care different from other helping professions? The second point of critique is that the therapeutic approach to

pastoral care places too much emphasis on the individual's needs and feelings, and not enough attention is given to the political and social factors that play a role in a person's life. A third point of critique is that the role of the pastor as a helper implies something completely different from the role of the pastor as a witness, but in this model the pastor is again given authority over the person seeking help. It is not determined by the pastor as the representative of God, but rather through his/her expertise. The leadership – as Weber would put it – is functional rather than institutional-hierarchical as is seen in the first model. This is an expert-model that can place the pastor in the same power position as that of the pastor-as-witness model.

Again, as with the pastor-as-witness model, this approach may not be helpful as it may intimidate adolescents to such an extent that they may not feel comfortable with speaking about their sexuality with someone who is seen as an "expert", someone who they might feel will judge them.

4.2.2.2   The Systemic model of pastoral care

Ganzevoort & Visser (2007: 85-87) discuss the systemic approach in pastoral care as a current trend with the model of the pastor-as-helper. This approach is based on systems-thinking and family therapy. One specific form is the contextual pastoral care that is completely based on the contextual therapy of Ivan Boszormenyi-Nagy.

One characteristic of system theories is that an object being examined does not stand separately from its context, but is always related to it. With other objects it forms part of a system and that system determines the co-properties of the object. An easy way to think about this approach, is to think of it in terms of a family. How someone acts is not only a representation of their individual characteristics but also of their family as a whole. The different family members all stand in close relation to one another. Many systems show the interaction with their surroundings. Systems often tend to be steady, trying to keep themselves intact. Systems also have laws that are not determined by the characteristics of the components alone – the whole is more than the sum of the parts. Because of this, the different components are also influenced by the characteristics of the system, but it is not unilaterally determined thereby. The system as a whole and its different parts cause one to look at different levels. Every system is also a part of a bigger system. The theological legitimacy of

systems theories are sometimes looked for in the Trinity, which means that relationality belongs to the essence of God. Everything that exists develops continuously and God plays an active and creative role in this, while the agency of man is also stressed.

The application of systems approaches in pastoral care was mainly propagated through the work of Edwin Friedman (2001). He made the concept "family" concrete for pastoral counselling and applied it to other systems, for example the local faith community. He also worked extensively with the "identified patient". This is explained in terms of dysfunctional systems where one of the members often has a specific problem. It is tempting to focus on the care, but in a systems approach one can see this is only a symptom of a problem of the system and not necessarily as a problem of the person that exhibits the symptom. Therefore, the pastor must then look at the whole family and not only at the person who displays the symptom. In this system the previous generations are also included, because the relationships of parents to grandparents are also handed down to the next generations making the system more rigid. If a pastor wants to make changes in this, it can only be along the path of differentiation and individuation: the ability to say and function freely in the system. The basic attitude of the pastor should therefore be "individualised": he/she must prevent him/herself from being sucked into the system because that would maintain an undesirable situation.

A special variant is the contextual pastoral care (ibid: 86). This is a systems approach that goes back to the work of Nagy who developed contextual therapy. Nagy placed more emphasis on the intergenerational aspect than on any other representatives of this model. He paid special attention to the ethical dimension. The relational context, in which someone is existentially located, is loaded with moral duties and responsibilities: the relationship is about give and take, and every time one receives something, it also creates a responsibility to give back. The "therapeutic" here refers to the restoring of the ethical relationship or simply that the people in the family system treat one another right.

Both therapeutic and systemic approaches to pastoral care are influenced by therapeutic insights and methods. There are two instances, however, where there are clear differences between the therapeutic and systemic approaches. The first is that the individual is not seen as isolated, but instead is seen as part of a larger social system. This obviates the criticism that people in a therapeutic approach are often identified with their problem and, as such,

approached individually. This pathologises people. The second difference is that the pastor-as-helper is not the expert on whom the person in need of help becomes dependent and actually tries to resist the temptation to play the role of the expert because it will keep people stuck in their undesirable situation.

Although this model might seem at the outset to fit into an African approach of communality and the importance of community with the people surrounding adolescents, whether family or the church community, the one negative aspect is the fact that speaking about sexuality and sexual activities is still a taboo in many African traditions (Van Dyk, 2012: 162).

4.2.3   The pastoral caregiver as companion

Besides the roles of the pastor as witness and helper, there is a third dimension of the pastor as companion or fellow human being. In this model the pastor is not seen as a representative of a specific office or as a professional, but rather as a companion or a fellow human being. Ganzevoort & Visser (2007: 87) call this model "evenmenselijk pastoraat", which the researcher understands as a companionship-approach to pastoral care and translates the term as the fellow-human approach. As a current trend of this model, Ganzevoort & Visser refer to the approach of pastoral care of presence.

4.2.3.1   The Fellow-Human model of pastoral care

In this approach to pastoral care there is more mention of reciprocity, personal connection and solidarity than in any of the other models. The pastoral caregiver and the person in need of help are seen as allies, companions on the road to healing.

The pastor-as-companion is primarily the person who does not "know" and who does not "have" all the answers, but who is willing just to be together with the other person. The pastor is still seen as an expert in terms of his/her knowledge about the Christian tradition and psychological aspects about the lives of people in need of counselling. In this sense the pastor-as-companion incorporates and intimates the knowledge of both the kerygmatic and therapeutic models. This knowledge, however, is offered from the outset through the realisation that the pastor is not an expert on the particular life of the person sitting in front of him/her. On this central point the person in need is the expert. Therefore, the determining

76

factor for the role of the pastor in this model is not the office or calling of the pastor, but rather the person.

In the practice of pastoral care in the local faith community it is an essential dimension. The pastor is still the official or professional, but he/she is also part of the daily lives of the community. This prevents the relationship from being strictly professional. The ethical principal of equality between people who are not usually perceived as equal is seen here. That means that the pastoral relationship is based on an equal exchange where both parties can give and take. Even if the factual content of the pastoral conversation is asymmetrical, the basis of the conversation stays a companionship.

Ganzevoort & Visser (ibid: 89) show the possible dangers of the image of the pastor as a friend/companion. The metaphor of a friendship is problematic and met with many objections. The problem with this metaphor is that the pastor can sometimes experience the pastoral relationship as an intimate friendship, whereas the person in need will always see it from the perspective of an authoritative relationship in which he/she is dependent. The pastor can never only be a friend or companion, but is always also the responsible person in the pastoral relationship. For this reason it is emphasised that the person with more power in the relationship always has the responsibility to protect the other person, also from the relationship. This also means that the pastor must take care of his/her own needs outside of the pastoral relationship and not look for the fulfilment of his/her needs in the pastoral relationship. With the companionship-approach, critique was brought against the official or professional model of authority, but conversely the official or professional model guards against the risks of personalising or crossing the boundaries in the pastoral relationship.

In this approach to pastoral care the direct "colleague" of the pastoral caregiver is not the counsellor or a fellow cleric, but rather the volunteer. Ganzevoort & Visser refer to the work of Heitink (1998) who propogated that the local faith community is responsible for pastoral care – where people care for one another there is the basis of pastoral care.

The power relationships that were present in all the previously mentioned approaches to pastoral care are not found in this approach. This, however, does not mean that the pastor has no power, but how the power is displayed is mentioned. In this approach the pastor will not use the power to guide the person in need in a certain direction. Theologically speaking, it all

has to do with making space for the Holy Spirit and to trust on the relationship with God. The revelation of the truth is not reliant on the pastor, and the responsibility of the life and story of the person in need stays with him/her throughout. The power of the pastor is used for protecting the space in which the pastoral conversation takes place. This happens physically in terms of the time and place where the conversation takes place, but also emotionally and spiritually. The power of the pastor is the power to give the person in need the space by protecting the borders of the conversation.

However, the pastor has to play certain roles in the faith community as well as in pastoral care. This requires an amount of restraint to prevent that the role as pastoral caregiver from being seen as part of who the pastor really is. The pastor must want to assume a certain role if it is beneficial for the person in need, but then only for a certain period of time in specific situations. The pastor is not the expert, but is willing to make his/her expertise available for the person in need. That means that the pastoral relationship also has some educative aspects where the pastor presents some knowledge to the person in need that will help place his/her story in a new light.

With these roles, it is obvious the pastor is completely different from a counsellor, even though there are a number of similarities. The difference is that the pastor must be able to function in more than one role, which includes the personal role. The pastor takes on the role of a companion for the sake of the person in need. That does not mean that the pastor is a companion, just as he/she is not an expert or that he/she speaks on behalf of God. The pastor must navigate between these different roles.

In this pastor-as-companion approach to pastoral care adolescents may become confused by the different roles which the pastoral caregiver must play in the different settings. Adolescents, in search of adults who are authentic (chapter three) may view the navigation between different roles ("now my friend, then my pastor") as in-authentic and may find it difficult to understand. The dangers of becoming too involved with the adolescents must always be kept in mind.

4.2.3.2   The Presence model of pastoral care

Ganzevoort & Visser (ibid: 92-95) refer to the work of Gerkin (1991) for whom presence itself, next to community and calling, is one of the three most classic images of the Church's place and role in society and therefore also of pastoral care. The biblical-theological roots of presence are seen in the presence of God himself, who is often concealed, but became flesh and blood in Jesus Christ. The presence of the Church is nothing less than "to participate in the life promises of God. It is to take upon oneself or one's community the burden and the calling of God's suffering, patient, mysteriously active movement to transform all creation into the Kingdom of God's rule of justice, equity, and abundant fulfilment of the promises and purposes hidden in creation. It is to do and be what is fitting for the fulfilment of those promises and purposes" (Gerkin, 1991: 110).

The key concepts of this approach are: being Church for others and being present in people's suffering. One core theological aspect is God's presence. God's presence in the world is not established by the Church, but it rather precedes the Church. The goal of this approach is the humanising of the world and the development of people. The Kingdom of God and not the ecclesiastical structure is the inspiration for this approach.

Gazevoort & Visser (ibid: 93) refer to Pembroke (2002) who saw presence as the heart of pastoral care. On the basis of the philosophy of Marcel and Buber, Pembroke discerns two core notions: availability and confirmation. Availability means that one makes room for the other in the centre of the self, that a person commits him/herself to the other and that he/she is willing to give up freedom for the other. Confirmation is the process in which one goes with the other - and sometimes even against the other - to develop his/her mental, spiritual and moral potential given by God. Availability and confirmation, according to Pembroke, precede abilities and empathy. They are terms that are very personal and should not be absorbed into the office or profession. In the end it is about nothing else than embodying love. Where presence is really felt, grace is truly felt. When presence is disturbed, it brings shame. This underlines the fact that pastoral presence is fundamentally a personal relationship that can have an impact on identity.

Within this understanding, presence theory is compared to the interventional approaches that are seen in the model of the pastor-as-helper. The approach in that model is as methodical

(professional) as possible to reach solutions to the problems raised. This is done based on the willingness and openness of the "client" and using the external expertise of the counsellor. All of this does not apply to the pastoral model of presence. The presence approach in pastoral care is not focused on intervention, but on being present with the other person.

The practical theory of the presence model is based on a few basic values. Firstly, it is concerned with availability and receptivity, two values that show that the pastor is free to establish a pastoral relationship without any hidden agendas. This will be developed through (long-term) exposure. The focus is the relationship as a value in itself, which presupposes that the pastor is really willing to encounter the other and to focus on even the smallest issues that are of great importance to the person in need. In the relationship confirmation and solidarity are very important, which means that the person's own potential and the context in which he/she lives are respected. It is also the person in need who determines what the pastor can mean to him/her. The actual care provided within that relationship has to do with the articulation of meaning, to leave room for the other person to pursue his/her own goals. The methodical characteristics that flow from this are: 1) The pastor follows the person in need, not the other way around; 2) specialisation makes space for an integrated approach; 3) the pastor focuses on the life lived and not on a bureaucratic model thereof; 4) the good of the person in need stands central and not the good intentions of the pastor; 5) the pastor focuses on people who are pushed out of society to show them that their existence is significant. Respect for the dignity and the abilities of the other stands central in the presence approach. The fellow-human relationship that the pastor presents is focused on closeness and comfort, not on finding solutions. The experience of total suffering is taken seriously and the fragility of human activity is recognized. In this way the powerlessness in suffering is shared and the isolation felt in suffering is broken in the experience of compassion.

This approach may be a little too indirect for adolescents who are confused and looking for advice. Just being present with adolescents may not help them to find the solutions they may be looking for in their search for meaning-making.

In conclusion, these three models as represented by Ganzevoort & Visser show the development of pastoral care over the past years. These models correlate with the development of pastoral care as explained by Gerkin in his book *An Introduction to Pastoral Care* (1997). Gerkin explores the history of pastoral care in much the same way as

Ganzevoort & Visser, and also refers to the different pastoral care models of the past, starting with the biblical models of pastoral care and proceeding from that starting point. Gerkin (1997:22) concludes his introduction by explaining that pastoral care is an ever-evolving discipline in practical theology and therefore it may be necessary to look at a more integrated and balanced approach, especially in post-modern times. Such an integrated approach will be discussed in the next section of this chapter.

4.3   In search of balance: The hermeneutical approach in pastoral care

Ganzevoort & Visser (2007: 95) conclude the chapter on models of pastoral care by arguing, as much as Gerkin (1997) does, that pastoral care takes place inbetween the three approaches to pastoral care explained in the previous section: the ecclesiastical presence, counselling and the fellow-human approach. In this way the pastor is always to a greater or lesser extent either witness, counsellor or companion. In the described models these are rather fixed positions that are helpful in specific situations, but they can be harmful in other situations.

In the model of the pastor-as-witness, the story of God stands central, but it can place the stories of people under pressure, and attention for and communication with the person in need can suffer as a consequence of this. In the model of the pastor-as-helper, the story of the person stands central, but the story of God is out of the picture, and it is difficult to distinguish the role of the pastor from that of other social workers. In the model of the pastor-as-companion model, the mutual relationship stands central and threatens professional distance and care, causing it to be compromised. Inbetween these three extreme models "balance models" can be found, called hermeneutical models, referring to the hermeneutical function of connecting experience and tradition and the significant characteristics of people.

In hermeneutical models the pastor is seen as an interpretive guide or spiritual mentor. Osmer (2008: 18-25) refers to pastors as interpretive guides[28], referring to the work of Gerkin. The central task of the pastoral caregiver in the hermeneutical models is that of an interpreter. This stems from the modern period in scholarly reflection when interpretation was linked to

---

[28] Osmer refers here to the work of Gerkin who developed the approach of the pastoral caregiver as an *interpretive guide* in his works, *The Living Human Document: Re-visioning Pastoral Counselling in a Hermeneutical Mode* (Nashville: Abingdon, 1984, p.54) and also in *An Introduction to Pastoral Care* (Nashville: Abingdon, 1997, pp. 113-114).

the field of hermeneutics. Hermeneutics focuses on interpreting historical and sacred texts from different religious traditions as these texts are often difficult to understand in the present day. In the twentieth century hermeneutical philosophy expanded hermeneutics to include the interpretation of the every-day lives of ordinary people. It was incorporated into all forms of scholarship in the sciences and humanities, based on the work of Martin Heidegger and Hans-Georg Gadamer (referred to in chapter one of this study) respectively (ibid: 20-23). Ordinary daily activities in the lives of people can sometimes be difficult to understand when these activities are not part of the normal pattern of every-day life and therefore they need interpretation. This can lead a person seeking new interpretation to turn to a pastor who can assist him/her with this interpretation.

In the kerygmatic approach the focus falls more on the content of what is said than on the pastoral relationship. In the therapeutic and fellow-human approach the reverse is true: the relationship is more important than the content. The challenge for pastoral care is to connect these aspects in such a way that they are integrated. For pastoral care this would mean that the contents of the theological tradition will be equally important to the nature of the relationship between the pastor and person in need. The bridge to overcome this gap is sought in the hermeneutical model of pastoral care.

4.3.1   A Pastoral Hermeneutical approach

According to Gerkin (1984, 1997), an important initiator of the hermeneutical approach, different language systems try to discern the secret behind spontaneous human understanding. Theological and social sciences developed language and images from distinct paradigms for the purpose of understanding and possibly explaining this human mystery. Every human being is busy with this from early childhood onwards. Every person needs to try and interpret what he/she is going through by using images and the language learnt from his/her parents or other significant role players in his/her life. Everyone develops a "myth" or life story about him/herself in which all experiences are significantly interpreted.

Ganzevoort & Visser (2007: 96) refer to Gerkin who states that the role of pastoral care is to support people in interpreting and re-interpreting what happens to them. The hermeneutical task of the pastor in this approach stretches further than only a pastoral understanding in the strictest sense. It incorporates an understanding of what people are experiencing now and

82

placing it in the light of what people experienced previously as it is told in their tradition. This can be a shared tradition of the pastor and the person in need, but it is necessary to remember that there are various traditions in different situations and even in one life story many traditions can be found. This requires a great hermeneutical competency from the pastor because communication between the different traditions is at stake. However, current experiences are interpreted in the light of the tradition, but sometimes new and often critical questions may arise regarding what has been reported. In this way, the tradition is also seen in a new light and new aspects may arise. The hermeneutical process can take place on various levels and in different ways in pastoral care: in liturgical celebrations, in sermons, in education, in shaping and in a pastoral conversation. The first task of the interpreter is to contribute to the self-understanding of the person in need. This happens by helping the person to find connections in his/her own story, but also between his/her own story and his/her tradition. In this way this approach may look like the kerygmatic model where tradition is very important; however, in the hermeneutical approach it is found to be less authoritative. On the other hand, hermeneutical approaches that tend to look like the therapeutic approach are also seen. In the hermeneutical approach the emphasis can fall too much on the pastor who must find solutions for problems by interpreting what is happening in a person's life. In the balance model of hermeneutical pastoral care the relationship between the different poles are always up for discussion. This becomes acute in the field of spiritual care: should the personal Christian background of the pastor determine the conversation or should pastoral or spiritual care side with the therapeutic model where the focus falls on the view and needs of the person seeking help?

Ganzevoort & Visser (ibid: 98) state that the theological background of the hermeneutical model is founded in the theological programme designed by Schleiermacher, for whom it was very important to bring the Christian religion in relation with human situations and experiences. Because of the profound changes in the social, cultural and scientific contexts, a re-interpretation of the spiritual tradition was necessary. The most prominent characteristic of this theological attitude was the openness towards other thought worlds without having to give up one's own tradition. It recognises the experience without having to dismiss it as irrelevant. Ganzevoort & Visser conclude with the disadvantages of the pastoral hermeneutical model. These include that the model is often seen as too harmonious and that the presence of power relations and clashing values is ignored.

83

The hermeneutical approach in pastoral care is deemed the most appropriate by the researcher for the purpose of this study. Within a hermeneutical approach the pastoral caregiver functions as an *interpretive guide*. This concept will be explored in more detail in chapter five of this study. Within a hermeneutical approach to pastoral care where the first task of the pastoral caregiver is to *contribute to a better self-understanding of the person in need*, pastoral caregivers may contribute to the development of adolescents by guiding them towards a better understanding of themselves and their own sexuality.

After exploring these different models of pastoral care and especially focusing on the hermeneutical approach in pastoral care, this research study is trying to find a possible model for moral decision-making, by looking to intra-disciplinary ethics to assist adolescence in making moral choices. One such a possible model is the moral decision-making model of DC Maguire, who defines ethics as: "The art-science which seeks to bring sensitivity and method to the discernment of moral values. It is the way we do our systematic thinking about moral values. It is neither pure art nor pure science and is best, though imperfectly, described as art-science" (1979: 110). The primary reason for this model being seen as a possible approach in hermeneutical pastoral care to assist adolescents in making difficult moral decisions is that the focus in this model falls on asking reality-revealing questions to discern what moral decision to make. Adolescents, in their specific stage of life, are trying to figure out for themselves "Who am I?" They also find it difficult to adhere to what adults prescribe for them to do as they want to find their own ways of figuring out who they want to be (as was argued in chapter three). By asking questions and evaluating the decision to make in a methodical way, this model of Maguire is more feasible than other, more prescriptive ethical models of moral decision-making. The following section of this chapter will focus on exploring in detail this model for moral decision-making as a possible approach for hermeneutical pastoral care to empower pastoral caregivers to guide adolescents comfortably and confidently in making difficult choices with regards to sexuality and sexual activities in the light of the HIV and Aids epidemic in South Africa.

4.4   The moral decision-making model of D.C. Maguire

In the book of D C Maguire, *The Moral Choice (1979)*, he presents the reader with "a theory of moral knowledge"[29]. All humans are moral beings and it is a part of human nature to make choices every day. Maguire (1979: xv) states that every person has a method by which to make moral decisions and it is necessary to reflect on this method, to prevent it from being prejudiced and limited. This coincides with what Osmer (2008: 131-132) refers to as "an ethic of equal regard, a perspective in which all human beings are viewed as having equal moral worth and dignity".

This model consists of two phases: the expository phase – in which a number of questions pertaining to a moral issue are asked; and the evaluation phase – in which all the possible outcomes and influences of the moral choice are taken into account. **Figure 4.1** below shows a depiction of this model. This section of this chapter will start by focusing on the expository phase, after which attention will shift to the evaluation phase.
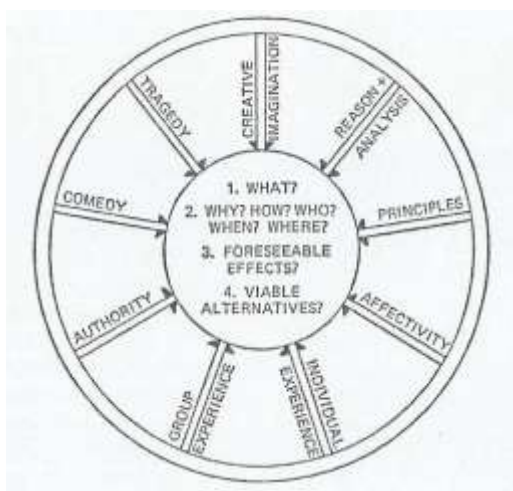
Figure 4.1 The Wheel Model for Ethical Method (Source: Maguire, 1979: 115)

4.4.1   The expository phase

In this first phase of Maguire's model certain questions are asked to accumulate the necessary information regarding any moral decision which a person might have to make. The questions asked during this phase are *What?, Why? and How?, Who?, When? and Where?, What are*

---

[29] Maguire, D C 1979. *The Moral Choice*. Minneapolis: Winston Press Inc, p. xv-xvii.

the consequences? and *What are the Viable Alternatives?* What is meant by each of these questions will be thoroughly discussed in this following section.

4.4.1.1 What?

The first question which one must look at in the quest for realism is the question *What?*. To start with this question may seem very simple; however, it is a question mostly ignored during moral debate. *What?* is asked to unearth the underlying facts that people may sometimes illogically cover up with unnecessary meanings. Maguire (ibid: 129) argues that the question *What?* may seem like a term too large to use as it may be used to answer all the questions that form part of the centre of the wheel model. The answers to the other questions will, in a sense, then answer the question *What?* as well. *What?* highlights the primary data here. The primary data consist of the physical, the psychological and the systemic. The primary data are used when firstly looking at a subject or case cognitively.

The aim of ethical inquiry is to know what really *is*. When one's judgement of the original facts is wrong, the ingenuity of the following discussion and analysis will be wronged by this primary offence. One will not know what one is talking about regardless of how impressive it may sound. In order to prescribe what *should be,* one must first describe what *is*. Maguire (ibid: 130) says that, "Description is the beginning of prescription", and that real, creative ethics is as busy "with what might be as it is with what is". When one is not aware of what *is*, one will also not know what *can be*. A great number of moral debates are brought about by a lack of knowledge of what *is*.

4.4.1.2 Why? and How?

The second and third questions to ask on this quest for realism, are *Why?* and *How?* They can be related to the ends and means which one uses to make decisions. A common mistake often made by most people is to think that the reason *why* they do something justifies *how* they do it. Maguire calls this *ends* (motive, intention, and purpose) *and means*. This mistake can even be supported by a well-known moral philosophical adage, *Finis sanctificat media* ("The end sanctifies the means"). If this saying is true, many a means, however immoral or dishonourable, may be deemed necessary on the way to achieve the end. Maguire (ibid: 135) says that an end that is seen as decent or good can shroud a person's vision of *what* it is truly

86

about, especially if the end also has a sacred dimension (which can be the case with religious groups or nationalistic matters). These ends may be completely enthralling and the means then used to achieve them are never scrutinized.

Maguire says that the question *Why?* can be regarded as the most important ethical question. *Why?* can even be more important than all the other aspects of the real moral circumstances. In ethics, some people believe that if the reason *why* they want to do something is good, everything else is good. Maguire (ibid: 138) says: "No ethics can be done without an appreciation of the human meaning of motive, the reason why someone acts". Another way to ask *Why?* is to look at what the motives of a person's actions are. But to ask this, *motive* must first be defined. Maguire (ibid: 138-140) argues that motive is complex and that this complexity can be classified by three characteristics.

Firstly, motive is numerically complex. Motive is powerful, understated and intricate. There is never only one reason why a person does something. A person often does not even realise on a conscious level all the reasons why he/she acts in a certain way. The different schools of Psychology will give different reasons why a person often does not realise why he/she does something, for example, that people are born with certain determinisms in them that cause them to act in specific ways often without even realising it. *Why* people act the way they do is a complex and multi-faceted mystery. However, this mystery is not irresolvable. Any healthy, fully-functioning psyche is capable of ordering and directing its intended powers into conscious action. It is on this level that moral evaluation is needed, especially in decisions that are not as obvious as they may seem at first glance. The reason *why* anyone does anything is in part a result of *what* is done.

Secondly, Maguire (ibid: 139) says that motive is qualitatively complex and that: "Morally good motivation could only grow from some successful development of that fundamental grounding of moral experience" and "Motives which seem the same when we classify them will always be a unique manifestation of the person in his distinct moral process".

In the third place, motive is not static, but processual. Maguire uses the example of a couple getting married. The reason (motive) for marriage may not be the reason why they remain married for years. This need not be a negative issue. The reason may evolve into a better reason as the years pass by. But unfortunately, a process can also regress. Maguire (ibid: 140)

mentions Augustine who said that "that which is begun in fear may come to be perfected in love and that that which is begun in love might come to be maintained only by fear". The quality of moral motives may vary from the shallow to the gallant.

This leads one to question the sincerity of the motives behind a person's actions. It often happens that a person's motives may seem sincere but when inspected more closely, one finds that they are indeed just a ruse. There is an old proverb that says that "The road to hell is paved with good intentions" and another that says, "Hell is filled with good intentions, heaven with good works".

Maguire (ibid: 140) explains that it is easy to have superficial motivations and much harder to follow through, for example, when a person is supportive of a certain social issue, but then opposes all the necessary means to achieve that end. He states that when one opposes the means to achieve an end, one opposes the end. He further describes the difference between volition and velleity[30], saying that volition refers to what a person will definitely do and velleity refers to what a person would like to do if the circumstances were different. The sincerity of one's motivation to do anything must thus be determined by volition rather than velleity.

The question, "Do the ends justify the means?" is a bad one, according to Maguire (ibid:141), because it is misunderstood. Ends and means do not justify each other and must be understood in relation to each other and to all other circumstances. When one is on the quest for realism, all aspects of the model must be taken into consideration, not only ends and means. Seen from this perspective, ends and means are only two of the numerous elements. In moral matters insight is gained when *all* the conditions are considered and how they relate to one another. This said, Maguire contests that it is not always possible to have concurrence between ends and means. When there is a disharmony between ends and means, it is a sign of moral simplicity. When a person is comfortable with this simplicity, it can be fatal for moral development. This comfortableness with simplicity can easily lead to moral corruption.

---

[30] Definition of velleity: "a wish or inclination not strong enough to lead to action", Oxford English dictionary, https://en.oxforddictionaries.com/definition/velleity accessed 23/11/2016.

The reality-revealing question of *How?* points to means and in which style a person goes about morality. Maguire (ibid: 142) says: "In presenting this schedule of questions, we are searching out the essential circumstances that make up the moral meaning of a human situation." The style may not seem that important when a person regards the overall behaviour to see if it is moral or immoral. This may be because a concern with style is frequently related to ostentatiousness. This ostentatiousness comes not from a concern with style, but rather because of a concern with little else.

Maguire (ibid: 143) states that, in the process of moral questioning, *what* is done may be morally promising. *Why* it is done, may be heroically noble. It is the style in which it is done, however, that makes an action decisively moral or immoral. The style which one uses to act, may cause the actions to be either humane (moral) or horrendous.

The rationale behind the importance of style is that style embodies the propensities of the heart. When a person does something good in a brutal way, the act may not be regarded as peaceful, however noble the reasoning behind the act. The reason for this is that the *why* and *how* are intimately related. *How* a person does anything reveals *why* it is being done. Maguire (ibid:143) explains this thoroughly: "The *how* can strip away the avowed motive and show the real one because *how* reflects the foundational moral experience and serves as an index of the development of that experience. The insensitive may only see what you are doing and only hear your expressed motivation. The sensitive will detect your deepest spirit in the *how* (manner, mode, style and means) of what you do." This serves to illustrate that *how* is important especially in relation to the interaction among people. It is a *"community-building activity"* (Maguire, ibid:143) which is not merely physical. *How* a person does anything will effortlessly impact the community in a greater manner than *what* is being done.

4.4.1.3 Who?

There are certain realities which one must address when the reality-revealing question of *Who?* is asked, namely:

- What is right for one person may be wrong for another.
- What is right for a person now may be wrong for the same person at another time.
- Some people are, in ethical calculation, worth more than others.
- No two people are the same.

-     People are social by nature, not by choice.

Maguire (ibid:144) says that to miss the reality of any of these propositions, which frequently happens, *"is to be liable to ethical confusion"*. People are relational, social, historical, and unique. Only when one contests that this is true, can the work of ethics be done – the work of recognizing what is appropriate for people as they truly are.

In generalizing moral principles, the specific value implications of an individual are pushed aside for the sake of the orderliness and apparent comfort of generalisations. It may seem that the generalisers know what they are talking about, but it cannot be since they are completely disregarding the *who* that is being morally judged. No sensitivity is displayed towards the *who* and his/her personal existential reality. The question of *Who?* directs one to a person's own reality. Maguire (ibid: 146) states, "Ethics, then, is centred on persons. Persons, however, come under the survey of essential circumstances in ethical evaluation, because they do not exist as detached essences. They are existentially realized and particularized in the shaping influences of social and historical reality".

Maguire (ibid: 146) argues that a person is a person through his/her relationship with his/her own personal history and the cultural history that he/she inherited, and that a person's personal history shapes him/her throughout life. "Personal life, like all life, is a process, a personing process". Maguire suggests here that a person can grow in personhood and change, as a person's own personality develops and identity formation takes place. As a person, one is able to change in essence, to expand one's life potential.

In interaction with other people, moral and psychological growth can take place. Maguire (ibid: 147) quotes Martin Buber[31], George Herbert Mead[32] and H. Richard Niebuhr[33] and states from their respective fields of philosophy, social psychology and ethics, that a person is

---

[31] Martin Buber: "I become through my relation to the *Thou*; as I become *I*, I say *Thou*. All real living is meeting." In Martin Buber, *I and Thou*, 2nd ed. (New York: Charles Scribner's Sons, 1966) p. 11.

[32] George Herbert Mead: "(T)he self is essentially a social structure, and it arises in social experience… it is impossible to conceive of a self arising outside of social experience." In A. Strauss, ed., *The Social Psychology of George Herbert Mead* (Chicago: University of Chicago Press, 1956), p. 217.

[14] H. Richard Niebuhr: "To say the self is social is not to say that it finds itself in need of fellow men in order to achieve its purpose, but that it is born in the womb of society as a sentient, thinking, needful being with certain definitions of its needs and with the possibility of experience of a common world. It is born in society as mind and as moral being, but above all it is born in society as self." In H. Richard Niebuhr, *The Responsible Self* (New York, Evanston, and London: Harper & Row, 1963), p. 73.

a person through other persons (as the African idiom of Ubuntu states). "The person becomes a person and grows in personhood interpersonally," according to Maguire (1979: 147). Other selves form the counterpart of the self. To be able to think, grow and make choices, a person must be socially connected to other people.

Culture will inevitably influence the way in which a person is formed and it will have a different effect on different individuals. No two people's social circumstances are the same and every culture and the impact which it has on an individual of a particular culture is unique. Social matrices also have different histories and geographies and their own symbols of self-understanding. They have different areas of focus. In one culture a specific aspect may be highlighted, while in another culture that same aspect will be oppressed. Maguire states then that no two persons can be the same, and their ability to transcend their own culture creatively will also differ.

Maguire (ibid: 148) concludes the explanation of the question of *Who?* by the following descriptive paragraph: "That is moral which befits and enhances the humanization of persons as they are. Persons are in some ways unique and importantly different. Therefore what befits one may not be right for another, and what befits a person now may not be good for that same person later. No two persons are the same nor is any one person the same forever."

4.4.1.4 Where? and When?

The reality-revealing questions of *When?* and *Where?* refer to the temporal and spatial circumstances to consider when making moral decisions. For instance, the questions *what, why* and *who* might be defended in making a specific decision, but the *where* and *when* that decision will be carried out also need careful consideration. Although one might be able to defend the first three reality-revealing questions, the place and time of such a decision must also be taken into account.

4.4.1.5 What are the consequences?

It is impossible to predict the future. This statement is easily confirmed by looking at history and theory. It is only possible to be an expert on what has already happened, not on what is yet to happen, and thus possibly may never happen. This, however, poses a problem for

ethics and moral action, as the future is unavoidably present in both. The decisions which a person makes will unavoidably have effects which echo into space and into the future. Looking back in history, it can be seen that some effects of certain decisions can clearly be felt for centuries. Maguire states that all actions, however subtle they may seem, have a way of reaching out beyond the present to enter into the future. The present will always produce what will be the future.

Maguire (ibid: 150) argues that, "when we say that human actions are right or wrong according to the circumstances, we face the fact that some of those circumstances that determine the moral kind of our behavior are in the future." Reality is the base for morality, and the reality of the way in which a person conducts him/herself has implications for the future. To be morally responsible, a person must attain sufficient knowledge of the impact of his/her actions. Naturally, a person's knowledge of the future is limited and the influence of one's actions goes further than his/her knowledge is able, but a person's knowledge must aim to stretch as far as it is able to do so.

Maguire (ibid: 151) states that it is for this reason that consequences, or estimable effects, are clearly present in ethics. The effects of actions are so intrinsic to moral meaning that one can find a strain in ethical theory called *consequentialism*. According to this strain, actions can be judged to be right or wrong purely by looking at the consequences. According to Maguire, this is excessive since the other reality-revealing questions should also be brought into account. The consequences, however, are the main focus of essential moral meaning. Sometimes the consequences of irresponsible behaviour are obvious, for instance, allowing a person who is very drunk to drive a car. Sometimes the consequences of certain actions can only be seen in hindsight.

Sometimes an analysis of the effects of a person's actions can cause said person to change his/her own moral stance. However, once a person has acted, the effects of that action are out of his/her control. Other actions may be taken to go after the effects, but recalling those effects is impossible. According to Maguire (ibid: 152-153), "Human action, therefore, is an amalgam of power and impotence; the power to touch and shape the future through the consequences of our acts, and simultaneously, the impotence to control those consequences, hence the centrality of the concern for consequences in ethics".

Ethics or reality is not, however, made of consequences alone. An analysis based exclusively on consequences will be too restricted and too dangerous. People's frail capacity to predict the future with regards to human affairs limits the possibility to predict the consequences. History, of course, can be illuminating and knowledge of history is a basic necessity of mature moral judgement. Without history it is impossible to determine identity, but inferences from history are also limited. Two factors that count against certainty about the future are freedom and imagination. Humans have the ability to choose and are thus unpredictable. People also have the ability to perceive possibility, to be creative and to set events in a new direction. This makes prediction in human affairs impossible; a "learned guess" at its best.

Maguire (ibid: 155) states that there is an even more austere danger when a narrowly consequentialist approach is taken with moral issues. It is a danger "that combines two great errors: first, the error of saying that the end justifies the means, and second, the error of a utilitarianism that insensitively sacrifices the good of individuals to the good of the group without even being very clear about what the good of the group is".

It is important to look at the present-tense realities first, before looking to the future possibilities. The sacrifice of the present-tense realities may at times take place to give way to future possibilities, but not without due process, which Maguire (ibid: 156) suggests to be the reality-revealing questions: *What? Why? Who? When? Where?* and *What are the viable alternatives? a*nd the full process as described in the rest of this book of DC Maguire's. He argues that this process is necessary "...to prevent projected glorified effects from acquiring a kind of diabolic possession of our moral decision process" (Maguire, ibid: 156). To understand this argument that caution should prevail when consequentialism tends to forget the process of decision-making with regards to moral decisions, Maguire refers to the old debate between deontological and teleological ethical theories.

Maguire (ibid: 157-163) explains the difference between a teleological and deontological approach to thinking and making decisions - an age-old debate. A teleological (derived from the Greek word *telos*, meaning "end" or "goal") approach determines whether actions are right or wrong by looking at the end or goal to which such actions will lead. Therefore, one can say that consequentialism and utilitarianism are teleological theories. Deontology, on the other hand, is derived from the Greek word *deo*, meaning "I ought". Therefore, a

deontological approach states that certain decisions are wrong, regardless of what the consequences are.

Maguire concedes that a person rarely thinks and makes decisions along only one of these thought processes. "The difficulty that people have had in fitting into one or the other of these classifications is because teleology and deontology are both integral to moral experience" (ibid: 158). When one makes a moral judgment it usually, not always, includes a consideration of the consequences and results of such a judgement. Not to take the consequences and results into consideration when making decisions or judgements is, according to Maguire, irresponsible.

A person's actions may have varied effects; some more desirable than others and some may be, quite frankly, rather disturbing and unwanted. There is only one question that arises: Are the bad effects of a person's actions his/her moral responsibility? Maguire (1979: 164) states that a person's moral responsibility stretches as far as the foreseeable effects. A person's actions can be either good or bad, depending on the circumstances, of which the effects are a part. Weighing and balancing are a part of the art ethics. Values and disvalues are a part of human behaviour. Where a moral choice is the most valuable for humans, it can be said to be a good choice. This asks for a balancing act between good and bad choices. Where the bad choices are numerous, it should be asked if the good choices are proportionately greater. In the cases where the good choices are in fact proportionately greater, they may justify the bad choices that are inevitably a part of a person's behaviour. This way of operating is called the principle of proportionality. According to Maguire (ibid: 164) it can be said that this principle of ethics may be the master principle. "Since there are likely to be disvalues in the foreseeable effects of all human choices, a judgment that value proportionately outweighs disvalue is implied in all moral choice, even though...a high quota of good does not justify any kind of causal action. Still there is a need to weigh the values and disvalues in moral discourse. The whole of ethics is involved in this. All of the essential circumstances, not just the effects, are weighed and balanced in a comparative judgement. The alternatives...are especially important when some considerable disvalue is involved".

Maguire (ibid: 167) refers to the problem of utilitarianism in ethics. John Rawls defines utilitarianism as, "The appropriate terms of social cooperation are settled by whatever in the circumstances will achieve the greatest sum of satisfaction of the rational desires of

94

individuals".[34] Utilitarianism may sound harmless, as it promotes that actions are good if they encourage happiness and well-being to the greatest sum of all persons involved. But in fact, as Maguire argues, it is a temptation that must be resisted.

Utilitarianism can in some instances contain aspects of totalitarianism, as utilitarianism ignores the tension between the individual and the group and always stands on the side of the many and the common good. This is very dangerous as the common good is abstract, unseen by any person. Any system that sacrifices the individual for the common good can be very dangerous and should, in fact, refer to the existentialist insight that an individual is more important than justice. The idea of "the common good" is an irreplaceable intellectual tool, which makes the individual aware of his/her humanity's social implications.

Utilitarianism is also linked with the principle of proportionality. This principle, however, may also be abstract and should be tested against concrete reality. As the principle of proportionality works, an assessment of what is proportionally good could easily give way to the "quantitative bias of utilitarianism" and focus on the greatest good for *the many*. It may focus more on the effects of, for instance, a certain policy for the common good of the greatest number of people, while being insensitive to the few people who do not benefit from the good effects of such a policy.

4.4.1.6 What are the viable alternatives?

The last reality-revealing question that should be asked when attempting to make a moral decision is, "What are the viable alternatives?" Maguire argues that it is sad to see that in any given situation there are a number of possible alternatives, but that people tend to see only a few of them. Furthermore, these few alternatives are then seen as the reality. A moral decision is based on a fragment of reality, missing many realistic possibilities. Maguire (ibid: 170) states, "A rule-of-thumb estimate would be that in a situation where there are a hundred existent viable alternatives, we normally would perceive about ten of them".

---

[34] Rawls, J. 1971. *A Theory of Justice*. Cambridge, Mass: Belknap Press of Harvard University Press. pp. 25-26, quoted in Maguire, 1979: 167.

Maguire (ibid: 174) states that it has previously been said on many occasions with some amusement, that if a person has no alternatives, he/she has no problem. Then a decision would be much simpler to make, as there will only be one choice. This state of having no other choice, however, may be a result of not identifying other alternatives earlier in the process of decision-making. Or, possibly, while a person thinks he/she does not have any other choice, there are in fact other alternatives available, but they are simply not recognised. When alternatives are bypassed, a redefinition of this reality-revealing question takes place. Then, as Maguire (ibid: 176) states, "We do not deal with what is, we deal with what we have decided to deal with". Thus, people, even brilliant minds, bypass possible alternatives and function in self-inflicted darkness. When considering different alternatives, it is also important to be sensitive to the effects of those alternatives. In an example that Maguire (ibid: 176) uses, it is stated that the short-term effects of possible alternatives are often taken into consideration, but the long-term effects are not.

Alternatives and effects are related to each other in two ways. Firstly, both sensitivity towards the wide scales of determinable effects and sensitivity to alternatives are "horizon experiences" (Maguire, ibid: 176). They have the ability to expand the human tendency to find quick fixes for problems. The human mind, in its search to make sense of everything, is vulnerable to impulsive judgement. It is easy prey for quick fixes and simple answers – a type of thinking that prevents contemplating other possibilities and wider consequences of the situation. A good ethical analysis functions against this innate tendency by looking at the long-, as well as the short-term effects and by urging a person to look further than the obvious; to become more mindful of the possible alternatives available. The wanted result is better reality-contact and improved ethics.

Secondly, alternatives and effects are dynamically linked because the same pattern of thinking within the uninformed restrictions of short-term effects loosens a person's need to think of possible alternatives. A need to find alternatives is diminished as a person is seduced by the simplicity of short-term thinking. When the reality of possible viable alternatives is realised, a process must begin in which all the possible alternatives are compared and thus it includes a study of the probable short- and long-term effects. Maguire (ibid: 177) argues, "Therefore, in the knowing act, foreseeable effects and existent alternatives are linked even though effects refer to the future and alternatives refer mainly to the possibilities of the present".

Maguire continues to argue that this link between effects and alternatives is descriptive of that which can be said of all the elements to which the reality-revealing questions point. In a process of analysis, the different factors of reality will have to be dealt with separately. In moral insight and judgement, however, all the different factors will "intersect and relate" (Maguire, ibid: 177). Ethics, with regards to moral judgement, comprises of affectivity and imagination, along with analytical reasoning. Moral judgement is a judgement that shows how all that can be learnt of what is to be judged come together in significant union. Maguire states that the reality-revealing questions direct a person to the empirical data, whereas the moral judgement states the humanising (moral) and dehumanising (immoral) implications "of how those data relate in the value equation" (Maguire, ibid: 178).

Although this work of Maguire dates from almost three and a half decades ago, he makes an important argument for the importance of moral values and the developing sciences and technologies. Maguire quotes James D. Horgan who stated, "Today there is a 'circle of action' in which changes in technology bring on changes in human values and therefore changes in technology" (ibid: 178). Thus, it is necessary for all fields of developing technologies and science to develop a closer working relationship with humanists. In the development of sciences, one would have thought that it is obvious to consider the human values in the process. Maguire argues here that this has not, however, been the case. This is changing, and it must be said that in the last few decades since the work of Maguire was published, it has in fact changed. It is most important that ethics keep an inter-disciplinary stance towards all facets of life, for example, science, technology, politics, human sciences and so forth.

To conclude this part of the chapter, this has been an explanation of the expository phase of Maguire's model for moral decision-making. In this phase the focus has been on gathering the relevant information by asking reality-revealing questions such as *Why? and How? Who? Where? and When? What are the consequences? What are the viable alternatives?* In the next part the evaluation phase of decision-making will be discussed. Although a lot of evaluating has actually already been done in the first phase, Maguire argues that his own model, like so many others, is imperfect. The problem is that an initial evaluative reaction to any moral situation may be impulsive rather than calculated. This model proposes a systematic approach to shape an evaluative response to what the reality-revealing questions

have gathered in the first phase. There is, however, no guarantee that people will actually pause to make use of such a model as this when faced with a moral decision. Maguire (ibid: 182) states that such moral decisions are made by a person's conscience, in other words, by *"the morally sensitive self which is attuned to values as they emerge in the concrete situation"*. Conscience differs from reflection (which this model needs) in that it happens on the spot, whereas reflection asks for leisure. Conscience, however, is nurtured by reflection. Reflection is needed to develop a conscience with which "on the spot" good ethical questions can be made.

4.4.2   The evaluation phase

In this next part the evaluation phase of the model for moral decision-making by Maguire will be discussed in detail, as a way of understanding how best to evaluate a moral decision. In this part of the model, focus will fall on the spokes of the wheel-model which Maguire proposes throughout his whole book. The first spoke of the wheel focuses on *ethics and creativity*, the second on *principles, reason and authority*, the third spoke focuses on *affectivity* and the fourth on *the unique experience and the group experience*. The fifth spoke focuses on *the tragedy and comedy in ethics*; the sixth on *conscience and guilt in ethics*. The seventh and last spoke of the wheel-model focuses on *the hazards of moral discourse*.

4.4.2.1 Ethics and creativity

Maguire (ibid: 189) starts this section of the evaluation phase with an interesting statement: "Creative imagination is the supreme faculty of moral man". Through creative imagination, he explains, a person is able to observe the possible which is hidden in the actual. This "possible" will however stay hidden without a "higher consciousness". Creative imagination can identify the possibilities to bestow order on utter chaos. Ethics and the moral judgement process do not laze around and pass judgement on the passing goods and bads. When moral thinking is at its best, it perceives the goods that have not yet come into existence and, through the creative act, brings it into being. The reality-revealing question with which creative imagination will be most concerned is the question about alternatives and the expansion of reality and the development of moral evolution that will flow from the new alternatives.

Maguire (ibid: 190) argues further that creative imagination has not had the attention which it should have in ethical reflection. Through the centuries ethical theory has been content with reflecting on *"what is"*, neglecting the possible that *might be*. Creativity may also have been neglected in ethics, because it is much simpler just to say what *is*, without having to consider all the possible *"might be's"* out there. The sources of creativity are in the *pre-conceptual depths of the psyche,* as well as in the structures of the social setting.

There are a few ways in which a creative act can originate, whether it is by connecting previously unconnected likenesses, waiting for the conditions to reach a peak of preparedness, by different geniuses depending on one another and new ideas triggering one another or ideas surging from the depths of the mind after an incubation period (an amount of time spent waiting after working, which is just as important as the working).

Maguire (ibid: 195) says, "Creative imagination, in any forum, is the power to perceive the possible within the actual, and creative action is the ability to invite and bring the possible into the realm of the actual". Although creative action, as mentioned in discussing the reality-revealing question of seeking alternatives, has been limited, creativity still remains a hopeful power innate in man, and a person's life is filled with wondering at creativity's continuous unfolding capacity. Although a person might retreat from creativity that unsettles or confronts his/her security, one simply cannot but appreciate the creative talent and admire the inventor. For ethics, it is important to note that there burns a creative fire in all people, a desire for the new and the not yet.

This argument may stretch even further, as is stated that there is a deeper spiritual restlessness in people's minds. It can be said that a person's soul is afraid of being void. The one vice that lowers a person's expectations and dulls one's searching instincts, is sloth. Sloth's biggest competitor may be boredom. When one is denied newness, boredom sets in and it sends a person on a search for newness. The search may be temporarily satisfied with superficial newness, but it will leave those deeper regions of the personality unrequited. The soul's deeper spiritual restlessness is what drives it to creativity.

Maguire identifies six important conditions for moral creativity. These six conditions are, in short, *excitement, quiet, work, malleability, kairos and at-homeness.* He starts with *excitement* by explaining that no creative act can take place without an inner excitement. In a

seemingly contradictory way, the second condition is *quiet*. By quoting the work of Aristotle, Maguire states here that creativity also needs a time of leisure. In this day and age leisure is, however, a time in which a person is to be restored for work. Leisure has become busier than work. Even though this might be true, *work* is the third condition for moral creativity. To be able to be creative, preparation is important. The fourth condition is *malleability*. In order for creativity to exist and continue to exist, it needs a frame of mind that is pliable. That will make it possible for a person to perceive the "not yet" of creativeness. *Kairos*, as the fifth condition, refers to time, but not chronological time as is generally understood. *Kairos*, from the Greek, refers to "time as a moment filled with special and opportune content" (Maguire, ibid: 207). *Kairos* means a specific opportune moment, when the time is right for the new. Thomas Kuhn, quoted in Maguire (ibid: 208) argues that "creative moments occur on the occasion of an impasse." A lack of love may be the reason behind a lack of imagination. The last condition for moral creativity is *at-homeness*. Alienation, as Maguire (1979: 212) calls it, stands in direct contrast to the process of moral creation. H. Richard Niebuhr, quoted here by Maguire, states that at-homeness leads to "an ethics of universal responsibility...it is the ethos of citizenship in a universal society, in which no being exists and no action that takes place is interpretable outside the universal context."

Maguire (ibid: 213) concludes this first element of the evaluation phase with a caution that nothing is incorruptible and that imagination and creativity can also be monstrously evil. Even though this might be so, the human redemption can only be achieved by the grace of creative moral imagination. Human imagination has the power to enhance life, or end it. Where human imagination is evil and where it corrupts, it is the role of creative moral imagination to redeem humans.

4.4.2.2 Principles

Maguire (ibid: 218-219) refers in this chapter of his book to *principles* as a mode of moral evaluation and starts off by saying that, "Moral principles are intellectual generalizations. They instruct and they prevent superficial reactions based on prima facie evidence. But again, 'human actions are good or bad according to the circumstances'." Although the human brain tries to make sense of confusions by sorting data into generalized categories inside the human brain, people then also tend to generalise moral meaning. This may have hazardous implications, because it may not always be possible to generalise moral meaning. However,

100

principles can be the voice of history which tends to help broaden each moral case. Without principles one may be more vulnerable to possible mistakes.

Moral principles have a distinctive nature, which can be seen in the words of John Dewey (quoted in Maguire, ibid: 220) where he states that moral principles represent the "gathering together of experiences of value into generalized point of view...Through intercommunication the experience of the entire human race is to some extent pooled and chrystallized in general ideas. These ideas constitute principles."

Moral principles are proposals or generalisations based on cultural influence about what is appropriate or inappropriate human behaviour. Principles, thus, can either be positive or negative, very generic, or very specific. Moral principles are not simply empirical generalizations. They are as distinctive as moral experience itself, "(I)t is a conclusion about how persons should behave and be treated in view of their perceived value...Principles are voiced specifications of the foundational moral experience" (Maguire, ibid: 221). Moral principles are also related to creative imagination (previously discussed), since moral principles preserve the creative insights of the species, in propositional form, on what does or does not boost human evolution.

Moral or ethical principles are derived in the same ways as physical or social science principles, and so cannot be thought of as simply "empirical generalizations". Moral experience can be said to be grounded in empirical order. Moral principles have a specific contextual, empirical basis – derived from the specific human needs for them. It is important to note here that some moral principles cannot be taken out of their specific context which necessitated them in the first place.

Maguire (1979: 222) concludes that, "(E)thics, in fact, can be seen as a dialogue conducted by the moral agent between the moral meaning found in principles and that found in the unique circumstances of the case." In certain moral cases, principles can be left behind. It is the moral agent, conducting a dialogue between the moral situation that is completely revealed through the reality-revealing questions from the first phase of the wheel model, and

the possible relevant moral principles[35]. It is important then that all the relevant moral principles should be taken into account, for any given moral situation will have a few possible principles making their claim. The question then posed to the moral agent is not whether a person should stick to his/her moral principles, but which principle to stay with for in most cases it will not be possible to stay with all. Some cases, however, may need a combination of the moral principles. It can be said further that not all moral cases will have moral principles on which to base a decision.

Maguire (ibid: 255) concludes this chapter of his book by referring to the work of Aristotle who said, "The data of human behaviour simply will not be reduced to uniformity". He also admired men, however, who could see what is good for themselves as well as what is good for others. Maguire finishes with, "Humanity is served when we crack the particular and liberate the universal while losing sight of neither."

4.4.2.3 Reason and authority

All human thought processes function with reason and authority. According to the Oxford English Dictionary the definition for *reason* is, "the guiding principles of the human mind in the process of thinking." Reason is part of every part of human life, from science to poetry. The challenges which humans face determine the reason(-ing) necessary. The role of reason in ethics, however, cannot be merely the same as that of science or mathematics. Maguire (ibid: 262) states that, "(I)n ethics, one would expect reason to take on and reflect the nature of moral experience. If it simply functioned here as it does in other areas of experience, it would mean that moral experience is not distinctive or that reason is not fully drawn into the service of moral meaning."

Reason has specific tasks in every area of moral experience, such as are listed in Maguire (ibid: 263): to find and compare ethically meaningful empirical data, to search for the

---

[35] It must be stated here that Maguire (1979: 222-252) discusses the quest for universal moral principles, as well as the fact that sometimes there are more than one moral principle applicable in a specific moral case. He uses the example of German philosopher, Immanuel Kant, who proposed that a person is obligated to stick to moral principles, regardless of the consquences. The example given here is that of a murderer knocking on a person's front door, asking if the person he/she wants to kill is inside the house or not. Is the principle to follow here that of "do not lie" or "to preserve life"? In a situation like this, a person must ask him/herself which principle will be the better one to follow?

unasked questions, to test the regnant authorities before which minds may be playing dead, to cope with the inevitable partiality of our knowledge, to jog the lazy memory, to fight the allure of too-facile consensus, to break the stranglehold of habituation, to check our myths and other filters, to solve the conflicts between and among principles, and to tend to the reformulation and correction of principles in view of new experience.

Reason, it can be said, is the work of intelligence, not waiting for inspiration to strike, but to work towards it – preparing the mind and finding truth. Reason is critical and works to fight the hollowness of unpreparedness. Reason must help the human mind to stay in process. Humans stay in contact with the world, which helps them to knowledge. The interaction between the knower and the known is human knowledge. A person must be constantly reminded that life is a process, and so is knowledge. It is the function of reason to do this reminding. This may be true, however, of any field of reasoning. For distinctive moral reasoning, one must look at what makes it so. Moral reasoning is a quest for moral values. Values are valued, however, with both affection and intellect.

Moral reasoning, it would seem, can be bound up with affection. Thinking and talking about moral values reach into the essence of a human being. Awareness that people are human beings is necessary in moral reasoning. A person's feelings and affectivity are inherent in moral reasoning. More will be said about the role of affectivity in section 4.4.2.4.

Maguire (ibid: 270) states here that not all moral reasoning processes have moral opinions as a result and that most moral opinions are formed as a result of someone whom a person loves or admires, or because of the influence of wisdom that is traditional, that a person never thought to question. Maguire states here that "(R)eliance on authority of one kind or another is probably the most common form of moral evaluation, even among those who feel themselves highly independent and 'liberated'." This may at first glance seem to be a problem, when one relies on tradition or culture to determine moral reasoning without critical examination. However, tradition and authority may be valuable resources for evaluation processes.

Authority operates in certain forms in the social world, for example, peer authority, expertise, religious, crypto-religious and tribal authority, tradition and charisma. All these forms of authority have an influence on moral reasoning, and oftentimes people accept them without

criticism as a result. With this it must be said that authority is not merely terrible. There are forms of authority that are healthy. Firstly, looking to authority can be helpful when one is busy with moral reasoning as authority means that there is a certain level of expertise within authority. A deeper form of authority that is healthy is the fact that authority is community-building and personalising. Looking to others for help in moral reasoning can help built trust and relationships between people. This also gives meaning to a person's need to rely on others and the necessity to be dependent on others.

Maguire (ibid: 277-278) concludes this part on reason and the reliance on authority in moral reasoning, two seemingly contradictory methods of moral evaluation, by stating, "(H)ere the attempt has been to show, as any exposition of ethical method must, how the mind should pursue the moral truth through the work of reason and the virtue of reliance."

4.4.2.4 Affectivity

Affectivity is known to be the grounding for all moral experience. Maguire (1979: 281) states that account must be taken "of the value awareness – admittedly sometimes somewhat ineffable – that comes to us through that expression of our subjectivity that we call feeling or affection. Ethics should take account of this as it goes about addressing particular cases." Feelings play a role in ethical decision-making, whether it has been admitted in the past or not. Thus, affection or feeling should be taken account of in ethics. Feelings are a cognitive reaction and should be treated as such and not only as an eruption. Feelings also create an awareness that is spontaneous and an important part of the knowledge of morality. Feelings can be repressed or heightened in certain circumstances, but they can never be erased. Feelings enter into the evaluative process of moral decision-making with or without invitation and they simply cannot be switched off.

Even though feelings cannot be switched off or erased, Maguire (1979: 282-285) states that a person would think that intellectualisation and conceptualisation can play a role in expressing one's feelings in the light of a moral decision-making process. Having more knowledge or facts about a certain situation may cause a person to express his/her feelings in a certain way. There is no purely emotional reaction or purely conceptualised judgement in moral knowledge. All persons are psychologically and morally scarred. There is no one ideal

observer in the world of all things moral and there is no one with an infallible feel for moral truth.

Feelings are also related to a person's character. Character is the personification of a person's ethical positioning. Character is the result of what a person does and also how he or she makes decisions within his/her given moral environment. The roots and moral centre of a person's personality is reflected in his or her character. What a person does or wills, is the starting point for his or her character – meaning that character starts within a person's affections. A person's character then, may determine how he or she will make moral decisions.

Ethics, although there are guiding principles and rules, cannot be done simply by complying with the set of rules and regulations. These are important, of course, but no rule or guideline can compel a person to act and react in a certain way when the contextual and personal facts of a case are of high importance. The guidelines and knowledge of how to act drawn from others' experiences can play a role, but a person's intuitive reaction will ultimately guide him/her to react in a fitting way. Maguire (1979: 305) states that "(W)e move beyond rules to an extent and into the realm of affective perception and intuition when it comes to the basic ethical necessities such as contextual sensitivity, delicacy, tact, and a sense of timing and opportuneness." Making a moral decision involves a process of reality and knowing the right *kairos* moment to make that decision. This calls for the use of one's "genius of intellect" as well as one's "genius of the will" (Maguire, 1979:305), combining both knowledge and affections.

4.4.2.5 The unique experience and the group experience

It may be said that it is possible that some individuals know some things that other individuals do not know and vice versa. However true this may be, one should also consider the sociology of knowledge mentioned by Karl Manheim[36], quoted in Maguire (ibid: 310):
"...it is not men in general who think, or even isolated individuals who do the thinking, but men in certain groups who have developed a particular style of thought in an endless series of responses to certain typical situations characterizing their common position. Strictly speaking

---

[36] Manheim, K. 1936. *Ideology and Utopia*. New York: Harcourt, Brace & World Inc., p.3.

it is incorrect to say that the single individual thinks. Rather, it is more correct to insist that he participates in thinking further what other men have thought before him." This may as well be true for ethics. Every individual has unique wisdom concerning ethics; however, this is not adequate. Knowledge is rooted in social reality and history and is thus shared.

The reality is that all people are born into a certain social setting by which their thoughts and ideas are shaped and their world view is set. It is true that a person is able to transcend this setting, but he or she will always carry this background with him/her. What a person knows and how he or she has come to know it, is strongly controlled by the cultural environment in which he/she finds him/herself. The important people in a person's life also influence the way in which he/she thinks and acts. This is also an ongoing process – called socialisation.

The influence of the group in which a person grows up, may have both a positive and a negative influence on his or her life. Some negative influences learned from history are:

- Classism: From the Christian Crusades through slavery to the recent years of Apartheid, it has been known that different groups of people may divide themselves into different groups or classes, each group believing itself to be better than others. This group mentality may cause people to act out this division, even though these group divisions disappear as years go by.

- Nationalism: In the early decades of the twentieth century nationalism had a very negative impact on group mentality in Germany. Under the rule of Adolf Hitler millions of Jews were murdered by Germans who thought that what they believed about their leader and their country was good. The individual knowledge of what is morally right or wrong of most of the German citizens was overshadowed by the overwhelming sense of belonging to the true German nation that Hitler envisioned.

These two examples make it clear that group influence may not always be positive. Being a part of a nation, culture or tradition may cause a person to act in certain ways and to make moral decisions based on what that tradition or culture has taught him or her to do and how to make those decisions. The problem with making moral decisions, then, appears to be finding the balance between individual knowledge and group knowledge.

106

Religion plays an important role in establishing moral values. Maguire (ibid: 336-339) discusses the various early religious traditions that have influenced ethical and moral thinking, from the earliest forms of Judaism, Zoroastrianism and Buddhism to Confucious and Lao-tse, the Upanishads and the philosophers of Greece. Maguire argues with this that, although some religious traditions require a puritanical devotion, it may be beneficial for the religious traditions to learn from one another. A person may not wholly agree with a religion different from his/her own, but it is possible to learn some other approaches to ethics and moral decision-making from different traditions. No one religious tradition can claim to be perfect, thus it is important to learn from the others and also teach what the others may not know.

4.4.2.6 The tragedy and comedy in ethics

Morality and its history have shown that there has been little or no place for humour in ethics. Although many authors in history, such as Plato, Aristotle, Kant, Bergson and Freud, included humour in their writings, humour has never been an integral part of ethics. Maguire (ibid: 343) states that this is a serious omission in the work of ethics. He further says that one of the ways in which a person becomes aware of moral truth is "through the phenomenon of amusement" (ibid: 344). It is important to understand *what* humour is, in order to see the key role that it can play in moral evaluation processes. Maguire (ibid: 344) states that humour involves (1) a response to incongruity within human life, (2) surprise, (3) creative imagination, (4) affectivity. In terms of the *incongruity within human life*, it can be stated that humour is caused by the strangeness and sometimes absurdity of human life. Humans are the only animals with the ability to laugh and be amused.

The element of *surprise* is also a part of humour. Humour asks for a new twist. Jokes are funny the first time when they are told. A joke that needs explanation is not as funny. One may laugh, but the element of surprise is useless. The element of surprise in humour asks for *creativity*. A creative imagination is important for humour to be successful. There are a number of qualities that illustrate this frame of mind and indicate the relationship of humour to creative imagination (Maguire, ibid: 347). The list of qualities is: *flexibility* (a readiness to consider every side of every issue); *spontaneity* (the capacity to leap from one mode of thinking to another); *shrewdness* (a refusal to take anything or anyone, oneself included, at

107

face value) and *playfulness* (bringing a sense of gaming to life and an openness to enjoy his/her tragicomic existence and humility).

Humour involves *affectivity*. Humour and affectivity cannot be separated. Humour creates a feeling of delight. This delight which one experiences through humour has both a physical and spiritual effect. The physical effect is of course the laughter generated through humour – reverberating through the whole body, releasing excess tension. The spiritual effect of humour can be seen through the fact that humour is a friendly experience. Laughter also presupposes society, because the joke is ultimately on all people present. It includes all human folly. The shared human condition is used as the backdrop and any discrepancies are a cause for humour. True humour references the self – to laugh at others is to laugh at oneself. Laughter or humour is also delightful because it is a time-out from adulthood. It helps one to leave behind propriety for an instant and one can stand outside oneself for just a moment. It can be a release from normality, if only for a moment. Laughter also delights by fulfilling man's unappeasable need for newness. Human minds are always flowing between what is known and what is not yet known. Humour meets this need for newness. Lastly, humour is grounded in hope. And hope is the source of all delight. True humour is also re-creative and never destructive.

Tragedy is a part of the human condition as a result of two intrinsic difficulties, namely the fact that humans are mortal and that humans have a capacity for profound love. Humans are the only animals on the planet with the knowledge of their own mortality. Humans move through life, from growing up towards death, knowing that there is a limit. Part of this knowledge is criss-crossed with the ability to love and to love deeply, without limits. When humans love, they are vulnerable to tragedy, as death is always a part of life. To deny tragedy is to be superficial and to yield to it constantly is deadly. Maguire (ibid: 355-356) argues that, "What is needed is what has been called a tragicomic sense of life. Comedy relativizes tragedy without trivialising it."

With humour there is also some caution needed. Humour can also ridicule and deride. This caution is needed and of importance to ethics, because many of the values that are taught to humans are taught through ridicule and derision. In this way, humour's service is not always good.

As with many factors in life, the line between the comic and the tragic is extremely thin. Comedy and tragedy are often adjacent to one another. It is said that people who have never experienced true tragedy will never be able to understand true comedy. Maguire (1979: 357) quotes the work of Professor James Lynood Walker who commented on the Jews and Blacks by saying the tragic happenings in the history of both these races have produced, "cogent thinkers and sensitive comics, who fear neither serious nor light-hearted analysis of the contemporary state of man and society." Tragedy and comedy both lead the way to moral truth. They rupture cold complacency and give the moral consciousness a chance to heal.

Tragedy, as one of the spokes in Maguire's wheel model, has the potential to be a positive expansion of moral consciousness. Tragedy, and the suffering that goes with it, is an intrinsic part of human life and it has a definite influence on the moral consciousness causing one to work towards eliminating the suffering whenever possible. The positive value of tragedy and suffering depends entirely on a person's response to it. People have the potential to transcend suffering and to take a positive stance towards their suffering. Looking at all the positive things that can come from suffering or tragedy is one way of sensing the potential for growth in people.

Maguire (ibid: 359) quotes the work of H. Richard Niebuhr who commented, "Everyone with any experience of life is aware of the extent to which the characters of people he has known have been given their particular forms by the sufferings through which they have passed." Niebuhr then states that it is not so much about *what* happened to people that changes them, but rather how people *react to* what has happened to them. Niebuhr says then that "it is in the response to suffering that many and perhaps all men, individually and in their groups, define themselves, take on character and develop their ethos." Tragedy has the ability to impact people in a way that can form their character in a positive way and even ennoble them. It may also impact on their moral knowledge. Tragedy might just have the potential to help a person develop into something he/she has never been before. Humans are driven by a need to discover the unknown, and through suffering a person might just discover something about him/herself or the world around him/her that he/she has not yet known before.

It is also important to note here what tragedy is not. Suffering or tragedy is not unhappiness just as pleasure is not happiness. Suffering and pleasure relate to the good and partial states of consciousness. Maguire (ibid: 362) states that "Personal and cognitive growth might occur

during suffering...it might occur even precisely because of the suffering. If tragedy inevitably produced unhappiness, we could only look for the gradual extinction of the personal powers of the sufferer." Ethical method only takes a positive stance towards tragedy because it can help a person grow. This may lead to a positive reaction towards suffering. The value of suffering is in the person and his/her ability to advance despite the suffering. The possible entry of suffering into the realm of the good lies in a person's potential to bring value from the apparently valueless.

Tragedy can also be instructive even when it is not directed at a specific moral blind spot. It shakes the very foundations of the mind. Nothing is ever quite the same after a tragic happening. Tragedy is also always surprising. When something happens that a person is not accustomed to, suffering occurs. Tragedy enters into a person's psyche and tears away at his/her habitations. This happens even if a degree of the tragedy was expected. Tragedy is to some degree always shocking.

Tragedy is also a voice from the real world. People tend to escape reality or take it for granted, but tragedy, as Maguire (ibid: 363) says, "brings us into direct and unmistakeable contact with the concrete world from which we manage to hide through our abstractions and myths...Tragedy is a voice from the real world. It breaks through our intellectual censoring equipment which works to keep out what is new and threatening to our current view of reality. In this sense, tragedy is an opportunity and may be an opening to creativity."

Often, after a tragedy or suffering, it is said that a person is not the same as he/she was before the tragedy. Different things may be meant with a statement like this, but Maguire (1979:363) brings the epistemological meaning into play here, "Tragedy acquaints us with reality in a new way. It changes us. Perception, however, is conditioned by our state of being. We are not the same after tragedy, nor do things appear to us afterward in the same light." This may either be beneficial or not. Tragedy often helps a person to understand his/her own inner conflicts, which can be seen as a positive.

Suffering and tragedy relate to two of the other spokes in the wheel model of ethical method that Maguire suggests. It relates to affectivity and creative imagination. Tragedy is a form of resistance. It can break a man's will and reduce him to passivity, but it can also challenge him to mobilize himself and his responsive feelings and imagination. A person can become

listless and stagnant without challenges. Tragedy involves challenge and that stimulates. Maguire (ibid: 365) says, "There is a second way, however, in which suffering relates to affectivity and creativity. In the first way, suffering calls forth affective sensitivity and creative response. But there is also a way in which strong affective commitment and creative activity call forth suffering. The effect may also be the cause. Anyone who loves and attempts great things will not be acquainted with suffering. Love, first of all, extends our vulnerability by extending the area of the precious. It enlarges the area in which we face and feel risk. Love also relates to creativity, and the creative will never be alien to tragedy."

4.5   Conscience and guilt in ethics

The role of conscience in ethics is an important one. Conscience, however, is not innate in persons. Conscience is rather the result of a person's decisions, education, formative personal encounters, in other words, a person's history. Maguire (ibid: 374) argues that conscience first relates to the reality-revealing questions. A conscience that enables a person to make instant moral or ethical decisions is a "skill", a conscience that has been developed through experience, creating inquisitiveness within a person in the face of moral decisions. The moral evaluation of that person has become ingrained. A poor conscience, like any skill, can be improved through education and experience.

Conscience also relates to the evaluation phase, or to the spokes of the wheel model. Conscience will touch on all the spokes, from the creative imagination, through reflecting on one's knowledge of principles and a person's habits of reasoning and analysis. Evaluative affectivity is also a part of a good conscience. So also is authority, as a way to moral truth. Conscience also refers primarily to the conscience of an individual. However, there is something known as the conscience of a society. This refers to the sensitivity or insensitivity of a society or a culture for values. Studying a group conscience can be of considerable value, since an individual conscience will reflect, to a great extent, the strengths and weaknesses of the group. It is also easier to admit individual moral weaknesses when seen in the group context. Comedy and tragedy can also play an important role in the moral conscience. Comedy can have relativising effects of the comic perspective of life, and tragedy can add sensitivity to conscience.

Conscience also encompasses the past, present and future. Conscience, however, may be experienced most vividly through looking back in pain over past events. The most noticeable appearance of conscience is found in the guilty conscience. Maguire (ibid: 380) states that, "Guilt is the product of a split between what we are and what we do, between what we basically know to be good and what we will in its place. It is a fundamental human experience." Guilt can have demoralizing effects on a person. It can involve dread and threat and through guilty behaviour the self and others are usually under attack.

There are three ways in which one can understand guilt – firstly, it can be used in the taboo sense; secondly, in an egoistic sense; and thirdly, in a realistic sense. Maguire (ibid: 386) states that, "Each of these ways also reflects a different conception of ethics and conscience, since one's view of guilt will also reflect the presuppositions of one's ethics." Firstly, guilt as a result of an occurrence that may be seen as taboo, is an archaic appreciation, which sees an act as wrong because it is prohibited, whether this prohibition makes sense or not. It is not of importance to try and understand the taboo. Secondly, guilt may also be considered in an egoistic way. This involves concern for a person's own moral purity and integrity. This type of guilt is perceived as a disfigurement. When a person does something wrong, it damages himself/herself in some way. This can be described as an ethics of selfishness. Lastly, there is a realistic way in which guilt can be understood, that Maguire (1979:392) argues for. He defines it as, "Guilty behaviour is conscious and free behaviour (active or passive) which does real unnecessary harm to persons and/or their environment." With this definition Maguire tries to explain that guilt must also be seen as realistic. Where a person's actions are deliberately immoral or unethical, realistic guilt has a part to play.

4.6   The hazards of moral discourse

According to Maguire (1979:409) there are several hazards when it comes to moral discourse. Of course, there may be more than the ones Maguire choose to mention, but he argues for seven hazards that will be broadly referred to here. These seven hazards are myth, cognitive mood, false analogues, abstractions, selective vision, role and banalisation. All seven of these hazards are modes for avoiding reality. Reality, however, is needed for ethics to function, resulting in these modes being called hazards.

- Myth: A quote from John F. Kennedy (in Maguire, ibid: 409) may be useful here to explain the hazard that is myth: "The great enemy of the truth is very often not the lie – deliberate, contrived and dishonest – but the myth, persistent, persuasive and unrealistic. Too often we hold fast to the clichés of our forebears. We subject all facts to a prefabricated set of interpretations." Myth is hazardous to ethics, because morality is based on reality. Ethics must work through myth to get to this reality. When one is working with ethics, it is thus not an optional exercise to attend to myth. There are numerous myths in the world that cloud the reality in which ethics must work. Myths must be worked through for reality to be revealed, for it is only in reality that ethics can function properly.

- Cognitive mood: Mood plays an important role in how people perceive anything and everything. Mood can condition subjectivity and it can place a veil on reality. Mood is also broader than myth and must be described rather than defined. Maguire (1979:434) states that, "Mood is an affective and intellectual mode of attunement to an environment." Mood can also be a result of certain choices that were made. How a person evaluates and considers certain situations may be influenced greatly by the mood he/she finds him/herself in. Ethics must therefore be fully aware of the reality and strength of mood. Maguire (ibid: 437) concludes that, "Myths and moods condition our willingness to see."

- False analogues: Knowing is analogical. A person will relate what is unknown to what is known. This is not a hazard for moral discourse. The problem arises when analogical knowledge is based on false analogues. Maguire (ibid: 437) states, "When we are coming to know something new, an ensemble of what I have called recollects is instinctively summoned. Not all of our recollects will be called forth – only those which appear to have similarity to that which is now being known. Herein lies the hazard." False analogies in ethics block the expository phase. The discerning subject reviews all the empirical data to analyse and compare them in a contextually-sensitive judgement. False analogy will short-circuit this process, and figment rather than fact will be the basis of the moral judgement.

- Abstractions: Abstractions are important means of thought, just like analogies and metaphors. To denounce abstract thinking is in a sense impossible and contradictory, since it is impossible to do so without using abstractions. Abstractions and abstractness can be the start of creativity. If one cannot abstract from what is given, one might never perceive what might be or what potential there might be. Maguire (ibid: 442) states that, *"Abstracting is a

113

quest for the epitome of that which we know, beyond the particular manifestations of the individual reality known. It enables us to discover what constancies exist in this infinitely variegated universe. These constancies undergird our generalizations and give us a framework for judgement of particulars." The problem with abstractions is that there are false and true abstractions. The power of abstractions is such that it can move away from reality and cause a person to cut the ties that link reality with realistic abstractions.

- Selective vision: Selective vision is one of the serious hazards of moral discourse. In the word "selective" it is obvious that some part of the whole will be missed. This is may be the case in many different ethical situations. The overall vision in a certain case may in theory be ethically sound, but then human nature has the tendency to disrupt that vision by selectively altering that vision. Maguire (ibid: 453) states, "It is only a rationalistic and unrealistic theory that could contemplate the methodic unfolding of moral consciousness as though cognitive filters and hazardous mental mechanisms did not exist and could therefore be ignored." Humans have a tendency to fixate on the non-essentials of a vision and let the essential part of the vision pass by.

- Role and banalisation: Maguire (ibid: 453) says, "Role refers to the kind of life style associated with a particular function or life situation. Its implications for ethics lie in the fact that a particular code of ethics may come along as an unsuspected stowaway when one embarks on a new role. A role is powerful because it is socially and mythically endorsed. This has great positive potential. Selfish persons may rise to unpredicted heights of altruism when they assume a new role that implies a new way of life." Banalisation refers to the loss of necessary perspective. Banalisation is an obstruction to the understanding of all matters, especially moral matters. It can be explained as the opposite of ecstasy which is hazardous to moral life as the latter is built on the ecstatic discovery of value.

Maguire (ibid: 454) also concludes this as the hazards of moral discourse. However, he clearly says that the list he has given here is not at all exhaustive. Every one of the spokes in Maguire's wheel model can be abused and some of these hazards may even overlap. "The important thing is for ethics to resist the temptation to view its enterprise as transpiring in a chaste vacuum. It transpires in the maelstrom of social and personal history," (Maguire, ibid: 454).

With this Maguire (1979:365) concludes his discussion of the wheel model of ethical decision-making. These nine spokes of the wheel represented the evaluational phase through which moral consciousness may unfold and grow. The hazards of moral and ethical enquiry are incompleteness and insensitivity. With the reality-revealing questions in the hub of the wheel and the nine spokes of the wheel Maguire tries to counter these hazards. The reality-revealing questions are so designed to expand empirical sensitivity and thoroughness. The spokes show ways in which a person's consciousness is able to evaluate the reality revealed by the expository phase.

Different moral or ethical situations will call for different ways in which a person will react. In certain situations it will be possible to think through these two phases thoroughly before reacting accordingly. In other situations an instant reaction will be required, without being able to sit down and think through each reality-revealing question and spoke of the wheel model. For this Maguire (ibid: 366) says, "It is, of course, possible to press the mind in a fairly systematic way to turn to seven of the evaluational modes that I {Maguire} discussed. Thus we can insist upon attention to the potential contribution of principles, affective insight, authority, reason and analysis, creative imagination, individual and group experience."

Maguire (ibid: 367) ends this part of the process with, "One should always 'do ethics' with alertness to the various ways in which moral truth is attained. One needs not stop and say: 'See, I have not forgotten spoke number four in my discussion of this corporate merger.' But when the discussion is completed, it should not show neglect of what that spoke symbolized of our knowing potential."

Ethics, in all parts of life, tries to make at least minimal contributions to major needs. Maguire (ibid: 454) concludes with these words, "There is no area of human experience that is not the bearer of moral meaning. Ethics can only seek to bring method and some completeness to that human conversation on moral values from which no one is dispensed. If it does that even somewhat well, it has served a world which is, thus far, more clever than wise."

4.7   Points of Critique

This model of DC Maguire tries to bring method to the world of ethics. If the method of this model is followed, the process of decision-making may be simplified. However, there are a few points of critique that the researcher would like to point out:

- Firstly, it is important to note that DC Maguire wrote this model from a Western perspective (being an American Catholic professor). To fit this model into an African cosmology and cultural context, it may need to be revised on certain points, for example, the fact that Maguire states that taboos are an archaic appreciation (p. 389-390) is not helpful in an African context where taboos, especially taboos regarding sex and sexuality, are still a part of certain cultures.

- Secondly, this model is not a hermeneutical model, as it is an ethical model. However, the nature of the model (the reality-revealing questions and the evaluation process) is interpretive in nature and as such can be integrated into a hermeneutical approach in pastoral care to empower pastoral caregivers. The researcher especially appreciates the reality-revealing questions as a far more viable approach than a prescriptive model, especially when working with adolescents who detest being told what to do.

4.8   Conclusion

This chapter set out to explore the normative task of practical theological interpretation in an attempt to answer the question, *What ought to be going on?* This was done by looking at different practical theological concepts and approaches in two sections. In the first section different models of pastoral care were explained and the researcher argued that a hermeneutical approach to pastoral care, where the pastoral caregiver acts as an *interpretive guide* is deemed the most feasible approach for doing pastoral care with adolescents. It was argued that pastoral caregivers within a hermeneutical approach to pastoral care may need help in guiding adolescents to make moral decisions and as such need to look to an intra-disciplinary approach in ethics for a possible model for moral decision-making. In search of a possible model, the researcher argued that the model for moral decision-making of DC Maguire may be a possible model as it is not prescriptive in nature and may appeal to adolescents because of this characteristic.

The second section of this chapter focused on exploring the model for moral decision-making of DC Maguire. The two phases of the model were explained completely. It was argued that this model with its use of reality-revealing questions and evaluation process may indeed be a helpful approach in hermeneutical pastoral care for pastoral caregivers.

Chapter five will focus on the last of the four tasks of practical theological interpretation, namely the pragmatic task. This chapter will explore the possibility of integrating this model within the field of pastoral care to empower pastoral caregivers to comfortably and confidently guide adolescents in the process of moral decision-making, especially in the context of South Africa and the reality of the HIV and Aids epidemic.

CHAPTER FIVE

Adolescent Sexuality in a Pastoral Hermeneutical Approach

5.1   Introduction

In chapters two, three and four of this study the first three tasks of practical theological interpretation were explored and the three questions presented in each task (*What is going on?; Why is this going on?* and *What ought to be going on?*) were posed and answered. This chapter will focus on the last of the four tasks of practical theological interpretation, namely the pragmatic task, in an attempt to answer the question, *How might we respond?* The pragmatic task of practical theological interpretation, as Osmer (2008:176) explains it, is "the task of forming and enacting strategies of action that influence events in ways that are desirable." Help is often offered by the discipline of Practical Theology through offering "models of practice or rules of art". Models of practice help the practical theologian to see the bigger picture of the field in which he/she is acting and offer him/her ways to shape this field towards the desired goals. Rules of art are more specific guidelines for carrying out particular actions or practices (what Maguire calls the "art-science" of ethics). Both the models of practice and the rules of art are important for leaders leading change in their surroundings. In the case of this research study, the moral decision-making model of DC Maguire is offered as an approach in hermeneutical pastoral care as help for pastoral caregivers as a possible way to guide adolescents through the difficult process of making decisions regarding their sexual activities in the light of the HIV and Aids epidemic in South Africa. In other words, it is the focus of this task to bring about change through leadership. Osmer (2008: 176, 183-199) places this act of leading change in a spirituality of *servant leadership*.

The researcher will argue in this final chapter that this approach of *servant leadership* should form the basis on which the model of moral decision-making by Maguire can be integrated and embedded in hermeneutical pastoral care. This will be structured in two sections. The first section will focus on the role of pastoral caregivers as *interpretive guides* who bring about change through *servant leadership*. The second section will focus on the practical implications of this research study for adolescent sexuality in a hermeneutical approach to pastoral care by integrating the moral decision-making model of Maguire in this approach

through a spirituality of *servant leadership*. This will be presented as a possible way to respond to the previous tasks as outlined in chapters two, three and four.

5.2   Interpretive guides as servant leaders

The role of guiding people (including adolescents) in need of pastoral care was already mentioned by Clinebell in 1984 (:138-139). He stated that all people (including and maybe especially) adolescents are in need of values and meanings in order to be happy. In this day and age this is still true, as moral values and meanings are scarcely a part of authority-centred and institutionally-validated value systems anymore, people turn to pastoral care and counselling for guidance. According to Clinebell, "ministers need to develop effective skills as guides to their people on their journey through complex and confusing ethical and value issues." Some of these skills can include what Louw (2008: 75-77) calls the different functions of pastoral care, namely:

- Healing: this includes physical, psychological, relational, contextual and spiritual healing (In terms of spiritual healing in a Christian context it is closely related to the notion of salvation).

- Sustaining: to accept the reality for what it is and to draw support and strength from existing resources.

- Guiding: difficult decisions are often part of healing and a moral framework, a philosophy in life or a guide may be needed. Guiding is never prescriptive, rather co-interpretive of life's difficult decisions, enabling people. (my own emphasis added)

- Reconciling: works with forgiveness and unconditional love, bringing people back together where estrangement took place.

- Nurturing: the aim of nurturing is to facilitate growth into maturity and identity.

- Liberating: works towards freedom from bondage through transformation and change to overcome situations, structures and circumstances that dominate people and rob them of their human dignity and freedom.

- Empowering: Equipping people with the relevant knowledge and skills to prepare them for different crises in life.

- Interpreting: to interpret the stories of people's lives in terms of their understanding and experience of God (their God images).

One of the ways in which interpretive guides can fulfil these functions is through Servant Leadership. Osmer (2008: 192) explains this concept as follows: "Servant leadership is leadership that influences the congregation to change in ways that more fully embody the servanthood of Christ." Even though Osmer states this as a way for congregations to change, this can also be applied in pastoral care conversations where a pastoral caregiver acts as an interpretive guide, especially for teenagers. To better understand this, the researcher will look at how Osmer (ibid: 183-199) describes a spirituality of servant leadership.

5.3   A spirituality of Servant Leadership

Osmer argues that a spirituality of servant leadership is based on "Jesus as the embodiment of God's royal rule in the form of a servant" (ibid: 183). This theme is used to describe the nature of power and authority through taking on the form of a servant. Servanthood is the fundamental key to community. The theme of servanthood is found throughout the Bible in different texts, both Old and New Testament. However, the Old Testament texts referring to the suffering servant (found in Isaiah) find new meaning through the lens of the New Testament. The early Christians reading these Old Testament texts read them as though they referred to Jesus as the Messiah; the one who will come and reverse the natural order of things, who will bring hope to the hopelose and who suffered on behalf of the salvation of all people – not only those who live pious lives. Jesus encounters resistance from those in power, yet he trusts God's rule even unto His death on the cross. This must not be seen as mere suffering, but rather as suffering for the sake of mankind by giving up the self and self-love to love others more. Jesus tells his disciples to do the same – to take up their crosses and to follow Him (Mark 8:34) and to join in the fellowship of His suffering (Phil. 3:10). In the Gospel of Mark, Jesus' messianic nature is revealed gradually. It is only through his death and resurrection that the disciples truly understand who Jesus is and this transforms their understanding of Jesus. Osmer (ibid: 186) quotes Richard Heyes who wrote: "The *norm* for discipleship is defined by the cross. Jesus' own obedience, interpreted as servanthood (Mark 10: 45), is the singular pattern for faithfulness."

From the perspective of Paul's writings his view on Christ's suffering through the crucifixion is unique as can be seen in the way he uses the Deutero-Isaiah song in Philippians 2:6-11 as a way to portray the nature of God's royal rule. What becomes clear in this passage is that the Lord is a servant. God is ruling in the form of self-giving love and as such it is a reversal of

the conventional way of understanding power. Through the rule of self-giving love, the needs of others and the needs of the community take precedence over a person's own needs. Power in this sense is a matter of love that is willing to suffer with and for others.

Osmer (ibid: 191) concludes this by stating: "God's sovereign, royal rule takes the form of self-giving love in Christ. The Lord is a servant, and the Servant is the Lord. Power and authority are redefined. A reversal takes place. Power as domination, or power over, becomes power as mutual care and self-giving. Power as seeking one's own advantage becomes power as seeking the good of others and the common good of the community."

To understand servant leadership on a practical level, Osmer (ibid: 193-199) refers to three forms of leadership, namely *task competence (the ability to excel in performing the tasks of a leadership role in an organisation), transactional leadership (the ability to influence others through a process of trade-offs)* and *transformational leadership (the ability to bring about deep change).* These three forms of leadership are summarised here as the way through which pastoral caregivers as interpretive guides can lead change regarding adolescents' decision-making with regards to their sexuality in terms of the HIV and Aids epidemic.

5.3.1 Task Competence

Task competence is the ability to fulfil and excel in a leadership role in a community or organization. This requires commitment, hard work and experience. But task competence also requires humility. Humility here is not to be seen as modesty, meekness and mildness. Rather humility is seen as a virtue contrary to the belief that leaders are all powerful. Humility is rather concerned with the needs of others in a way that affects one's conduct. This can happen in two ways: firstly, through looking at the needs of the people around them, leaders will develop their competencies – learning new skills and considering what the community needs, not only what they can already do. Secondly, all leaders have limitations and humility comes in when leaders can admit that they cannot do everything – humble leaders know their own strengths and weaknesses.

5.3.2 Transactional Leadership

Transactional leadership is concerned with making trade-offs with congregation members – their needs are met by the leader in return for their support and participation, as well as giving attention to differing, competing agendas of different coalitions to achieve the mission of the congregation. This is not merely a model of contract-as-fair-exchange. It is rather a matter of striving to lead their congregations to genuinely care about the needs of other through discipleship by leading them to care for the needs of those who are different from them.

5.3.3 Transformational Leadership

Transformation leadership is concerned with bringing about deep change. This entails a change in identity, culture and, at congregational level, a change in operating procedures and mission. This form of leadership comes the closest to the leadership found in Jesus (ibid: 196). This happens through three paradoxes that Osmer highlights:

- Leaders will find their way only by getting lost: "It is a matter of not really knowing the way ahead, taking risks and getting lost – yet continuing to venture into the unknown." (ibid: 197). The challenge for leaders here is to **trust on the faithfulness of God** (my own emphasis) found in Jesus Christ.

- Leaders will gain power by empowering others: "Deep change involves confronting the undiscussable and risking the marginalization this may entail. It often originates in a position of relative powerlessness." (ibid: 197) This asks of leaders to step out from the centre position of power and giving power away **by empowering others** (my own emphasis) so that deep change can take place.

- Leaders will form deeper relationships the less they are attached: Attachment here refers to leaders' dependence on others for affirmation, security and self-worth. "...leaders who are attached...in this way are displacing their longing for God, who alone is the ultimate source of their affirmation, security, and worth, on to a community that, in the end, will not be able to fully meet their needs." (ibid: 198). Leaders who are too attached to others will not affect change out of the fear of resistance and losing the regard others have for them. Leaders that effect deep change are the leaders who, in the face of conflict and resistance, hold onto the vision and values that initiated the process of change. Through this they empower people to change.

122

Although this framework of Osmer is focused on congregations the researcher is of the opinion that these characteristics of leaders are also necessary to affect change in pastoral care and counselling. These three forms of leadership correlate with the researcher's understanding of the function of pastoral care and counselling. Pastoral caregivers function from a stance of humility, trusting on God through the work of the Holy Spirit to affect change. Pastoral caregivers also empower others by guiding them to interpret and re-interpret the daily happenings in their lives. Pastoral caregivers affect deep change by holding onto the values and vision that initiated the process of change.

In the next section the implications of the findings of chapters one, two, three and four will be discussed by integrating the model for moral decision-making of Maguire in hermeneutical pastoral care through a spirituality of servant leadership as a way to make specific recommendations for pastoral caregivers in conversation with adolescents about their sexuality.

5.4   Recommendations: Living a life of inquisitiveness in an HIV+ world

Through acting as interpretive guides in a spirituality of servant leadership pastoral caregivers can clearly communicate to adolescents that they are important – placing adolescents' needs before their own. When adolescents experience that someone (anyone) cares enough about them and the difficult life phase they find themselves in to assist them to make important decisions, this may indeed affect the way in which they respond. In this way, pastoral caregivers can bring about deep change – through empowering adolescents to make their own choices. The model of Maguire also helps to communicate to adolescents that their own opinions about the decisions they have to make in their own lives are important. This is seen in the design of the model, through the asking of the reality-revealing questions and evaluation phase. The practical implications of this research study will be presented as an integration of the model for moral decision-making by Maguire in hermeneutical pastoral care (chapter four) in light of the HIV and Aids epidemic in South Africa (chapter two) with regards to adolescent sexuality (chapter three). By looking at the two phases of the model again possible ways of integrating this model in pastoral care and counselling through the pastoral function of *guiding* will be presented.

5.4.1 Asking *What?*

By asking the question *What?* pastoral caregivers can guide adolescents to interpret for themselves what it is that they must make a decision about. In the case of this research study this *What?* may entail risky sexual behaviour in an environment where the risk of HIV infection is the reality. When adolescents realise *what* the reality *is*, they might also realise *what* the reality *can be*. When adolescents' judgement about this reality is wrong, it can cause them not to take it seriously.

5.4.2 Asking *Why?* and *How?*

Pastoral caregivers can guide adolescents to reflect on the reasons *why* they want to do something and *how* they want to do it. *Why* adolescents may want to participate in risky sexual behaviour and *how* they want to do it are, questions that they need to consider. The reasons *why* may be numerous. It is also important for adolescents to reflect on *how* they will do something as it involves other people and it will affect these people with whom they are in a relationship. This may be difficult in certain circumstances where participating in sexual activities is not planned before hand and may happen in the heat of the moment. This is why reflection on the possibility of risky sexual behaviour is important as a way to be prepared. Adolescents can reflect on this **before** such possibilities present themselves as a way to be prepared.

5.4.3 Asking *Who?*

In reflecting on the question *Who?* pastoral caregivers can guide adolescents to become aware that they must first reflect on *who* they are themselves. What cultural, societal, psychological and biological influences formed them and are still forming them into the people that they are? Secondly, adolescents can be guided to think about *whom* their decisions can have an impact on, especially in a country such as South Africa where community life plays an important role and other people must be taken into consideration when decisions are made. All people, including adolescents, function in relationship with others. Adolescents need to be made aware of the fact that they cannot only think of themselves, as they often do in this stage of life (chapter three).

5.4.4   Asking *Where?* and *When?*

Adolescents also need to think about *where* and *when* they might consider carrying out their decisions and in doing so, pastoral caregivers can also guide them. Awareness of possible times *when* and places *where* adolescents may want to consider risky sexual behaviour, may help them to decide beforehand how they will act in these circumstances.

5.4.5   Asking *What are the consequences?*

Pastoral caregivers must also guide adolescents to ask themselves what the *consequences* of their decisions might be. In this stage of life where adolescents may suffer from *egocentrism* and think that the consequences of risky sexual behaviour may not apply to them, it is necessary to explore these *consequences* with them. A real possible consequence of risky sexual behaviour is becoming infected with HIV which can lead to a lifetime a health issues. The danger of utilitarianism, where personal moral values can be sacrificed for the "common good" of a bigger group (for example, a peer group) must also be brought to adolescents' attention.

5.4.6   Considering viable alternatives

In all decisions there are possible alternatives that can be considered. This is also true for adolescents' decisions with regards to sexual activities. However, it may be very difficult for adolescents to become aware of the alternatives before them and thus they need the help of a guide who can point out viable alternatives for their decisions. In terms of this study, pastoral caregivers can guide adolescents to become aware of alternatives through helping adolescents to reflect on the effects of alternative decisions.

5.4.7   Ethics and creativity

Creativity is part of being human and all people have imaginations to create alternatives to decisions with which they are confronted. This is also true for adolescents, and pastoral caregivers can guide adolescents to use their creative imaginations to consider all the possible "might be's". By guiding adolescents to reflect on six conditions of moral creativity (excitement, quiet, work, malleability, Kairos and at-homeness) pastoral caregivers can guide

adolescents to hone their own creativity and consider possible alternatives for their decision-making.

5.4.8   Principles

Moral principles play an important role in making moral decisions. Pastoral caregivers as moral agents must make adolescents aware of the applicable moral principles that apply to the decisions that must be made. However, adolecents should bear in mind that the moral principles cannot be generalised, and the pastoral caregiver as the moral agent must conduct a dialogue between the moral decision which an adolescent must make and the possible relevant moral principles. It is not always possible to abide by all the possible moral principles and thus the pastoral caregiver must guide the adolescent in deciding which moral principle to abide by. In the case of this research study, a moral principle that may come into play is the principle of preserving life. If an adolescent is at risk of being infected with HIV through risky sexual behaviour with the possible consequence of becoming infected with the virus and with the envitable consequence of dying of Aids, it is something serious to consider.

5.4.9   Reason and authority

Pastoral caregivers as guides must also assist adolescents in the process of moral reasoning – in the quest for moral values. At this stage of their lives when moral formation takes on the form of operational thinking, adolescents may need the guidance from significant adults, such as pastoral caregivers, to determine for themselves which moral values to internalise. Although adolescents are in some instances resistant to authority figures at this stage of their lives, they do not regards all forms of authority as terrible. Looking to others for help in moral reasoning can be seen as an act of community-building. When a pastoral caregiver acts more as a guide than a figure of authority, this leaves the space for adolescents to discover for themselves which moral values to internalise and it may build a relationship of trust between the adolescent and the pastoral caregiver.

5.4.10 Affectvity

All people are emotional beings and as such, feelings play an important role in moral decision-making. Affectivity can cloud the mind in such a way that people tend to see only what they want to see. At this stage of their lives adolescents often only see what they want to see in terms of moral reasoning. It is also important for the pastoral caregiver to guide adolescents in realising that their emotions, controlled by raging hormones due to the physical changes they are going through, can cloud their judgement. Thus, pastoral caregivers as moral guides can point out the facts that adolescents may not be considering because of their clouded judgment. However, moral decision-making cannot only be based on facts. Guiding adolescents to find a balance by combining knowledge and affections is, an important task of the pastoral caregiver.

5.3.11 The unique experience and the group experience

Adolescents form part of a certain social setting that shapes their thoughts and ideas, whether these social settings are families, peer groups or faith communities. However, adolescents may also have their own ideas and thoughts on moral values. In instances where the communal moral values imbedded in cultural traditions clash with the individual values that adolescents may have, guidance is needed. Adolescents may transcend the cultural setting, but they will always carry their background with them.

When adolescents, especially in a traditional African community, consider risky sexual behaviour, their cultural understanding of illness and sexuality (chapter three) may influence their decision. For a pastoral caregiver acting as a guide, it will be necessary to help adolescents to find the balance between their individual moral values and their cultural or traditional values.

5.4.12 The tragedy and comedy in ethics

Comedy and tragedy as a part of life help shape human beings. Humour promotes the unity between people and creates a society which makes it possible for ethics to function. Tragedy, when experienced in a positive way, can shape adolescents' moral consciousness. This can cause them to work towards eliminating suffering whenever possible. Both humour and

tragedy can play an intrinsic role in the moral decision-making of adolescents. An over-emphasis on humour may cause adolescents not to take anything seriously. A balance between humour and rationalism is needed. Pastoral caregivers can use humour as a way of communicating with adolescents, where appropriate.

Using tragedy as way of guiding adolescents to make moral decisions must be conducted with caution. Tragedy or tragic events must never be used as a way to alter adolescents' decision-making abilities. When tragedy is experienced in a positive way by adolescents, it may challenge them to mobilise themselves through their responsive feelings and imagination.

In guiding adolescents to make moral decisions, pastoral caregivers must be aware of the role that comedy and tragedy can play in adolescents' decision-making processes and the way in which it can shape their moral reasoning because of the emotions involved in both comedy and tragedy.

5.4.13 The role of conscience and guilt in ethics

Conscience and guilt play an intrinsic role in moral decision-making. Adolescents may have varying degrees of developed consciences. Pastoral caregivers as guides in the decision-making processes of adolescents must be aware of the consciences of the adolescents with whom they work and they cannot assume that adolescents' consciences are the same as their own.

Adolescents may know what is "morally acceptable" to do in their society, but they may still choose not to do it which may result in feelings of guilt. Pastoral caregivers need to be aware of the feelings of guilt that adolescents may have and help them to reflect on them. Feelings of guilt may result from an occurrence that may be seen as a taboo, from an egoistic sense of a moral self or because of realistic occurrences that justify the feelings of guilt.

Helping adolescents to reflect on what they might regard as "right or wrong" is important for the development of their consciences; so is helping adolescents to reflect on the origins of their guilt. Becoming aware of their own moral blindspots with regards to conscience and guilt can assist adolescents in the decision-making process.

5.4.14 The hazards of moral discourse

There are several hazards in the process of moral decision-making that pastoral caregivers must be aware of to help guide adolescents through these hazards.

Myth: Pastoral caregivers should be attentive to the myths about sex and sexuality and especially HIV and Aids that adolescents may consider as truth. There are numerous myths about HIV-infection, condom use, sexual practices, to name a few, that adolescents must be helped to understand better.

Cognitive mood: Pastoral caregivers should also guide adolescents to become aware of the effect that their mood (the affective and intellectual mode of attunement to an environment – Maguire) can have on their process of decision-making. How adolescents evaluate and consider certain situations may be influenced greatly by their moods.

False analogues: In the decision-making process adolescents may draw on their recollections of previous experiences as a way to make sense of any new decision that they have to make. These figments, rather than facts, can be used in the decision-making process, which is hazardous to their moral judgement. This is something that pastoral caregivers must also make adolescents aware of.

Abstractions: Abstractions can lead adolescents to discover alternative options in the decision-making process with regards to their sexual activities; however, abstractions can be false as they can move away from reality and convince adolescents what they "ought to do" or who they "ought to be". Adolescents must be guided in discerning which abstractions are false and which abstractions are true as a way to assist them in deciding for themselves who they want to be and what they want to do and to make their decisions accordingly. This may especially helpful in faith communities where adolescents may feel pressured to act according to what the Church prescribes, rather than thinking for themselves who they want to be through their own personal relationship with God. The same is true for peer group situations, where peers are pressuring adolescents to participate in sexual activities or even in families where parents are pressuring adolescents to act in ways that they deem to be morally correct.

Selective vision: Selectiveness in decision-making processes is part of being human and as such adolescents must be guided to see where and when they are being selective in their decision-making process. The pastoral caregiver as an interpretive guide can assist the adolescents to see the bigger picture – especially when adolescents are selective in making moral decisions regarding the facts about HIV and Aids when they are considering risky sexual behaviour.

Role and banalisation: In adolescents' roles as part of a peer group, a family or faith community they may be expected to act in certain ways. This may have a positive or negative effect on their decision-making process. It can cause them to make decisions to fit into the role ascribed to them as part a specific group – when this group is a family with moral values it is positive. When this group is a peer group lacking moral judgement and conscience, this may be very harmful. Pastoral caregivers can guide adolescents to reflect on their roles and the way that they make their decisions according to these roles.

Banalisation can cause adolescents to lose the necessary perspective in making moral decisions with regards to their own sexual activities. Banality can obstruct adolescents' understanding of what is moral and it can cloud their judgement. Pastoral caregivers as interpretive guides can help adolescents to regain the necessary perspectives in making moral decisions.

5.5   Limitations of this research study

The aim of this research study was to answer the research question: In light of the HIV and Aids epidemic in South Africa and the crisis of sexuality amongst adolescents, can the moral decision-making model of D C Maguire be a possible approach within in hermeneutical pastoral care and counselling for adolescents?

The scope of this study made it difficult to discuss in depth all the different disciplines of theology, ethics, psychology and sociology and these theories and disciplines may need further scrutiny.

A possible limitation can be that this model of Maguire might be seen as outdated (1979) and that it must be adjusted to fit the current context of a post-modern world.

Another possible limitation could be that this model is based on a Western mode of thinking and may need to be adjusted to fit in the African context.

A fourth possible limitation is the fact that adolescents, although they are aware of the dangers of risky sexual behaviour in the reality of HIV and Aids and although they may reflect on the reality-revealing questions and evaluation of their moral decisions, may still choose risky sexual behaviour, as the apostle Paul said in Romans 7:15 "I do not understand what I do. For what I want to do I do not do, but what I hate, I do."

5.6   Conclusion

This chapter concludes by stating that the pragmatic task of practical theological interpretation was accomplished by proposing a strategy for action by integrating the moral decision-making model of DC Maguire into a hermeneutical approach to pastoral care and counselling through a spirituality of servant leadership. In this chapter the role of the pastor as an interpretive guide in a hermeneutical approach to pastoral care and counselling has been argued for. Pastors as interpretive guides have the primary role of guiding people, and in the light of this study, adolescents to interpret and re-interpret what is happening in their own lives. In some instances interpretive guides must also act as moral guides, helping people to discern what is the morally correct choice to make. As the moral decision-making model of Maguire suggests this process of discernment through asking the reality-revealing questions and evaluating them accordingly as recommended in this chapter, the researcher concludes that this model can indeed serve as a possible approach for pastors as interpretive guides in the lives of adolescents who are trying to navigate the difficult decisions regarding sex and sexuality, keeping the hazards of moral decision-making and limitations of this research study in mind. In the quest for realism in adolescent sexuality this study may be an aid on the road in search of an ultimate solution.

CHAPTER SIX

Conclusion to the research study

6.1   Introduction

This research study set out to examine the moral decision-making model of DC Maguire as a possible approach in hermeneutical pastoral care towards guiding adolescents in navigating the difficult process of moral decision-making with regards to their sexuality and sexual activities in the light of the HIV and Aids epidemic in South Africa. A literature study was conducted to reflect on the relevant academic books, articles, reports, journals and newspaper articles pertaining to this research study and the themes explored herein. Two personal observations were used (the researcher's observation of adolescents' resistance to talking about HIV and Aids, and a cultural observation pertaining to the Blesser-Blessee phenomenon). This research study was done in the discipline of practical theology using the methodology of practical theological interpretation of Richard Osmer (2008) and reflecting on the four tasks in this methodology (the descriptive-empirical, interpretive, normative and pragmatic tasks).

6.2   Reflection on the research problem and question

The research problem addressed in this study was related to moral decision-making with regards to adolescent sexuality in the light of the HIV and Aids epidemic in South Africa.
The primary research question in this study: In light of the HIV and Aids epidemic in South Africa and the crisis of sexuality amongst adolescents, can the moral decision-making model of D C Maguire be a possible approach within in hermeneutical pastoral care and counselling for adolescents? was investigated. Related secondary questions included: What is the current HIV and Aids context in South Africa and what are the most basic facts about the HIV and Aids epidemic that adolescents need to know to make informed decisions?; What internal and external factors contribute to the development of adolescents?; In the search for a non-prescriptive model for moral decision-making, is the model of D C Maguire a possible approach for hermeneutical pastoral care?; Can this approach of Maguire empower pastoral caregivers to comfortably and confidently guide adolescents in making difficult moral

decisions with regards to their own sexual activities in light of the HIV and Aids epidemic in South Africa? Each chapter of this research study aimed at answering each of these questions.

6.3   Reflection on the research objectives

The research objectives for this research study aimed at answering the four questions posed by practical theological interpretation. The objectives were accomplished through:

- Answering the descriptive-empirical question of practical theological interpretation: *What is going on?* This was accomplished by a reflection on the reality of HIV and Aids in South Africa.

- Answering the interpretive question of practical theological interpretation: *Why is this going on?* This was accomplished by exploring the internal and external factors that influence adolescent sexuality.

- Answering the normative question of practical theological interpretation: *What ought to be going on?* This was accomplished by examining different models of pastoral care, opting for the hermeneutical approach in pastoral care and evaluating the model for moral decision-making of DC Maguire.

- Answering the pragmatic question of practical theological interpretation: *How might we respond?* This was accomplished by firstly looking at the role of pastoral caregivers as *interpretive guides* and secondly by integrating the model of moral decision-making by DC Maguire in a hermeneutical approach to pastoral care.

6.4   Recommendations

Pastoral caregivers as interpretive guides act through the work of servant leadership, following the example of Jesus Christ. In Matthew 22:37-40 Jesus issues the greatest commandment: 'Jesus replied: "Love the Lord your God with all your heart and with all your soul and with all your mind. This is the first and the greatest commandment. And the second is like it: "Love your neighbour as yourself." All the Law and the Prophets hang on these two commandments.' According to this great commandment the following recommendations are made:

- The researcher recommends that pastoral caregivers working with adolescents acquaint themselves thoroughly with the necessary facts and statistics about HIV and

Aids in South Africa, about how the Church has responded, about how different cultures in South Africa think about illness and sexuality as a way to understand the reality of this epidemic in South Africa.

- Pastoral caregivers should also acquaint themselves with the internal and external factors influencing the lives of adolescents and, by acting as interpretive guides, assist adolescents in this difficult phase of life as a way to better understand the adolescents that cross their paths.

- Pastoral caregivers need to stand up and speak out about the reality of HIV and Aids in South Africa. A possible approach to do this may be to use the model for moral decision-making by Maguire in the different pastoral settings where their paths cross with the adolescents whom they serve.

- Pastoral caregivers, through a spirituality of servant leadership, should assist adolescents to discover their own dignity as human beings, that each adolescent is important for South Africa and that each adolescent should feel as if they are valuable.

- It is important to understand where and how people see themselves and to learn about the different cultural traditions – how community plays an enormous part in the well-being of someone.

6.5   Possible themes for further research

This research study focused on doing a literature study of avaible resources and specifically focusing on the model for moral decision-making by DC Maguire.

- A possible theme for further research could be the adaptation of this model for moral decision-making into an empirical research study to research the feasiblility of using a model such as this in a hermeneutical approach to pastoral care.

- Another possible theme for research could be the impact that the Blesser-Blessee-phenomenon has on the identity of young women (15-24).

6.6   Conclusion

This research study focused on the model for moral decision-making of DC Maguire as a possible approach in hermeneutical pastoral care for adolescents in the midst of the HIV and Aids epidemic in South Africa.

Chapter one served as an introduction to this research study, sketching the background of the research problem and posing the research question: In light of the HIV and Aids epidemic in South Africa and the crisis of sexuality amongst adolescents, can the moral decision-making model of D C Maguire be a possible approach within in hermeneutical pastoral care and counselling for adolescents? A theoretical framework based on the practical theological interpretation of Richard Osmer was opted for and structured the methodology of this research study. The delimitations were outlined and the relevant terms used in this study were explained.

Chapter two focused on presenting the specific context of HIV and Aids in South Africa by outlining the reality and basic knowledge of the disease, presenting the current incidence and prevalence rates, looking at how the Church in Africa responded to this epidemic and also reflecting on past and present prevention strategies. This was done in an attempt to fulfil the first task of practical theological interpretation known as the descriptive-empirical task, by answering the question, *What is going on?*

Chapter three explored the second question of practical theological interpretation. This was done by giving an overall view of adolescence and the different internal and external influences in this interesting yet difficult stage of life that they find themselves in with special reference to the crisis of sex and sexuality.

Chapter four focused on the normative task of practical theological interpretation by investigating different models of pastoral care, opting for the hermeneutical approach in pastoral care and finally evaluating the moral decision-making model of D C Maguire as a possible approach in hermeneutical pastoral care for pastoral caregivers acting as interpretive guides for adolescents in the moral decision-making process.

Chapter five firstly focused on the role of pastoral caregivers as interpretive guides in servant leadership. Secondly, the model for moral decision-making evaluated in chapter four was integrated in hermeneutical pastoral care. It was argued that a model such as this one has the intent to let adolescents decide for themselves what morals and values are important to them by asking the questions proposed by Maguire pertaining to specific situations as a way to navigate these situations and evaluating them before making specific decisions.

This research study concludes with the final remarks: Emotional and spiritual maturity requires everyone to realise that they are loved by God in such a way that they cannot let the brokenness of this world render them hopeless, especially in the midst of the HIV and Aids epidemic. This realisation moves them to take responsibility for their actions and not to shift the responsibility onto the shoulders of others. They have the responsibility to face the consequences of their decisions. The requirement for responsibility - that wishes to present adolescents with a process of theological reflection – does not mean that they should comply to a list of values and norms. Rather that they are able to make certain choices in terms of a transforming, Christ identity in which the chief acting agent is the Spirit and the motive is the restoration of the kingdom of God for, "the kingdom of God is creation [and all its creatures] healed"[37].

---

[37] Referring to Hans Küng who said, "The kingdom of God is creation healed".

BIBLIOGRAPHY

Ackerman, D. 2008. Ubi caritas? Care as Faith in Action, in Karpf, T; Ferguson, J. T. and Lazarus, J. V. (eds). *Restoring Hope. Decent Care in the Midst of HIV/AIDS*. New York: Palgrave Macmillan. p. 103-109.

Adams, S. 2016. Blessers: A new generation of South African sugar daddies. Published at http://www.thesouthafrican.com/blessers-a-new-generation-of-south-african-sugar-daddies/ as found on 02/11/2016.

Bachanas, P. J., Morris, M. K., Lewis-Gess, J. K., Sarett-Cuasay, E. J., Sirl, K., Ries, J. K., & Sawyer, M. K. 2002. Predictors of risky sexual behavior in African American adolescent girls: Implications for prevention interventions. *Journal of Pediatric Psychology*, 27, pp. 519–530.

Barr, D. 2008. 'Have you no sense of decency, Sir?', in Karpf, T; Ferguson, J. T. and Lazarus, J. V. (eds). *Restoring Hope. Decent Care in the Midst of HIV/AIDS*. New York: Palgrave Macmillan. p. 139-148.

Brown, B. B. 1999. ''You're going out with who?'': Peer group influences on adolescent romantic relationships. In B. B. Brown & W. Furman (eds.), The development of romantic relationships in adolescence. New York: Cambridge University Press. pp. 291–329.

Browning, D.S. 1976. *The Moral Context of Pastoral Care.* Philadelphia: Westminster Press.

Bujo, B. & Muya, J.I. (ed.) 2005. *African Theology: The Contribution of the Pioneers.* Kenya: Kolbe Press.

Bujo, B. & Muya, J.I. (ed.) 2008. *African Theology in the 21st century: The Contribution of the pioneers. Vol. 2.* Kenya: Pauline Publications Africa.

Caelers, D. 2005. Teen Sex Stats Shock. Published at http://www.iol.co.za/news/south-africa/teen-sex-stats-shock-1.239971#.T_GQdFJciSo as found on 26/06/2012.

Capps, D. & Browning, D. S. 1984. *Pastoral care and hermeneutics*. Philadelphia: Fortress Press.

Chitando, E. 2007. *Living with Hope. African Churches and HIV/AIDS vol. 1.* Geneva: WCC Publications.

Chitando, E. 2009. *Troubled, but not destroyed. African Theology in Dialogue with HIV and Aids.* Geneva: WCC Publications.

Clinebell, H. 1984. *Basic type of pastoral care and counselling.* Nashville: Abingdon Press.

Cloete, A., 2012. 'Youth culture, media and sexuality: What could faith communities contribute?', in *HTS Teologiese Studies/Theological Studies* 68(2), Art. #1118, 6 pages. http://dx.doi.org./10.4102/hts. V68i2.1118

Crook, R H. 1995. *An Introduction to Christian Ethics.* Englewood Cliffs: Prentice Hall.

DiGiacomo, J. 1993. *Morality and Youth. Fostering Christian Identity.* Kansas City: Sheed & Ward.

Dube, M. W. 2012. Mainstreaming HIV/AIDS in African Religious and Theological Studies, in *African Traditions in the Study of Religion in Africa*, by Adogame, A.; Chitando, E. & Bateye, B. (eds). United Kingdom: Ashgate Publishing Limited, pp. 77-92.

Eastern Cape Provincial Strategic Plan report found at http://sanac.org.za/resources/cat_view/2-nsp, p. 26-27, as found on 19/11/2015.

Elkind, D. 1978. Understanding the young adolescent. Adolescence 13(49): 127–134.

Erickson, E.H, 1968. Identity, Youth and Crisis. New York: W.W Norton & Co.

Erikson, E.H. 1977. Childhood and Society. London: Paladin Books.

Foster, D. A. 2010. The Church has AIDS: Towards a Positive Theology for an HIV+ Church. *Epworth Review,* 1(2). May: 6-24.

Fowler, J W. 1981. *Stages of Faith. The Psychology of Human Development and the Quest for Meaning.* San Francisco: Harper&Row Publishers.

Fowler, J W. 1987. *Faith Development and Pastoral Care.* Philadelphia: Fortress Press.

Gadamer, H.G. (1975). *Truth and Method.* New York: Continuum.

Ganzevoort, R.R. & Visser, J. 2007. *Zorg voor het verhaal. Achtergrond, method en inhoud van pastorale begeleiding.* Zoetermeer: Uitgeverij Meinema.

Gerkin, C.V. 1991. *Prophetic pastoral practice.* Nashville: Abingdon Press.

Gerkin, C.V. 1997. *An Introduction to Pastoral Care.* Nashville: Abingdon Press.

Haddad, B. (ed). 2011. *Religion and HIV and Aids: Charting the Terrain.* Scottsville: University of KwaZulu-Natal Press.

Hall, T.W. & McMinn, M.R. (ed.) 2003. *Spiritual Formation, Counseling and Psychotherapy.* New York: Nova Science Publishers, Inc.

Harrison, A. 2008. Young People and HIV/AIDS in South Africa. Prevalence of infection, risk factors and social context, in Karim, S.S. and Karim, A.G. (eds). *HIV/AIDS in South Africa.* Cambridge: Cambridge University Press. p. 256-284.

Harrison, A., Colvin, C.J., Kuo, C., Swartz, A., Lurie, M. 2015. Sustained High HIV Incidence in Young Women in Southern Africa: Social, Behavioral, and Structural Factors and Emerging Intervention Approaches. Current HIV/AIDS Reports 12, 207–215. doi:10.1007/s11904-015-0261-0

Healey, J. & Sybertz, D. 2005. *Towards an African Narrative Theology.* Kenya: Paulines Publications Africa.

Holborn, L. 2011. SA youth are sexually active at a very young age. Published at http://www.moneyweb.co.za/mw/view/mw/en/page292681?oid=541613&sn=2009+Detail as on 26/06/2012.

Kimweri, H.G.H. 2008. Prevention Strategies for Combating the Spread of HIV and AIDS within the Evangelical Lutheran Church in Tanzania (ELCT), Kipawa Congregation, in E. Ward & G. Leonard (eds.). *A Theology of HIV and AIDS on Africa's East Coast. A Collection of Essays by Masters Students from Four African Academic Institutions.* Uppsala, Sweden: Published in Missio Series, Swedish Institute of Mission Research. p. 59-61.

Kohlberg, L. 1981. *Essays on Moral Development, Vol. I: The Philosophy of Moral Development. Moral Stages and the Idea of Justice*. San Francisco: Harper & Row, Publishers.

Kretschmar, L., Bentley, W. & Van Niekerk, A. (eds). 2009. *What is a good life? An introduction to Christian Ethics in 21ˢᵗ Century Africa.* Kempton Park, South Africa: AcadSA Publishing.

Lamble, K. 2016. Fighting the curse of the blessers. As found at http://www.bbc.com/news/blogs-trending-36342561 on 02/11/2016.

Louw, D.J. 1994. *Illness as crisis and challenge. Guidelines for pastoral care.* Orion Publishers, Half way House. Printed and bound by Peskor Books, Doornfontein.

Louw, D.J. 1999. *Pastoraat as vertolking en ontmoeting. Teologiese ontwerp vir 'n basisteorie, antropologie, metode en terapie.* (Nuwe hersiene uitgawe). Wellington: Lux Verbi.BM

Louw, D. J. 2008. *Cura Vitae: Illness and the healing of life.* Wellington: Lux Verbi.BM

Louw, D. J. 2012. *Network of the Human Soul: On Identity, Dignity, Maturity and Life Skills.* Stellenbosch: Sun Press.

Maguire, D. C. 1979. *The Moral Choice.* Minneapolis: Winston Press, Inc.

Maguire, D. C. 2004. Sex and the sacred. *Cross Currents*, 54, 3, pp. 23-30.

Maguire, D. C. 2008. Sex, Ethics, and One Billion Adolescents. Online article: http://www.religiousconsultation.org/sex,_ethics_&_one_billion_adolescents.htm, accessed 01/11/2014.

Maiko, S.M. 2007. *Youth, Faith and Culture: Contemporary Theories and Practices of Youth Ministry.* USA: Author House.

Malan, M. 2014. SA has highest number of new HIV infections worldwide – survey. *Mail & Guardian*. Accessed at http://mg.co.za/article/2014-04-01-sa-holds-highest-number-of-new-hiv-infections-worldwide-survey on 05-11-2014.

Manda, D.L. 2011. Comparative ethics and HIV and AIDS. Interrogating the gaps, in Haddad, B (ed). *Religion and HIV an AIDS. Charting the terrain.* KwaZulu-Natal: University of KwaZulu-Natal Press. p. 201-212.

Manning, G. 2011. Religion and HIV and AIDS. Surveying the contestations, in Haddad, B (ed). *Religion and HIV an AIDS. Charting the terrain.* KwaZulu-Natal: University of KwaZulu-Natal Press. p. 321-345.

Martin, L.M. 2007. Aids prevention and the lesser good, in Gill, R (ed). *Reflecting theologically on Aids. A global challenge.* London: SCM Press. p. 177-185.

Mbiti, J.S. 1969. African religions and philosophy. London: Heinemann.

Meyer, W.F., Moore, C. & Viljoen, H.G. 2008. *Personology: From individual to ecosystem.* (Fourth edition). Santon: Heinemann Publishers (Pty) Ltd.

Moore, S. & Rosenthal, D. 2006. *Sexuality in Adolescence. Current Trends*. Routledge, New York: Psychology Press.

Mueller, W. 2006. *Engaging the Soul of Youth Culture: Bridging Teen Worldviews and Christian Truths.* Downers Grove: Zondervan Publishing House.

Newman, B.M. & Newman, P.R. 1987. *Development through life: a psychosocial approach.* (Fourth edition). Chicago: The Dorsey Press.

Niebuhr, H.R. 1963. *The Responsible Self. An Essay in Christian Moral Formation.* New York: Harper and Row, Publishers.

Nguru, J. 2014. Grief care to children ophaned by HIV and AIDS within Nairobi province Kenya: towards a pastoral strategy for identity formation. Unpublished doctoral dissertation. Stellenbosch: Stellenbosch University [Online]. Available: https://scholar.sun.ac.za/browse?value=Nguru%2C+Janet&type=author [2016, November 22].

Osmer, R.R. 2008. *Practical Theology. An Introduction.* Grand Rapids: William B. Eerdmans Publishing Company.

Osmer, R.R. & Schweitzer, F. 2003. *Religious Education between Modernization and Globalization: New Perspectives on the United States and Germany.* Grand Rapids: William B. Eerdmans Publishing Company.

Oxford English Dictionary, www.oxforddictionaries.com/definition/english/moral, accessed 05/10/2015 at 11:00am.

Posel, D. 2008. *Getting the nation talking about sex: Refelctions on the politics of Sexuality and nation-building in Post-Apartheid South Africa,* viewed 21/11/2015, from http://www.academia.edu/1012476/Getting_The_Nation_Talking_About_Sex_Reflections_on_The_Politics_of_Sexuality_and_Nation-Building_in_Post-Apartheid_South_Africa.

Powell, K.; Griffin, B.M. & Crawford, C.A. 2011. *Sticky Faith: Youth Worker Edition: Practical Ideas to nurture long-term faith in teenagers.* Grand Rapids: Zondervan.

Schultze, Q.J., Anker, R.M., Bratt, D.J., Romanowski, W.D., Worst, J.W. & Zuidervaart, L. 1991. *Dancing in the dark: Youth Popular Culture and the Electronic Media.* Grand Rapids: Eerdmans.

Shelton, C.M. 1983. *Adolescent Spirituality: Pastoral Ministry for High School and College Youth.* Chicago: Loyola University Press.

Slattery, H. 2002. *HIV/AIDS: A Call to Action.* Nairobi: Paulines Publications Africa.

South Africa HIV and AIDS Statistics Report found at http://www.avert.org/south-africa-hiv-aids-statistics.htm on 02/07/2012.

South African National Survey, 2012, as found on 01/11/2014 at http://www.hsrc.ac.za/en/media-briefs/hiv-aids-stis-and-tb/sabssm4. p. 35-36, 42.

Statistics South Africa, http://www.statssa.gov.za/publications/P0302/P03022011.pdf as on 02/07/2012.

Strommen, M.P. & Hardel, R.A. 2000. *Passing on the Faith: A Radical New Model for Youth and Family Ministry.* USA: St. Mary's Press.

UNAIDS Outlook Breaking News Report: Young People Are Leading The HIV Prevention Revolution as found on 28/10/2014 at www.unaids.org.

UNAIDS: Statistics found at http://www.unaids.org/en/regionscountries/countries/southafrica under Sexual Transmission of HIV in the "AIDSinfo" box. Accessed 14/05/2012.

UNAIDS: Statistics found at http://aidsinfo.unaids.org/#. Accessed 10/11/2016.

Vanden Abeele, M., Campbell, S.W., Eggermont, S. & Roe, K. 2014. Sexting, Mobile Porn Use, and Peer Group Dynamics: Boys' and Girls' Self-Perceived Popularity, Need for Popularity, and Perceived Peer Pressure, Media Psychology, 17:1, 6-33, DOI: 10.1080/15213269.2013.801725, accessed 22/11/2016.

Van der Ven, J.A. 1998. *Formation of the Moral Self.* Grand Rapids: Eerdmans.

Van Dyk, A. 2001. Traditional African beliefs and customs: Implications for AIDS education and prevention in Africa. *South African Journal of Psychology,* 31(2): 60-66.

Van Dyk, A. 2008. Perspectives of South African school children on HIV/AIDS, and the implications for education programmes. *African Journal of AIDS Research,* 7(1): 79-93.

Van Dyk, A. 2012. *HIV/AIDS Education, Care and Counselling: a multidisciplinary approach 5th edition.* South Africa: Pearson Holdings, 03/2014. VitalBook file.

Wait, J, Meyer, J & Loxton, H. 2005. *Menslike Ontwikkeling: 'n psigososiale perspektief.* Parow-Oos: Ebony Books.

Wakefield, A. 2015. *One in 10 South Africans living with HIV - Stats SA*. 2015-07-23. Published at http://www.news24.com/SouthAfrica/News/One-in-10-South-Africans-living-with-HIV-Stats-SA-20150723 as found on 10/11/2016.

Weber, S.M. 2014. Faith formation of young people in a evangelical context : an empirical and theoretical investigation. Stellenbsch: Stellenbosch University online. Available at: https://scholar.sun.ac.za/browse?value=Weber%2C+Shantelle+Merle&type=author.   [2016, November, 22].

Willard, D. 2003. Spiritual formation in Christ: A Perspective on what it is and how it might be done, in Todd W. Hall and Mark R. McMinn (eds.). *Spiritual formation, Counselling and Psychotherapy.* New York: Nova Science Publishers, Inc. p. 3-9.

Wong, D.L., Hockenberry-Eaton, M., Wilson, D., Winkelstein, M.L., Ahmann, E. & DiVito-Thomas, P.A. 1999. *Whaley & Wong's nursing care of infants and children (6th edition)*. St Louis: Mosby.

Xhamela, L. 2008. The Development of a Ministerial Strategy for Behavioural Change in the Face of the HIV and AIDS Pandemic: A Pastoral Hermeneutical Approach, in E. Ward & G. Leonard (eds.). *A Theology of HIV and AIDS on Africa's East Coast. A Collection of Essays by Masters Students from Four African Academic Institutions.* Uppsala, Sweden: Published in Missio Series, Swedish Institute of Mission Research. p. 326-343.