

An eschatological journey of lifehood Ronald's narrative from a pastoral perspective

ABSTRACT

This study explores and interprets the experience of suffering within a pastoral epistemology of hope and meaning. In this article qualitative research as methodology is informed by a retrospective view on participatory action research and a narrative approach. A theology of affirmation based on an eschatological foundation within a pastoral anthropology is applied with specific reference to developmental psychology. The model of Ronald's journey of lifehood serves as a key framework to link faith and moral maturity with a pastoral theology of *cura vitae*; more importantly as a practical illustration of the existential challenges of humanity and the effectiveness *and* realisation of the eschatological dynamic in healing of life and life care.

1. INTRODUCTION

If the hypothesis that "The 21st century could be defined as the century of exponential loss" is correct, and that "The search for a practical theological hermeneutical response to threatening and imminent scenarios of loss is called for", (Dames & Dames, 2009) the question remains regarding the role of pastors as agents of hope. The lifehood¹ model of Ronald addresses said hypothesis as an example of an agent of hope, illuminating the ministry of hermeneutics and hope. This is fundamental to what pastors do and for their identity as agents of hope (Capps, 1995:1). The worldview that undergirds the pastoral ministry is grounded in eternal hopefulness (Capps, 1995:3).

1.1 Methodology and outline

This article is based on the qualitative research methodology, in particular retrospective view on participatory action research (PAR hereafter) and a narrative approach in describing Ronald's lifehood (Cf. Fals-Borda & Rahman, 1991; De Beer & Van den Berg, 2008). The theoretical framework consists of a literature study on the relevant developmental psychological and pastoral theological insights. Secondly, the results of PAR of over forty years in collaboration with Ronald illuminate the article's multi-disciplinary approach.

In this article firstly, a theology of meaning and hope will be developed from a perspective of suffering. Secondly, Ronald's biography will be applied as an example of a practical, reciprocal reference of lifehood development. Thirdly, the theories of resilience and fortigenesis will be applied to the co-researcher's² life. Fourthly, the formation of meaning and how it impacted on his life will be discussed. Lastly, the meaning and impact of his social roles will be addressed.

1 The term lifehood refers not only to the developmental psychological definition of adulthood, but to the entire duration and spectrum of human life.

2 The concept "co-researcher" acknowledges the fact that we draw on the collective lived-experience and life of Ronald. The focus is not merely on an empirical study object which distils objective answers, but rather meaning to and hope in life, and suffering.

It is then concluded that Ronald's biography is a validation of developmental, meaningful and hopeful healing of life and life care.

1.2 Hope and meaning in the face of suffering

Hope and meaning in life is challenged by contrary challenges such as despair³, apathy and shame (Capps, 1995:98). Louw (2008:64) defines *contrary attitudes* as existential threats of anxiety, guilt, despair, helplessness and vulnerability, disillusionment, frustration, anger and unfulfilled needs. The greatest threat is that these existential issues could deface meaningful life and experiences of hope (Capps, 1995:137). Hope and meaningful life is the most sacred and fundamental aspects of human life. Hope is the earliest and the most indispensable virtue in the state of being alive (Capps, 1995:30). Failure in a hopeful orientation to life's developmental phases diminishes all subsequent strengths such as love, intimacy, forgiveness, etc. (Capps, 1995:30; Louw, 2008:45-47).

Louw (2000b:1) develops his theology of hope from a hermeneutical perspective grounded in a philosophy of meaning. He focuses on the fabric of *being human*, namely meaning which defines the identity and intentions of human beings. Meaning challenges belief systems, the moral actions and faith intentions of Christians.

Reflections on our being human can be defined as *soul-revealing* questions - as fundamental components of life and part of a lifelong journey. Soul⁴, within this journey, should be reinterpreted as a qualitative principle determining our human quest for meaning and dignity (Louw, 2005:9).

Meaning or hope in light of the crisis of illness and suffering, in the context of this article, has a direct bearing on *the very fabric of our being human* and determines the quality of human behaviour. The existence or absence of a crisis or suffering depends on four anthropological aspects, namely: a person's predisposition, attitude towards life, degree of maturity, and the nature of the affliction (Louw, 2008:22). Suffering or crisis does not exclude meaning and hope – "meaning is possible even in spite of suffering, provided that the suffering is unavoidable" (Frankl, 1985:136).

2. A MODEL OF HOPE AND MEANING

Louw (2008:23) distinguishes between the dynamics of health and ill health located on the continuum of personal responses, human development and psychophysical processes of growth throughout all the stages of life. This is an important perspective for this article. Pastoral anthropology does not exclude psychology. Psychology can however not assess a mature faith without the assistance of a pastoral anthropology. Pastoral theology does not focus primarily on self-analysis, analyses of behaviour, but is specifically concerned with analyses of faith and ethics, respectively. Pastoral anthropology is crucial in our human quest for meaning (Louw, 2000a:122-123). It is at this point that Ronald's lifeworld is introduced to illuminate the pastoral and psychological anthropological approach in developing a theology of hope and meaning. Similarly, Louw (2008:41) argues that human beings are primarily moral, spiritual and social beings.

Life should not be defined solely in terms of *adulthood* in order to become whole human beings. The concept "lifeworld" serves as indication that life, irrespective of its duration or endpoint, should be valued qualitatively and not quantitatively. Ronald's journey of lifeworld undergirds and informs adult development, meaningful life and hopeful living in spite of suffering.

3 Viktor Frankl calls despair "suffering without meaning" (Capps, 1995:99).

4 Louw (2005:14) defines soul as the totality of life within the presence of God and that "one does not have a soul, but one is in every fabric of one's being human, soul".

Ronald's life stages will be outlined and explicated in relation to Bee's (2000) perspectives on developmental theories, the formation of meaning and the impact of social roles.

2.1 Ronald's living narrative

Ronald was born in 1960 and is the eldest brother of four siblings. Ronald became ill at the age of 5. His illness was both a life-changing and challenging event. This event transformed himself, his family and significant others' lives and futures. His childhood was characterised by his endless energy and spirit for life. He partook in every conceivable sport and game and won all of them. This energy for life ultimately saved and informed his whole life – as his illness literally drained his energy. He suffered due to kidney failure and lived for a few months during 1965 with family friends for accessible medical care. His family consequently had to move from their Karoo home to live with him in a city in the Northern Cape. Ronald's condition caused him to be hospitalised in Johannesburg for months on end, and at one stage, even for an entire year. This experience had a strong formative and inspirational effect on his personal life and the lives of families, friends and significant others. It resulted in his family becoming a *therapeutic source* for many families and friends and community members.

Ronald faced death on numerous occasions – however, inspiring his mother and family with the words: "don't worry, I will walk out of here again". This response was in spite of medical prognosis that he would not survive. Ronald eventually recovered and was reunited with his family during 1978. He developed into a spirited adolescent and eventually into early adulthood. He succeeded in achieving his matriculation certificate and started his career. His medical status required him to receive dialysis treatment, which added a new physical and psychological challenge. His family eventually moved to one of the country's metropolitan cities at the end of 1982. The dialysis treatment was discontinued due to the prognosis that a kidney transplant was required. He received a donor kidney from his youngest brother. He recovered within two days and began a life stage of energetic sports, cultural, relational and career life. He is successful in his career, which earns annual bonanza prizes and accolades. He married in 1990 and has two healthy children. His left leg was amputated during 2006 and the other leg in 2009, but he recovered and exceeded general expectations. Ronald is 49 years of age and plans to retire at the age of 50. His life illustrates the impossible possibilities and transcends psychosocial, biological, chronological age, and economic dilemmas. Ronald's narrative of suffering does not speak from a situation of despair (Capps, 1995:99). "Suffering is intended to guard man from apathy, from psychic rigor mortis. As long as we suffer, we remain psychically alive. In fact, we mature in suffering, grow because of it – it makes us richer and stronger" (Frankl, 1977:55).

3. SEASONS OF ADULT IDENTITY AND EGO DEVELOPMENT

The psychoanalytic tradition argues that the attitude of hope can be traced to one's earliest experiences of life as an infant. Personal autonomy plays a crucial role in the genesis and maintenance of an attitude of hope. Religious sentiment in infancy and early childhood emphasises the profound relationship between the religious view of life and the individual's attitude of hope (Capps, 1995:28).

Ronald's life will be studied with the basic characteristics of the following three development theories as described by Bee (2000): Erikson's theory of identity development or psychosocial stages; Loevinger's theory of ego development; and Levinson's theory of seasons of adulthood. The choice of these three theories relates to Ronald's unique narrative, which holds different developmental and life changing aspects, namely relational, psychosocial and temporal life structures. These aspects are in a constant tension towards meaningful adult development.

Ronald's life is illustrative of psychological development, transactions and the ability to change (Habermas, 2001:X). Interactions between his inner instincts, drives and enactments with his outer cultural and social worlds, engender meaningful interpersonal, cultural and professional relationships (Bee, 2000:34). He married at the culturally advanced age of 30 (Bee, 2000:167), and become a parent at the age of 31. This brought a new sense of self worth, excitement and a sense of responsibility to his life. This created altruism with clear role differentials (Bee, 2000:169). It brought the realisation of wholeness by the recreation and materialisation of his humanity and manhood. New social role changes created a sense of *social homecoming* and part of being fully human in all respects (Bee, 2000:161). The untimely loss of his mother during 1986 was instrumental to this change in social roles. It was a defining phase in his life. He disengaged himself from the once therapeutic family circle and gained his own social roles or demographic density in society as an independent person, a professional, husband and parent (Bee, 2000:165).

His livelihood gained new meaning as he began enacting these social roles (Bee, 2000:162). The central role of his spouse as support base was apparent, especially in contrast to Ronald's vibrant adolescence and early adult lifestyle. Their marriage can be described as an affectionate, satisfying relationship, which fosters well-being and happiness (Bee, 2000:166-167). Ronald and his spouse operate as a team in complex transitional roles and choices (Bee, 2000:165)⁵. Their ability to deal with role conflict and role strain enriches their interpersonal skills and marriage maturation (Bee, 2000:174). Their identity as parents brought a greater sense of satisfaction in life (Bee, 2000:174). Ronald and his spouse became much more occupied with their professions in order to provide for their new family. Bee (2000:172-173) speaks of balanced gender worldviews (Bee, 2000:172-173). The roles and stresses in the middle adulthood phase will be more bearable as they will have their school-going children in the house for at least the next 9-10 years. Young adulthood roles were delayed and only manifested in late adulthood (Bee, 2000:182). The postparental phase (the empty nest, midlife, grandparent, caring for their aging parents) will be facilitated by their shared experience and skills of coping with adversity.

Caring for their aging parents is a particular interesting development. Ronald is highly regarded by his spouse's parents in his compassion and care for their well-being. This role will change in the near future, if their parents should die, to a more focused postparental role of support for their own children. This will be the time of choice by developing hobbies, which could advance their creative capacities (Bee, 2000:182).

The fundamentals of Ronald's identity were shaped by the aforementioned sequence of *potentialities for significant interaction* (Bee, 2000:35). The crises, which Ronald has lived through, are resourceful life events, which add rich and formative meaning, life skills and attitudinal formation to cope with life's happenstances (Louw, 2005:9-10). The conscientious stage *actually* occurred in his adolescence, and not as suggested by Loevinger (in Bee, 2000:39). His identity developed in the many moments in which he faced death, endured education challenges, career transitions, over a relative short duration of time (Bee, 2000:39). Ronald moved through these stage developments as his life's agenda emerged and determined how he would deal with and resolve crises. Ronald's ability to move through developmental sequences of health and ill-health relates to Louw's (2008:23) continuum methodology.

3.1 The health-sickness continuum

Louw's (2008:23) approach is based on a dynamic understanding of the health-illness continuum. Louw develops a spiral model to review the meaning of health or illness and to facilitate a better

5 "... married adults are physically healthier, live longer, and are less prone to depression and other forms of psychiatric disturbances" (Bee, 2000:167).

understanding of the crisis and opportunity in suffering (Louw, 2008:23). The interaction between illness and health is *qualitatively* determined by Ronald's lifestyle, spirituality and the ability to grow. Ronald's personal identity, growth potential and faith potential are therefore decisive in his response to suffering and the quality of his health (Louw, 2008:23). It could thus be inferred that Ronald demonstrates a rare ability to transcend suffering and situations of hopelessness:

Human beings are often unable to alleviate illness, but they can change their attitude and disposition towards illness. The possibility of such a change depends on the patient's degree and quality of maturity, the nature of their faith, their normative frame of reference and support systems, as well as on the quality of the networking that exists within their space of communication and human interaction (Louw, 2008:24).

Louw (2005:10) maintains elsewhere that people are unable to change what happens to them, but they can change their approach to the different happenstances of life. He argues that one's approach demonstrates one's soul.

4. LIFEHOOD RESILIENCE

If there were two denominators to define the lifehood of Ronald, it would be resilience and salutogenesis (Strümpfer, 1990; 2002). Observations of Ronald's lifehood demonstrate not only the unfolding process of resilience, but reveal a certain divine characteristic (salutogenesis)⁶. This divine characteristic was the one thing that kept him alive and hopeful. It enabled him to survive and cope with inordinate demands⁷. This characteristic in Ronald correlates with the lives of people such as Mandela, Gandhi and Mother Theresa, who had specifically encountered inordinate demands in their own personal, family and community lives.

Inordinate demands were more apparent, almost in a general sense, in the apartheid era, where many black people's lives were shattered in their suffering as an oppressed humanity. Contextualising resilience in social structure, socioeconomic status, ethnicity and culture, becomes crucial (Strümpfer, 2002:3). Resilience in Ronald's narrative demonstrated a dynamic resiling process (Strümpfer, 2002:4). His first inordinate demand as a five year old was to be confronted with his illness. He had to leave his parents and siblings to live with family friends (strangers to him at that time). His worldview expanded with his first encounters with patients from different cultural and religious backgrounds, medical staff and hospital procedures - which varied between the different hospitals he 'bedded' over prolonged periods. His out-of-time educational and social experience, and eventually the career changes he had to make, confronted him with extreme demands. However, his resilience emerged as he progressed through four different professional careers and proved to be successful in all of them⁸. Ronald is living proof of Strümpfer's theory that resilience is a pattern of psychological activity with a motive to be strong in the face of inordinate demands. Resilience is goal-directed behaviour of coping and rebounding, and of accompanying emotions and cognitions. His resilience was possible due to his visionary internal trait-characteristics (passion for life) and external factors, such as significant Christian figures like his mother, extended family and friends (Strümpfer, 2002:4).

Psychobiological and professional demands in his life and his resilience thereof can thus be studied in relation to his different psychosocial, ego, seasons and timing of adulthood development processes. Each of his development stages has produced its own unique challenges

6 Salutogenesis refers to wellness in spite of high stressor levels. It is a dispositional orientation which engenders and enhances health towards effective coping, health-enhancing behaviours and better social adjustment (Strümpfer, 2002:12).

7 Cf. Antonovsky's theory (in Strümpfer, 1990:2) of generalized resistance resources.

8 Cf. Perun and Bielby's (in Bee, 2000:54) temporal progression in work roles.

and growth outcomes. It can thus be argued that his adulthood development shows strong resilience and positive behaviour⁹. Ronald's *resilience motivation*, just after his rehabilitated health (1983; 2006; 2009) and one of his career changes (1988) became dormant. It seemed as if he reduced cognitive vigilance to relax emotionally and physically. His passion for music, sports and friends came dominantly into play. These *transit moments* helped him to attend to other areas of his life such as his marriage, children and a renewed commitment to his Christian faith (Strümpfer, 2002:4). Ronald has demonstrated an ability to activate his resilience motivation throughout the different development phases - within the context of attachment relationships with God and significant others (Cf. Strümpfer, 2002:5). Inordinate demands are constructive, growth enhancing, and part of his individual developmental transition (Strümpfer, 2002:6). These demands are reflected in individual adversity, namely the untimely death of his mother, his disablement, job loss, political victimisation and severe illness. These events were not just transient moments, but left a permanent impression on him. Ronald demonstrated salutogenesis and *homeostatic reintegration* (Strümpfer, 1990:1). These were evident in recoverability, self-repair and recovery; returning to previous levels of functioning and *resilient reintegration* (Richardson cited by Strümpfer, 2002:7). Persons may grow beyond their pre-disorganisation level of functioning. Being themselves transformed in and through the struggle of inordinate demands. The end result is a strengthening or toughening effect on the person. This inordinate demand development and *homeostatic reintegration* laboratory was also instrumental in its inspirational and motivational effect in Ronald's interpersonal relationships and society. His narrative inspired religious and community leaders, family, friends and foe. Ronald's narrative is therefore an example of Strümpfer's (2002:7-21; 1990) model of resilience and salutogenesis, with recognition of its own uniqueness. Louw's parallel between a theology of affirmation and recent developments in psychology regarding positive psychology and specifically the emerging science of fortology – can be referred to in this respect.

4.1 Fortology in existential theology

Fortology is an attempt to transcend pathology and to introduce constructive enforcement and encouragement towards meaningful life and suffering. Fortigenesis¹⁰ from an existential and theological perspective focuses on those aspects in human wellness that create strength, courage and a positive approach to life demands (Louw, 2008:31). Strength can motivate people away from paradigms of pathogenic thinking. The objective is to relate health to a sense of coherence, personality hardness, inner potency, stamina or learned resourcefulness (Strümpfer, 1995:83 cited by Louw, 2008:31)¹¹. *Fortigenesis* within the paradigm of a theology of affirmation focuses primarily on *existential* and *ontological* categories and not so much on inner emotional strength and positive behavioural attitudes (Louw, 2008:31). A theology of affirmation refers to an *ontic state of being* – an eschatologically affirmed person in his or her very being. The outcome is to be and become a new being in Christ strengthened by the *charisma* of the Spirit and enabled to live life with courage and hope. Spiritual fortigenesis and fortology refer therefore to spiritual strength and courage that emanates from our new being in Christ (Louw, 2008:32).

9 It refers to Ronald's health ease/dis-ease continuum. His position of maintenance on the continuum despite stressors; and his life experience as a 'deviant case' correlates with Antonovsky's theory of salutogenic orientation (in Strümpfer, 1990:2-3).

10 "Fortigenesis (fortis = strong) refers to a strengths perspective, which relates human wellness to the positive components in human behaviour. This approach concentrates on those components in human wellness that create strength, courage and a positive approach to life demands" (Strümpfer, 2006:11-36).

11 Capps (1995:31) makes reference to 'coherent beings as verifiers of hope'.

The internalisation of *eschatological* norms and values in people's daily existence is, according to Louw (2005:22), their soulfulness, the happenstances of the soul. Capps (1995:29,30,38) cited Erikson's eight virtues (hope, will, purpose, competence, fidelity, love, care and wisdom) as basic human qualities of strengths. Each of these virtues is respectively and closely linked to the psychodynamics of life stages. Capps (1995:38) and Louw (2008:31) work from an *eschatological attitude* perspective and distinguish between general visionary images and hope as a reality-orientated category. Divine hope is defined as the eschatological attitude and the essence of hoping (Capps, 1995:45). Images of hope involve transitional experiences of life and are valuable as rituals in negotiating these transitions. Hope images as rites of passage are enabling in life's inevitable transitions, even in the absence of other human persons. Rites of passage enable people to view *the new state of affairs* with hopefulness (Capps, 1995:45).

5. FORMATION OF MEANING

The possibilities and opposing outcomes of each of Ronald's development stages are *coded* by his life's legacy of resilience and meaningful enactments with himself, God, his family and significant others with whom he engaged on psychological, social and cultural levels. His life-experience illustrates very little of the negative outcomes, such as mistrust (except toward the white-dominated Springbok rugby and cricket teams!), shame, guilt, inferiority, role confusion, isolation, stagnation and despair (Cf. Louw, 2008:64). This is not a misconception of his identity development, but an affirmation of his development to demonstrate strengths of hope, competence, love, care and wisdom (Cf. Capps, 1995:29). His is a life and personality that speaks of wisdom, purpose and an undying will-power and competence that add meaning to others around him (Bee, 2000:36). The point is that crises gave him his unique life focus. It added new meaning to his life and others close to him. He interpreted a seemingly hopeless situation into an empowering means to live life to the fullest (Bee, 2000:305). The attachment relationships of significant others (God, family, friends) became an important meaning system, and defined his internal worldview. Ronald's concern for others is one of his strongest meaning systems. His life demonstrated that human beings couldn't live without some sense that life is meaningful (Fowler, 1983: 58; Bee, 2000:306). Ronald's experience motivated him to *create meaning* out of his situation for himself and he succeeded in creating social meaningfulness for many people close to him (Bee, 2000:307). The art of meaning-making keeps him positive, energetic and healthy. He has a very strong sense of purpose and mission in life – this causes him to excel over his peers in being productive yet pleasant. Relationships were always the vehicle, which gave content and meaning to his life. His meaning systems are the sum total of all his and others' life experiences, including his illness and how he managed to overcome the severest of all life challenges. Medical doctors, nurses, hospital administrators, colleagues, pastors, friends, family and strangers have all been affected by his suffering¹².

5.1 Developmental stages of faith

Ronald's narrative may be defined as *a* higher level of human potential (Bee, 2000:308). This became apparent as he moved through his stages of faith. His *synthetic-conventional faith*, as a teenager and early adulthood, was formed through his illness by the realisation that he had to rely on an authority (God) outside himself. His faith in God became his master story that shaped and changed his life to become worthy – indirectly and directly influencing those around him. His experience created a communal meaning system, which had a profound influence in his

¹² These social relational networks were and still are his laboratory of resources to deal with the inordinate demands and stressors of life, specifically with regards to his family (Walsh, 2003).

immediate community (Bee, 2000:316).

However, his reliance on external authority changed when he moved to the *individuated-reflective faith stage*, due to the interruption of reliance on external sources after his kidney operation, and a relocation of authority to himself (Bee, 2000:317). He seemed to have moved away from reliance on traditional authority to living a value based life. He was living life to the full, as if to catch up with the lost chances and years of his adolescence and early adulthood. In making this shift, many adults first reject or move away from the faith community to which they had belonged. He took up the task of being responsible for himself, for the first time in his life, whereas previously his life has been dominated by attachment-helping relationships. Ronald now began to make new friends and form new relationships based on his own values and beliefs, and not only those of his immediate family¹³. This distinguished him from his family's traditional values and beliefs and familiar relationships.

His *conjunctive faith* opened him outward to discover many other worldviews. His recognition of other people's worldviews fostered greater tolerance towards others and a commitment to serve the welfare of others. This is apparent especially with regard to his clients, colleagues, friends and family.

Ronald's narrative has reached the *universalising faith stage* – he is heedless of his own self-preservation through his compassion and caring for others, his spouse and children (Fowler, 1989:74-77).

5.2 Moral development

His moral development moved sequentially from the preconventional to the conventional and the postconventional stages, each with its unique meaning systems (Kohlberg in Ploeger, 1995:147). His frequent hospitalisation and displacement from home brought with it an accelerated movement from the one moral stage to the next. His moral internal model differed during this time from that of his peers, family and even religious community. His exposure to the world of medical intricacies and its ethical and moral challenges matured him, giving him significant discernment in ethical life choices. His punishment-and-obedience orientation for instance, changed and was filled with *new moral meaning* that brought him to the social contract orientation and later to the individual principles of conscience orientations (Bee, 2000:312). This was possible because during his different life stages he had spent long periods in hospitals, where he was exposed to patients of varying life stages. Relational attachments were formed which accelerated his personal moral developmental stages. These stages could therefore not only be seen as each growing out of and superseding the one before. It should rather be viewed as interrelated and spontaneous transitions, which could be influenced by the context or unique conditions (Bee, 2000:310). Ronald's meaning systems changed and he decentred himself from himself, his family, and church and became aware of the broader social pictures, as he moved through Kohlberg's three moral development stages (Bee, 2000:312).

His is not a pure development, but a person capable of living life with equilibrium and a healthy balance. The three dilemmas of adult life (Cf. Bee, 2000:36-37) made a significant impact on Ronald's identity, social roles and public responsibility. He illustrates human flexibility that transcends fixed stage development described by Loewinger (in Bee, 2000:39). It could therefore be concluded that Ronald's life-cycle progression was for the greater part of his life in a constant speed-up motion (Perun & Bielby cited by Bee, 2000:54)¹⁴.

13 Cf. Bartholomew's (1997) theory of adult attachment and detachment.

14 Cf. Perun and Bielby's (in Bee, 2000:54-57) timing model of adult development with reference to "temporal progressions, sequences of experiences or internal changes, each following some timetable".

5.3 Attitudinal and dispositional suffering

Ronald's life has demonstrated the ability to shift his attitude and disposition on suffering. The pastoral counsellor should therefore learn to establish a person's attitude towards the specific behaviour that needs to be changed before the change can be realised (Louw, 2008:25; Frankl, 1985:136). Ronald has also demonstrated that hope and meaning in suffering is not situational, but attitudinal – it is an attitude or disposition that exists as an integral part of human beings (Capps, 1995:28). Position¹⁵ and attitude within the realm of space plays a fundamental role in a spiritual approach to health and healing. Meaning in life occurs in place and space and reciprocally makes people sensitive to reactions, responses and attitudes within their space (atmosphere) and place (location, culture, and context) (Louw, 2008:26).

Space, therefore, becomes *the cultic location of a covenantal encounter* between God and his people (Coenen, 1975:538 cited by Louw, 2008:27). Space becomes a pastoral perspective that determines the *quality of place*, and constitutes the patients' experience of meaning and dignity. Ronald's example illustrates that healing can be realised when his space was transformed which enabled him to live in a meaningful and hopeful place (Louw, 2008:27). The reciprocal dynamic of theology and Christian spirituality with space and place constitutes a *theology of space*. A theology of meaningful and hopeful space refers, according to Louw (2008:28), to the incarnation: God's enfleshment and embodied presence in and through Christ constitutes the space of the eschatology. A theology of place and affirmation is therefore the eschatological continuation of the incarnational space of hope and meaning through *inhabitation* of the Holy Spirit – towards a new identity of *being human* (Louw, 2008:28).

6. THE IMPACT OF SOCIAL ROLES

The generativity stage in Ronald's life was a defining event in his lifehood journey. This is an important goal in his life (Bee, 2000:33). His commitment to society is apparent in how he cares for (Bee, 2000:38) others and how he nurtures, teaches, leads, and promotes the new generations. He is actively generating social capital and outcomes that benefit the social system (Bee, 2000:37). His life is both the *communal need to be nurturant* and the "agentic desire to do something or be something that transcends death" (Bee, 2000:38). He demonstrated the ability to develop greater tolerance and complex three-dimensional and mutual interpersonal relationships (Loevinger cited by Bee, 2000:40)¹⁶. This helped him not to get stuck in his own limitations, but to interact with persons in varying life stages (Levinson cited by Bee, 2000:44). His relational life structures shaped and substantiated his personal, familial and social relationships as a change agent. Periods of stability alternated with transitional life structures, which meant a periodic re-examination and adjustment appropriate to his health condition (Levinson cited by Bee, 2000:44). His first life structure in his twenties saw the formation of independent life identity from family and first steps into the world of work (Levinson cited by Bee, 2000:44-45).

The amputation of both his legs caused optimistic acceptance and not despair. These events brought the temporary realisation of being helpless¹⁷. He succeeded to balance the consequent loss with his sense of integrity and Christian faith to overcome and to continue productively

15 A theological perspective on positions is that eschatology qualifies anthropology in a pastoral approach. "Positions can best be described as indications of a very specific quality of being within a concrete situation – they describe a mode of being and reveal character and quality" (Louw, 2005:22).

16 This correlates with Bowlby's (1973:204) working models of close attachment. Ronald's social skills helped him to be supportive and protective towards others; and attracted multiple responses and actions of help (Bartholomew, 1997:249-250).

17 Cf. Perun and Bielby's (cited in Bee, 2000:54) temporal progression in physical changes in the body.

with his life (Bee, 2000:39). This unnatural midlife transition created an acute awareness of his mortality. However, Ronald's sense and lived experience of physical-functional loss and illness would not have the same debilitating effect at the age of 60 to 65 (Levinson cited by Bee, 2000:46). He has *already lived* these experiences or life stage. Ronald's journey of lifehood has thus disproved Bee's (2000:39) theory of being psychologically off time for the task at hand. Instead engineering ways of how he would continue his life course where he left it before the amputation of his legs. The result was a more determined and motivated Ronald, with a greater sense and respect for the meaning of life¹⁸.

7. THE CHALLENGE FOR PASTORAL MINISTRY

The challenge for pastoral ministry lies in the capacity for discernment enabling suffering people to develop a better, more discriminating understanding of which attitudes could inform a more hopeful life and which attitudes are likely to contribute to a life of despair (Capps, 1995:26). Pastors as well as faith communities can demonstrate and embody life-attitudes of trust, patience and modesty in both their personal and professional lives for the development and maintenance of a hopeful orientation to life (Capps, 1995:163). Pastors should become agents of hope to suffering people by reframing their suffering, problems and the difficulties in their lives (Capps, 1995:164). When the frame is changed within a new perceptual framework, the meaning is changed (Capps, 1995:164-165). Reframing consists of two distinctive methods, namely envisioning the future and revising the past (changing the past from a basis for hopelessness into a basis and resource for hopefulness) (Capps, 1995:165). The lifehood model of Ronald embodies these reframing methods and demonstrates divine traits of hope and resilient faith which correlates with what Fowler (1989:115) describes:

Development in faith and selfhood¹⁹ comes through the work of God's spirit in us. It also comes as the fruit of meeting experiences of critical challenge in our lives in interplay with the interpretive resources of the Christian story and the support and encouragement of the community.

Pastors ought to answer the call to become covenant communities of sponsorship, as sponsors in the early church guided suffering people in and through the happenstances of their lives. Pastors should embody *cura vitae*, a theology of life and the healing of life in empowering suffering and vulnerable human beings (Louw, 2008:11).

8. CONCLUSION

Ronald's seasons of lifehood identity and ego development were intimately shaped by his life-threatening illness and the accompanying co-experiential and supportive roles of his biological family and close friends. Change in his life can be defined as formative seasons, which brought meaning to him and others. Ronald has demonstrated that the quality, philosophy and intention of his personal life is what makes us human, rather than the achievement of life goals as an end in itself (Cf. Bee, 2000:33-34). Systematic, sequential and qualitative changes can be observed in Ronald's *narrative of life*. His psychological structure is apparent in his worldview of meaningful life and resilience. There are a definable, fixed sequence of experiences and events which developed over time in Ronald's family life-circle, his professional career-cycle, his rehabilitative

¹⁸ Cf. Levinson's (in Bee, 2000:47) loss and gain notion between era shifts.

¹⁹ "To be self means to be a human being with structuring patterns that shape a distinctive style of being as a person. Selfhood depends in basic ways on our embodiment: we are our bodies (Fowler, 1989:55).

health-cycle and even his relational friendship-cycle with significant others (Cf. Bee, 2000:37). This was fostered by his independence which even promoted the individuality of others and his passion to foster rich and meaningful personal relationships; acceptance of human conflicts and paradox (Loevinger cited by Bee, 2000:41).

The application of Ronald's narrative may be helpful to illustrate resilience in the light of Strümpfer's (2002:21) resilience model²⁰. Ronald's lifehood may be considered as a scientific and empirically validated case study, and is a practical example of salutogenesis and fortigenesis. His lifehood is grounded on existential and embodied ontological principles and values – an eschatological *ontic state* of being (Louw, 2008:31).

Pastors are agents of meaning and hope for people experiencing loss and suffering in the 21st century. Engendering salutogenesis and fortigenesis in and through covenant communities of pastoral sponsorship could foster the appropriate hermeneutical response for suffering people. A theology of life and the healing of life are called for.

9. BIBLIOGRAPHY

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KEY WORDS

Pastoral theology of affirmation

20 "The model could be useful as a basis for systematically analysing and comparing individual experiences of resiling against inordinate demands in the changing and increasingly competitive marketplace; individual adversity, such as traumatic bereavement, accidents, disablement and life-threatening disease; various kinds of victimization; and social-political adversity, such as discrimination and persecution. It could be used as a basis for planning resilient behaviour ... as well as for coaching and training for such situations" (Strümpfer, 2002:21).

Meaning and hope
Suffering and illness
Developmental psychology
Eschatology
Resilience
Fortology

TREFWOORDE

Pastorale teologie van bevestiging
Betekenis en hoop
Lyding en siekte
Ontwikkelingspsigologie
Eskatologie
Veeragtigheid
Fortologie

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