



What are the different Christian churches teaching children about illness, pain and suffering?

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Abstract

A core element of spirituality implies the search for meaning and making sense of illness, pain and suffering (IPS). What children are taught regarding the meaning of IPS might determine how they will experience hospitalisation and medical encounters. This study forms part of a larger study into the role Christian churches play in rendering spiritual support to children in the healthcare system. The purpose of this study was to explore and describe: (1) the viewpoints of the different Christian churches in South Africa with regard to IPS, and (2) the way these viewpoints are communicated to children. An explorative-descriptive, qualitative research design was used and semi-structured interviews, consisting of a set of open-ended questions, were conducted with representatives of the major church groups of the Christian faith in South Africa. The viewpoints on IPS, as expressed by the representatives from the different churches, were diverse and often conflicting, and the following themes emerged: (1) The role of God, (2) Evil forces, (3) Sin, (4) The greater good, (5) Physical, (6) A broken world. This study has demonstrated that the viewpoints on IPS is quite variable within Christian churches, and it is important to be aware of this when interacting with children in a health care setting as their viewpoints on IPS may be expected to be divergent as well.

Keywords: children, illness, pain, suffering, spiritual care.

Introduction

Hospitalisation can be very stressful for most people, and indeed for children, and depending on their age and sociocultural context, children may have various misconceptions about illness, pain and suffering (IPS). People often regard illness as punishment for sins, and this is especially true for children. As it is, children have a limited understanding of why they are admitted to hospital, and when hospitalisation and other healthcare encounters are seen as punishment, it could lead to spiritual distress in the child (Clutter, 2005:367). Suffering has an impact on the body, the mind as well as the spirit of a patient, and it is important to address each of these dimensions (Harris, 2007:61). Spiritual support is important for all people but especially for children. When children, who were repeatedly admitted to hospital following a life-threatening diagnosis, were asked to prioritise the resources needed for coping with hospitalisation, spiritual support was rated as the fourth most important out of 19 resources¹ (Oberholzer, Nel, Myburgh, & Poggenpoel, 2011:7).

The spiritual care needs of children may include several human concerns, such as the need to enquire about the meaning of suffering, to address certain hopes and fears, or to have illness and medical care explained to them (Feudtner, Haney & Dimmers, 2003:68). A child's

¹ The 19 Resources were rated as follow:

1) Support from parents 2) Support from siblings 3) Support from friends 4) Spiritual support 5) Support with sleep 6) Support with eating problems 7) Coping with pain 8) Support with schoolwork 9) Information 10) Environment 11) Humour 12) Trusting relationship 13) Tokens 14) Animals 15) Literature 16) Music 17) Play interventions 18) Electronic devices 19) Promoting control



understanding of IPS is learned within the family, and the spiritual perception of IPS can have a fundamental influence on his/her experience of being in hospital (Clutter, 2005:359). It can therefore be beneficial to explore the different spiritual perceptions of IPS that children are subjected to within their families.

The research problem and objectives

When rendering spiritual support to children in hospital, it is important to connect with and build on their existing faith or spiritual belief system (Nash, Darby & Nash, 2015:22). A child's awareness of spirituality and/or religious engagement results in him/her coping better with difficult circumstances such as illness, however, 'different traditions offer different interpretations of suffering and illness' (Barnes, Plotnikoff, Fox & Pendleton, 2000:900). Given the potential variability of understanding on IPS within diverse Christian traditions in South Africa, this study attempted to answer the following research question: *How do the Christian churches in South Africa see illness, pain and suffering, and how is this communicated to children?* The objectives, therefore, were to explore and describe the viewpoints of the different Christian denominations in South Africa regarding IPS, and how these are communicated to children.

Research design

This study forms part of a larger study done on the role Christian churches play in rendering spiritual support to children in healthcare (Oberholzer, 2018). The research design and method as applicable to this part of the study will be discussed.

An exploratory-descriptive qualitative research design was used during this study, with the intention of gaining insight into the way in which Christian churches in South Africa view IPS. The intent of such a research design is to describe a specific topic and promote understanding thereof (Gray, Grove & Sutherland, 2017:29), and has its origin in the disciplines of nursing and medicine where the aim of such research is to use the information obtained for the benefit of patients and their families (Gray et al., 2017:65).

During this part of the study, the way in which Christian churches in South Africa view IPS, as well as the manner in which this is communicated to children, was explored through semi-structured interviews and described as such. The interviews consisted of a set of open-ended questions.

Population and sampling

Interviews were held with representatives from 18 churches in South Africa. The selection of churches was done according to the classification of denominations used during the census of 2001 (Statistics South Africa, 2004:28). The aim was to get at least one church per denomination with whom the interview could be held.

Table 1 lists all the churches that were included in the research.

Denomination	Church (n=18)
African Independent Churches	African Methodist Episcopal Church
Anglican Churches	Reformed Evangelical Anglican Church
Apostolic Faith Mission	Apostolic Faith Mission
Catholic Churches	Roman Catholic Church
Congregational Churches	United Congregational Church



Dutch Reformed Churches	Dutch Reformed Church
Ethiopian Type Churches	Ethiopian Episcopal Church
Lutheran Churches	Lutheran Church
Methodist Churches	Methodist Church
Orthodox Churches	Greek Orthodox Church
Other Apostolic Churches	New Apostolic Church
Other Apostolic Churches	Old Apostolic Church
Other Christian Churches	Salvation Army
Other Reformed Churches	Afrikaanse Protestante Kerk
Pentecostal / Charismatic	Christian Revival Church
Pentecostal / Charismatic	Pinkster Protestante Kerk
Pentecostal / Charismatic	Rhema Bible Church
Presbyterian Churches	Presbyterian Church of Africa

Table 1. Churches included in the research

Data collection

The leadership of each church was contacted to obtain permission for the researcher to conduct an interview with a spokesperson of that specific church. Interviews were subsequently held with the participants via telephone and they were informed that it would be recorded.

To address the objective of exploring and describing the viewpoints of the different churches with regard to IPS, the following two open-ended questions were posed:

- How does your church view illness, pain and suffering?
- Why are people subjected to illness, pain and suffering?

To address the objective of determining how these viewpoints are communicated to children, a follow-up question was asked:

- How would you then guide your hospital visitors / pastors / chaplains on what to say and what not to say to children in hospital in this regard?

In response to the last question, the respondents did not specifically mention how they would broach the topics of IPS when communicating with children. Instead, they gave valuable information that was used to expand on the role Christian churches play in rendering spiritual support to children in healthcare. The information gained from this question was therefore included in the larger study conducted on this topic ⁽²⁾.

Data analysis

Halcomb and Davidson (2006:40) suggest that the process of verbatim transcription can be time consuming and can cause technical problems that might lead to several human errors and misinterpretations. Instead, they propose the following steps that were implemented during this study:

Step 1. Audio taping of interview and concurrent note taking: For this study, the telephone was set on speakerphone to record the interviews after the participants

² Reference withheld to ensure anonymity during peer review



accessed to this being done . Field notes were made during the interviews to document the impressions of the researcher based on participant answers.

Step 2. Reflective journaling immediately post-interview: Immediately after each interview, the researcher added to the field notes in order to reflect all the ideas and concepts mentioned during the session.

Step 3. Listening to the audiotape and amending / revising field notes and observations: The researcher then listened to the recording and compared it with the field notes to confirm that all the ideas and concepts that had been raised, were accurately reflected in the notes.

Step 4. Preliminary content analysis: All ideas and concepts mentioned during the interviews were analysed to determine common themes and subthemes. According to Gray et al. (2017:269-270), 'the process of interpretation occurs in the mind of the researcher', however, interpretations must be trustworthy and should be 'grounded in the data'.

Step 5. Secondary content analysis: During this step, Halcomb and Davidson (2006:41) propose that a second researcher review the interviews and field notes, but this was not done for the current study. Because the participants in this study are all professionals in their field, an analysis of each interview (including the themes that were established) was instead e-mailed to the participant, who was asked to give feedback or change anything if s/he deemed this necessary. The correspondence was followed up until feedback have been received from all the participants.

Step 6. Thematic review: A summary was compiled of the themes that emerged and examples were identified that can be used to clarify the themes (Halcomb & Davidson, 2006:41).

Ethical considerations

The study was approved by the Departmental Ethics Review Committee at the institution to which the researcher is affiliated. The rights of the participants with regard to beneficence, non-maleficence, autonomy and justice were recognised and protected (Gray et al., 2017:162). Participants were informed that their confidentiality could not be guaranteed, as each represents a church, but they would remain anonymous. For the purpose of this study, however, it did not seem to be of any importance to specify the viewpoints of the individual churches, and responses have been kept confidential. The researcher also explained the purpose and objectives of the study to the participants and permission was obtained to use the information accordingly. The participants were informed that they could withdraw from the study at any time, as well as that the session would be recorded.

Results

The feedback from the different churches, regarding their views on IPS, revealed diverse and often conflicting perspectives. The different themes that emerged included different perspectives on the role of God and the role of evil forces; sin; the greater good, physical reasons for illness as well as the fact that we are living in a broken world. These findings are congruent with findings in the extant literature.



The role of God

There were conflicting remarks concerning the role of God. Six church representatives specifically mentioned that IPS are not from God, but that God sometimes allows it. The following statements were made: 'God does not inflict illness on people, but allows it and we must accept that', 'it is not God's initial purpose for us' and 'it is not from God ... God is our Healer'. Another four participants stated that suffering does come from God, such that 'everything happens according to His will' and 'it is part of God's sovereign will for us'.

Scheidler (2015:1), in equipping pastors and church leaders, states that suffering can be part of God's plan for our lives. Swinton (2007:87), however, explains that God takes responsibility for evil, but points out that it does not 'imply culpability'. In *Dialogues concerning natural religion*, David Hume (2007), the Scottish philosopher of the 1700s, states that Epicurus's old questions have still not been answered: Is he [God] willing to prevent evil, but not able? then he is impotent. Is he able, but not willing? then he is malevolent. Is he both able and willing? then where does evil come from? This problem, often referred to as the Epicurean trilemma, has been debated through the ages and often used to argue in favour of an atheistic life, because if God does exist, there should therefore be no evil in the world. The German philosopher, Gottfried Leibniz (1646–1716), first used the term 'theodicy', to refer to the 'theoretical justification of a God who appears to stand in the shadow of evil' (Barineau, 1991:3). Since then, the concept of theodicy has been expanded to include a quest to try to understand God (Barineau, 1991:4).

Evil forces

Four church representatives specifically pointed out that IPS are not caused by the devil, while four others mentioned that evil forces could be held responsible, as is evident from the following remarks: 'If your mind is perverted ... Satan will find a root to implement those things [IPS] in your life'; 'We can encourage his [the devil's] curse onto our lives through bad choices' and 'We must overcome evil spirits that may cause illnesses.'

Philip Fryar (2009:276), a 15-year-old who contributed a chapter in a book on children's perceptions of theology, explains that he believed in the devil when he was younger, describing the devil as 'not a being, but a monster who inspired terror, awe'. Some of the members of the Greek Orthodox Church see Satan and his demons as an actual threat to their wellbeing, and the 'Greek evil eye' and 'African witchcraft' are beliefs learned socially and ingrained in their respective cultures (Apostolides & Dreyer, 2008:1034). According to the *Orthodox Traditions, Customs & Practices* (2014), the "Orthodox Church recognizes the existence of demonic activity within individuals that can and does render them weakened and oftentimes helpless", but they "utilizes prayers to confront and exorcise the influence of evil" as they believe that their "faith and love of God must sustain (them) beyond all evil". Western scholars, however, showing a lack of insight across cultures, often regard these beliefs as 'primitive superstitions' (Apostolides & Dreyer 2008:1039). Sundberg (2008:37) is of the opinion that Satan is a 'myth and imagery', but states that 'it is a myth and imagery so deeply woven into the fabric of the bible and theology that it cannot be easily dismissed'. According to Scheidler (2015:1), IPS can be caused by 'a direct attack from the devil and his agents', and Barineau (1991:60) admits that believing in 'a demonic deity is a viable option for an ethical theodicy'. Plantinga³ (1974:58) refers to the teaching of St Augustine, who explained that Satan is 'a mighty nonhuman spirit' who rebelled against God, and therefore the 'natural evil we find is due to free actions of nonhuman spirits'.

³ Plantinga (1974:29) argues in favour of a 'free will defence' theodicy, implying that human beings have the freedom to choose their own actions – a belief also applied here to nonhuman spirits.



Sin

The relationship between IPS and sin was mentioned 11 times in interviews. The representatives of two churches admitted that there are conflicting ideas in their church, and that some people might think they did something wrong or blame sin (such as unforgiveness) for the hardships in their own and other people's lives. These two individuals also mentioned that, in their view, this is not true and that such ideas can even be seen as 'cruel'.

Six church representatives specifically stated that sin does not cause IPS, and that IPS are not punishment from God. Some mentioned specifically that they tell children that their illness was not their fault. Four church representatives attributed illness to the 'fall of mankind', whereas three commented that sin in a person's life could cause illness: 'If you have sin in your life, Satan will find a root'. However, one of these last participants also stated that it is important to explain to children that no transgression on their part, caused their illness.

When admitted to a healthcare facility, children often think they are being punished for some wrongdoing (Pearson, 2005:10–11). A child's spirituality may offer comfort and hope when faced with IPS, but not when it is regarded as a punishment from God (Kamper, Van Cleve & Savedra, 2010:302). According to Swinton (2007:25), it can be problematic when original sin (the fall of mankind) is blamed for afflictions, as not all humans suffer equally. In addition, when a person is blamed for his/her own suffering, it will 'end up silencing the lamenting voice of the sufferer', since the suffering would then be regarded as merited and justified (Swinton, 2007:21).

Delgado (2012:20–21), however, states that repentance of sin and forgiveness are important in order for God to heal the body, mind and spirit. Eiesland (1994:72–73) mentions that Jesus both supported and contradicted the connection between affliction and sin, and warns that emphasising this connection can imply that, if someone is not cured, sin still persists in their life.

The greater good

A total of 15 church representatives mentioned that God can work through IPS to accomplish a greater good. The following subthemes were commented on: IPS are a test of faith; it aids in building character / strengthening faith; it allows us to experience the goodness of God; it is an opportunity for healing; and it can achieve positive results (not specified). It is important to note that some church representatives commented on more than one subtheme (see below).

Four church representatives stated that IPS signify a test of faith, and five mentioned building character or strengthening the faith of the sufferer. Comments included: 'Suffering happen[s] so that we can be in touch with Him'; 'so that we don't become proud' (referring to Paul) and 'for God's children so that they may trust more in Him and be strengthened in their faith'. One participant pointed out that Job's faith was tested through suffering.

Six participants described IPS as an opportunity to experience the goodness of God, such as that 'it is a form of God's caring displayed'; 'so that we can understand His power'. One explained that 'God through Jesus can come to us in many ways, sometimes even through IPS'. Two participants referred to Job, who experienced the goodness of God regardless of his suffering. Another mentioned that, in times of illness, we could also experience the wonder of God's creation through technology.

Six church representatives commented on the positive outcome of IPS, but did not specify what that was. Comments included: 'God can work all things for good' and 'It can be a blessing from God'.



Scheidler (2015:9) refers to Romans 8:28⁴ when adding that IPS can contribute to a greater good, but ‘sometimes when we read this we translate the word ‘good’ to mean ‘comfort and ease.’ What God means by good is often ‘growth and change.’ Torr (2013:31) refers to the teachings of St Augustine when explaining that God can bring good from evil when we can draw nearer to Him in times of suffering. Hick (2010:322–323) agrees, asking whether, in a utopia without suffering, it would be possible to develop good character traits and to grow into becoming more like God.

Believing in a greater good when suffering, can give meaning to the suffering. According to Puchalski and Ferrell (2010:10), it is important to assist patients so that they find meaning in suffering, in order for them to ‘eventually integrate the suffering into their lives and become transformed by it’. Frankl (1984:136) concludes that the main reason why people are able to endure suffering, is when suffering has meaning. Eight church representatives mentioned that God could use illness as an opportunity for healing, such that ‘healing is the bigger picture – we believe in God’s wonders and that He can heal’ and ‘Christ would heal a person, or He would change the spiritual circumstances and people would grow stronger because of it’. One participant mentioned that we do not always receive our healing here on earth, but that complete healing can be attained in death.

Johnston (2007:134) encourages healthcare professionals to acknowledge the miraculous, and to include healing rituals and prayer in their healthcare practice. Delgado (2012:45) distinguishes between healing and miracles: Healing is seen as ‘a gradual recovery or a restoration to health’, and can occur through healthcare interventions, personal lifestyle changes and/or spiritual practices; whereas during a miracle, Divine intervention is necessary which would otherwise not have been humanly possible. However, this author concludes that both require ‘our active faith and God’s power to heal’ (Delgado, 2012:45). Gaiser (2010:49) agrees when stating that if we see God as our Healer, ‘then all genuine healing is of God, not merely those healings that we cannot explain’.

Physical

Ten church representatives gave physical reasons for illness. Nine of them attributed illness to lifestyle choices, explaining: ‘If we sow negativity in our thoughts and lives, we allow pain and suffering to come upon us’; ‘... emotional problems ... stress ... children that are unhappy in their homes ...’; ‘people allow an aura of stress and pain to surround them’ and ‘... if you don’t look after the body God gave you’. Three of the above-mentioned representatives also commented on pathology (such as viruses or generic diseases) causing illness.

According to Scheidler (2015:1), trials and tribulations can happen because of ‘bad choices and decisions’. Thorough research over the decades has confirmed that lifestyle choices can influence the development of certain illnesses (Morrison & Bennett, 2012:52), and they further refer to several studies confirming that stress can also contribute to illness (:291–292). This is applicable to children as well (Flinn, 1999:106). Increased levels of stress as well as lower levels of forgiveness can negatively influence mental and physical health (Toussaint, Shields, Dorn & Slavich, 2014:1004).

In the introduction to a handbook on pathophysiology, McCance and Huether (2014:xv) explain that the word ‘patho’ comes from the Greek word ‘pathos’, meaning ‘suffering’ and that ‘although pathophysiology is a science, it also designates suffering in people’. They admit that pathophysiology needs ‘an evaluative component regarding suffering and the language we use to describe it’ (McCance & Huether, 2014:xvi).

⁴ ‘And we know that all things work together for good to them that love God’ (Romans 8:28 – King James Version).



A broken world

Ten church representatives commented on the fact that we live in a broken world where IPS are part of being human. Comments included: 'Illness happens' and 'He [God] does not exempt us from sicknesses just because we are Christians'. One participant pointed out that Jesus and even Mother Mary suffered here on earth, and that we must accept it as they did. Victor Frankl (2006:88) mentions that suffering is part of life and adds that 'without suffering and death human life cannot be complete'. He further describes suffering as a possible catalyst both for having a need for meaning and for finding it:

We must never forget that we may also find meaning in life even when confronted with a hopeless situation, when facing a fate that cannot be changed. For what then matters is to bear witness to the uniquely human potential at its best, which is to transform a personal tragedy into a triumph, to turn one's predicament into a human achievement. When we are no longer able to change a situation—just think of an incurable disease such as inoperable cancer—we are challenged to change ourselves.... It is one of the basic tenets of logotherapy that man's main concern is not to gain pleasure or to avoid pain but rather to see a meaning in his life. That is why man is even ready to suffer, on the condition, to be sure, that his suffering has a meaning (Frankl, 2006:138-139)

Torr (2013:58–59) agrees that human beings cannot avoid suffering but explains that in Charismatic and Pentecostal circles, there is a much bigger emphasis on removing suffering through healing and spiritual warfare, than there is on suffering itself. During the 20th century, Christian worship became increasingly positive and celebratory, disregarding the necessary practices of lament and protest that provides a way to come to terms with IPS (Billman & Migliore, 1999:14). Reactions towards afflictions may also differ within cultures. Paul Brand, who worked as a medical doctor in England, India and America, concludes that different cultures influence people's perspectives: 'Londoners who suffered gladly for a cause, Indians who expected suffering and learned not to fear it, and Americans who suffered less but feared it more' (Brand & Yancey, 1997:12).

Theme	Sub-theme	Number of times mentioned	Total churches responded
The role of God	Not from God	6	10
	From God	4	
Evil forces	Evil forces not responsible	4	8
	Evil forces are responsible	4	
Sin	Conflicting ideas	2	11
	Not caused by sin	6	
	Caused by personal sin	3	
	Fall of mankind	4	
Greater good	Test of faith	4	15
	Building character / strengthening faith	5	
	Experience the goodness of God	6	
	Healing	8	
Physical	Unspecified positive results	6	
	Lifestyle choices	9	10
	Pathology	3	
A broken world	Part of being human	10	10

Table 2. Themes emerging from the results



Yet another theme

A number of church representatives, after sharing their thoughts on IPS, indicated that the topic of theodicies is controversial, and that supporting and caring for children and their families should be more important than explaining the circumstances of their afflictions. The following comments were made: 'We don't have any answers'; 'We do not analyse it'; 'Just be there for the family' and 'The church must care because Jesus cared'. Another respondent stated: 'Whatever is happening, the knowledge that I have is that He is alive, and that is all I know.'

Criticising theodicies, Torr (2013:28) mentions that 'God, as revealed in Scripture, is more concerned with responding to evil and suffering than to explaining its existence'. Through theodicies, people are trying to 'solve the unsolvable', ignoring the fact that suffering is a personal experience in need of practical answers (Torr 2013:46–47). Swinton (2007:17) points out three ways in which theodicies can be problematic in the context of pastoral care: (1) they can justify and rationalise evil, (2) they tend to silence the voice of the sufferer, and (3) they can become evil in themselves, especially when the 'greater good' principle is applied. Eiesland (2012:587) was told repeatedly that her disability would develop her character, but she stated that by 'age six or seven, I was convinced that I had enough character now to last a lifetime'. Torr (2013:29) explains that the principle of a 'greater good ... that will be completed in the fullness of time' is what forms the foundation of Christian theodicies. However, he later admits that it is unacceptable to try to justify the existence of evil through the 'greater good' argument (Torr, 2013:45). Swinton (2007:13) agrees, concluding that it can even be regarded as evil in itself when the mother of a dying baby is told that it is for the greater good, and that she will learn valuable lessons from the child's death.

It can therefore be argued that theodicies are academic concepts with no real value for the personal perceptions of sick children and their families. Swinton (2007:14) notably comments on this, explaining that our personal beliefs and knowledge about God are largely formed by others in the community, such as pastors. However, the institutions where these theologians are trained are 'the very places where intellectual theodicies are constructed, taught and legitimized' (Swinton, 2007:14). These theodicies are thus carried over in the church, and form part of the deep-seated understanding and concept of God that Christians have – and this includes children. Scheidler (2015:3) quotes Bill Gothard in saying: 'Adversity can be our greatest motivation for spiritual growth or our deadliest means of discouragement. The difference depends on our understanding of God's purposes through adversity.'

Conclusion

When we interact with children in a healthcare facility, it is important that we are aware and mindful of our own viewpoint on IPS as well as the different viewpoints a child might have been subjected to in their family, church and community. The UN Convention on the Rights of the Child⁵ includes the right to spiritual wellbeing, and Jackson and Monteux (2003:52) explains that it is clearly the duty of "all relevant bodies to ensure that a child's spiritual wellbeing is nurtured in just the same way as his or her physical and intellectual well-being". It could therefore be suggested to do a spiritual assessment on children when admitted to a healthcare facility. The spiritual assessment of children in healthcare ought to include the child's 'concept of God'; 'sources of strength and hope'; the 'faith practices' of the family, as well as the 'relationship between beliefs and health' (Anderson & Steen, 1995:15). It is also important to take note of certain misconceptions about God that can evoke fear and hampers a child's wellbeing, such as that He is an 'angry, demanding, 'scowl-on-his-face' God' (Clutter, 2005:368).

⁵ <https://www.ohchr.org/en/professionalinterest/pages/crc.aspx>



However, it is no easy task to identify general beliefs or viewpoints that can hamper a child's wellbeing. During the interviews, different denominations expressed different viewpoints that clearly work for them and strengthen their faith in God. It is therefore important to listen to children and to encourage them to express their concerns without being judgemental or trying to provide a quick answer to their questions. Children should rather understand that sometimes there are no easy answers to the difficult questions in life, but they should be encouraged to keep asking these questions, as the search for meaning is even more important than the search for happiness (Eaude, 2009:190). According to Frankl (1984:98), 'questions about the meaning of life can never be answered by sweeping statements', as the life and destiny of each person is unique, and only s/he will be able to find his/her own meaning in life.

The church plays an important role in guiding children in their search for meaning and should form part of the healthcare team. However, during the current study, respondents from the different churches did not specifically mention how they would broach the topic of IPS with sick children. The question therefore arises whether the church is in fact talking to children about this subject, or whether it is being left to the secular world and fantasy. Horne (2003:34) concludes that 'just as wonder and mystery are at the heart of much of the genre of fantasy literature, so too, are concepts of good and evil'.

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