

**PASTORAL CARE OF THE FAMILIES OF THE DECEASED CLERGY**

BY

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## **ABSTRACT**

The purpose of this study was to investigate the impact of death on the family of the pastor. The study poses a question of what pastoral care model can be used to help the pastor's family cope during their period of bereavement. A qualitative methodological design was followed, allowing individual experiences to emerge. Five female participants were interviewed. A qualitative analysis was undertaken in order to explore their grief and coping mechanism during the period of bereavement.

The study traces the origin and causes of death, with the emphasis on African and biblical perspectives. The aspect of how people make meaning of death is also explored. The study revealed that death had a different impact according to their different culture. Death leads to grief which can be psychological, emotional, social, or spiritual.

Several themes emerged from the study. The themes were used to produce a bereavement model that can be used to provide pastoral care to families during their period of bereavement.

## DECLARATION

I, David Matlou, hereby declare that this dissertation submitted for the magister artium in Practical Theology at the University of Pretoria is my own original work and has not been previously submitted in any institution of higher education. I further declare that all sources cited or quoted are acknowledged by means of a list of references.

Signature (Student)\_\_\_\_\_.

Date:

Signature (Supervisor)\_\_\_\_\_.

Date:

## DEDICATION

I dedicate this work to my late parents Robert Maremo and Shadigolo Cornelia Matlou.

Also to my wife Mohumi, my daughter Shadigolo, and my sons Kgotlelelo, Tshepang and Lobeko

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## **LIST OF ABBREVIATIONS**

BCSA: Baptist Convention of South Africa

IEC: Independent Evangelical Churches

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## CHAPTER 1

### Overview and Rationale

#### 1.1 Introduction

The chapter starts with the background that led to a study on the traumatic impact of death on a clergy family whose father passed away. Next, follows the research problem that gave rise to the objective of the study. Then, the significance of the study and the research gap is given. The chapter ends with the methodology that will be used to conduct the research.

#### 1.2 Study Background

The study on the impact of death on the pastors' families was motivated by the lack of, or limited, bereavement pastoral care within the Baptist Convention of South Africa. Two churches encountered great pastoral challenges when they lost their senior pastors to a heart attack. Both died unexpectedly and the pastor's families were left traumatised. Thompson defines trauma as "...sudden and drastic changes that devastate our coping resources, leaving us feeling totally at sea, at a loss as to how to go on" (2012:49). The unanticipated deaths of the pastors brought drastic changes to one of the pastor's wives. She became angry and withdrew from the congregation. The other pastor's wife had to suppress her feelings in order to be seen as strong in the faith. The following incidents revealed the lack of pastoral care to the bereaved, hence this study.

The first incident happened a senior pastor was arrested for alleged sexual harassment of his two grandchildren (a boy and girl). The allegation was brought by a woman who was staying in the church's neighbourhood. She befriended the two children negatively and influenced them. The allegation, his arrests, and the

refusal to grant him bail devastated the pastor to such an extent that he died of a heart attack.

His family and the members of the congregation were traumatised by his death. The pastor's wife did not show how big an impact his death had on her. She wanted to appear strong to the congregation, so that they must also be strong in the midst of their pain. The junior pastor displayed the same behaviour, because he had to give encouragement and direction to the congregation during that difficult time. Wimberly and Wimberly, writing about the resiliency of a pastor's family in the midst of catastrophically challenges, notes that "as a result, there may be some reluctance on the part of clergy families to enter into lament while in throes of loss or struggle with the question of faith for fear of modelling blasphemous behaviour" (2007:137). The pastor's wife and the junior pastor had to put up a strong face for the congregation pretending to model faith and hope Christians have.

The biggest challenge junior pastor faced was how to care pastorally for the congregation that had to deal with the painful loss. There was also the family, who had lost a spouse and a father. Rabbi Goldberg best describe all the questions faced by a person in such a situation: "Did you ever want to help a grief-stricken person? And didn't know how? Have you ever felt your heart going out towards a mourner, wanting to alleviate his pain or her sorrow? And wondered how to go about it?" (1989:15). There was a complete lack of pastoral care and support at this church, contributing to the widow's feigned untouched behaviour.

The second incident took place when another of the denomination's pastor passed away, also to heart attack. On Sunday after the funeral, the junior pastor



was invited to come and preach to the grieving church. The church was traumatised and hurting as the pastor's death was sudden. The deceased pastor's spouse came, stayed for few minutes and then left the church service. When asked why she did not stay until the end, she said that she saw her husband on the pulpit. McConnell observes this behaviour when he writes that "many widows and widowers who participated actively with their spouse in the church find it hard to return because of all the memories that abide there." (1999:) She was struggling with memories of seeing her husband at the pulpit. She stayed away from church for three consecutive Sundays after the incident. Herman suggests that "traumatic events have primary effects not only on psychological structures of self but also on systems of attachment and meaning that link individuals and community" (1992:2). She alienated herself from the church that wanted to help and support her. Her grieving was so intense that she separated herself from the community of faith because of the loss she was experiencing.

The two incidents exposed the deficiency in the provision of bereavement pastoral care to the pastor's families. Neither the junior pastor nor the congregation could provide this. This weakness in providing bereavement care to a clergy family, led to the decision to conduct this study. The aim of the study is to investigate the impact of death on the pastors' families, and then suggest a pastoral care bereavement model that can be used to facilitate the process of healing to the deceased pastor's family, and the church.

Mwikamba explains the terms pastor and clergy this way "a pastor is a minister in charge of a congregation, a person who exercises spiritual guidance in a given community or communities. The term 'clergy' is a representative one meaning the

body of all persons ordained for religious duties.”(2005:243). Therefore in this study, the terms pastor and clergy will be used interchangeably.

### 1.3 The Rationale

Healing from bereavement is part of a pastor’s role. Waruta and Kinoti noted that “...it is the responsibility of the church minister to be available when God’s people are suffering and to help them towards the restoration of their wholeness”.

(2005:5). When located in an African context, healing of the whole person involves all the level of one’s being. Mwaura notes the following: “The human being is not a fragmentation but a complete entity, needing healing for his or her whole being; spiritually, socially, physically, psychologically and in relationship with his/her environment”.(2005:78). The deceased pastor’s family responded to their loss holistically that is psychological, physically, spiritually, socially and culturally. When helping the family to heal, one would have to look at all these factors. As Lartey puts it “Pastoral care has to do with total well-being of the whole person.” (2003:260). This study suggests a pastoral care bereavement model that can be used to emotionally support the pastor’s families. The model also facilitates the healing process to every person as a whole.

Magesa says that “where pastoral care of the clergy is concerned, the immediate question is how priests are supported to respond to social, economical, political and theological pressures and changes facing them” (2005:226). The same question can be asked with regard to the pastors families: Does the family have sufficient support system, one that helps them cope with the reality of death and the ensuing changes? When offering a practical pastoral care, Magesa suggest that “...we must, moreover, move away from talking about ‘priest in general’ and ‘all priest’, towards discussing the problems and possibilities for pastoral care of a

particular category of priests, in a particular area, under specific conditions.”

(2005:226). This study attempts to come with a practical pastoral care response to a bereaved clergy family where the male spouse passed away.

In the practice of pastoral care, Doehring proposes an approach that is based on a metaphor of trifocal lenses. She sees the trifocal lenses as a premodern, modern and postmodern approach to knowledge. “Using a premodern lens, pastors assume for a moment that God or that which is sacred can be glimpsed and apprehended to some degree through sacred texts, religious rituals and traditions and religious and spiritual experiences...Using a modern lens, pastoral caregivers draw upon the rational and empirical methods, like biblical critical methods, medical knowledge, and other social sciences, in offering pastoral care. A postmodern lens brings into a focus the contextual and provisional nature of knowledge, including knowledge of God”. (2006:2).

The premodern lens approach can be employed to focus on the pastors’ families’ spiritual experiences and connection to God. The lens involves spiritual practices that might help the family feel connected to God in their period of bereavement. The modern approach to knowledge can be used to help understand the impact of death as evidenced by psychological, behavioural, social and physical reactions. The postmodern approach to will help us focus on the context, culture and various aspects of social identity. This trifocal approach will help us pastorally care for the families, understanding that as “...different persons respond to the loss differently, they will also grief and mourn differently.” (Mwiti, 1999:3). These three approaches provide contemporary spiritual resources, empirical methods and cultural traditions that will used to investigate and better understand the impact of death on the family.

In the next section, the focus will be on the questions that are raised with regard to pastoral care being given to the bereaved family. These questions stems from the two incidents that were mentioned in the study background.

#### 1.4 Problem Statement

The afore mentioned incidents led to the following questions

- What pastoral care approach can be used to provide support to the pastor's family?
- Why are the senior ministers, in the denomination, not able to provide care to the bereaved family and congregations?
- What makes one pastor's spouse pose as being strong in faith, while the other displayed strong emotional reactions?

#### 1.5 Aims and Objectives

The aim of the study is to investigate the impact of death on the pastor's families

In order to reach the aim, the following objectives are undertaken.

1. An understanding of death and its impact
2. To investigate and understand the different ways of grieving displayed by the pastors spouses.
3. The development of a pastoral care bereavement model that can be used by the Baptist Convention of South Africa as a way of attending to traumatised souls.

#### 1.6 Significance of the study

The incidents that are described in the background section reveal the lack of knowledge, specifically on the part of the junior pastor, to give pastoral care to

the grieving families. McConnell talks about the expectation of the faith community in the event of the death of a family member: “Upon learning of death of a member of the faith community or congregation, the clergy person will immediately make a personal visit to the family to offer condolences”.(1998:94). The bereaved people have a high expectation of the pastor during that period. They expect the pastor to be available for the family. Therefore, the lack of knowledge to pastorally care for the bereaved family could lead to damage being done by the pastor. It is important for the clergy or pastor to be equipped so that he or she can pastorally care for the troubled souls. The significance of the study is to better enable pastors to deal with such situations.

The junior pastor’s denomination does not have a bereavement pastoral care model. It was observed that after the funeral, the bereaved family did not receive the same support as before the funeral. The reason for this lack of support is the lack of knowledge that grieving is a process. According to Mwiti “...bereaved persons go through a grieving process in their journey towards healing.” (1999:1). After the funeral, the family was expected to carry on with life as if nothing has happened. After the funeral, only those pastors who were close to the family paid them a visit. The absence of a bereavement intervention in the denomination is what led to this study. Through the study, the pastors will be exposed to the process of grieving and the method of intervention. The development of the bereavement pastoral care model will provide each pastor with a tool to pastorally care for the bereaved members in their churches.

Even though the motivation of the study was meant for the Baptist Convention of South Africa, the faith community will also benefit from it. The knowledge and skills that were acquired from this study will be shared with the church; through

workshops and discussions. When pastors are empowered, the church and the community will be pastorally cared for.

### 1.7 Research Gap

The topics of dying, death and bereavement have been dealt with by different authors from different contexts. The majority of the authors hail from Europe or America, yet death is everywhere and it affects everyone. Bame confirms this when he writes, "death is a basic fact of our life and it is only natural that we try to come to terms with it" (1994:10). Most authors treat the topic from the psychological and social perspective. There are but a few authors who deal with the topic of death and bereavement from a pastoral perspective. One of the authors, who focused on the bereavement within the pastor's family, was Qina (Qina:2004). The aim of his research is to help African pastors deal more effectively and honestly with death and grief within their families. This study, therefore, has focuses on the pastor's family; when father and husband passes on.

### 1.8 Methodology

The qualitative approach was used in this study on the impact of death on the pastor's family. Henning et al, when referring to qualitative study, notes: "We want to understand, and also explain in argument, by using evidence from data and from the literature, what the phenomenon or phenomena that we are studying about" (2004:3). Through the qualitative research one has a better understanding of the impact and the reality of death to the pastor's family. This understanding was achieved through their narratives about the death of their spouses. Machin identifies three types of narrative: the external narrative, which is often the starting point of the story; the internal narrative, which is concerned

with the impact of death and the reflexive narrative, which is concerned with gaining new perspective on death and making sense thereof (2009). Some of the narratives will be assisted in the sourcing of data from three families of the Baptist Convention of South Africa, and two families from other denominations.

The interviews were done in the quietness of their respective homes. The interviews were guided by questions that are posted on Appendix A. The issue of ethics was addressed by interviewed co-researchers signing a consent form (Appendix B). In order to journey with the pastor's families during their bereavement period, the shepherding model by Charles Gerkin and the theory of positive deconstruction by Nick Pollard were used.

Gerkin, a pastoral theologian, conducted a study on pastoral theology by focusing on the Old Testament up until the present dispensation. From his reflection, he came up with a shepherding pastoral care model. "Pastoral care as we know it today did not spring forth out of shallow soil of recent experience. Rather, it has a long history....The history of that care like a family genealogy, reaches back as far as the collective memory of the Christian community can be extended" (1997: 23). Gerkin's model will be buttressed by the work of Lartey with regard to the pastoral care functions. Lartey suggests six pastoral functions, which are healing, sustaining, guiding, reconciling, nurturing, liberating and empowering (2003). The shepherding model falls short when it comes to reconstructing the lives of the family after the shock of death. The positive deconstruction theory is a suitable way to reconstruct their lives.

Nick Pollard used the theory of positive deconstruction to change the worldview that students at colleges and universities had, in order to make them see the need to believe in Christ. He challenged the students to identify their worldview:

which made them not want to accept Christ. After identification, their worldview was analyzed, the truth in it affirmed, and lastly they discovered their error in their worldview. Says Pollard about his theory: “The process is ‘deconstruction’ (that is taking apart) what they believe in order to look carefully at their belief and analyse it. Then the process is positive because this deconstruction is done in a positive way in order to replace it with something better” (1997:44). Through this process, the pastor’s families could be helped to relinquish the attachments and bonds they had with the deceased, in order for the family to continue with life without him.

## 1.9 Summary of chapters

### Chapter 2

The chapter looks at the qualitative methodology that was used to gain an understanding of the phenomenon of the reality of death on pastor’s families’ family. The methodology will also help explain the impact of death from the evidence of the data collected. Gerkin’s shepherding care model was employed to journey with the bereaved family. Pollard’s positive deconstruction theory was used to effect change in the lives of the traumatised family.

### Chapter 3

This chapter focuses on the origin, the causes of death, the attitudes of people towards it and Kibler-Ross’ stages of death. The impact or trauma that is experienced through death is also discussed. The impact is psychological, physical, social and spiritual. Issues of culture are also discussed; as they relate to sudden death. The chapter concludes with different approaches to bereavement and the impact of death on spouses.



## Chapter 4

The chapter deals with the analysis of the themes that came up from the stories that relate to the pastors' spouses, mentioned above. The chapter concludes with the overall analysis of the themes.

## Chapter 5

The chapter starts with a discussion on the Rando's six "R" processes, and then looks at the Wimberlys' Story-sharing model. Gerkin's shepherding model is discussed with an emphasis on the functions of the pastor. The theory of positive deconstruction is also discussed. The chapter concludes with the production of a pastoral care bereavement model that can be used to pastorally care for a pastor's family.

## Chapter 6

This concluding chapter deals with the findings and the recommendations of the study.

### 1.10 Conclusion

In this chapter, the background to the sudden death of two pastors is provided. The reaction of their spouses is also documented. Different reactions from each spouse revealed the absolute lack of bereavement pastoral care, which led to this study. The aim, objective and relevancy of the study are given in this chapter, as well as a discussion on the methodology that was used. The chapter is ended by a summary of all the chapters.

## CHAPTER 2

### METHODOLOGY

#### 2.1 Introduction

In this chapter, the tools and the skills needed to support the pastors' families during their bereavement are examined. The aim of the research is discussed. This is followed by the methodology that was used in the study and then, a discussion the pastoral models of shepherding and positive deconstruction. As mentioned in the study's background, the lack of pastoral care or even any knowledge thereof is what led to the conducting of the study.

#### 2.2 Aims of the research

The study aimed to create a model of bereavement caring that can be used to help the pastor's family in dealing with the reality of their father and husband death. Charles Gerkin's shepherding model and Nick Pollard's theory of positive deconstruction were used.

Gerkin's shepherding model helps empowers and provides care for the pastors' families. They can be able to cope with the trauma that is caused by the loss of their beloved. Brenda Mallon says this about traumatic loss: "Where the loss has been traumatic the rebuilding of the bereaved world may be more difficult because trauma impedes grief" (2008:6). The shepherding model was used to help the families to grieve during the difficult times of their loss.

The positive deconstruction process became helpful in entering the life of the troubled families. The process of healing after loss through death, demands a change in the assumptive world of the bereaved. Rando defines the assumptive world, "...as an organised schema containing everything a person assumes to be true about world and self on the basis of previous experience." Positive

deconstruction helped to apply a change of the family's assumptive world. The methodology that was used to gain an understanding of the family's experience, is examined first.

## 2.3 Methodology

### 2.3.1 Method

The study used the qualitative method of research. Henning et al, in their explanation of the term qualitative, say that "We are using a term that denotes the type of inquiry in which the qualities, characteristics or properties of a phenomenon are examined for better understanding and explanation." (2002:79). Through the use of the qualitative method, the families reaction when they relate to their experience of dealing with death was observed. The use of this research approach will assist the researcher to be able observe how the family of the pastor reacts when they relate their experience of the reality of death. De Vos et al spelled out the purpose of the qualitative research method: "...aims mainly to understand social life and meaning that people attach to everyday life." (2002:79). In the context of the study, the social life will refer to the phenomenon of the reality of death to the pastors' families and the meaning that people attach to life, refers to the meaning that the pastor's families make out of the reality of death. By using the qualitative approach, the study sought to understand the world, the experience and the impact of the reality of death, on the pastor's family. This understanding was gained by using evidence from the data collected and from other sources such as literature relating to death. The phenomenological approach was used to gain the families perspective; concerning the reality of death.

### 2.3.2 Phenomenological strategy

The phenomenological approach was used in this study. De Vos et al define the phenomenological strategy as “...a study that attempts to understand people’s perceptions, perspectives and understanding of a particular situation” (2002:268). Henning et al, write that “the phenomenological researcher believes that the participants can give their experience best when asked to do so in their own words, in lengthy individual reflective interviews and in observing the context in which some of this experience has been played out” (2004:37). Through this approach, members of the pastor’s families were able to share their experience of death and its impact on them. In order to connect with the family members on such a deep level, the researcher was able to enter the subjects, life world or life setting (Seitz in leben) and place himself in the shoes of the subject” (De Vos et al, 2002: 273). This approach assisted with the interpretation data shared by the co-researchers. Data was collected through interviews with the family members of the deceased pastors. The family shared their experience in their own words; when asked to do so through the interviews.

### 2.3.3 Data Source

Data was collected from the pastor’s families; who have experienced or are experiencing bereavement. Terre Blanche et al, say the following concerning the collection of data in the qualitative research approach: “Qualitative researchers want to make sense of feelings, experience, social situations, or phenomena as they occur in the real world” (2006:287). Through interviews and

data collection, the experience and emotional struggle that the pastors' families may have encountered, was explored. The five co-researchers, who provided the required data, were sourced from the Baptist Convention of South Africa (BCSA) and Evangelical Independent Churches (EIC). The family members who were interviewed are eighteen years old and older. Children and adults grieve differently, so age was taken into account. Nadeau support this when she writes, "It was believed that the grief process experienced by adolescents and children, particularly the cognitive expression of grief, is different enough to warrant different approaches in data collection." (1998:48).

The purpose of the study, the reason for their selection and their rights pertaining to their participation, was explained to the co-researchers who helped with the data collection. Permission to participate in the research study was solicited from them, and they signed a letter of consent, (see Appendix B). The data provided was treated as classified. The data collection took into consideration the co-researchers' beliefs, values and perceptions.

#### 2.3.4 Data Collection

Interviews were used as a method of data collection. The interview method is the most widely used in qualitative research. This is confirmed by De Vos et al when they note that "interviewing is the predominant mode of data or information collection in qualitative research." (2002:292). the process of interviewing involves the description of the experience and also the subject's reflections on the description. The interview may either be structured, unstructured, or both.

The unstructured interview was used in this study. As Gilgun et al say: "Unstructured interview... allow participants to discuss their experience in their

own language, in their own natural setting and according to their own comfort in disclosing.” (1992:5). De Vos et al, add to this that “At the root of unstructured interviewing is an interest in understanding the experience of other people and meaning they make of that experience.” (2002:298). So, the participants’ experience of losing their spouse and father; the reality of death and its impact on their lives, could be easily and directly documented. The comfort of their own home and language and everyday surrounding made it possible for the participants to open up. Interviews were conducted on one-on one basis. The interview concentrated on the pastors spouses with relation to the reality of death, its impact on their lives and the support they received from different communities (see Appendix A). The questions were adapted according to the different situations and languages. Interview questions were open-ended to allow the participants to give their accounts of the events surrounding the death.

Certain data was also collected using the genogram drawing of the family. The genogram is a one page form that asks about the date and cause of death and the relationship to the deceased. The genogram “... provides a view of the family at a glance.” (Nadeau, 1998:46).

### 2.3.5 Conclusion

The aforementioned research tools were used to gain an understanding of the experience of the pastor’s family; in order to journey with them during their bereavement

## 2.4 Pastoral Modes

### 2.4.1 Gerkin's Shepherding Model

#### 2.4.1.1 Shepherding

The shepherding model, which was developed by Charles Gerkin was used in this study. Gerkin, a pastoral theologian, made a survey of pastoral history. He traced pastoral care from the Old Testament through to the twentieth century. On this survey he says that "pastoral care as we know it today did not spring forth out of shallow soil of recent experience. Rather, it has a long history.... The history of that care like a family genealogy, reaches back as far as the collective memory of the Christian community can be extended." (1997: 23). Some of the practices of the past were preserved and modified in order to shape the present practice on what it means to be a faithful pastor of God's people.

From his reflections on the pastoral practices of the past, Gerkin proposes a pastoral practice that describes the pastor as playing the role of shepherd to God's people thus taking care of God's people. The shepherding model was employed in order to perform or execute some of the roles or functions that are proposed by Gerkin. The functions or roles from the shepherding model that the study used are:

- pastor as a prophet;
- pastor as a wise guide;
- pastor as a shepherd;
- pastor as an interpretative leader; and
- Pastor as a ritualistic leader.

The above pastoral functions buttress the pastoral care roles suggested by Lartey. He recognises four pastoral care functions offered by both Clebsch and Jackle, and one by Cllinebell. These pastoral functions are healing, sustaining, guiding, reconciling and nurturing. To the five he adds two pastoral functions namely the liberating and empowering which serve the intercultural pastoral care and counselling. He maintains that “questions about the functions of pastoring are contextual questions and demand contextual responses.” (2003:60). Therefore these pastoral care roles assist in the development of the bereavement model that will suit the culture and the environment of the African pastor’s spouse.

The model was used to help the researcher to journey with the pastor’s family during the time of bereavement.

According to Gerkin, the shepherding model depicts Jesus as the all-encompassing shepherd. He says this about Jesus as the encompassing shepherd. “Reflection on the actions and words of Jesus as related to the people of all levels of social life gives us a model sine qua non for pastoral relationship with those immediately within our care and those strangers we meet on the way.” (1997:80). the scriptural support of this encompassing pastoral care of Jesus is found in the gospel of John when he said “I have other sheep that are not of this pen.” (John 10:16). Tidball confirms this encompassing ministry of Jesus as the shepherd “As with Jesus, a true shepherd must always be extending his care beyond the boundaries of any particular fold.” (1986:86). The shepherding model will be utilized on the pastor’s family and other families in order to provide pastoral care when these families experience the reality of death and its impact.



Jesus confirmed his shepherding ministry by what He did for those who were experiencing some kind of loss. The first incident is that of the family that lost a brother to death. When Mary and Martha lost their brother, Lazarus, Jesus went to visit them to give pastoral care. He was deeply moved by Mary when he saw her crying. Jesus, as a shepherd, displayed his care by visiting them and raising their brother from the dead. (John 11:33-45).

Another incident was when He, pastorally, provided care to the ten lepers at the border of Samaria and Judea. The men had lost their identity and their place in the community. He, pastorally, took care of them when He healed them of their leprosy. (Matt 8:1-4).

In the above mentioned incidents, Jesus went to the people to provide pastoral care to them. The ministry of Jesus is substantiated by Gitari when he says that “the work of God, the Good shepherd will be to find the straying, to rescue the lost, to feed and tend the whole flock, giving particular attention to the weak and ailing members.” (2005:26). Therefore, through this model, Jesus’ example was followed, giving attention to the weak and traumatised family.

Jesus, a good shepherd, had a good relationship with his sheep. He says: “I am a good shepherd; I know my sheep and my sheep know me.” (John 10:14).

Gitari endorses this experience: “This passage reminds us of the good old days when we looked after the cows, sheep and goats of our parents. I recall how the true words of Jesus are in my experience as a small boy looking after my father’s animals. We had given names to every cow, sheep or goat. And when we called each animal by its name, it responded.” (2005:28). The creation of a relationship with the pastor’s families was the initial step in the process of providing care in their recovery from bereavement. Herman has this to say:

“Recovery takes place only within the context of relationships.” (2001:35). A good relationship with the bereaved family, was very important to the shepherd. It opened an avenue into their personal space and experience. The shepherding model assisted the pastor to know his flock, know their problems, their plight and needs.

Gerkin’s shepherding model could not be used to help the family with the healing process; Pollard’s process of positive deconstruction was used to reconstruct the souls of the members of the family.

## 2.4.2 Pollard’s Positive Deconstruction theory

### 2.4.2.1 Development of the theory

The theory came about when Pollard had a problem with his old car. Whilst he was a student, he bought a car with body parts that were still in good condition, but the engine was worn-out. He then bought another car of the same make and model, with engine parts that were in good condition. He stripped both cars and looked carefully at each part. He used good parts from both cars to construct a running car. What he did was positively deconstructing both cars in order to construct a new one. “The process is ‘deconstruction’ because I am helping people deconstruct (that is taking apart) what they believe in order to look carefully at the belief system and analyse it. The process is ‘positive’ because this deconstruction is done in a positive way in order to replace it with something better.” (1997:44).

### 2.4.2.2 Implementation of the theory

Pollard implemented the theory in his work as an evangelist at colleges and universities. In his work, he encountered four categories of people who responded to the gospel according to their worldview. The first category

consisted of people who were ready to accept Christ. The second category consisted of people who wanted to become Christians. This group of people had questions and doubts that needed to be sorted out. The third group consisted of people who were interested in the gospel, but did not know about Jesus. The fourth group consisted of people who were not interested in Christianity due to their worldview. Pollard used the theory of positive deconstruction to make this group listen to the gospel. As Pollard says, the theory is a "...process of helping people who are currently comfortable with their non-Christian belief to think again about them – and possibly to become uncomfortable with them so much that they want to find out about Jesus." (1997:55). The process consists of four steps namely, identifying the world view analysing it; affirming the truth and discovering the error.

#### 2.4.2.3 Identification and analysis of the bonds and assumptive world

Through this phase, the pastor's families were able to identify the bonds, attachments and assumptive world they shared with the deceased and relinquish them. As already mentioned, Rando defines the assumptive world as what a person sees as true about self based on previous experience. The assumptive world determines the individual needs, emotions and behaviours. The assumption relates to self, life and expectations that people had on the deceased. The death of the spouse and father violated the assumptive world of the pastor's family. These steps were then helpful in that, the pastor's family could be helped to discover the inadequacies that were caused by the violation of their assumptive world. They were helped to relinquish the old attachments and adapt to new ways of living without the deceased.

#### 2.4.2.4 Affirmation of the truth

This phase helped the pastor's families to reconstruct their assumptive world. Concerning this affirmation of the truth, Pollard says: "I looked carefully at each part to see whether it was any good. If it was, I kept it. If it wasn't, I threw it away." (1997:45). The reconstruction of their lives involved examining the assumptive world they shared with the deceased spouse and father. The first step was to accept and understand that their loved one is dead. Like, Rando says, "She must begin to act in accordance with the fact that the loved one has died and must become accustomed to the new world without the deceased." (1993:58). They then needed to find alternative ways to meet the needs that were always fulfilled by the deceased. This involved keeping in mind that their lives were not affected by the reality of death, and adopting new roles, skills, behaviour and relationships in the areas that have been impacted by death. The pastors' families' members were in this way positively reconstructing their lives.

The reconstruction of their lives led to the definition of their identity. When the family members made adjustments to their assumptive world, this brought about a new self that culminate into a new identity. The forming of this new identity brings to mind the story of the prophet's wife who lost her husband. After the death of her husband, the debtor came to take her sons as slaves. She went to see the Prophet Elisha for help. He gave her advice to use the little oil she had to generate an income to pay her deceased husband's debt (II Kings 4:1-7). Her relationship with her husband gave her the identity of a housewife, but her relationship with the prophet turned her into a

businesswoman; her newfound identity after the death of her husband who was a “pastor”.

## 2.5 Conclusion

In this chapter the aims of the study and the methodology that was used, was given. The qualitative method was discussed as well as the method of data collection. Next, Gerkin's shepherding method and Pollard's theory of positive deconstruction was addressed.

The material in this chapter warrants all caregivers to have an understanding of the reality of death, and the way it impacts the pastors' families. Therefore, the next chapter focuses on death, its origin and other related issues. Issues of trauma as a result of death and its impact will also be discussed.

## CHAPTER 3

### Death and its Impact

#### 3.1. Introduction

The chapter starts with a discussion on the origin of death and the causes of death from an African perspective. People's general attitude towards death and the stages thereof are also looked at. The impact of death and the trauma experienced, as well as the rituals that are performed in the event of a traumatic death, are discussed. The different bereavement theories are briefly explained, and the chapter concludes with the impact of death on the family.

“Lefu ke ngwetsi ya malapa ohle”. This means: death is the daughter in-law of every home. Death occurs in every home. Comparing a daughter in-law to death is paradoxical. Kubler-Ross is correct when she notes that “Death is still a fearful, frightening happening, and the fear of death is universal fear even if we think we have mastered it on many levels.” (2003:19). Within African culture, the arrival of a daughter in-law brings joy and happiness in the home. She is the pride of the family. So the African Wiseman comparing death to a daughter in-law is inappropriate and challenging. Death is an intruding visitor who brings pain and misery to the family, not elation. Brenda Mallon confirms this when she writes, “Death, pain and disability are unwelcomed intruders in our lives yet arrive unannounced and have to be accommodated.” (2008:1). A daughter in-law is welcomed, death is not.

Where does death come from? By exploring this concept, we get to understand the depth of pain brought about by death. In the next section, the origin of death is explored.

## 3.2. Death

### 3.2.1. Origin of death

This section explores the myths surrounding death, and also highlights the scriptures' explanation about the origin of death.

#### 3.2.1.1. Myths

The Concise Oxford dictionary defines a myth as a “traditional narrative usually involving a supernatural or imaginary person and often embodying popular ideas on natural or social phenomena.”(1995:900). Myth attempts to explain the realities of everyday life through traditional narratives. When Mbiti explains the purpose of myths in relation to death, he says, “Myth assists us in explaining some actual or imaginary reality about death which is not adequately understood or explained through normal description.” (1975:82). He further says that myths are stories about death and show that death is unnatural. These myths attempt to explain that death did not exist from the beginning and that humankind was meant to live forever.

The origin of death is attributed to the myths of the lost paradise and the fault of an animal. These two myths will be discussed in the following sections.

##### 3.2.1.1.1. The loss of paradise

According to Mbiti, God had given humankind three major gifts. These gifts were immortality, eternal youth and resurrection. The gift of immortality meant that “...death could not touch them at all.”(1975:85). The gift of resurrection meant that even if

death did kill people, they would rise again. The African belief was that death does not exist and humankind was meant to live forever. But then death came into existence, and the three major gifts were lost. There is a story behind this loss, and how death came to be.

The loss of immortality, eternal youth and resurrection, was due to the loss of the original paradise. The myths about creation say that at the beginning of time, humankind lived in paradise. People were in a close relationship with God. God provided them with everything they needed. There was tranquillity and harmony between God and humankind, but this did not last forever. Mbiti explains the breakdown of the relationship: "For various reasons the original paradise was lost; men's direct link with God was severed ... the gift of immortality and resurrection melted away, and death, disease and disharmony came and reigned ever." (1976:86). Humans were no longer immortal. They had to face death.

The myth of the lost paradise is parallel to the story of the fall of man in the book of Genesis. Another version of the origin of death, is that death came about due to a mistake made by animals.

#### 3.2.1.1.2. Fault of animals

Mbiti tells us of another myth. Africans believed that God meant for humankind to live forever or rise from the dead. The myth goes on to say that God sent the first animal with the message



that humankind would live forever. When the first animal left, God sent another animal with the message that humankind would die. The first animal was delayed along the way, so humankind only received the second message: humankind would die. Since then, death reigned in the world. Penny Miller writes about the origin of death from the Tsonga perspective. The Tsonga people are one of the ethnic groups in South Africa. Tsonga people believe that their first ancestors emerged from the reeds. They believed that humankind was destined to live forever. Then the chameleon was sent with the message that humankind will die and will rise again. The chameleon was very slow in delivering the message. Then the lizard was despatched with the message that humankind shall die and rot. The lizard overtook the chameleon, and delivered the message to the humans. Death overtook eternal life. Even though Africans believe in these myths on the origin of death, they also believe that death came about as a result of the fall of humankind; Death and how it is described in Genesis will be our next point of discussion.

#### 3.2.1.2. Scriptural origin of death

The bible tells us that God created humankind and placed them in a garden called Eden. The garden had trees that were pleasing to the eye and good for food. But there were two special trees called the tree of life and the tree of the knowledge of good and bad. God gave humankind a command and said to them: “You are free to eat from

any tree in the garden; but you must not eat from the tree of knowledge of good and evil, for when you eat of it you will surely die.” (Gen 2:16-17). This tells us that death would come as a result of disobedience. Humankind became disobedient and ate from the forbidden tree. Their disobedience resulted in humanity losing their right to eternal life. After this act of disobedience, God took a decision and said, “The man has now become like one of us, knowing good and evil. He must not be allowed to reach out his hand and take also from the tree of life and eat, and live forever” (Gen 3:22).

Now that the origin of death looked at from the African and scriptural perspectives, a discussion on the causes of death; From an African point of view will follow.

### 3.2.2. Causes of death

Africans believe that death occurs as a result of witchcraft, evil spirits, curses, or it can be natural. The different causes of death, from an African and biblical perspective, are discussed in the following sections.

#### 3.2.2.1. Witchcraft

There is a belief in African societies that there is a power in the universe, and this power comes from God. It is a mystical power that is made available to other people. The purpose of the power is to help those who are in need of healing, and to find out the cause of their problems. This power can be used to help people or harm them. When the power is used negatively, it is called witchcraft. This

power can even be used to cause death in the family. Death through witchcraft is mainly due to revenge, jealousy or hatred.

#### 3.2.2.2. Curses

There is also a belief that curses can be used to cause death. In most cases, a person uses a curse as a way of revenge. This revenge may stem from hurt that was sustained either physically or emotionally. The Ndebele people in South Africa are being feared for their curses. Their most famous curse is, 'ulibambe lingashoni,' which can be directly translated as: 'you must stop the sun from going down'. This means that as the sun sets, you will also die. This belief is practised among human beings who are struggling to understand the painful reality of death.

#### 3.2.2.3. Spirits

Spirits may also be blamed for the death of a family member. The death of the researcher's father was blamed on the spirits. A traditional healer told the family to slaughter a black cow as a means of expressing their gratitude towards their ancestors. As a Christian, the head of the family he refused to do so. After two years he passed away due illness. Mbiti, writes that: "These might be spirits of people who have a grudge against the person" (1975:117). The family believed that he died because the ancestral spirits had grudges against him for not honouring them by slaughtering a black cow.

#### 3.2.2.4. Natural causes

Death can be attributed to the call of God, especially if the person is very old. This is regarded as natural death. Natural death can also be caused by sickness, disaster or through animal attack.

African people believe that even though death may be natural, a human agent has played a part by means of witchcraft, a curse or magic. This belief is brought about by the struggle they have in accepting the reality of death.

#### 3.2.2.5. Scriptural causes of death

Bame, (1994) on his study about the concept of death, came to a conclusion that death comes as a result of the separation of the body and soul. He calls this separation the snapping of the silver-cord. Bame discovered that a silver-cord unites the human soul and the body. "When can we say a man has finally died?... when the mysterious silver-cord joining soul to the physical body is snapped and the body returns to the earth and the spirit returns to God who gave it." (1994:23). Bame scripturally supports the snapping of the silver-cord from the book of Ecclesiastes 12:6-7. His findings help one to get a better understanding of death and that one's days are numbered. According to Psalms 139:16, the days of each person are numbered and recorded by God. It is when these days are spent that the silver-cord is snapped.

#### 3.2.2.6. Conclusion about the origin and causes of death

These myths about death show that human beings are struggling with the concept of death. According to the African myths and the

scriptures, the advent of death is caused by the severance of the relationship with God. The causes of death, in the African context, are both physical and mystical. The scripture attributes death to the snapping of the silver-cord. A great flaw in the African myth is that it does not say how death can be conquered. But the scripture gives one hope when it says, "...Death has been swallowed up in victory. Where, O death, is your victory ... but thanks be to God! He gives us the victory through our Lord Jesus Christ." ( I Cor 15:54-57). Jesus Christ defeated death.

The myths and beliefs about the cause of death help one to make better meaning about the occurrence of death. A better understanding of the African myths and scriptural causes, leads to the following discussion on the attitude of people towards death.

### 3.2.3. Attitude towards death

#### 3.2.3.1. African Perspective

People display different attitudes towards death according to their level of development. Bame once encountered a situation where a child was playing in a tree which posed a threat to her. He cautioned her about the danger of hurting herself, to which she responded "I am not afraid of death, let death come, I am not afraid of it." (1994:7). She was not afraid of death because she did not know about it. As a child, her attitude towards death was that it is just a natural occurrence and she must accept its reality.

Bame's observation is that our attitude towards death changes as we grow older. The child who played in the trees attitude towards

death changed as she was getting older. She now knows that death is a horrifying thing. Her experience of what death is has drastically changed.

Funerals remind people that one day they will come face to face with death. One of the song African people sing when a person is being buried says: ‘... lemini eyeza nakuwe... ’ which means, ‘...your day is also coming’. Such songs are a reminder to mourners that death occurs to all humans. The writer of the book of Ecclesiastes articulates it clearly when he writes, “ ... the living know that they will die.” (Ecc 9:5). Death will come knocking at everyone’s door one day, and the Ecclesiastes writer says, “we must die the wise and the foolish alike.” (Ecc 2:16). Although the Ecclesiastes states death, the writer gives a positive insight concerning the attitude people should have about the concept of death. It is they live as if they are immortal.

Even though people know that they will die one day, they often forget or overlook the fact. Their attitude is that of trying to avoid it. Their memory of death is obscured by the enjoyment and the challenges of life. People tend to postpone their death to a distant time when they attend funerals. They tend to put aside the thought that they may also die at anytime. But Bame reminds people of the approaching death when he notes that, “Death is everywhere ... we carry it in our bodies.” (1994:9).

Another attitude that people have about death is a sense of false security as a result of their material possessions. They put their trust

in material things, hoping that they will protect them against death. Bame says that, "...they make us feel a false sense of security and forget the danger besetting us." (1994:10).

People have an attitude of viewing death as something far away from them. Their status and material possessions tend to blind their thoughts to the reality of death in their lives. Bame challenges this attitude towards death when he writes, "Death is the fact of life and it is only natural that try to come into terms with it." (1994:10). The above understanding is based on the African concept of death. The next section explores the western world's attitude towards death.

#### 3.2.3.2. Western Perspective

The research is based on the work of a psychologist by the name of Kubler-Ross. In her book about dying, she deals with the attitudes of people towards death. She points out that the advancement of science and technology has contributed to people's fear of death. The creation of 'weapons of mass destruction' has brought fear within all sectors of society. People fear that death can strike at anytime and anywhere. Science and technology has brought about an attitude of fear of death among people.

Another attitude that she cites, is the denial of death. This attitude is portrayed by the way people react to death when it happens to other people. She says that people can be heard saying words like: "It was the other guy, not me, I made it." (2003:27). This statement shows that people deny the fact that their own death is also coming.

In order to change this attitude of denial, she suggests that people must make every effort to contemplate their own death and deal with their own anxieties regarding the concept of death. Talking about our own death and the concept of death will help us accept the truth that it is a basic fact of life and it is normal to come to terms with it. This attitude will liberate us from the denial of death.

#### 3.2.3.3. Conclusion about attitude towards death

As humans, people need to develop an attitude that Bame calls 'death consciousnesses'. They must live knowing that their days are numbered. They should live as dying people. This attitude will give rise to awareness of their own mortality and the mortality of other people. It will also awaken people's religious faith. With this kind of attitude towards death, people realise the truth of the scripture when it says, "Where, O death is your sting?" (I Cor 15:55). This is another way of searching for meaning about death.

#### 3.2.4. The stages of death

Kubler-Ross, in her study about caring for the dying patients and their families, has observed that most patients and their families go through five stages. She named them the 'five stages of death'. These stages are: denial, anger, bargaining, depression and acceptance. The families of deceased patients also undergo these stages.

##### 3.2.4.1. Denial

The first reaction to the shocking news about death, is denial.

Regarding this stage, she says, "Denial functions as a buffer after



unexpected shocking news, allows the patient collect himself or herself.” (2003:52). This stage is a necessary temporary defence method when the family receives shocking news about the death of their loved one especially when the death was sudden.

#### 3.2.4.2. Anger

Anger is the stage a person moves into after denial. A person in this stages ask the question ‘why’ or ‘why me’. Kibler-Ross says that the patient would vent his or her anger towards different people, and even the environment. The same reaction can be observed in families who had lost a family member in a sudden death. Their anger may also be targeted at God for taking their loved one. A display of anger is one way of dealing with the reality of death and its pain.

#### 3.2.4.3. Bargaining

This is the stage where a person enters into agreement or makes a promise with an intention of buying time or postponing what is expected to happen (i.e. death). The bargaining is mostly made with God.

#### 3.2.4.4. Depression

In this stage when a person undergoes two types of depression. The first type is called reactive depression, in which a person mourns the past. In the case of death in the family, they would mourn the loss of their relationship with the deceased, for example. The second type is called grief depression. During this stage, a person mourns the loss of the future. In the case of death in the family they would mourn

their secondary losses. This could be the financial security that the deceased always provided, for example.

#### 3.2.4.5. Acceptance

The last stage is that of acceptance. Kubler-Ross says that in this stage, the patient accepts that it is over. Most of the time acceptance takes place after the funeral, when the family gets closure.

#### 3.2.4.6. Conclusion of the stages of death

The stages of death help one to understand the struggles the bereaved family undergo when death occurs. These stages do not necessarily follow the sequence as given by Kibler-Ross.

Understanding these stages will help in the shepherding of the pastor's family during their bereavement.

### 3.3. Impact of death

The death of a loved one is one of the most devastating experiences one can experience. It impacts different people in different ways. In this section the impact of death is discussed. Definitions of some key terms are given first.

#### 3.3.1. Definitions

To understand the impact of death, it would be appropriate to discuss the terms related to it. These terms are loss, grief, mourning and bereavement

##### 3.3.1.1. Loss

Loss is a phenomenon that confronts all people. Thompson defines loss as a "...situation where we have something or someone who is important to us and then, for whatever reason, that person no longer features in our lives in the same way or that thing or entity that we

value is now missing.” (2012:18). This ‘something’ we value can be a job, property or body part, or it can be someone close to our lives. Rando (1993:20) classifies loss in two categories; they are physical loss and psychological loss. She says of this “ ... physical loss is the loss of something tangible ... a psychological loss – something called symbolic loss – a loss of something intangible, psychosocial in nature.” (1993:20). Both losses generate feelings that need to be processed. These losses are regarded as primary. Rando also identifies another loss that develops as a result of the abovementioned losses. It is called a secondary loss. In the situation of the clergy family, their secondary loss includes income, status or identity. Death-related losses involve the ending of relationships, and they impact or alter lives in many ways. The losses people experience lead to grief, which is discussed in the next paragraph.

#### 3.3.1.2. Grief

Grief is the internal and external response or reaction to the impact of loss. Thompson refers to grief as a holistic response to loss (2012). By holistic response, he means that grief affects us socially, psychologically, biologically and spiritually.

Biological responses involve a loss of appetite and sleep, and a general feeling of not being well.

The psychological responses could either be emotional, cognitive or behavioural. Emotional responses include feelings like sadness, bitterness and anger. Cognitive responses refer to when the bereaved thinking process and memory are impaired by grief. The

behavioural response comes as a result of how the grieving person reacts emotionally and cognitively.

Social responses to grief have largely to do with the social context and culture of the bereaved person. Different people are influenced in different ways. “grief can shape how we think and how we perceive the world.” (Thompson, 2012:61). Culture shapes the way a person conceptualises his or her grief. An example of cultural activities are rituals. Mwitini notes the following about the significance of rituals: “Through rituals, polarities of life; happiness and pain are brought together to one unit. They provide structures through which we can express our feelings of pain and joys of life.” (1999:14)

Loss also has an impact on a spiritual level. This involves “...searching for a sense of meaning, hostility towards God or higher power, turning to one’s value framework, or perhaps realizing that it is inadequate to cope with this particular loss.” (Corr and Corr, 2013:240). The issue of spirituality will be revisited later in the chapter.

### 3.3.1.3. Mourning

Mourning is an external way of expressing our internal grief. Corr and Corr describe mourning as “...a process essential for those who are trying to cope with loss and grief...” (2013:246). This process helps the bereaved to adapt to the new world in which they find themselves. Corr and Corr further identify two complementary forms of mourning. These are intrapersonal and interpersonal mourning processes. They explain them in the following way: “...intrapersonal

process - our inward struggles to cope with or try to manage both the loss and our grief reaction to that loss ... interpersonal process – the overt, visible and shared expression of grief, together with efforts to obtain social support.” (2013:246). These processes prove that different people grieve in different ways, and the different ways are affected by cultural norms. Some authors identify different phases or tasks or stages of mourning. The phases of mourning are briefly discussed.

#### 3.3.1.3.1. Phases of mourning

Drawing from the work of Bowlby, and Corr and Corr follows a description of the four phases of mourning. The phases are shock and numbness, yearning and searching, disorganisation and despair and lastly, reorganisation. Shock and numbness is the initial reaction to loss. It can also occur at other times as a person walks through their grief. “This is a natural defence against bad news, and unwanted pain.” (Corr and Corr, 2013:249). Those who find themselves in this situation find it difficult to return to take care of themselves.

The second phase (yearning and searching) represents the phase where the bereaved person realises the magnitude of their loss. The bereaved person in this phase is not willing to relinquish what no longer exists.

The third phase is reactions of disorganisation and despair. These are the struggles the bereaved person experiences in an attempt to

bring the past back to life. The person struggles with a question of identity, and it is difficult to find a way of moving on with life.

Reorganisation is the last phase, when the bereaved person starts to develop a new way and order of living without the deceased person. Most bereaved persons achieve some reorganisation after receiving support from families and the community, or through counselling. Scholars in the issue of grief have produced different kinds of models to help us understand the experience that bereaved persons go through. Mwitwi warns against the liberal use of the phases, when he notes the following: “Since different persons respond to the loss differently, they will also grieve and mourn differently.” (1999: 4). These phases might be useful in one culture, but not work at all in another.

#### 3.3.1.4. Bereavement

The Collins Dictionary defines bereavement as “...the condition of having been deprived of something or someone valued, especially through death” (2007:154). People who experience a major loss, tends to feel as if they were robbed or deprived of something or someone that the person values. Corr and Corr point out that there are three elements essential to all bereavements. These elements are “(1) a relationship or attachment with some person or thing that is valued; (2) the loss- ending, termination, separation- of that relationship; and (3) and individual who is deprived of the valued person or thing by the loss”. Loss experienced by bereaved people

could be of many kinds including the death related loss. Next follows a brief look at the traditional and contemporary theories.

### 3.3.2. Theories of grief

Grief theories provide some degree of understanding with regards to grief, and the way bereaved people should respond in order to move forward with the healing process. Different thanatologists have prefer to use either stages or tasks, processes to describe the steps that need to be followed in their grief theories. The stages of death by Kibler Ross; the task of mourning by Worden and the “R” processes by Rando will be put forth. These three theories are regarded as traditional. A contemporary theory is the dual process theory.

Kibler-Ross believes a person must go through five stages. These stages are denial, anger, bargaining, depression and acceptance. Worden calls the steps of his theory tasks of mourning. These tasks are accepting the reality of loss; working through the pain of loss; adjusting to a changed environment, externally, internally and spiritually; and emotionally relocating the deceased and moving on with life. In moving away from tasks, Rando developed six “R” processes. These processes are recognising the loss; reacting to separation; recollecting and experiencing the deceased and the relationship; relinquishing the old attachments and the old assumptive world; readjusting to move adaptively into the new world without forgetting the old; and reinvest. Contemporary theories will now be briefly discussed.

There are many contemporary theories but, but only one will be concentrated on. The dual processes theory was developed by Stroebe

and Schut. Corr and Corr say, “...the dual processes model posits an interaction or interplay between two sets of dynamic and interrelated processes in coping with bereavement.” (2013:259). One is the loss oriented process and the other is the restoration-oriented process.

Describing the processes, they note “Loss-oriented processes involves the intrusion of grief into the life of the bereaved, grief work, the breaking of bonds or ties to the deceased, and overcoming resistance to change.

Restoration-oriented processes include attending to life changes, doing new things, and avoiding or distracting oneself from grief.” (2013:258).

The notion of this theory is that the bereaved oscillate between these processes when they grieve. Therefore the model suggests that different people cope in different way at different times.

After this discussion of bereavement theories, the focus now moves to the impact of death on people who experience loss.

### 3.3.3. Impact of death

This discourse on the impact of death draws from the work by Cook and Oltejenbruns.(1998). “Grief is multifaceted responses comprised of a wide variety of physiological reactions, thoughts, emotions and behaviour.”

(1998:94). They divide the multi-faceted responses into three manifestations. These manifestations are: somatic, intrapsychic and behavioural in nature. These manifestations are common components of grief, but are not universal.

#### 3.3.3.1. Somatic manifestation

The somatic manifestations of grief are physical in nature. Some of these manifestations include:



- shortness of breath,
- tightness in the throat,
- disturbed sleep patterns,
- fatigue,
- loss of energy or strength,
- change in appetite,
- headaches, and a
- variety of health concerns.

These manifestations affect family members differently, depending on the trauma they experience.

#### 3.3.3.2. Intrapsychic manifestation (emotional)

The bereavement process involves a multiplicity of emotional and psychological reactions to the loss. The intrapsychic manifestation's components are as follows:

- shock,
- emotional numbness,
- sadness,
- fear ,
- depression,
- anger
- worry
- anxiety
- guilt

- inability to concentrate, and
- many other emotional reactions

Families become distressed when some family members experience the intrapsychic manifestations. It is normal for a bereaved person to experience these kinds of emotions. These emotional reactions can be inwardly or outwardly directed. When the emotional reactions, are channelled inwards, it may result in one or some of the following emotional reactions as mentioned above. One of the emotions that are predominantly displayed when death occurs is that of anger. Anger grips a grieving person when they become hostile. The target of their anger can then either be God ,family members or professional who tried to help people. As Thompson notes, " In many circumstances, people who are grieving and feel angry about their loss can be looking for someone to blame." (2012:81). The pastor's wife was also angry with God, because God took her husband when they were still young. Anger was her way of dealing with her loss. These intrapsychic manifestations normally diminish over a period of time, depending on the support the bereaved person receives.

#### 3.3.3.3. Behavioural Manifestation

A grieving person may behave according to their feelings and taught. Thompson supports this point when he writes that "In many ways a person reacts in terms of behaviour, will be as a

consequence of their cognitive and emotional responses.” (2012:82).

Behavioural manifestations of grief can be:

- crying,
- withdrawal from others or over-dependency,
- inability to perform daily tasks,
- restlessness, and
- hostile outbursts

A grieving person sometimes displays the behaviour that is of an extreme in terms of performing daily tasks. They become busy as if trying to fill the emptiness created by the loss of their loved ones. A grieving person tends to withdraw from people in his or her network. They think that people do not understand their pain. The pastor's wife is a perfect example of this point. She refused to attend church, saying that church members neither experience nor understand her pain.

#### 3.3.3.4. Duration and intensity

It is commonly accepted that the bereavement period can last anything from six months to two years. The time becomes abnormal when the grieving person cannot adjust to the loss in a way that allows them to reorganise their lives and function affectionately in the real world. A bereaved person experiences grief differently and experiences acute grief during the first time that the person recognises the loss cognitively and emotionally. It is when somatic, intrapsychic and behavioural manifestation is mostly intense. This

may lead to emotional and physical drainage of the resources. The above processes introduce us to acute trauma.

### 3.4. Trauma

Rando include the following factors that make death circumstance traumatic: (a) suddenness and lack of anticipation; (b) violence, mutilation, and destruction; (c)...(e) mourner's personal encounter with death, where there is either a significant threat to personal survival or massive and/or shocking confrontation with death and mutilation of others." (1993:568). Death that is sudden and unanticipated is traumatic. It arouses psychological feelings that seem to overwhelm a person capacity to cope. The traumatised person usually does not have the opportunity to bid the deceased loved one a farewell or finish the unfinished business. In the next section Parkinson will be of assistance in the explanation of the psychological effects of trauma.

#### 3.4.1. Symptoms and reactions

The symptoms and reactions to trauma can occur during or after the event. Some symptoms and reactions can even be traced to trauma events that a person had long since experienced.

##### 3.4.1.1. Symptoms

Parkinson suggests three main symptoms of trauma. The symptoms can be defined as:

- re-experiencing,
- avoidance, and
- arousal,

#### 3.4.1.1.1. Re-experiencing

This involves re-experiencing the event that triggered the trauma. This can occur after a short or long period has elapsed since the event took place. The emotions and feelings that were experienced when the traumatic event occurred are re-created. The same sensations the person felt at that time, can be felt again as if everything was happening, now in the present.

#### 3.4.1.1.2. Avoidance

Parkinson suggests that "...any frightening or traumatic incident can make us very careful about being in the same situation again."(1993:46). After the church's senior pastor was arrested for alleged sexual abuse, the junior pastor avoided counselling female members of the church. He avoided them fearing that the same allegation would be brought against him. It took some time for him to recover from this trauma.

The same symptom was displayed by the pastor's spouse when she attended the funeral of another pastor. She behaved as if she was the one who had lost her husband.

#### 3.4.1.1.3. Arousal

The arousal symptom occurs when a traumatic incident causes the nervous system to be sensitised. Herman describe it: "After the traumatic experience, the human system of self-preservation seems to go into permanent alert, as if the danger might return at any moment." (1992:35). A person who

experiences this symptom is always alert for danger. This experience may happen during sleep and in waking hours.

#### 3.4.1.2. Reactions

Parkinson suggests that a traumatised person experiences the following reactions, namely: denial, feelings, behaviours and physical effects. Another reaction is that of changing values, either positively or negatively. These reactions are important as they form a crucial part in understanding the problems faced by the pastor's family.

##### 3.4.1.2.1. Denial

This reaction is seen when a person avoids dealing with the emotions they experience after a traumatic incident. Denial of feelings can be substantial after a traumatic incident. The clergy family and junior pastor both showed the signs of denial; the family posed as strong Christians, and the junior pastor could not handle the senior pastor's funeral. None of them were strong enough to face the harsh reality of death.

##### 3.4.1.2.2. Feelings

Parkinson suggests that the following feelings emerge after a traumatic event:

- sense of pointlessness,
- increased anxiety and vulnerability,
- intrusive images and thoughts,
- nightmares and sleep-disturbances,
- shame, anger, regret, blame, guilt and bitterness, and

- fear of same thing happening again.

#### 3.4.1.2.3. Behaviours

Under the behavioural reactions, Parkinson says that a traumatised person may experience the following:

- irritable and lack of concentration,
- inability to make decisions,
- anger and violence,
- sleep disturbance, and they could
- retreat in isolation.

#### 3.4.1.2.4. Physical effects

These are the reactions that physically affects the body:

- illness – minor or major,
- listlessness – being tired all the time,
- increased or decreased physical or sexual drive.

#### 3.4.1.2.5. Change in values

After experiencing a traumatic incident, a person could have a:

- Loss or finding of faith and purpose, as well as
- problems with relationships.

All these stages are important in revealing the struggles of all people, especially what pastor's family, at their time of loss. Death is a natural occurrence that produces symptoms and reactions that affect people physically, emotionally and cognitively. Trauma is an event that is sudden and unexpected. It also produces reactions and symptoms that are similar to those of death. Parkinson articulates it

best when he says that, "...the stresses and reactions produced by traumatic incidents are similar to those of bereavement and grief." (1993:1). From the above observation, can be calculated that traumatic death is a natural occurrence which is sudden and unexpected (or expected) and that produces reactions and symptoms that are behavioural, somatic and intrapsychic in nature.

### 3.5. Traumatic death and religion

In the event of a traumatic death, religious rituals are mostly used to provide support to the bereaved. "Rituals are important vehicle that transmits essential messages of loss to the bereaved members of the family in such a way that otherwise that message would be difficult to communicate." (Mwiti, 1999:15). Mbiti defines rituals as, "a set form of carrying out religious action or ceremony." (1975:131). Rituals are religious ceremonies that provide a sense of belonging and unity in the community, and communicate a message that helps people to recognise, understand and process the loss. Traumatic deaths such as homicide, suicide or heart attacks result in different reactions from the family and community. The following sections deal with some of the rituals that help African people and pastors' families to recognise, understand and deal with the reality of death and its trauma.

#### 3.5.1. Home services

One of the religious ceremonies that the Christian community performs, provides support through holding church services in the home of the deceased. In the event where the deceased is a pastor, people from different denominations and walks of life will come daily to render their support to the family. Every night there are services and prayers that are brought by different churches and community groups.



During the service, the word of God is preached to give comfort to the bereaved family. Most of the preaching focuses on themes of death, afterlife and salvation. The family is encouraged not to grieve because their loved one is in heaven. McConnell explains the challenge the family encounters with this kind of preaching: “Christians in grieve find themselves between two expressions : the deep pain of losing a loved one and the joy of believing that he or she is in a wonderful place beyond the reach of earthly suffering.” (Doka and Davidson, 1998:41). The bereaved family should be allowed to feel and express the deep pain they experience in spite of the assurance that their loved one is in heaven. Another challenge comes when the Christian community gives the bereaved family the assurance that God is involved in what is happening in their lives. They would quote the words of Job from when he experienced the loss of his businesses and children, and say “The Lord gave and the Lord has taken away”(Job1:21). The challenge to the family is that God is a cruel God who gives them a loving husband and good father, but then takes him away. Grief becomes more painful and frustrating when families hear such well-meaning but inconsiderate words from the Christians.

### 3.5.2. Music

Music also plays an important role in the expression of pain, and in the comfort the community renders to the family. Mwiti articulates the significance of music when he writes that “Music as a therapy in Africa assists the bereaved persons to express the deepest human emotion that cannot be expressed through any other form ...Through music, the

experience of loss is expressed in a symbolic language that penetrates the bereaved psyche, bringing healing to the fractured soul.” (1999:12). The community sings songs that strengthen the family. Hence music becomes a therapeutic tool to enhance healing, growth, and wholeness in the life of the bereaved and community as a whole. Streaty Wimberly notices the way music brings healing when she writes, “Indeed, the throes of singing and listening to music in the worshipping congregation, we discover and rediscover what it means to believe or trust in our relationship with God ... and to move into the unknown future with confidence.” (2004:145). Music helps the bereaved to find meaning in the midst of their bereavement through their relation with God. It also assists the bereaved family to forge ahead into the unknown with confidence knowing that God is there for them.

Through these home services and with music, the pastor’ family receives support. It helps them to deal with the reality of death and the trauma involved.

### 3.5.3. Funeral rituals

Funeral practices take many forms among black South Africans. This section focuses on some of the rituals that take place during a funeral. Different ethnic groups among the blacks perform various rites during the funeral. There are also rites that are common to all the groups. One of the rituals that are common to all ethnic groups, is the viewing of the body.

#### 3.5.3.1. Viewing of the body

The viewing of the body is a very important ritual in the African culture. The ritual is performed by almost all the black ethnic groups in South Africa. The purpose is to make sure that the family buries the correct person, and also to help accept the reality of death. The place of the viewing depends on the traumatic nature of the death, and the condition of the body. In most cases the body is viewed at home before it leaves for the funeral service. During the viewing, mourners will touch, cry and kiss the body, then say a brief or silent prayer. Through this ritual the family and community gets an opportunity to acknowledge and mourn the loss, and to get a sense of closure.

#### 3.5.3.2. Ukubika – (Informing the ancestors)

This ritual is performed by the elder of the family. When the coffin reaches the gate, the pall bearers will put it down. The family members will bid the deceased farewell. If the deceased was a father or husband, is told to come and visit the family. The African people perceive the dead as living in another spiritual world. Mwiti, in explaining the lack of dichotomy between the spiritual and the material world, suggests that there are four ecological communities. One of the communities is the human community. “The human community is formed by the living, the living dead, spirits and the unborn” (1999:11). Talking to the deceased is a normal practise because of the view that the deceased are the living dead. The deceased is still a member of the community. This practice helps the bereaved to symbolically express grief by acknowledging the presence of the deceased.

### 3.5.3.3. Ditatudi (announcement of death)

Ditatudi is one of the rituals that are performed by the Tswana people, to deal with the reality of death. The Tswanas are one of the ethnic groups of South Africa. They are predominantly found in the north western part of the country. Ditatudi means ‘announcement of the death’. Through this ritual, the family share their grief with the community. Mkhize says, “Community results from a shared understanding of a characteristic way of life. A sense of community exist if people mutually recognise the obligation to be responsive to one another’s needs.” (2004:4-23). This ritual is performed by the elder, who is usually the oldest person in the family. The ritual is performed during the funeral service, and it is the first item on the program after prayer. The elder goes into details relating to how the deceased met his or her death, how the death was communicated to the family and in some instances the reason for the person’s death is also stated. Rando argues that, “...the first step to mourning is that the mourner needs to acknowledge that death has occurred.”(1993:44). She further says that, “...understanding the reason for the death helps the bereaved person to heal.” (1993:46). Through this spiritual activity, the grieving family and the community are helped to acknowledge, and encouraged to recognise that death has taken place. Thus ,the process of healing will now start to take place in the lives of the bereaved family.

### 3.5.3.4. (Ditebogo)

After the burial, another ritual called (Ditebogo), (it means ‘thanksgiving’), is performed. The family and community assemble outside the

deceased's house. During this ritual, the family elder gives thanks to the community, and reminds them that the children belong to them now. The entire community is, thus, expected to play a vital role in raising the children of the deceased person (Ratele et al:2004). This is followed by the genealogy of the deceased. Lastly, he addresses the wife and children of the deceased. He would inform them that their father is deceased, but they still have fathers from their relatives and from the community. Through the ritual, the family of the deceased are informed that they need to make adjustments in their lives. The ritual is aimed at positively deconstructing their worldview of not having their biological father, but instead that they now they have their community fathers.

#### 3.5.3.5. Ukubuyisa

This ritual is called 'ukubuyisa', which means, 'to bring his shadow back home'. The ritual is performed when the deceased has met his or her death tragically. The family go to the spot where the deceased met their death. They get a branch of a certain wood, and tie it to a string. The wood represents the image of the deceased person. The person responsible for this ritual then informs the deceased that they have come to fetch them to take them back to their home. The wood is taken home, and the person who holding the wood must not talk to anyone until he reaches the home of the deceased. On the day of the funeral, the coffin does not enter the house. It remains outside the house. (The reason for keeping the coffin outside the house is to avoid the reoccurrence of the tragedy to another member of the family.) This ritual helps the people to accept the reality of death and its trauma.

#### 3.5.4. Spirituality

In the past, the words spirituality and religion were used interchangeably. A religious person was described as a spiritual person who attended church and believed in a god. But the interchangeable use of these words interchangeably has changed because of enlightenment. “Because of science and secularization, the use of the term spiritual has replaced the term religious.” (Balk et al,2007:265). A person can be spiritual, but not religious. Cox in Balk et al says that, “...spirituality is the human quest for meaning”. He further says that the role of spirituality, in a traumatic death, is to: “...offer the grieving ways to express their grief, to share their grief and to bring them back from the chaos of traumatic death.” (2007:265). Dealing with traumatic death can lead to positive and negative outcomes.

##### 3.5.4.1. Spiritual outcomes

Using religion to manage traumatic death can produce both positive and negative outcomes. Positive outcomes consist of finding comfort and assurance in God’s love, and strength from God’s word. The use of scripture such as (Psalms 34:18) “The Lord is close to the broken hearted and saves those who are crushed in spirit” gives comfort to the bereaved. The use of positive outcomes helps a bereaved person to accept and adjust to traumatic death. The negative outcomes consist of the bereaved person questioning or blaming other people, including God. The bereaved person could also experience the anxiety of being left alone or abandoned by God

or even punished by Him. Cox articulates it clearly when he says, “Those who experienced positive religious outcomes will exhibit fewer negative symptoms and psychological stress. Negative outcomes could lead to depression, lower quality of life and other psychological symptoms” (Balk et al, 2007:264).

### 3.6. Preliminary conclusion

This chapter started with a discussion about the origin and causes of death, as an attempt to understand the concept of death. African myths and beliefs on the origin and causes of death were also explored. People's attitudes towards death were discussed; with the focus on African and western perspectives. This was followed by a discussion on the five stages of death by Kubler-Ross. The psychological impact of death and trauma that affects families, was explored. African rituals and spirituality that help families to start the healing process, was included in that discussion.

What follows are the stories of the pastor's family, and the impact of death on their lives.

## CHAPTER 4

### Stories of pastors' spouses who lost their husbands

#### 4.1 Introduction

The loss of a spouse through tragic death or traumatic death leads to a painful bereavement response. This chapter deals with the stories from the wives of pastors who experienced the pain of bereavement after the loss of their spouses through sudden death. Lartey notes that, "...the telling of the story entails among others, the selection, ordering and emphasizing of events in such a way as to make a coherent and meaningful sequence that may be tragic, cosmic or indifferent, or a combination of these" (2003:72). This process helps give a meaningful sequence to their experience of death.

Five women were interviewed as participants. Three of the women were drawn from the Baptist Convention of South Africa, and two from Pentecostal churches that are independent. The names that are used in this research are fictitious in order to protect the real identities of the participants. The questionnaire that was used for this interview is attached as Appendix A. Each interview started with the circumstances surrounding the husband's death.

Five themes were identified, namely: reaction, support, relationship, roles and resiliency. These themes provide the reader with an understanding of the experience and the response from the pastors' wives as a result of their



husband's deaths. The circumstances surrounding the deaths of the spouses will be dealt with before the identified themes.

#### 4.2 Circumstances surrounding the death of the husbands

##### 4.2.1 Mrs Setlare (Not real name)

Pastor Setlare was suffering from bone marrow cancer. He was hospitalised at a Pretoria hospital using chemotherapy. The treatment was nearing its completion, and he was expected to go home and be looked after by the family. His family expected him to be discharged in the near future. Three days before he was to be discharged, he passed away. The family had visited him and he looked much better, but his condition started to change that Saturday morning. The family was called by the hospital management at midnight of the following Monday. They were requested to go to the hospital as soon as possible. When they arrived, they were welcomed by pastor Setlare's friend, who was also a pastor of their denomination. It was this pastor who broke the news of his death. As they were interviewed, they were yet again reminded of his death. It is a year since Mr Setlare has passed away. This interview has brought back traumatic feelings and the memories of their loss.

##### 4.2.2 Mrs Makala

Pastor Makala was a diabetic patient. He used a syringe for treatment at home. He attended periodical checkups at the local hospital. On this particular visit, he discovered that his sugar level was very low. He was then hospitalised in order to get his sugar level under control. Mrs Makala visited her husband after two days of hospitalisation. She was accompanied by her

aunt. When they arrived at the ward, they noticed that the monitoring machine had stopped. She tried to talk to her husband but there was no response. Her aunt checked his pulse and there was none. They called the ward personnel, who later told them that he has passed away. This incident occurred two years ago. The fact that pastor Makala's nurse had been negligent and had not even realised that her patient was dead, contributed to Mrs Makala's trauma.

#### 4.2.3 Mrs Kutu

Pastor Kutu's suffered from renal failure. This resulted in him suffering from shortness of breath. On one occasion, he experienced an attack of shortness of breath. He was rushed to the local clinic, and from there, taken to the local hospital. He stayed at the hospital a few weeks. On the day Mr Kutu passed away, Mrs Kutu visited her husband. On arrival at the hospital, she found her father-in-law in the ward and her husband had gone for x-rays. She went to the x-rays department, only to find that they had already finished and was ready for him to be taken back to his ward. The porter was not available at the time, so she pushed him herself. As they entered the ward, the doctors took the x-ray report. Her husband started to gasp for air. He was no longer talking. He was moved to the intensive care unit (ICU), and she was asked to wait outside. The doctor called her in and told her that her husband's condition could not improve. She went to her husband, hugged him and assured him that she was aware of his condition. She thanked him for being a good father, and assured him that she still loved him. She said to him, "If it is your time to go, go, we will remain behind and serve God". As she was leaving the ward, pastor Kutu's heart rate monitor stopped. She

called the doctors and told them that her husband has passed away. The doctors came and confirmed that her husband was dead. Pastor Kutu passed away a year before this interview. For Mrs Kutu his death was very sudden.

#### 4.2.4 Mrs Tholwana

Pastor Tholwana died of a heart attack. He met his death whilst he was about to leaving his home, to take Mrs Tholwana to a women's rally. He had a heart attack and fainted. Mrs Tholwana summoned help from a neighbour to resuscitate her husband. The first aid they performed on him worked, and they rushed him to the local hospital. Pastor Tholwana let out a big breath while the doctors were attending to him, and this gave Mrs Tholwana hope that her husband would regain consciousness. While the medical personnel were busy with her husband, she was left in the office. The nurse came to the office on several occasions. On one occasion she told Mrs Tholwana that her husband's sugar level and the blood pressure were stable, but that he was going through cardiac arrest. The nurse then realised that Mrs Tholwana did not understand her. The nurse, then told her that her husband has passed away. Mrs Tholwana went into the ward where her husband lay dead. Pastor Tholwana passed away in 2009, three years before this interview. During the interview, Mrs Tholwana re-experienced the trauma of sudden death. She relived the memory of that day.

#### 4.2.5 Mrs Metsu

Pastor Metsu was preparing to attend a conference in Nigeria. It required for him to have a period of fasting and praying before attending the conference. Pastor

Metsu fasted and prayed for ten days. He spent his fasting days at his brother-in-law's house in Mpumalanga province. While praying and fasting he became very weak and started vomiting. On his last day of praying and fasting, he did not respond to a knock on the door on two occasions. The third time his sister in law forced the door open. She found pastor Metsu in a very quiet and seemingly lifeless position. She called her neighbours, who confirmed that he was dead. Mrs Metsu was fetched by her sister; who did not tell her that her husband has passed away. She became alert when she arrived at her brother's house and saw her sister-in-law crying. She went into the house and found her husband covered with a blanket. She opened the blanket and found him very pale, his eyes and mouth wide open. She touched him and he was very cold. Mrs Metsu lost her husband nine years ago. The pain still continues to affect her. The stories will now be analysed one by one.

#### 4.3 Response to the death

It is important to analyse these stories with the idea of tracing trauma and the feelings of helplessness.

##### 4.3.1 Mrs Setlare

After the news of pastor Setlare's death was shared with them, the family were taken to where he was lying. It was very bad for them as they did not expect what they saw. Mrs Setlare said, "We tried to speak to him, but he did not talk to us, he did not look at us. So, it was just a shocking and a traumatic experience". When seeing the body of her deceased husband, Mrs Setlare's own body went through shock, numbness and disbelief. Even though they all saw the body of their deceased husband and father, it was difficult for them to accept that he was dead. Kubler-Ross says that it is a

normal pattern for someone to experience shock that leads to denial (1969). Again, concerning this element of disbelief, Mrs Setlare said, “Well, sometimes I was asking myself if it is true or not because I could not believe it, I could just not take it”. She was struggling with denial.

In their research on women in bereavement, Glick, Weiss and Parkes concluded by saying “When death comes entirely without warning, the pain is compounded by shock.”(1974:46). This is exactly what this family experienced. Pastor Setlare’s family was expecting him to come home after a few days. Even though he was suffering from cancer, they did not anticipate his death. This led to shock and disbelief. They were hoping for the best. Due to denial, they experienced anger which was directed at God who did not allow pastor Setlare to live.

Part of Mrs Setlare’s anger is also directed at her husband. Pastor Setlare promised the family that he was going to come back home that Wednesday. Mrs Setlare started crying when she said, “Some of the things I was asking myself is, why he didn’t tell us that he won’t come back?” She still had feelings of anger towards her husband which stem from the fact that he did not keep his promise of coming back home alive. Anger is another way of dealing with grief.

Mrs Setlare also put blame on the doctors, saying that they might have done something wrong. On Friday when they left the hospital, the doctors promised that, “he was going to make it”. Then on Saturday, his condition had changed. She said, “Emotionally I am asking myself so many questions, whether they did anything wrong”. In her mind, the doctors might have done something wrong for his condition to change so drastically in such a short

time. Mrs Setlare's questions clearly indicate denial which is normal at this stage of mourning.

Mrs Setlare also experienced feeling of anxiety about the future. She kept asking whether she will make it without him or not. This comes from the fear that her family may not be able to cope without her husband. She wondered if they will survive and make it in life. All these questions are an indication of her feelings of anxiety about the future. These above feelings are normal according to stages of death as written by Kubler-Ross. The stages are denial, which functions as a buffer after the unexpected news of the death of a spouse; anger, which is caused by the interruption of life by the death of a spouse; bargaining; depression; and finally the acceptance of the reality of the death of a spouse. These stages ensure that the pain is not excessive.

#### 4.3.2 Mrs Makala

Mrs Makala's response to the news of the death of her husband was that of denial, disbelief and shock. Denial is an important step when one experiences death. When they came into the ward, the support machine had stopped. They tried to talk to pastor Makala but he did not respond. She feared the worst, but hoped that it was not true. She said, "I did not believe what they told us. I hoped that they might have made a mistake and that it is not true what they were telling us." These words indicate the symptoms of denial. The Christian community came to her home to give her support on a daily basis. During that time her mind was consumed by faith in God. This made her 'forget' that she had lost her husband. Avoidance is another way of trying to deal with the pain, in other words,

Mrs Makala tried to delay the pain. This behaviour is observed by Glick et al when he notes that, “Brief intervals of momentary forgetfulness might occur, only to be shattered by the realization that death had indeed occurred.” (1974:56). Mrs Makala started to realise that her husband was dead when the coffin arrived at their home. Stroebe and Stroebe have this to say concerning that realisation, “After the first days of shock and numbness, the funeral service can help make the fact that the loved person has died.” (1987:241). The coffin coming home and the viewing the body helped Mrs Makala accept the finality of death. This process is helpful for African families, because it challenges them to deal with the reality of death. In other words, it paves a journey to grieving.

For Mrs Makala the element of anxiety was also present. This was due to financial difficulties she was experiencing. Her husband’s employer did not provide benefits such as covering the burial costs, or even a pension fund. This was compounded by the fact that she was unemployed. Staudacher explains this when she writes, “Financial complications or insufficient resources can produce a variety of reactions in the spouse survivor, including anxiety....” (1987:56). Mrs Makala expressed this anxiety when she said, “We had financial difficulties and it was tough for me”. When people experience anxiety like this, it can lead to depression.

#### 4.3.3 Mrs Kutu

Mrs Kutu seems to have anticipated her husband’s death. She realised that his condition was deteriorating. She was informed that her husband will not get better. This reality of possible death helped her to deal with it when her husband passed away. She was able to release him when she said. “If it is

your time to go, go, we will remain behind and serve God where you left us". She also realised that her husband was suffering. He was better off dead in order to be relieved of the pain and suffering. This thought of her husband being relieved from his pain comes from the book of Revelations. John writes, "He will wipe every tear from their eyes. There will be no more death or mourning or crying or pain." (Rev 21:4).

The death of Pastor Kutu left a void in Mrs Kutu's life. They were very close. Talking about their relationship, she said, "He was my best friend. We were always together and used to do everything together. Even when we wash, we washed together". Staudacher notes that "...when your spouse has also been your best friend, you experience a loss which has many components." (1987:55). One of those components is that she has lost a companion with whom she shared many activities. She struggled with the thought that she could never be with her husband. She was going to experience loneliness.

Mrs Kutu was also angry. Her anger was directed towards their pastoral friends. She had expected them to provide her with support; especially as they were close friends and Christian brothers and sisters. In her own words, she said, "When I see pastors who were close to my husband, anger would rise in such a way that I would struggle to talk and end up crying ... this kind of anger is caused by the fact that when I became a Christian, I was happy expecting Christians to show love to me. Instead non-Christians were better than Christians". The lack of care and support from pastoral friends led to her intense anger. During bereavement people expect much from their friends, especially if there are fellow Christians who



fellowship with them. An African home is usually supported by many visitors. “The non-appearance of my husband friends caused me to be extremely angry.”

#### 4.3.4 Mrs Tholwana

The news of the death of Pastor Tholwana brought about feelings of numbness and shock. This is confirmed by Mrs Tholwana uttering the words: “Kanjalo nje” (just like that). Denial is evident in these words of surprise. She could not believe what she was told. Stroebe and Stroebe, when noting the course of the non-anticipatory death, say “...the initial response to loss through death of loved a one is often one of shock, numbness and disbelief” (1987:13). Mrs Tholwana was gripped by these emotions.

While in a state of shock, Mrs Tholwana also experienced anxiety. She experienced it in two ways. Firstly, she was confronted with how she was going to break the news to her children. She had three children. One was in Scotland, the other in prison and the younger one was staying with them. She said, “I had a dilemma of how was I going to tell Bheki (not his real name) about the death”. Secondly, she was anxious about facing life without her husband. She said, “I was asking myself, how I am going to live without him? It is as if life has come to a standstill”. She felt the death of her husband has robbed her of the future as she expected it to be. Along with this she also had their finances to worry about. Kubler-Ross stages of death explain these emotions Mrs Tholwana is experiencing, making it easier to treat in therapy.

#### 4.3.5 Mrs Metsu

When Mrs Metsu arrived at her brother-in-law's house, she was not told what had happened. Her sister said to her, "my brother in-law has shocked us". She entered the room and discovered, for herself, that her husband had passed away. She was very shocked. She tried to wake him up for a long time, displaying symptoms of disbelief, denial and shock. She further says, "I cried and threw myself on top of him, uncovering and covering him with the blanket". She could not believe that her husband has passed away, especially during his period of praying and fasting. What bothered her is that he died while doing the will of the Lord. It made her bitter towards God. How could God allow such a thing to happen to God's faithful servant?

She also showed signs of anger towards God and her husband. She blamed God for taking her husband. She needed him as he was part of her life. She was also angry with her husband for leaving her. She asked: "Why did my husband leave me without saying anything"?

Those few words could have given her comfort. Her anger stems from the feeling of being abandoned. Staudacher has this to say about the feeling of being abandoned, "When you have been left by someone you trust, interact with and depend on, it is natural for you to feel abandoned." (1987:55). She felt angry and abandoned.

Mrs Metsu also struggled with denial. She avoided facing the reality of death, and tried to be a super woman. Even though she accepted the passing of her husband, she avoided thinking about his death so that

she would not experience pain. With regard to this experience, she said, “I prayed to God that I should not think about the death because immediately when I think about this, I started crying and overwhelming sadness and grief fills my life.”. The thought of her husband’s death brought up the pain of loss and a sense of denial, at the same time.

Another issue that relates to denial, was Mrs Metsu playing superwoman in front of her children- an expectation that is forced by her culture and family. Christians, in times of death, normally say you need to be strong and must not cry like someone who has lost hope (I Cor 4:13). Stroebe and Stroebe continue to say, “Denial, when loss is not acknowledged at all or nor fully acknowledged, is the most extreme case of coping by repression.” (1987:96). Mrs Metsu was using repression in order to cope. She wanted to appear spiritually strong to her children. She said, “I tried to be strong, because if I cried, my children will also cry”. The belief among some Christian is that if you cry, you show signs of weakness in your faith. They forget that even Jesus cried when He lost his friend Lazarus (John 11:34). Meyer comments that “Patients tell themselves to be strong for their families, and families are strong for patients. What this slogan obscures is a conspiracy of denial. It is denial of feelings,..., and a denial of Christ Jesus’ message of support and suffering for us” (1988:63). Mrs Metsu’s culture also contributed to her denial, expecting her to be strong in the midst of her loss. She denied the reality, and kept a front of being strong.

#### 4.4 Support

This section discusses how support from others, especially the church helped the pastor's spouse to face the reality of death. People who supported them during their time of bereavement made an even bigger difference.

##### 4.4.1 Mrs Setlare

The support from the local churches and the Christian community was tremendous. They were with the family from the first day and even after the burial. The local church prepared food and made arrangements for the funeral, using church funds. Church services were conducted daily before the funeral. African cultures are very supportive when someone has to deal with death. Church services are always held prior to the funeral, up until the day of burial. This process helped the family to face the reality of death.

Even after the funeral, the local church was supportive. They held services in the mornings at five o'clock as well as in the evening for the whole week. The churches also provided the family with the pastor's stipend and groceries. Mrs Setlare's response towards this process of support was "They were there for us and I was satisfied I know that my husband has rested in peace". This social and material support from the local and Christian communities provided necessary resource for Mrs Setlare to start the process of recovery. The daily prayer services helped her to become resilient, by putting her trust in God.

##### 4.4.2 Mrs Makala

She received great support from the local Christian community and her Bishop. The church held services in the evenings until the day of the burial. Her bishop provided counselling especially after the funeral. Before the funeral she did not think much about what was happening. She was still in denial. It was only after the funeral when all the people had left, that she started asking herself questions. Her bishop gave tremendous support by providing her with counselling. “The availability of support figures to which the bereaved can talk about loss and express their feeling of despair should aid grief work ... “(Stroebe and Stroebe, 1987:98). The availability of a bishop or pastor also encourages and facilitates healing process in the bereaved life. The process of sharing her grief with the bishop has helped Mrs Makala come to grips with the reality of death. The presence of the people who are close to the family is very important. It brings a message across that one is cared for.

#### 4.4.3 Mrs Kutu

In Mrs Kutu’s case the exact opposite happened. The negative effect of her church’s not being involved was devious. The local church did not support her because their church was still young and new. They had not developed a support system for someone who experiences death. Nevertheless, she received support from the Christian community. She was disappointed by the lack of support from the pastors who were close to her family. She felt tormented by their attitude and said, “I was expecting that those who were close to him and to me, would sympathise with us. But only to discover that as time goes on they

were the people who sidelined me”. She developed intense anger and hatred towards these pastors. She displayed her hurt by crying when she related the lack of support from them. Their lack of support during her time of mourning, led her to believe that she was rejected.

Mrs Makala’s worst challenge was the lack of support from her in-laws. Concerning her in-laws, she says, “They did not help us after the funeral. They took everything and even food”. They even made her pay for the church facilities that belonged to the family church. This lack of support, from the deceased husband’s family, is contrary to the African spirit of “Ubuntu”. (I am what I am because of who we all are). The deceased husband’s family are the ones who are supposed to remain behind and see to it that certain rituals, like the washing of the deceased’s clothes are performed after the funeral. A lack of support from the in-laws, in most cases, is caused by conflicts that were there before the death or had occurred during the preparation of the burial.

#### 4.4.4 Mrs Tholwana

Mrs Tholwana received overwhelming support from her church and the Christian community. “I must say that the support of Christians has made me strong”. The church held evening services with pastors from different places who were preaching. Her local church made funeral arrangements and assisted with everything that was necessary. This kind of social and spiritual support serves as a source of encouragement and help towards the process of recovery and stress reduction, especially against depression.

After the funeral, there was very little support. This was due to the fact that Pastor Tholwana was an associate pastor at their church.

This raises questions about the expectations of the pastor's bereaved families towards the church. This question will form part of the recommendation for further study.

#### 4.4.5 Mrs Metsu

The support for the Metsu family was very outstanding. The local church told her not to worry about anything. They made arrangements for the funeral services and paid all the expenses, including the food. Mrs Metsu said, "I never even spent a cent. They even bought the casket for my husband. The church even took me out for lunch so that I can have time alone with my family." Mrs Metsu's house was always full and she did not have time to herself and the family. After the burial, the local church gave her half of her husband's stipend.

The support from neighbours and the Christian community was overwhelming. There were people from different churches and different areas that came to comfort them daily. From all the sermons and words of comfort and encouragement that were shared with her, there was one particular scripture that comforted her. It says that, "...the righteous shall be ruptured". She was comforted in knowing that her husband was with the Lord. The continuous support Mrs Metsu received from her church and community contributed to her becoming more relaxed and less vulnerable during her bereavement. She received support on a spiritual and material level. She did not receive emotional support, and as a result, she would cry, especially when she

thought of her husband. She cried even in public or when she was riding on a taxi. The reaction of commuters hurt her because they were avoided sitting next to her. The deficit in her emotional support made her wish that she could follow her husband and also pass away.

#### 4.5 Relationship

An analysis of the stories on relationships tell us the way that the reality of death has affected the world of the pastors' spouses.

##### 4.5.1 Mrs Setlare

The relationship of the pastor and Mrs Setlare was very close. She shared this about her relationship with her husband, "He was my husband, father of my daughter, and he was my pillar". Her husband was working in another city 300km from home. He would come home every Friday. So, every Friday, she was looking forward to seeing him. "It was very bad every Friday to find out that he was not coming". Since his passing away, things in her life have changed. She now has to deal with the reality of her husband being absent. They would sit together at church, but now it is only memories that are left. She can no longer sit at the place where they used to. She misses her husband very much. This is another way of dealing with death and its realities, struggling to deal with the memory of the past.

##### 4.5.2 Mrs Makala

Mrs Makala had a good relationship with her husband. She says this about their relationship, "When you are used to staying with someone and also used to doing things together, you feel as if you have lost part of your body". They used to do everything together, and as a result she is struggling to adjust to



single life. The death of her husband has robbed her of a companion and this has brought about feelings of loneliness. The reality of her husband's death hit her when she started feeling lonely.

#### 4.5.3 Mrs Kutu

This couple had a very close relationship. She describes it by saying, "Because he was my best friend, we were always together and we used to do everything together". Their situation is articulated well by Stroebe and Stroebe when they make a note concerning a couple, as a social network, "Marital partners are likely to spend more time in voluntary and informal interaction with each other than with other adults ... their attachment to each other is also stronger towards other adults..." (1987:91). The Kutus spent all their time together and had a strong attachment with one another. The reality of her husband death confronted her with feelings of loneliness and abandonment.

#### 4.5.4 Mrs Tholwana

The relationship between the Tholwanas was very intimate. When Mrs Tholwana was called to see her dead husband, she asked him "Why did you leave me?" This proves that it was going to be difficult for her to carry on with life without him. She was asking herself how she was going to live without her husband. She felt as if her life has come to a standstill. She mentioned that "...the idea that her husband is no longer there was the most killing thing".. The reality of death brought a disruption of the happiness and closeness they always enjoyed. She perceived life as not worth living without her Pastor Tholwana.

#### 4.5.5 Mrs Metsu

The Metsu couple had a good relationship. Mrs Metsu felt that she could not carry on without her husband. She mentioned that, since her husband passed away, it would be better if she also died. The reality of her husband's death made her perceive life as not worth living.

#### 4.6 Roles

The aim of this sub-section is to show the way the reality of death has brought about a change of roles in the life of each pastor's spouse.

##### 4.6.1 Setlare

Mrs Setlare misses the roles her husband always played. There were chores and activities that were specifically always done by him. This brought back memories. Mrs Setlare says, "I remember one day I asked somebody to do the cleaning of the yard. There were no spade, fork and I went to the shop to buy those tools. When I started picking them up, I started crying because it was not my job. The memory of my life with my husband came back when I relived our life in that shop". She also mentioned that taking the car for its service was a role that was played by her husband. As the protector of the family, he would also lock the gate in the evening, an activity that she forgets to do at certain times. It is difficult for Mrs Setlare to also play the roles that her husband used to play. These roles bring challenges to living without him. It also changes the way she has to live now. She is struggling with the new responsibilities that came with life without him.

##### 4.6.2 Mrs Makala

Her husband was the provider of the family, even though he was working on a contract basis. The company did not have a pension or provident fund. Pastor Makala husband also performed some roles as a man; such as giving proper

advice to the family. She says this, about her husband, “We used to do things together but there are other things that need to be done by my husband”. The roles that were played by him became a struggle for Mrs Makala. After the funeral, the new journey brings about challenges that lead to the remaining spouse’s continuous struggle with the issue of bereavement.

#### 4.6.3 Mrs Kutu

Mr Kutu was a responsible husband and father. Mrs Kutu remembers saying these words to him just before he passed away, “I thank you for being a good father to my children”. Memories play an important part in the life of couples, especially when the other has parted from this life. Mrs Kutu’s words prove that Mr Kutu was a responsible father. He was also the provider of the family; since Mrs. Kutu was not working. Memories play an important part in the life of couples; especially when the other has parted from this life.

#### 4.6.4 Mrs Tholwana

Pastor Tholwana was a very supportive father. Even though their sons faced several challenges, he loved them and supported them. Mrs Tholwana had a problem with how she was going to inform her sons about their father’s death. Concerning her husband’s role in her life, she said, “I was asking myself, how am going to live without him. It is as if your life has come to a standstill”. The reality of death has robbed her of someone who was a great pillar in her life.

#### 4.6.5 Mrs Metsu

Pastor Metsu was a good father who provided for his family. He was very supportive of his family. This is evidenced by the help he provided to their daughter who was preparing for marriage.

## 4.7 Resiliency

The aim of this sub-section is to show how the pastors' spouses' religion and religious community has helped them cope with of the death of their husbands.

### 4.7.1 Mrs Setlare

Mrs Setlare was able to cope because of her relationship with Christ and the hope she sees in the Lord Jesus. The prayers of the Christian community kept her family going. The support they get from the local churches also helps the family cope. It helps them carry on with the process of mourning, and with the integration of their loss into their daily lives. With all this support the family found it easier to face the passing of their husband and father.

### 4.7.2 Mrs Makala

Mrs Makala was able to cope because she requested counselling from her bishop. She had questions she could not answer, and her bishop was able to help her with these. Through his counselling she could better understand death and dying, which made it easier for to her to cope. Mrs Makala put her trust in God, who promises that He will never leave her nor forsake her.

### 4.7.3 Mrs Kutu

Faith in the Almighty God helped Mrs Kutu cope with the death of her husband. She held on to His promises in the Bible . In the book of Isaiah God says, "So do not fear, for I am with you; do not be dismayed, for I am your God. I will strengthen you and help you; I will uphold you with my righteous right hand." (Isaiah 41:10). The scripture helped her to face the reality of her husband's death, knowing that he is no longer around, but someone far

greater than him is present with them. God would help her, strengthen her and uphold her. This promise reinforced her resiliency in the face of death. It was during her most painful moments that she experienced the goodness of God. She experienced His goodness when He gave her peace in the midst of her pain. God gave her the peace that transcended all the understanding; to guard her heart and mind (Phil 4:7). She experienced God as the God of impossibilities and the God of all situations. She was able to experience and face the reality of the loss of her husband because God was working in her life.

#### 4.7.4 Mrs Tholwana

Due to the bad quality of the tape recording of this part of the interview, Mrs Tholwana's recollection of the role religion played in her life during her mourning period, could not be analysed

#### 4.7.5 Mrs Metsu

Mrs Metsu had a great struggle after the burial of her husband. She would cry, especially when she saw photos of her husband. Her children would also cry with her. Keeping reminders of their husband and father forced and challenged the family to work through their issues with death. To ease that, she would take her children to the city and spend the day there. This helped the family a lot. She constantly thought about her husband, and would eat as a way of trying to forget. In the interview she related a story that occurred to her. One day, while she was walking in town, she experienced a blackout. Since then, she prayed to God to help her to stop thinking about her husband. She disciplined her mind to stop thinking about her husband. "Another thing that helps me is reading and meditating the word of God and spending time in

prayer.”

These are some ways in which spouses deal with bereavement after death.

The next section gives a summary of the analyses of the stories of the pastors' wives.

#### 4.8 Summary of analyses of stories of pastors' wives

##### 4.8.1 Circumstances surrounding the husband's death

Three of the pastors died at the hospital. They were suffering from chronic illnesses. Pastor Setlare had promised his family that he was going to join them in the near future. Even though he had cancer, they were not anticipating his death. The same applies to Mrs Makala, who was hoping that her husband would return home when his sugar level was stabilised. In both cases, their husband's death was sudden and traumatic. Mrs Kutu anticipated her husband's death as the doctors had informed her. Therefore, she was able to release her husband. Pastors Tholwana and Metsu's deaths were sudden and therefore, traumatic to the family. Four of the deaths were traumatic to the families.

##### 4.8.2 Response to deaths

Due to the traumatic nature of the death of four of the pastors, the responses from their wives were marked by similar emotional symptoms. The most common symptoms were disbelief, shock, numbness and anxiety. Mrs Kutu also experienced disbelief, even though she was present when her husband passed away and was able to release him.

### 4.8.3 Support

A support system is helpful when people rally around the families. This was evident in the following incidents.

All the pastors' wives received support before and during the funeral. The support also depended upon the resources of the church and the life span of the church. Mrs Kutu received support mainly from the Christian community because her church was still young and her husband was the only pastor.

After the funeral, she had no support. Mrs Makala was in the similar situation, but she had a bishop who assisted and supported her after the funeral. The challenge of a lack of support after the funeral is predominantly experienced by those wives whose husbands were founders of the churches. The churches are independent. Mrs Tholwana did not receive support after the funeral. The reason being the fact that her husband was only an associate pastor.

The other two pastors' wives received tremendous support before and after the funeral. Their husband's stipend was paid to them for a certain period. These two pastors were senior pastors and had been with the local churches for a considerable period. Even though all the pastors' wives received support, there was a lack of emotional support. Only Mrs Makala who received counselling from her bishop.

### 4.8.4 Roles and Relationships

All the pastors' wives had close relationships with their husbands. They had enjoyed one another's company and they were doing most of their activities together. Sharing about the pain of losing a partner, Alida Gersie says, "When we lose our life-partner, the person with whom we shared the intimacy of day and night, we face temporary desolation" (1991:153). This desolation can be described as "having no one with whom to talk over the day; no one who knows whether you have arrived home safely from work in a snowstorm; no one to share frustrations or celebrations." (Weizman and Kamm, 1987:132). These moments of desolation led to anger, intense longing of the partner and feelings of abandonment in the lives of the widows. The deceased spouse was accepted as part of the everyday existence.

These pastors also played the roles of good fathers and providers. Three of the widows were anxious about their lack of financial resources as their husbands were the sole providers. The death of their husbands led to a loss of reliable income. The loss of income was form of secondary loss.

Their husbands also played other roles within the home. Weizman and Kamm note this, "It (roles) is a way of perceiving yourself and defining yourself. In addition it involves many functions acted out in daily behaviours." (1987: 136). According to Mrs Setlare, Mrs Makala and Mrs Metsu, their husbands had specific functions in and around the house. The death of their spouses forced them to take over those responsibilities.

#### 4.8.5 Resiliency

The pastor's wives had the strength to get through the bereavement process with the help of their religion. All of them mentioned that faith in God has helped them to cope. This way of coping is confirmed by Cox when he notes,



“The role of spirituality in grief is to offer the grieving ways to express their grief, to share their grief, and to bring them back from chaos of traumatic death”. (2007:265). Faith in God has helped them to come back from the confusion of their husbands’ traumatic deaths. The idea that they will meet their husband again, that they are not alone, that God’s faithfulness and healing is possible with prayer, gave them the resiliency. However, psychological research questions the role religion plays during bereavement. This is noted by Stroebe and Stroebe when they write, “...even if the widowed who are highly religious had been found to adjust better to bereavement than those who are not, it would have been unclear whether to attribute such findings to spiritual or the social support offered by most religions” (1987:194). This is a reason for the lack of clarity on the role religion plays during bereavement. Kelley and Chan conducted a study that examines the roles of attachment to God, meaning and religious coping as a mediator of grief experience. “Less has been written on styles of attachment to God and patterns of religious coping and how these constructs may impact adjustment in a person dealing with loss”. Their study confirms that the resiliency that is shown by the participants indicates that religion is a strong predictor of the bereavement outcome. Their conclusion is that, People with a secure style of attachment to God may have faith or worldview that includes belief in a benevolent God who is continually available and responsive. David has this to say about the available and responsive God: “The righteous cry out, and the Lord hears them; He delivers them from all their troubles. The Lord is close to the broken-hearted and saves those who are crushed in spirit”

(Psalm 34:17-18). The participant's ability to cope was due to their secure attachment to a benevolent, available and responsive God.

To reconcile the above views, Cox writes that, "Using religion to manage traumatic death can produce both negative and positive outcomes" (2007:263). These positive feelings consist of connectedness with God, seeking and finding comfort and strength from God, and seeking help from God to overcome emotions that are related to the trauma. The negative outcomes include questions that are related to God's love and mercy, the power of God to heal and also the feeling of being abandoned or punished by God. Cox's remark to the two above-mentioned outcomes is that, "Those who experience positive religious outcomes will exhibit fewer negative symptoms and psychological stress. Negative religious outcomes could lead to depression, lowered quality of life, and other negative psychological symptoms." (2007:263). The participants have displayed positive religious outcomes.

One pastor's wife displayed a negative outcome. She questioned God asking why He took her husband when they were still young. She thought of God as unfair, and that thought traumatised her. Again, this proves that using religion to manage traumatic death can produce both positive and negative outcomes.

#### 4.9 Conclusion

This chapter focused on the themes that came out of the interviews with the widows of five pastors. Themes were individually analysed for each widow, and at the end analysed as a whole. Memories seem to be an element that remains, and this will help them to continue dealing with death and its reality. The next chapter aims to provide the explanations of the findings in order to produce a

caring approach that can be used to alleviate the impact of death within a pastor's family. The caring approach will use the Gerkin's shepherding model and Pollard's positive deconstruction theory.

## **Chapter 5**

### **Bereavement Caring Model**

#### **5.1 Introduction**

This chapter aims to provide the explanations of the findings, and to answer the research question what care approach can be used in order to alleviate the impact of death on the pastor's family? The findings of the study lead to the development of a pastoral bereavement caring model.

From the empirical data it was observed that bereavement can have a detrimental effect upon the mental and physical health of the bereaved (in this case, the pastor's spouse). In all the studied cases, death was untimely and sudden. Parkes supports this observation when he notes, "...it would seem that a timely death is more likely to upset the psychological adjustment of those who survive than an untimely one." (1986:169). The untimely death brought about trauma in some of the participants. Rando notes, regarding the sudden death of a loved one, "The squeal of sudden, unanticipated loss of loved ones tend to leave the mourner stunned, feeling out of control and confused, unable to grasp the full implication of a loss that is perceived as inexplicable, unbelievable, and incomprehensible." (1994:258). These untimely and unforeseen deaths bring

about different emotional reactions among the pastors' spouses, and this necessitated the development of this caring model. It intends to prevent the effects on the family's mental health from becoming pathological.

Gerkin's shepherding model and Nick Pollard's theory of positive deconstruction were used in developing the pastoral bereavement caring model. The six "R" processes by Rando, and some of the story-sharing practices by the Wimberlys, will be used together with the two models. In the following section the practices by Rando and Wimberly are briefly discussed.

## 5.2 Theresa Rando

### 5.2.1 Rando's six "R" processes of mourning

Theresa Rando, a clinical psychologist and a thanatologist who has researched extensively on the issue of bereavement, has produced a model consisting of six processes called six "R" processes to help bereaved persons to deal with the pain and reality of death; and the ultimate adjustment to life after the death of the loved one.

According to Rando(1993), a person who is mourning, experiences six major mourning processes. These processes are:

- recognizing the loss,
- reacting to separation,
- recollecting and re-experiencing the deceased and relationship,
- relinquishing old attachments to the deceased and the old assumptive world,
- readjusting to move into the new world without forgetting the old, and

- reinvesting

She prefers to use this approach of processes, because they offer the caregiver more immediate feedback and the ability to intervene quickly. They also help with the assessment of the mourner's current experience. The sequence of the processes may not be the same for mourners. They may move back and forth among the processes. These processes are also interrelated. The use of the processes provided assistance during the study, to focus on what the pastor's family going through after the loss of their spouse and father.

#### 5.2.1.1 Recognising the loss

The first step towards healing is the acknowledgement of the reality of death. A natural tendency is to deny the fact that a loved one passed away, and avoid confronting the situation appropriately. This lack of acknowledging the truth leads to the pastor's family members not re-adapting to their changed circumstances. According to Rando, one of the ways of acknowledging the reality of death is to view or touch the body of the deceased. The importance of this was once observed in a young lady's behaviour. She refused that her sister's coffins leave their home. She had refused to view the body, so she never got closure on her sister's death. Another essential element that helps mourners recognise the loss of a loved one is to understand the reason for their death. For the pastor's family to recognise their loss, they first had to acknowledge the reality of death. Then, they must receive facts around the

circumstances that contributed to the death of their husband and father. Most of the deceased pastors' family were present during or immediately after the death occurred. Their reaction of shock and indifference was an indication of their acknowledgement of the reality of death. They were able to relate exactly how the deceased had died.

A pastor was once requested to perform a ritual called 'ditatudi', (informing the community how the deceased met his death). By performing this ritual, he helped the family and community to recognise the reality of their loss. Ditatudi helps people look back at the life of the deceased. It gives them insight into the person's death, and this helps them cope on their own.

#### 5.2.1.2 Reacting to separation

Rando says that, "Once the reality of death has been recognized [sic], the mourner must react to and cope with that reality." (1993:47). She notes that the mourner should react in three different ways. These are: experiencing the pain of loss; expressing and accepting the emotions caused by loss; and identifying and mourning of secondary loss. The pain can be experienced across all aspects of human functions. The type and duration of the pain will differ from one person to another.

At their time of loss the pastor's family experienced the pain of separation psychologically, socially and spiritually. The next step in this process is for the mourner to express and acknowledge the emotions that are caused by the loss of death. They expressed their

emotions about the loss by reaction with shock, anger, numbness and denial. Lastly, the family had to deal with their secondary loss. Secondary loss comes in different packages. These include the roles played by the deceased, relationships, support and finances. From the empirical data it can be seen how the spouses of the deceased pastors mourned their relationship with their spouses, and the role they played within the family.

#### 5.2.1.3 Recollecting and re-experiencing the deceased and the relationship

According to Rando, “The processes of recollection and reexperience, also helps the mourner to identify any unfinished business she may have with the deceased.” (1993: 48). This ‘unfinished business’ refers to all aspects of the person, their mutual relationship and their attachment bonds. However, their relationship needs to be repeatedly reviewed. Through this review, the pastor’s spouse was able to identify the feelings and thoughts that needed to be processed in order to alter her emotional attachment to the deceased. One of the emotions was anger that her spouse had died without anyone alerting her of his departure.

The pastor’s spouse is tied to him by many attachment bonds. All these bonds, which sustain the attachment, contribute to the pastor’s spouse’s assumptive view of self and the world. Rando defines the assumptive world as, “an organized schema containing everything a person assumes to be true about the world and self on

the basis of previous experience.” (1993:50). These bonds must be revived and the feelings re-experienced; either in actuality or in memory. The pastor’s spouse needs to revive the bond of doing things together, for an example, going to the taxi rank together and re-experience the feelings of being loved and cared for. This process will help the spouse to gradually loosen the bonds and relinquish the attachment.

#### 5.2.1.4 Relinquishing old attachments to the deceased and the old assumptive world

In order to transform the previous relationship with the deceased, it requires that the widow relinquishes old attachments and the old assumptive world that she had with the deceased. Rando identifies two types of assumptions. The first one is, the global assumption. This relates to self, others, life and the world. The second is the specific assumption. It relates to the expectations the spouse had of the deceased. The death of the spouse violates both of these assumptions. A woman was angry with God and her husband. God had taken her husband away whilst she needed him, and her husband left without saying good bye. Therefore, both her global and specific assumptions were broken. The pastor’s spouse had to discover the assumptions that were violated by her husband’s death and learn to relinquish them.



#### 5.2.1.5 Readjusting to move adaptively into the new world without forgetting the old

When the assumptive world had been revised, the bereaved was in a position to reconstruct her assumptive world. For example, when the woman was buying garden tools her reaction made her realise that she needed to adjust to the new role of looking after the family garden. The adjustment to her new assumptive world brought about a new self and would culminate into a new identity. The pastor's spouse had to develop a new relationship with her late husband. This could be done by, for an example, singing his favourite hymn to remember him. The spouse adapted to new ways of living, knowing that her husband was deceased. She could keep all aspects of her life that were not affected by the death of her spouse. She adopted new roles, skills, behaviour and relationships in the place of those affected by his death.

#### 5.2.1.6 Reinvesting

By reinvestment, Rando means “the emotional energy once invested in the relationship with the deceased eventually must be reinvested where it can be returned to the mourner.” (1993:60). This reinvestment can be made in people, roles, causes or pursuits. It is imperative to note that these things will not replace the deceased, but can provide the emotional gratification that was lost when that person passed away. The following section will outline the Wimberlys' story sharing practices.

### 5.3 Wimberly A and Wimberly E

### 5.3.1 Wimberly and Wimberly story-sharing

The Wimberlys, in their quest to help pastors' families to tell their stories that often go untold, produced a narrative model called story-sharing. The story sharing process invites the pastor's family to reflect through a step by step process. The process consists of a framework that includes five primary practices. These practices are:

- the practice of unmasking,
- the practice of inviting catharsis,
- the practice of relating emphatically,
- the practice of unpacking the story, and
- the practice of discerning and deciding the way forward

The goal of this framework is to “uncover challenges, explore resilience, deciding ways of building and drawing on resiliency and experiencing the renewal breath of God.” (Wimberly and Wimberly, 2007:12). Through this process, the pastor's family was able to tell stories about the challenges they had encountered, and emotions they had experienced, They could decide on or recall their coping strategy.

#### 5.3.1.1 The practice of unmasking

This practice allowed members of the pastor's family to tell their story in an open way. They could hear for themselves in a manner that was not possible while their stories remained unspoken or held within. “Unmasking refers to the process of allowing internal and unspoken happening and circumstances of our lives, challenges and promises to come to life in a narrative form.” (Wimberly and Wimberly, 2007:38). It gives the pastor's family the opportunity to

recount the unexpressed happenings of their loss, and the circumstances that surround the death of their loved one.

#### 5.3.1.2 The practice of inviting catharsis

The process of catharsis allows a person to release the heaviness that has accompanied them while holding on to a troubling or challenging experience or circumstance. During this process, a person may experience pain or joy when she/he unburdens their heaviness of the heart.

#### 5.3.1.3 The practice of unpacking the story

“This process makes it possible for the person to attempt to uncover a fuller picture and to grasp what has already been done or still needs to be done in order to move beyond the catastrophic events and devastating circumstances.” (Wimberly and Wimberly 2007: 147). In this process, the pastor’s family explored both the negative and positive aspects of their loss.

The next section will outline Gerkin and Pollard’s the pastoral theories.

### 5.4 Pastoral care theories

#### 5.4.1 Gerkin’s Shepherding model

Gerkin, a pastoral theologian, conducted a survey on pastoral history. He traced pastoral care from the Old Testament through to the twentieth century. He says this of his survey, “Pastoral care as we know it today did not spring forth out of shallow soil of recent experience. Rather, it has a long history... The history of that care like a

family genealogy, reaches back as far as the collective memory of the Christian community can be extended.” (1997: 23). Some of the practices of the past were preserved and modified in order to shape the present tradition of what it means to be a faithful herder of God’s people.

From his reflections on the pastoral practices of the past, Gerkin proposes a pastoral practice. These practices perceive the pastor as playing the role of shepherding God’s people in order to give care to them. The pastor in, executing these pastoral care functions, is able to journey with the deceased’s family during their period of bereavement. The functions or roles from the shepherding model that were employed are:

- pastor as a shepherd,
- pastor as a prophet,
- pastor as a ritualistic leader,
- pastor as an interpretative leader, and
- pastor as a wise guide.

The above pastoral roles were buttressed by the pastoral care function as suggested by Lartey. The suggested functions are healing, sustaining, guiding, reconciling, nurturing, liberating and empowering.

The pastoral roles were used to address different themes which are depicted from the empirical data concerning the challenges that the pastor’s spouse had encountered after the loss of her husband.

#### 5.4.1.1 Pastor as a shepherd

The pastor as the shepherd of Christ's flock imitates Christ as the main shepherd. The pastor also acted as shepherd to the deceased pastor's family, in order to care for them during their bereavement. Gerkin, when using the metaphor of the shepherd notes, "In the more recent times the shepherd metaphor has been widely appropriated as a grounding metaphor for care-giving pastor." (1997:27). The image of a shepherd, in Psalms 23, depicts God as the shepherd.

Gitari commenting on the role of the shepherd notes, "The work of God, the Good shepherd will be to find the straying, to rescue the lost, to feed and tend the whole flock, giving particular attention to the weak and ailing members." (2005:13). The shepherd pastor fed the bereaved family with the relevant scriptures which sustained them in their situation. Lartey describes the sustainability pastoral function: "To be sustained is to find strength and support, from within and without, to cope adequately with what cannot be changed." (2003:64). As the family is supported by means of scripture, they manage to endure and triumph over their situation.

God as our shepherd has a relation with us. Jesus confirms this relationship when He says, "I am a good shepherd; I know my sheep and my sheep know me." (John 10:14). The close relationship of the pastor as a shepherd to the bereaved family opens an avenue into the family's personal space when they face the reality of death and its impact.

#### 5.4.1.2 Pastor as a prophet

The ancient community of Israel were, pastorally, taken care of by three classes of leadership. These classes were the priest, the prophets and the wise guides. The focus in this section is on the leadership that is rendered by the prophets. The prophets were God's servants. They reminded the people of Israel of God's word and God's will. "They were like ambassadors from heavenly court, who relayed the divine sovereign, will to the people." (Gordon and Stuart, 1982:153). Wimberly and Wimberly comment on the prophetic role of the preacher, "In this role, the preacher seeks to bring forth within the black worshipers a faith- and hope-centred prophetic spirituality through three specific nurturing movements including an authoritative disclosure, the critique of human behaviour and the challenge to act." (2010:134). As a prophet, the pastor, would seek to nurture the spirituality of the pastor's family in the midst of their pain and loss. Describing the nurturing skill of a pastor, Lartey writes, "Pastoral caregiver needs skills in both comforting and challenging people to encourage growth." (2003:66). The prophetic-pastor would seek to comfort the family and challenge their growth in faith and love with the authority of the word of God.

#### 5.4.1.3 Pastor as a ritualistic leader

Gerkin makes a note that even though we may not take everything of ritualistic tradition from our Christian ancestors, we have learned from them the ritualistic pastoral care practices. He writes, "...there is something of the sacramental, liturgical, ritualistic expressions of

care by the community of Christian believers to be learned from the church of the middle ages.” (1997:82). These expressions of care, which we have learnt from Christian ancestors, may be administered by the pastoral leadership and/or the Christian community. The liturgical, ritualistic and sacramental expressions of care may include the breaking of bread, the administration of baptism, and singing and praying for one another and with one another. One of the rituals consist of the communities of both the religious and the Christians coming to comfort the bereaved family. Mwiti notes, concerning this ritual, “In Africa, many local communities normally gather together after the announcement of death to provide emotional and spiritual support to the bereaved members of the family.” (1999:12). This support is the in form of praying and singing. He adds that, “music as a therapy in Africa assists the bereaved persons to express the deepest human emotion that cannot be expressed through another form.” (1999:12) Gerkin points out that the early church ancestors left a legacy for the pastor as a physician of the soul, “...from some of our medieval priestly ancestors we learn that to be a good pastor is to seek to understand the deepest longings, the secret sins and fears of the people so that the healing unction of our understanding may communicate that we and God serve care deeply and intimately for them.” (1997:82). The pastor, as a ritualistic leader, seeks to understand the emotional reactions that had been experienced by the bereaved family. They will seek to restore the troubled souls of

the mourning family. David reflects on God as his shepherd, and says, “He restores my soul.” (Psalms 23:3). This restoration of the soul means that the shepherd maintains the strength of the sheep. The ritualistic pastor or leader acts as a guide Lartey writes “Guiding is about enabling people through faith and hope, to draw out that which lies within them.” (2003:65) A ritualistic pastor enables the bereaved family to maintain the strength within them, thus restoring their troubled souls.

#### 5.4.1.4 Pastor as an interpretative leader

Gerkin came to a conclusion that the life of a congregation has five dimensions. He speaks of the congregation as a community of language, a community of memory, a community of inquiry, a community of mutual care, and a community of missions. He notes the following concerning the role of a pastor in such a congregation, “The caring pastor is one who gives leadership to the congregation’s exercise of all five of these dimensions of its life.” (1997:122). The caring pastor who nurtures the congregation, in an effort to fulfil these five dimensions is called an interpretative leader. Gerkin puts it this way, “The pastor nourishes and engenders a climate of mutual care in the community for which he or she seeks to provide interpretative leadership.” (1997:127). An interpretative leader guides the process by organising, providing training and supervision to the congregation, and by caring for one another.

#### 5.4.1.5 Pastor as a wise guide



According to Gerkin the enlisted pastoral ancestors that were found in Israel were the priests, prophets and the wise men and women. He says this about the wise men and women, "...they offered counsel of all sorts concerning issues of good life and personal conduct." (1997:23). The wise men and women communicated God's care to God's people: in the richness of ritual practices and in wise guidance. The pastor, through shepherding the bereaved family of the deceased pastor, will communicate care by being a wise guide to them. David, in his reflections on God as his shepherd, says, "He guides me in paths of righteousness for his name sake." (Psalms 23:3). The pastor, as a wise guide, communicates God's care to the bereaved family by providing guidance and counsel before, during and after the funeral.

#### 5.4.1.6 Conclusion on Gerkin's shepherding model

The use of the above-mentioned shepherding roles helped the pastor and the Christian community to pastorally care for the family of the deceased pastor. Gerkin's shepherding model fell short in providing assistance to the pastor's family when it comes to making changes that were necessary for the healing process. This is where the theory of positive deconstruction by Nick Pollard, will help the pastor's family to reconstruct their lives.

#### 5.4.2 Pollard's positive deconstruction

Nick Pollard developed this theory after an experience he had while fixing his car. When his car gave him problems, he bought car of the

same model with body parts that were in good condition. The engine was written off. He stripped both cars and used good parts to construct a new one. He positively deconstructed both cars in order to construct a new one. Pollard says of this theory, “The process is ‘deconstruction’ because I am helping the people to deconstruct (that is, take apart) what they believe in order to look carefully at the belief and analyse it. The process is ‘positive’ because this deconstruction is done in a positive way- in order to replace it with something better.” (1997:44). This process allows a counsellor or pastor to enter into the lives of the bereft, the counsellor listens to their stories. They can then start reconstructing their own lives, and those of their families. The theory of positive deconstruction was of great assistance to the pastor’s family, helping them rebuild their lives. They managed to renew their lives by keeping the aspects that were not affected by the death of their loved one, and adapting new skills, roles and behaviour in place of the aspects that were affected by his death.

## 5.5 Pastoral bereavement caring model

The development of the bereavement caring model was guided by the themes that emerged from the empirical data.

### 5.5.1 Response to traumatic death

The empirical data informs us that the death of four pastors was unexpected and traumatic. Corr and Corr write, “When loss or death is sudden and unanticipated, its shocks effects tend to overwhelm a mourner’s capacity to cope.” (2013:271). The pain of the deaths was compounded by indifference. African have a way of dealing with

traumatic situations like these. When a woman was caught in similar situation, her in-laws brought her an African medicine called “pitsa” (it is a pot of cooked African herbs). This medicine would help her to cope with the trauma of losing her husband. Due to the theological orientation of the study that was conducted, the counsellor of the pastor’s spouse did not rely on traditional medicine. Instead, he served her as wise guide, assuring her that what she was experiencing was normal.

A challenge that arises from the spouses’ reaction of indifference is the belief that she might be reacting that way because she was the cause of his death. Mbiti brings point across, “... African peoples believe that a particular person will only die from one of these physical causes because some human or other agent has brought it about by means of a curse, witchcraft, magic...” (1991:118). The bereaved pastor’s spouse could be accused of being the human agent who has caused his death. Edet endorses the attitude when she writes, “The accusation is usually made by sisters-in-law whose cordial attitude changes at the news of their brother’s death.” (Edet, 1995:31). She further refers to this period as that of hostility toward the deceased spouse when she notes that, “Among most African communities, the death of a husband heralds a period of imprisonment and hostility to the wife.” (1995:31). It is during this period, where the pastor could intervene as wise guide. He called the elders of the family together and explained to them the reason behind the widow’s indifference. The pastor was, pastorally, caring for

the deceased pastor's family members during that difficult stage in their lives.

The pastor could also play the role of shepherd to the family by assisting them with the funeral arrangements. The reason for providing guidance in this way is explained by Thompson, "When somebody is in the throes of grief, they can especially find it difficult to remember, difficult to think clearly or concentrate, and also their thinking time may be affected - that is they may experience slowness of reaction."

(2012:76). The pastor's presence and assistance was highly needed to guide the deceased pastor's family through their slowness of reaction.

In other situations, the deceased pastor's parents or relatives may not be staying in the same area as the pastor. This calls for the pastor, as the shepherd, to be available in helping the church and the family with funeral arrangements. Barrett explains the roles of the clergy during bereavement, "During illness, dying, and death, Blacks tend to have high expectations of the clergy ... the active participation of their spiritual leader during serious illness and death is very meaningful to members of the deceased family and community". (1998:93). Four of the participants mentioned that they were not involved in the planning of their husband's funerals. Their bishop or pastor had played the role of a shepherd by helping the family with these preparations. Therefore, just by being present, care and healing has already started with the help of the counsellor or pastor.

According to Rando, for healing to start taking place the bereaved must recognise the reality of death. Their reaction of numbness was an indication of the acknowledgement of the reality of death. Glick agrees with this, “The numbness constituted a brief moratorium from feeling, a time when they might know as a kind of external fact that their husband had died, but would not yet have to deal with the knowledge emotionally.” (1974:53). The occurrence of death has brought this temporary suspension of feelings. The family did not suppress their feelings in the context of being strong in faith. The pastor, as a wise guide, assured the pastor’s bereaved spouse that her reaction was normal and that it was the initial step towards her healing. By giving this assurance the pastor was, pastorally, caring for the bereaved family.

#### 5.5.2 Emotional Reactions

Within a few days or weeks after the funeral, the reactions of numbness and shock began to melt away, and the pain of her loss gripped the bereaved spouse.

The pain of loss is expressed through intense grief. The intensity of the grief may varies a great deal from one case to another. Empirical Data from the study shows that several emotions emerged.

One of the women who took part in the study was distressed because her husband promised to return home, but never did. Three of the women were gripped by anger. One woman targeted her anger at the doctors, whom she suspects might have done something wrong.

Another woman directed her anger towards God and her husband. She

was angry with God for taking her husband while they were still young, and angry with her husband for never telling her he was going to leave her. The other woman's anger was targeted towards her in-laws and family friends, who were pastors. Her in-laws took almost all of her belongings including food, and the family friends did not provide only support after the funeral. The attitude of her in-laws was observed by Edet when she writes, "Since she has no rights of inheritance, she can either go back to her family or establish herself on her own if she is an industrious woman." (1999:32)

Emotion that was experienced by families who partook in the study was anxiety. Their anxiety was caused by from the fact that they had to face the future without their husbands. They perceived it as bleak for both them and their children. Their anxiety also stemmed from a lack of financial resources. Some of the husbands did not have pension funds. The above-mentioned emotions brought the pain of loss to the bereaved family. Their reactions of the families indicated that they were experiencing pain, and they were on the road to healthy mourning. According to Rando, healing continues to take place when the bereaved person starts to react to the separation. She notes that, "Once the reality of death has been recognized,(sic) the mourner must react to and cope with that reality." (1993:47). By providing pastoral care to them, the pastor plays the role of a ritualistic leader. As the ritualistic pastor, they will become the physician of the soul. The pastor achieves this by seeking to understand the anger, the anxiety and the distress so that they can, pastorally, strengthen the family. The

Wimberlys' story-sharing model provided the pastor with the tool necessary to become the physician of the soul. The ritualistic pastor can employ the practice of inviting catharsis and can relate, empathically, in order to help the family put to words on what they are experiencing. The pastor could use the scripture to assure the family that the emotional reaction they felt was the same way Jesus and others felt.

Reading from the gospel of John, Jesus arrives at the home of his friend, Lazarus, who had died four days ago. He found Lazarus' sisters grieving. Jesus was also affected and the bible says this of His reaction: "Jesus wept." (John 11:34). From the book of Samuel, we find, once again, a situation where the men reacted emotionally because of the loss of their wives, children and property. The scripture says, "When David and his men came to the Ziklag, they found it destroyed by fire and their wives and sons and daughters taken captive. So David and his men wept aloud until they had no strength left to weep... David was greatly distressed because the men were talking of stoning him; each was bitter in spirit... but David found strength in his God." (I Sam 30:1-4). David, the man after God's heart, and his men were sad and cried bitterly; even more than some of the partaking families did. The men were angry and they had directed their anger towards David. David was also distressed by the situation, and all the men were bitter in the spirit. The above scriptures can be used to strengthen the bereaved family by assuring them that what they are going through was also experienced by figures like Jesus and David.

The pastor, will be helping the family to find their strength in the Lord their God; in the midst of their pain of separation.

### 5.5.3 Support

During and before the funeral the support from the Christian community and friends was overwhelming to the bereaved families. After the funeral, support for only two of the families continued. The support varied, depending on the life span of the church, administrative structure and the financial resources. In most cases, the support would last for a day or a week. The unfortunate thing is that this support stops during the time when the bereaved family starts to react to the separation. The support stops at the time when they need it most. This is the time that the pain of loss becomes severe.

According to Parkes, the needs of the bereaved spouse can be met by: "Some close relative or friend to take over many of the accustomed roles and responsibility of the bereaved person, thereby setting her free to grieve." (1986:180). In the African culture, one of the relatives would remain behind with the bereaved family to comfort them and help them. They will stay with them for a month or so. This practice has changed due to commitments that family members have, as well as the change from rural to urban life. In the case of the pastor's spouse, she did not have a family member staying with her due to the fact that the families were staying far apart.

The pastor, as an interpretative leader, plays a very important part by nurturing and empowering the church members to, pastorally, take care of the bereaved family. The interpretative pastor is guided by the



scripture that is found in the first letter of Paul to Timothy. In his commentary on the passage from 1 Timothy 5:3-9, Collins distinguishes between three categories of widows. “The first group consists of “real widows”, women over sixty who the community is to register... The second group consists of widows who are not “real” widows because they are not alone... Finally, there are young widows, widows who are still of marriageable age.” (2002:135). The writer of the pastoral letter shows concern for different groups of widows. From the empirical data all the pastor’s spouses had similar reactions to their husband’s deaths. Therefore, the interpretative pastor will take care of all widows irrespective of their status or age with the help of the Christian community. If there is no one who can help within the family of the deceased pastor, the pastor will involve another woman within the Christian community.

Another need of the bereaved spouse had after the funeral, was to have someone who will help her with household tasks and other responsibilities, so that she could start grieving. According to Rando, this is a necessary step towards healthy healing. As mentioned previously she calls it the process of recollecting and re-experiencing the deceased and the relationship. “The processes of recollection and reexperience also help the mourner identify any unfinished business she may have with the deceased.” (Rando, 1993: 48). The support that was given to the bereaved spouse helped her to discern issues that still remained to be addressed. As Nwachuku explains “She needs strategies for handling loneliness and desertion, and techniques for

decision making in her new role of leadership for herself and family.” (1995:76). The interpretative pastor could involve the widows in the church or Christian community. That person’s responsibility then includes the protection of the widow and to empower her in ensuring that she takes care of herself, eats well, sleeps well and does not withdraw and isolate herself. The duration of the person’s stay with the widow will depend on the nature of the death and the family make up. The pastor will, together with the Christian community, be pastorally taking care of the pastor’s bereaved spouse and family.

Another form of support that is needed consists of providing legal advice to the family. Nwachuku mentions one of these issues that the pastor’s spouse would need to meet when she writes “She needs to be counselled on property ownership and new occupational adjustments, so that she assumes her new responsibility as family sole bread winner.” (1995:70). This kind of support is usually rendered by the husband’s brother or close relative. The pastor, as a wise guide, will inquire from the family of such a person, and suggest their guidance accordingly. With this kind of support after the funeral, the deceased pastor’s family will be, pastorally, cared for by the pastor and church.

#### 5.5.4 Roles

One of the biggest struggles that the families from the study had after the death of their husbands, had to do with functions in the family.

Three spouses mentioned that their husbands had certain roles they played in the house or marriage. Their husbands were responsible for gardening, repairs in the house, financial management and taking care

of the family vehicles. The death of their spouses forced them to take a responsibility for the tasks that were previously not theirs.

Rando, in one of her six “R” processes, suggests that in order for the bereaved person to carry on with healing, she must readjust to move adaptively into the new world. She notes, “To be healthy, over the long term the mourner cannot continue to behave in the ways she did when the loved one was alive. She must begin to act in accordance with the fact that her loved one has died and must be accustomed to the new world without the deceased and move into it in ways that reflect the fact that he is no longer present as before.” (1993:58). Adaption to the new world entails finding new ways to fulfil the needs and tasks that were previously done by her deceased husband.

The bereaved spouse has to learn new skills and roles that are necessary to perform the tasks which were previously done by her husband. The spouses from the study were uncertain that they could be able to manage the new tasks. The advantage of this adaptation is that, “the widow may gain new aspects (e.g. feel more competent because she has mastered new skills”, lose old ones (e.g. shed passivity), and/or modify the new ones she retains “e.g. recognize (sic) that she can have a career and be a good parent simultaneously.” (Rando, 1993: 59). The adjustment to the new world will bring about a new self that eventually culminates into a new identity.

The theory of positive deconstruction helps the bereaved spouse adjust to the new world. Pollard says this of the process, “I looked carefully at each part to see whether it was good. If it was, I kept it. If it wasn’t, I

threw it away.” (1997:45). The pastor, as a wise guide, will encourage the bereaved spouse to identify the tasks that were previously done by the deceased husband. She will then assess which tasks she can handle. For those that are beyond her ability, she can solicit assistance. The tasks that she is able to handle, she can do herself. Nwachuku suggests the following, “Properly organized (sic) counselling sessions are needed in which the widow is taught to appraise her new situation realistically and equipped with new skills in order to avoid being disappointed by having undue expectations of the community.” (1995:70). The pastor may then provide advice or recommend a person who may be of help to the widow. The application of the theory of positive deconstruction may lead the bereaved spouse to find a new identity.

The forming of the new identity brings to mind the story of the woman who lost her husband. The husband was a prophet, serving under Elijah, and the woman was a housewife. When her husband died, she left her in debt. The debtors came and demanded that she settle the debt. When she could not pay them, they wanted to take her sons as their slaves. The woman reported the problem to Elisha, the prophet. He advised her to use her little oil to generate income in order to pay the creditors. She was able to pay the creditors and with the money that was left over, she supported her family. The advice from the prophet changed her identity from that of the housewife to a businesswoman. (II Kings 4:1-7). According to Rando, “...Close relationships, interactions we have with the loved ones helps us define

our sense of self and identity.” (1993:59). The wife of the deceased prophet went to Prophet Elijah. He helped her to change her identity to that of a successful businesswoman. The pastor, as a wise guide, will help the pastor’s spouse to redefine her identity in order to carry on with her life. Nwachuku commenting on the support writes, “The therapy sessions within the church’s counselling ministry provides the widow with an opportunity to re-evaluate herself as a real person and not someone else with a social stigma or taboo.” (1995:70).

#### 5.5.5 Resiliency

The death of the pastor can either challenge the religious faith of his spouse or strengthen it. The pastor’s spouse who was angry with God serves as an example. She questioned why God had taken her husband during their early years of marriage. She even refused to attend church due to her trauma, and transferred her anger towards the church. In other words, in a negative way her process of making sense out of the situation had started. Her faith was shaken.

Empirical data revealed that four spouses got the strength to cope from their faith in God. This dependency on God provided them with a major source of comfort. Their faith in God helped them to come back from the chaos of the sudden and traumatic deaths of their husbands.

From the interview, one of the spouses pointed out that even though there were services and people comforting them, they did not hear them due to the numbness, shock and disbelief they endured.

The pastor, as the prophet of God, will be able to help the family by sharing with them the word of God. This pastoral work will be done

after the funeral took place; when the pain of the loss starts to be severe. The pastor needs to be sensitive in the sharing of the word. But also, the family could be having serious theological questions that stem from the pain that they are experiencing. With a lack of understanding about what is happening in their lives, the word of God or pastoral encouragement might lead to a negative religious outcome.

The bible has many scripture passages that can be used to comfort and strengthen the faith of the pastor's family. David in Psalm 34 says, "The Lord is close to the broken hearted and saves those who are crushed in spirit." (Psalms 34:18). Commenting about God who is close to those who suffer, Lartey says "The God who heals is not one who is far away. Instead, such a God is present all the time and bears all the pain and anguish of the sufferer." (2003:63). As a prophet, the pastor can comfort and strengthen them by assuring them that the Lord is close to them and will act as their Saviour. God has promised, through the mouth of Isaiah the prophet saying "So do not fear, for I am with you; do not be dismayed for I am your God. I will strengthen you and help you; I will uphold you with my righteous right hand." (Isaiah 41:10). Through this scripture the pastor can assure the family of the presence of God in their midst of His provision of strength and help during their bereavement. The pastor can also empower the bereaved spouse through the scripture that is found in the letter of Paul to Timothy. It says, "The widow who is really in need and left all alone puts her hope in God and continues night and day to pray and ask God for help." (I Timothy 5:5). The pastor will encourage the bereaved spouse to

continue her relationship with God and make all requests, challenges, and struggles known to Him. In difficult moments **she must** pour out her heart to Him. Wimberly's practice of the way forward becomes a tool that the pastor uses to empower the family. It helps the members to develop the needed practice and skill of putting their trust in God. Again, the pastor, as an interpretative leader, empowers members of the Christian community to visit and minister to the family after the funeral. Gerkin puts it this way, "The pastor nourishes and engenders a climate of mutual care in the community for which she or he seeks to provide interpretative leadership." (1997:127). The pastor should train and supervise laypeople within the church, to provide mutual care to the bereaved family.

## 5.6 Conclusion

The chapter started with the aim; which was to answer the research question that prompted the study. The theory of Rando, which is called the six "R" processes, was briefly discussed together with the Wimberly's story sharing pastoral model. The inclusion of the two theories was to be used to supplement Gerkin's shepherding model and the theory of positive deconstruction by Nick Pollard. These two theories were used in the development of the pastoral bereavement care model.

In the next chapter, the objectives of the study will be revisited. The findings of the study will be discussed and a check will be made to assess whether the objectives of the study have been reached. Recommendation from the study and for future studies will be made.





## CHAPTER 6

### Conclusions and Recommendations

#### 6.1. Introduction

The aim of this chapter is to highlight the results of the study, and to provide recommendations. The chapter begins with a discussion on the participants of the study. This is followed by a brief overview of the study. A summary of the findings is discussed after that, followed by the recommendations and limitations of the study. The recommendations focus mainly on what the church can do to help traumatised families. Recommendations are also made on what future studies can be undertaken in the area of bereavement. Special attention is given to when unexpected death leaves the spouse financially strained.

#### 6.2. Participants

Initially, all the spouses were going to be selected from the Baptist Convention of South Africa family (BCSA). Three were selected from the BCSA, and two from Evangelical Independent Churches (EIC). The selection of two widows from other churches was due to the unavailability of widows from the BCSA. The period of their bereavement differed from one to five years. They were invited to participate, and were assured of the confidentiality of the information they gave.

Initially, the participants of the study were going to include the children of the deceased pastors. The children of the participating spouses differed in age, and some of them were no longer staying with their parents. This necessitated the study to only focus on the deceased pastors' spouses.

### 6.3. Brief overview of study

Chapter two of the study deals with the research design and method. It also sketches the method of sampling and data collection. Chapter three focuses on death, its origin and the causes of death, according to African beliefs. This is followed by a discussion on people's attitude towards death within both the western and African contexts, and ends with the impact of death on the different areas of our lives. The fourth chapter tells the stories of the participants and how the passing on of their husbands had affected them. Several themes emerge from their stories. Chapter five provides an analysis of each participant, and the themes that are common to all of them.

### 6.4. Summary of findings

The aim of the study was to investigate the impact of death on the pastor's family. The outcome of the empirical data suggests that his death had traumatised the family. The following is the summary of findings of the study:

- The deaths of the pastors were sudden, unanticipated and hence; traumatic. In certain cases their spouses were not ready to let go.
- Due to the traumatic nature of their deaths, the responses from their wives were marked by similar emotional symptoms. The most common to all of them were: disbelief, shock, numbness and anxiety. These were different stages of denial, and they had to deal with each differently.
- The study confirms that the emotional symptoms are common to those of participants and women in other continents. Raphael, who has done extensive research on bereavement in Australia, writes the following regarding the death of a spouse, "the initial reaction is of shock,

numbness and disbelief. How can the partner who filled so much of life, so much of the bereaved reason for existence, be dead?"

(1984:183).

- The pastors' spouses were mourning secondary losses. Rando defines secondary loss as, "a physical or psychosocial loss that coincides with or develops as a consequence of the initial loss." (1993:20). Secondary losses come in the form of financial resources, roles that were played by the deceased and the presence of the deceased.
- There is a poor support system, due to the non-existence of the pastoral bereavement care model and the pension scheme within the BCSA.
- Support for families of pastors who are founders of their ministries is non-existent. In most cases, the founder is the bishop or the head of the church, therefore there is no one above him to help his family. The major question that remains is: who cares for the Bishop when death occurs?
- The resiliency of the deceased family stems from their faith and hope in God. Prayer and holding on to the promises of God, helps them to cope with the reality of death.

## 6.5. Limitations of study

- 6.5.1. The study focused on the pastor's spouse from the evangelical/Pentecostal streams. A study of a pastor's spouse who belongs to the mainline churches or other denominations, may yield different themes.
- 6.5.2. The participants were known to the person conducting the study, and this led to the themes being affected by the narrative stories gathered during the interview. A neutral researcher might have come up with different themes.
- 6.5.3. The participants were chosen randomly; without considering their age, background, education and number of years since they lost their husbands.

## 6.6. Recommendations

- 6.6.1. Pastors should be trained to come up with intervention in the situation where families experience loss through death. Stone says, concerning the role played by trained pastors, "...pastors-trained to deal with ultimate questions of meaning and value – can help people rediscover that living in a relationship with the loving and faithful God provides meaning even in the midst of tragedy." (1995:16).
- 6.6.2. The pastor's family must have their own family pastor, who will provide pastoral care to the family in the event of death. Even though there could be a pastor's forum in the denomination, there should be a pastor whose responsibility it is to build a relationship with the family and give pastoral care to them. The family will accept their family pastor easier than accepting a complete

stranger. The family pastor would also be expected to conduct follow-up visits after the funeral.

6.6.3. The church should create a pension fund that will assist the bereaved pastor's widow to survive financially; after the stipend from the church is terminated.

6.6.4. The creation of widow support groups, whose members consist of widows whose husbands were pastors, could be used by the church to provide support to the pastor's bereaved widow.

6.6.5. Recommendations for future study

6.6.5.1. Impact of death on both a pastor who is male, and a pastor who is female, who experience the loss of their spouse.

6.6.5.2. Impact of death on the children of the pastor, who may either be male or female.

6.6.5.3. The focus of the study was mainly on the pastors who belong to the evangelical/ Pentecostal streams. It would be of interest for the study to be conducted on pastors who come from either the mainline churches or African Independent churches.

6.6.5.4. A study could also be conducted to compare the impact of death from different races in South Africa.

## 6.7. Conclusion

This study has shed some light on the experiences of people who are traumatised by the death of a loved one. It also exposed the lack of emotional support by the church to the bereaved families, especially the family of the pastor. The study was focussed on the families of pastors, but the model can be used by the church to, pastorally, care for its members. Finally, the study

has motivated other pastors to financially plan for their family's future, so that their family is not a burden to the congregation. Workshops and seminars are held in order to help the church prepare for the future of pastors; especially through caring for their spouses and their children.

## **APPENDIX A**

### **QUESTIONARE FOR INTERVIEWS**

Can you share the way your husband died?

What process was used in sharing about the death?

What was your response to the sharing of the news?

What are the matters that came to mind whilst you were preparing for the burial?

Was the church helpful before/during the burial and after?

Was the help positive or negative?

The journey after the funeral led you into what type of struggles?

What emotions did you have?

Through your experience, how can you help others who will go through this experience?

## **APPENDIX B**

### **INFORMED CONCERNED LETTER**

#### Purpose of the study

The aim of this study is to investigate the traumatic impact of the loss of a husband and father in the family of the clergy. Currently, my denomination does not have a pastoral bereavement care model for such occurrence. This study is aimed at the production of a bereavement pastoral model that can be utilised by the church to provide care to traumatised souls.

#### Procedure to be followed

In order for the researcher to be able to do this research, information from the affected families is required. Therefore, three families from the Baptist Convention of South Africa and two families from outside the Baptist family will be interviewed. All these families are from African communities.

#### Risk and Discomforts

All information obtained will be treated as confidential. Pseudo names will be used so as to not put subjects at risk. The information will only be available to the University of Pretoria, and only if there is a need. In the light of this, the researcher is convinced that there will be no risk involved. This is a voluntary project where there is no gain either monetarily or in kind.

#### Participation's Rights

Participation of the subject is voluntary. The subject could withdraw their participation at any given time and without negative consequences.



### Confidentiality

Subjects and the University of Pretoria were assured that all information obtained will be treated as confidential. Anonymity was assured and that the data would be destroyed should the subject decide to withdraw. Only the researcher, subjects and the University of Pretoria will have access to the research data.

### Declaration of the subjects

I, the consent subject, have read and understood the content of the purpose of this research, and I am willing to be interviewed under the conditions tabulated in this document.

Researcher:\_\_\_\_\_ Co-Researcher:\_\_\_\_\_

Signature:\_\_\_\_\_ Signature:\_\_\_\_\_

Date:\_\_\_\_\_ Date:\_\_\_\_\_

## APPENDIX C

### Interviews of pastor's spouses

1. Mrs Setlare

#### **When did your husband pass on?**

He passed on the 19 September 2011

#### **What happened**

Yo! I do not know what really happened because my husband was going for chemotherapy for the last time since 2010. So he was there for three weeks that's when he said to us, He was going to complete Chemotherapy the session, the what, what transplant of the bone marrow.

And then, after two weeks when we went there it was on Friday. He said to us on Wednesday that following week he was going to be out of the hospital. We do not know what really happened because on Friday we went there, we talked to him, he was OK but things changed on Saturday morning. Then he passed on Monday evening.

#### **What process was used to share the news of his death**

Well because they called us it was during the night I think it was 12 o'clock or just before midnight. They called on the landline I did not hear it but my daughter heard it. When it started ringing on my cell phone, my daughter called me to answer the phone because she said mom 'it was something serious'. I answered the phone and the nurse told me that she was calling from the Pretoria East hospital and we must come to the hospital very urgently. I asked her how because it is 12 o'clock midnight and we are only two of us, we were not sure we are going to make it. She said that

we must try our level best to come there, she wants to see us. I asked her what was happening. She said it was bad we better come quickly. That is how we were told.

**Then you went to the hospital?**

Yes, we went to the hospital. I tried to call the lady I work with. She arranged for her son to pick us up to the hospital. On the way they called me again and ask for Rev Msiza's cell numbers because they saw him the day before. They said "can you give us the numbers of the pastor who was here?" I gave them the numbers. When we arrive there we found pastor of her denomination already there. He is the one who told us that my husband was no more.

**What was the response to the sharing of the news?**

Aha! It was bad. I cannot even explain because we were waiting for him to come home on Wednesday. We did not expect to see what was going on that day.

**When you say bad what do you mean?**

We did not expect that what we saw because he was there. We tried to speak to him but he did not talk to us, he did not look at us. So, it was just a shock. We were shocked. We were very much shocked.

**Then you came back home?**

Yes, because she said he must not be there for more than two hours. We must arrange for the funeral undertakers to come and remove him from the hospital. Pastor Mzasi(not his real name) was working on that because he knew that we were using Everest. He called the Everest people to come and remove him and we came back home.

**Then you came back home, what went through your mind while you were preparing for the burial?**

Well sometimes I was asking myself if it is true or not because I could not believe it, I could not just take it. Mmm! There were so many things that were coming into my mind. Some of the other things I was asking myself is that why did he tell us that he won't come back. (She started crying) He told us that he was coming back home on Wednesday. So you ask yourself maybe he knew he was leaving us, why did he not tell us. I was asking myself whether we were going to cope the two of us, just me and my daughter. Are we going to make it in life or fail? I asked myself so many questions that we could not get the answers for. (Crying)

**While you were preparing for the burial, did the church help you?**

Well the church did help us a lot. They were there from the first day. They came, they were the ones who prepared the food during the week, meals and everything. They were using the church coffers and for the burial also. I only bought the casket for him but all the food and everything, the church was responsible for that. And the arrangement in church and funeral the church was responsible

**After the funeral, how did the church help you?**

Yes, very helpful, they were always there for us. After the funeral, the whole week they were there with us in the morning at five o'clock prayed with us and in the evening at six o'clock. They carried on giving us the pastor's stipend, the groceries and they kept doing that. They were calling on us. They were there for us and I was satisfied and I know that my husband has rested in peace.

**The journey after the funeral, what type of struggles did you encounter?**

Well I do not know in which way but there was a struggle Moruti, to tell you the truth. My husband was always coming back home from work every Friday. It was very bad every Friday to find out that he was not coming. There are other things he was doing. I remember one day I asked somebody to do the cleaning of the yard. There were no spade, fork and I went to the shop to buy those tools. When I started picking them up, I started crying because it was not my job. It was very difficult for me. It is still difficult for me now because I even forget to take my car for service and even to lock the gate. He was always there to do things. We miss him.

### **Any other struggles?**

He was my husband, father of my daughter, he was my pillar. He was there for me any time I need him. I miss him. My other struggle is that when I go to church. It is difficult sometimes to face the church without him being there. Sitting down watching somebody preaching on the pulpit, ya is difficult sometimes. Because there is a table that was sitting both of us but since he left I could not sit there.

### **So, what happens to you when you go to church?**

I sit amongst the congregation because I cannot face them alone .

### **What struggles do you have when you go to church?**

I just miss his presence.

### **What emotional struggles did you encounter?**

I do not know whether I going to answer you. Emotionally Mfundisi, I miss my husband. It was a struggle before when he had the cancer. But from that time he was diagnosed with cancer from 2010 to 2011, we thought we have won the battle

because it was at the last stage. So I am asking myself what really happened. It was the last, last stage and doctors had promised that he was going to make it.

Emotionally I am asking myself so many questions whether they did anything wrong or mistakenly they did to him or what happened.. I really do not know.

**Through this experience that you went through, how can you help other who go through the same experience? What makes you carry on?**

Well, the thing that makes me carry on is that I am a child of God. I still have that hope that one day God is going to heal the wounds. So I think the only thing that keeps me going is the hope in Jesus Christ. Because otherwise I do not see anything, sometimes I think the hope in the Lord Jesus and the prayers because I know people are praying for me and praying my family and that keeps us going. The support I am getting from Minspo (Minister and Spouse), the support I am getting from individuals in the church, especially from the Tweefontein K and Tweefontein F churches they are there for us that keeps us going.

**How can you help if you meet another Mamoruti (pastor's wife) who goes through what you have gone through?**

I think the only thing I will tell that Mamoruti is that she must hold fast to the Lord Jesus. Because, otherwise if you have lost your husband is like the world has closed to you, there is nothing happening. I would tell the person to hold fast to Jesus because that is the only hope.

2. Mrs Makala

**When did it happened?**

February 2010

### **What happened?**

He was suffering from sugar diabetes and was using the injection for treatment. On that particular day on Tuesday he went to the hospital for check up. At the hospital they discovered that the sugar level was very low and they admitted him. On Thursday I went to the hospital to pay him a visit. When I arrived I found that he has passed on.

### **Did they tell you at the hospital?**

I only discovered when I arrived there.

### **Did they give the reason for not informing you?**

No they did not tell me.

### **When you arrived at the hospital and found that he has passed, what was your response?**

When we arrive at the ward, we met the sister leaving the ward. When I entered his ward, we discovered that the monitoring machine had stopped. I was accompanied by my aunt. So we tried to talk to my husband but he was quiet and there was no movement. My aunt checked his pulse and found that there was no response. We then called the sister who told us to go out of the ward and wait for them in the office. Afterward they came and broke the news that he had passed on.

### **What was your response?**

I did not believe what they told us. I had hoped that they maybe they had made a mistake it is not true what they were telling us. I had hope that he has not passed on. I had fear but I had hope that it was not true.

### **What made you believe that he is dead?**

The only time I started to believe he was dead was on Friday. During the week, I did not believe that he had passed on. I had hoped that, it could be told otherwise. I started to accept his death when I saw his coffin coming into the house. It was then I realised that he is dead.

### **What went through your mind as you were preparing for the burial?**

What I can say is that God helped me because the church also helped me. So, I had left everything in the hands of God. The song that says “Angisingedwa” (I am not alone) rang in my heart. In my mind, I knew that God was with me. He will never leave me even though people leave me. But God will see me through in this situation.

### **How did the church help you with the funeral?**

The church helped with the funeral arrangement and my Bishop helped me with counselling and also financially

### **And during the burial?**

The church helped me and they attended all the services and all the arrangements until the end of the funeral.

### **After the funeral?**

That my husband has passed on, I realised that after the burial. As I have mentioned, I did not believe what I was told. To me, it was like a mistake. You see before the funeral, there are people especially families making arrangements. I did



not have time to ask myself questions about what happened. So lot of things happened when all the people were around me. It was the time where I asked myself question. what happened and why did it happen to me?

### **Did you have answers to your questions?**

Yes because after that, I had to contact my Bishop to come and give me counselling. So I came to an understanding that what has happened to me is not because God does not love. But that everything has its own time. It was time for my husband to pass on.

### **What struggles did you have?**

When you are used to staying with someone and used to doing things together, you feel as if you have lost part of your body. We used to do things together but there are others things that need to be done by my husband. These are the things that became a struggle to me. Again when my husband passed on, I was not working and he was working on a contract basis. The company did not have a pension fund. We had financial difficulties and it was tough for me.

### **How did you feel when you realised that you do not have money?**

It was painful. If it was not for the Bishop, I had no ways of helping myself.

### **How can you help others who are going through what you experienced?**

The first thing I can help a person with, is to tell her to get counselling and understand why God has taken away your husband. We sometimes think that when you are young, you are not suppose to encounter the problem of losing your husband. We forget that God has His own plans. When we are with our husbands,

we always think that things will always be good. In life we need to understand and accept that one day you will separate with your husband. It does not matter how much you love him. But when time has come, God will take him. When that time comes you need to accept. The problem is that we do not accept. If you cannot accept you not will have a problem.

### **3. Mrs Kutu**

**Can you tell me when did your husband passed away?**

April 2011

**What happened**

He was suffering from kidney failure. So he had short breath. We took him to the clinic to give him oxygen. That was the problem

**Did he pass away at home or hospital?**

At Hospital

**Were you with him when he passed away?**

Yes, I was with him

**How were you told that he had passed away?**

When I arrived at the hospital, I found my father-in-law with him. He was at the x-ray to be checked. I enquired how long has he been there? It was a while, I then went there. When I arrive there they were already finished with the x-rays, they were waiting for the porter to take him back to the ward where he slept. I then requested for his x-rays report and pushed his stretcher to his ward. As we enter the ward, the

doctor wanted to see his x-rays report. So, he started gasping. I then started praying asking God to help him and not to take him. He was no longer talking. In the morning I had phone and talked with him but when I arrived at the hospital his condition had changed, I then enquired what has caused the change in the condition? They told me that they did not know and that was the reason for sending him to the x-ray to check what the problem was. Whilst they were checking the x-rays, he started gasping. They then moved him into the intensive care unit (ICU). At the ICU they dressed him and asked me to wait outside. Later they called me after they have checked the x-ray. So they asked me how I was feeling after they have told me that my husband will not be all right. So because I trusted God because He is so wonderful and good at all time and I reminded God His word that those who love you will ask you and you will answer. As I have asked you not to take him, he is still alive I do not have a problem. I will wait for the right time. From there they called me in and I realise that he was not all right. I went out and in again. I then hugged him and told him that I am aware that his situation is not good. So I thank him for being a good father to my children, we still love you if it your time to go, go we will remain behind and serve God where you left us. I then left him. As I was going out of the door, the machine stopped same time. I was still standing on the door watching it as it stops. I then went back to him and said to him "Well done my husband, thank God that you die whilst still a Christian you died as a hero, you are a hero. I then went to the doctors and told them that my husband has passed on. They came with me to the ward and checked and confirm that he has passed on.

**What went through your mind as you were preparing for the burial.**

Whilst preparing for burial, a lot of things came to my mind. Really is he gone? Because he was my best friend. We were always together and we used to do

everything together. Even when we wash, we washed together. When he goes to the prayer meetings, I would accompany him to the taxi rank. So lot of things were coming to my mind especially that I will never see him again. Even when I see people around me, I realise that he is gone. I came to believe that he has passed on.

**Was the church helpful before the burial?**

I cannot tell much because the church was still young and did not have lot of people.

**Was the church helpful during or after the burial?**

There was no help because we were starting.

**What struggles did you encounter after the funeral?**

After the funeral, the struggles I encountered had to with my in-laws. It was not good especially that I am left with children. My in-laws took some of the items from the house. They made me pay for the use of the church during the burial service. I am not working and no family member was working. The way it was, it was not good. Those were the challenges I encountered.

**You say most of the challenges came from the family?**

Yes, they came from my in-laws because I have children and they need to school and feed them and take care of family and other things. They did not help us after the funeral. They took everything and even food. Another challenge that I encountered relate to my husband's friends especially those who were close to him. I was expecting that those who were close to him and to myself would sympathise with us. But only to discover that as time goes on they were the people who sidelined me. That was my problem and I felt tormented.

**Were these friends pastors?**

Yes, they were pastors.

**Were the pastor's wife supportive?**

Only one pastor's wife was supportive.

**So you did not get support from pastors?**

I do have support from other pastors but those who were very close to family did not give us the support I expected. I did not get help I was expecting from the pastor's during my bereavement. This brought hatred towards them.

**What emotional struggles did you have after the funeral?**

The emotions that I had were intense anger and hatred. When I see pastors who were close to my husband, anger would rise such that I would struggle to talk and ended up crying. It caused me to compare my life before I became a Christian and after. The anger was caused by the fact that when I became a Christian, I was happy expecting Christians to show love to me. Instead non-Christians were better than Christians. That caused lot of anger to me. (She started crying)

**Through this experience, how can you help others who have the same experience?**

My experience is that people must not put their trust on people but put their trust in God. Putting trust in people makes you end up having anger against other people. I can help people by telling them that they must put their trust in God. God promised us in His word that He is the God of impossibilities and God of all situations.

Although if you have not experience the grief, you do not understand the pain that

goes with it. But when you experience that pain, you not see the goodness of God. When you look back ,the time I was with my children alone, I realise really that God wants you to be alone so that He can talk to you.

#### **4. Mrs Tholwana**

##### **When did your husband pass away?**

8 August 2009

##### **What happened?**

I was about to leave for the women’s rally. What actually happened is we were all ready to go. He stood at the door. Our son, John, was busy cleaning the car. When he had finished my husband and myself got into the car. My husband was on the driver’s seat. When we were about to leave, my son requested that we give him a minute to clean the car inside. We then moved out of the car. After that we moved into the car and my husband asked my son to adjust the mirror on my side for him. After that I noticed that his hands were slipping from the steering wheel. I looked close and realise that something was not right. I took hold of his hand and called to him, “Daddy what is happening?!!”

The head was slightly bent. John called on me to do resuscitation. I tried and nothing was happening. John brought a bucket of water, thinking that his father had fainted. His father has had a similar experience before. I called a friend to come and drive us to the doctor. I also called the neighbour, and she came with her two daughters. We also called a paramedic who does not stay far from my house. He tried to perform resuscitation but later he advised us to take him to Baragwaneth Hospital. He

phoned the hospital and alerted them that we were on our way to the hospital. We arrived at Bara and it was not busy. So we looked for the stretcher, and they were busy resuscitating him. Later my husband sighed and I had hope that he would recover. The doctors attended to him. Later the nurse called me into her office to do necessary paper work. I thought they were going to admit him because she was asking for his particulars.

She left me alone in her office but came back later. I think she did that thrice. Eventually she came and told me that my husband sugar level and blood pressure were OK. I then enquire what the problem was. She told me that it was cardiac arrest. I further enquired whether he will be OK. I think from my questions, she realised that I was not in the right condition for her to tell me the truth. Later on she came and said, “ Mom to tell you the honest fact, your husband has passed on”. I responded by saying, “just like that”. She told me that doctors have tried but in vain. I then requested to see him. They took me to where he was lying and he was covered with a red blanket. When I saw him, there was no sign of any struggle. He was just asleep. I then talked to him asking “Why did you leave me? What am I going to say to your children?”

### **What was your response?**

Like I said “kanjalo nje!”( Just like that). I had a dilemma of how was I going to tell John about the death. He was phoning trying to find out how his father is doing. I did not know who was at home with him. Fortunately the neighbour and the paramedic guy were there and they broke the news to my son. My mother was also present.

### **What went through your mind while preparing for the burial?**

Sho! There is such a lot. Remember I have one of our sons who was in prison. How was I going to inform him? He was with his father the previous week. Again, my other child, Busy, was in Scotland. How was I going to break the news? I never crossed my mind how am I going to bury him. At that time you do not think of many things. You have this thing, the person is not here. I must say that the support of Christians has made me strong. It helped me not to think much about how I am going to bury my husband. Everybody was busy helping us. But the idea that my husband is no longer there was the most killing thing. I was asking myself, how am going to live without him. It is as if your life has come to a standstill. You do not see beyond and asking yourself what am I going to do? It was better if he passed on when things were alright. There has never a time like that. You see! My elder son is in prison and the younger one is addicted to substance. On the other hand, despite all our difficulties especially the finances, our community project was starting to do well. It was now established and was about to be funded.

### **How was the church helpful before the burial?**

The church helped me a lot. We used to have services on daily basis. By the church, I do not mean my local church only. But I mean all churches in our area and even our denomination. We had three pastors from the Baptist southern region preaching in the evenings. We did not have much time. We were trying to get our son out of prison

### **The preaching of the pastors, did it comfort you? Was it helpful?**

I cannot remember.

### **During the burial, was the church helpful?**



They were very helpful. The church did everything. There was never a moment where I was told that things were not ok.

**After the burial, was the church helpful?**

The recording was poor to capture the response

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