

TOPIC: The Challenge to Pastoral Caregivers in the event of Sudden, Accidental Death.

1.1 Background to the Study

I was born and raised in a Christian family. As a matter of fact, the Christian practices have accompanied my life through and through hither to. I have seen and, to a large extent, participated in endeavours of pastoral care in different contexts people find themselves often. For example, people losing their livestock through disasters like floods and lightning, people grieving for loss of their family members through illnesses, or any kind of bad luck which our black people of this village refer to as 'sefifi' (the Batswana traditional way of referring to bad/hard luck or omen to such).

One of the very good examples is the incident of my own sister who lost her husband and her two children in a road accident, at a very tender age, which keeps coming to me as a challenge, not because it happened, but because of the serious trouble of depression, which affected a number of people, resulting from the said incident. She was depressed and we all were. She went through this depression and the family could only come close to her by way of trying to comfort her with their presence around her. We were all clearly both affected and infected by the same sadness because we had lost people, two children and a brother-in-law, who meant a lot in our lives as a family.

Depression, as it is seen and known in the medical world, is a disease (this will make part of the discussion in the research) This disease has the potential of being passed on to someone next to the one having it, especially when there is a passionate relationship

of love of any kind between them. Thus, the situation in question was infectious to all of us in the family.

We had to face this situation in many ways and from different angles. The road accident claimed the life of the three people who meant a lot to the whole family in a sudden manner that evades perfect description. This happened without considering what they meant to the life of those who are living, or how they meant whatever they did mean to them.

Several questions emerge when dealing with such circumstances. For instance the following one:-Can this life be viewed fair under the above circumstances and experiences in the world?

This became a question that haunted firstly my sister and secondly all of us. The question is asked every time when people are struck by death, more especially when it is sudden, in the quest of understanding the meaning of life or finding answers to their questions about the sudden loss of loved ones and grief. This question accompanied all of us during the burial of our family members; and it keeps coming back every time we face death.

We had to do everything with my sister during and after the funeral. In our understanding, we thought that a decent funeral would be the best comfort to her as it would be to ourselves. However, this never came to be. She had almost lost herself and probably the meaning of life. To some extent, we could understand why she was so helpless and downtrodden because we were also very sad and asking the same questions and we were not having answers. (Those questions will be dealt with in the research as we attempt to find answers.) I am here using the term downtrodden because she personally used the same term when she was trying to explain her feelings of emotional drainage that she experienced at that time as a result of her sadness and grief.

The experience led me to question the Church. Many times I tried to locate the pastoral element of the Church in such problems, but I only saw this pastoral activity during the preparations of the funeral and during the funeral. I could affirm that the Church was not wrong in anyway, because they did what is always done by Churches, and this include preparing for the funeral service program and assembling for evening prayers, what, in their knowledge, is right.

The fact that this family was so young, and with so promising a future left us asking, amongst others, the question why? However much we tried comforting our sister, in our eyes she was kind of resisting to be comforted, like Jacob mourning for Joseph in Genesis 37: 35. He cried and appeared to refuse the comfort that was given to him. Frustration was tearing her apart in a way that we could not describe. She had completely lost her reasoning and, I can safely say she had lost her meaning of life. This is the time which depression became part of her life.

As the journey continued, we sat seeking for alternative ways of dealing with and healing my sister. We decided out of responsibility, to take her (my sister) to a medical doctor, who was a general practitioner. We explained everything to him and he then referred her to a psychologist for counselling. In all reality, the family diagnosed her and only gave her to someone who had the capability to refer. In other words, it is true to say, we needed someone to work with her on our behalf. With the help of God, and as time went on, we won our sister back to meaningful life which; to date I can pronounce, she has resurfaced with dignity.

It happened that I started studying in the area of practical theology after all this had happened. I am not in anyway suggesting that this incident forced or caused me in anyway to study, but I naturally

yielded and positively responded to my call to do so after all that had happened in my life at that point. This was a long and completely different path which culminated into the realization of my call. The above story is not relevant to this study at this point. But one of the issues that I have faced as a Minister in these days is burying many people who died in both common and mysterious ways. Each time I bury someone who died through an accident, the case of my sister comes to my mind. As I prepare for the funeral, I keep asking myself, whether I really do address the plight of those who are mourning. The trauma and stress lead me to deeper theological questions about the pastoral care I have to practice when comforting the bereaved.

On the other hand, is the fact that as a Minister one practises under particular Church doctrines, which should not be transgressed, and this also sometimes becomes a barrier. The kind of pastoral care I give, or at least want to give, troubles me in a serious way as I want to find out whether it is appropriate, and that I do not leave people like my sister abandoned once again. Resultantly, I ask myself these questions about the best and appropriate pastoral care under the circumstances of depression. What is the best way of caring for those who are left behind?

Having been under pastoral charge for some time now, I can boldly say that the depressing circumstances are brought about not only by death, but by many other factors with which we are confronted in our daily lives. These include loss of employment, especially by bread winners, divorce, HIV/AIDS whether by infection or affection, suicide, the list goes much longer. The above challenges are facing pastoral care practitioners and in themselves demand a lot of energy and wisdom that no one can really claim expertise over.

I would like to focus on the kind of service we give to those people who experience this kind of depression resulting from sudden death, like the one my sister faced. It pains my heart when at times our brothers and sisters in Christ claim expertise over one another, and to witness the unhealthy relationships among, firstly, our fellow congregants, secondly, among Christian Church denominations and, thirdly, among different faiths whose numbers keep increasing constantly.

1.2 IS ALL KINDS OF DEATH THE WILL OF GOD?

Death is the ultimate mystery of all things in life. With all our philosophies, our talents or gifts and our religions, no one has a clear witness or understanding of what lies beyond it. We all can affirm with absolute certainty that it is a journey that we all must take as part of our life. The most preached Gospel by all our Churches in the event of death is 'it is the will of God' especially in those times when preaching is in the hands of those of our brothers and sisters who do not regard theological training as an integral part of and the need for one to offer sound pastoral intervention during traumatic times. Many times God does allow death to come in and, in fact, God has measured life and even define death. But is death always the Will of God? At the times when death comes, stricken minds are sent in voyages of thought. Engagement of logic tells one that even negligence does result in death sometimes. Human recklessness and malice can also result in death. It stands to reason then that such deaths are unfairly attributed to God's will. This attribute raise serious challenges as to the knowledge of the personality of God. Well, this phrase about 'God's will' is said or preached every time in order to comfort the mourners, but are we being fair to our calling by simply saying these things and leaving those we serve there? Are we teaching anything relevant to the founder of this

teaching, Jesus Christ? There are several authors who deal with the issue of death; Kubler Ross is the best one who helped me to research this topic.

She states:

“Dying is a human process in the same way as being born is a normal and all-human process” (Kubler-Ross 1991: 10).

No matter how much money, power, or prestige one has acquired during his or her life in this earth he or she cannot avoid it, and in the end one must give up everything he or she has spent his or her life working for, be it materialistic or otherwise. Unfortunately for the most part we live our lives in a desperate attempt to ‘make life better’ without putting any thought into the inevitability of death or the meaning of the life or why we are here. Yet, to live well means to learn to love.

In many ways, death challenges the attempt of making life better that is talked about. The loss of people we love and sometimes those people we depend on for our better lives, makes life very painful. This pain is made more severe by the fact that as much as we know that we too shall die, we never really think of it. We do not get any slot of time in the congested programmes of our different ministries in our churches to teach our brothers and sisters about death and love relatively. When one loves or is being loved, there is an evident risk of pain, disappointment, heartache or grief, because we are neither givers nor directors of the life we live. Hence, as we mourn sometimes, we should not mourn death as what God willed for us, but at least as what God allowed to happen. It should always be remembered that God allows natural laws to run their course, and so human beings can only grieve at that moment. Our different experiences teach us that death to us means loss, and in loss we grieve, and to grieve loss of a loved one, is

perhaps the most intensely painful experience any human being can suffer. Not only is it painful to experience but also painful to witness.

When we grieve, we 'walk in the valley of the shadow of death' (Ps 23:3). To the best of my knowledge no one has the right formula on how to grieve, whether right or wrong is another discussion. There is also no schedule prescribed by any constitution for the same purpose. We express different emotions differently, and it is natural to do so, in order to allow healing to our beings. A mixture of sorrow, anger, regret, emptiness, longing, sometimes even guilt, and sometimes more to the mixture is our common experiences. The above affect us and we respond to and carry them differently. To some, all these feelings completely consume us and forcefully, irresistibly push us into different kinds of self-destructions. One of those kinds of destruction manifests itself as depression. It is here that we need proper guidance and care.

1.3 Problem statement

The author raised several questions that arise as the result of an accident that occurred in the family. The following will help as the problem is explored:

- What is the best way of giving Pastoral Care in the Context of Stress and Depression caused by accidental Death?
- Does it still make any sense today to entrust people who are stricken by sudden death to the church and its pastoral care?
- Is the Church today capable of handling trauma pastorally in the case of accidental death?
- Is it by anyway possible for the depressed Care giver, to care for a member of the family, or to give help to a depressed person?

- How can the Caregiver who is not stressed/depressed enter the world of the depressed person and bring healing and meaning to life?
- Is depression something that is completely out of touch relative to the competencies of pastoral care, the church, and Theology, especially in the African community?

Whilst the above questions will help the author explore stress due to accidental death, that often leads to depression, pastoral care shall also guide the development of a model of working out a way in which the Church, with its competencies, can follow in order to be of help and care for the affected persons in the event of death, especially when it is sudden.

1.4 The Aim, Objectives and Relevance of the Study

The aim of this study was to help our generation of Pastoral Caregivers and those still to come, to deal more effectively and honestly with the affected people in the event of depression, especially the type resulting from sudden death. The study is intended to empower pastoral care practitioners to be more reliable in the context of depression given their social status which many still regard as that of someone above human frailties and weaknesses.

It was aimed at equipping young and contemporary ministers in the UCCSA with the knowledge of differentiating between and what they can do as leaders of the Church, and guiding the Congregational Church as to how they assist the people who are affected by depression during their vulnerable times through pastoral care. This has related at least three fields of practice, because it explored how theologically one has to interpret the circumstances of stress and depression in the event of sudden death, and seriously explore the medical and psychological fields with the hope to shed some light into

the subject. The relation has stretched in line with treating the human being in totality, which is the human being consisting of four quadrants, the physical, emotional, spiritual and psychological well-being which is what the human being is meant to be. A qualitative method was conducted in the current context using shepherding methods of study. This accentuates the value-ladenness of knowledge, the 'multiperspectiveness' of reality, the 'social-subjectiveness' of truth, and the role of social context and relationships in the social construction of reality and knowledge. The study facilitated and assisted the people to be free to own up to their feelings of pain without running the risk of violating particular laws given to them by those who are socially connected to them by various ties. I believe that will be a long way towards people's ability to complete healing of others and themselves. The study is aimed at affirming and stressing the following points:-

- Death can infect people with illness called depression
- Depression is a treatable illness
- Pastoral care practitioners and givers are 'frontline mental health practitioners' and
- Pastor's way of dealing with the problem of depression is unique and important.

It is after this exploration that Ministers in the UCCSA and pastoral care practitioners will be helped to heal those who are stricken by sudden death incidents, and also to heal themselves. It will be many steps in the line of re-calling the church back to what it is very often called to do.

1.5 Research gap

Having gone through a number of books which deal with the problem of facing the realities of sudden death, it is notable that there are acceptable volumes of bibliography regarding pastoral care in many instances. Research also covers the work done with grief and mourning through counselling. Considerable work is also done on depression and is evidenced by comprehensive books. The dying persons going through all stages of depression, as outlined well by Freud and later by many who used him as reference, are dealt with in a commendable way. It is however noticeable that there is a gap where the processes and procedures of dealing and taking care of the grieving and mourning through pastoral care in the congregational context is on the very thin side.

The work done at present and the placement of the subject of stress and depression only in the medical, psychiatric and psychological world is very conspicuous. It is resultant from this fact that, all challenges to the church about the subject are simply referral cases to the said practices. This has robbed Theological ministry and pastoral care of a conviction of potential over this problem. Further, it has resulted and given rise to a kind of syndrome ---'beyond my scope'--- on the side of the Church and its ministry so much so that many of the Pastoral Care Practitioners neglect the people who are suffering from this kind of stress that very often leads to depression. Kubler-Ross, as one of the out-standing writers on the subject, did a very good job in her work with the dying people, but Kubler-Ross has only dealt with the dying people. Although she has gained cardinal experience that cannot be overlooked, she has almost forgotten the grieving and bereaved in almost all her work. This includes people who are squarely struck by the death and loss of beloved ones.

The Church, on the other hand as well, has very often limited her focus to the preaching and actually the funeral service. In many instances, unfortunately, we see the Church making use of these circumstances to articulate its doctrines, showing what a particular Church denomination it is and what makes it different from the other. Crucial theological praxis is critically overlooked, and sometimes even remote to the current church leaders. The current bibliography is rich in dealing with the subject of stress in the work place. Different work environments and careers are covered including nursing, teaching, mines, sports and various others. The work of counselling the bereaved and/or the grieving is well documented by the afore-mentioned sciences except theology. The study is intended to revise the minister's responsibility of counselling the bereaved through sudden death utilizing the wisdom from the medical, psychiatric and psychological sciences. The author shall also come up with a possible enrichment from the journey. The said fields are hereby chosen as disciplines to interact with and borrow from where necessary and possible. This is motivated by the intra-disciplinary empirical theological approach, which promotes theology's openness to dialogue with other sciences with regard to tools and methodologies.

Thus, the study intends to fill this gap and to maximize the church's responsibility by contextually re-claiming its competence and potential over the subject of depression, through pastoral care.

1.6 The Research Design and Methodology

This is a study that is intended to help pastors revise the effectiveness of their pastoral interventions, some of which have become predefined and the same in all situations. Thus, the study evaluated what already exists in our pastoral care practice relative to its current

meaningfulness, effect and appropriateness. Apostle Paul, standing as one of the outstanding apostles who proclaimed the gospel of Christ to this world, whilst he was talking to the Corinthian congregation about God said:

“who comforts us in all our troubles, so that we can comfort those in any trouble with the comfort we ourselves have received from God” (2 Cor. 1: 4).

The apostle was certain with this comfort to comfort all in any sort of trouble, and this has in no way excluded troubles of been hurt through sudden death. It might be questionable today whilst pastors and ministers are confident with the word of God and what it all means to people, whether we are able to share this comfort appropriately and adequately. Put simply, whether we can share the experience.

The study should unfold the two spheres of empowerment by God as proclaimed by Paul namely:

- The reception of comfort from God.
- The experience of being in trouble, in this instance, grief inflicted by sudden death.

The investigation will be complemented by providing guidelines to the Pastoral care givers especially the young ministers. Participant observation approach will be the basis of the entire study. This model will be further used within the framework of qualitative strategy of information gathering and interpretation. I shall explore different dimensions of the phenomenon that the study is faced with, and give interpretations of different experiences.

Thus, the research will follow a qualitative approach using shepherding method of pastoral care as laid down by Gerkin, and will involve Campbell, as he also used the approach in his ‘Rediscovering Pastoral Care’ in the event any shortfall.

Gerkin assert that: 'More than any image, we need to have written on our hearts the image most clearly and powerfully given by Jesus, of the pastor as the shepherd of the flock of Christ. Admittedly, this image originated in a time and place in which the shepherd was a commonplace figure, and we live in a social situation in which shepherding is scarcely known, even marginalized vocation. Nevertheless, the New Testament depiction of Jesus as the good shepherd who knows his sheep and is known by his sheep (John 10: 14) has painted a meaningful, normative portrait of the pastor of God's people. Reflection on the actions and words of Jesus as he related to people at all levels of social life gives us the model sine qua non for pastoral relationships with those within our care and those strangers we meet along the way.

We need also to take with us our memory of those pastors of the past eras who distorted the image of the pastor as Christ's shepherd by assuming the authority to judge and direct God's people ---- an authority that rightfully belongs to Christ himself. Particularly in the time of the church's rise to power during the Middle Ages, but also in the time of Richard Baxter and his rationalist cohorts, the pastor tended to take on authoritarian power over the people in ways that corrupted the consciousness of the people---- and all in the name of Christ! The better, livelier exemplars of the pastor as the shepherd of Christ's flock have been those of our ancestors who exercised their shepherding authority to empower the people and offer care for those who were being neglected by the powerful of their communities. In important respects the monks of the good shepherd than were the Gregory the Greats, who used their pastoral authority to control and direct. Here, Sewald Hiltner's definition of proper shepherding as "care and solicitous concern" becomes an apt guideline for our efforts to embody the model of the shepherd in our pastoral work". (Gerkin 1997: 80-81).

It is resultant from the above that the guideline shall be followed as propounded by Gerkin but stemming from Hiltner's pastoral view.

In such situations as the need of care for the people in need of comfort in their hurt, it is inevitable that we as the Church are doing all that is in our powers to become Christ-like. But we find ourselves a number of times failing to be equal to the task as, one way or another, we fail in our attempt to answer the question “what would Christ do in the this situation?” with clear and positive conviction.

This is the very point that happens to be locatable at the roots of pastoral care as initiated by Christ, and seen through the ages by many practitioners of different classes.

Mouton, as in Manxaile, has summarized the principles that guide qualitative methodology as listed hereunder to indicate their relevance for the purposes of this study.

Firstly, qualitative analysis focuses on understanding social action and events within their particular settings and contexts. Of very importance to this study will be understanding stress and depression; dealing with grief, deconstructing practices and experiences in dealing with mourners especially those stricken by sudden death. This will be done with the intention of finding workable strategies within the present and maybe the primitive way of addressing issues around sudden death in families in their contextual situations.

Secondly, qualitative analysis attempts to focus on the natural setting of actors and the concepts they use to describe and understand themselves and their environment. The question to answer will be whether pastoral care has a meaningful place in the event of depression, or is it simply a referral case to other competencies like psychologists? That is, is there any reason today to entrust the people who happen to be bereaved through sudden death to ministers and pastors for shepherding? If it is, is the pastoral

caregiver doing what, in simple terms, would be done by Christ Himself in the same situation.

Thirdly, qualitative analysis attempts to reconstruct affected people's stories, accounts and 'theories' that help to mould and remain the integral meaning and coherence of the social phenomenon. It is here that interaction with the people who experienced this is necessitated. This will bring out the kind of pastoral care that was offered, how that care either helped or did not help them, and what in their view would be of help to them in the event of their grief.

Lastly, qualitative analysis focuses on the people's contextually valid accounts of their social life rather than formally generalization and simple explanations. In this regard, the field work of the study looks at assessing information that reveals something about people's lives towards an evaluation of what it could be. This is important because at death, whatever kind of death it might be, it is the beginning of new life to all who are affected life without the deceased. When grieving turns to depression, is the Church, as an institution, able to help people? (Manxaile 2000: 10).

It is a crucial question that accompanies the aims and objectives of this study, and challenges the contemporary relevance of the church, which this study shall attempt to answer as well.

Whilst Campbell applies this qualitative approach in his book 'Rediscovering Pastoral Care' as alluded to the above, he departs from a point of view and information by the conviction that first and foremost, 'Pastoral care is about human interrelationships and as such touches on individual experiences and personal values. Pastoral care, therefore, according to him has, unavoidably and fundamentally, 'mysterious

quality' to the extent that it escapes logical analysis. We therefore, need to devise an appropriate method for discussing the nature of pastoral care---one that appeals to the imagination as well as to the intellect'. (Campbell 1986: 18).

Campbell goes on to suggest that pastoral care is about shepherding. He actually stresses on what was said by many, yet learning it from Jesus Christ as the one who founded pastoral leadership. Shepherding in its nature mediates a sense of integrity, wholeness and steadfastness to those in need. The imagery of a 'shepherd' according to Campbell embraces all that is involved in providing care as illustrated in the biblical usages of the pastors that is used. He stresses that:

“Pastoral care is a relationship founded upon the integrity of the individual. Such a relationship does not depend primarily upon a caring attitude towards others which comes from our own experience of pain, fear and loss and our own release from their deadening grip” (Campbell 1986:37).

I think he had it right from the context of pastoral care practice. The congregational origins of pastoral care are rooted on shepherding, which is better understood by communities and congregants of the rural churches including the one I grew up in.

Campbell argues that the 'Wounded Healer' gains power by acknowledging weakness and by finding God's healing force at the moment of deepest despair. There is no short cut to such healing, no hope without fear, and no resurrection without the tomb's deepest darkness (1986: 41-2). He (Campbell) concludes his thoughts by pointing out that, it is only by acknowledging our wounds and confronting our own finitude that 'we too, in a small way, can be healers of others'. I reiterate the same by stating that, 'the Church in a smaller or bigger way, is a community of sufferers, and in the different

contexts the Church finds herself today, it is through free and spontaneous acknowledgement of pain that the power of God's love can be ushered into any grieving family through the loving pastoral intervention of the Church. Through this study, the Church might stand to re-claim her identity, and what rightfully belongs to the Church as per responsibility.

It coincides therefore that Campbell, as also Gerkin is, is an exponent of the wonderful works of Sewald Hiltner as he was viewed and recorded by Oates and Oates as 'someone who have marked the beginning of a new academic rigour in pastoral theology, one which takes theory in the 'secular' sciences of man seriously'. This is noted as consideration is done on Hiltner's stance and view of the shepherding as an image and model which can be used to better pastoral care practice.

Hiltner contributed a lot on freeing the term 'pastoral' from its association with the title 'pastor', which itself has become simply a synonym for 'minister' or 'leader of a congregation'. It is evident from the nineteenth-century textbooks on pastoral theology that, because of this association, 'pastoral' had come to mean little more than 'what the minister does' whether this was teaching, preaching, visiting the sick or even comforting the bereaved.

The challenges posed by stress and depression to pastoral care practitioners should be faced with appropriate courage of a Good Shepherd who lays down his life for the sheep. The courage of integrity alluded to the above, of an inner wholeness of oneness with God and with man and of a constant, invincible love.

Hiltner himself faced significant negative criticism after he came with this metaphor of shepherding, but he was never willing to withdraw it as a principal tool for the understanding of ministry, especially in such difficult contexts. The objections were many, but came because the metaphor/model was a relic of rural, agricultural times and thus was deemed to be unfit for use on modern urban societies. Besides, sheep were known to be notoriously unintelligent, stubborn animals and their comparison to intelligent human beings was judged and seen to be insulting and inaccurate.

The criticisms were seriously strong then, but looked at and analysed against current times of human intelligence and technology. It brings an effect which, kind of, burns out pastoral care practitioners until the entire product results in churches consciously or otherwise neglecting congregants suffering in their stresses and ultimately, they are led to all stages of depression.

It is true that the metaphor involves the assumption that there is a person who knows what is good for the sheep far better than the sheep themselves. This is true with sheep, but it is dangerous and ill-founded assumption to make about the relationship between pastors and congregants. The author knows all this because he comes from that background where he was himself a shepherd and has seen all that it takes to be one. What the critics are missing is the knowledge of the inner relationship and inter-connectedness of the shepherd and his flock.

But Hiltner as well knew and lived what he suggested. He pointed out that a metaphor is designed to be suggestive rather than literal. The entire concept of shepherding helps to draw a significant boundary between Hiltner's educative approach to pastoral counselling and

Rodger's client-centred approach to counselling. Hiltner was convinced that a responsible and dedicated pastoral shepherd can see dangers which the congregant cannot see, within the perspectives in which *he* works, which include healing, sustaining, guiding and reconciling. (The--- he--- referring to the shepherd, does not intent to be sexist but is only to paint the original picture of what a shepherd was in normal agricultural patriarchal terms)

The people who are in pain, grieving and mourning for their lost love one through sudden death are in a period when their faith is tested, sometimes seriously tested. They need sound pastoral counselling which will always include the possibility of guiding. There come a time in this period of counselling relationship, when the pastoral guidance is not what it is called to be:

“Pain in the biblical perspective is real; it can be destructive and redemptive, debilitating and creative. Pain may produce a feeling of the absence of God or an invitation of the presence of God.” (Oates and Oates 1985: 13).

A skilful shepherd knows the pain of his flock and situations that either lead or have the potential of leading to pain of any kind. It is for this reason that a shepherd in the practical and literal sense will have in his possession, for example, oil, ‘band-aid’, and anything that a painful need might call for during his time of watching over his flock in the grazing fields. John Chrysostom concurs with this as he speaks of the qualities required of the pastoral care practitioner:

“so the shepherd needs great wisdom and a thousand eyes to examine the soul's condition from every angle... The priest, therefore, must not overlook any of these considerations, but examine them all with care and apply all his remedies appropriately for fear his care should be in vain... If a (person)

wanders away from the right faith, the shepherd needs a lot of concentration, perseverance and patience. He cannot drag by force or constrain by fear, but must by persuasion lead (the person) back to the true beginning from which he (or she) has fallen away” (Gerkin 1997: 31).

The shepherding model proves to be an original line and method of care as was practiced by Jesus Christ, who is the founder of this faith. Now that all believers are following him up in his mission and it is evident that the road often lead us to situations of doubt, or are simply are lost along the way, we are fortunate to be still remembering Jesus as was seen by David, a Shepherd, a Good Shepherd that goes to an extent of giving his life away for the sake of the flock. Let us learn more about the shepherd not only for the sake of this study, but also for the improvement of our own faith and skill in exercising our mutual responsibility in Churches and societies. In that way, we shall craft an understanding of what Paul meant when he talked to the Philippians saying:

“For to me, to live is Christ, and to die is a gain” (Phil. 1: 21).

This is what through pastoral care we shall always do our best to convey to those who are mourning their loved ones through sudden death, and death through all sorts.

1.6.1 A Closer study at the Shepherd Perspective

It is not usually very simple to define or categorise operation-centred forms of theology with enough clarity and specificity, and enough profundity, to enable theological disciplines to be formed around them. But the suggestion of Rodney J Hunter still appeals to the author’s

audience. He holds that the heart of Hiltner's proposals under this topic can be best illustrated by three headings:

1.6.1.1 The concept of perspective

1.6.1.2 The threefold structure of pastoral perspective and

1.6.1.3 The specific concept of shepherding perspective

1.6.1.1 The Concept of Perspective

Hiltner is convinced that the true practice of ministry or the Christian life can never be adequately grasped or described, for theological or practical purposes, solely by enumerating the outward, public and often social conventional social roles of the profession, for example preaching, leading of worship, counselling and administration. He, therefore, proposed that ministry should not be conceptualised fundamentally in those terms. Instead, through an insight derived from process philosophy, he proposed that the acts or operations of ministry be grasped by a concept combining the pastor's subjective orientation with a corresponding objective claim on the pastor from external reality. In other words, ministry is partly a matter of the pastor's aim, goal, intentionality, and faith; but it also entails a realistic response to the world's need, or more accurately, to God's call to serve the needs of the world realistically and in accord with the divine will which may not coincide with our own.

The term by which Hiltner proposed to designate this fundamental structure of ministerial action was 'perspective', a term perhaps unfortunately chosen in view of its strongly subjective connotations. 'Dimension' would probably have been a better choice. It is by implication that Hiltner was inexplicit about his process of presupposition here---true ministry occurs when our subjective aim or goal, which is elicited or influenced by God, matches what God is objectively calling us to do in the world; and subjective and objective

poles of perspective correspond. Conversely, when subjective intent and objective call are not in correspondence, when the pastor fails to discern or properly respond to the true or authentic ministry, false ministry is the result. Presumably, it is possible that God's will may be done despite contrary intentions by the pastor but such occurrences would not properly be called ministry.

When we look at the whole concept of this perspective by Hiltner and relate it to pastors, we find them being challenged by high frequency of having to discern God's will in the event of illness and death. Because of such it is one of the very high obligations in every pastor's schedule of work in our congregations today. But whatever the presentational deficiencies, Hiltner's attempt to define ministry, for theological purposes, at a level deeper than social role, by means of the concept of perspective was striking, significant and a significant innovation. He hoped to define pastoral practice through this conceptual device in a more profound and coherent fashion than had previously been achieved, and in a way that would be significantly true to the depth and richness of actual practice to enable significant theologizing to occur from within the pastoral context.

1.6.1.2. The threefold structure of pastoral perspective

This is the second point in Hiltner's description of ministerial practice which distinguishes three, and only three fundamental perspectives. It claims that all ministerial actions can be described and guided in terms of these three orientations and their continuing interplay and that a distinctive branch of operation-centred theology can be constructed from each of them. They are shepherding, in which the pastor's aim or goal is described with 'tender solicitous concern' toward the welfare of particular individuals or small groups of persons in their individuality,

organising, in which pastoral concern is directed toward the corporate social and institutional needs and welfare of the church and their wider community. Helping it become the true organism, the body of Christ; and communicating, in which the pastoral aim is focussed on what might be called the cultural or symbolic level of need of church and world for meaning, truth, and moral vision through the articulation of the gospel.

In reality, these three forms of need cannot be separated in any categorical sense; they are mutually interdependent. But in practice, that is, from the perspective of one who must act concretely in response to the world, some differentiating and focusing become necessary. Practitioners must prioritise and concentrate their effort in one of these directions at any given time, while much they must also keeping the whole in view and be prepared to alter their dominant perspective.

One needs not elaborate further on the exact meaning Hiltner assigned to the organising and communicating perspectives, but do want to stress the ambiguous relationship of all three perspective to pastoral role functions and especially the interrelationship and fundamental inseparability that Hiltner ascribed to them. A proper understanding of these relationships is crucial for appreciating the depth, subtlety, and descriptive power of Hiltner theory as a whole.

Typically, activities of personal care and counselling express the shepherding orientation insofar as individual need and welfare are at the centre of attention. Leadership functions are normally conducted in the organizing perspective because institutionally need is foremost, while preaching, leadership of worship and teaching ordinarily express

the communicating perspective's aim towards noumenal, spiritual, or symbolic need. However, always apply and can be highly misleading.

Perspectives cannot be equated with social or functional roles. In reality, the richness of this theory lies precisely in its distance from simple functional role definitions, and the flexibility and subtlety of analysis and guidance that such distance provides. This complexity, however, is also the source of frequent misunderstanding.

Hiltner vigorously insisted that all three perspectives are needed for understanding or guiding any particular act of ministry, but that in every concrete situation one or the other will upon, a discerning analysis of the situation, be found to provide the primary structuring for the ministerial event, thus a personal conversation with a congregant may indicate that an emotional or psychological need should be the dominant focus rather than some programmatic, administrative, or disciplinary concern of the church or some specifically spiritual need at the level of meaning, truth or moral direction.

Yet in true ministry all three kinds of concerns are present with the pastor even if one perspective, for the time being, is dominant. Thus, there is no situation such as counselling that can be adequately defined by only one perspective approach such as shepherding. Attention must be given to all three even if priority is given to one, and the pastor must be ready to change the orientation focused on emotional or family problems, a solution or insight may emerge which brings forth another dimension, such as the need for an explicit hearing of the gospel or the need for deepening one's relationship to the community of faith, or to society, or the need to be disciplined, or guided by the larger body. By the same token, pastoral leadership in an institutional context may bring forth special needs for prophetic

utterance communicating or for 'tender solicitous care' of individuals, which is shepherding. The three perspectives thus function with continuous relevance to every situation in variously ordered priorities and with the possibility of situationally-indicated changes in priority. This calls for true spiritual discernment on the part of the pastor and the responsible exercise of judgement in ambiguous situations. It obviously eliminates rigid interpretations of what ministry should be in 'typical situations' as dictated by role definitions. And it allows for a rich diversity of practical emphases and orientations in response to the specifics of given circumstances, viewed within a fundamental unity of purpose. This is true that even though Hiltner failed to specify in precise theological terms what that unity of purpose is.

Theologically, then, pastoral theology is not simply the theology of pastoral care and counselling defined as a theory of fundamental roles, but is that theology emerging from the theological examination of any and all acts of ministry where the shepherding perspective is dominant. More precisely, pastoral theology is:-

'that branch or field of theological knowledge and inquiry that brings the shepherding perspective to bear upon all the operations and functions of the church and the minister, and then draws conclusions of a theological order from reflection on these observations'

Pastoral theology in this sense is distinguished from those operation-centred disciplines arising from the other 'cognate' perspectives of organizing, ecclesiastical theology, and communicating, homiletical and educational theology.

1.6.1.3 The Concept of Shepherding and its 'aspects'

“Hiltner chose the ancient image of the shepherd for his perspective related to individual care despite its anachronistic ring in the modern setting, despite its inconsistency with the less metaphorical terms given the other two perspectives and despite certain inadequacies inherent in the image itself.” (Campbell 1981: 41-45).

In taking these risks, he was obviously more concerned to emphasize the biblical and historical continuity of contemporary pastoral care and counselling which has been much influenced by secular psychologies and is often unconscious of its history. He was not, however, unconscious about the limitations of this metaphor and later sought to correct and supplement them.

Perhaps the simple term 'caring' would have been better. In any case, the basic idea remained unchanged. Central to the content of shepherding is the shepherd's solicitous concern for the welfare of the sheep. To this attitudinal orientation: the necessary presence of some degree of receptivity to help. The latter point is especially significant. A distinctive feature of Hiltner's shepherding theory in pastoral theology and its practical implementation in care and counselling is the responsibility he assigns to the congregants.

In his view, which Hiltner borrowed in large part from Carl R Rodgers but which he regarded as quintessentially Christian, the pastor facilitates the caring process in various ways but does not control or coerce it. At least insofar as pastoral care expresses shepherding and not, say, organizing, its cardinal feature is the priority it gives to the immediate needs and resources of the individual. What he did not say but clearly implied was that these needs and resources are in some sense bearers

of divine grace, and not exclusively human properties or attributes; they lead one into a deeper life in the spirit. Thus, for instance, the mobilisation of internal healing powers eventually moves the process beyond immediate biological and psychological healing to a deeper life in the spirit just as a deepening or awakening of spirituality will have ramifications for biopsychic wholeness within the shepherding perspective.

Hiltner argued, it is possible to distinguish three specific forms or 'aspects':- i.e. healing which aims to restore functional wholeness that has been impaired as to direction and/or schedule; sustaining, in his revision of the traditional concept of comforting which is defined as the 'ministry of support and encouragement through standing by when what had been broken or impaired and is incapable of total situational restoration, and guiding, which he initially defines as helping persons 'find the paths when that help has been sought.

Later, following a lengthy and intricate discussion, he describes guiding as an 'educative' process in which resources and directions are 'educated' or drawn forth from the individual to aid in finding his or her own paths.

Hiltner's argument about guiding requires an additional clarification. Guiding is defined as educative since it is an aspect of shepherding. Other forms of guiding, such as moral persuasion and reasoning, classification of alternatives, or providing information, through appropriate and necessary as pastoral care, in many situations would belong to another perspective. Moral guidance is not limited in principle to its educative form through the shepherding perspective, though Hiltner did emphasize its importance polemically against the dominant historical tendency to impose corporate values on individuals without honouring and developing their 'internal' capacity

to participate creatively in the search for, and implementation of, moral responsibility.

Hiltner regarded the three shepherding 'aspects' as perspective in nature no less than the shepherding perspective as a whole. This point has been widely misunderstood. The confusion is perhaps best exemplified in a proposal by William A Clebsh and Charles R Jackle that the rubric of 'reconciling' be added to the Hiltnerian trilogy of healing, sustaining and guiding. The above share a revision that has since become standard in the pastoral literature. Clebsh and Jaekle mistakenly equate Hiltner's shepherding perspective with the functional role of pastoral care and view its three 'aspects' as the more particular roles, as evidenced in the history of pastoral care. Since this role typology does not encompass everything in pastoral history, especially its predominantly emphasis on the restitution of persons from sin through confession, forgiveness, and penance and many other forms of interpersonal and family reconciliation, it seemed necessary to add a forth category of 'reconciliation' to Hiltner's three.

However, reconciling, though arguably necessary for their historical typology, is inconsistent with the individual focus of Hiltner's shepherding concept. It belongs more appropriately, in the social perspective of organizing, which includes the relationship with God, though Hiltner was not clear enough about this. A similar confusion of perspectives with the roles categories lies behind the recent suggestion to add 'nurturing' to Clebsh's and Jaekle's list. Nevertheless, the Clebsh and Jaekle's proposal, though leading, points to a serious issue in Hiltner's theory. It understands the relation between individual, society, and culture, which has led some to criticize it for individualism and moral relativism.

In the light of the afore-going discussion, the Church in her locality and probably throughout Africa is highly challenged and such circumstances touch and question her relevance in the community and lives of her members. In the attempt to answer the evident questions, it is also clear that leadership is essential to an effective Church. This leadership, in need here, is exemplified by what Gerkin called interpretive leadership. (Gerkin 1997: 117-135).

Earlier in this chapter, the author alluded to depression as a disease. The Church and her members, in the event of any stress that leads to depression, remain an unhealthy entity. The word health connotes the idea of being 'hale' which means possessing soundness or wholeness in its general usage. This means the absence of disease. This stance has been disputed by several scholars to date.

Philomena Njeri Mwaura quotes Maddock saying 'health can never be equated with human wellness and an absence of disease, health is to do with the totality of creation, with the creator himself'. He further regards it as the divine gift and grace to creation by God who saw everything He created as 'good' and motivated towards wholeness. Mwaura goes on to refer to other un-specified writers who define health as a 'dynamic state of well-being of the individual and the society, of physical, mental, spiritual, economic, political and social well-being; being in harmony with each other with the natural environment and with God'. (Waruta 2000: 72-96).

The Church in the event of sudden death, striking any member by any means becomes therefore unhealthy, and in dire need for health. This is more relevant when it is said relative to the definition of the Church by Paul as 'the body of Christ... and if one part of this body is in pain so is the whole body affected'. For the reason that one or few individual

members of the community are in grief and some in various stages of depression, so is the entire church in the struggle to regain health. Depression at this point looks just like the jealousies and hatreds which are as harmful as germs and poisons to allow the people of God to get on in and with life.

Campbell continue to argue with confidence that the 'Wounded Healer' gains power by acknowledging weakness and by finding God's healing force at the moment of deepest despair. There is no short cut to such healing, no hope without fear, and no resurrection without the tomb's deepest darkness (Campbell 1986: 41-2). He concludes his thoughts by pointing out that it is only by acknowledging our wounds and confronting our own finitude that 'we too, in a small way, can be healers of others'. One feels at this point that there is a compulsion to reiterate the same by stating that, 'the Church in a smaller or bigger way, is a community of sufferers' in the different contexts the Church finds itself today, and it is through free and spontaneous acknowledgement of pain that the power of God's love can be ushered into any grieving family through the loving pastoral intervention of the Church.

1.7 SUMMARY

In this chapter the author has briefly introduced his point of departure with regard to this particular research. This point of departure is grounded on his faith and the development through which he was brought up. This is also accompanied by the congregational backgrounds of the author's worship. The chapter has clarified the pastoral care view and model of shepherding as founded by Hiltner and was both quoted and used by Gerkin and Campbell.

It also has gone to relate the pastoral care and the healing ministry regarding the complementary nature of the role of the pastor and the doctor. Depression through sudden death emerged the evident element of the disturbances and the cause of disharmony within and outside many church members and communities. It has also surfaced that depression may have its root personal faith-crisis, marriage conflicts, deep sense of loss through death, loss of property, poverty, financial crisis, failure to achieve one's goals, and other factors, but the depression that results from the loss through sudden death has the potential of combining all the above and/or animating the problems until all stresses yield further and on-going depression changing stages.

The church is responding to these challenges in various ways and guided by different factors. These include educational and development of projects to uplift the standards of living and thereby reduce the stress induced. Challenging questions still remains such as whether the comfort given by the Church does effect the traditional tasks of the Church and how? For example:

- ✓ Does it effect kerygma,(preaching the Gospel)
- ✓ Does it effect koinonia,(creating a fellowship with the divine)
- ✓ Does it effect diakonia, (the ministry of loving service and faith)

The shepherding model is presented in this chapter as a tool to enable the church to provide to those mourning and grieving a testimony like Paul's saying:

“we do not lose heart. Though our nature is wasting away, our inner nature being renewed everyday. For this slight momentary afflictions is preparing for us an integral weight of glory beyond all comparison, because we look not to the things that are seen

but the things are unseen; for the things that are seen are transient but the things that are unseen are eternal” (2Cor 4: 16-18).

Pastoral care through shepherding is therefore guiding all practitioners not to limit their scope to only the events of crisis such as death, but should see its task in terms of growth, and enabling individuals to have confidence in God. The model stresses that the pastoral care practitioner is the shepherd, and the leader and servant of the Christian community. His/her role entails deep and sensitive personal involvement in the community with obvious compassion for the human condition. This human condition manifests itself through various crises which were mentioned quite frequently. All these have a capability of inflicting stress that may lead to depression. It is this depression that makes people suffer and heightens the need for skilful pastoral care. The comprehensive view of pastoral care, relative to depression, flashes the practitioner with questions of relationships at the moment. Having heard the views of Gerkin and Campbell on what shepherding model of pastoral care is, there is an emergent obligation of investigating what depression is.

In the following chapter, we shall confer with the scholars to find out about stress and depression, and why sometimes stress leads to depression. We shall go on to learn more about the manifestations of this depression to help the church and pastoral care practitioners act timeously on the subject to increase their chances of success.

CHAPTER 2

2.1 Trauma and its effects

Thloki, one of my friends' spouses had complaint of a serious headache for a long time. This problem has deterred her to do any formal work over a long period and productively. This resulted from the fact that at every time she concentrates for a long period of time, she suffers from the problem so much so that she is booked off-sick by medical doctors. Sadly, this same problem was the reason for her (Thloki's) dropping-out of tertiary education in the year 1998. After a number of follow-up consultations with empty test results one doctor suspected something unknown to himself (doctor), he referred her to a psychologist. Coming from a consultation with the said psychologist, Thloki reported that there was a query, by the psychologist, of some kind that her problem emanates from the trauma that resulted from Thloki's loss of her brother who was ruthlessly murdered on New Year's Eve some sixteen years before the time this problem became evident. We can all remember how sad the whole incidence was to the family and community, but also thought that it must have gone and completely been healed. Nevertheless, Thloki's feed-back to us concerning the diagnosis of her long standing problem, was one word which we had heard about but never knew its effects to have the potential of being so long-lasting---Post Traumatic Stress Disorder. The bad effects of stress inflicted by such sudden death came alive.

One of the mostly sounded terms regarding handling problems surrounding people struck by sudden death, is trauma. To be more specific, the psychiatric and the psychological worlds qualify what they talk about as post-traumatic stress. The victims of the said outcome and/or result of stress are said to be suffering from post-traumatic stress disorder. Given the practicality of the life that we live in, it is safe to say traumatic events are a

compliment of real life, and hence it sounds like there is no problem without trauma. The effects of traumatic events have remained a challenge to people from time immemorial. Thus, it is named posttraumatic stress disorder (PTSD), thereby inferring from the name itself that the problem is known to be post or after the incident or incidence.

Psychologically, the people who are struck by sudden death are emotionally wounded, and this wound is painful to their whole being. This wound is called trauma, and hence it is said that they are traumatized. They become stressed, and because the cause of this stress is the death of the loved one. It (death) becomes then the stressor. With the complications of their responses when viewed against social normality and abnormality, they are judged as having either order or disorder resulting from their trauma. For purposes of progress in the subject, the author shall follow the terminological relationships of the terms by Briere and Scott as they locate problems as stated in the responses of PTSD. They list types of Posttraumatic responses as:

- ✓ Depression
- ✓ Anxiety
- ✓ Stress disorders
- ✓ Dissociation
- ✓ Somatoform responses
- ✓ Brief Psychotic Disorder with Marked Stressor
- ✓ Drug and Alcohol Abuse. (Briere and Scott 2006: 17- 30).

Following the line of posttraumatic responses as listed above one finds out that Stress and depression result in people's lives as they are consciously or unconsciously responding to their life conditions. The big difficulty about the said subjects is the fact that no one chooses to respond in a particular way. They are rather spontaneous responses that a person finds him/herself in after being traumatized by a life reality which in this case is sudden death. Given our current stages of pastoral care and conditions in which many of us work, and the complexity of

psychiatric/psychological terms and developments, there is a high need of seeking more understanding on the said subjects.

2.2 UNDERSTANDING STRESS

It is a struggle to try to explain the concept of stress without considering what the body feels like or the human being appears like when under attack. From what is shared above and various known conditions that have passed our eyes over time, we can attempt to grasp the problem and share.

Stress is a body condition that occurs in response to actual or anticipated difficulties in life. It may occur in response to daily problems, such as driving in heavy traffic or being hurried by someone etc. It may also occur as a result of people perceiving threat to them (themselves).

“Selye makes the point that stress is a normal part of everyday life and affects all living creatures. He differentiates between two types of stress namely: Eustress and Distress. Eustress refers to the level of stress which motivates us to perform well, solve problems, be creative, and grow in confidence. Distress is where our performance deteriorates, our adaptive bodily functioning becomes disrupted, and our response, whether physiological, cognitive, emotional, or behavioural, becomes maladaptive”. (Powell & Enright 1991:19).

In the light of what Selye points out in the above statements one can say that there is both positive and negative stress in our lives; and we react and respond to these differently but holistically. One can also draw from Selye's argument that 'stress becomes dangerous when it is unusually prolonged, which comes too often or concentrates on one particular organ of the body'. The same might also re-iterate the English expression that says 'too much of a good thing is dangerous'. It is from the same saying that

affirmation comes to say that even the so-called positive stress can turn to be negative and dangerous in instances that are cited by Selye above. There are many common signs of stress and these include, but are not limited to, increased heart rate, raised blood pressure, muscle tension, mental depression, inability to concentrate etc. Stress may be caused by anything to any body. The factors and circumstances causing stress are called stressors. Stressors differ from person to person and one factor that is a stressor to one person may not necessarily be a stressor to another.

Barnhart distinguishes five major types of stressors as:

- biological variables
- environmental circumstances
- life situations
- behaviours and
- Cognitive activities.

He continues to warn that:

“Biological variables affect a person’s physical state. These include illness and physical exertion. Environmental circumstances are forces in the person’s surroundings such as noise, overcrowding, poverty, and natural disasters. Life situations include stressful incidents such as death of a close friend or being in a group of strangers. Behaviours that may act as stressors include smoking cigarettes and poor eating habits. Cognitive, or thinking activities include taking a test or concentrating on getting a high score in a video game” (Barnhart Vol. 18, 354).

It is true that not all stressors affect everyone the same way. But the particular stress that is under investigation here is the one that results in the event of sudden death, an example of the stress resulting from the life situation. Sometimes and varying from person to person, this stress leaves unpleasant emotional experiences that have a lasting impression on the persons concerned. When this happens, the mind is injured and sometimes wounded to warrant therapeutic attention and healing. Any incident that a

person experiences that is sudden and unexpected can result in emotional as well as physical trauma and shock. Parkinson has the following to say about this emotional shock:

“emotional shock can cause stress reactions, which are called post-trauma stress or critical incident stress. This kind of stress therefore results from experiencing a traumatic incident and can be the result of anything from slight accident to involvement in major disaster” (Parkinson 2000: 18).

The reading of the practical circumstance in any event of sudden death against what Barnhart and Parkinson say about stress and trauma guides pastoral care practitioners and givers on the exclusiveness of the stress they handle when they are in the midst of mourners through sudden death. The author is reminded here, as it is happening time and again in his life, about his own sister's situation cited in chapter one above, and affirms that during sudden death instances of numerous kinds, including murder, accidents, suicides etc. there may be different stresses in concurrent play with the after effects of trauma. The skilful pastoral caregivers therefore know, or at least must know, the paramount importance of their interventions, and that they should be particularly focusing on post-traumatic stress for it to be equal to the therapeutic challenge it faces.

In his illustration of what he means about such incidents that results in stress that is challenging people, he cites a simple story that;

“Billy, age 4, has fallen off his bicycle and runs to his mother, crying. He has bruised both knees as well as his pride. His mother puts her arms around him, comforts him and asks what happened. He sobs out his story. He was riding down the path on his new bike when suddenly the front wheel slipped and he crashed onto the ground. He has hurt his knee and the bike is still

lying where it fell. He is sobbing gently in his mother's arms, breathing in short gasps.

He tells her that it's a rotten bike anyway, and it was the bike's fault, and he's never going to ride it again, ever! His mother holds him and tells that he'll be all right. She will go with him to get his bike and bring it home, and then he can ride it again when he feels better. She puts ointment on his knee and some tender loving care on his pride and gradually he stops crying. She takes his hand and they both go outside and get the bike. He is frightened at first, but with her beside him holding the seat, he climbs it again and slowly pedals down the pathway, wobbling from side to side."

It is a simple story that can be viewed childish by anyone reading it, but a story that marked one step in Billy's life that may almost define him in the way he perceives matters. He runs to his mother for help and comfort, tells his story and the mother first listens and then helps him regain his confidence to try riding the bicycle and his dented pride. He is suffering from physical pain and from mental and emotional shock and stress caused by the unexpected fall. If his mother had told him not to be stupid and had not offered him comfort, maybe having told him 'get out there and be a man', either he would have been afraid of bikes for the rest of his life or gritted his teeth and climbed back on again.

There are, however, more than just one way of approaching this incident by any mother. For example:

"just don't worry about that nasty little bike. Leave it there in the road, and when Daddy comes home, he'll get rid of it. Daddy will then get you a nice football, which will never hurt you".

This might have been another response possible by this mother, or any other mother. But clearly, Billy would have responded differently to both. He might have buried his fears, had dreams or nightmares about the fall, kept away from bicycles forever and cried or screamed with fear whenever one came near. Equally likely, he would cope by forcing himself to conquer his fear, but this fear could have emerged in some other way, either at the time or later.

The reader will agree that this is an exaggerated example. But it is very important to note that even a relatively simple incident can cause reactions of stress and trauma, and at varying degrees in different people. In the story, Billy has experienced some of the typical symptoms of post-trauma stress--- shock, pain, fear, crying, blaming, avoidance and the need for help and comfort. Death causes some of the above symptoms every time it strikes; it is even capable of containing all of the symptoms and sometimes even more of the responses which happens not to be captured here at a time, especially when it is sudden. It is far more serious an incident than falling off a bicycle.

Pastoral care during the times of bereavement where stress and depression are challenges has many parallels with riding a bicycle. For instance, much as there are natural laws that have to be balanced to maintain the bicycle on the move and in safe directions, there are natural responses in the entire being of a person who is bereaved and such responses happens in the midst of saying that this is natural, and practically that life hat must go on. The author is reminded of the situations of his own learning to ride a bicycle, which comes very clear to mind every time. He was not so privileged to have the bicycle of his own size as many are. Resultantly, the challenges of inability to ride

were complemented by those of size over and above own short stature by birth.

“The fact that no single accepted definition of stress has emerged is not surprising, as stress is one of the most complicated phenomenon that can be imagined. It involves all the systems of the body--- cardiovascular, endocrinal, and unconscious; and occurs in all social systems--- interpersonal, intrapersonal, small group, large group, and societal. It is evoked by such varied stimuli as minor daily hassles, and the threat of star wars nuclear conflict. It involves our loves, hates, closest attachments, competitions, achievement---stress is a matter in which all humans are involved evenly and all the times.

In a sense, stress is the most narcissistic area of study that psychology has undertaken. It is a reflection of ourselves and the things that concern us. It involves our worries, fears, goals, hope, and faith. It might be worthy to ask the question, what more is human than all these things?

I am going to share two stories in the Bible as a way of illustrating the effects of stress and its impact on human beings. The story of Job in the Old Testament is the story of every man and woman. Despite faith, caring, family, holiness, and righteousness, Job was tested by the Lord. In this story we see our fear that despite all our good deeds and intentions, calamity may randomly or fatefully strike. For Job, everything was lost: his children, his land, his wealth, and his health. Though what is perhaps the greatest of all stress resistance resources--- faith---Job survived his ordeal. In this, we express our own hope that despite life’s many challenges and stressors, we will, or at least can endure.

Another telling Biblical example of stress as a test of people's mettle is found in the story of the 40-year wanderings of the Children of Israel following their liberation from slavery in Egypt. Actually, the Jews arrived in Canaan some weeks after their departure from Egypt. That is, their wandering in the desert was not because of the distance between the said locations, but was a result of their stressful minds when confronted with the information that Canaan was filled not only with milk and honey, but also with powerful nations. Resultantly, the slave-minded Hebrews grew fearful and doubted their ability to conquer the land. For this lack of faith they were sent back into the desert until those who doubted died out and, most importantly, until a new generation could be raised. This generation would not be weakened by the helplessness of slavery, but would be strengthened by repeated tests of their ability in battle and in surviving as free men and women. They would later enter Canaan not as meek doubting slaves but as a self-assured warrior nation. (Hobfoll 1988: 2-3).

The above idea happens to be picked out because Hobfoll in his book, 'The ecology of stress', regards them as reference to religious works where doubts in humankind concerning whether the stress of life can be overcome, is addressed. As one reads through the texts, one immediately remember the numerous times that the same was used by Church preachers and pastoral caregivers in any event of death in the near or far past. It becomes questionable very often to the bereaved through sudden death the use of the same texts, especially if used by unskilful pastoral care practitioners, who sometimes do it out of inappropriate contexts. Stress happens to be a term located in psychological cycles today. It is true that it is understood better by the same sciences and practices, but it is practically handled by pastoral caregivers in various corners of our lives. It is handled in the families, Churches and societies, the list continues.

The author feels strongly to base the understanding of this subject in the line of Hans Selye at this point. Though influenced by Cannon, who wrote much earlier on the subject, and who was concerned with the effects of cold, lack of oxygen, and other environmental stressors, he 'saw stress as an orchestrated set of bodily defences that reacted in the face of noxious stimuli'. He was interested in understanding the physiological set of reactions created by such demands that every human being meets in life. Death, is one of the examples of such demands, and when it is sudden, it can be very stressful that time becomes an inadequate tonic to heal the victim. This particular stress has challenged pastoral care over the years, yet in many instances the church and pastoral caregivers have refused to claim. The inflicted stress manifests itself with various ways some of which can deform people as diseases, Thloki's headache problem comes to the fore as related.

2.2.1 COMPLICATIONS AND COMPLEXITY OF STRESS

An example is used here of Mr Star's story in his practical and daily life to exemplify the complicatedness of the subject under discussion.

"it was an important day. I (Mr Star) was about to start a series of lectures for a government agency which was due to close down. Even though, in the previous 12 months, the staff had received out-placement counselling and assistance to help them procure new jobs, this had been to no avail--- a result of the recession, no doubt. Anyway, I got up promptly as I had a number of things to do before the lecture. Apart from putting my lecture notes in order and sorting out accompanying handouts, I also had to check my tax return and ensure that it was posted that day to the Tax Office.

You may be thinking that I lack time management skills. Unfortunately, due to an unforeseen event, I had to leave work early the previous day without completing all my tasks. However, I knew that if I arrived at work early the next morning then I would have no difficulties in achieving my goals.

Little did I realize that the universe was conspiring against me! Being a creature of habit, I started the day as usual with a relaxing bath and then a slice of toast with my favourite mug of tea. Yes, things were going well. I managed to avoid any conflict with the teenagers. My partners had already left for work and it was my turn to go.

‘where the hell are my keys?’ I exclaimed.

They were not in their usual place. I always put them on top of the bookcase in the hallway, by the front door. I knew if I did not leave promptly then I would be caught in all the traffic arriving at 8.45am bringing children to the school in my street.

‘Damn it! I’ll be late for work. Today of all days’, I cursed.

Everything had been going so well up to this point. Where were my keys? I had no idea. I always left them in the same place.

Perhaps my partner had tidied up the shelf.

‘Damn her obsessive-compulsive disorder’. I had to find someone else to blame and not take responsibility for the loss of the keys! However, my partner just liked a tidy house. She didn’t have a disorder. That was just ‘therapist-speak’. As I thought about this I became angry.

‘its those bloody kids. They’ve knocked the keys off the shelf and they’ve fallen behind the books’. I started taking the books off the shelf in great haste. Books landed everywhere. The keys were nowhere to be seen. Time was ticking by. The clock chimed. It was 8.45am.

'Damn it! I will be late now'. My level of frustration tolerance was gradually lowering.

However, I didn't want to come home to a row so I quickly tidied up the mess I had made all over the floor. Perhaps I had left my keys in my jacket. I furiously checked all the pockets. I couldn't find them. I could hear my partner's voice in my head telling me: 'You're incapable of looking properly for things. You couldn't even find socks if they were on your feet!' I had this clear image of my partner gesticulating at me too. By this time I noticed my stomach was feeling rather empty even though I had just eaten my breakfast. I decided to check slowly through my pockets again. Unfortunately, my luck had run out---no keys could be found.

I recalled having a spare set of keys somewhere. I had an image of them next to a box of pencils.

'they must be in my study', I thought. I almost fell down the stairs running to my bolt hole (the study). I found them.

'Thank God for that', I blasphemed. I dashed back upstairs, picked up my bag, and left the house.

I turned back in my confusion I couldn't remember if I had locked the front door. I put the keys into the lock and proceeded to unlock the lock. I had locked it when I left after all. I must have been on automatic pilot. I was wasting good time. I cursed myself.

I ran to where my car was parked. I noticed heavy traffic and that the weather was foggy and damp. I tried to open the car door. It wouldn't open.

'I don't believe this', I thought. The spare key doesn't fit properly. Why, oh why, hadn't I checked this out before? I collected myself and thought laterally. I was able to get entry through the passenger door. I put the key in the ignition and turned it.

The car engine made a 'whirring' sound and then it died. Somehow, the damp atmosphere had flattened the car battery. The morning was ebbing away, I was still stuck outside my house, I had the tax return to complete, my lecture notes and handouts to put into order, and then attempt to travel into London by British Rail and London Underground to give a lecture on 'How to manage pressure and cope with redundancy'. It hadn't been a good start to the day. I wasn't feeling particularly calm either. (Palmer 1995: 1-3).

The above example has happened in real life, it about a simple little issue that does not directly relate to stress through sudden death but can be used in order to demonstrate the complicated nature of stress. It is a story that illustrates the development of stress in the psyche of a human being. Simply, it appears Mr Star became stressed because he could not find his car keys. They were not in the usual place as they 'should' have been.

But, there was nobody about to attack him anywhere, there was no knife on his throat threatening to cut it, there was no need for stress response to become activated. All that was happening was that he could not find his car keys. He started blaming others, such as his partner or his teenagers, for allegedly moving the keys even though there was little evidence of this. He thought they had obviously moved the keys, as they 'shouldn't' have done and he became angry about the situation. In fact, he was angry with himself as he anticipated that he would be arriving late for an important lecture.

The empty feeling in his stomach was part of the stress response or, more accurately, a physical component of becoming anxious about arriving late, which blatantly he felt that he 'must' not do. These internal dogmatic and absolutist beliefs such as his 'musts' and 'shoulds' put

more pressure on him and added to his emotional state. The feeling in his stomach could also have been triggered by the voice and image he had of his partner in his head chastising him as she has often done before when he had been unable to find his socks in the airing cupboard. His thought and exclamation, such as 'Damn it', did not help to lower his stress either as these phrases tend to be like a catalyst to the stress response and the anger they evoked stimulated the release of adrenaline and nor adrenaline from the adrenal glands.

It is important to realise that a whole series of events occurred externally and internally in a very brief period of time. It involved his behaviour, affect (emotions), sensations, imagery, cognitions, interpersonal relationships and his biological/physical response. There was an interaction between internal and external demands, real or perceived, and the situation. Although he may have been influenced by socio-cultural rules to do things on time, he did have a choice in the matter. He was his own worst enemy. As he became more distressed, he then blamed others as the major cause of his problem rather than taking a calm rational approach to the situation. Pragmatically, if he had stayed calm he would probably have saved more time in the long run and actually achieved his goals of the day.

The above example is picked up on every day issues, some of which might correctly be said to be simple and minor, especially when related to the sudden death which is under discussion. But the kind of stress that it causes can be very much out of control when handled by some people. One might speculate that Mr Star was a problematic person himself. But the definition of the 'problematicness' of this man might naturally pose serious challenges. Likewise, under situations of sudden death, people react in various ways. In the midst of their reactions they become their worst enemies. They blame themselves here and there, and blame others here and there. They want some

revenge for other incidents and even punish themselves for those situations where nothing can be done. Such a reaction is common for sudden death because someone has passed-on and this cannot be undone.

Girdano and Everly in their journey of further identifying the causes of stress in the life's of people have at the end of it all concluded their research by classifying the same as:

- **Psychosocial causes---** these have four processes that appear to connect more to stress namely: 1. adaptation, 2. frustration, 3. overload and 4. deprivation.
- **Bio-ecological causes ---** consisting of three classes of stimuli which play a role in distress namely: 1. biological rhythms, 2. nutritional habits, and 3. noise pollution, and
- **Personality causes---** such as 1. Self-concept, 2. Behavioural patterns, 3. Anxious reactivity called fear, and 4.the need for control.

They assert that adaptation is stressful because it requires 'adaptive energy' in order to allow the body to regain homeostasis. When this energy is depleted, the health of the person suffers. Frustration as an aspect of stress can be caused by numerous elements of modern life. Overcrowding, prejudice, socioeconomic elements, and organizational bureaucracies can all inhibit human behaviour and these are frustrating. Overload, that is, the state in which environmental input exceeds the ability to process and/or respond to that input, is another form of stress. Overload is common on the job, but can be found at home or at school. Finally, deprivation is another source of stress. In this instance, stress results from the inability to receive enough meaningful stimulation, thus, considering all of these stress origins, stimulation becomes a continuum and when it is extreme, it is capable of producing stress. In the event of the sudden death of anybody who

has been a 'right hand' to another, there can be excessive overload that is felt in consideration of the life that must go on, and this can be immeasurably stressful.

The study of biological rhythms points out that human behaviour should be synchronised, whenever possible, with the naturally occurring rhythms that surround us. There are various methods of determining possible innate rhythms to better synchronize one's behaviour with natural rhythms. Certain nutritional habits may also contribute a lot to stress. These include what they have called, vitamin-depleting foods, hypoglycaemic foods and habits, and the sympathomimetic and irritational factors of smoking. It has often happened to people who are stricken by sudden death that due to the stress they suffer, they change their habits especially nutrition. Sometimes it is because of lack of appetite that results with this particular stress. Smokers have a tendency of having increased smoking. For them, they are attempting to counter act the stimuli of death that has stricken. Simply, they unconsciously attack themselves. The noise pollution also may consist of biological and psychological components which are capable of causing stress. Clearly and maybe practically, noise in excessive quantity or quality is distressful.

The concept of self is one of the most important determinants of stress and psychosomatic disease yet uncovered. One can give an instance of poor self expectation, which will likely lead to failure at behavioural tasks. Hence, it is understandable that desire to 'psyche up' athletes before contests and the need for a student to face an exam with confidence. Self- devaluation in such situation usually results in the tendency to 'freeze in the clutch' more specifically; to play below one's potential in athletics, to suffer from stage fright, and to be incapacitated by 'test anxiety' during exam. Such poor self image has

been more tragically linked with serious mental and physical diseases as well. Anxiety reaction often become part of the feedback loop, and perpetuates and augments the stress response and lowering performance. (Girdano & Everly 1986:44- 105).

It stands to reason therefore that, although Mr Star above was so stressed up in his situation that morning, to such an extent that his stress could be located in one or more than one of the above classifications.

The challenge that has always faced pastoral care givers alike has been how to theologically and pastorally intervene in such circumstances. What cannot be refuted is the fact that stress involves the person's entire being, and whether it is Eustress or Distress, can form or destroy a person who happen to be either weak or wrong in response.

Palmer and Dryden in their study of the physiology of the stress response note that when a person is in a stressful situation his/her body responds in various ways. But the chemistry of it is that "messages are carried along neurones from the cerebral cortex (where the thought processes occur) and the limbic system to the hypothalamus. This has a number of discrete parts. The anterior hypothalamus produces sympathetic arousal of the autonomic nervous system (ANS). The ANS is an automatic system that controls the heart, lungs, stomach, blood vessels and glands. Due to its action, we do not need to make any conscious effort to regulate our breathing or heart beat. The ANS consists of two different systems: the sympathetic nervous system and the parasympathetic nervous system. Essentially, the parasympathetic nervous conserves energy levels. It increases bodily secretions such as tears, gastric acids, mucus and saliva which help to defend the body and help digestion. Chemically, the parasympathetic system sends its

messages by a neurotransmitter called acetylcholine which is stored at nerve endings.

Unlike the parasympathetic nervous system which aids relaxation, the sympathetic nervous system prepares the body for action. (Palmer and Dryden 1995:9).

In line with the chemistry of stress development above, it is everything that happens in the body of a human being who is stricken by sudden death of a loved one, and suffering loss.

The fact that almost all of responses by the body happen automatically as is suggested by the automatic nervous system makes the concept, stress, a very complicated and complex subject to handle by both the one suffering, and the one giving pastoral care. By the time one gets the news of sudden death of a beloved person, there is shock on the body, through the nervous system responds. There is commencement of different secretions. The body becomes imbalanced and/or abnormal owing to the same secretions, and the health of the person becomes affected, and this effect might sometimes come as an attack to a persons or might build up slowly into some kind of disease that warrant medical attention to heal, or even some chronic disease that the person had not been suffering from, and must now learn to live with. Clearly, under the stress in question, the nervous system is under attack of a serious kind, and need boosted ability to cope in the situation.

It should be clearer to the reader now that by the time the author came into contact with the account above as regarding the reason pastors, ministers and many pastoral caregivers like to take the common short cut to refer sufferers to other sciences and practices like psychological counsellors without doing anything. It is because all terminology used in as far as stress is concerned are very medical and maybe psychological to the extent that they escape comprehension in the pastoral care circles. But a well grounded pastoral care practitioner

would know the parallels of practices, as well as where to go in times of need for the benefit of all who are struck by all kinds of stimuli which results in stress, especially when sometimes they leads to post traumatic stress disorders including depression.

2.2.2. THE BODY'S RESPONSE TO STRESS

It is common now-a-days that many people speak of stress in many different circumstances that they find themselves in their lives. Whether they are aware of what they imply or not, is completely a different thing. It is also becoming more and more common that people present stress to different general practitioners. As a result, many workers are booked off-sick because of this stress that attacks human kind in various ways. It might be worthy to comment, though very reluctantly, that the even the economy of the country is in a way suffocating under the workers who suffer from stress, especially under current times when death and sudden death is so prevalent. There are various ways in which the body responds to stressors. In other words, different bodies respond differently to different stressors, and hence the reader must not misconstrue certain results that sequel stress in people and people's lives. This is a reason why various persons are regarded weaker or stronger than others under almost the same circumstances of sudden death. Therefore, the diagnoses of stress by many medical doctors cannot be challenged.

Wolff, one of the first proponents of psychosomatics in the United States, considered stress as an internal or resisting force which is usually stirred to action by external situations or pressures which appear as threats---not so much physical as symbolic (that is, involving values and goals). Girdano and Everly motivated that mobilizing one's physical defences (which were originally for the purpose of battling

physical threats) in response to symbolic sources of threat (social or psychological) produces a response which is inappropriate. The term inappropriate raises a quick question as to 'what is appropriate response in times of stress?' by all of us. But Pastoral caregivers can only answer the same question by saying that responses are judged by their outcomes or at least possible outcomes. The author is aware of many stressors that might either resist or even totally escape detection by fairly skilled pastoral interventions. But pastoral care practitioners who shepherd their flock, know their flock and how different they respond under given conditions in order to predict with success the possible responses for those who are afflicted in different ways, thereby guide them pastorally.

Whilst looking into appropriateness of the response, Girdano and Everly remembers what was said by Weiner that: "Physical arousal to physical threat is appropriate: it is usually short-lived and is usually dissipated with action. Physical arousal to symbolic threat is inappropriate: it tends to be of longer duration and is not easily dissipated. Such action is not warranted, is not performed, and the reaction is therefore physically detrimental to the system" (Girdano and Everly 1986: 30).

This becomes an issue to be considered in the case of sudden death because people at the reception of news of sudden death go fast into thoughts. They think of and about the recent past with the deceased, they formulate a lot of intangible possible 'realities'. This ends as symbolic and threatens reality. This can be detrimental and torturous to the one suffering.

It leaves an open vacuum when one considers the fact that the main stressor under discussion here, is sudden death and what the arousal become by the time of its strike. But the damaging effects of stress may be categorized as either changes in the physiological processes that

alter resistance to disease, or pathological changes, that are organ system fatigue or malfunction, that result directly from prolonged over-activity of specific organs. What makes stress very illusive is the spontaneity of the functions of the organs of our bodies. The body responds or reacts quiet often independently of the person him/herself in times of stress. Palmer and Dryden have noted the following examples of what the body does in these situations of stress. They say the body:

- ✓ Increases strength of skeletal muscles
- ✓ Decreases blood clotting time
- ✓ Increases heart rate
- ✓ Increases sugar and fat levels
- ✓ Reduces intestinal movement
- ✓ Inhibits tears, digestive secretions
- ✓ Relaxes the bladder
- ✓ Dilates the pupils
- ✓ Increases perspiration
- ✓ Increases mental activity
- ✓ Inhibits erection/vaginal lubrication
- ✓ Constricts most blood vessels but dilates those in the heart/leg/arm/muscles.(Palmer and Dryden 1995: 9-10).

The list of what the body respond like is not anything that is easily detectable by a pastoral caregiver. However, given the kind of complaints the sufferer pronounces, one can deduct possible bodily circumstances from the list. For example, my sister whom I have mentioned in chapter 1, during her time of suffering complained about pains in the chest and had a problem with her entire bowl movement. Like medical doctors would also guess, she might have had that reduced intestinal movement, a changed heart rate or maybe constrictions of blood vessels in the heart. Pastoral care used by

concentrating on the seat of all this, the conviction of the psyche that life must and will still go on without the deceased.

The scientific approach of studying this physiology of stress was continued by noting what was said about the sympathetic and parasympathetic nervous systems of the body. For this science and her practitioners, “the main sympathetic neurotransmitter is called nor adrenaline, which is released at the nerve endings. The stress response also includes the activity of the adrenal, pituitary and thyroid glands. The two adrenal glands are located on top of each kidney. The middle part of the adrenal glands is called the adrenal medulla and is connected to the sympathetic nervous system by nerves. Once the latter system is in action, it instructs the adrenal medulla to produce adrenaline and nor adrenaline (catecholamine’s) which are released into the blood supply. The adrenaline prepares the body for flight and the nor adrenaline prepares the body for fight. They increase both the heart rate and the pressure at which the blood leaves the heart; they dilate bronchial passages and dilate coronary arteries; skin blood vessels constrict and there is an increase in metabolic rate. Also the gastrointestinal system activity reduces which leads to a sensation of butterflies in the stomach. Drawn from this science, in the event of shock by sudden death, there are possibilities which may lead to major health problems that sometimes might threaten life. When the adrenaline is secreted and the body is ready to fight, people become confused as to who to fight relative to how intangible death is. The same is also a possibility when the nor adrenaline is adequately secreted and the body is ready for flight. People become confused as to how to run away given the practical death circumstances. In many instances, this is a point and ground where many are found themselves being inadequate to handle the results of stress through sudden death. The vulnerability of humanity under grief and bereavement needs to be attended by skilful pastoral caregivers at this point. It is a time where

actually pastoral care is seen distinctly from medical or psychiatric care. This is said because at the same point the said sciences and practices are fast and maximum in their use of drugs, when pastoral care is carefully treating and handling the image of God.

Lying close to the hypothalamus in the brain is an endocrine gland called the pituitary. In a stressful situation, the anterior hypothalamus activates the pituitary. The pituitary releases the adrenocorticotrophic hormone (ACTH) into the blood which then activates the outer part of the adrenal gland, the adrenal cortex. This then synthesizes cortisol, which increases arterial blood pressure, mobilizes fats and glucose from the adipose tissues, reduces allergic reactions, reduces inflammations and can decrease lymphocytes that are involved in dealing with invading particles or bacteria. Consequently, increased cortisol levels over a prolonged period of time, lower the efficiency of the immune system. The adrenal cortex releases aldosterone which increases blood volume and subsequently blood pressure.

Unfortunately, prolonged arousal over a period of time due to stress can lead to essential hypertension. The pituitary also releases the thyroid-stimulating hormone which stimulates the thyroid gland, located in the neck, to secrete thyroxin. Thyroxin increases the metabolic rate, raises blood sugar levels, increases respiration/heart rate/blood pressure/ and intestinal motility. Increased intestinal motility can lead to diarrhoea. (It is worth noting that an overactive thyroid gland under normal circumstances can be a major contributory factor in anxiety attacks. This would normally require medication). The pituitary also releases oxytocins' and vasopressin which contract smooth muscles such as the blood vessels. Oxytocin causes contractions of the uterus.

All the scientific facts mentioned afore are accounts as to how stress is created. This affects human beings naturally, and at the strike of the

news of sudden death this natural phenomenon cannot be exceptional. It is also responsible to claim that there are times when the body happens to have given in to stress, not because the person wants it to be but because everything happens automatically. It is at this point that the afore-mentioned drugs can be used to boost all the systems and to allow pastoral care to liberate the person from this attack. Therefore, at this point medicine and pastoral care works very complementary with one another.

Vasopressin increases the permeability of the vessels to water, thereby increasing blood pressure. It can lead to contractions of the intestinal musculature. If the individual perceives that the threatening situation has passed, then the parasympathetic nervous system helps to restore the person to a state of equilibrium. However, for many clients whom we see for stress counselling every day of their lives, this is perceived as stressful. The prolonged effect of the stress response is that the body's immune system is lowered and blood pressure is raised which may lead to essential hypertension and headaches. The adrenal gland may malfunction which can result in tiredness with the muscles feeling weak; digestive difficulties with a craving for sweet, starchy food; dizziness; and sleep disturbance." (Palmer and Everly 1995: 10-11).

The account of stress mentioned above happens to be so outlined so much that, as one reads through it, one actually feels reading through what exactly happens or at least did happen to oneself once. It gives an opportunity to make some self assessments in some stressful situations we all go through in our lives, without really having to know their physical or biological specifics. It might also be pronounced that reading through what is said articulates the subject of stress as belonging to some practice other than Theology. But the reader will only affirm that stress is a subject that evades our control many times

because our bodies respond spontaneously to it. We respond through behaviour, emotions, sensations, imagery, and cognition and even through our interpersonal relationships.

For the sake of the objectives of the current study, the author would like to choose only to highlight, with particular focus, the responses humans engage through their emotions, because they form primary basis to positive and appropriate closure by the affected in times of death, however sudden it may appear to be. These are:

- ✓ Anxiety
- ✓ Depression
- ✓ Anger
- ✓ Guilt
- ✓ Hurt
- ✓ Morbid jealousy
- ✓ Shame/embarrassment
- ✓ Suicidal feelings

The above feelings will help us understand how people who are stricken by death become stressful and in need of therapy. They are captured in different ways by Kubler-Ross in her discussion about the dying, but are also identified by many scholars who deal with counselling of the grieving and the stressed persons in various angles of our lives. The emotions live for different periods of times in human beings, but the danger that can always be stressed is the situation where someone is localised in one emotion for a very long time. This is where pastoral care practitioners need to take-off with guidance and supervision. Of the list of emotions above, let us now explore the issue of depression for its commonality and frequency in pastoral care and counselling sessions.

2.3. DEPRESSION...WHAT IS IT? HOW DOES IT FEEL?

“It is a serious mental disorder in which a person suffers long periods of sadness and other negative feelings. The term depression also describes a normal mood involving sadness, grief, disappointment, or loneliness that everyone experiences at times.

Depressed people may feel fearful, guilty, or helpless. They often cry, and many lose interest in work and social life. Many cases of depression also involve aches, fatigue, loss of appetite, or other physical symptoms. Some depressed patients try to harm or kill themselves. The periods of depression may occur alone, or alternate with periods of mania in a disorder called manic depressive psychosis.

Psychiatrists do not fully understand the causes of depression, but they have several theories”. (World Book Encyclopaedia 1995: 125).

Psychiatrists come with all these theories in attempt to explain the origin of depression.

It stands to reason that depression is best known to and by the one who is depressed and feels everything about it. This is the reason why it poses such serious challenges to all the people who try to help. Opening the world of the depressed for the sake of bringing change to it has never been simple, but Jesus, knowing this fact, calls the church and all pastoral care practitioners and givers to do so. The social situations people live in are characterized by various stressors and depressors which affect human beings differently for different reasons. This has been like this from time immemorial. The following are stories from the Bible that happened as an example of many failures in our lives, including failure that we perceive in the times of sudden death.

“unto the woman he said, ‘I will greatly multiply your sorrow and your conception; in sorrow you shall bring forth children; and your desire shall be to your husband, and he shall rule over you.’

**And unto Adam he said, “because you have listened unto the voice of your wife, and have eaten of the tree, of which I commanded you, saying, You shall not eat of it: cursed is the ground for your sake; in sorrow shall you eat of it all the days of your life; Thorns also and thistles shall it bring forth to you; and you shall eat plants of the field; In the sweat of your face shall you eat bread,
till you return unto the ground; for out of it were you taken: for dust you are, and unto dust shall you return”.**

And Adam called his wife’s name Eve; because she was the mother of all living.

Unto Adam also and to his wife did the LORD God make coats of skins, and clothed them. And the LORD God said, Behold, the man (sic) is become as one of us, to know good and evil: and now, lest he put forth his hand, and take also of the tree of life, and eat, and live forever. Therefore, the LORD God sent him forth from the Garden of Eden, to till the ground from which he was taken. So he drove out the man; and he placed at the east of the garden of Eden Cherubim, and a flaming sword which turned every way, to guard the way of the tree of life. (Gen 3: 16-24).

The above accounts are common stories in the Bible, as alluded to, that are quoted and referred to by many people for different reasons. The author brings it here because in practical life, there comes numerous such instances where one looks at oneself or feel cursed as Adam and Eve once felt. Striking at the accounts, is the multiplication of sorrow that is talked about. The incident of sudden death happens to bring sorrow in multiple ways to all of us. It is a period and time where one feels some pressure in

emotions owing to remorse of knowing how far out of step he/she has gone. As a result there is self blaming and punishment, where naturally people use defence mechanisms to work out of the situation. Sadness when sustained for a long time may yield depression. The Bible as a foundational basis of the Word of God that is proclaimed by the Church, the Word that is used often to accompany the sad and grieving people over different issues including death is full of instances of sad people. And pastoral care includes but is not limited to journeying with people in sadness. Another such incident of acute sadness, also from the New Testament is as follows:

“And the Lord turned, and looked upon Peter.

And Peter remembered the word of the Lord, how

He said unto him, before the cock crows, you shall deny me

Three times. And Peter went out, and wept bitterly. (Luke 22: 61-62).

Viewed from the above, one is forced to enquire about the relationship between the depressor and the self. Many depressors have a way of being fought against, but death, especially when it is sudden strikes a chord in human beings that directs a crucial question to the person's self in almost conspicuous sorrow. Thus, depression viewed from any angle has a basis in the fibres that forms a person.

I looked on to the above quotations from the Bible (Old Testament and New Testament) because I consider depression and see it in reality, as through Gilbert's perception, as rooted in narcissistic injuries of any type. These include events that threaten the individual's self-esteem or feelings of self worth. There are various examples of these factors, and these include:

- Criticism from valued or significant persons,
- a decline in salary or even complete job loss,
- rejection in love relationship,

- **Failure to measure up to some standard or poor performance in any conventional duty which are vested with importance.**

These and many more can produce negative and painful responses in a vulnerable person who is stressed.

There is currently a common misconception in many people's ideas that suicide is mainly caused by depression. Whilst I agree that depressed people do sometimes commit suicide, I also state from the information I found from interacting with those people (the depressed) that, there are other clinical diagnoses more accurate for these unfortunate victims. For example, referring to the Bible quotations above one would simply say the pain that was in Adam, Eve, and Peter, the challenge that was intrinsic and squarely confronting their self-worth, and that everything that happened was a reason good enough for them to ultimately be depressed. Anybody may argue that we are not told anything about them thereafter, but at least relative to the situation we read in the Bible there is no indication of depression.

From all the above stories from the Bible, it is important to notice and to mark very crucially the indication that depression is a result of the decision to respond in a particular way. By this I mean, people become depressed because one way or another they happened to choose, consciously or unconsciously, to respond to their problems in a way that ultimately lead them to depression.

This is one of the reasons why some people can stand against their stressors and depressors, and many emerge victorious in the circumstances that others fall prey to.

Gilbert notes that:

“only about 15 percent of the depressed persons commit suicide; 85 percent do not. Besides depression, anxiety, neuroses, schizophrenias,

business problems, manipulation by others, extreme anger lead to suicide.

Many depressed people lack the emotional and intellectual strength and energy to carry out plans to take their own lives. It is when strength and energy begin to return that suicide becomes a severe threat. Therefore suicide is more likely to occur in the early stages of depression or in the later stages when personal energy becomes more mobilized. Other illnesses and problems, in addition to depression, contribute to the suicide rate.”(Gilbert 1998:10).

Gilbert has it right in locating where suicide comes in the process of depression. This gives guidance to competent and skilful pastors and pastoral caregivers to know where to concentrate their care activity in their interaction with patients and congregants during their loss of the beloved through sudden death. But the author would like to view depression as ‘death’ of its own kind.

He does so given the functional and practical life these people live in, and in their accompaniment with the said ailment. They are usually physically sluggish, and walk slowly as if weighted down with great burden on their shoulders. Their speech, in many instances, is laboured and slow as though they are searching for words. They begin to lose interest in events that were previously pleasant or appealing to them. They lose the joy of life and thus resist the desire to positively respond to invitations or participate in social events. We see some of them losing weight, and appetite. This is often confused with voluntary and intentional dieting especially by women. Most depressed persons develop sleep disorders of different kinds. All the above symptoms are some of what others can pick up on the depressed persons, but what one can affirm to be resulting from serious and negative feelings yielding sadness may be what Jesus said in Gethsemane:

‘My soul is exceedingly sorrowful unto death: tarry you here, and watch.’ (Matt.: 26; 38).

Depressed persons have a sadness that leads to death, and for them at that moment, life is not worth living. They feel they are of no value to anyone else and that no one cares about them whether they live or die. Yet, most depressed people do not really want to die, but to be relieved, they feel death is the best relieve for them. These people need the strength and understanding of their pastoral caregivers in order to move in the direction of healing and wholeness. With compassionate and sensitive guidance, there is more hope than hopelessness that we can manage this illness. One encouraging fact about depression is the fact that it has a potential of producing insight and wisdom that ordinarily wouldn't be developed in anyway, if it is handled with care. We have to continue to teach our mourners to learn from their grief and all situations that appear impossible to them.

This comes as a responsibility to the Church, not because the church is not aware, but because the Church has dissolved the importance of skilfulness in the handling of depressed people. One reason might be as alluded to in the first chapter of this work, the congested programmes of ministers that result in delegation of some crucial responsibilities to laity. It is logical to find out whether the church has the ability of handling the subject in question. Or how best is the common and current practice by ministers, where any person presenting with symptoms of depression, is a simple referral issue to other sciences. In the event of any death, the church comes with its theological basis to the bereaved in an attempt to ease the pain. When depression results, some few skilful pastoral counsellors and pastoral care givers have been seen journeying with victims, while other depression cases are genuinely referral cases to the sciences of Psychiatry, Psychology or Medicine. It usually pains any person who cares about people and people's lives to see how some denominations of the church close the people up when they have to grief naturally, and that some churches despises other sciences aiming at priding themselves over unnecessary issues. This is

always done so that the entire public should see and regard such 'churches' as winners, not over depression, but over membership and perceptions of the world.

It surfaces here and now that the need to find out whether there is any relationship between and amongst the same sciences. This will guide pastoral caregivers on their appropriateness of their intervention, and how appropriate it is to refer people who are in need. We, therefore, have to develop a chord of relationship.

2.4. CAN THERE BE A CHORD OF RELATIONSHIP?

In order to ultimately answer the question of relationship, one must make sure to understand the subject under discussion clearly, and to ascertain common understanding of the same with the different sciences. The cardinal subject on this study is pursuing the need most ministers and pastoral care givers find themselves in every time they had to face people under stress that is inflicted by sudden death of their loved ones. There are common terms and concepts such as grief, mourning, bereaved etc, which are engaged by people who deal with this subject from any angle during such times. The same terms were mentioned numerous times already. It does not have to surprise the reader because sudden death practically encircle families with situations that inflict stresses that yield terms on the question. Lets us shed more light into these terms.

2.4.1. GRIEF

---This is an inevitable and universal experience, and it is mostly experienced than death itself. Wong notes that so much of life is about loss, and in the event of loss, we grief. Going through life is to endure a series of losses, which include the loss of health, roles, identity, homeland, and loved

ones through betrayal or death. Grief is the normal emotional response to loss, and a response all too familiar to us. He (Wong) continues to say: “As we grow and age, we grieve the yesterdays and all that it entails---the lost loves and missed opportunities, the good friends and broken relationships, the gains and the losses, the good times and the bad. We remember, therefore, we grieve. But grieving, we relieve what has been lost in the time and space. Our capacity for anticipation creates another set of challenges. For every relationship, there is separation. For every beginning, there is an end. For every embrace, there is a good-bye. We can anticipate death for ourselves and for our loved ones. We feel the pain and void of anticipatory bereavement. Thus, we mourn for tomorrows as well as yesterdays” (Tomer et al 2008: 375-376).

The reader will notice that all that is said about grief so far happens spontaneously to any person affected. It continues to do so even in times of sudden death. But when it coincides with a level of weaknesses in some of our personality balances, it may turn out to be impossible, and may yield other problems including of chronic ill-health of different kinds.

The first important thing about grief through bereavement is that it is importantly based on bonding: the stronger the attachment with the deceased then, the greater the grief. Because it is not possible to void all relationships and attachments, there is no escape from grief. We all have experienced grief through bereavement one time or another. Children’s first experience of bereavement grief may come from death of their pets, or the death of their grandparents. It is unfortunate that in current times of life death has grown to be very common and swift, so much so that children are bereaved through closely-tied family members quite often and early in their lives before they experience bereavement through their grandparents or very close ties like pets.

Those who strongly cling to their loved ones as if their life depends on it, suffer intensely when they lose them through death or any separation. The experiences of bereavement grief vary from one individual to another due

to the uniqueness nature of relationships, and even due to the various attitudes towards death. Thus, there is different affliction of stress to individuals. However, in spite of individual differences, there are some common processes, and this could be breeding a ground for pastoral caregivers to work from.

Grief is such an intimate and yet strange wasteland. The Batswana people sharing this insight about bereavement when faced with this sadness agree that “pelo ga e rupe”, meaning “in the face of sadness, the heart cannot be pacified” or more literally, “there is no initiation of the heart to out-grow grief”. Even though we are acquainted with loss, we still do not know how to face it with ease and equanimity. Part of the problem is that it is difficult to separate death anxiety about one’s own mortality, and worries about financial consequences from grieving the loss of a loved one. The impact of grief can be very intensive and extensive, because it touches almost every aspect of one’s life.

It is very important to emphasize, therefore, that the battle against grief by the bereaved is fought on two fronts---both internal and external. Internally, apart from the emotional tumult, mental disorientation, and flooded memories, the death of a loved one may also trigger an existential crisis and spiritual quest. Therefore, religious and philosophical beliefs play a role in the grieving and recovery process. Externally, the bereaved often have to take care of the aftermath of the death of a loved one and cope with the many demands of life. Funeral arrangements, settling the estates, taking care of personal affects of the deceased, dealing with relatives and re-igniting past conflicts, are all concomitant stressors. Another external source of stress comes from colliding cultures and customs. Conflicting cultural prescriptions for the funeral rites and mourning rituals can become a fertile ground for conflict, especially when family members involve inter-racial marriages and different religious practices. In these cases, death especially when it is sudden may divide more than unite members of the same family.

Whilst saying this, the author is reminded of this particular sudden death that based this research, the one where the sister lost her husband and two children. More over when this happens at a very young age and time of life at where they were. All traditional suspicions and pessimisms some of which may be nonsensical when they come into play. Some religious rituals also yield conflicts in that they turn out to be important to some and not to some. All these may destroy more than build.

Wong identifies that grieving typically refers to our emotional reaction to loss. He continues to motivate that it actually involves the adaptive process of our entire being---affective, cognitive, spiritual, physical, behavioural, and social. “In order to regain our equilibrium and refill the void after the loss of a loved one, the adaptive can be elaborate, complex, and prolonged. It may last for years, even a lifetime. Grieving may involve most of the following responses:

- ✓ Yearning and pining for the deceased.
- ✓ Enduring disorganization and disintegration.
- ✓ Coping with the aftermath and changes.
- ✓ Reorganising our lives and routines.
- ✓ Reviewing events surrounding the death.
- ✓ Working through inner conflicts.
- ✓ Seeking reconciliation.
- ✓ Sorting out confused and conflicting emotions
- ✓ Expressing and sharing our feelings with others.
- ✓ Reaching out for help and social support.
- ✓ Finding ways to alleviate the pain.
- ✓ Transforming the pain to creative works.
- ✓ Questioning our own identity and life purpose.
- ✓ Discovering new meanings for the loss and suffering.
- ✓ Nursing and healing the wound.
- ✓ Trying out new things and new relationships.
- ✓ Re-examining one’s own identity.

- ✓ Revisiting one's priorities and life goals.
- ✓ Integrating the loss with the present and the future.
- ✓ Attempting to move forward in spite of the wound.

When one or more of the above happens, the person is consciously or unconsciously stressed. The stress will differ based on many factors that are already mentioned. What, then, is mourning?

2.4.2. MOURNING

--- is when a person expresses his/her grief, either privately or publicly, often according to cultural prescriptions. Mourning tends to be a shared communal experience. This is so because during that period there is a collective observation of cultural/religious rituals at memorial services and funerals. By so doing, the burden of grief is lightened, and the significance of loss is recognized. Mourning serves as the adaptive function of extending comfort to each other. The outpouring of collective grief can be a powerful source of comfort to the bereaved, because it conveys the messages that the deceased has not lived and died in vain and he/she matters to others. A period of mourning, which varies from culture to culture, facilitates grief work. Grief can become complicated and prolonged without benefit of publicly acknowledged mourning. This stands as a reason to many why's on young people in the matters that pertains to death and funerals today in the current Batswana people and tradition. Deducing from what has been picked up by Wong in the Chinese culture, mourning can go on indefinitely, when it becomes part of the ancestor worship; the offspring would burn incense, offer food, and paper money to their ancestors on various occasions each year, it is everything that does not differ much with the Barolong of Ganyesa. In fact, the whole idea is the same but may just differ in some applications and articulations. These

rituals provide perpetual opportunities to remember and honour the deceased, and form part of dealing with mourning process.

Whilst the focus is still on mourning and grieving, there is reasonable temptation of looking a little deeper into the same concepts. It should, however, not be misconstrued with Kubler-Ross's stance, which will be dealt with in the next chapter. Though the series and stages of response might sound very much the same, the difference with Kubler-Ross is that, the said stages are identified and followed with the dying people, and we are here looking into the bereaved and grieving. A fact worthy to be sounded is that there are common themes in response to every loss.

2.5. RESPONSE TO LOSS

By this time it is known by all that the loss of anything, and specifically of the loved one is stressful. Naturally, the bereaved individual adjusts to a situation they find themselves, and they establish a homeostatic and ecological equilibrium. This equilibrium provides gratification, support, fulfilment, and enjoyment, as well as new challenges. The problems and opportunities posed by loss change over time and require varying, creative solutions. The bereaved individual copes with a multiplicity of intellectual, emotional, and behavioural techniques.

Jacobs, a profound professor in the field of psychiatry, distinguishes two principal perspectives on coping namely: "The first is conscious coping, which typically denotes a problem-solving orientation, and the second is unconscious coping, which implies a more defensive function. However, on close examination, we see that both views of coping have problem-oriented and defensive qualities." (Jacobs 1993: 115).

He went on to explore both types of coping in relationship to each other and in relation to neuroendocrine function as an index of physiological arousal. It is a thought of the author that it is important to go through these thoughts and evaluate what we all do in families and as churches

in the times when we are struck by loss of loved ones through sudden death side by side.

The following broad categories are used by Wong on the other hand to illustrate the same coping mechanisms by people under stress. They are:

“2.5.1. Denial and avoidance: people dealing with loss especially through sudden death resort to all sorts of defence mechanisms, such as suppression or repression. We carefully avoid every reminder of our loss. We seek asylum in the bottle or a pill. We seek escape through work or love. Even when the very foundation of our lives is crumbling, we still refuse to face the reality of our severe loss. We try to convince ourselves that the pain will eventually go away. But a prolonged state of denial can only make things worse. Grief may evolve into post-traumatic stress disorder or some other forms of adjustments difficulties.

2.5.2. Endurance and rumination:

We drown ourselves in sorrow, and make life unbearable for everyone else. We may even delight in becoming victims, because masochism helps reduce survivor’s guilt. In some cases, the loss is so traumatic, so severe that the only energy left is to passively absorb the unrelenting punishment. We savour the excruciating pain and let our wounds fester unattended. We are obsessed with regrets and past failures. We become the walking dead.

2.5.3. Anger and aggression

Our inner becomes uncontrollable rage. We lash out at everyone or channel our anger toward those responsible for the death of the loved one. We ask for blood, for justice. Rightly or wrongly, we believe that only revenge will ease our unbearable pain.

2.5.4. Meaninglessness and hopelessness

The loss of a loved one often creates a sense of meaninglessness and hopelessness. An untimely and unexpected death may also shatter our assumptive void. The bereaved may be troubled and crippled by a profound sense of meaninglessness and hopelessness. Depression and bad grief may set in. However, in most cases, the bereaved would struggle to make sense of what has happened and to reconstruct basic assumptions in order to accommodate the loss in building a new future.

2.5.5. Transformation and growth

The painful experience of grieving provides a unique opportunity for self discovery and personal growth. The basic process involves some fundamental re-organisation and transformation of our priorities and belief-meaning systems. However, the steps may be painful and torturous, often involving some elements of the first three types of grief reactions. The process may involve a variety of strategies and practices, such as mindful meditation, spiritual pursuit, and a change of life goal.” (Wong et al 2008:378-379).

Learning from what is said by Wong, it can be comprehended how delicate some situations of grieving can be. This can not over-emphasize the need for skilful handling by all those who come with pastoral intervention to them. There is much to learn about coping during bereavement, and there is also much to be gained with such knowledge. An understanding of how acutely bereaved individuals successfully cope with loss holds the potential for providing a greater appreciation of the natural history of healing and recovery from the emotional distress and social disruptions caused by death. This

knowledge can serve as a cornerstone for developing psychotherapeutic interventions to help bereaved individuals that go beyond the basic strategies of fostering expression of feelings, if there is avoidance of grief, and supporting mitigatory efforts of the individual to modulate the emotions and if the distress of grief is subjectively overwhelming. We need to interpret grief work in broadest terms, including not only the emotional, social, and cognitive tasks discussed. In the current and practical pastoral care context, many ministers and pastoral care givers are found wanting in various ways when they meet people troubled by trauma, stress or depression through sudden death, and many therefore are simply referred clients and congregants to other sciences for help. It looks more likely as shunning the responsibility at times. But for the purpose of this study, conference with such sciences is important for complementation insight enrichment of service by the general church and pastoral caregivers.

2.6. COMMON REFERRAL SCIENCES

It is almost obvious that any attempt of seeking understanding about stresses inflicted by death, evident in the times of grieving and mourning, should be complemented by viewing the same from the views of the referral sciences. These sciences happen to be working very closely with one another in practice that distinct as they might be, they are also inseparable.

When people view sudden death and also death from their experiences, they describe it very often as painful. Psychology deals with descriptions and models of pain, and to a large extent, it involves medicine as the way of healing pain.

Ogden recalls a gate control theory (GCT) of pain as developed by Melzack and Wall (1965, 1982 and Melzack 1979) which represented an attempt to introduce the psychology of understanding pain. Following

Melzack and Wall suggestion, several factors can open the gate. These include:

- **physical factors, such as injury or activation of the large fibres;**
- **emotional factors, such as anxiety, worry, tension and depression;**
- **Behavioural factors, such as focusing on the pain or boredom.**

They state further that closing the gate reduces pain perception, and there are also factors that can close the gate namely:

- ✓ **physical factors, such as medication, stimulation of small fibres;**
- ✓ **emotional factors, such as happiness, optimism or relaxation;**
- ✓ **Behavioural factors, such as concentration, distraction or involvement in other activities.**

Though the model represents an important advancement on the previous simple stimulus response theories of pain, there are problems identified with it. It has introduced the role of psychology and described a multi-dimensional process rather than a simple linear one. Firstly, there is no evidence to illustrate the existence of the gate or the interaction between the three components. Secondly, although the input from the site of physical injury is mediated and moderated by experience and other psychological factors, the model still assumes an organic basis for pain. This interaction of physiological and psychological factors can explain individual variability and phantom limb pain to an extent, but, because the model still assumes some organic based around a simple response process. Thirdly, the GCT attempted to depart from traditional dualistic models of health by its integration of the mind and body. However, although the GCT suggests some integration or interaction between mind and body, it still sees them as separate processes. The model suggests that physical processes are influenced by the psychological processes, but that these two sets of processes are distinct. (Ogden 2000: 257-259).

Sudden death happens to be an incident that is problematic as seen through the eyes family, friends and relatives, but the dissection of the problem will show the psychological engagement of those in grief to the subject, and all mourners will see physical actions and reactions manifested in various ways. On the other hand, psychiatry distinguishes many kinds of anxiety disorders, of course, resulting from many causes. The author would like to call to the remembrance of the reader here that the subject under discussion now is one of the known causes of such disorders as they are mentioned in this chapter. Sudden death makes many people suffer severe loss and/or stress. Tomb agrees with this and even goes on to assert that people suffering under such conditions may develop clinical syndrome of post traumatic stress disorder (PTSD).

Later, depression, emotional numbing and preoccupation with the trauma may dominate. The more severe the stress, the more likely PTSD is, firstly to develop, and secondly, to be long lasting. This may be resolved after months varying from one condition to the other and from one patient to patient.

What is of higher interest is the treatment of such conditions.

Tomb states that medical drugs substantially reduce symptoms in 60% of the cases and should be tried. He recommends clomipramine as the first choice, then fluoxetine and later augmentation with buspirone or clonazepam. He considers that behaviour therapy is essentially complemented to medications. This conviction clarifies how medicine perceives and treats people with stress. Science sees people more like objects or machines that can be normalised by drugs, whilst theology, through pastoral care, sees the image of God in people and can be blessed by grace to completeness of healing. This area is a shortfall in the medical science world and theology can strengthen it. However, Tomb goes on to note that, ritualizers should use a combination of

exposure to feared situation and response prevention. In all the tried means of treating stress by all the above sciences, psychotherapy is also pronounced to be one of the avenues to be employed in many patients. It stands to reason therefore that psychotherapy is almost indispensable in dealing with the problem of stress and depression as seen by the afore-mentioned practices.

Considering closely what is mentioned by the above sciences, one notes an implicit stress on the usage of drugs to remedy the situation. Given the kind of pain that hits people in the event of sudden death and studying or applying the gate control theory by Melzack and all who subscribed to the same theory, one would like to specifically concentrate on the emotional factors that open and close that gate. The open gate of pain through death should be sort to close through the effort to induce optimism and relaxation on the affected. It is a focal point and area that theology has power upon. Tomb happens to be one amongst many psychiatrists and medical practitioners whose focus on drugs leaves a big room to be desired. This is said given the current state of affairs with regards to human beings and human life suffering under stress and depression. The general health of people and their susceptibility to diseases has channelled many people into drug addicts of different kinds so much so that there is a need of trying to win human beings away from such drugs rising everyday.

Death no matter how sudden it may be, or what loss it may mean to the bereaved has got no connection with having to weaken people in anyway to depend on drugs especially in the presence of the practices and sciences like theology and psychology. This is just another way of stating to the public that following the bereavement of loved one through death, one has a disorder called drug abuse. It becomes clear as one deals more and more with the subject and the patients that as much as all the sciences need each other, theology and psychology

gives more responsibility to the affected or the bereaved to work out of the otherwise undesirable situation of stress and later depression, whilst psychiatry and medicine, in some way, guides what they call their patients into the right drugs and right usage.

Acknowledging that we all need one another for complete success, it is worth remembering how wonderful has Kubler Ross considered the constitution of a human being into four quadrants that was noted in chapter one, the physical wellbeing, the emotional, the spiritual and the cognitive wellbeing. As the medical world concentrates and claims a lot of victory on the physical, they overlook the spiritual. In the instances where the ailments to the physical are caused by the spiritual, medical drugs cannot win over ill-health, and thus no success. The human being under such conditions is then in need of theology and its pastoral care for completeness to the person's constitution of being.

What all practitioners must be taught to handle with care is the fact and knowledge that death has the ability to negatively touch the bereaved holistically, especially those who are Pastoral care practitioners and givers. The first reason might be that death induces stress, a subject as well which the likes of Palmer and Dryden has affirmed to affect the whole being of a person. The statements is made more real by the conviction that even if any one argues that some part of what forms the human being may or may not be touched, the oneness of being human proves it otherwise. Apostle Paul understood the body well when he taught that even when one part of the body is hurt, the whole body becomes hurt with it.

The fact that human beings live in particular societies they either form or find themselves in, makes every skilful practitioner consider the traditional, practical and physical situation of people suffering from stress and/or depression.

Theology through pastoral care has succeeded quiet convincingly over the years in assisting the people faced squarely with their threats about death and all what it brings central to her mission, and as it is prescribed by Christ Himself. Through her committed ministers and pastors, the Church has ushered comfort to hurting people with prudence, and supported them through. This is one common ground all sciences and practices under consideration would embrace, and a ground that can benefit all, if it is carried forward into the next century. Cooperation amongst the said practices and reliable validation of practitioners and caregivers stands as landmark of claiming back the authority of the church on the entire human race. We have had a reasonable journey about stress and depression as a result of death. And facing the reality that different fields and sciences also deal with the said by products of trauma, it is important and exciting to note that there is a virtual common point by all to agree upon. This point happens to be the fact that every field, one way or another, believes and uses rituals in their route towards helping the affected. It suffices to say that we all know that rituals that are well understood and practiced have a lot of positive impact on the lives of people. Much as the approach happens to be from various angles, the problem is one of the potential common chords which can be used to embrace our convictions to that which we do, aiming at easing the pain and all effects of sudden death. It is the reason why rituals form part of pastoral care, and must be understood by current ministers and pastors, and all pastoral caregivers. We shall deal further with this point in chapter four as we shall be looking into pastoral care.

2.7. SUMMARY

In this chapter we have explored the concepts surrounding stresses resulting from sudden death that are common in the lips of people today for better understanding. We discovered a number of relationships

between and amongst such primitive concepts and losing their original meaning. We noted that in reality, sudden death induce trauma in people, and trauma yield a number of responses which include stress and depression. Effort was made to project the build up of stress in the body and psyche of the human being, and how complicated stress is and that it may result from a simple practical situation. Some of the perceptions and the interpretations of sciences in collaboration around stress were conferred with. Quite importantly, the chronology of sequence of responses to situations by emotions was also dealt with. This has shown that bereavement through this sudden death happen first, and then grieving follows as an inevitable response, and thus this grief is expressed in our mourning.

In the next chapter we look into what death is. We shall discover if there is a relationship between death and sudden death. Given how medical science, psychology and psychiatry views and interprets stress and depression, we shall explore some of their views of death. This will be related with what theology has to say about the image of God that is immortal even in the event of the death of the body. We shall put some effort into refocusing the reader and the church on to the spiritual component of a human composition, the component that falls squarely on to the responsibility of the church and her pastoral care.