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Christians with Hindu Background and Their Understanding of death: A Pastoral Approach

By

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Research proposal project

Submitted in partial fulfilment of the requirements for the Degree of Master

Department of Practical Theology

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University of Pretoria

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DEDICATION

I dedicate this work to my late mother and father, Angela and Sunmorgan Koopan, my wife Kanama "Salachee" Koopan and my children, Vanessa, Pramilla and Charmaine and grandchildren.

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ACKNOWLEDGEMENT

With much gratitude I thank my Lord and Saviour the Lord Jesus Christ for the wisdom, understanding, inspiration and perseverance.

To my wife Kanama and children, Charmaine, Pramilla and Vanessa for your loyal support. Your encouragement and motivation was awesome.

To my mother and father (Angelai and Sunmorgan Koopan) who are gone to be with the Lord for their love, concern and fervent prayers for me. You were always proud of all my achievements.

To my supervisor, Prof Maake Masango for his concern, constructive criticism and direction during my journey in this research. Your contribution has been invaluable.

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To all the post-graduate students at the contact class at Alex (Masters and PhD) for assisting me in shaping my research and journeying with me.

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Summary

The purpose of this research is to investigate “fear” an emotion known among certain Hindu Christians who are terminally ill. It has been observed that they were traumatised by fear of death. A qualitative research design was employed to interview the terminally ill. Eight individuals were interviewed, though it was desired to have ten. The collected data was transcribed, analysed, compared and presented. Initially in the proposal it was suggested that participants will come from the Benoni area including some of its suburbs but it went further to the neighbouring towns, Lenasia, Palmridge and Dersley.

A pastoral methodology developed by Kubler-Ross was assessed as to whether it can be utilized to assist the clergy in counselling the terminally ill through the five stages of death. Death from a Hindu perspective was discussed and various literature on fear of death was examined to facilitate counselling to the terminally ill. Ethical procedures is out lined to protect the patients’ rights and preserve their trust in counsellors.

It was discovered that as the terminally ill grew in their faith in Jesus, their fears subsided to a minimum. Even though informal counselling was ministered, it encouraged, it strengthened and assisted them to overcome the terror of death. Counselling took place in the form of praying, singing hymns and other devotional songs as well as reading and hearing the Word of God preached. Visitations from Elders, Pastors, congregants as well as friends and relatives made a tremendous positive impact on their lives. The literature has indicated that fear is real but the qualitative research has proved that fear can be overcome.

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Declaration

I Gopal Koopan hereby declare that this research is my original work, and that it has not been submitted to any other University.

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Signature (Student) Date

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Signature (Supervisor) Date

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Definitions of Terms

Diwali: Festival of lights

Ancestors: My (late) grandparents.

Nirvana: Becoming one with the Great Spirit.

Samsara: The revolving wheel of life and death rebirth

Pauline The letters of Paul in the New Testament

Re-incarnation: The belief that a person is born into a lesser form of life in the next life. If he qualifies himself in this life to go back home, back to the God-head, then he can go (Bhakti Vedanta 1968-28).

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Fear of Death experienced by many Christians of Hindu background: a Pastoral Challenge

1.1 **Introduction**

Fear is "perhaps the oldest emotion known to man" (Pegues 2011:10). Growing up as a Hindu before my conversion to Christianity, the thought of death or witnessing the death of a family member made me wonder what happens thereafter. There are many phobias in the world but the fear of death is probably the most common, especially among those who do not have the security of knowing the assurance and comfort of God's promises as given in His Word. The researcher will attempt to add to existing knowledge by focusing on the fear of death with particular reference to terminally ill Christians converted from Hinduism, their families and Pastors caring for them.

"In all of this we admit we are facing a formidable power. Death holds people in slavery to lifelong fear" (Hebrews 2:15). Fear may have multiple sources: fear of pain, of the unknown, of having to experience something we cannot control or predict, of losing all that is familiar and dear to us. Many older people fear increasing weakness / mental and physical decline, loss of dignity and loss of independence which is all preludes to death. A profound fear we carry from our earliest infancy is fear of being dropped. Fear of death can be likened to that, as there is often extreme anxiety that when we can no longer 'hang on' to life we will be 'dropped' and plunged into nothingness. Deeper still is the fear of unpredictable consequences after the grave if there is a God and we are ultimately accountable to Him. The happy continuation into the "next" life is contingent on our performance in life. Death is fraught with eternal consequences (Exelrod 1986-87: 51-64); it is universal to surmise that the phenomenon is human and globally acknowledged.

Looking back I can identify with those who are experiencing the fear of death. My personal past fears motivated me to research this subject. The main idea is to offer guidance to Pastors who work with Christian who are trapped in the fear of death because of a lack of understanding of the security of the Believer as given in Scripture (Psalm 23). It is from these premises that I engage in this research.

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It has been said that "knowledge is the antidote for fear" (sic) and with this in mind I shall attempt to show that knowledge of God's promises as given in Scripture will overcome the deeply embedded fears of terminally ill Christians.

1.2 **Background to the problem**

While the fear of death is a phenomenon that is human and global and permeates through race, creed, religion, class and all status of society, my study will refer particularly to terminally ill Christians with a Hindu background that are traumatised by the fear of death and dying. In light of this, I shall briefly describe the worldview and religious philosophy of Hindus in South Africa.

My study will investigate the phenomena of the fear of death experienced by the terminally ill, more particularly those Christians from the Hindu faith. It will simultaneously empower the clergy to gain skills to help people who are wrestling with facing this phenomenon. Participants in the study consist of ten people: five of whom are Christians with a Hindu traditional background, while the other five are Christians who do not have a problem of fear. Prospective participants in the communities of the Benoni areas were approached and asked if they would be willing to participate in the study. I explained what the study is about and why I am doing it. They were given a statement of intent and a letter requesting their participation. I explained that their names would be kept confidential and pseudonyms used. I also explained that they were free to withdraw at any time and that they could refuse to answer any question they were not comfortable answering. Copies of the original documents are attached.

Hinduism through the doctrine of reincarnation assures its followers of many opportunities to progress in the cycle of life and death to reach the stage of Nirvana. According to Hindu belief and philosophy, Nirvana is the ultimate destination where the individual becomes one with the great spirit. This doctrine will be investigated as regard to the fear of death. This research will attempt to show that this assumption is incorrect, for among the Hindu terminally ill; those who come face to face with the reality of death, fear is a real experience.

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This will be studied to find out its bearing on the phenomena being investigated. Barnes (1942:30), in stating that "death is personified as a tyrant exercising despotic power over the human race, and is to be subdued" emphasizes the point that for a person who is traumatized by the fear of death it is an emotionally and psychologically disturbing experience both for him/herself and the family. This emphasizes the need for pastors to understand the need to be equipped so as to help the terminally ill Christian overcome his/her fear of death. Possible solutions to the problem will be offered so as to bring peace and hope to the terminally Christian as well as enable pastors who are counselling such people. This study will attempt to find possible solutions to the problem being investigated and offer suggestions that could be used by pastors who are involved in counselling terminally ill Hindus (believers in reincarnation).

1.3 **Positionality**

I need to state the relevance between this study and my position regarding fear. I have experienced fear in almost every area of my life. I grew up in a home where fear was substituted for love. My parents in their ignorance did not realise the harm they have done by instilling fear in me. My mother came from a home where her father was a disciplinarian. Most of his way and style of managing his home was implemented in our home.

In the early sixties, during the deep days of apartheid, as I can remember, grocery and butchery stores were not permitted to be open on Sundays. Due to circumstances we received finances on Sundays. The store keepers knew our predicament and served us at the rear entrance of the store. In those days, in Actonville, Benoni, the police were quite visible; sometimes they walked and

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there were times when they were seen riding on bicycles. Being fully aware of the fact that buying on Sundays was a criminal offence. I remember standing in these stores with terrifying fear, had the police caught us, all of us present there would be arrested. Honest living but buying after hours could have made one a criminal.

I associate some of my educators to Officers in a concentration camp. Any form of misbehaving, even just taking to each other resulted in corporal punishment. Then there were the bullies in school who forced me to defend myself which got me to the principal's office. Standing in the presence of the principal loaded with fear of the consequences.

When close relatives died, I feared death for them because I did not know where did they go to or what have they become according to Hinduism. My worst fears were that of becoming a Christian. Embracing the Christian faith caused so much of hostility and resentment toward me by my relatives, friends and neighbours, because I had converted.

The fear of death had its fair share in tormenting me in the first twenty-two years of my life. The Hindu doctrine of Reincarnation, the cycle of life repeated over and over again, never made sense to me. It has been said, "Knowledge is the antidote for fear (Emerson R.W.)." as I reflect over my life, and consider all the fear instilled in me, the fear at home, the fear at school, the fear of the law, the fear of society and ultimately man's worst enemy, the fear of death (sic). Looking back over my life, I can to some extent identify with those who are experiencing similar fears. My personal past fears have motivated me to research this subject. The main idea is to work with people who are trapped in this kind of fear.

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1.4 **Problem statement**

Terminally ill Christians converted from Hinduism often fear death. This issue has become prominent in my ministry as I receive new members from Hindu background. The above issue has raised several problems in the author's ministry. See below some of the questions the author face.

1.5 **Main question**

How can terminally ill Christians who converted from Hinduism be helped to overcome their fear of death?

1.5.1 **Key questions**

(1) How should pastors minister to the terminally ill among **ex-**Hindu Christians who are struggling to overcome the fear of death?

(2) How is overcoming the fear of death possible within the Christian traditions?

(3) How can Christian counselling provide some way of caring for those who are afraid of dying?

(4)Are there other sources that can provide comfort to both the dying and the grieving?

(5) How can the New Testament, (the Pauline epistles in particularly) assist in solving this problem?

1.6 **Aims**

1. The aims of this study are to help those who will journey with the dying, fearful of death into finding hope from the Pauline Epistles (1Thesalonions Ch.4:13-18, 1Corinthians Ch.15,

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2Corinthians 5:1-5) in New Testament.

2. It seeks to equip leaders with tools in order to deal with these dying terminally anxious people, and to provide pastoral care for them as they journey through the valley of the shadow of death.

3. This research plans are designed in order to find insights into the traumatically burdened terminally ill participants with knowledge to give them assurance of salvation

5. Engage the doctrine of reincarnation from the Hindu faith in relation to the fear of death and link it to the hope of living, especially in the area of Christian faith.

1.7 **Objectives**

1. Main objectives of this study are to find the causes of the fear of death among Hindu new Christians.
2. Create an approach which can alleviate the phenomenon's impact on those that are terminally ill.
3. Bring in reflections on the phenomenon from the Christian and the Hindu faith, and analyse whether they agree or are completely parallel in the quest to help those who fear death.
4. Is there any synergy in approach in these faiths that can bring in hope to the terminally ill?

1.8 **The significance of the study**

The intention of this study is to offer a meaningful and practical intellectual and spiritual solution to terminally ill Christians who are experiencing the fear of death. There may be deep-seated fears carried over from their previously held Hindu belief in reincarnation. The only meaningful solution to the problem of the fear of death is knowledge and understanding of the promises of God as given in the New Testament and Psalms.

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The Pauline epistles will be used to show the futility of the Hindu faith in dealing with the problem of the fear of death whereas Christianity offers comfort and assurance in Christ that death is but the gateway into God's presence.

To present a clear perspective on the Biblical doctrine of the security of the Believer will enable the counsellor to assure the dying Christian that 'to be absent from the body is to be present with the Lord, which is far better' (2 Corinthians 5:8 and other relevant chapters and verses that say the same thing). This practical and theological approach will give comfort and hope to the dying Christian. Christians, who teach that one can fall from grace or lose their salvation, will receive a better understanding of eternal security from the word of God.

1.9 **Methodology Research design**

The problem will be investigated by means of a literature study and an empirical investigation.

1.9.1 **Literature review**

Since my study will focus primarily on the South Asian communities in South Africa much of it will be related to the subject of *thanatology* coming from the Greek word *thanatos* meaning death.

Wenham (1965:194) defines *thanat*os death [euthanasia: death induced i.e. gently and easy].

There are a good number of scholars who have written on the topics of fear, death and Hinduism. *The Science of Self-Realization* written by Bhakti Vedanta (1968) dedicates a chapter to "Reincarnation and beyond" in which he writes about the transmigration of the soul. He writes from a Hindu perspective. A Christian perspective is needed that will show that this doctrine is fallacious. No one has ever experienced this so-called transmigration of the soul whereas the

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Bible has this to say in Revelation 20:13-14 "the sea gave up the dead who were in it, and Death and Hades delivered up the dead who were in them. And they were judged, each one according to his works. Then Death and Hades were cast into the lake of fire". There is no escape for the soul; it will give an account of itself. In Matthews gospel Jesus says, "Come to me, all you who are weary and burdened, and I will give you rest".

Halverson (1996) in his book *World Religions* speaks about the beliefs of Hinduism and compares and contrasts Hinduism with Christianity". He says, "In Hinduism God is impersonal, in Christianity God is personal". Humanity's problem in Hinduism is due to ignorance but in Christianity it is called Moral rebellion. The means to salvation in Hinduism is striving to detach oneself from the separated ego and seeking to be aware of one's unity with the divine through self-effort; but in Christianity eternal fellowship with God; the person is fulfilled in a loving relationship with God (Halverson 1996:92). In Christianity there is hope for the terminally ill who are dying.

Sumrall (1980) in his book *Where was God when pagan religions began* focuses on the origins of Hinduism, key Hindu beliefs and other aspects of Hinduism. These books and many others will assist in seeing Hinduism from different perspectives and will thus help with the progress of this study. Like Halverson he compares and contrasts Hinduism with Christianity.

Kubler-Ross (1969) describes the five stages in her book *on death and dying* her work includes the five stages of death: denial and isolation, anger, bargaining, depression and acceptance. These stages will help Pastors journey with people who are terminally ill. Pastors may help them understand that their reaction or behaviour toward death may be normal in terms of the five stages. In the first stage which is denial and isolation she (Kubler-Ross) mentions seven forms of denial: initial denial, anxious denial, partial denial, previous denial, temporary denial, maintained denial and massive denial. In the second stage which is anger, she lists at least three forms of anger: displaced, increased anger and irrational. The third stage is bargaining and it is about an attempt to postpone. Depression is the fourth stage which is about reactive depression and preparatory depression.

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The last stage is acceptance where the patient finds peace and acceptance. Gerkin (1997) in his book "An Introduction to Pastoral Care" presents models, methods and theories on pastoral care. The four modes of care by some pastoral care historian are stated by Gerkin (1997:25) as 'guidance, healing, reconciling and sustaining'. I shall employ the four modes of pastoral care and link them to the phenomenon. Gerkin (1997:26, 35) began with a trialogical schema which, he maintains, is 'the traditions that shape our Christian identity, individuals and families and the communities of Christians and thereafter added another dimension to it which is, the cultural context, and names it a quadrilateral schema. There are now four nexus points in the schema that suggests constant inter-action with one another that in significant ways shape any situation that evokes the need for care' Gerkin avoids offending his readers by introducing the fourth element. This is a wise move because people from different cultures can be very easily offended when their cultures are not respected. The schema (figure 1.1) suggests that the pastor's primary contribution to the caring process is that of offering caring interpretive leadership within the community of Christians in relationship to its tradition, its individual members and families

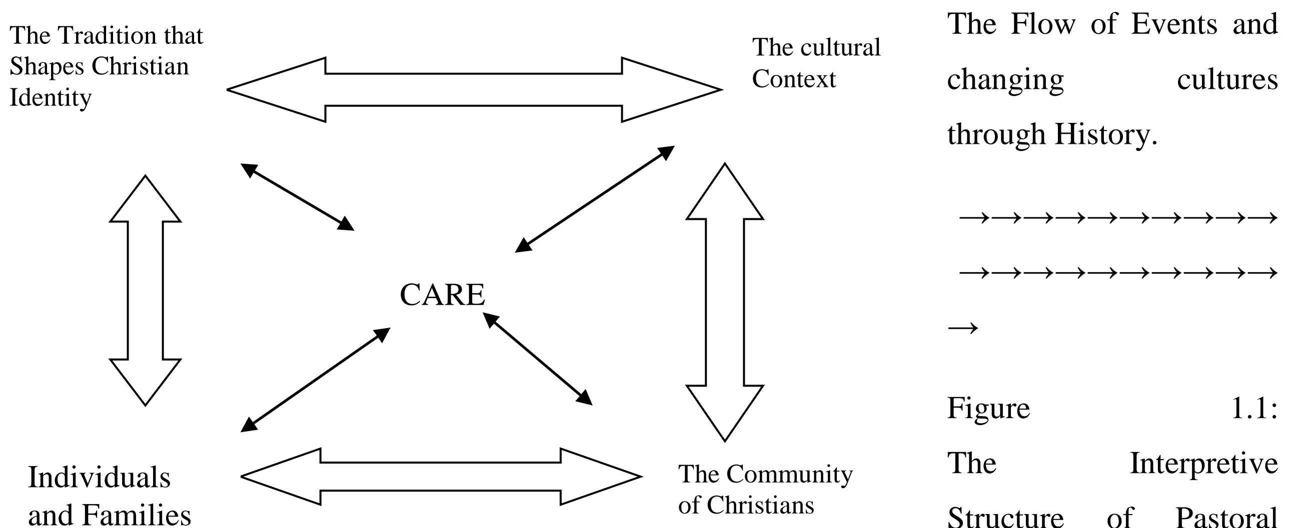

Figure 1.1: The Interpretive Structure of Pastoral Care: A Quadrilateral Schema

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Pollard (1997:44), describes positive deconstruction as a method that is used to help people to deconstruct (that is, take apart) what they believe in order to look carefully at their belief and analyse it. Deconstruction is done in a positive way-in order to replace a misconception? With something better he goes on to explain that the four components of positive deconstruction can be used to identify and analyse an underlying worldview, affirm 'the elements of truth' contained in it while uncovering possible errors. He recognises that this type of work requires time and effort, tact and diplomacy, wisdom, knowledge and understanding to be effective. He maintains that such an approach would take people on a journey of self-discovery that may lead to positive beneficial changes.

I anticipate that the theories, methods and models of these authors will provide assistance to this study.

1.9.2 **Empirical study**

A qualitative research design was chosen for this study using a case study approach. According to Denzin and Lincoln (1996:3), a qualitative research design follows a naturalist, interpretive approach that will enable me to study the problem in a natural setting. This will enable a better understanding of the problem and allow interpretation of the phenomenon of the fear of death in light of its meaning to the participants in the study. This research will follow a qualitative approach under-girded by a review of literature.

1.10 **Method of research**

Field trips will be made to hospitals, visiting the sick and seeing individuals in their homes to conduct in-depth interviews (See appendix A). Extensive notes will be made on their responses to my questions and with permission from respondents, these interviews will be recorded. The collected data will be transcribed and collated under themes which will later be analysed. Most of these interviews will take place in the suburbs of the Benoni area: Actonville, Mackenzie Park, Rynsoord and New Modder. This study will primarily seek out the elderly among Hindu people

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who are holding on to Hinduism but without hope in the afterlife. See appendix A for the interview schedule.

In-depth interviews will also be held with family members of the dying and will be conducted in a similar fashion. The interpretations related by the represented participants will be used and extremely key for readers to understand the depth of fear that torments them in the process of death. Interpretation of the analysed data will be helpful in providing a therapeutic way of healing those who are experiencing fear during the process of dying. This study will use schema and models of other scholars to help find answers to the problem of the fear of death.

1.11 **Participants in the study**

The persons who are participants will be given pseudo names to protect their identity and privacy. These case studies of persons interviewed shall be tabulated verbatim and finally engaged to produce or deduce the new knowledge, contribution to the field of practical theology, specifically in the field of pastoral care. The data will be collected from 10 interviewees who will be divided into two categories of five Christians with a Hindu background and five Christians who do not have a problem with fear of death.

1.12 **Data collection**

Data will be gathered from the participants in the form of personal interviews. The families of the dying persons will be visited; interviews will be conducted with probing open ended questions that will probe the feelings and beliefs of people. The responses will be recorded verbatim and will be transcribed and collated before being put into categories and analysed. The literature from books, journals, and electronic information will also be used the buttress this very personal, but generic phenomenon

1.13 **Data analysis**

The data will be analysed inductively (to place ceremoniously). The findings should provide new

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knowledge that will contribute to the field of practical theology.

1.14 **Research Gap**

There appears to be a lack of literature specifically dealing with terminally ill Christians and their families who are part of the South Indian Hindu community in South Africa. Furthermore, no study seems to have been completed that will guide Christian pastors in acquiring and developing spiritual knowledge and skills that will help people from this community who are struggling with the problem of death and dying.

A great number of works covering the terminally ill, fear, death and counselling, has been written. In my study I shall attempt to uncover information that will fit the gap in research and that will be of practical value both to the terminally ill and the clergy who attempt to help them. The findings of this study will contribute to the field of practical theology in a pastoral study.

1.15 **Delimitation and Limitation of the study**

The research of this magnitude demand a well laid out plan of operation and scope, as it can take a several years to accomplish. The focus of the study will be on Christian Hindus who are terminally ill and experience the fear of death mainly10 case studies of individuals, whose data will generate knowledge that will resonate with the wider group in empirical findings.

1.16 **Expected limitations of the study**

Problems to this study such as, having access to the participants and their families and opposition from family members can be expected.

1.17 **Preliminary findings**

The findings may possibly be useful to members of the clergy who desire to or find themselves working among the Hindus (believers in Reincarnation). It also seeks to create a pastoral way of dealing with fear of death among Christians from Hindu background.

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1.18 **Outline of Chapters**

Chapter One

Chapter one will introduce the research study and will include the following: Introduction, background, problem statement, aims and purpose, significance of the study, theoretical and research design, methodology, literature and the research gap, delimitation and limitation, bibliography, appendix that will include the interview schedule and ethics documents.

Chapter Two

Chapter two will be the literature review. In chapter two a pastoral methodology developed by Ross (1969) will be assessed as to whether it can be employed to assist the clergy in counselling the terminally ill through the five stages of death. This chapter will discuss death, concentrates' on death from the Christian and Hindu perspective. It will examine various literatures on subjects such as the fear of death, and counselling of the terminally ill.

Chapter Three: Methodology (the Research Design)

Chapter three will explain the methodology of the research study. A qualitative methodology will be employed using a case study approach. The methods of research to be used in this study will be discussed with the interviewees. The aim of the research study is to equip them (terminally ill Christians with a background of Hinduism). A description of ethical procedures will be outlined. Potential candidates will be identified together with their situation and location. A description of the method of data gathering, transcribing, collation and analysis will be detailed.

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Chapter Four: Methods (the tools also known as methodologies)

Interviews and Analysis: potential candidates will be identified; interviews will be conducted; data gathered, transcribed, and analysed.

Chapter Five: Therapeutic Healing-the Giving of Care

The art of care-giving is discussed as well as the principles of care-giving. Ethical issues regarding the terminally ill in terms of trust will be outlined.

Chapter Six: Conclusion

This chapter will conclude with a summary of the research, limitations that are discovered during the study will be described and the findings and recommendations for further research discussed.

This chapter has given the critical research layout and will now link the chapter two that shows the literature review that is substantial to give the necessary understanding.

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Chapter Two

The literature Review

2.1 **Introduction**

This chapter will discuss death, concentrates on death from both the Christian and Hindu perspective. It will examine various literatures on subjects such as the *fear* of death and counselling the terminally ill. A pastoral methodology developed by Kubler-Ross (1969) will be assessed as to whether it can be employed to assist the clergy in counselling the terminally ill through the five stages of death.

2.2 **What is fear?**

This study will engage the subject of death from a number of perspectives, subsequently it will summarise and state assumptions and how this chapter interacts with my premise. Fear as an emotion is expressed in the following categories: *anxiety, fear* and *phobia.*

According to Pegues (2011:11) "*fear* is perhaps the oldest emotion known to man-kind (sic). She goes on to define *fear* in three different categories. *Anxiety* is a dread of potential danger or loss in the future (e.g., possible terrorist attack); *fear* is the emotional response to a real or perceived danger or threat (e.g., being followed) and a *phobia* is *fear* gone wild. It is an irrational dread (e.g., fear of elevators) that seeks to avoid repeating a negative experience."

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Hind (2007: v) in her dissertation writes, "I argue that the intentionality of emotion is one source of difficulty for philosophers who defend the view that *fear* of death is irrational... I try to show that, even if the *fear* of death (as the *fear* of death's deprivations) is not a true emotion, it is nonetheless justified." It has been accepted by many authors that fear of death is rational and universal. Becker recognises it as a terror.

Becker (1973:11) writes, "here we introduce directly one of the great rediscoveries of modern thought: that of all things that move man, one of the principal ones is his terror of death."

This study, is going to refer to *fear* the emotional response of a person to real spiritual danger which is relevant to the terminally ill who is now staring death in the face.

The topic relating to death is sometimes spoken lightly and briefly but when circumstances presents itself, perhaps at the cemetery or the crematorium, when individuals come face to face with death, their terror of death is expressed in his words as well as his countenance.

It is not easy to hide terror when one is terrified.

2.3 **What is death?**

There are different opinions regarding death. Some people treat the subject of death very lightly, they refer to it as "passing away, kicked the bucket, he or she is gone. There are people who have a different thought about the subject. Others are afraid of death not knowing what happens in the afterlife if there is such a thing.

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Lloyd says, “Across the world there are wide variations in the experience of death and dying. Death occurs at different times and places according to many factors including age, gender, ethnicity, wealth and environment. Demographers and epidemiologists, who study, among other things, the prevalence and causes of disease and death have helped those concerned with who dies to better understand the association between social and environmental factors and death”(Earle, 2009:48 & et al).

Cobb (2001:34) in death and dying says, “Death is fundamental to life, it is a critical determinant of human existence, and it bears a profound significance because it marks the end of what we value as intrinsically precious. This is an important reason why individual human life is understood as sacred because it is irreplaceable, it warrants not just respect and honour, but an absolute sense of sanctity too” (Earl, 2001:34 & Et al). At funeral services and after, various religious groups are seen performing ceremonies and continue to do so for a period of time because the death of a loved one is treated as sacred.

Synott writes, “In every culture the dead body is treated with respect and with ceremony; and the body remains the symbol of the self” (1993:33).

People who lost loved ones, who were fighting for freedom during the days of apartheid, whose bodies have not been recovered, greatly desired to know where they may locate their bodies. In most cases, there will be no closure for the family if the body isn’t recovered. As Synott says, “it is the symbol of self.”

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Herzog (2008) wrote "What God did was breathe spirit into man. A person with only a body but no human spirit has no life. Life is in the spirit of a person. When someone dies, the spirit of the person departs from the body. If the human spirit returns to the body, life returns. This principle is found in Ezekiel,"

"Also He said to me, "Prophecy to the breath, prophecy, son of man, and say to the breath, 'thus says the Lord God: "come from the four winds, O breath, and breathe on these slain, that they may live.''' So I prophesied as He commanded me, and breath came into them, and they lived, and stood upon their feet, an exceedingly great army (Ezekiel 37:9-10)."

This is an example of spirit returning to the body which results in life being restored.

Just as Wiersbe (2006:15) put it, "death is a biological fact, people are much more than bodies, and life is much more than physical functioning. Unlike the beasts that perish, humans are created in the image of God, and therefore involve important matters such as God, judgment, and eternity".

According to Fisher, "there is a time of body existence and a time of body non-existence. To master the fear generated by this bare statement has strained the ingenuity of every known society to witness death is to know your own body is vulnerable to death. If someone else's body can become nothing, so can your own (1973:147-64).

To imagine one's own body lying motionless and helpless, for some is difficult to come to grips with.

Fisher (2009:9) writes, "If someone dies whom you know well, the reality of death is brought home with a vividness that is unique. You are suddenly unable to dodge the facts and must digest

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their implications with regard to your own career. Soldiers on the battle-field, who are called upon to live intimately and repeatedly with death, not infrequently become highly disturbed, even when those who perish are relative strangers" (Earl 2009:9 E Tal).

Over and over people will say, death is a reality and who is able to get used to it.

Spong (2009:8, 36) wrote death has two constant themes: "first death is a powerful and painful reality that hovers over life almost constantly, either in memory or anticipation. Second, religious tradition tries to tame death, to domesticate it, to transform it and finally transcend it...The end of life is death which is the inevitable destiny of every living thing, but only the self-conscious living one's will know it".

Spong gives one the impression that the dead (soul and spirit of a person) are not conscious. The Scriptures according to "Luke 16:19-31" reveals the consciousness of a person.

2.4 **Death Rate**

According to Ecology Global Network, "55.3 million people die each year in the world, 151,600 die each day, and 6,316 people die each hour (2016)". [www.ecology.com>birth-death-rates.]

One can assume that each death also effects five other people in terms of informal care-giving and grieving relatives and friends.

These statistics are rather shocking, one wonders if all these people have come to terms with what are death and the after-life. Were these issues settled before dying?

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2.5 **Death: Old and New Testament Perspectives**

2.5.1 **Old Testament**

This is how the Old Testament treats and deals with the subject of death. This will be teased out further (later on) in this work.

The Scripture includes many images and metaphors for death:

Blot the name out – Exodus 32:32-33, Psalm 69:28.

Bowl broken – Ecclesiastes 12:6.

Breathe your last – Genesis 25:8, Job 14:10.

Coals going out -2Samuel 14:7, (the end of a family)

Cords entangling a person – 2Samuel 22:6, Psalm 18:4-5.

Crushing a moth – Job 4:19.

Darkness; light put out – 1 Samuel 2:9, Job 3:4-6,9.

Depths; drowning; swallowed up – 2 Samuel 22:5; Psalm 18:4-6.

Devoured–Deuteronomy 32:42; 2Samuel 1:22; 2:26.

Dust (corruption, decay) Genesis 3:19; Job 7:21; 10:9.

Pitcher broken – Ecclesiastes 12:6.

Rider on a pale horse – Revelation 6:8.

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Snare, trap – 2Samuel 22:6; Psalm 18:5; 26:12.

Spinal cord cut – Ecclesiastes 12:6.

Sleep – The phrase "sleep with one's fathers" or "rest with one's fathers" is used many times in the Old Testament as an image of natural peaceful death, joining one's ancestors in the realm of the death (Wiersby 2006:27- 28).

Most of these images of death seem harsh and fearful. Reading through the Old Testament, and observing the kind of deaths the Jewish people in particular were subject to makes the metaphorical images a reality. Many of these references are related to punishment for sin.

According to Webster (2009:43), "Jewish beliefs date back around three and a half millennia. Jewish tradition belief sees some existence continuing after death: death is not the end. While there are some conclusions we can draw about Jewish views of life after death, the Torah itself says relatively little. However, as the traditions developed two important ideas emerged.

First, there is the idea of eventual resurrection of the dead during a messianic end-time.

Second, this afterlife may include aspects of reward and punishment related to our afterlife here, but is not clearly divided into those who are 'saved' who are 'damned' as you find in some Christian and Islamic traditions" (Earle 2009:43 et al).

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2.5.1.1 **Attitude toward Death and Dying in Eastern countries.**

2.5.1.2 **The Death Wail**

According to Wight F.H. as soon as death has taken place in the orient, a wail is raised that announces to the entire neighbourhood what has happened. This is a time for relatives to begin demonstrating their sorrow which reminds them of a national outcry, "And Pharaoh rose up in the night, he, and all his servants, and all the Egyptians; and there was a great cry in Egypt; for there was not a house where there was not one dead (1953:142, Exodus 12:30). An explanation on how Hindu Christians and Jews grieve will follow under lamentation.

2.5.1.3 **Lamentation**

Lamentation continues, "From the time the death wail is heard to the time of the burial. Micah compares it to the cry of wild beasts or birds: "I will make a lament like the jackals and mourning like the ostriches. For her wound is incurable, for it has come to Judah, it has reached the gate of my people, even to Jerusalem (Micah1:8)...The Hebrew prophets mention professional mourners, who were called in at the time off sorrow to express mourning for the dead. "Call for the mourning, and send for the wailing women, that they may come (Wight 1953:142-143; Jer. 9:17-18)".

During my childhood days the attitude toward death among the Indian communities (in South Africa) was exactly the same as the people of the Orient. Today weeping, mourning and singing continue, but very much controlled.

Among Hindu Christian communities, during the time of death weeping and grieving is expected but not as others do which is according to the Scriptures.

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2.5.1.4 **Old Testament Character**

The Scriptures make mention of an extra-ordinary person named Job, besides Jesus, no other man has suffered the way he did. He was a wealthy person, with a family consisting of a wife and ten children. He was the greatest man in that part of the East. His greatness is seen in his moral and spiritual life.

He was struck by tragedy and in just one day, he lost all his wealth including his ten children. He had no idea as to what was happening to him. He could neither trace the source or the cause of this great calamity. It can be said that his attitude toward all this was amazing. He must have been confused and did not blame anyone for what was happening (Job 1:19).

His immediate response in listening to all reports received from his servants was that of worship.

Barnes describes the attitude of the Orientals: "the Orientals were then in the habit, as they are now, of prostrating themselves on the ground as an act of homage. Job seems to have done this partly as an expression of grief, and partly as an act of devotion- solemnly bowing before God in the time of his great trial (Barnes 1949:110)".

At this, Job got up and tore his robe and shaved his head and then he fell to the ground in worship and said

"Naked I came from my mother's womb, and naked I will depart.

The Lord gave and the Lord has taken away; may the name of the

Lord be praised (Job 1:20-21)."

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The ultimate in worship is to honour God as sovereign and affirm His freedom to act in our lives. Job's worship must have been pleasing to the Lord (Richards 1991:331).

Losing his children, his servants was not all, he is now in the process of losing his own life. He was struck with painful boils from the souls of his foot to the crown of his head. His wife who could bear testimony to his faithful relationship with God said:

"Do you still hold fast to your integrity? Curse God and die! (Job 2:7-9)."

However (Mac Arthur1997:699) writes, "Through all this, Job's faith remained strong in the confusion, so that his wife could not accuse him of insincerity as Satan had."

Job is one of those Old Testament characters who are admired for his well-grounded faith. He goes on to say; "though he slay me, yet will I trust Him" (Job 13:15).

Job seems to be a person living with a blessed hope, he says:

"I know that my Redeemer lives and He shall stand at last on the earth, And after my flesh is destroyed, this I know, that in my flesh I shall see God"(Job 19:25-26).

According to MacArthur, Job had no hope left for this life, but was confident that "after" he was dead, his Redeemer would vindicate him in the glory of the physical (in my Flesh) resurrection in which he would enjoy perfect fellowship with the Redeemer (1997:717).

It is quite clear that Old Testament Characters did believe in the resurrection, and in Jobs case there did not seem to be any fear whatsoever.

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2.5.2 **Death: New Testament Perspective**

Like the Old Testament, the New also has images of death. Wiersbe (2006:39-40) mentions a few with explanations:

"**Sleep** – Paul calls the Christian dead "those who have fallen asleep in him [Jesus]" (1Thessalonians 4:14).

Absent from the body – The spirit departs from the body and goes to be with Christ (2 Corinthians 5:8; James 2:26).

Departure - The Greek word gives us the English word "analysis," and it is used to describe a soldier taking down a tent and moving on, a ship setting sail, the unyoking of oxen, and the solving of a problem. Simeon used it of his own death (Luke2:29), and Paul used it in (Philippians 1:23 and 2 Timothy 4:6). "For the believer, death means the battle is over, the burdens are set aside, and we move to a better country where we will understand the mysteries that perplexed us in life. "Taking down a tent" is also found in 2Corinthians 5:1-4 and 2Peter 1:13-14."

With the same concept of death let us see how music and wailing play a role.

2.5.2.1 **Music and wailing in the house of the dead.**

According to Ryrie (1986:1328) it was customary even among the very poor, to hire two or more flute players at times of mourning. In many other religions, music will be played for many hours to comfort and console the bereaved. Among Christians, it seems that musicians in the Church, in most cases, are responsible for rendering music. There are also those individuals among the crowd who will sing songs as an item with consent from the bereaved family.

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In “Mark 5:39”, Ryrie (1986:1376) comments, that these professional mourners were hired by the family to perform loud crying and wailing. It is doubted very much that this practice is still in existence today.

In the Life Application Study Bible (1988:1628) the author comments: “loud weeping and wailing were customary at a person’s death. Lack of them was the ultimate disgrace and disrespect.”

In Hinduism, among the Indian community in South Africa, wailing seems to have come to an end which shows that it was unnecessary.

2.5.2.2 **Preparing the body for burial.**

In the case of Lazarus, he was wrapped in strips of linen which was his grave clothes (John 11:44).

John’s Gospel (19:39-40) records: “Nicodemus brought a mixture of myrrh and aloes, about seventy-five pounds. Taking Jesus body, the two of them (Joseph and Nicodemus) wrapped it, with the spices, in strips of linen. This was in accordance with Jewish burial customs. There are some religions that still keep with the ancient ways in burying their dead.” The great majority of Christians bury their dead, clothed with modern attire.

2.5.2.3 **Fasting During the Period of Death**

Wight writes, “In Bible times it was quite customary for the sorrowing ones to fast up to the time of burial. Then, following the funeral, they would be offered bread and wine as comforting refreshment. Such was called a mourning feast, which had as its real purpose the comforting of mourners. The prophet Jeremiah refers to this custom: “Neither shall men break bread for them in mourning, to comfort them for the dead; neither shall men give them the cup of consolation to

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drink for their fathers or for their mothers" (Jer.16:7, A.R.V.) This mourning brought to an end the period of deepest sorrow and strict fasting."

Job's expression of sorrow was grief to an extreme. "He tore his rob and shaved his head". Job's friends could not believe what they were seeing as they viewed Job from a distance. "They could hardly recognize him; they began to weep aloud, and they tore their robes and sprinkled dust on their heads. Then they sat on the ground with him for seven days and seven nights. No one said a word to him because; they saw how great his suffering was" (Job 2:12).

In both the Old and New Testament, grief expressed itself in great sorrow. One gets the impression that one did not have to be a relative to identify with the bereaved in their sorrow. People lived in close communities and they were there for each other especially in time of need.

2.6 **Different perspectives from various religions**

2.6.1 **Death: Catholic Perspective-Purgatory**

Pennock (1989:237) writes, "The church teaches the existence of *purgatory*, that is, a place or a state of purification as a preparation for entrance into heaven. This doctrine makes sense. To see God face to face means that we must be purified of all our imperfections, our hesitations in totally committing ourselves to God our unwillingness to love God perfectly. Pennock's definition of *purgatory*, "purification, cleansing "what we need cleansing of is any venial sin or any punishment due to our sin which is present at death.

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The best scriptural basis for this doctrine can be found in (Maccabees 12:41-45) which encourages the living to pray for the dead so they can be released from their sin".

This book (Maccabees) has not been accepted as Scripture and therefore is not part of the cannon. There is no Scriptural basis to support this doctrine. The writer to the Hebrews mentions (Hebrews 9:27) "and as it is appointed for men to die once but after this the judgment". MacArthur in his study bible (1997:1912) comments, "This is a general rule for all men". In the book of (Hebrews 9:28), the word *once* is mentioned again, "so Christ was offered *once* to bear the sins of many". This word is used to emphasise finality. Second chance is nowhere mentioned in Scripture, a person has had his/her whole life to search and seek for the truth.

It is believed that Waldo (1960:79-81) in *Beginnings in Church History* was one of the most effective of the pre-Lutheran Reformers, rejected *purgatory* and masses and prayers for the dead and held to the necessity of using vernacular translations of Scripture. In 1184, he and his followers were excommunicated by Pope Lucius 111 for their disobedience. They believed that believers should rather obey God than men (Vos H.F. 1960).

Wycliffe (1960:81) also condemned the dogma of *purgatory*, relic's pilgrimages, and indulgences (Vos H.F 1960).

The Catholic view of death regarding *purgatory* is not accepted by many authors neither is it accepted by the Protestant Church. The decision to either accept or reject Christ must be made in this lifetime. The Bible says, "Salvation is of the Lord" (Jonah 2:9). For by grace you have been saved through faith; and that not of yourselves, it is the gift of God; not as a result of works, that

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no one should boast (Eph. 2:8-9). The work of Christ at Calvary is that of perfection. Upon the completion of His work He said, "*Tetelestai*" meaning finished. No human being is able to add to the finished work of Christ, it is holy and perfect. All of mankind are sinners, and sinners cannot provide a perfect sacrifice that would satisfy the righteous demands of God (Rom. 3:10). Furthermore, believers are encouraged to pray for the living, not the dead.

2.6.2 **Death**: **Jehovah's Witnesses Perspective**

Jehovah's witnesses (*Watch Tower Bible and Tract Society of Pennsylvania* 2005:58) believe, "when a person dies, he ceases to exist. The death is the opposite of life. The dead do not see or hear or think. Not even one part of us survives the death of the body. We do not possess an immortal soul or spirit."

This teaching is certainly not in line with what the Bible teaches. Jesus did not teach annihilation, in fact, He taught about descending to *Hades* and judgement and implied torment (Matthew 11:22-24). The human body is subject to suffering, decay and ultimately death. According to the Scriptures, "our earthly bodies are planted in the ground when we die, but they are raised to live forever. Our bodies are buried in brokenness, but they will be raised in glory. They are buried in weakness, but they will be raised in strength. They are buried in natural human bodies, but they will be raised as spiritual bodies. For just as there are natural bodies, there are also spiritual bodies (1Cor.15:42-44).

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Brown (1999:138) writes, "The dead are not unconscious, as though in some sort of suspended animation in a spaceship from science fiction. They are not alive in the physical dimension, but they can hear and respond in the spiritual dimension. Though the biblical details are somewhat sketchy, it seems that prior to Jesus' death and resurrection the spirits/souls of the dead dwelt in Hades/ Sheol. It sounds incredible to our empirical and rational view of the world, but the Bible strongly suggests that Jesus went to the imprisoned, disembodied spirits/ souls of the dead and "made proclamation" of the gospel to them. Jesus, himself, foretold that He would proclaim His message to people who had already died:

> Truly, truly, I say to you, an hour is coming and now is, when the dead shall hear the voice of the Son of God; and those who hear shall live. For just as the Father has life in Himself; even so He gave to the Son also to have life in Himself; and He gave Him authority to execute judgement, because He is the Son of Man. Do not marvel at this; for an hour is coming, in which all who are in the tomb shall hear His voice, and shall come forth; those who did good deeds to a resurrection of life, those who committed the evil deeds to the resurrection judgement" (John 5:25-29).

To teach the doctrine of annihilation is misleading. The gullible will experience severe

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consequence according to the above Scriptures. Most Christians see death as separation, when the soul departs leaving the body motionless, they call it physical separation.

The Jehovah's witnesses believe other-wise, "when a person dies, he ceases to exist. Death is the opposite of life. The dead do not see or hear or think. Not even one part of us survives death of the body. We do not possess an immortal soul or spirit (2005:58)."

Now we move on to see a Hindu perspective on death and fear of death.

2.6.3 **Death: Western Perspective** (from the Middle Ages to the Present, by Philippe Aries).

In the middle ages people of the west also had their own way of treating death. They prepared for death in a certain way. Their gestures were fixed by old customs, ritual gestures which must be carried out when one is about to die.

According to (Aries 1974:8),"one awaited death lying down, (*gisant).* This ritual position was stipulated by the thirteenth century liturgists. "The dying man," according to Guillaum Durant, bishop of Mende, "must lie on his back so that his face is always turned toward heaven."

This posture was not the same as that of the Jews; according to descriptions in the Old Testament, the Jews turned to the wall when dying. An example of this is found in Isaiah 38:2, "then Hezekiah turned his face toward the wall, and prayed unto the Lord".

Does posture really matter in the hour of one's death? Let us take those martyrs who were burned

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to the stake who had no option but hung on the cross.

Aries says, (1974: 9-10) "Thus prepared, the dying man could carry out the final steps of the traditional ceremony. Take the example of Roland in the *Chanson de Roland.* The first step was to express sorrow over the end of life, a sad but very discreet recollection of beloved beings and things, a summary which was reduced to few images...After the lamentation about the sadness of the dying person, came the pardoning of the always numerous companions and helpers who surrounded the deathbed. This gathering presented all the opportunity to ask for forgiveness. The dying person would respond by saying, "I pardon you here and before God." At these words the one bowed to the other. The dying man commended the survivors to God: "may God bless you."

It must be a privilege for the sick to be able to prepare for death in this manner. Restoring and repairing relationships before departing, is a wonderful thing. There are some who are critically ill, who cannot even utter a word but nod.

Aries says, (1974:10-11) "Now it was time to forget about the world and think of God. They prayed a two part prayer which consisted of: (1) by God's grace to admit their guilt (2) a prayer borrowed from the Jewish synagogue. In the French of sixteenth to eighteenth centuries, these prayers were called the *recommendaces.* "True Father, who never lies, who recalled Lazarus from the dead, who saved Daniel from the lions, saves my soul from all peril....At this point came absolution, indisputably the sole religious, or rather ecclesiastic (for everything was religious) act. It was granted by the priest, who read psalms, the *libera,* burned incense over the dying man, and sprinkled him with holy water. This absolution was also repeated over the dead body, at the moment of its burial, at which time it was called the *absolute*...After the final prayer all that

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remained was the wait for death".

People who know that they will soon pass away will give God their undivided attention. Many of them will read their bibles regularly and consistently.

Aries says, (1974:11-12) "A few general observations were made, first, death in bed, the recumbent figure "lying on its sickbed"- has already been set forth. The second is that death was a ritual organized by the dying person himself, who presided over it and knew its protocol. Should he forget or cheat, it was up to those present, the doctor or the priest, to recall him to a routine which was both Christian and customary. It was also a public ceremony. The dying man's bedchamber became a public place to be entered freely. At the end of the eighteenth century, doctors who were discovering the first principles of hygiene complained about overcrowded bedrooms of the dying. In the early nineteenth century, passers-by who met the priest bearing the last sacrament still formed a little procession and accompanied him into the sickroom...It was essential that parents, friends, and neighbours be present. Children were brought in; until the eighteenth century no portrayal of a deathbed scene failed to include children."

It is observed that the simplicity in which the dying, the family, the neighbours, friends, the priest, the doctor, and the public related to each other was awesome. The comfort in their presence and prayers must have made the dying look forward to their resting place. The love received by the dying from all those around the bedchamber was tremendous. The easiness in which a passer-by had in joining the priest to form a little procession to visit sick without any objection from the dying or the family is wonderful.

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Aries (1974:85) continues to write, “That people had been dying like that for centuries or millennia. In a world of change the traditional attitude toward death appears inert and static. The old attitude in which death was both familiar and near, evoking no great fear or awe, offers too marked a contrast to ours, where death is so frightful that we dare not utter its name...During the long period, from the “Middle Ages” until the mid-nineteenth century, the attitude death changed, but so slowly that contemporaries did not even notice”.

The preparation before departing from this world included very important subject- forgiveness. The dying asking God to forgive them, friends and family also had the opportunity to ask the dying for forgiveness.

Children were permitted to visit the dying. In today’s world children under a certain age would not be allowed. Overcrowding is forbidden, visitation is monitored by hospital staff, signs stating not more than two visitors per patient. In some cases only close relatives will be permitted.

It is amazing, in that there is no hint of the fear of death though it is considered to be universal. This western view prepares us to engage with the Hindu perspective. It could have been appropriate to also compare with tradition African belief of the spirit world of ancestors and the living dead. The focus however is on the Hindu Christian and not the African tradition Christian background. Other researchers can make the comparison and seek ways to tease out similarities and difference.

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2.6.4 **Death: A Hindu perspective.**

Hinduism is a religion most practiced in Asia and the majority of people practicing or adhering to

this faith are Indians. Indian people have now populated other parts of the world and have taken their religion with them. They have also produced converts from other nations and religions to their faith.

According to Subramuniyaswami (2007:4-19), "Hinduism is the oldest known religion, having been practiced over 8000 years as evidenced by ancient Hindu scriptures. Several newer religions have roots in Hinduism including Janism, originating around 3000 BCE; Buddhism, originating around 600 BC; Sikhism originating around the 16th century; and Brahmoism originating in the 18th century. Hinduism is unique in that it has no founder, no beginning that we can point to, and no one holy book." This will help us to deal with the Hindu Christian as we research the phenomenon of dying and the fear that enshroud it.

2.6.4.1 **Reincarnation**

Professor Tiwari (2006: 1of 3) says, "In Hinduism the concept of life extends beyond two polarities of physical birth and death and much consideration given to the latter. That while the physical body experiences a limited span of life, the underlying principle of life, the *atman* or supreme spirit, is eternal, and therefore is not subject to the same laws which govern the perish ability of the of the physiological body. The *atman* is beyond suffering; it cannot be subject to vicissitudes of pleasure or pain. It is pure consciousness or the intelligent principle which operates in each of us." Quoting the Bhagwad Gita, their sacred scripture which informs Hindus that "death is certain

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for the one who is born, and birth is certain for the one who dies" (2:27)."

Lutzer (1997:36) gives us a description from the New Testament of the here-after:

"In Hades [the Greek translation of the Old Testament sheol]

> he lifted up his eyes, being in *torment* and saw Abraham far
> away and Lazarus in his bosom. And he cried out and said,
> "Father Abraham, have mercy on me, and send Lazarus so that
> He may dip the tip of his finger in water and cool off my tongue,
> for I am in *agony* in this flame." But Abraham said, "Child,
> remember that during your life you received good things, and
> likewise Lazarus bad things; but now he is being comforted
> here, and you are in *agony*" (Luke 16:23-26).

Lutzer certainly disagrees with Tiwari in believing that the spirit (*atman)* is beyond suffering. In his analysis of the Scripture he hi-lights pain with words such as "torment and agony" which the soul is subject.

In 1976 Mike Robinson of London Broadcasting Company interviewed Srila Prabhupada regarding the philosophy of the Hare Krsna movement (1976:27). Hinduism has many branches

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and this movement is one of them. Most of them if not all, share one common fundamental belief, the doctrine of “Reincarnation.”

Prabhupada in answering one of Robinsons questions says, “The body is changing, but the occupier of the body, the soul, is remaining the same. This is called transmigration of the soul.” Transmigration is synonymous to the word Reincarnation (Prabhupada A.C.B.S. the Science of Self Realization).

Lutzer (1997:21) in one of his experience with a woman on a plane who shared her transmigration experiences with him said, “There is no such a thing as transmigration of souls, but there is a transmigration of demons”.

Hodges (1983: 803) says, “Humans are sinful creatures destined to die once, and after that face judgement. (Walvoord 1983:803 & et al)”. The Christian view of the hereafter is that the person lives once and is appointed to die once and face judgement. But those who have made peace with God through Christ need not fear.

2.6.4.2 **Before Death: How Hindus administer care to the dying**.

According to (Purana 2004: 24), “Hindus prefer to die at home. When the aged are critically ill, they are sent to hospitals and other institutions. But to acknowledge the merits of dying at home, they are advised to bring them (the dying) home to die in comfort or satisfaction amongst their loved ones “(Packrisamy, Ramasamy).

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Dying at home was a norm for all nationalities of all religions from any part of the world before medical staff, doctors and nurses, and medical institutions came into existence.

Packrisamy writes, "Members of the family and friends gather around the dying and are encouraged to softly sing Hymns, Mantras and Slokas (Mystic formula. A sound, syllable, word or phrase endowed with special power, usually drawn from scriptures). The dying person is also motivated to sing if he is able...Good works or acts of charity such as making donations to deserving persons and charitable institutions or temples, in the name of the dying person, are also appropriate. It is believed that such acts earn merit for the dying person" (Packerisamy Etal 2004:25).

Paruna writes, *"When at the time of death, the soul does not depart but lingers on to the body, no matter whether the dying person is of either sex, they (the family) should donate salt for (on behalf of) him/her whereby the soul leaves the mortal body and enters the doors of heaven which immediately opens for him/her"* (Purana 2004:24-29).

It is amazing that Paruna in (the Funeral) should mention heaven because Hindus believe in Reincarnation. When the soul leaves one body it enters another.

2.6.4.3 **After Death**

2.6.4.3.1 **Preparing the home.**

According to (Packrisamy, Ramasamy 2004: 31) after the death of a loved one, relatives and friends should continue with singing and reciting hymns. If this is not possible then recordings

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may be played softly. In most homes the main room which may be the lounge and dining room, should be prepared by removing all furniture such as chairs, tables, and lounge suites. Pictures and photographs must be removed, reversed or covered.

2.6.4.3.2 **Cleaning and dressing the body**

Purana writes "After a medical doctor has confirmed the death, the body should be cleaned and dressed in clean clothes. Men should, preferably, be dressed in a *veshti*and *jippa*or other traditional clothes, white in colour. Women should be dressed in *saris* or other suitable clothes. In the case of a woman, the corpse should be bathed by the daughters (2004:32)."

In modern times, in South Africa, among the Tamil speaking Indians, men are dressed in regular suits (Western style).Realistically speaking, does it really matter, if the person is being cremated the clothes will be consumed. If the person is buried, then it would be just a matter of time, and the clothes will perish.

Purana writes (2004:32-35), "Immediately after death, the body of the deceased should be decorated with clean clothes. Footwear is not permitted on feet of the dead, it must be bear footed. Traditionally, just before the funeral the corpse is bathed.

The mouth should be cleansed and some gingerly oil should be administered to the deceased. Crushed betel leaves or*tulasi* leaves may be placed in the mouth. The mouth should be closed and the jaws secured with a piece of white cloth.

Alternatively, modern embalming procedures may also be applied to preserve the body

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The arms of the deceased must be placed such that the fingers of the two hands and the thumbs are laced together and placed over the chest. The thumbs should be tied together with a piece of white cloth. This is to keep the arm in place. The legs should be placed straight and the big toes should be similarly tied together to keep the leg straight.

The eyes should be closed. If it is not possible to keep the eyes closed, they should be covered with either sandal paste or turmeric paste and a small coin placed over each eye. If the deceased wore spectacles you may place them over the eyes. The nostrils should be closed with cotton wool.

The forehead of the deceased should be decorated with *vibuthi* (holy ash) or other religious symbols such as sandal paste. If the deceased was a married woman whose husband is still living than she should be decorated with a *kunggumapottu* (vermillon, reddish powder used to apply religious marks on the forehead) and flowers befitting her status as a *sumanggali* (a married woman whose husband is still living). Flower garlands should be used to decorate the body. Garlands of *tulas*i (the sweet basil plant, sacred to Hindus) leaves are recommended, especially if the deceased was a widow. Flower garlands that are used should not have any glossy or coloured paper wrapped around the flowers or leaves. Sweet smelling flowers may be strewn around the body" (2004: 32-35).

Purana (2004: 34, 35) says, "The body should then be placed on the bed or dais in the hall. The body should be placed the head pointing to the south and the feet to the north. A pillow should be used to support the head. If possible the body should be placed on *darpaigrass* (this plant is used to purifying different objects) spread on the bed sheets with the ends of the *darpai grass* pointing towards south.

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In case of those who suffer sudden and violent deaths such as in accidents, elaborate cleaning or decorations may not be possible or feasible. In such cases only the minimum decorations need to be performed.

After a person dies his or her soul will hover over the body for a long time. It is therefore necessary to remind the soul of its divine nature and its journey ahead. Offering the soul a *puja* (an act of showing reverence to God, prayer) serves this purpose.

Place a tray at the head of the deceased. Place a lighted "*Kamatchi Ammanlamp"* (a metallic oil lamp) bananas, or other fruits and *vibuthi*on the tray. A few sticks of *oothubathi* (incense sticks) should be lighted".

Purana (2004:40) says, "When a father dies, it is the eldest son who succeeds his father who must perform the funeral rites, i.e. the *kolli* (the fire taken from the home to the cemetery to cremate the deceased) of his parents" (2004:40)

Purana (2004: 102) says, "On the eighth day (calculated from the day of death) a prayer is performed for the soul of the deceased. Before the *puja,* the altar and the photograph of the deceased should be suitably decorated. In addition to *dhupam,* (incense placed in a holder) *deepam* (a lighted single-wicked oil lamp) and *karpuraarathi*, (the waving of camphor flames before God, a deity or an object of worship during *puja*) cooked food, fruits and sweets may be offered to the soul of the deceased. The food offered to the deceased may be shared by the family members. It should not be served to others" (2004:102).

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As we analyse or consider the above information concerning death in Hinduism, we will conclude that a tremendous amount of performances in terms of rituals must be performed. Why must so many rituals be performed before the death of a person, and after the death, and after the cremation or burial? Is this perhaps not due to uncertainty of the destination of the soul? Does uncertainty not give rise to fear of death? Those who believe in Christ are confident, to be absent from the body is to be present with the Lord. Believers in Christ are also cleansed with his blood and dressed but in his (Christ) righteous. A believer is prepared for death from the moment he or she accepts Jesus as their personal Saviour.

2.7 **Pastoral Care**

2.7.1 **Analysis of Kubler-Ross's perspective**

Her study on *death and dying* is certainly a major breakthrough for doctors, nurses, the clergy and all those who are assisting the terminally ill. In her *Preface* she mentions how meaningful and instructive the experience turned out for all participants, this phenomena will continue for generations to come (Kubler-Ross 1969: ix).This book is a record of live experiences, it offers so much hope and instils confidence and courage in those who desire to work with the sick. She sees the need for professional people, like chaplains and social workers to get involved in assisting people with their emotional needs. These people should not be sitting in the physician waiting because their problems are not physical (Kubler-Ross1969:2). Members of the clergy should also

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be able to differentiate between emotional and physical problems and make referrals accordingly

Patients treated by the wrong professionals will only prolong their pain and anguish.

She (Kubler-Ross) writes, “It is for them that I am trying to outline the changes that have taken place in the last few decades, changes that are ultimately responsible for an increased fear of death through unfamiliarity, the rising number of emotional problems, and the greater need for understanding of and coping with the problems of death and dying” (Kubler-Ross1969:2).

Is it possible that people in the world go through more emotional problems than physical? If this is so than there is a greater need for social workers, chaplains and the clergy. These people will always be grateful to Kubler-Ross’s work concerning emotional problems.

She states, (Kubler-Ross1969:4) “that man has not basically changed. Death is still fearful, frightening happening, and the fear of death is a universal fear even if we think we have mustered it on many levels. What has changed is our way of coping and dealing with death and dying and with our dying patients. Death has always been distasteful to man and will probably always be.” It will be distasteful and painful to both the dying and the entire family who begin the grieving process even before the death of a loved one. Death will always be seen as an enemy but to a loved one who is going through excruciating or unbearable pain; it may be viewed as a friend.

“Dying becomes lonely and impersonal because the patient is taken out of his familiar environment and rushed to an emergency ward. When a patient is severely ill, he is often treated like a person with no right to an opinion. It is often someone else who makes the decision if and when the patient should be hospitalized (Kubler-Ross 1969:7).”

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Looking back over the years, still very young but observant to circumstances concerning the terminally ill how they resisted going to hospital. It is now understandable why they preferred dying at home. The presence of family and friends and the offering up of prayers must have been very comforting to the dying. At home family members did their very best to respect the opinions of the dying unless the idea was not in favour with the illness. Visitors also had easy access to visit at any time within reason. Even though it often became more emotionally painful and taxing in terms of time and inconvenience emotionally, the family persevered.

2.7.1.1 **Children of the dying**

In regards to children, she (Kubler-Ross 1969:6) mentions, "the fact that children are allowed to stay at home where fatality has struck and are included in the talk, discussions, and fears, gives them the feeling that they are not alone in their grief and offers them the comfort off shared responsibility and shared mourning. It prepares them gradually and helps them to view death as part of life, an experience that may help them to grow and mature."

It may have been difficult for elders, decades ago, to empathize or explain death to children who lost a parent. It was noticed that in certain circumstances, elders would purchase toys for the children just to keep their minds preoccupied. The intentions of this endeavour may be good but may not be acceptable or adequate. There is no way that children could be made to forget the existence of their loved one. And as (Kubler-Ross 1969:6-7) writes, "we ship children off to protect them from anxiety and turmoil around the house if the patient is fortunate enough to die at home; we do not allow children to visit their dying parents in the hospitals." Some of these rules

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are also made by our medical institutions and are still being upheld today, depriving children of seeing their loved one for the last time, and listening to their final words. This may be depriving the dying also the privilege of saying their good byes.

2.7.1.2 **Attitudes toward Death and Dying**

Kubler-Ross's concern for doctor-patient relationship is impressive and touching. She gives an example of a young student who is admired by society for his research and his laboratory work during the first years of medical school but is not able to respond to a question asked by a patient. Her idea of joining together the teaching of the new scientific and technical achievements with interpersonal relationships will result in progress (1969: 10-11).

In the field of pastoral work a similar criteria is often emphasized, that the caregiver have a shepherd's heart. To be equipped with only theological knowledge is not sufficient. In this field one might not be at a loss for words but patients will respond easier to a person with a caring heart. Pastors should not see their work as a profession but a calling filled with God's love.

Right now news on television has revealed, thousands of people are fleeing from their country (Syria) to other countries as refugees where there is safety, security and food to sustain them. Those who made a safe journey by sea are fortunate because the vessels they travel in don't look safe. Many of these vessels have overturned causing many people to lose their lives by drowning. Signs and technology have given rise to the development of weapons of mass destruction, which results in an increase *fear* of death. Men and women of all ages have suffered great losses, houses being bombed, parents, spouses, children, and other relatives killed. One can only imagine the

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trauma and *fear* that is being experienced by the survivors. There must certainly be a great need for professional people like chaplains and social workers who can assist with emotional and other forms of humanitarian needs.

2.7.1.3 **Five Stages of Death**

2.7.1.3.1 **First stage: Denial and isolation**

Kubler-Ross (1969:34) and her team interviewed over two hundred dying patients and discover seven forms of denial. She observed that most reacted to awareness of a terminal illness at first with the statement, "No not me, it cannot be true." This response she labels as *initial* denial. There were patients whose illness were confirmed by doctors and patients who did not receive a clear answer. One of her patients, she says, "was convinced that the X-rays were "mixed up"; she asked for reassurance that her pathology report could not possibly be back so soon and that another patients report must have been marked with her name. When none of this could be confirmed, she quickly asked to leave the hospital, looking for another physician in the vain hope "to get a better explanation for my troubles."

This kind of initial response which is (*initial* denial) from patience still occurs from time to time. Some people find it very difficult to come to terms with the truth. The reason maybe fears of death, or leaving young children to defend for them, or never thought of the reality of personal death.

The second form of denial is "anxious denial". According to (Kubler-Ross 1969:35), "This anxious denial following the presentation of a diagnosis is more typical of the patient who is informed prematurely or abruptly by someone who does not know the patient well or does it

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quickly "to get it over with" without taking the patients readiness into consideration."

The readiness of a patient is of utmost importance, this is the impression Kubler-Ross is conveying. Every person working with the terminally ill ought to be mindful, and avoid inflicting the patient with anxious denial.

The third form of denial is "partial denial". Kubler-Ross writes, "Partial denial is used by almost all patients, not only during the first stages of illness or following confrontation, but also later on from time to time. These patients can consider the possibility of their own death for a while but then have to put this consideration away in order to pursue life."

The fourth form of denial is "previous denial". This happens when the patient can no longer face the facts, terminates the dialogue and resumes his previous denial (Kubler-Ross 1969:35). Respect for the patient's decisions is very important. This attitude toward the patient may present an opportunity some other time.

The fifth form of denial is "temporary denial", a defence that will soon be replaced by partial acceptance (Kubler-Ross 1969:35-36).

The sixth form of denial is "maintained denial". Only three of the two hundred terminally ill patients interviewed by Kubler-Ross have held out to this approach to the very end. According to her (Kubler-Ross), "the need for denial exists in every patient at times, at the beginning of a serious illness more so than the end of life. Later on the need comes and goes, and the sensitive and perceptive listener will acknowledge this and allow the patient his defences without making him aware of his contradictions. It is much later, usually, that the patient uses isolation more than denial. He can than talk about his health and his illness, his mortality and immortality as if they

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were twin brothers permitted to live side by side, thus facing death and still maintaining hope (1969:36-37).

In her summary, she says, "the patient's first reaction may be a temporary state of shock from which he recuperates gradually. When his initial feeling of numbness begins to disappear and he cannot collect himself again, man's usual response is "No, it cannot be me." Since in our unconscious mind we are all immortal, it is almost inconceivable for us to acknowledge that we too have to face death."

Kubler-Ross uses the words "sensitive and perceptive" which remind those working with the terminally ill to verbalize the most comforting word sat the appropriate time. She has permitted her patient to deny as much as was necessary for her survival and remained available to her during her whole hospitalization (1969:43).

The sixth form of denial is "massive denial'. Kubler-Ross gives an example of a twenty- eight year old woman who was hospitalized with a terminal liver disease. She used massive denial for a period of time until her death. According to her family she fell apart until she received encouragement and reassurance from a neighbour to attend a tabernacle where people have been healed (1969:38).

The fact that she recovered from falling apart is a good thing but one must remember, because some people may have received healing doesn't mean that the sick should be assured of healing.

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Giving unsure hopes to the terminally ill may result in devastating consequences for them. Pastors have prayed for the sick in the past and continue to pray for them, some people have healed, then there were those did not receive healing but were comforted by the prayer that was offered.

There are many sick people who long for a visitation from family and friends. These are people who now feel isolated and lonely through this neglect. Because of this I have seen depression set in and the ill no longer have the will to live. In my family for instance, my four siblings and I took turns to visit my dad who was terminally ill. With hospitals being located far from home, and driving at pick hours after work can be hectic, but taking turns can make life easier for individuals and families. Living rushed lives is becoming common, especially for people who work far from home, but one must remember nobody is exempted from becoming terminally ill. The availability of family and friends will always be appreciated by the terminally.

In summary of the first stage of death and dying which is “denial and isolation” Kubler-Ross has cited at least seven forms of denial. Social workers, chaplains would do well to be mindful of these forms of denial: initial denial, anxious denial, partial denial, previous denial, temporary denial, maintained denial and massive denial.

2.7.1.3.2 **Second stage: Anger**

According to (Kubler-Ross 1969:44) “when the first stage of denial cannot be maintained any longer, it is replaced by feelings of anger, rage, envy and resentment. The logical next question becomes: “Why me?” why could it not be him?”

A reflection of the past reminds me of a certain individual I have been visiting and praying for,

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who exhibited the above characteristics during her illness. I had no clue to as why she was suddenly so angry. But now after reading through Kubler-Ross's work, it all makes sense and can be accepted as normal behaviour for the terminally.

She (Kubler-Ross 1969:44) writes, "In contrast to the stage of denial, this stage of anger is very difficult to cope with from the point of view of family and staff. The reason for this is the fact that this anger is displaced in all directions and projected onto the environment at times almost at random. The doctors are just no good, they don't know what tests to require and what diet to prescribe. They keep the patient to long in the hospital or don't respect their wishes in regards to special privileges. They allow a miserably sick roommate to be brought into their room when they pay so much money for some privacy and rest, etc. The nurses are even more often the target of their anger. Whatever they touch is not right. The moment they have left the room, the bell rings. The visiting family is received with little cheerfulness and anticipation, which makes the encounter a painful event. They then either respond with grief or tears, guilt or shame, or avoid future visits, which only increases the patient's discomfort and anger."

This behaviour must be very confusing for family and friends who have no understanding in regards to this kind of anger displayed. A friend of mine had been through this kind of experience with his late mother. They were a family of twelve and she loved him the most. Toward the end of her illness, to him, it seemed that she had lost it.

Kubler-Ross (1969:46) who has gained much experience in her work with the terminally, writes, "A patient who is respected and understood, who is given attention and a little time, will soon lower his voice and reduce his angry demands. He will know that he is a valuable human being

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cared for, allowed to function at the highest possible level as long as he can. He will be listened to without the need for a temper tantrum; he will be visited without ringing the bell every so often because dropping in on him is not a necessary duty but a pleasure.”

Kubler-Ross’s (1969:48) advice to those individuals or teams working with the terminally ill, “we have to listen to our patients and at times even accept some irrational anger, knowing that the relief in expressing it will help them toward a better acceptance of the final hours. We can do this only when we have faced our own fears of death, our own destructive wishes, and have become aware of our own defences which may interfere with our patient care.”

This is sound advice to chaplains, social workers, doctors and pastors who are working with the terminally. They must come to grips with their own fears of death and then only will they be able to identify with them in their anger, whether justifiable or irrational.

2.7.1.3.3 **Third stage: Bargaining**

According to (Kubler-Ross 1969:72) “the third stage of bargaining, is less well known but equally helpful to the patient, though only for brief periods of time. If we have been unable to face the sad facts in the first period and have been angry at people and God in the second phase, maybe we can succeed in entering into some sort of an agreement which may postpone the inevitable happening: “if God has decided to take us from this earth and he did not respond to my angry pleas, he may be more favourable if I ask nicely.” We are all familiar with this reaction when we first observe our children demanding, and then asking for a favour. They may not accept our “No” when they want to spend the night in a friend’s house. They may be angry and stamp their foot. They may lock themselves in their bedroom and temporarily express their anger by rejecting us. But they

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will also have second thoughts. They may consider another approach. They will come out eventually, volunteer to do some tasks around the house, which under normal circumstances we never succeeded in getting them to do, and then tell us, "If I am very good all week and wash the dishes every evening, then will you let me go?" There is a slight chance naturally that we will accept the bargain and the child will get what was previously denied. The terminally ill patient uses the same manoeuvres. He knows, from past experiences that there is a slim chance that he may be rewarded for good behaviour and be granted a wish for special services."

It is natural for any human being to fight for survival. The Bible according the book of Isaiah chapter 38, records a crucial event in the life of King Hezekiah. He was terminally ill and at the point of death. As a matter of fact God Himself confirms to Hezekiah through Isaiah the prophet that he will die and not recover. He was advised to put his house in order (family matters). The King then prays to God, making known his faithfulness to God. It was more like a reminder (though God does not really need to be reminded). He says to God, "Remember, O Lord, how I have always been faithful to you and have served you single-mindedly, always doing what pleases you. Then he broke down and wept bitterly."

Most people bargain with God about what they would do for Him in the present and in the future. Hezekiah instead reminds God of what he has done in the past. Although, pleading, or bargaining for his life is not mentioned, it is certainly implied.

God responds to Hezekiah's prayer through Isaiah the prophet, "I heard your prayer and seen your tears. I will add fifteen years to your life, and I will rescue you and this city from the king of Assyria. Yes, I will defend this city (verses 5-6)."

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The truth of the matter is, not everyone will be as fortunate or privileged as Hezekiah. Most may bargain in vain but the terminally may have great hope to pursue with bargaining.

Kubler-Ross and her team were impressed by the number of patients who promised a life dedicated to God or service rendered to the church in exchange for an extension of time.

This observation has led them to believe that, psychologically, these promises may be connected with quiet guilt. She encourages chaplains or physicians to be observant and sensitive to these statements and not ignore them. It maybe, they are confessing their guilt for not attending church regularly. She believes chaplains are the first to hear of such concerns.

Kubler-Ross (1969:74) writes, “We then pursued them until the patient was relieved of irrational fears or the wish for punishment because of excessive guilt, which was only enforced by further bargaining and more unkept promises when the “deadline” was past.”

These fears may not be irrational, the chaplain or even other members of the clergy can emphasize the multitude of God’s tender mercies in forgiveness. Bargaining is a reality among the terminally ill, even parents who have been told that there is no hope for their child.

2.7.1.3.4 **Fourth stage: Depression**

According to (Kubler-Ross1969:75), “when the terminally ill patient can no longer deny his illness, when he is forced to undergo more surgery or hospitalization, when he begins to have more symptoms or become weaker and thinner, he cannot smile it off anymore. His numbness or stoicism, his anger and rage will soon be replaced with a sense of great loss. The loss may have

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many facets: a woman with breast cancer may react to the loss of her figure; a woman with cancer of the uterus may feel that she is no longer a woman. These people will respond with shock, dismay, and the deepest depression." When there is no victory in sight, all hope is gone; the patient will feel defeated.

(Kubler-Ross 1969:76) writes about the two kinds of depression:

She regards the first one as "Reactive depression" and the second "Preparatory depression."

She believes, "an understanding person will have no difficulty in eliciting the cause of depression and in alleviating some of the unrealistic guilt or shame which often accompanies depression.... Social workers, physician or chaplain may discuss the patient's concerns with the husband in order to obtain his help in supporting the patient's self-esteem."

A husband will co-operate and give his support in this regard for the benefit of his wife. He has lived with her for many years and therefore knows her better than anybody else. Whatever information is needed concerning her personality or temperament or behaviour, he is able to render it. This may assist doctors and other medical staff as well as the chaplain and social workers to establish whether certain manifestations such as an outburst of anger are normal.

The information received from the husband will help in the aspect of "reactive depression" and deal with it effectively.

Then there is the aspect of "preparatory depression". Kubler-Ross (1969:76) reminds, "What we often tend to forget, however, is preparatory grief the terminally ill patient has to undergo in order to prepare himself for his final separation from the world....The second type of depression is

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one which does not occur as a result of a past loss but is taking in to account impending losses."

The natural reaction or response of family and friends is to encourage the terminally ill during this sad period. So often it has been witnessed that members of the family are not prepared to let go of the sick patient. To some extent this is being selfish because they want the patient to be kept alive for their sakes, not considering the excruciating pain the patient must endure.

Kubler-Ross (1969:76) writes, "When the depression is a tool to prepare for impending loss of all the love objects, in order to facilitate the state of acceptance, the encouragements and reassurances are not as meaningful. The patient should not be encouraged to look at the sunny side of things, as this would mean he should not contemplate his impending death. It would be contraindicated to tell him not to be sad, since all of us are tremendously sad when we lose one beloved person. The patient is in the process of losing everything and everybody he loves. If he is allowed to express his sorrow he will find final acceptance much easier, and he will be grate full to those who can sit with him during this stage of depression without constantly telling him not to be sad. The second type of depression is usually a silent one in contrast to the first type, during which the patient has much to share and requires many verbal interactions and often active interventions on the part of people in many disciplines. In the preparatory grief there is no or little need for words. It is much more a feeling that can be mutually expressed and is often done better with a touch of a hand, a stroking of the hair, or just a silent sitting together. This is the time when the patient may just ask for a prayer, when he begins to occupy himself with things ahead rather than behind. It is a time when too much interference from visitors who try to cheer him up hinders his emotional preparation rather than enhances it."

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Most or many people such as family and friends, due to ignorance have their timing wrong. When the terminally ill patient is preparing to depart they are applying the first type "reactive depression" which will deprive the patient the time to prepare for departure. Some members of the clergy display a similar kind of ignorance by claiming that the patient could still be healed. When they see no signs of recovery in the patient, they may say, the patient is lacking in faith. Since members of the clergy will often come in contact with the terminally, they will need to equip themselves with knowledge related to this field. It will always be painful for family and friends to see a loved one in the state of depression. But the process of depression is inevitable and must be respected.

2.7.1.3.5 **Fifth Stage: Acceptance**

Kubler-Ross views the fifth stage as the final stage in the life of the terminally ill patient. She (Kubler-Ross 1969:100) writes, "if a person has enough time (i.e., not a sudden, unexpected death) and has been given some help in the previously described stages, he will reach a stage during which he is neither depressed nor angry about his "fate." He will have been able to express his previous feelings, his envy for the living and the healthy and his anger at those who do not have to face their end so soon. He will have mourned the impending loss of so many meaningful people and places he will contemplate his coming end with a certain degree of quiet expectation. He will be tired and, in most cases quite weak. He will also have a need to doze off or to sleep often and in brief intervals, which is different from the need to sleep during the times of depression. This is not a sleep of avoidance or a period of rest to get relief from pain, discomfort, or itching. It is a gradually increasing need to extend the hours of sleep very similar to that of a new born child but in reverse order. It is not a hopeless "giving up," a sense of "what's the use" or "I just cannot fight it any

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longer, “though we hear such statements too.... Acceptance should not be mistaken for a happy stage. It is almost void of feelings. It is as if the pain had gone, the struggle is over, and there comes a time for “the final rest before the long journey” as one patient phrased it.... we may just let him know that it is alright to say nothing when the important things are taken care of and it is only a question of time until he can close his eyes forever.”

It is amazing how accurately Kubler-Ross describes this stage of acceptance in the lives of so many who have died. Witnessing such behaviour from the terminally ill patient, prepares family and friends to expect the imminent loss. To be with the patient to the very end must give him the assurance that he will not be forsaken or abandoned.

(Mallon B. 2008: 8) in her book “*Dying, Death and Grief*” comments on Rachel Naomi Remen, saying: “she has worked with people with life threatening illness for many years. She believes that Kubler-Ross stages are useful but she disagrees that the final stage is acceptance.”

She says: “I have counselled people with life-threatening illness who have lost valuable parts of their bodies, relationships and capacities. And in my experience of watching people heal from loss, the final step is gratitude and wisdom. That’s the final step of healing from loss. It doesn’t make cognitive sense, but it makes deep emotional and spiritual sense (Redwood 2002:6).”

Among the terminally ill, there are those who have the privilege “in terms of health and strength” to expressed gratitude to family and friends, social workers, chaplain and hospital staff. I am mindful of a friend who was terminally ill, who wrote a vote of thanks to be read at his funeral service. It was a list containing many names of all who rendered various kinds of services to him, especially those who spend time praying and comforting him during his illness.

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(Wiersbe 2006:15-16) Writes, “Kubler-Ross (1926-2004) was a pioneer in the field of thanatology, that branch of medicine that focuses on the terminally ill and their families. Dr. Kubler-Ross gave to the world the well- known five responses or (stages) that terminally ill patients usually experience as they await death...But Kubler-Ross saw no reason why people should fear death. She compared death to a butterfly shedding its cocoon. To her, death was only a higher state of consciousness where people continued to laugh, perceive, and grow, something like being “born” into a new world or being graduated from school to a higher level. What basis she had for these convictions, she never revealed, but many people have believed romanticized views of death and therefore are sure they need no spiritual preparation to die. While many of her insights into the “death process” are helpful to alert the caregiver, her views on what goes on after death are not always biblical.”

Even people among other religions who do not believe in Jesus do sense that preparation for the afterlife is needed. In (John 11:25) Jesus said, “I am the resurrection and the life. He who believes in me though he may die, he shall live.” Many Christians will definitely share or fully support the views of “Wiersbe”.

2.7.2. **Pastoral Care: Charles V. Gerkin’s view**

Gerkin (1997:23) wrote, “pastoral care as we know it today did not spring forth out of the shallow soil of recent experience. Rather, it has a long history; thus we have many ancestors who have shaped for us the way we approach the care of persons.”

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Shaping in pastoral care never stops, even in this era; we still have pastors and others who will not stop contributing toward further development of care. New ideas and experiences of pastors in the field of "pastoral care" will keep coming and be recorded for our benefit.

Gerkin (1997: 23) wrote, "Our most reliable source regarding the beginnings of pastoral cares, of course, the Bible. Turning first to that source, we learn that the care of the community of people, who worshiped the one God, Yahweh, required the assignment of leadership roles to certain individuals. Our earliest pastoral ancestors are to be found among the leaders of the ancient people of Israel. From very early in recorded biblical history the custom was established of designating three classes of such leaders: the priests, hereditary class that had particular responsibility for worship and ceremonial life; the prophets, who spoke for Yahweh in relation to moral issues, sometimes rebuking the community and its stated political leaders; and the wise men and women, who offered counsel of all sorts concerning issues of the good life and personal conduct."

Gerkin does not stand alone in believing or acknowledging that the Bible is the most reliable source. He will have many believers, scholars and pastors agreeing with him. It is also the earliest source to reveal the three classes of leadership.

Gerkin (1997: 25 mentions, "that the term *guidance* has been supplemented by some pastoral care historian with the addition of other metaphorical terms such as *healing, reconciling and sustaining*...each of the four modes of cares they have been interpreted in the recent past carry a primary connotation of wise care of the individual or, as appropriate, the family."

Pastors will see how the four modes of care will manifest the need to be appropriated in the lives of the community. *Guidance* is needed on a daily basis. The bereaved or those experiencing

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emotional hurt will need *healing*. The ritual of physical healing through anointing with oil where there is division, the pastor must *reconcile*. When people are discouraged, they will need to be up held or *sustained*.

In chapter one, Gerkin's trialogical and quadrilateral schema was presented and explained. According to Gerkin (1997:37), "the schema suggests that the pastor's primary contribution to the caring process is that of offering caring interpretive leadership within the community of Christians in relationship to its tradition, its individual members and families, and bits sociocultural context. On occasion that means the pastor may offer specific acts of care with and on behalf on individuals. Pastoral care in its larger meaning, however, involves the pastor in giving caring attention to concerns that reach beyond the individual to the community of Christians and the larger society."

Pastoral care can never be restricted to the Christian community only, like Jesus the good and great shepherd who showed love and concern not only to fellow Jews but Samaritans too. Thus pastoral care will eventually reach the larger society which is God's will.

2.7.3 **Pastoral Care in Evangelism (finding the lost): Nick Pollard's view.**

Pollards idea of "positive deconstruction (take apart)" is an excellent one because people have their own worldviews. They may be convinced in their minds that they are one hundred percent correct. And as the scriptures warn, according to (Proverbs 14:12), "there is a way *that seems* right to a man, but its end is the way of death." Every human being is on a journey, hoping that the final

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destination will be safe and sure. Jesus said according to (John 14:6) “I am the way, the truth, and the life. No one comes to the father except through me. The question to be asked, how can people be persuaded to walk in the right direction?

In Steve Chalke’s forwarding address he says, “Nick has a unique approach to evangelism. He works by unpacking and exploring people’s belief system with them- even when they don’t yet know they have them...He takes them on a journey of personal discovery as he carefully builds understanding and trust and introduces them to Jesus” (Pollard 1997:8)

With tact and diplomacy personal workers must be able to reason with them. This is a kind of work that requires an enormous amount of patients, it is seldom accomplished overnight.

Pollard writes (1997:30, 31), “in order to reach this generation, we need to respond at a far deeper level. That is, we must address the changes taking place in their underlying worldviews...if we are to reach people today, we need to develop the ability to help people to discover the inadequacies of the world views they have adopted”

If Hinduism can be used as an example, there are new denominations that have risen among them. Therefore, it is imperative to acquaint oneself with their teachings or traditions before even trying to address the changes taking place in their underlying worldviews.

Pollard says, “Essentially I try to start from two points: a clear understanding of the gospel, and a

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clear understanding of the person I am trying to help."

It is extremely important to have a good understanding of the Bible. There are members of other religious groups who can quote the bible from memory. More particularly those from the Muslim religions who will use the Bible to suite their arguments, and therefore out of context most of the time. It is therefore very important for Christian workers to have a good working knowledge of the Bible. It will be an advantage to read, study or familiarise oneself with literature of other religions. There are courses titled "Comparative Religions" taught in various colleges which will be of tremendous help.

In terms of the Gospel, Pollard writes (1997:170-172), "we don't live our lives on the basis of proof, but rather by taking a step of faith based upon reasonable evidence...I can present the objective evidence for Jesus. I happen to think that this is very strong. In fact, I would say that there is overwhelming objective evidence that Jesus Christ historically walked on this earth, historically died on the cross, and historically rose to life. We can know that he is Lord and King, and we must respond to him in repentance and faith."

With Pollard's theory of deconstruction, one is able to assist those who *fear* death by helping them to carefully and respectfully take apart and analyse what they believe. And then introduce them to this new way in Christ (John 14:6). Instead of being tormented by the *fear* of death, one can experience the peace of God and welcome death when it comes. The psalmist in (psalm 116:5) says: "Precious in the sight of the Lord is the death of his saints". There is no need to fear death when we stand on the promises of God.

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2.8 **Conclusion**

In this chapter fear has been defined. Death from both the Old and New testaments has been discussed. Views from other religious back ground compared. They came from the Hindu religion, the Jehovah's Witnesses, the western perspective and the catholic perspective. Pastoral care was examined, Nick Pollard' deconstruction viewed and Kubler-Ross's counselling the terminally ill from her work "*Death and Dying*" was assessed.

The next chapter (3) will explain the methodology of the research study.

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Chapter Three

Research frame work and methodology

3.1 **Introduction**

In the previous chapter, the researcher dealt with elaborate discussion of fear, death and the afterlife. The theology of caring for the terminally ill was examined under the following topics:

1. Analysing fear.
2. Viewed death from other religious perspectives.
3. The different ways of burial and cremation compared.
4. Disagreements regarding the afterlife.
5. Kubler- Ross' five stages of response from terminally ill assessed.
6. Methodology of caring considered.
7. Deconstruction analysed

Baloyi (2011:68) writes, "Linking practical theology with qualitative research has the potential to uncover credible data on the ground." The above will assist this research in uncovering and gathering data.

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3.2 **Research Design**

This research focuses on the terminally ill who are afraid of death, and also those who do not fear death. It will begin by giving a breakdown of the research design.

This chapter will explain the methodology of this research study. My own positionality within the research will be included. A qualitative methodology will be employed using a case study approach. The methods of research to be used in this study will be discussed with interviewees. The aim of this research study is to equip them (terminally ill Christians with a background of Hinduism). A description of ethical procedures will be outlined. Potential candidates will be identified together with their situation and location. A description of the method of data gathering, transcribing, collation and analysis will be detailed.

3.3 **Epistemological Foundations**

According to Martin (2009: 77), "Epistemology is the study or theory of the nature and grounds of knowledge especially with reference to its limits and validity". Validity is extremely important otherwise it cannot be considered scientific research. Due to time restraint, limits will be imposed on this research.

Mason (2006:16) affirms that "Epistemology derives from the Greek word "*episteme"* (knowledge) and *"logos"* (word/speech) "theory of knowledge", is a branch of philosophy concerned with the nature and scope (including the limitations) of knowledge."

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Morris (1969:441) defines 'Epistemology' as, "the division of philosophy that investigates the nature and origin of knowledge."

Mason and Morris give the impression that knowledge should not be accepted without an inquiry or investigation.

Mouton (1996: 31) writes "the search for truth is not just another option or a matter of choice. Scientists who are engaged in scientific research are bound, as it were, in a 'moral contract' to commit themselves to the search for truth. In fact, violation of this imperative implies total rejection or suspension of the notion of 'science'. This is another way of saying that the term 'science' and 'truth' are intrinsically linked. We will argue that once we relinquish the ideal of truth, we no longer have the right to claim that we are involved in the game of 'science'.

The impression that comes to light from the above quote is, that, researchers should forever be mindful of the fact that they are bound by a moral contract to search for nothing but the truth, and remain committed to it. Hence researching Hindu fear, Mouton continues to say, "It should be emphasised that 'the epistemic imperative' more than simple acceptance of the ideal of truth in the production of scientific knowledge. All kinds of knowledge- every day knowledge, moral and religious knowledge – work with an implicit notion of truth. In science the idea of an 'imperative' distinguishes the search for truth from other kinds of discourse...it explains for instance why rules of evidence and validation are accorded far more priority in science than in any other sphere of human knowledge. There is no other domain of human knowledge in which we place such strong

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emphasis on following methodological rules and in which we value notions of objectivity and rigour as we do in scientific research. There is no other domain of knowledge in which we accord the development of increasingly sophisticated methodologies such high priority."

This is certainly the safest way to uncover and validate truth when we follow methodological rules in scientific research. On the other hand Baloyi (2011:71) shares another insight on the subject of epistemology when he says "Epistemology as a scope of generating knowledge is also parallel to qualitative research in that it contributes a lot in collecting data from human experiences on the ground."

While Mowat and Swinton (2007:33), "knowledge of the other occurs when the research focuses on a particular individual or group and explores in-depth the ways in which they view and interact with the world."

Baloyi and Mowat and Swinton are focussed on domain of human experiences where interaction takes place and knowledge is revealed or uncovered.

The focus of this study is mostly on the terminally ill who are traumatised by fear of death. In the process it will endeavour to acquire skills to assist the clergy in counselling the terminally ill.

Baloyi (2007:70-71) says, "The essence of epistemology is fundamental to how we think and acquire knowledge. Without some means of understanding how we acquire knowledge, how we rely upon our senses, and how we develop concepts in our minds, we have no coherent path for our thinking."

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The above quote is a reflection of the epistemology under which this study falls "post modernism" and will therefore be guided by a hermeneutics.

3.4 **Hermeneutical Methodology**

Many authors have different definitions of the word "Hermeneutics" but conclude with a similar meaning. Ramm (1971:6) writes, "That theological discipline which takes as its goal the proper interpretation of Scripture is hermeneutics. A solid hermeneutics is the root of all good exegesis and exegesis is the foundation of all truly Biblical preaching. Therefore a sound hermeneutics is an absolute *desideratum* (something needed and desired) for the minister of the word of God.

Although traditional hermeneutics has been treated as a special theological discipline, recent studies have endeavoured to enlarge the scope of hermeneutics.

These studies wish to see hermeneutics in a wider perspective as a function of the human understanding (German: *Verstehen,* the grasping of meaning in-depth in contrast to *Erkarung* which is merely technical explanation). Understanding is the capacity which people have to give and receive meaning. When a person speaks or writes he gives meaning; when he listens or reads he receives meaning. Hermeneutics is then deeply imbedded in the larger structure of communication. Stemming from Schleiemarcher, Dilthey, and Heidegger there has arisen a new movement in hermeneutics which is so comprehensive that it is a philosophy and a theology (Fuchs, Ebeling, and Gadamer)".

Trying to understand fellow humans especially in the area of pastoral care is a life long journey in

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itself. Ramm gives me the impression that hermeneutics should *not* be confined or restricted to the field of theological disciplines only. I agree with him because hermeneutics as the principles of interpretation would be beneficial in other spheres of life. The need to assist humans is great, but the need to understand them is even greater in order to assist effectively. In the event that a medical practitioner incorrectly diagnoses a patient, he will certainly prescribe wrong medication which may be fatal when applied. As Ramm mentions above, hermeneutics is sound and solid and is therefore an absolute *desideratum* (something needed and desired) for the minister of the Word of God. Hermeneutics would be beneficial to all members of the clergy when applied in the field of counselling as well. Gerkin has done extremely well in utilising hermeneutical methodology to pastoral care. Hermeneutics is extremely important, it will assist me later in the research.

3.5 **Gerkin's Hermeneutical Methodology**

The terminally ill will be counselled with Gerkin's Pastoral method as a guide. In his book titled "An Introduction to Pastoral Care" Gerkin views the pastor as the leader responsible for administering care to the needy. Shepherding methodology will suit the terminally ill who come from South Indian background because among many other means of assistance care is central. Gerkin begins with the *traditions* in his quadrilateral schema because it is the foundation on which the other three aspects (Individuals and families, the community of Christians, the cultural context) will rest on.

Gerkin (1997:21) writes, "To tour the world of pastoral care is also to enter into a *tradition*. Though it is not always known by this name, pastoral care has been part of the Christian story and its

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traditions over many centuries of the Christian history. Before Christianity, pastoral care was a significant aspect of the Israelite community's life and its *traditions,* out of which the Old Testament or Jewish Scriptures emerged. Thus to tour the world of pastoral care means to trace some of the roots of pastoral practice in earlier times as we seek to understand the long story of pastoral *tradition.* It means to catch a glimpse of the different emphases in pastoral care that have emerged in response to changing scenes of human experience over the long reaches of time. The understanding that pastoral care always involves a response to human experience is central to the *tradition* of care ...Our most reliable source regarding the beginnings of pastoral care is, of course, the Bible".

I agree with Gerkin that the Old Testament or Jewish Scriptures which emerged from the traditions is powerful enough to shape or change Christian identity. The Old Testament is now coupled with the New Testament which makes up the sixty-six books in the Bible.

MacArthur (2005:8) acknowledges the power of the Scriptures when he writes, "Scripture is the only reliable manual for true soul study. It is so comprehensive in the diagnosis and treatment of every spiritual matter that, energized by the Holy Spirit in the believer, it leads to making one like Jesus Christ. This is the process of biblical sanctification. It is the goal of biblical counselling".

Jesus in (John 6:63) said, "It is the Spirit who gives life; the flesh profits nothing; the words that I have spoken to you are spirit and are life".

Gerkin, MacArthur, and the Master (Jesus) himself verify that there is power and life in the Scriptures to change or as Gerkin says, to shape Christian identity.

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Individuals and families have been affected by the traditions and the Word of God. They have become a caring people because the Word of God and the traditions have guided in this direction. God spoke to human beings through the voice of the prophets. The priests who led the community into worship received instructions of Worship from the word of God. Israel from time to time wondered away from worshiping God in the appropriate way but it was always the Word of God spoken through the prophets that brought them back on track.

A chain reaction as well as interaction is clearly evident, starting from the traditions to the individuals, then to the community of Christians and ultimately the cultural context. The positive change motivated by the traditions moved all four nexus points to *care* for each other. It carried with it power to cross mighty oceans and staunch cultures.

3.5.1 The Pastor as shepherd of the flock

Pastors (shepherds) are gifted people who have been endowed the ability to offer care for those in need. Gerkin (1997:81) states that there are pastors in 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... 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 are neglected by the powerful of their communities.” Pastors must stay focussed and honour this great calling received from God”.

Hoehner (1983, 2000:632-633)in some way agrees with Gerkin in his comments on (Ephesians 4:1), “the word ‘worthy’ means ‘equal weight’; one’s calling and conduct should be in balance. “The calling” refers not only to their salvation (cf Rom. 1:5; 1Cor 1:9) but also to their union in

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one body. Therefore the Christian's conduct concerns both his personal life and his responsibility to other believers in the church." Virtues that should accompany this calling are: humility, gentleness and patience. According to Hoehner, "humility promotes unity... gentleness is the opposite of self-assertion, rudeness, and harshness (Walvoord1983, 2000:632-633& Et al)."

If pastors as Christ's shepherds understand the meaning of this phrase, 'walk worthy of your calling' as explained by Hoehner, then assuming the authority to judge God's people and to direct them can be avoided as mentioned by Gerkin. It is a privilege to be called of God to shepherd His flock but it does not come without accountability. A Pastor is a servant of God, not a dictator or a tyrant. Gerkin (1997:81) states, "In important respects the monks of the desert and the St. Francis's of our heritage were better models of the good shepherd than were the Gregory the Greats, who used their pastoral authority to control and direct.

Wiersbe (2006:4) writes, "If you and I are going to serve Jesus Christ-the way God wants us to minister and the way the apostles ministered-we must (1) know divine resources personally, (2) see the human needs compassionately, and (3) become channels of mighty resources so that (4) God alone is glorified. Barry (2007:12) agrees with Wiersbe in saying, "you will not be the caregiver you need to be by your own strength... it is hopeless. The tasks are too difficult, and the expectations too high. Only those who understand their "hopelessness" will receive the power and strength from God that is needed to help carry the cross of someone they love. As the Lord teaches, we do well to remember, "I am the vine; you are the branches. If a man remains in me and in him, he will bear much fruit; apart from me you can do nothing" (John 15:5)."

Care giving is the work of God, Gerkin, Wiersbe and Barry has one thing in common, the

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recognise the need for divine power. God would not want it any other way; it must be done with the power of his strength. The prophets in the Old Testament recognised it as a fact; to Zechariah it was said, “Not by might nor by power but by my Spirit (Zech. 4:6b).” The apostles in the New Testament acknowledged it as a fact, Paul says, “I can do all things through Christ who strengthens me (Philippians 4:13).” Since all things are done or accomplished through the power of his might, it is therefore most appropriate that He receives all the glory. The terminally ill persons appreciate the ministering of sacraments and are encouraged by participating. It is accepted as part of care giving.

3.5.2 **The Pastor as ritualistic leader**

According to Gerkin (1997:82) “Some care can only be given the power of deep connection with communal meanings by way of corporate participation in the symbolic acts of receiving bread and wine, the laying of on hands, and the administration of the water of baptism. Singing together can express care and acknowledge our mutual need for care. Praying together can search for and celebrate the receiving of the care that only God can provide.”

Some terminally ill people feel that participating in the above rituals help them prepare their spiritual lives before dying. The prayers offered by ministers and the church often resulted in the healing of the sick person. Barry (2007:59) writes, “Allen S., a dear friend, had a sizable tumour in his stomach that required having two-thirds of his stomach removed. Our church leaders prayed for him. The next day, during the surgery the doctors could not locate the tumour.” Even if the sick did not receive healing, just by listening to people praying for them instils so much comfort and courage in a person. Most Christian terminally ill persons want to be administered with the

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Lord's Supper to be mindful of the salvation the Saviour provided. The singing offers them the opportunity to worship God during the stay of their last days on earth. The pastor encourages the sick with the word of God in relation to the Psalmist attitude toward death.

3.5.3 **The Pastor's attitude toward the dying**

Among the many Great Shepherds of Israel like Jacob who tended his father in law's (Laban) flock, had to work 7 more years to have Rachel as his wife. Jacob eventually ended up with four wives and thus the birth of the 12 tribes of Israel. Moses, when he fled from Egypt to Median did the work of a Shepherd as he tended his father in law's sheep which brought him into contact with the living God at Mount Sinai. David the youngest in his family, tended his father's flock as a shepherd, compared his own unique caring experiences with God as his shepherd.

In Psalm 23:4, which reads, "even though I walk through the valley of the shadow of death, I fear no evil; for thou art with me; Thy rod and Thy staff , they comfort me" shows that he was courage's and took comfort in the presence and power of God. Evans states, among other meanings, "the valley of the shadow of death" refers also to a more particular experience of death itself (Evans 1921:53, 1932). David may have had many encounters with death starring in the face. He remembers killing a lion and a bear, and then there was Goliath. He was a true shepherd, he did not flee and abandon the flock, and instead he fought and rescued the lamb (1Sam.17:34-37). Referring to death in (Ps.23:4,) Evans (1921:53) states, "at least we have come to look upon it in such light and doubtless thousands of God's people have found the comforting truth of this verse a safe pillow in the dying hour. It has lightened the valley, removed the fear of death, and illumined immortality." This Psalm has brought tremendous comfort to the dying and the terminally ill.

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The true shepherd stays close to the sheep to provide their needs such as care, comfort and encouragement. In the Old Testament, God was Israel's Shepherd, today in His relationship to the church he is the Great Shepherd.

According to Evans (1921:53-54), "even though the believer knows that the sting of death has been removed, nevertheless there is usually an attendant of fear connected to the passing out of this life. No really thoughtful man will speak lightly of death. He may, as men may, in the fullness of health and vigour, laugh at the idea of dying; but when he comes face to face with the real experience, there is...quite a different story to tell... Death is certain... We cannot bribe death. We cannot avoid or evade passing through the valley of the shadow...face it we must...make sure that we have the light and the life which alone will secure for us a happy exit from this valley and a glorious entrance in the unfading light of a new day." What happens to those Christians who believe that they can lose their salvation? Perhaps Pollard's methodology of deconstruction may assist in solving this problem.

3.6 **Pollard's Methodology (Positive Deconstruction)**

One of the most difficult things about a human being is to change his or her mind-set. It took me 22 years with much debate before I finally embrace the Christian faith. I know of others who took four to five decades before they saw the light in the Christian faith. It is only natural for one to defend one's own religion. Even though the Bible according to Proverbs 14:12 reads, "there is a way that seems right to man but its end is the way of death". People have their own world views and therefore are entrenched in their ways with very strong mind-sets and oblivious to devastating consequences.

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Pollard (1997:33-34) provides a model (fig.1: A circular world view model) of a world view that explains how people arrive at their own world view: "as individuals develop, they do seem to adopt certain answers to the fundamental questions of life. These answers are put together into a comprehensive system – a view of the world. At the same time, however, this view of the world becomes the way they view the world. This becomes the spectacles, through which they look, the grid upon which they organize reality. This, in turn, affects the way they answer the fundamental questions of life, and so on. If we understand worldviews this way, we can see why they are so hard to change. They tend to become so entrenched because they constantly reinforce themselves through their self-sustaining feedback loop...if they currently comfortable with their hotchpotch of different worldviews, we must help them become uncomfortable with it. We must encourage them to step outside their worldview feedback loops and to ask themselves the difficult questions. Perhaps then they will be interested in looking at Jesus."

This suggestion or advice from Pollard isn't always easy to follow, but it must be done, it has to be done if change in worldviews of others is to be experienced. The terminally ill who are fearful of death may have embraced the Christian faith but are still holding on to previous worldviews. They have become believers but have not been disciple. They may not have been introduced to the study of the Bible, examining and enjoying the promises Jesus made about eternal life. They may be immature Christians not feeding on the meat of the Word.

Pollard's methodology in deconstruction is very much applicable to *evangelism.* This methodology would be most appropriate when leading Hindus to Christianity. The application of

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the deconstruction process (take apart) is well suited in that it would eradicate doctrines of Hinduism (Reincarnation) which may be responsible for instilling fear. It is best to lay a good, solid and sound foundation composed of biblical principles from the inception of a new life in a believer.

Pollard (1997:43) writes, "the process of positive deconstruction involves four elements: identifying the underlying worldview, analysing it, affirming the elements of truth which it contains, and, finally, discovering its errors:

...Identifying the worldview

According to Pollard (1997:43) "most people seem unaware of the worldviews they have absorbed, which now underlie their beliefs and values. That is why it is so rare for people to articulate a worldview. Normally they will simply express a belief or live a certain way, without knowing or even thinking about the worldview from which their belief or behaviour derives.

Analysing the worldview

The next step in the process is to analyse it. Pollard's method of analysing consists of asking three questions to test for truth.

"Does it make sense?" It will not be contradictory or inconsistent, it will make sense.

"Does it correspond with reality?" Is it in agreement with reality?

"Does it work?" Error will not work but one can count on truth.

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Affirming the truth

I agree with Pollard in saying, when we observe Non-Christians communicate elements of truth we must affirm them. Otherwise the impression we convey is that of disrespect. The opportunity to get them to listen will be lost, sometimes forever. Affirming elements of truth may assist establishing common ground.

Discovering the error

According to Pollard (1997:56), "when we analyse a worldview using the three criteria of truth, we are attempting not only to affirm truth but also to discover those errors". We may find that a particular worldview is not coherent, or that it doesn't correspond with reality, or that it will not work or indeed any combination of these. This, of course, is where we are aiming. It is a prerequisite that we identify the worldview; it is necessary for us to analyse it; it is valuable for us to affirm the truth it contains; but it is vital that we discover its error. Only then shall we be able to help people see this error for themselves so that they become uncomfortable with their current view and begin looking at Jesus."

Truth alone is able to expose error. Truth is the only plumb line used to discover errors. Pollard uses the criteria of truth not merely to find fault with the worldview of Non-Christians or undermine them in any way but to help them find the right path. Only in acknowledging truth can one experience freedom (John 8:32). Without truth, error cannot be identified or analysed. Not everyone responds in the same way toward truth. Some people appreciate truth or correction

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immediately. Some are made to feel uncomfortable and may never respond to the truth. Jesus made religious leaders of his day very uncomfortable with the truth, so much so that they plotted to have him killed (John7:43-53). Some appreciate truth and respond with great joy. These are people who desire truth and are willing to dig deeper into their lives just to uncover underlying error of their worldviews. It takes courage, heart and compassion to help people see the error of their ways.

3.7 **Qualitative Research**

Berg (2009:3) "in his attempt to differentiate between quantitative and qualitative approaches, Dabbs (1982, p.32) indicates that notion of *quality* is essential the notion of things. On the other hand, *quantity* is elementally an amount of something. Quality refers to the what, how, when and where of a thing- its essence and ambience. Qualitative research, thus, refers to meanings, concepts, definitions, characteristics, metaphors, symbols, and descriptions of things. In contrast, quantitative research refers to counts and measures of things."

This research will adopt qualitative strategies because it is seeking for depth of understanding coming from dabbs list of referrals above. Quantitative research will not suit this study because it will not intentionally be looking for the amounts of anything. This study is searching for information that will come from live experiences shared by various people who are terminally ill.

Berg (2009:8) writes, "The purpose of research is to discover answers to questions through the application of systematic procedures. Qualitative research properly seeks answers to questions by

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examining various social settings and the individual who inhabit these settings. Qualitative researchers, then, are most interested in how humans arrange themselves and their settings and how inhabitants of these settings make sense of their surroundings through symbols, rituals, social structures, social roles, and so forth."

The above quotation is useful in that it guides the researcher not to be haphazard but follow a systematic procedure in setting answers and questions. To be involved in the social setting of the individual presents the researcher with opportunities to become familiar with his or her environment. Thus the opportunity to be more effective is presented. The researcher ought to be an excellent listener to gain a good understanding, and is required to be active and participatory. He should strive to build good relationships in his interviews to be successful. Fear of death may be a sensitive subject to some who are terminally ill. Especially to those who are still at the first stage of their illness which is *denial* and *isolation* as discussed in my literature review in chapter two. Establishing good relations by means of gaining their confidence is of utmost importance.

3.7.1 **The purpose of case studies.**

According to Mouton (1996:46) "social research aims to generate knowledge about the social world. In the final instance, all research is aimed at improved understanding by describing, explaining and evaluating phenomena in the social world."

This is the ultimate goal of this research to generate knowledge by means of an empirical approach. This is one of the best ways to test my theoretical understanding and improve upon it.

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Ten case studies will assist me to explore knowledge or the issues of knowledge generated. Five of them are aimed at those who fear death and five at those who do *not* fear death. Thus this research will engage social research by interviewing people in a scientific way. I had hoped to be permitted to interview the terminally ill at hospice in Benoni. Unfortunately permission was denied, I was told permission can only be granted upon the patients request. However the opportunity to engage with my first two case studies came from a Pastor and his spouse. The husband was diagnosed with cancer and is receiving chemotherapy while his spouse is receiving treatment at the nursing home on a dialysis machine. My interview was guided by means of open ended questions which allowed the participants to be free and comfortable in being a part of this research. Other opportunities would be sought for in a matter of time.

These two case studies as well as others will serve as models to determine why some people fear death. It will also interview those who do not fear death to establish what makes fearless. This thesis will be interested in the counselling aspect, in the lives of the participants. Especially in terms of the church, its Pastor or Elders and how are they ministering care to its members. People who are members of churches are at an advantage in that members of the clergy as well as members of the congregation demonstrate love and concern in terms of visiting. If this is not the case it would reflect a bad image on that particular church. The additional concern in this research is to evaluate the role of the church in the area of care in the following:

1. How does the church plan to counsel the terminally ill with the issue of guilt? The person maybe seeking someone's forgiveness or withholding forgiveness.

2. How does the church assist the patient with a stigma?

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3. How will the church encourage family relationships? Especially relationships that need to be mended.

4. How will the church help the patient overcome the fear of death?

5. There are people who want the funeral service to follow a certain pattern or may want certain individuals to pay tributes.

6. How will the church assist the dying member with the fear of leaving loved one's behind? Children or grandchildren in particular.

   Should this evaluation be followed through carefully, it would certainly bring relief to the terminally ill.

3.7.2 **Ethical principles**

Mouton (2009:60) describes ethical obligations on the part of the researcher, "social scientist, perhaps to a greater extent than the average citizen, have an ethical obligation to their colleges, their study population, and the larger society. The reason for this is that the social scientist delves into the social lives of other human beings. From such excursions into the private social lives, various policies, practices and even laws may result."

From the above quote one is reminded of the seriousness of ethics. The researcher must bear in mind that the participants have revealed and shared a part of their lives with him. Therefore it will be remembered that information received may be sensitive in nature and extremely confidential.

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In terms of confidentiality and respect to the participant's, fictitious names will be used. The participant will be informed regarding the purpose of this study and how it would benefit both care givers and the terminally ill. Data received from the participants will be recorded in writing and presented to the participant to check for accuracy and efficiency. There after a written consent will obtain from him or her.

3.8 **Methods of data collection**

According to Mouton (1996:141), "human beings are the 'objects' of enquiry in social research creates problems that are not encountered in the physical sciences. Human beings normally react to the fact that they are being studied and investigated."

I agree with Mouton that humans are objects of enquiry and that problems are encountered. And when they are investigated reaction is expected. Nevertheless this research will engage participants with open-ended questions. Being mindful of the above problems, it is important to be sensitive to participants and at the same time not to compromise the quality or standard of this research.

It was unfortunate for me in that I was not given permission to interview any patient at hospice Benoni. I was told that I might able to interview patients only upon requests from patients. I left my contact details with the receptionists should any patient agree to be interviewed. With the passing away of the contacts I was aware of, I decided to interview people in our neighbouring towns and suburbs.

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3.8.1 **Process**

Establishing contacts to locate the terminally ill in the following places:

1. Churches in the community. (Enquiries with Pastors in these churches)

2. Permission from the terminally ill to interview them at their home or somewhere else.

3. Hospice. (Permission from the administrator and patients.)

4. Hospitals. (In most cases it will be the nurse in charge).

3.8.1.1 **Data collection**

According to Mouton (1996:67) “data collection involves applying the measuring instrument to the sample or cases selected for the investigation. We must constantly remind ourselves that the human senses (our eyes, ears, and occasionally even our taste and touch) are our ‘first order’ measuring instruments, even if they are qualitative. On the basis of our visual, auditory and tactile observations and perceptions, we begin to classify responses, people and events. However because we aspire to a truthful representation of the social world, we have to “augment’ our observation by more reliable and valid measuring instruments such as scales, questionnaires observation schedules. If properly constructed and validated over time, such instruments assist us in collecting data that are more likely to be reliable than they would be had we not used instruments.”

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I agree with Mouton that our human senses are our first order of measuring instruments. Even during our normal conversing with people we unintentionally classify responses, people and responses. Working with the social world, the researcher desires to be a truthful representation and is required to 'augment' every observation by more reliable and valid instruments. Together with our human senses this study will use the above instruments suggested by Mouton to be more reliable ultimately validated.

To be more effective in the pursuit of valid knowledge (the epistemological dimension) there are at least three constraints that a researcher is required to consider:

1. *Sociological constraint* this is the short comings of the researcher (s). Inadequate literature review, insufficient experience in conducting research, being biased with data collected due to prejudices will lead to incorrect interpretation.

Ontological constraints this is the 'object of study or the 'study of being' which is certain aspects of the social world. Human behaviour is complex and social actions and events take place in the open it is therefore not possible to predict human behaviour.

2. *Methodological constraints* this is the use of inappropriate methods and techniques that disregard restraints that specially pertain to particular approach or instrument (Mouton: 1996:29).

In this study the researcher will be mindful to adhere to sound information received from the above quotes. To effectively use human senses and measuring instruments such as scales and observation

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schedules. It will be used in conjunction with considering the three kinds of obstacles that prevent the research from being effective, social constraints, ontological constraints and methodological constraints. With all this information at hand the researcher is ready to engage in collecting data.

3.8.1.2 **Type of Interview**

This research will use Moutons (1996:41) *Interview Structure Continuum of Formality* figure 4.1 which is 'semi standardized interviews'

(a) More or less structured.

(b) Questions may be reordered during the interview.

(c) Wording of questions flexible.

(d) Level of language may be adjusted.

(e) Interviewer may answer questions and make clarifications.

(f) Interviewer may add or delete probes to interview between subsequent subjects.

Open ended questions will be used to conduct in-depth interviews. Certain methods of data collection in qualitative research are:

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(a) Observation

(b) Interviews

As stated above, the five human senses in conjunction with measuring instruments and the three constraints with Moutons items on Fig. 4 will be used in this research.

3.9 **Participants**

Participants are valuable; the information they impart is gathered and developed into knowledge. Without participants the world of scientific research will suffer loss in terms of advancing. In terms of ethics requirements a brief letter will be written to selective participants ensuring them of privacy and trust. Dworkin (1982: 252) in Martin (2009:82) "states that to breach trust for the sake of research through deception, disloyalty or manipulation is an assault and diminishes welfare. This study will endeavour not to violate or disrespect personal information which is divulged with trust. In this letter the following will be mentioned:

(1) The topic of the research

(2) The reason for this research

(3) The purpose for their participation

(4) Pseudonyms will be substituted for their real name (their identities will be protected and will not be disclosed)

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(5) As stated above all personal information will be kept strictly confidential

(6) They will have access to the findings of the research

(7) Interview questions will be designed and used, reason being they are conversational.

Appointments will be made to interview them at a place where they are comfortable. The home of the participants would be an ideal or most appropriate place but should participants prefer a more conducive place of their choice, it would be accepted. It will be explained to them that their participation is voluntary and should they feel uncomfortable in the process of the interview they are at liberty to stop. Assurance of confidentiality in terms of upholding the dignity and privacy of the interviewee and will be pledged to them. Mouton (2009:90) defines confidentiality "as an active attempt to remove from the research records any elements that might indicate the subjects' identities". As stated above the dignity and the privacy of the interviewee will be upheld.

This research will consist final sampling of:

Five who fear death and five who do not fear? This study will concentrate on participants who will come primarily from Benoni or the neighbouring areas. Most of these participants are Christian converts from Hinduism. Their education levels differ from each other but they are all literate. This interview will be in-depth and the period of time is estimated between thirty to sixty minutes.

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3.10 **Conclusion**

This chapter has examined the methodology best suited for this study to provide care for the terminally ill under the following headings:

Epistemology

Pastor as Shepherd of the flock

Pastor as ritualistic leader

Pastor providing care for the dying in.

The next chapter (4) will consist of interviews; every case study will be recorded for the purpose of uncovering and gathering data to make a contribution to existing Knowledge.

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Chapter Four: Findings

Researching the reality of fear

Expressions of the terminally ill

Christians from Hindu background

4.1 Introduction

This chapter delved into the lives of ten individuals to gather empirical data. The findings came from words expressed from the Hindu terminally ill. It began with their initial reaction toward hearing conclusive reports from doctors who verified to patients that they are terminally ill. They would need chemo-therapy, while one of them needed to be on dialysis. According to Barry (2007:16) "the diagnosis of cancer in a loved creates feelings of fear and anxiety, but even more common is the feeling of desperation". Barry's account is very evident when visiting the terminally ill, seeing and listening to them. Both men and women between the ages of (60-85) have been interviewed. An interview schedule with open ended questions was utilized for

interviews (Appendix A, B, C.).

The purpose of this case study is to contribute to the body of existing knowledge with the assistance of skills acquired from pastoral theology. The findings of this research are discussed and a practical plan of action is suggested. Empirical data received from participants are recorded here under.

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4.2 **Jacob**

4.2.1 **Background**

Jacob is 74 years old, diagnosed with cancer on the breast (it is rare for men to have this illness on this part of the body). He comes from a Hindu family, converted to Christianity when he was just 17. He is a member of the clergy, Pastor to a church called “Teen Challenge Ministries” in Lenasia. He is the founding member of this church. This happens to be the second church that he had established. He is a person with a good reputation and is well known among the community in Lenasia and neighbouring towns. He is chairman of the pastors fraternal and also the oldest member. As a senior Pastor his expertise in this field has been beneficial to younger Pastor’s. He is seen as a successful minister of the Gospel by members of the community whom I have come in contact with. He has the ability to proclaim the gospel courageously and compassionately. The life span of his ministry has already exceeded 50 years. Jacob remains positive toward life, and expresses a tremendous amount of gratitude to God whom he acknowledges is the sustainer of his life. He is not bitter, as a matter of fact he feels blest, considering the fact that he has already reached three score and ten (70) only by God’s grace. The life span of a human being according to the Bible is seventy years (Psalm 90:10). Ryrie (1976:885) writes, “Extension of life is a mixed blessing. Jacob says, in spite of the cancer, he looks forward to seeing and thanking God for the years of additional grace (in his fourth year already). In terms of his physical condition he says, he did not experience nausea or vomiting. When treatment was administered he started losing hair. His wife attends the Linmed Hospital for dialysis 3x4hours a week. Jacob and his wife have a strong family bond and are well taken care of by the rest of the family. Therefore the need for

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financial or physical care from the congregation is not necessary. Jacob suggested that the interview be conducted at a restaurant in Lenasia. I agreed even though I preferred his home to become familiar with his surroundings.

4.2.2 **Visitations from Pastor or elders?**

The visitation of the elders is more often than before. From time to time the telephone is used to express their love and concern. Jacob is encouraged by the prayers they offer to God for him in the form of supplication and petition. Their presence and prayers and the prayers of the congregation is a tower of strength to him. Their love for him has made him feel that he is not alone in the battle against cancer. Members of the congregation also render their support by regular visitations. Members of the community both Christian and from other religious sectors have displayed heartfelt empathy to him and his family.

4.2.3 **Counselling**

Barry (2007:78) writes, "Caring for others are a noble virtue. Its nobility is one of the reasons why people tend to hold medical doctors in such high regard. However noble it may be, you and I, as people of faith, understand that caring for others is an obligation placed on us as part of our spiritual heritage. Consider this imperative: "If anyone does not provide for his relatives, and especially for his immediate family, he has denied the faith and is worse than an unbeliever" (1Tim. 5:8).

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Barry is correct in saying that the believer is under obligation. It is often heard that there is no time to visit or care for someone and yet believers who are members of the house hold of faith are

admonished to do so. Even though this verse (1Tim.5:8) may be targeting the immediate family, yet in Galatians 6:2 Paul says encourages all believers, "Carry each other's burdens, and in this way you will fulfil the law of Christ."

Jacob received no formal counselling from his elders. According to him his elders felt inadequate (or inferiority complex) to counsel him being the Pastor of the church. But what Jacob had noticed, that unintentional counselling was taking place as they quoted from the Bible and expressed a great amount of comforting words. He has felt lonely moments but the visitation of the elders and members of the congregation was a tremendous blessing to him.

4.2.4 **Home Based Care**

Home based care is defined as provision of comprehensive services, including health and social services by formal and informal care givers in the home. H.B.C. includes physical and psychological and spiritual care (hpca.co.za.).

In terms of the above definition, Jacob receives formal and informal spiritual care from the elders and the congregants. He is not at that stage whereby he cannot take care of himself. But should the need for extreme physical care arise, his immediate and extended family will respond. He has eight (8) children. He has a daughter who lives with them and provides whatever assistance is required at the moment.

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4.2.5 **How would you respond to the following issues?**

4.2.5.1 **Guilt**

Jacob says, that in his ministry (50 years) he has observed how some terminally ill blame themselves for their illness. They are critical about their spiritual lives. God is punishing them with this illness for unfaithfulness in certain areas of their lives. In his counselling sessions he would show them from Scripture how forgiving God really is. Jacob used illustrations of how Jesus forgave the criminal who hung on the cross next to him and blessed him with a place in heaven.

4.2.5.2 **Stigma**

As far as he is concerned he has not been affected by any form of stigma. He thanks God for the strength to live a good clean moral life. In his position as a Pastor a servant of God, it is a primary requirement from the Holy Scriptures as well as the Church and the denomination to live a blameless life (Titus 1:6-9).

4.2.5.3 **Family Relationships**

Jacob has a very good and strong relationship with his family. He has a good influence over them and continues to be influential to the family. He says, every Sunday, the entire family would gather at lunch for fellowship at his home. To him this is a tremendous blessing to see his eight children and their spouses with his grandchildren together all pulling in the same direction. This family is certainly a close knit family with love and concern for each other.

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4.2.5.4 **Burial**

Jacob says, I did not look to deep into it, but I suppose it would be easier for my family if I did some planning for them. Organising the program for instance, and including my favourite songs and hymns. I could even draw up a list of speakers of my choice whom I consider worthy to pay tribute at my funeral service. I have so many friends in the pastorate; I must eventually come up with one name to be the main speaker.

4.2.5.5 **Pain**

I have heard of others experiencing excruciating pain, but I must say, I have been through some pain when they administered chemotherapy. I thank God for granting me the capacity to cope or endure pain. The doctors said to me that my illness may not be terminal based, facts based on results. His hair had fallen but is now being restored. He was told however that he will have to come in for regular check-ups just for monitoring purposes.

4.2.5.6 **Fear of leaving**

Jacob said, I gave it some thought, my wife and children are mature, and they will eventually come to terms with the reality of my death. It is my grandchildren who are so fond of me. I have imagined the kind of emotional pain that they would experience. But the Lord will be their strength.

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4.2.5.7 **Fear of death**

"Well, staring death in the face for the first time in my life, I must admit there would be a minimum amount of fear. I suppose that it would be normal or natural to some degree, he (Jacob) said. I have a good relationship with God and people which is of paramount importance to me. I have embraced the Christian faith 57 years ago by accepting Jesus as my personal Saviour. I have loved and served the Lord all these years and still do to the best of my ability. And I believe the word of God and all the promises it contains. The Pauline epistles encourages me when it says, "we serve a God who cannot lie." Jesus made many promises concerning eternal life, when I depart I know my destination is safe, I am heaven bound."

4.2.5.8 **Analysis of Jacob's Experience with Cancer**

I have been very impressed with the honesty with which Jacob answered questions I posed to him. In terms of fear he said, there is a minimum amount of fear being experienced. Being a minister for over fifty years (50), he did not try to put up a brave front and say that he had no fear whatsoever but admitted that fear of the unknown does present some degree of fear to him, however small. It is the study Scriptures and being involved in ministry that has helped him not to be overwhelmed by fear. This has developed his faith to a great extent. It is noticed that when faith increases fear subsides.

The community is also aware of the good relationship that Jacob and his family have. Attending the same church, and meeting together every Sunday for lunch and fellowship is admirable.

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The love and concern received from family friends and members of the congregation has become a tower of strength for him. But above all his personal relationship with the Lord encourages him every day.

4.3 **Billy**

4.3.1 **Background**

Billy is a 65 year old man and comes from a staunch Tamil (Hindu) family. His parents and grandparents were Hindu. Billy was brought in the way of the Tamil Hindu culture. He is the eldest in his family which consists of ten siblings. He assisted his father in managing and directing his business successfully at a very young age. His mother died at an early age of 42 years. Billy was a pillar of strength to his 6 brothers and 4 sisters. He converted to Christianity at the age of twenty. He is married to Renee who had also converted to Christianity and has three children, two daughters and a son and five grandchildren. He lives with his family who loves and takes care of him. Both his daughters have attended and graduated from college as educators 18 years ago.

4.3.2 **Visitation from Pastor or elders?**

Most of the visitation is received from the Pastor of the Church. He has a shepherd's heart and never fails to demonstrate love and concern for his congregants. Ever since Billy got ill the Pastor

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has regularly visited him and his family either once or twice a week. When he was taken to hospital, the Pastor was there to pray for him and the entire of the family. There were times when Billy felt depressed or pain, he was able to call the Pastor and request for prayer over the phone. Billy always had quick and easy access to his Pastor without having to make appointments.

4.3.3 **Counselling**

Billy's response to this question is, "very uplifting". Billy has been very receptive to the Pastor's visitation. He esteems his Pastor with great regard and appreciates the visitations and the telephone calls made by his Pastor. Counselling has taken place through ministry which is extremely effective. Billy received brief exhortations from the word of God which he said is very encouraging to him. Fellowship services with some members of the congregation were held in his home to encourage and uplift Billy and his family. Holy Communion was served in these services. Anointing Billy and others in the service that was ill with oil was also administered. Billy's family invited members of the extended family to one of these services and they were very impressed with the tremendous atmosphere created in Billy's home by these services.

4.3.4 **Home Based Care**

There is no need for home based care. Billy is well taken care of by his wife and children. They are always there for him especially in terms of providing whatever his needs may be and

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monitoring his improvements. It has been noticed that two or three days after chemotherapy has been administered, Billy is in pain. The treatment makes him uncomfortable and is nauseating for a period of time.

4.3.5 **Response to the following Issues**

4.3.5.1 **Guilt**

Billy feels that he could have done better by developing stronger relationships with his family in the earlier years of his marriage. He feels guilty because he has not spent much time with them. He occupied two jobs for a lengthy period of time which deprived him of spending quality time with them. One had to be fortunate to earn a good and fair salary in the days of apartheid. To provide for a wife and three children, sending children to college 60 kilometres away from home was not easy. However, Billy has mature children who understand the predicament of their father

4.3.5.2 **Stigma**

He has no recollection of falling into disgrace or being ashamed of anything. Billy is a gentile and a quiet person, a good listener and a man of few words. He has a good phlegmatic temperament that contributes toward his good nature.

4.3.5.3 **Family Relationships**

Billy has a good and strong relationship with his family. His family is known for their hospitality. They are a very social group of people. His extended families and friends have always been

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welcomed to family gatherings or functions. Their home is an open door even to strangers. Billy and his spouse stand out as prominent members of the family especially the extended family. Both of them come from large families. They are always there for family members, extending their love and concern in the hour of their need.

4.3.5.4 **Burial**

Billy says, he thought about it but didn't get down to planning anything yet.

4.3.5.5 **Pain**

Billy has been suffering with excruciating back pain. Now that the physicians have discovered what the real problem is (lump on the lungs-cancer), they are treating it accordingly. He is currently receiving chemotherapy and because of this treatment, he becomes ill after the first two or three days. Thereafter the pain subsides to about 20% in his opinion. It is not yet known how many sessions of treatment he must undergo. It is possible that the chemotherapy maybe responsible for the loss of appetite causing Billy to appear week. Billy remains grateful to the Lord for being the sustainer of his life.

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4.3.5.6 **Fear of leaving**

There is a fear that not enough has been done for his family. Do they have the capacity to cope with his death when God decides it is time, this is also his fear of leaving. Billy would like to spend more time with his family. He loves taking his grandchildren to school and back. He enjoys socialising with them. He plans to spend the balance of his life with his family just loving them. If time permits or if God spares, he would like to spend the balance of his time with his children and make for lost time and opportunities. This is the desire of his heart.

4.3.5.7 **Fear of death**

Billy says, he has prepared himself for the worst outcome and therefore not afraid of death. He has made his peace with his creator by asking and receiving forgiveness for all his sins, also acknowledging and accepting the Lord Jesus as his personal Saviour. He is a member of a congregation and attended services regularly until his illness. He has a great desire to be in the worship service on Sundays but does not have the strength to get there. Billy loves reading his Bible daily for spiritual nourishment and for the uplifting of his spirit. He says, the Bible has assured him of eternal life and guaranteed him a life of peace and holiness with Jesus. The consistent reading of God’s word and believing what it says has strengthened my faith. All the promises Jesus made concerning eternal life has helped me not to focus or think about fear. The book of (Titus 2:13) reads, “Looking for that blessed hope and glorious appearing of the great God and Saviour Jesus Christ.” This is where my focus will be, not death but life with Jesus.

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4.4 **Billy's Spouse**

4.4.1 **Capacity to cope with spouse's illness**

There are good days and there are bad days. Sometimes we feel vulnerable just looking at Billy who is experiencing excruciating pain and there is nothing we can do for him but pray. It upsets the entire family; while he is suffering physically we are suffering emotionally.

4.4.2 **Impact of counselling**

The counselling we are receiving has made an enormous impact on our lives. We are reminded that we are not alone in our struggle; we have others who care. It is spiritually and emotionally uplifting. We are very privileged to know Jesus; He is always sending His servants with words of encouragement to counsel us.

4.4.3 **Visitation from Pastor & Elders**

The minister visits regularly; at least once or twice a week. We receive phone calls from him making enquiries regarding Billy's condition. The devotions we have are very uplifting. The reading of the word, the singing of hymns and choruses and the prayers offered are very encouraging. There are other Ministers from other denominations who also visit us to show their concern and offer their prayers. We have been blessed with Ministers who come from within our family as well. They also play a tremendous role in offering moral support.

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4.4.4 **Trauma at Death**

It would be very painful for all members of my family. I have known him for over forty- years. My children and grandchildren are very fond of him. Billy is a very quiet person but plays a big role in the family. Not to mention the errands he does for us every day. With crime so rampant in our country, just his presence alone in our home is securing comforting for all of us.

4.4.5 **How else do you think we can help you?**

The spiritual and moral support and your understanding are of tremendous encouragement to all of us. The support we receive from the Pastor, the church, other members of the clergy, friends and relatives is a great help to us. This kind of support is always very strengthening. Continue to remember us in your thoughts and prayers. We will always be grateful to all those who are concerned for us and above all our gratitude to Jesus our Lord will be made known to him in our prayers. God bless.

4.4.6 **Analysis of Billy and Spouse's narration**

The most remarkable aspect of his life is his faith. Billy is well balanced in his view concerning his life. He is optimistic that God being rich in mercy can restore him to good health. Nothing is impossible with God he says. But should it not be his (God) will for me to live any longer than I am prepared to accept death.

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It took approximately 6 months before doctors could establish what the real problem is. He has seen many doctors and all of them had their own opinion regarding his illness. It all began with pain in his back, and treatment focused and applied to his back until x-rays revealed otherwise. Billy is thankful to God that the problem has been discovered and is now being treated with chemotherapy. Previous x-rays may not have picked the lump on the lung or doctors may not have read his x-rays correctly. According to the information received from doctors, Billy says the lump was sitting between the lung and the heart making it an intricate situation and therefore impossible to operate. Billy has begun chemotherapy; it has caused a loss of appetite and is feeling nauseas. He is now experiencing the good and bad days.

Billy's family are still hopeful but are aware of the fact that death may enter their home and take away their dad.

4.5 R**achel**

4.5.1 **Background**

Rachel is a 63 year old lady who comes from a Tamil Hindu background. Her late father was the first person in their family to embrace the Christian faith, thereafter had a positive influence over them in sharing his faith. The entire family consisting of her parents, six brothers and two sisters accepted the Lord Jesus as their personal Saviour. Some years later her mother became ill; she was diagnosed with cancer and died a few years later.

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4.5.2 **Visits from Spiritual leader**

The Pastor who shepherds two large congregations in two different towns, twenty kilometres apart was able to visit only every fort night. The senior Pastor had died and was not replaced. The assistant Pastor accepted all the responsibilities which made him spread his time very thin.

4.5.3 **Counselling**

Rachel says the counselling she received from the Pastor was very helpful and effective. It was in a form home visitation sharing the word of God to encourage her and the family. The Pastor had devotions at home which included prayer, singing hymns and other songs. The Lords supper was served to all of us. After the devotions the minister spent time speaking and listening. From time to time Cottage meetings were held, a small part of the congregation was invited to join the service and fellowship with the family. The Pastor exhorting from The Bible emphasised on trusting and depending on God, "casting all your cares upon Him, for He cares for you (1Pet. 5:7)." There were ministers from other denominations who also visited and offered counsel. Their presence and their prayers were very uplifting. God is true to His word when He says; I will never leave you nor forsake you (Hebrews 13:6). Besides God's personal presence in Spirit, he also sent His servants to care.

4.5.4 **Home Based Care**

This type of care was not necessary; the immediate family pulled together and was able to provide care that was needed. Rachel felt more comfortable with this set up with familiar faces assisting

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her. The support she received from family was tremendous and uplifting.

4.5.5 **Response to the following Issues:**

4.5.5.1 **Guilt**

Initially, there was a sense of guilt, blaming myself for working late hours and the feeling of neglecting the family. But sacrifices had to be made for the benefit of the entire family. The seventies and the eighties seemed to be the employers marked and employees did not earn good salaries. One had to be content for having a job.

4.5.5.2 **Family Relationships**

We have always been a close knit family, but when I discovered that I became a victim to cancer and had to relate this shocking news to the entire family, we drew closer. Our relationship became even more intimate. Rachel says that when her mother had died she became the central figure to her family. She became a pillar of strength to them, caring in terms of offering moral support for her six brothers and two sisters as well as her own family. The bonding of family together during that crises period, I would say was par excel lance.

4.5.5.3 **Pain**

Rachel didn’t experience much physical pain except for a chocking sensation in the throat. She was sent for a scan and thereafter the Doctor diagnosed her with Thyroid Cancer. She had to be isolated for fear of contamination, one week at the hospital and two weeks at home. It was at this time that she had experienced much emotional pain, loneliness and not to be able to come in close

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contact with loved ones is painful. This period of isolation became a time of reflection for her, a time to evaluate my life, she said.

4.5.5.4 **Fear of leaving**

After the death of her mother, her siblings became much dependant on her. Then a few years later she had grandchildren whom she was caring for. The thought of leaving loved ones behind produced a great amount of fear.

4.5.5.5 **Fear of Death**

Rachel said, she had experienced a certain amount of fear, a small measure of fear, but never permitted that fear to rule over her. Rachel said her mother's death had helped her to prepare for her own death one day. But above all her faith and trust in the Lord had made her confident of the life hereafter with the Lord.

4.5.5.6 **Healing**

During the devotions conducted by the minister who specifically prayed for her illness, Rachel experienced God's grace in a miraculous way and was healed completely. She went to see her Doctor and informed him about it and wanted to know if she should continue with the treatment.

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The Doctor responded by saying if you are healed than there is no need to continue with the treatment. Rachel remains cured to this day and is ever so grateful to God Almighty. The only fear Rachel has is, will the Cancer return, this is her only fear?

4.5.5.7 **Analysis of Rachel's Experience with Cancer**

Rachel experienced a small measure of fear but faith in Christ and the Scriptures has helped her overcome the fear of death. Her mother's death has prepared her to meet with her own death should it present itself. Counselling and encouragement from the Scriptures as well love and concern expressed by friends and relatives assisted in developing courage. She had to be isolated in fear of contamination. The only thing she fears is a recurrence of Thyroid Cancer.

4.6 **Sally**

4.6.1 **Background**

Sally comes from a very staunch Hindu background with a large family of eleven (11) brothers and sisters. Her late father was one of the leading members of the Indian community in Germiston.

She was married to Raggie-Gopal Moodley and continued to reside in Germiston. Her husband had heard the Gospel and at that time was still contemplating conversion to Christianity. He eventually committed his life to the Christian faith. He was involved in the work of the Lord as an

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Evangelist. Years later he became the minister of the congregation. Ten years after her marriage and blessed with four children, Sally came to the saving knowledge of Jesus Christ. She is the only person from her father's family to embrace the Christian Faith. Her conversion was met with painful criticism and severe isolation.

4.6.2 **Visitation from Pastors and Elders**

Sally's has seven children, with the passing away of her husband she now lives with all her children on a rotation basis. Her son is the current Pastor of the Church who spends much time with her. From the time of her illness she has received most of her counselling from him. She is also being visited by the elders. According to her, the counselling she receives is very encouraging and uplifting. Most of her counselling comes from devotions through the word of God, hymns and choruses being sung. Her extended family have now accepted her decision to be a Christian with much respect. They are visiting her from time to time and showing love and concern. She receives many telephone calls by other members of her family regarding her wellbeing. She is never alone, always in the company of family members, Church members and friends.

4.6.3 **Counselling**

The first words of counselling came from her Pastor (also son) who said, "Don't be afraid, trust the Lord, we are praying for you". Fear is natural, therefore encouragement is necessary.

In the book of Mark chapter 5:36 Jesus said, "don't be afraid; only believe."

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4.6.4 **Home Based Care**

The care she receives from her immediate family is more than adequate. With seven loving children and grandchildren there is no need for outside assistance. Her son takes her for regular medical check-ups.

4.6.5 **How would you respond to the following issues?**

4.6.5.1 **Guilt**

Upon hearing the diagnosis of her illness as cancer, she asked, why me? Is God perhaps punishing me for something I have done or haven't done? When she came to terms with this illness, she said, it maybe God's will.

4.6.5.2 **Pain**

There is no severe pain; the pain that she is experiencing is something that she can cope with. She is aware that should she be treated with Chemotherapy, pain and discomfort must be expected.

4.6.5.3 **Relationships**

She has a very strong bond with her children. The relationship with her family and friends is extremely good. The calls she receives on a daily basis and the visitations from family and friends are evident of it.

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4.6.5.4 **Burial**

All the plans and arrangements for the funeral service should the Lord call me are placed in the care of my son who is also happens to be my Pastor. He will plan in consultation with the rest of the family.

4.6.5.5 **Fear of leaving**

Sally says it is very sad to leave loved ones behind. A year ago when her husband died, she observed the reaction from the grandchildren especially. It was sad to see the manner in which they wept. It was not easy for them to let go. They have grown so attached to their grandfather and me. When the Lord calls me I expect it to be the same. This is my fear of leaving.

4.6.5.6 **Fear of Death**

Sally said that her husband's death prepared her for death. When he died she desired to be with him. She did not even consider the word fear. It was very far from her at that time. Sometime after the funeral, she came to grips with her husband's death and realised that she had a lot more to live for. She became mindful of her children, grandchildren, the members of the congregation and for the Lord. In terms of fear of death, she says, she has been too long in the ministry and heard the promises in God's word mentioned over and over again which strengthened her faith. Therefore she is not afraid of death. The only time she remembers fearing death was when she was still a Hindu. Her father had explained Reincarnation to her but she could not comprehend this

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philosophy, it only frightened her. Neither could she understand how one can change from one species to another, like an animal or bird or anything else for that matter. As a Christian she is sure of her eternal destiny as well retaining her identity when she is called to leave this earth.

4.6.6 **Analysis of Sally's Experience with Cancer and Fear of Death**

Sally's faith and courage is amazing, she had experienced no fear of death. She says, her husband's death had prepared her and when he died she desired to be with him. The only time she feared death was when she was a believer in Hinduism. Reincarnation is a Hindu doctrine about life after death in other forms, such as animals or birds etc. Being in the ministry for decades with her late husband has grounded her well not to fear death.

Brown R. (1987:190) says, "In Hinduism, *reincarnation* is considered to be the "wheel" of life. The spirit never changes; it just changes bodies in life after life in an endless cycle of reincarnation. Each person dies to live again in a different form. Eastern Hinduism teaches that a person can come back as a bug or a bird or even as a plant. The only escape from this terrible burden of reincarnation is to gain unity with Brahman. At that point, the person at death no longer needs to reincarnate but can continue to exist in a formless spiritual state. It's interesting, in the East reincarnation is considered a curse, in the West it has become a fad and something desirable"

Sally had good reason to fear death whilst being a Hindu especially when considering the above information from Brown. The continuous cycles and different forms of life can be torturing or tormenting.

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4.7 **Valley**

4.7.1 **Background**

Valley was born into a Christian Hindu background. His father was Christian, his mother was Hindu. At the age of six he attended both Sunday school as well as Tamil school. His father permitted him to attended Tamil school to learn how to spell, read, write and even study arithmetic in Tamil. When the educators started to teach religion to him, his father told him to stop attending. It was at this time that Valley's commitment to the Christian faith began. A few years later his mother converted to Christianity. The entire family was travelling the same spiritual path with the same set of beliefs. The family grew to a number of seven children of which he was the eldest. His siblings did not experience the same problems as he did in accommodating two religions.

4.7.2 **Visitation from Pastors and Elders**

Valley said that his Pastor and elders visit him from time to time and that their visitation is ongoing. From the time they first heard of his illness to the present moment, they are faithful, loyal, and loving.

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4.7.3 **How would you respond to the following?**

4.7.3.1 **Counselling**

It is very encouraging and spiritual. Their very presence alone was uplifting. He felt that he was still needed in the Church and that he was not forgotten. They were very supportive in almost every way.

4.7.3.2 **Home Based Care**

Care from the Church was administered in the beginning of his illness. Since noticing improvement in his health the family is now in a position to take care of him.

4.7.3.3 **Pain**

Valley has been diagnosed with facial cancer which affected his speech and hearing already. The only pain he experienced prior to Chemotherapy was emotional pain. Only when Chemotherapy was administered did he experience excruciating pain. He decided to stop immediately with treatment. He said he preferred to die than to continue with treatment. Upon hearing about his decision to quit treatment, his immediate family as well as his extended family managed to encourage and motivated him to resume treatment. Whilst proceeding with Chemotherapy he experienced depression and loss of weight. His wife and children went through a great amount of emotional pain. They had no idea of how to deal with a problem like this. Valley found them weeping most of the time.

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4.7.3.4 **Family Relationship**

His relationship with his family members became more intimate. Their love and concern was expressed at a higher level. They visited on a regularly basis. Those who could not visit used the telephone to stay in touch. They expressed their eagerness to assist in other areas as well. His Daughter became a tremendous encouragement to him.

4.7.3.5 **Fear of leaving**

Experiencing loss of hair and loss weight made him ask a question most dying people ask, what is going to happen to my family? With the crime rate in our country that seems out of control especially in the Gauteng province gives one reason to be concerned.

4.7.3.6 **Funeral Arrangements**

When he dies, his family and Pastor have already been informed about funeral arrangements. His wishes must be respected and carried out accordingly.

4.7.3.7 **Fear of Death**

When this sad news was revealed to him that he has cancer, fear of death entered his life. Various questions entered his mind, such as: what do I do? Where do I go for help? He started feeling sorry

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for himself. Eventually he began giving up the will to live. At this point of his life he felt it was the end of the road for him. He spoke about and preferred Cremation instead of burial. He stated his reason for his preference that it would not safe for the family to visit his grave. People are being mugged by the Cemeteries' now a days.

From the year 2005 to the present he has drawn closer to the Lord and developed adequate faith to sustain him as well overcome the fear of death.

4.7.4 **Analysis of Valley's Experience with Cancer and Fear of death**

Valley was overwhelmed by fear when he heard that he had been diagnosed with Cancer. His mind was moving in all directions because he thought that he was going to die very soon. He was moved to consult with prominent people in his life as well as his family to make necessary arrangements for his departure from this earth. When he calmed down, he was able to think rationally and began to ponder upon the promises in the Bible made by Jesus. With all the encouragement from the Pastor and members of the congregation stirred his faith and helped him eventually overcome the fear of death.

4.8 **Susan**

4.8.1 **Background**

Susan comes from a staunch Hindu background. She is sixty-six years old and widowed. Her parents had brought her up in the Hindu way of life. She attended Tamil school to further study the language and culture. At the age of about fourteen she met with friends who were Christian

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who ministered to her and she embraced the Christian faith. She is a member of Reform Church (Shanti Congregation).

4.8.2 **Visitation from the Pastor and Elders**

Susan receives regular visits from her Pastor and Elders. Since the time of her illness seven years ago being diagnosed with Cologne cancer and then in 2015 Breast cancer, the Pastor and the congregants were a tremendous encouragement to her.

4.8.3 **Counselling**

The counselling is very good, a real blessing to me she said. Reading from the Bible and prayers offered were and are emotionally very encouraging. In addition to counselling the Church has assisted her financially and in other aspects.

4.8.4 **Home Based Care**

Susan is able is able to take care of herself at the moment but should the need for HBO arise, members of the congregation will render assistance. She mentioned that the congregants are very caring.

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4.8.5 **How would you respond to the following issues?**

4.8.5.1 **Family relationships**

From among her brothers and sisters she is the only one who embraced the Christian faith. The relationship between her siblings and herself is good. They still maintain their respect for her as before she became a Christian.

4.8.5.2 **Burial**

Susan did not think about planning her funeral. She is leaving all the arrangements in the capable hands of her family and Pastor.

4.8.5.3 **Pain**

Susan did not experience severe pain but she was fainting two to three times a week. At this stage one of her sisters volunteered to stay with her to provide care. It became risky and dangerous to be fainting and no help. Her regular doctor could not solve the problem. She consulted with another doctor for a second opinion. But before leaving her home she poured her heart out to the Lord to reveal to the Doctor what and where the problem is. She just couldn't take continuous injuries to the head when she faints. It just so happened that she fainted in the presence of the doctor a number of times. The doctor decided to insert a temporary Pace maker. Later she was taken to theatre to insert a permanent Pacemaker. A few days later she was discharged. The reason for experiencing

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such a problem was poor blood speculation according to the Doctor.

4.8.5.4 **Fear of leaving**

Sad, very sad, never a pleasant scene to leave loved one's behind. Life must go on but going forward is not easy. The immediate family has always been entirely dependent on her being a single parent after the death of her husband. The young will always need the counsel or advice from the elderly.

4.8.5.5 **Fear of Death**

Susan was devastated when she was told that has cancer. She has been through CT scan and treatment with radiation. When a lump in her breast was discovered, she wept bitterly. She said to herself that she had already spent seven years with cologne cancer and now another. But she eventually realised that what must happen must happen. She notified her Pastor concerning her latest encounter with cancer in the breast. She told her Pastor if it is God's will for her to survive the cancer she will but if not then it will be God's will for her to depart from this earth. Her doctor advised her to remove her breast which she did.

Initially, upon hearing that she had been diagnosed with cancer, she feared death. She prayed and said to God that her life was in his hands. Through faith in Jesus she eventually overcame the fear of death. The reading of Bible, the prayers of the Pastor and elders, members of the congregation and friends, and every bit of encouragement stirred her faith not to fear death.

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4.8.6 **Analysis of Susan's Experience with Cancer and Fear of Death**

Being widowed after the death of her husband, Susan had more reason to fear death. This fear did not last long neither did she permit it reign in her life. She began to trust in the Lord, read the Scriptures and encouraged herself. She was not prepared to leave her children as orphans. She had something to live for- her children. With Cologne Cancer for seven years already and lump in her breast she was prepared to put up a fight. Being more devoted to God, and the love and concern received from her Pastor, members of her congregation, friends and relatives gave her enough emotional and spiritual strength. Fear of death was overcome.

4.9 **Jane**

4.9.1 **Background**

Jane comes from a Hindu family who were very staunch in their faith. She was born and brought up in Durban where she did her schooling. At the age of eight she was invited and attended Sunday school. She became a secret believer for fear of her parents. She says her parents did not know that she was attending Sunday school. Most Sunday schools in those early days of the Church among Indians were held in people's homes. She was married to a Hindu person who was even stauncher. He basically lived in the "Ashram" which traditionally means a monastery in Indian religions where cultural activities such as yoga, music study and religious instruction were taught. She did not tell her husband that she was a believer in Jesus from a very young age.

There came a time when death struck the family and at the same time sickness took its toll on her

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husband and her mother-in-law. One day a Christian woman came to pray for them and upon this miracle of healing her husband accepted Jesus as personal Saviour and God. From this time on Jane was free to express her faith to her husband, family members and the community. Several years later they decided to relocate to the then Transvaal. Jane's husband became a Pastor and together build a beautiful Church (members and the building) called "Adonai Ministries". He ministered in this Church for many years before he died two years ago. Fortunately Jane was diagnosed with cancer long before he died. He was there to give her every kind of support that was needed.

4.9.2 **Visitation from Pastors and Elders**

Jane received regular visitations from the elders of the Church. They came to express their love and concern and provided much encouragement from the reading of God's Word (the Bible). They prayed for her and her family at every visitation. Their presence alone offered a great amount of comfort. The congregation stood with them in prayer and support from the inception this illness was known till the very end. Visitations were received regularly from the congregation. Oversees Pastors whom they were acquainted with called from time to time to enquire about her condition and offered prayers, encouragement and comfort.

4.9.3 **Counselling**

Nobody came with the intention of counselling, but while they were ministering with the word and

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prayer they rendered counselling. Jane said the elders told her not to be fearful or afraid but trust the Lord. A verse in the Bible was quoted from Philippians 4:6-7 "be careful for nothing but in everything by prayer and supplication with thanksgiving let your request be made known unto God. And the peace of God which passed all understanding, shall keep your hearts and minds through Christ Jesus." Her faith was strengthened upon hearing these encouraging words from the word of God.

4.9.4 **Home Based Care**

There was no need for HBO. Her family provided all the care she needed. She visited the hospital on regular bases for medication and other needs. Her husband was able to drive her where ever they needed to go. By God's grace she managed to do certain things by herself.

4.9.5 **How Would You Respond to the Following Issues?**

4.9.5.1 **Family Relationships**

Jane says the family was very supportive in every way. They continued to say "don't worry be strong". Her eldest son was not able to come to terms with the fact that his mother is terminally ill. He became weak and speechless. Her husband on the other hand tried to cheer her up from time to time by making jokes. Jane says she could see that he was putting up a brave front but inside, he was hurting. The cost of the operation was estimated at one hundred and eighty thousand rands

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(R180, 000.00). She did not have that amount of finance and did not want to burden the rest of the family knowing that they would gladly raise it. She was advised by her daughter's friend to go to a certain public hospital which she did for a total cost of sixty rands (R60.00). God's grace is sufficient.

4.9.5.2 **Pain**

Jane did not cope very well with pain; it was so excruciating that she had to lie on her stomach most of the time. She consumed very little food, especially when attending functions. Jane said, during the time of pain she would ask, "Why me? What have I done to deserve this? The doctors advised that she undergo surgery and the date was set for her operation.

4.9.5.3 **Fear of Death**

Jane says she did fear in the beginning but not too much fear. The fear of leaving loved ones behind did enter her mind. It was emotional she said. Jane did fear going for the operation but the doctor assured that there is no need for fear. Ministers of the Gospel in the vicinity were informed about Jane's operation; they came to the hospital and prayed for her before going for the operation. The doctor was positive about the operation. When the doctor saw Jane again after the operation, to brief her about the success of the operation, he said, it was amazing that the mass was all in one place which made it very easy for him to eradicate. The operation was scheduled for two and a half hours (2hrs. & 30min.)but was accomplished in ninety minutes. Since the day of the operation till now there is no sign of any recurrence of cancer.

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4.9.6 **Analysis of Jane's Experience with Cancer and Fear of Death**

Jane, it seems had the favour of God and man. Men and women both locally and abroad, who knew Jane and her family, were deeply engaged in prayer for her life. Her first desire was to go to a private hospital which would have cost them an exorbitant amount they did not have, but the public hospital rendered their services with great success and least expensive. Her faith in God and encouragement from all who knew her helped her get through this difficult time. She even had favour with time, instead of two and a half hours only one and a half hours was needed for the operation. Jane will be forever great full to all who supported her during her illness and time of need.

Preliminary conclusion:

This chapter has dealt with the realities of fear as the terminally had an opportunity to express theirs even though minimum amount. The following chapter will discuss therapeutic healing, the giving and receiving of care.

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Chapter Five

Therapeutic Healing

Giving and receiving of Care

5.1. Introduction

The previous chapter searched the lives of eight individuals to gather empirical data. The findings came from words expressed from the Christian terminally ill who were Hindus before conversion. This chapter will consider the work, and the qualifications of the Caregiver as well as therapeutic healing for the recipient (the patient) of care. The art of care giving and principles that relate to care will be examined. It will also examine the needs of recipients and how they respond to caregivers.

5.2. The Art of Caregiving

According to Gerkin (1997:82) "the middle ages also left us the imagistic legacy of the Pastor as the physician of the soul. That image conveys to us that it is not enough for our care simply to express a superficial goodwill toward other. It is not enough simply to wish our parishioners well or to express our desire that they "have a good day." No, from some of our medieval priestly ancestors we learn that to be a good Pastor is to seek to understand the deepest longings, the secret sins and fears of the people so that the healing unction of our understanding may communicate that we and the God we serve care deeply and intimately for them."

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Gerkin reminds Pastors of their inherited legacy, that they are physicians of the soul. Offering care is the major focus of the ministry of Pastors. Since God has called them to be the physicians of the soul of man, caring would involve time, it means being available. Listening, understanding, considering or being sensitive toward culture and providing wise counsel is what is expected of physicians of the soul. Compassion and the willingness to assist are easily recognised by a patient. Patients do not reveal secret sins to just anybody but to the physician of the soul and to those whom they can trust and pray for and with them.

Blue, in the Bible Knowledge Commentary in comparing faith and deeds, writes, "for one in need of the basics of life, sentimental good wishes do little good, like the common Jewish farewell, **Go, I wish you well** (lit., "Go in peace," (James 2:14) (Walvoord, 1983:825 & Et al)."

Spending good quality time with patients will definitely be appreciated. Certain patients have more than just emotional and psychological needs as mentioned by Gerkin. Blue in the above quote implies the basic or felt, needs of patients. Both Gerkin and Blue are practical with their suggestions.

Kubler-Ross (1969:240) reveals evidence in her work in the last chapter, *Therapy with the Terminally ill* is:

"From the foregoing it is evident that the terminally ill patient has very special needs which can be fulfilled if we take the time to sit and listen and find out what they are. The most important

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communication, perhaps, is the fact that we let him know that we are ready and willing to share some of his concerns. To work with the dying patient requires a certain maturity which only comes from experience. We have to take a good hard look at our own attitude toward death and dying before we can sit quietly and without anxiety next to a terminally ill patient."

Agreeing with Kubler-Ross that maturity is an important requirement to work with the terminally ill, but more than that is needed. The care giver will need strength from above, from God. Working with patients, getting used them pouring their heart out and then losing them, is certainly painful.

Barry (2007:12) says, "However, you will not be the caregiver you need to be by your own strength. In fact, it is hopeless. The tasks are too difficult, and the expectations are too high. Only those who understand their "hopelessness" will receive the power and strength from God that is needed to help carry the cross for someone they love. As the Lord teaches, we do well to remember, "I am the vine; you are the branches. If a man remains in me and I in him, he will bear much fruit; apart from me you can do nothing (John 15:5)."

Barry too is on the same wave length as the previous authors in recognising the fact that working with the terminally is a great task. It is for a "called" people. There are caregivers who have been called of God for this particular task, who will then study and work with patients to gain the experience and ultimately reach maturity.

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5.3. Principles of Caregiving

Barry (2007:33-43) compiled a list of important caregiving principles to keep him sane as he ministers to cancer patients. He calls them "heart lessons." He believes that it will enhance caregiving experience and create a wonderful environment for good things to happen. The following principles or lessons will assist other caregivers when ministering care to patients:

5.3.1 Heart lesson 1: The Unordained Caregiver

Barry (2007:35-36) relates a story concerning his elderly mother-in-law who had to be convinced to move out of her home into a health-care facility. "Shortly after she established her new residence, my mother-in- law began to miss home and longed to return. As her complaining reached fever pitch, my wife was forced to travel thousands of miles to try to convince her it was in her best interest to stay where she was. But my wife, my wife's sister, and her aunt did not appear to be ordained by my mother-in-law to convince her to stay. Who was? The family half-heartedly confessed it was a little old lady named Rita she'd befriended at a local cafeteria, someone my wife and family had never even met! In sum, a virtual stranger was the "chosen one."...my reason for explaining this psychosocial phenomenon is three fold: to prepare you for the possibility of this kind of disappointment, to help you think about whom you might be able to bring into the decision-making process to facilitate adequate care, and to be aware that you-and you alone-may be the only caregiver on the health-care team! Moving from "unordained" to "ordained" is a challenge every therapist, chaplain and counsellor regularly faces."

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To be recognised as an ordained care giver by the patient means that the caregiver has won the trust and favour of the patient. This also means a vital relationship has been established between caregiver and patient who will make care giving effective and profitable. In the case of Barry's mother-in-law not even family was recognised as ordained or the chosen one's. As Barry admonishes, this does become a challenge for caregivers to facilitate adequate care and being mindful of ensuring to be the ordained or the chosen one for the patient.

5.3.2. Heart lesson 2: You cannot motivate the unmotivated

According to Barry (2007:36-37), "another important lesson for caregivers to learn is that *you cannot give insights to unmotivated people*...it reminds me that the words of the best preacher in the world are useless unless the listeners are motivated to listen. Put another way, if his or her students do not want to learn, it doesn't matter how gifted or talented the teacher may be... what do we do when loved ones don't want to live? When they refuse to fight for their life? What do we do when they won't eat or exercise properly? When they continually fill their minds with negative self-talk? A caregiver's power to force anyone to do anything is limited. We can nag, push, cajole, yell, scream, demand, and beg, but the bottom line is this: If your loved one isn't motivated to do what you want him or her to do, your energy will be wasted, along with your hopes and dreams. Of course, my hope and prayer is that your loved one will be motivated to listen and learn from you. In the end, though only God can soften the hardened heart. Be patient and pray."

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Matheson (1971:10/10) in quoting and elaborating on the Scriptures according to (1Corinthians

13:13) says, "Faith and hope are important things in this life and shall continue on into the next. In eternity we will still be dependent on God and thus faith will abide. We shall still have hope, the attitude of expectation, as we serve God through eternity."

It is rather difficult to work with patients who won't co-operate for whatever reason. Kubler- Ross says, when a patient stops expressing hope, it is usually a sign of imminent death. There is always a reason for being unmotivated. The caregivers such as chaplains and doctors should not give up but continue to encourage and motivate the terminally ill. Even though Barry sees the unmotivated as a useless situation, he concludes with hope and prayer trusting that God will give the patient a receptive heart. Kubler-Ross on the other hand came across patients who were willing to endure pain and suffering simply because of a glimpse of hope. Matheson defines hope beautifully, *"the attitude of expectation."*Kubler-Ross says patients who said they are not afraid to die and that they are now ready died within twenty-four hours. She says, while we maintained hope with them, we did not reinforce hope when they finally gave up not with despair but in a stage of final acceptance. Barry and Matheson and Kubler-Ross conclude that hope *the attitude of expectation* is important. Hope should be reinforced.

Kubler-Ross (1969:123-124) says, "in listening to our terminally ill patients we were always impressed that even the most accepting, the most realistic patients left the possibility open for

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some cure, for the discovery of a new drug or the “last-minute success in a research project,” as Mr. J. expressed it. It is this glimpse of hope which maintains them through days, weeks or months of suffering. It is the feeling that all this must have some meaning, will pay off eventually if they can endure it for a little while longer. It is the hope that occasionally sneaks in, that all this is like a nightmare and not true; that they will wake up one morning to be told that the doctors are ready to try out a new drug which seems promising; that they will use it on him and that he may be the chosen, special patient, just as the first heart transplant patient must have felt that he was chosen to play a special role in life. It gives the terminally ill a sense of a special mission in life which helps them maintain their spirits, will enable them to endure more tests when everything becomes such a strain-in a sense it is rationalization for their suffering at times; for others it remains a form of temporary but needed denial...if a patient stops expressing hope, it is usually a sign of imminent death...all these patients died with in twenty-four hours. While we maintained hope with them, we did not reinforce when they finally gave it up, not with despair but in a stage of final acceptance.”

5.3.2.1. Biblical Perspective of Hope

Mack (2005:114) gives a Biblical perspective of hope to counselees who have this great need. His focus is more on people who have had life shattering experiences like divorce, the loss of a loved one or loss of employment. Even though he may not have the terminally ill in mind, hope will be needed by everyone during their lifetime. He says, if counsellors want to help people with such problems, inspiration and hope should be ensured as operating elements in counselling.

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Mack says, “The role of hope in the process of sanctification should never be underestimated.

Consider what Scripture says about its many contributions to that process:

- Hope produces joy that remains, even though the most difficult trials (Prov.10:28; Rom. 5:2-3; 12:12; 1thess. 4:13).
- Hope produces perseverance (Rom. 8:24-25).
- Hope produces confidence (2Cor. 3:12; Phil. 1:20).
- Hope produces effective ministry (2Cor: 4:8-18).
- Hope produces greater faith and love (Col. 1:4-5).
- Hope produces consistency (1Thess 1:3)
- Hope produces increased energy and enthusiasm (1Tim. 4:10).
- Hope produces stability (Heb. 6:19)
- Hope produces a more intimate relationship with God (Heb 7:19)
- Hope produces personal purity (1John 3:3).

Since the Bible places such emphasis on the role of hope in spiritual growth, it must be a strong emphasis in our counselling as well.”

The above quotes from the Bible show the amount of encouragements the Scriptures have for an individual who is in need of hope and the fruit it bears. Mack has listed just a few, there is a lot more to search for. Caregivers who are mindful of these Scriptures will benefit tremendously from them. Both the caregiver as well as the patient will be blessed. Hope will always be an important

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ingredient in the existence of any human being. A bleak future is presented for those who live without it. Not before long depression will set in and then death will take its course.
(MacArthur 2005 & et al)

5.3.3. Heart Lesson 3: Change Takes Time

Barry (2007:37-38) advices caregivers and patients: “Cancer treatment is often a slow process-snail-like slow. I work at a hospital that streamlines procedures for maximum effectiveness and due to “lean” thinking, has been successful in its attempts to remove barriers to speedy treatment. Yet from the patient’s point of view, everything often still seems to take forever. If ever there was to time for patience, now is that time. The changes that need to take place physically will take time. Changes in the spiritual and emotional worlds take time too. For example, many people with cancer have experienced deep spiritual wounds that can only be healed by forgiveness. Forgiveness is a process that takes time-sometimes a long time...most Christians are frequently challenged by the Apostle Paul’s advice to be “transformed by the renewing of [our] mind[s]” (Rom. 12:2)...the change that is the easiest, and perhaps the most beneficial from a quality of life standpoint, is the decision to choose to do things that bring happiness. Of my many bits of advice I give to cancer patients and their caregivers, few are repeated more than this: Today is the only day we know for certain that we are going to be alive. No one knows if he or she will be alive tomorrow. All we have is today. Twenty-four hours. We can choose to fill our time doing things that bring you some sense of happiness and joy, or we can spend it being depressed, unhappy and pessimistic... you choose.”

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People everywhere in all walks of life are either urged or requested to be patient. Throughout a person's life time, somewhere along the line one is going to hear the word patience being mentioned. It is obviously not easy to be patient. When one is informed why one is required to patient will certainly help in being patient. When a patient is informed that the doctor will be late due to an accident on the road and that he is caught in traffic, this information will give the patient some understanding and become patient. The terminally ill ought to be advised regarding the process of treatment as Barry mentions that cancer treatment is often a slow process. Understanding can eliminate misconceptions and cause one to be patient. Forgiveness is a great healer of sickness which is a result of unforgiveness, bitterness, and resentment etc. Sometimes sickness may be the symptoms of the problem but the chore of the problem is spiritual and emotional. The mind also plays a crucial role in getting well, instead of thinking pessimistic thoughts patients must be optimistic. Barry enlightens and encourages patients when he speaks or writes realistically reminding them that they only have today twenty- four hours. Tomorrow is promised to nobody. Choose to be happy, do things that will make one happy, ponder or reflect on happy occasions and on people who cared and loved. Yes, make the best of time, irrespective of who one may be, every person on this earth has limited time. Even the healthy and the young also die. Therefore make the best of time and experience peace.

5.3.4 Heart Lesson 4: Push Gently but Push

Barry's (2007:38:40) advice to caregivers is to push. He writes about the law of inverse proportion.

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"If you have a child (especially a teenager), you have seen this law in action many times: the harder

you push the greater the resistance. Yet unlike your children, your hurting friend may have very little time to live-pushing may not only be your best cause of action, but also the only hope."

Pushing may sound contradictory to not being able to motivate the unmotivated. But like Kubler-Ross mentions above that forced hope may be necessary. This may be the very best shot a caregiver can give his patient to fight for his or her life.

Barry records something important about a psychological illness called "chronic niceness" coming from recent research which suggests that many cancer patients are suffering.

"They are so nice that they allow people to walk all over them. And when this happens, they often become angry and turn their anger inward, which eats away at them and may even contribute to their developing cancer. Chronic niceness makes many patients passive."

There may be many patients who are actually fearful of reporting such matters to the authorities. Especially those patients in public hospitals may be fearful of victimisation. Barry encourages caregivers to push firmly and pray fervently. He says, occasionally it is not just the patient who needs pushing. Sometimes the need to nudge health-care professionals may arise.

5.3.5. Heart Lesson 5: Happiness Is a Choice

According to Barry (2007:40-42), "happiness and joy are choices we can make, and many people

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do choose to make life enjoyable even when facing life threatening diseases or catastrophic circumstances...the primary choice happy people make that unhappy people do not is to shift their focus or attention from the negative to the positive. Happy people look to the good, expecting all things to work together for good (Rom. 8:28). Not some things, occasionally but all things, always. Happy people know there is a silver lining in every dark cloud and that there are lessons to be learned and wisdom to be gained from every circumstance, especially those that threaten to break your heart or even your existence."

Baker (2003:32) relates a story told by a woman named Emily who had cancer, "the meaning of life is to live. I think I know the secret to happiness. It's this: every moment that has ever been, or ever will be, is gone the instant it began. So life is loss. And the secret of happiness is to learn to love the moment more than you mourn the loss." (Baker. 2003:32 & Et al)

It is amazing how often recipients can stun caregivers with the most profound and encouraging words. Caregivers will do well to put these encouragements in their mental computers or diarise them. Someday a particular recipient may be need of such an encouragement. Members of the clergy have often been heard saying that they went to visit the terminally but came back being encouraged by them. It is certainly beneficial to love the moment more than you mourn the loss.

5.3.6. Heart Lesson 6: Cancer is a Gift

Barry (2007:42-43) concludes his heart lessons with knowing the value solid knowledge base, he

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writes, "those of us in the care giving field know the value of having a solid knowledge base as we prepare to offer care. It's important to understand the disease and how we, as caregivers, can best reach out to those we love...what does my friend need from me right now? How can I help the most? When will I know if I am being unhelpful? What do I do if I feel like my friend isn't getting the care and support I believe is needed...how can I make the difficult task of caring for a chronically person a life-giving, rewarding experience? How do I return day after day to a difficult situation with an upbeat and positive attitude?"

Knowledge and experience will always be essential and valuable to recipients in the field of caregiving. Patients will be more comfortable with experienced and knowledgeable caregivers such as doctors, chaplains and others. The questions Barry posed to himself are a clear indication of his love and commitment to caring for his patient. Without these essentials care giving will become laborious, tedious and tiresome.

Knutson (2007:13-14) in her book titled "Compassionate Care giving" writes primarily to caregivers who may be discouraged and tempted to give up. She encourages caregivers to view their care giving as a spiritual experience in which they follow Jesus' three fold calling for their life: "Love the Lord your *God* with all your heart and with all your soul and with all your strength and with all your mind"; and, "Love your *neighbour* as *yourself*" (Luke 10:27) She encourages caregivers to reflect on their spiritual calling on a daily basis. Every individual's contribution makes a difference.

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Knutson (2007:14-15) says, "The first part of your three fold calling is to love God...you are God's care recipient just as your loved one is... God understands all that you experience as a caregiver. He knows that you are making a personal sacrifice and that people around you do not always understand, acknowledge, or appreciate...the second part of your calling is to love your care recipient (love your *neighbour* as yourself). Your recipient is important to God just as you are. Love your recipient with the same love God has for you both. Loving your care recipient means: Offering her the same esteem and care with which you would want to be treated...reaching out to her with sacrificial compassion...approach the task with the perspective that his body is God's temple (1Corinthians3:16)...expressing kindness...when speaking with your care recipient, constantly assure her of your love. Speak kindly to her. Frequently say, "I love you." Use positive words. Affirm her, build her up, and praise her. Remind her of her strengths, talents, and skills. Compliment her. Do not always correct her or put her down; this only creates tension, irritability, and depression. Bring out her best qualities. Treat her as a special person not as a case, project or burden."

Knutson and Barry both emphasize on knowledge and practical care for the patient. If the core of a patients problem is predominantly emotional and psychological than there is a good chance for healing and restoration as some authors have suggested. If the problem is physical, the patient with all the encouragement from Knutson and Barry's work would have sufficient strength to fight her illness. But irrespective of whatever the problem may be, the care giver will render special treatment to all patients and never treat them as a case, a project or a burden.

Barry (2007:43) says, "Cancer does not have to be viewed as a monster. Cancer can be viewed as

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a friend. A wake-up call to a new way of living. A spiritual revival. One of the best things that ever happened to you and your loved one. A gift."

This view may be accepted by some Christians but not all. Immediate families or bereaved families may not see cancer as a gift. A "robber or thief" may be a more appropriate term for cancer, not a friend in their view. The patient who has come to Christ and received the gift of eternal life through the gift of cancer will appreciate and understand God' grace through this means. The principles of care giving in the six heart lessons will be immensely helpful to the caregiver. The caregiver may be more effective and efficient in rendering services to his patients.

5.4. Medical Practitioner as Caregiver

Nulands emphasis on hope as a very important lesson a young doctor learns is never to allow his patients to lose hope, even when they are obviously dying. An inference in counsel is that the patient's source of hope is the doctor himself; the doctor has the power to offer hope or withhold it, or even to take it away. Such an assumption has great truth but there is more to it. Beyond the medical establishment and even beyond the capability of one's own physician is the power that belongs to the patient and his loved ones. Nulands shares his experience with the terminally ill regarding different kinds of hope, it is either enhanced or enfeebled and sometimes destroyed altogether (Nuland 1993: 222-224).

The above sentiments are often expressed by patients to other caregivers such as members of the clergy in particular. It is not only young doctors who are guilty of the negatives (enfeebled or destroyed) but some older ones with years of experience and nurses as well. From time to time

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patients refer to these caregivers as those who are not called. This type of work is a mere profession to them. These doctors seem to have no idea that they are the patient's very source of hope. There are patients who have put so much faith, hope and trust in the doctor. It is often heard from the patients of how qualified the doctor is.

Clayton (2005:1966) writes, "Having things to hope for is an important coping strategy for terminally cancer patients. Hope has been described as an essential element in human life, one that is integral to a person's quality of life and wellbeing. Hope has been defined as the confident but uncertain expectation of a future good that appears realistically possible and is personally significant to the individual. In previous oncology literature, hope has been viewed narrowly in terms of the hope for a cure or remission of disease, and even as a reason to withhold information regarding the diagnoses. However, in the context of a terminal illness, hope for a cure is often lost. Authors have described hope in a setting of a terminal illness as a multidimensional and a dynamic process that for most patients requires coming to terms with multiple losses in a changing world" (www.interscience.wiley.com.).

Most authors agree that hope is fundamental or essential to human life. It is so important that previous oncology according Clayton withheld information. It would not be difficult to identify with previous oncology the reason for withholding information. Sometimes the truth may only enfeeble or destroy the patient's hope the only pillar the patient has to lean on. The motive for withholding may be good but then the most important question must be considered, would be is it

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ethical to withhold such crucial information from the patient?

5.5. The perceptions of the Caregiver, Patient and Clinician.

Farber (2003:21), **"**in journal of palliative medicine recorded the following:

Awareness: process of interpreting and embracing the impact of terminal illness on life experience.

Clinicians: reaching consensus, uncertainty. Clinicians focused on developing a common understanding among the patient, caregiver, and physician as to the meaning of the diagnosis (You have a serious disease, do you understand what it is?) and prognosis (Your disease is likely incurable and will likely cause you to die prematurely). Clinicians describe the difficulty of developing consensus in the light of the unpredictability of the disease course for any individual patient."

To be the bearer of any bad news is no easy task, it must be worse or terrible for a clinician look a patient in the eyes and say "your disease is incurable and will likely cause you to die." How does he respond to patients who do not respond well to such painful news?

Farber addresses the cry of patients, *"Patients: my death, unpredictability.* Patients emphasize the overwhelming impact of living with serious illness. The possibility of impending death permeated every moment of their lives and became the context in which each day was lived. Rather than understanding a disease, patients were confronted with "my death." They learned to cope not only with uncertainty of their disease course but also with the upheaval of their personal world turned

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upside down. Their familiar world and projected future were now unpredictable and often beyond their control. (Farber et al in Journal of Palliative Medicine).

It is traumatising to live a life of impending death? At any moment it would be all over. It must be very painful for young mothers and fathers to leave their young children behind. The terminally have a heavy burden to bear: to contend with pain, to be concerned with appearance when hair begin to fall, then to be looking into the sad eyes of loved ones and ultimately to prepare for death.

Farber addresses caregivers cry, *"Caregiver: my loved one's death, my life is changed, unpredictability.* Caregivers shared with their loved ones the difficult task of living a life that was forever changed, filled with unpredictability and loss of control. Good days, bad days, crises events, and miraculous rallies melded together to create a challenging life experience marked by uncertainty. Caregivers emphasized subtle, but significant, differences from patients. Rather than dealing with "my death," caregivers deal with "their loved one's death." The potential loss of their loved one challenged caregivers to continue to meet their usual obligations while assuming their new and ever changing responsibilities of care giving. Caregivers were not preparing to leave this world, but were instead living in forever changed circumstances that would eventually require constructing a new life after the death of a loved one."

Jansen in the journal of pastoral care (1984:217) says, "Cancer has come to symbolize death, suffering, and unexplainable evil while cardiovascular disease continues to claim more lives

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annually in this country than cancer, the fear of cancer operates much more powerfully than the fear of heart attack or stroke. Assumptions are made that cancer always results in death, and that death is always tortuously painful."

5.6. The Chaplain as Caregiver

Reeves Jnr. (1960:218) a chaplain for the Presbyterian Hospital in the City of New York gives the positive and negative responses of terminally cancer patients. Reeves writes, "in reviewing our records of the pastoral care of twenty patients who died from cancer, we found a great difference in the way they reacted as death approached: Some moved positively toward acceptance of death, some moved negatively toward denial. The proportions were 12 patients, or 60 per cent, toward acceptance, and 8 patients, or 40 per cent, toward denial. The judgment of acceptance denial was based on my over-all impression as I reviewed my notes and recollections as to what each patient had said, what non-verbal signs he had given, what I had learned from the chart and from the doctors, nurses, members of the family, and outside pastors. In every case I found that I could discern at some point in the course of the illness a change in attitude or mood which seemed to mark the setting of the direction of movement toward acceptance or denial. Changes which seem to mark the positive movement were such as these:

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From fretful fear to serenity

From panic fear to confidence

From despair and self-pity to quietness

From dog-in manger to graciousness

From depression to quiet warmth

From anxiety to composure and relief

From chip-on-shoulder to curious wonder

From flippancy to gentle humour

From bitterness to matter-of-fact-ness

The negative movement seemed to be marked by some changes as these:

From willingness to talk to hostility

From appropriate fear to forced cheerfulness

From frankness to fantasies of recovery

From quiet bravery to depression

From cooperation to sullen fretfulness

From iron man front to whimpering complaint

From confidence in recovery to preoccupation with minor symptoms"

Men are subject to change, sometimes for the better and sometimes for the worse, as Reeves had pointed out in his research. Sixty percent had experienced positive change while forty percent

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moved toward negative change. Chaplains will continue to pray and ask God to change even the forty percent, they will not give up. For as long as there is breath there is life and for as long as there is life there is hope. Reeves have done well in being sensitive to non-verbal signs or gestures as they are other means of communication. Why would the terminally ill not move from negative change toward positive especially when the end of life is sight? It would be interesting to investigate negative attitude. Patients who have moved from negative change toward positive are a great delight to Chaplains. It is certainly very encouraging to caregivers who put a lot of heart into their work.

5.7. Ethical Issues Regarding the Terminally Ill

The subject of ethics is of utmost importance in any sphere of life because people live in relationships. People with ethical principles can be trusted. To be able to trust someone brings peace of mind. According to McFate (1979:59) "the field of ethics is concerned with those principles that illuminate or justify actions in specific situations- principles such as truth-telling, dignity, equality, justice and accountability among others... medicine has its origin in the desire to provide humane treatment for other human beings, it follows that ethical principles play a fundamental role in the provision of medical care... out of their own ethical principles, the physician and other members of the health care team receive guidance for action: how to be accountable, how to preserve the dignity of the patient, how to respect the needs of others, how to assess benefits and risks of treatment, how to obtain voluntary consent" (Cassileth B.R. 1979:59-60 et al).

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MacFate has written out a tremendous amount of ethical principles and physicians are expected to abide or uphold them. Patients have entrusted their lives to the care of these physicians, hoping and trusting that the decision which was made in choosing a particular physician is the right one. This is an options patients have who are in a good financial position to be treated in private clinics. Patients would expect physicians to be man or woman of integrity and honesty. Patients in public hospitals would expect no less. It would mean a world of comfort to know that one (patient) is in good hands.

Genty (2008:422-423) who is the chair of the Crossroads Hospice Atlanta Ethics Committee in their quarterly meeting, had a discussion on the following ethical principles as guidance for the staff, the patients and for himself: "we agreed that two ethical principles involved in this discussion are Informed Consent and Fidelity. Patients have a right to know their condition, the treatment options, the risks, and the prognosis. They have a right to be told the truth. They also have a right to participate in their health care. Without this knowledge, they won't be able to fully make plans for themselves and their families...we were also aware that many in the medical profession believe that, generally, the terminally ill fear the unknown more than they fear the known, and they respond better to their situation when they are given truthful information...when physicians (or other medical staff) and patient are truthful with each other, there is opportunity for trust to build, and that trust can be crucial for a good relationship."

Genty and MacFate are both people of conviction. Genty is enforcing principles of informed consent and fidelity while MacFate believes in respecting the rights of patients and families. To both of them, telling the truth seems to be extremely important. There is no other foundation to

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build good relationships with but "truth." Genty also makes mention of families who do not want the patient to be told the truth. In this case he says, "the "unknown" is left to linger in the air." There is a possibility that the family may be in denial about the patient's condition according to Genty. Sometimes it is difficult to tell the truth because it might hurt the patient but ethics prefers telling the truth. This is certainly difficult for physicians and other caregivers when families forbid them to tell the truth to the patient.

5.8. Preliminary Conclusion

In this chapter the Pastor as caregiver is portrayed as physician of the soul. It is inherited from Pastors of old and therefore a legacy. There are other caregivers such as clinicians, health professionals, medical doctors, nurses etc. Caregiving is a field of its own, one need to have a special calling (ordained) from God to be successful. This work is laborious, tedious and tiresome; it would need strength from (God) above. A caregiver need to be mature, one with good listening skills, understanding and compassionate, considerate and sensitive. Principles in the heart lessons are laid out. The patient is also a neighbour to the caregiver. Caregivers must be ethical to gain trust and thus develop good relationships with patients. Caregiving is a vocation that will never die; there will always be a never ending need to render care.

In the next chapter evaluations and recommendations will be discussed.

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CHAPTER SIX

EVALUATIONAND RECOMMENDATION

6.1 Introduction

This work is an attempt to bring hope in the lives of the terminally ill from a Hindu Christian background. It is that among the Hindus the Christians are a minority. The major quest investigated is the fear of death. An in depth inquiry has been carried out in the Benoni area in Gauteng South Africa. This report has laid out in an understandable and logical manner that the work of counselling and healing are necessary and that the support system of family and home based are a critical component to building society.

6.2 Overview conclusion

It is always important to bring new contribution to practical theology. Many have written on death and dying, but not from the Hindu Christian perspective. The first chapter introduce the background and the problem statement, knowledge gap, research methodology chapter two handle literature review. The methodology was also tailored to go hand in glove with the sensitivity of terminal illness. The interviews were conducted and the report of them form the bulk of the four chapter and the analysis in the work is suited for this nature of

study, chapter five has the therapeutic approach.

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6.3 EVALUATION

This research started with the assumption that they may be fear of death among the terminally ill Christian of Hindu background. It was also indicated that the research will focus on 10 terminally ill to be interviewed. As the interviews went on the findings have established that only 8 persons were interviewed instead of the stated 10. The interviewed indicate that when they started falling ill there was a certain degree of fear of death but they subsequently came to terms with the inevitable the final destiny of all mortal. It is interesting to observe that in most cases the terminally ill have come to accept that the end through death is part of humanity thus falsifying the original premises of the research which was researching on the fear of death among Christians of Hindu background. It would be safe to surmise that sometimes it is the healthy that fear for the terminally ill and their impending demise while the ill have settled issues with their maker on the impending death. The research is a good attempt to understand in depth the guilt, stigma, fear of death and all the other issues of life and living and the therapeutic interventions that
can ensue from a study like this one.

The other contribution of the study is that it is significant attempt to venture into eastern religions and make Christianity making meaning even to traditionally overlooked communities in translating faith in cross cultural dimensions.

This attempt can be recommendation those who can do a wider study and impact on the healing that family structure, church can contribute in the care for the terminally ill and helping prepare for the inevitable. The faith of the individual and the family support structure is positive contributor to the acceptance of the impending death. Some prepare even their own obituary and funeral programme and chose which persons they would prefer to speak on their funerals.

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In this chapter all the findings from participants have been noted. Almost all participants have responded in a similar way. Their initial reaction toward fear of death was to a minimum. All the encouragements received from various individuals seemed to have lifted their spirits boosted their faith. The Scriptures have played a major role in the positive attitude toward fear of death. They have claimed the promises of eternal life and continue to rest on the Scriptures.

6.4 RECOMMENDATIONS

1. This research is rich in that it has used the living human documents to give and enrich the healing And care giving ministry therefore recommend that this research be made available by to caregiver fraternity.
2. The nurses and home based caregiver familiarize themselves with these findings to enhance their expertise.
3. The pastoral care givers in the practical theology acquaint themselves with this research.
4. Inter cultural and uniqueness of the research will cause other researchers to toll the line in this healing ministry
5. Institution of training care giver like hospitals and clinics make use of this research.
6. The research on fear of Death and dying can help communities in society to cope with lose of loved ones
7. The churches use the research findings to handle terminally ill patients and inspire hope create healing atmosphere. This research may not encapsulate all the scope in the field but has attempted to bring insight in Hindu Christians attitude in preparing for death. Other research can ensue from this study.
8. The home based care is based on the strong relationship in Families which are a formidable and reliable and this research brings that to the fore.

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Appendix A: **Death &dying** Page 19-22 Guidelines for Hospital. Interviews.

Interview schedule for The Individual who is terminally ill

Name: ________________________________

Address (optional):____

Age: _____ Gender: __________ Marital Status:___________

Name of Christian denomination: ______________________________

How often are you being visited by your Pastor or Elders?

How helpful is the Counselling from your Pastor or Elders if you are receiving any?

How often do you receive home based care from your Pastor or members of the church?

How would you respond to the following issues should they be applicable to you?

Guilt

Stigma

Family relationships

Death

Burial

Pain

Fear of leaving

Fear of death

How does your Religious organization assist with orphans?

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Appendix B:

Interview schedule for Spouse or other family members.

Name:

Address:

Age _____ Gender______ Marital Status________

How are you and members of your family coping with the illness of your spouse?

What effect or impact is counselling having on you and your family if you are receiving any?

How often is your Pastor or elders visiting you to comfort and offer encouragement?

How intense is the trauma you and your family experiencing in the expectant death of your spouse?

Would you and your family welcome counselling from other ministers of the Gospel?

How else do you think we can help you?

How strong do you think you and your family will be, emotionally and psychologically when you receive the news that your spouse has passed away?

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Appendix C:

Interview schedule for the terminally ill who does not fear death.

Name: ___________________________

Address (optional):____

Age: ________ Gender: __________ Marital Status: ____________

Name of denomination: ____

Was there ever a time in your life when you did fear death?

How great were those fears?

How did you overcome the fear of death?

Narrate your story of how you overcame the fear of death?

How sure are you of your eternal destiny?

Please offer general comments.

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Appendix: D

Research Consent Form

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Fear of death from a Christian of Hindu background: A Pastoral Challenge

I am a Master's student in theology at University of Pretoria. This course requires us to gain applied experience in designing and conducting research. As such, I have designed a research project to study how the *fear of death* affects people, the terminally ill in particular.

During this study you will be asked to answer certain questions in a face to face interview concerning your experience on the phenomenon the *fear of death*. You will also be asked to share your insight on how such experience have affected you during this period of your illness. Your participation will require approximately 60 minutes of your time.

There is no known harm associated with your participation in this study. None of the findings will be used against you in any way whatsoever. The potential benefit are that the research will come out with a helpful methodology that will help other terminally persons who fear death. Your experience will also assist in effective pastoral care giving. Your name will not be used directly or indirectly in any of our records and therefore your anonymity is guaranteed. The result of this research will be reported in written research report and oral report during class presentation.

Your participation in this project is completely voluntary. It may be discontinued at any time for any reason without explanation and without penalty. Feel free to contact me or my supervisor at any time using the above contact details.

Thanking you in advance for your participation.

Consent

I have read the above letter, understand the information read, and understand that I can ask questions or withdraw at any time. I consent to participate in this research study.

Participant's Signature | Researcher's Signature

On the (Date) _____________________ At (Place) _____________________

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Faculty of Theology

DEGREE: MASTERS IN PRACTICAL THEOLOGY

Gopal Koopan

Student Number: 13403894

Faculty: Theology

Department: Practical Theology

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Title of the study: Fear of death from a Christian of Hindu background – A Pastoral Challenge

Purpose of study: This study will provide answers from the Bible that will offer assurance and comfort from God's word that will enable terminally ill Christians to approach death without fear. It will also provide information to Pastors on how they should minister to terminally ill Christians traumatised by the fear of death.

Procedures: The following are expected of you,

To express in your own words the degree or kind of fear you are experiencing.

A set of questions will be put to you to guide and enable you to bring out those fears troubling you.

Based on all the information received the researcher will analyse and interpret your report. The results will be made available should you desire to have them.

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Risks and Discomforts: Should your fearful experience trigger any emotional distress, a group session therapy can be arranged by the researcher and his supervisor to bring healing and closure.

Benefits: No promise of financial gain or rewards is made.

Your participation will contribute to this research and academics.

Participant's Rights: Your participation is voluntary and you may withdraw at any time. In no way will your participation lead to sale, or destroy character and reputation or violate any ethical moral or religious beliefs.

Confidentiality: Your anonymity as interviewee is guaranteed. All information will be treated with confidence by the researcher and his supervisor.

All original reports will be destroyed after completion of the thesis and therefore, under no circumstances can the University of Pretoria be held liable because of neglect by the researcher.

I fully understand the information as set out above. It has been thoroughly explained to me and I agree to participate in the research process.

Signature of Participant: ________________________ Date: _____________________

Place: ____

Signature of Researcher: _____________________ Date: ____________________

Place: ____

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