

Inaugural lecture

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Death in abundance versus life in abundance in the context of COVID-19 and Poverty: A Practical theological reflection on the much-needed pastoral accompaniment of the grieving families throughout the various stages of grief.

Preliminary remarks and greetings.

Thank you, Madan Vice Chancellor, Prof Puleng Lenka-Bula. Thank you Mr Acting Vice Principal: Teaching and Learning, Community Engagement and Student Support, Prof S.R Magano, the Executive Dean of the College of Human Sciences, Prof K. Masemola, the respondent Prof Tshepo Lephakga, chairperson of the Department of Philosophy, Practical Theology and Systematic Theology, colleagues from the College, from the Department and the discipline, and colleagues in the University, the University community at large, colleagues in the pastoral ministry, family and friends, guests, Ladies and Gentlemen. I greet you all on this special occasion in my career as an academic. This marks a pinnacle in my academic journey. On this special day, as an *installado*, I thank you for making time to grace this occasion with your presence as the university acknowledges me as an academic and as I go through this rite of passage, albeit virtually. I also thank the University, under the leadership of Prof Lenka-Bula, for the recognition and honour bestowed upon me.

This is a point in my life, which when I was growing up and playing football with a tennis ball in the dusty streets of Batho Location, Bochabela and Rocklands, I would never have thought would be possible. If during those years, as I was augmenting my mother's wages by working as a gardener in yards of white families, as I was living out, smelling and eating poverty, if someone had predicted this day, I would have dismissed those predictions.

Mr Acting Vice Principal, Prof Magano, colleagues, friends and family, it gives me the greatest of pleasures to share with you some Practical Theological reflections in our current context where there is so much death and grieving in the world and in our country South Africa. Let me share with you these reflections in this inaugural lecture which is titled:

Death in abundance versus life in abundance in the context of COVID-19 and Poverty: A Practical theological reflection on the much-needed pastoral accompaniment of the grieving families through the various stages of grief.

Mr Acting Vice Principal allow me to dedicate this inaugural lecture to my parents, the late James and the late Goitsimang Buffel. May their souls rest in peace. I also dedicate this to all

my teachers and lecturers throughout my school years and tertiary academic institutions. This is also dedicated to family, both nucleus and extended family and friends, whose care and support sustained me throughout my academic journey. The achievement belongs to all of us.

But above all, I give thanks to God, the Almighty who has graciously journeyed with me from the beginning of my life, the beginning of my pastoral ministry and the beginning of my academic career, who carried me throughout the many storms of life. I give thanks to the Lord, for God is good and God's love endures forever (Psalm 136:1).

Introduction

Prof Magano, Acting Vice Principal: Teaching and Learning, Community Engagement and Student Support, when millions in the world are infected by a virus such as the Coronavirus (SARS-Cov-2)¹ this constitutes a global pandemic.² When millions in the world lose their lives and millions are bereaved and are grieving, this equally constitutes a global health crisis of epic proportions.³ It constitutes a grave humanitarian crisis that is unprecedented. This is the reality that was ushered into the world in December 2019 in Wuhan, China and in the South African context the reality hit the country on the 5 March 2020, with the first death reported on the 27 March 2020. Not since the "Spanish Flu" of 1918 has there been a pandemic of this magnitude. This is notwithstanding that we live in a century that some refer to as *The Pandemic Century*⁴ where there have been several epidemics such as HIV and AIDS (1980s), SARS (2003), Ebola virus at the Borders (2014), Zika (2015), and many others (cf. Honingsbaum 2019). The Spanish Flu, caused by H1N1 virus, which infected over 500 million people, and which is estimated to have killed at least 50 million people worldwide and is regarded as a byword for viral Armageddon or the Apocalypse⁵ (cf. Honingsbaum 2019: xi). This COVID-19 pandemic is the second most severe pandemic after the Spanish Flu of 1918. It has infected and affected the entire human world (Mackenzie 2020: x). It is many ways holding the whole world hostage.

Mackenzie (2020: x) describes COVID-19 as follows:

¹ The virus was officially named SARS-Cov-2 because it was similar to another one that came to the global scene in 2003 that was referred to as SARS-CoV-1. COVID-19 means "co" for corona, "vi" for virus, "d" for disease and 19 for the year it appeared (cf. Mackenzie 2020:ix).

² The World Health Organisation simply defines a pandemic as the "worldwide spread of a new disease" (Honingsbaum 2019: xi).

³ Epic proportion here is not merely idiomatic but an existential reality facing the world and facing Africa and Southern Africa

⁴ *The Pandemic Century: A History of Global Contagion from the Spanish Flu to Covid-19* is the title of a book by Mark Honingsbaum. In the book he reviews the last hundred years of epidemic outbreaks, including the current COVID-19 pandemic. He states the certainty that there will be new plagues and new pandemics.

⁵ A dramatic and catastrophic conflict, especially seen as likely to destroy both the world and the human race. Also regarded as the last day before the day of Judgement.

The pandemic has been like a big dog, picking up our fragile, complex society in its teeth and shaking it. Lots of us have died. Lots of us will continue to die, either from the virus itself or from the long-term poverty, political and economic dislocation, and overloaded medical systems that will be the pandemic's legacy.

It is particularly the abundance of death in contrast to abundance of life that is of grave concern in this lecture. The death of one person is one death too many and it is worse, if not devastating, when millions lose their lives in just a matter of two years in the global context and when thousands lose their lives in a matter of two years (2020-2021) in the South African context. This global health crisis "added considerably to South Africa's economic burdens" (Parsons 2020: xxv). Raymond Parsons captures the state of the economy that has been worsened by the advent of the COVID-19 pandemic as follows: "The economy still finds itself in a low-growth trap', the unemployment rate is the highest in the world, the nation's public finances are in a parlous state and corruption still persists" (Parsons 2020: xxv).

We will recall that just as COVID-19 hit South Africa in March 2020, South Africa was put into a universal junk status, when the remaining rating agency Moody's downgraded South Africa's credit rating to sub-investment grade in the same month (cf. Parsons 2020: xxvi). That was a rating that had already been pronounced by Standard & Poor and Fitch with their previous ratings.

According to Raymond Parsons, the combined impact of COVID-19 and Moody's rating, "pushed the economy of South Africa into deep, uncharted waters which will require very skilful navigation" (Parsons 2020: xxvi). Thus COVID-19 exacerbated the situation of the poor in the context in which the socio-economic and political conditions entrenching poverty continued to make matters worse for the poor as the lives of South Africans were disrupted.

In a preface to the report of Statistics South Africa, The Statistician-General, Mr Risenga Maluleka captures the global reality of COVID-19 as follows:

The Covid-19 pandemic has without doubt been the biggest disruptor to our lives ever since the second World War. No territory has been spared the impact of the SARS-Cov-2 and its various impacts. Whether these are health related with the number of cases or death, direct and indirect – most health systems have been tested for something they were never designed for. Economically many countries, even the wealthiest of these have suffered the brunt of the SARS-Cov-2. Due to lockdowns in various guises across the world many industries have suffered with economic growth being severely compromised and unemployment rising to unprecedented levels (Maluleka in Statistics South Africa 2020: iii).

It has not been uncommon even to lose more than one member of the family and in some cases the entire family being wiped off. As a result, we live in the context in which the whole world is grieving. Many nations in different countries are grieving. Many individuals, families and communities are grieving.

The loss of a loved one is a ubiquitous human experience which threatens the health and well-being of individuals, communities, congregations and nations (cf. Boerner, Stroebe, Schut and Wortman 2016). It also threatens university communities such as ours. As an academic institution, we have not been spared the loss of colleagues due to COVID-19 and its complications. It may be justified therefore, to lament that death is now in abundance instead of lives in abundance. On the surface, it looks like this abundance of death is a direct contradiction of what Jesus said in John 10:10: "I have come so that you may have live in abundance (full)."

With the death of millions in the world and thousands in the South African context (and still counting), people, families, individuals are bereaved and are grieving as a result of loss of their loved ones. Death has always been an inevitable reality even before the current COVID-19 pandemic. However, the arrival of the pandemic has now elevated death to a different and higher level. This, by implications has also elevated the depth and magnitude of mourning, grief and grieving in the world, and particularly in Africa and Southern Africa. Many of those who are grieving do that in the context of their traditional- cultural beliefs and practices, particularly Africans. It is not our responsibilities as pastors, theologians and as the church to ignore and nullify those beliefs, practices and rituals that co-exist with our Christian faith. With or without our permission those traditional beliefs and practices will continue. As Gabriel Setiloane says that "we cannot with impunity and a clear conscience ignore or write off African experiences before the advent of Christianity as irrelevant" (Setiloane 2000: 13).

The COVID-19 pandemic is even more devastating for the poor who when the economy collapses, they have no reserves to cushion against more devastation. The poor have no access to adequate health systems. They have no access to medical aid and professional counsellors and grief experts that the rich and the middle class have when they are grieving and when grieving gets complicated or prolonged. Rebekka Lee correctly points out to the fact that in Africa

"There are particular vulnerabilities to consider (as well): lack of medical supplies, diagnostic equipment and ventilators; a significant 'pre-existing disease burden, involving significant numbers of infectious diseases such as tuberculosis and HIV/AIDS, which make these populations uniquely susceptible to Covid-19's pathology; poor health infrastructures, exacerbated by limited numbers of medical and scientific personnel and under-financed health services; and extreme poverty inequality, which affects livelihoods, housing, sanitation and nutrition, all of which have been shown to influence Covid-19's differential impact on communities" (Lee 2021: ix).

Lee goes on to state: "These may make African populations uniquely susceptible to COVID-19's pathology, poor health infrastructures." Grief and grieving get even more complicated

when the grieving Africans are forced to go underground and hide some of their beliefs and practices that Western Christianity frowns upon.

Problem Statement

We live at the time when death is ravaging citizens of many countries in the world, including our own country South Africa. One could say death is in abundance in contrast to life being in abundance. On the surface the reality of abundant death may seem to be a contradiction of what Jesus said in John 10:10: *"I have come so that they may have life in abundance (in fullness)."* The death of any person is a painful reality that necessitates the much-needed pastoral accompaniment as they grieve. As death abounds, it stands to reason that many families, friends, colleagues individuals have lost their loved ones due COVID-19 and its complications. Many people are grieving as a result of loss of their loved ones. People who are grieving are left to their own devices in many communities, in many congregations and at many places of work and in many neighbourhoods. As people grieve, they go through various stages which are identified by Elizabeth Kubler-Ross (1969), namely denial, anger, bargaining, depression, and acceptance, often referred to as DABDA. The main argument of this lecture is that amid grief that is unattended, the grieving members of society, families, and individuals need pastoral accompaniment during dark periods of bereavement as they struggle with the loss of loved ones. Pastors/ministers must be empowered, not only to be up to the challenges of pastoral accompaniment of the bereaved who are grieving, but to equipping others to join them in journeying with those who are in pain. The lecture shares some reflections from a Practical theological perspective regarding the need to pastorally accompany others who are bereaved and going through various stages of grief. What does grief and grieving have to do with Practical Theology, a discipline that some doubt that it should be taught at the University?

Locating the reflection within Practical Theology

Practical Theology is one of the fields of theological studies focussing on people's religious actions. It is an academic discipline alongside biblical studies, church history, systematic theology, fundamental theology and other theological disciplines (cf. Ballard and Pritchard 2006:27). It is also described as "the critical theory of religious actions in society" (Otto cited Heyns and Pieterse 1990). These are religious actions of not only pastors but of all believers in the cause of the gospel in society (Heyns and Pieterse 1990:92). Practical Theology is important not only to pastors but to all people who are confronted everyday with people's spiritual needs and have to offer support to relatives and friends (cf. Heyns and Pieterse 1990:2). This is what should be happening in the context of COVID-19 and poverty, as pastors/ministers journey with God's people who include both Christians and non-Christians (all people). According to Paul Ballard and John Pritchard (2006:1), "Practical theology is a particular field of theology that specifically deals with Christian life and practice within the Church and in relation to wider society."

Practical Theology is also regarded as a communicative, operational, scientific and empirical science, that is worth teaching at a university. Its subject matter is as old as humanity, even though it did not become a university subject until the end of the eighteenth century (Heyns and Pieterse 1990:83). It was introduced as a university subject in 1774 in Vienna, Austria (Heyns and Pieterse 1990:86). This had followed a commission of enquiry appointed by the empress of Austria, Maria Theresa (1740-1780). It was later introduced as a theological discipline at Tübingen university in Germany. Other universities in other countries followed suit. Though that time Practical Theology was referred to as Pastoral Theology and was only referred to as Practical Theology later by Friedrich Schleiermacher, who is regarded as the father of modern Practical Theology. Sadly, it has now been reduced to a discipline at Unisa, together with all theological subjects.

As a theological field Practical Theology consists of sub-disciplines such as preaching, worship, pastoral care and religious education, which according to Browning have to be broadened and redefined, without necessarily creating a new genre of theology (cf. Browning 1996: ix). As Browning broadens and redefines practical theology and its sub-disciplines, he refers to the discipline as *Fundamental Practical Theology* (1996).

The stages that people go through when they are either dying or grieving have been identified by a Swiss-American psychiatrist, Elizabeth Kubler-Ross (2014). On the surface of it one may erroneously ask as to what do stages of grief and grieving have to do with pastoral ministry or with Practical Theology. To be sure, Dr Kubler-Ross included clergy in the list of the people for whom the first book was written. In fact, the sub-title of the book includes clergy. Other than that, Practical Theology is interdisciplinary in nature as it learns from and cooperates with other disciplines. Helping professions and related academic disciplines (subjects) cannot work in isolation from each other. When a person is going through the various stages, one may consult a psychologist, a psychiatrist, or social worker, a sangoma, ngaka ya setso, a traditional healer, or any other member of the helping professions. Despite consulting other helping professionals, many people may in addition wish to consult their pastors/ministers. Pastors/ministers work with the bereaved in any case, when doctors, nurses, sangomas, *dingaka*, traditional healers and other medical and helping professionals are no longer available or no longer needed.

Paul Pruyser (1976:9), in his book, *The Minister as a Diagnostician*, poses the following questions:

But what if some people have a great desire to be assessed, evaluated, diagnosed by their pastors? What if certain persons want to make an honest assessment of themselves, and turn to their pastors for expert help in making a diagnosis of their troubles, their stance in life, their troublesome, puzzle-some, or wayward selves? What if they want precisely their pastors, rather than some specialists, to guide them in search for a self-diagnosis? What if they want to place themselves in a pastoral-theological rather than a medical, psychiatrist, legal or social perspective? What if they want to be in the hands of several professionals?

Having raised the questions above, Pruyser (1976:10) proposes a thesis that pastors, like all other professional workers, possess a body of theoretical and practical knowledge that is uniquely their own, that evolved over the years of practice by themselves and their forebears. Therefore as Practical Theologians, we have no choice but to ensure that modules that we offer equip not only pastors but Christians with the necessary skills and abilities that enable them to pastorally (shepherding) journey with those who are going through “the dark night of desperation, grief, guilt, fear, anger, blame, isolation and separation, as a result of death of a relative or beloved friend” (cf. Kumar in Bridgewater 2014:6).

Understanding death, a universal inevitable reality experienced by all.

Death is an inevitable reality that we cannot escape. It is also universal, that is, being experienced by all people and all nations. Writing in an African context Mbiti (1975:110) refers to death as the most universal and mysterious experiences. It is a fact of life and a reality that at one stage or the other, all human being must face death. We will all die. I will die. You will die. Our loved ones will die. Those that we care for will also die. It is just a matter of time (cf. Braga and Braga in Kubler-Ross 1975: x). Death is as much a part of human existence, of human growth and development, as being born (Braga and Braga in Kubler-Ross 1975: x). Kubler-Ross (2019:3) makes a valid point that “our omnipotence is really not so omnipotent.” Kubler-Ross (1975, refers to death as “*the final stage of growth.*” In her book, with the same title, Kubler-Ross (1975:1) acknowledges that death has always been a subject of deep concern to all of us. Since the dawn of humankind, the human mind has always pondered death, searching for answers to the mysteries associated with death. According to Kubler-Ross (1975:1), “the key to the question of death unlocks the door of life.”

Mbiti (1969: 149) correctly states that following birth and the various rites that are performed to make the person a corporate being, there is “finality that is inevitable, and in many societies the most disrupting phenomenon of all.” Mbiti (1979:149) goes on to argue that “death is something that concerns everybody, partly because sooner or later everyone personally faces it and partly because it brings loss and sorrow to every family and community.”

According to Kubler-Ross and Kessler (2014:1), in their modern classic on grief and grieving, human beings are the only species aware of the inevitability of their own death. Even though there is this awareness, the subject of death is regarded as a taboo. Death is a subject that is often “evaded, ignored and denied” (Braga and Braga in Kubler-Ross 1975: x). Death is also feared and found to be distasteful. When we do talk about death, we use euphemisms, as “we make the dead look as if they were asleep, we ship children off to protect them from the anxiety and turmoil around the house if the patient is fortunate enough to die at home, we don’t allow children to visit the dying patients in the hospitals” (Kubler-Ross 2014: 7). We often avoid talking about death to the extent that we are afraid that if we talk about death, we are inviting death. It is not uncommon for people, especially among African people to die intestate, that is without a will. All mainly because of fear of talking about death, and thereby inviting death.

As far back as 1969 Kubler-Ross (2014:2) said: “When we look back in time and study the old cultures and people, we are impressed that death has always been distasteful to *man* and will probably always be.”

One of the leading protagonists in Shakespeare’s *Julius Caesar* said the following about death:

“Cowards die many times before their deaths;

The valiant never taste of death but once;

Of all the wonders that I have heard,

It seems strange that *men* should fear death,

Seeing that death, a necessary end,

Will come when it will come.

(Humphreys 1984: 149-150).

This fear of death is as universal as death is, even if we think we have mastered it on many levels.

Grief and Grieving

As much as death is universal, grieving is a process and an experience that is equally universal through which all human beings go. In emphasising this universal experience, McNulty (2021:1) states:

Grief is such a strange thing. It is the most universal experience-the one thing that unites us all, regardless of where we live or who we are, no matter our culture or colour or beliefs. And yet, at the same time, it is the most unique and personal experience, because no two people grieve in the same way. Grief affects every part of us: the way we feel, the way we think, our physical and mental health, the way we breathe and carry ourselves in the world.”

Also emphasising the uniqueness of grief for each person, Brazier says that “our personal relationship with grief is personal” (Brazier 2017: 1). He goes on to say: “You as a person are different to every other human being on the planet, so it makes perfect sense that no two people would grieve identically” (Brazier 2017: 1). It therefore makes sense that there is no formula for grieving, even as those who are grieving are going through the various stages of grief in the context of COVID-19 and poverty.

Garry Collins captures this reality of universal, ubiquitous grief in the following words: “At some time almost all of us see loved ones die and experience the pain of grief” (Collins 2007:466).

The ongoing COVID-19 pandemic has shattered many countries, many sectors of the economy, many lives, many families and many communities and caused multiple losses (Hopfgarten 2021: xii). Many relationships have been broken up, jobs have been lost, and in many cases ill-health has led to long-standing pain and suffering and most importantly lives have been tragically lost (cf. Hopfgarten 2021: xii).

During the two years of COVID-19, in which death has become abundant, one may be justified to say that it is not only at times but all the time. Collins goes on to lament that grief has gripped people since the beginning of human existence (Collins 2007:466). It is no wonder that some prominent counsellors, researchers and practitioners have dedicated due attention to death studies and bereavement studies. As far back as 1917 Sigmund Freud, the father of psychiatry, published a detailed psychological study of grief (cf. Collins 2007: 466). He was followed thirty years later by Eric Lindeman, a Harvard Professor who wrote a highly acclaimed paper on his interviews with grieving relatives. In 1969 a Swiss-American psychiatrist, Elizabeth Kubler-Ross followed with her most famous book, which became a classic in the field, *On Death and Dying: What the Dying Have to Teach Doctors, Nurses, Clergy & Their Own Families* (2014). It is in that ground-breaking book where Kubler-Ross outlines and conceptualises the five stages of dying as experienced by those who are facing death. (cf. Kessler 2019: 1). In her line of work as a medical professional and a psychiatrist, she saw that patients who were dying appeared to go through common experiences or stages (Kessler 2019:1). She later together with the grief expert, David Kessler, applied the stages of grieving to the survivors who have lost their beloved ones (Kubler-Ross and Kessler 2014). More than any other book, Kubler-Ross' work stimulated development of a whole new body of literature and a field of study referred to as *thanatology*, that is, the branch of knowledge that deals with dying, death and bereavement (Collins 2007:466). In the true spirit of interdisciplinary cooperation, Practical Theology can tap into the wisdom and research produced in other fields, theological and non-theological.

Grief as a normal process that should not be allowed to complicate

Grief is a normal response to the loss of any significant person, object or opportunity (Collins 2007:466). While it is normal response, grief can develop into pathology (complicated and prolonged) when it is not well-managed. When grief is left unattended, there is a risk that we could have another pandemic, namely complicated, prolonged grief.

Although grief is not only confined to grief of a loved one, in the context of this lecture we deal with grief as a result of loss of a loved person. Collins (2007:466) asserts that grieving is not easy, however hard we attempt to soften its trauma by dressing up the corpse or surrounding the body with flowers or soft lights or performing certain rituals, or making our beloved go out in style. Neither can the disguising, softening words like "passing away" or "departed" instead "of "died or "he is sleeping." In the African context we often say, "he has joined the departed," he has joined those ancestors, who are at times referred to as "the living dead." Death is ugly and cannot be regarded as something beautiful (cf. Collins 2007:466). Death remains an ugly, painful, traumatic reality, for which nothing prepares us.

With the advent of the COVID-19 pandemic and the associated loss of human life there is hardly any person who can claim to have been spared from grief as a result of death of loved ones.

Writing from experience after losing her father due to kidney failure complications, during the time of COVID-19 and the accompanying lockdown, Chimamanda Ngozi Adichie a Nigerian author domiciled in the United States of America, describes grief as “a kind of cruel education” (Adichie 2020: 5). She refers to grief as a kind of education where one learns how ungentle mourning can be (Adichie 2020:5). She captures her educational process from grieving as follows: “You learn how much glib condolences can feel. You learn how much grief is about language, the failure of language and the grasping of language” (Adichie 2020:5). She went on to pose a question: “how do people walk around functioning in the world after losing a beloved father?” (Adichie 2020:14).

Much as it is a common experience to grieve, it is equally a common practice for members of congregations and members of society, to be left on their own as they grieve the loss of their loved ones. When members of congregations and members of society grieve, they are often neglected and pastorally unaccompanied. At best pastors/ministers preach at the occasion of the funeral. However, after the funeral sermon at the divine service the grieving families are left to their own devices. They are often left on their own, isolated, inconsolable and unattended, with all associated challenges and pains. It is particularly pastors /ministers/priests who have a critical role to play in pastoral accompaniment. They do not only have to personally and pastorally accompany grieving individuals and families, but they also have a responsibility to empower others in the ability to offer mutual support and care to each other throughout the grieving process. As part of their calling (vocation) clergy have a responsibility to accompany individuals, families, groups and communities that are going through the various stages of grieving as they face the harsh realities related to loss of their beloved family members in their specific context. The specific context is that of Africans whose lives are turned upside down by poverty and by COVID-19. In this lecture, my contention is that that individuals and families have to enjoy the pastoral accompaniment facilitated by clergy as they go through the various stages of grieving as identified and conceptualised by Elizabeth Kubler-Ross in 1969, namely denial, anger, bargaining, depression and acceptance (Kubler-Ross and Kessler 2019⁶; Kubler-Ross 1975; Kubler Ross 1981). At one stage when she was bed-bound, tongue in cheek, Elizabeth Kubler-Ross said to his friend and co-author and fellow grief expert David Kessler: “I do not pretend to understand my suffering and get angry at God about it. I was so mad at God that I have been confined to a chair for nine years that I said, there is a sixth stage-the “*being angry at God stage*” (Kessler in Kubler-Ross and Kessler 2014: xxii). This reflection, which is located within Practical

⁶ Elizabeth Kubler-Ross and David Kessler wrote the book, *On Grief and Grieving: Finding the Meaning of Grief Through the Five Stages of Loss* (2014) , with the hope that readers would familiarise themselves with the aspects of grief and grieving (Kubler-Ross and Kessler 2014: xvii)

Theology, is done within the African context, with due consideration of the dynamics related to death and the grieving process in that context.

Stages of death and stages of grief and grieving according to Kubler-Ross

Elizabeth Kubler-Ross is the one who first delineated the five stages of death and dying, which later evolved and were extended to the five stages of grieving (Kubler-Ross and Kessler 2014:7). The identification of the five stages was used to meticulously describe the emotional states that seriously (terminally) ill patients commonly experienced and the adaptive mechanisms they used to make sense of and live with their incurable conditions (Kubler-Ross 2019: xiii).

The five stages have evolved since their introduction in 1969, when Kubler-Ross published her first book, *On Death and Dying* (Kubler-Ross 2019). The five stages are part of an integral framework that makes our learning to live without the one we lost (Kubler-Ross and Kessler 2014:7). These are the tools that help us to frame and identify what we may be feeling after loss due to death (Kubler-Ross and Kessler 2014:7). These tools are also not stops, on some linear timeline in grief, with individuals, families, groups, experiencing death differently as if the five stages occur in a prescribed order. The understanding of the stages through which the grieving individuals and groups pass, make us better equipped to cope with life and loss (Kubler-Ross and Kessler 2019: 7). Various researchers have observed that there are various emotional stages through which grieving persons pass (cf. Watt, Nye and Savage 2002: 154). When the five stages were initially introduced, the focus was then on persons who were terminally ill and who were in the process of dying. There has since been a shift in which all stages are now applied to people who are grieving as a result of the death of beloved members of the family, friend or group (cf. Kubler-Ross and Kessler 2019:8; cf. Watts, Nye and Savage 2002:154). Thus, both the person facing death and the person losing a beloved person go through the same five stages and not necessarily in the same order. In practice these stages of grieving may be cyclical, and some may even be skipped, and some be revisited from time to time. The five stages “are essential touchstones on the journey of peaceful reconciliation with the fact and phenomenon of loss and suffering due to death” (Kumar in Bridgewater 2014:7). The concern of this lecture is with persons who seem to be drowning in a sea of sorrow and are grieving as a result of the death of a beloved, significant other person.

Denial

Denial is usually a temporary defence that usually precedes partial acceptance (Kubler-Ross 2014: 39). Denial involves shock, numbness and a struggle to accept that a beloved person is no more. It involves disbelief. When Chimamanda Adichie, *a self-confessed daddy's girl*, lost her father, James Nwoye Adichie (10 June 2020), she went through various stages of grieving, including denial. James Adichie died due to kidney complications. Confronted by pain and

going through the grieving process Chimamanda Adichie struggled to believe that, saying: “somewhere in the background there is a haze of disbelief” (Adichie 2020:8).

Denial starts with denying that terminal illness exists and it extends to denial that death has indeed occurred. Kubler-Ross and Kessler (2019:8) capture it in the following words:

When we are in denial, we may respond at first by being paralysed with shock or blanketed numbness. The denial is still not denial of the actual death, even though someone may be saying, ‘I cant believe he is dead.’ The person is actually saying that, at first, because it is too much for his or her psyche.

According to Watt, Nye and Savage (2002:155), whether the news of an impending death or sudden death is sudden or gradual, there can be numbness and denial, a normal process accompanied by shock and numbness, when this happens a person is protected from being overwhelmed too suddenly.

Upon learning of the death of a loved one, the person may initially think that he/she is dreaming or that there may have been a mistake, or it cannot be true. This denial co-exists with the reality of death, as the bereaved family member continues with the funeral arrangements and even as the tributes and eulogies are dedicated to the deceased. On the one hand there are times when denial is very obvious and noticed by others. On the other hand, there are times when denial is very subtle. Kubler-Ross (2019:1) correctly argues that the first stage of grieving, involving denial and shock helps us to survive the pain of loss. During that first stage, the world becomes meaningless and overwhelming, with life making no sense at all. According to Kubler-Ross and Kessler (2014:10), the first stage, denial and shock help us to cope and make survival possible. She also believes that there is grace in denial, which she regards as nature’s way of letting in only as much as we can handle. The mind has ways of dealing with the trauma related to loss of loved ones. One of the ways described by Kubler-Ross and Kessler (2014:10) is denying the pain while trying to accept the reality of the loss. Gradually, the reality sinks in until the reality of loss is accepted, as existential questions related to the loss are raised. As the process of denial continues, followed by existential questions, one unknowingly begins the healing process as the denial phase disappears.

Anger

When one anticipates death, one is filled with anger. Even when one loses a beloved one, there are feelings of anger, rage, envy and resentment. Anger is often associated with other accompanying feelings such as sadness, hurt, panic and loneliness. The process of grieving always includes some qualities of anger (Kubler-Ross 2019: 4). That is the case even though the one who is angry might not be willing to admit it, particularly anger at a deceased person who has left us. There is also the prospect of anger at oneself for not having taken good care of the deceased or for not having been able to prevent the death of a beloved person. In some cases, anger is directed at the doctors and nurses for not being able to do enough to save someone that you love. In some instances, particularly the South African context where health systems and services are inadequate, the relevant government Department of Health, becomes the object of anger. Even worse, the grieving person (s) may be angry at God but is not likely to admit anger at God. Someone grieving a deceased member of the family may

during moments of anger at God, grapple with questions raised by Kubler-Ross and Kessler (2014:13) such as: “Where is God in this? Where is *his* love? *His* powerfulness? *His* compassion? Is this really God’s will?” There are occasions when the grieving is not necessarily angry at God but believe that it is God who is angry at them or that the ancestors are angry.

Kubler-Ross and Kessler (2014:11) points out that anger does not have to be logical or valid. These feelings of anger that are not acknowledged and admitted arouse emotions that are often disguised or repressed and that prolong the period of grief. They also complicate grief and lead to unresolved grief and associated trauma. When grieving is complicated, this also complicates the healing process.

Kubler-Ross (2019:4) is correct when she points out that “it is well to remember that it is not up to us to judge such feelings as bad or shameful but to understand their true meaning and origin as something very human.” The people who are grieving must to be understood and be supported on their journeys as the search for meaning after their loss of loved ones.

Anger is an unavoidable human feeling and constitutes a necessary stage in the healing process. It is a stage that requires to be managed. Warning against the possibilities of being completely consumed by anger, to Kubler-Ross and Kessler (2014:12) say that “as long as it does not consume you for a long period of time, it is part of your emotional management.”

The starting point in the management of anger, is acknowledgement and openly talking about one’s feelings. Kubler-Ross and Kessler (2014:15) observe that that:

“today, most churches and clergy understand it is not unusual for people to feel anger at God. Many churches have started bereavement groups in which priests and ministers encourage expression of all feelings. They allow it and are not put off if you speak of it.”

On the other hand, there are those who discourage anger. Anger like all feelings is not bought at supermarket but it is a feeling that comes with or without our permission.

As the grieving persons go through the stage of anger in its many forms, they require pastoral accompaniment that offers understanding and not judgement. That would include anger towards self, towards other family members and friends, to the deceased, to doctors, nurses, hospital, government and anger towards God. This includes feelings that God is angry at us or that the ancestors are angry at us.

It is not the work of the pastor/minister/priest to make the grieving persons have feelings of guilt. As the pastor/minister/priest pastorally accompanies the grieving person, that person must not be judged but be allowed to express their feelings of anger, including anger towards God, for abandoning the living. In this anger towards God, pastors and church members become soft targets to whom anger is projected or directed. When this happens there is no need to take that personally nor to feel under obligation to defend God or the church.

One of the stages that the grieving go through is that of bargaining, often with God and with the deceased person when he/she was still terminally ill. Kubler-Ross and Kessler (2014:13) state the reality of bargaining as follows:

Perhaps when our loved one was dying and we already experienced the bargaining stage, we asked God to intervene and to save our loved one. If despite our bargaining with either God or the deceased, the resultant feeling is anger at either God or the deceased or at both, those feelings must be allowed to find expression.

Bargaining

Bargaining, which is often accompanied by guilt, has to do with the stage where the person who is about to lose a beloved family member or friend and loved one then promises to do anything if the life of the terminally ill person is spared. In this stage the grieving person tries to negotiate a change to the terrible reality of loss.

Kubler-Ross and Kessler (2014:17) summarises the stage as follows: "Before a loss, it seems you will do anything if only your loved one may be spared. One may say: "Please, God, I will never be angry at my wife again if you just let her live." They go on to point out the form that bargaining takes after the loss due to death: "What if I devote the rest of my life to helping others? Then I can wake up and realise that this has all been a dream" (Kubler-Ross and Kessler 2019:170).

This stage is often accompanied by "if only . . ." as the grieving find fault with themselves and consider what they could have done differently or what they could have said to the deceased. It is accompanied by regrets and feelings of guilt.

According to Kubler-Ross and Kessler (2014:18) the stages do not necessarily last weeks or months but rather they are responses to feelings that can last for minutes or an hour as the grieving vacillates from one stage to another. The stages are not experienced in a linear fashion but enter one stage, skip another, back to another and back to the first one (Kubler-Ross and Kessler 2014:18).

At this stage, the role of the pastor/minister/priest is not to actively collude with unrealistic hopes. Watts, Nye and Savage (2002:155) state that the pastor/minister cannot collude with the view that God's arm can be twisted. They go on to say that "it is normal that we try to manipulate God in times of crisis" (Watts, Nye and Savage 2002: 155). The pastor/minister/priest must pastorally journey with the grieving person on the journey towards eventually acknowledging the reality of loss. This is a journey towards healing.

Depression

Depression is a deep sadness that we feel at certain times in our lives. Following the stage of bargaining the attention of a grieving person moves squarely into the present as one experiences empty feelings as grief deepens (Kubler-Ross and Kessler 2014: 20). These are feelings of deep sense of loss and sadness, which is the beginning of a process towards accepting the painful reality of loss. The depressive and painfully sad feelings are nothing out of the ordinary but normal, and include feelings of despair, hopelessness or intense grief and a sense of being overwhelmed surfaces (cf. Watts, Nye and Savage 2002:156).

This depressive stage feels as if it will last forever (Kubler-Ross and Kessler 2014:20). This depression is not clinical depression that is associated with mental illness. It could drift towards that direction if grief is allowed to prolong and to be complicated. It is merely a natural, normal and an appropriate response to a great loss that is accompanied by heavy and dark feelings (Kubler-Ross and Kessler 2014:20). During this stage of grieving, depression is a way of nature to keep us protected by shutting down nervous system so that we can adapt to something we feel we cannot handle (Kubler-Ross and Kessler 2014:21). Without doubt the loss of a loved one is a very depressing situation. It would be very unusual not to experience a bit of depression after losing a beloved member of the family or friend (Kubler-Ross and Kessler 2014: 21).

Kubler-Ross and Kessler (2014: 210) state that “if grief is a way of healing, then depression is one of the many necessary steps along the way.” The grieving person needs pastoral accompaniment through those necessary steps, including depression. Depression due to loss of a beloved person is not necessarily something that has to be avoided or stamped out, but it is a stage that is normal. The grieving person must go through that as part of the healing process. It is not the role of the pastor/minister/priest to avoid feelings driven by grief, including depression. Grief (griefwork) is the hard work that must happen and that is intensely absorbing and draining (cf. Watts, Nye and Savage 2002:156). Should the person appear to be stuck for some length or depression gets severe, the person needs to be encouraged to seek medical help (cf. Watts, Nye and Savage 2002: 156). One of the skills that is required from clergy is the ability to refer to other professionals when necessary.

Acceptance

Like a person nearing their own death. There may come a time when a grieving person eventually enters a period of quiescence (Watts, Nye and Savage 202: 156). That is making peace with the reality of the loss.

This is the stage at which there is an accepting of the reality of loss of a beloved one. One accepts that the beloved person has gone physically and recognising that this new reality is a permanent reality (Kubler-Ross and Kessler 2014:25). This is a stage at which the grieving person learns to live with reality, with the new norm at this stage of acceptance where the final healing and adjustment can take a firm hold, despite the fact that healing often looks like impossible and unattainable (Kubler-Ross and Kessler 2014:25). During that process of healing there is remembering, recollecting and reorganising. According to Kubler-Ross and Kessler (2014:25) at that point where healing occurs the grieving person ceases to be angry at God, at the deceased and at oneself. During that stage of acceptance, the grieving learns to reorganise roles, reassign the roles to others and take on other roles. Acceptance is a process that the grieving person experiences, and it is not necessarily a final stage with an end (Kubler-Ross and Kessler 2014:27). There are possibilities of feelings of guilt when a person reaches a stage of acceptance, as if acceptance is a betrayal of the deceased. In the pastoral accompaniment, the grieving person may be reassured that it is not disloyal for them to accept the death of the other (Watts, Nye and Savage 2002:156). It is not necessarily

disloyal to move on with one's life. In that journey, the grieving person is pastorally accompanied as they adjust to the new reality, with hope for the future and gradual re-entry to social life (Watts, Nye and Savage 2002:156). The social support of a church or a community involving the bereaved in the normal round of activities, can provide a caring, albeit altered, network of relationship (Watts, Nye and Savage 2002:156). While African traditional practices may be helpful in facilitating therapy for the grieving person, some practices may not be helpful. For instance, the mourning period of women lasting for 12 months is not helpful as in some faith communities, they are discouraged from resuming normal activities such as attending church services and being in the company of others. In fact, in some cases, they are discriminated against and people move away from them. This deprives the bereaved of the possibility of having a caring and supportive network.

Critique of the five stages of death and dying and defence of her work

The five stages of death and dying were not without criticism from some quarters. They have been criticised for suggesting a formulaic progression of phases through the dying process (Byock in Kubler-Ross 2019: xiv).

In defence of Kubler-Ross, her work was based on empirical research in which she used interviews as data collection techniques, and therefore her work was evidence-based. One fact that is downplayed by critics is that Kubler-Ross had made it clear that relevant emotional states and adaptive mechanisms occurred in a variety of patterns, and not necessarily in a linear timeline (cf. Byock in Kubler-Ross 2019: xiv). She relates interviews and stories of individuals who experienced a natural-though never easy-progression from initial denial and isolation through anger, bargaining and depression and achievement of a sense of acceptance of their situations, or at least acquiescence to it (Byock in Kubler-Ross 2019: xiv). She also shared experiences of participants in her work and research in whom movement from one stage to another stalled and in other cases more than one stage co-exist and in others some emotional states recur (Boyck in Kubler-Ross 2019: xiv). She related cases in which there were complications in some stages throughout the grieving process. Indeed, grieving is a process and it is not humanly possible to deal with its devastation all at once (Watts, Nye and Savage 2002:154).

The much-needed pastoral accompaniment in the context of COVID-19 and poverty

It is the task of Practical Theology, particularly Pastoral Care and Counselling, to keep on looking for new and innovative ways to teach undergraduate and postgraduate students who will respond to challenges and crises of our times. Pastors and theologians that go through our offerings must be able to pastorally and meaningfully accompany people going through the ups and downs of life, particularly those going through the various stages of grieving, denial, anger, depression, and acceptance. This journey with the grieving must be embarked upon with the awareness that each grieving journey should be allowed to unfold in a unique way. Each person has the right to experience and express their own feelings without being

judged. The responsibility is to pastorally journey with the grieving without pushing them to have feelings of guilt for feelings experienced and expressed. Furthermore, the responsibility is to facilitate grieving processes in which grief is made less harsh and eventually assist in making grief manageable and uncomplicated.

As people struggle to cope with loss and struggle with questions and feelings and sometimes conflicting feelings of wanting to find happiness, related to their loss, they must be pastorally accompanied. This must happen as they struggle to look for meaning in the context of pain and suffering that comes as a result of loss of a loved person.

They must also be able to train the others in the spirit of the priesthood (“pastor-hood”) of all believers. The believers must be equally equipped to mutually care and support each other.

Theological faculties and Departments and disciplines of Practical Theology (Pastoral Care) must up their games also in terms of theological education and training that includes Pastoral ministry in all stages of human life, from cradle to grave, even beyond the grave. The stages of human life, including all challenges that people experience and the stages before death, during and after death happen in a context in which Africans continue with traditional cultural beliefs, practices and rituals, many of which still have therapeutic values. It is not the responsibility of pastoral caregivers and other helping professionals to condemn and outlaw them, but to be companions of the grieving as they grieve. It must be kept in mind that the African traditional cultural beliefs, practices and rituals have been handed down from generation to generation. Mbiti reminds us that

Even when people are converted from African Traditional Religion to another religion, they inevitably retain their former beliefs since it is hard to destroy beliefs... Therefore, it is good to understand people’s beliefs well, because it is these beliefs which influence their behaviour” (Mbiti 1975: 26).

I maintain that these beliefs that people follow, have a bearing on the grieving process as people go through the various stages of grief, even in the context of COVID-19 and poverty.

Practical Theology, and all academic disciplines must desist from colluding with neo-colonialism and Christianity as the two marginalize African traditional, cultural values, practices and rituals rooted in the African heritage (cf. Mucherera 2017). According to Mucherera (2017: vii) the humanity of the native African peoples must not be marginalized.

In conclusion, Practical Theology and particularly Pastoral Care and all other disciplines related to the helping professions must prepare and empower students in view of enabling them to empower others. In the case of Pastoral Care, the pastors must be equipped to pastorally journey with those who are grieving and equip them in such a way that they are also able to equip and empower others as they grieve in the context where death seems to be in abundance in contrast to life in abundance. That must be done also even in the context in which illness is in abundance. Interdisciplinarity and multi-disciplinarily must be the order of the day as candidates go through education and training programmes. As far as the grieving persons are concerned, they must be pastorally accompanied as they go through various

stages of grieving, keeping in mind the cross-cultural contexts and the hard realities in which we live.

I thank you all for gracing this occasion with your presence. I thank the University for the recognition and honour bestowed upon me. Thank you, Madam Vice Chancellor, Prof Lena-Bula. Thank you, Mr Acting Vice Principal, Teaching and Learning, Community Engagement and Student Support, Prof S.R. Magano.

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