


Death in abundance versus life in abundance in the context of COVID-19 and poverty: A practical theological reflection on pastoral accompaniment during the grieving process

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Dates:

Received: 25 Mar. 2022

Accepted: 11 July 2022

Published: 26 Oct. 2022

How to cite this article:

Buffel, O.A., 2022, 'Death in abundance versus life in abundance in the context of COVID-19 and poverty: A practical theological reflection on pastoral accompaniment during the grieving process', *Theologia Viatorum* 46(1), a156.
<https://doi.org/10.4102/tv.v46i1.156>

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The coronavirus disease 2019 (COVID-19) pandemic is currently holding the whole world hostage. It has led to the death of millions across the world and thousands in South Africa. On the surface, it looks like there is an abundance of death in contrast to an abundance of life. Many of those who have lost their loved ones are being left to grieve alone without appropriate pastoral accompaniment by their pastors and other trained pastoral caregivers. In this article, written from a practical theological perspective, it is argued that those who are grieving as a result of the loss of loved ones must be pastorally accompanied. Pastors should be empowered in order to journey with the grieving persons in the context of COVID-19 and poverty. They should also be empowered to equip others who join them in the responsibility of pastorally accompanying the grieving as they transition through various stages of grief. Pastoral accompaniment should happen with due recognition of the socioeconomic context of South Africa and the context in which traditional and cultural practices of Africans persist amid opposition from churches.

Contribution: This article, which is written from a practical theological perspective and using an interdisciplinary approach, contributes to discourse on pastoral care and particularly pastoral accompaniment of those who are going through various stages of grieving in the context of poverty and COVID-19.

Keywords: COVID-19; poverty; pastoral accompaniment; death; grieving stages.

Introduction

When millions in the world are infected by a virus such as the coronavirus (SARS-CoV-2),¹ this constitutes a 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 occurred in the country on 05 March 2020, with the first death reported on 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 the H1N1 virus, infected over 500 million people and is estimated to have killed at least 50 million people worldwide; it is regarded as a byword for viral Armageddon or the apocalypse⁵ (cf. Honingsbaum 2019:xi). The 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 has in many ways negatively affected the whole world more than any other global health crisis in recent years.

Mackenzie (2020) 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 Organization simply defines a pandemic as the 'worldwide spread of a new disease' (Honingsbaum 2019:ix).

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 100 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. Many people have died. Many people 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. (p. x)

It is particularly the abundance of death in contrast to abundance of life that is of concern in this article. 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 and half years in the global context and when thousands lose their lives in a matter of 2.5 years (2020–2022) in the South African context. This global health crisis 'added considerably to South Africa's economic burdens' (ed. Parsons 2020:xxv). Parsons (ed. 2020) captures the state of the economy that has been worsened by the advent of the COVID-19 pandemic:

'[T]he 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. (p. xxv)

It is worth remembering that, just as COVID-19 occurred in South Africa in March 2020, South Africa was downgraded to an economic junk status, when the remaining rating agency Moody's downgraded South Africa's credit rating to subinvestment grade in the same month (cf. ed. Parsons 2020:xxvi). That was a rating that had already been pronounced by Standard & Poor and Fitch with their previous ratings. Although the rating itself does not cause poverty, it exacerbates the bad economic conditions as the government accesses international funding at higher costs that have a negative impact on the cost of living.

According to Parsons (ed. 2020:xxvi), 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'. 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 their lives and livelihoods were disrupted.

In a preface to the report of Statistics South Africa, the statistician-general Maluleka (2020) 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. (p. iii)

It has not been uncommon to lose more than one member of the family and in some cases the entire family dying. 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. This pandemic has surrounded the world with a dark cloud that has created fear among human beings.

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 et al. 2016). It may be justified therefore to lament the loss of many people across the world and in South Africa. 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 life in abundance'. This assurance of Jesus continues to be valid even under difficult conditions such as death and the difficulties associated with death.

With the death of millions in the world and thousands in the South African context (and still counting), many people, families and individuals are grieving as a result of the death of their loved ones. Death has always been an inevitable reality even before the current COVID-19 pandemic and will continue to be a reality beyond the pandemic. However, the arrival of the pandemic has now elevated death to a different and higher level. This, by implication, has also elevated the depth and magnitude of mourning and grieving in the world, particularly in Africa and Southern Africa. As many people are mourning and grieving, the pandemic and lockdown regulations make it difficult for them to observe the normal rituals that they used in the past to cope with the painful reality of loss. Many of those who are grieving do so in the context of their traditional-cultural beliefs and practices, particularly Africans. It is not the responsibility of pastors, theologians and 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 Setiloane (1988:13) says, 'We cannot with impunity and a clear conscience ignore or write off African experiences before the advent of Christianity as irrelevant'.

The COVID-19 pandemic is even more devastating for the poor, who, when the economy collapses, have no financial reserves to cushion themselves against more devastation. The poor have no access to adequate health systems. They have no access to medical aid, professional counsellors and grief experts that the rich and the middle class have when they are grieving and when grieving becomes complicated or prolonged. Lee (2021) 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 'preexisting' 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. (p. ix)

Grieving becomes 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 South Africa. One could say that death is in abundance in contrast to life being in abundance because of the unprecedented cases of death since the arrival of COVID-19.

Death is a painful reality that necessitates the much-needed pastoral accompaniment as the bereaved grieve the loss of loved ones. As death abounds, it stands to reason that many families, friends, colleagues and individuals have lost their loved ones due to COVID-19 and its complications. People who are grieving are left to their own devices in many households, communities, congregations, places of work and neighbourhoods. As people grieve, they go through various stages which are identified by Kubler-Ross (1969), namely denial, anger, bargaining, depression and acceptance, often referred to as DABDA. The main argument in this article 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. The article is written 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?

It is therefore necessary to locate the discussions about grief from a pastoral perspective and within the broader field of practical theology.

Locating the reflection within practical theology

Practical theology is one of the fields of theological studies focusing on people's religious actions. It is an academic discipline alongside biblical studies, church history, missiology, systematic theology, fundamental theology and other theological disciplines (cf. Ballard & Pritchard 2006:27). These are religious actions faced by pastors and all believers. 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 & Pieterse 1990:2). This is what should be happening in the context of COVID-19 and poverty, as pastors journey with God's people, including Christians and non-Christians – all people. According to Ballard and 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'. As a result it needs to deal with problems faced by people.

As a theological field, practical theology consists of subdisciplines such as preaching, worship, church administration and leadership, pastoral care and religious education, which according to Browning (1996:ix) have to be broadened and redefined, without necessarily creating a new genre of theology. As Browning (1996) broadens and redefines practical theology and its subdisciplines, he refers to the discipline as *fundamental practical theology*.

The stages that people go through when they are either dying or grieving have been identified by Kubler-Ross (2014). On the surface of it, one may ask the question: 'what do stages of grieving have to do with pastoral ministry or with practical theology?' To be sure, Kubler-Ross included clergy in the list of the people for whom the first book was written. 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 general practitioner, 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 or ministers. Pastors or 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.

Pruyser (1976), 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, and 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 (perspective) rather than a medical, psychiatrist, legal or social perspective? What if they want to be in the hands of several professionals? (p. 9)

Having raised the questions, 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, which evolved over the years of practice by themselves and their forebears. Therefore, as practical theologians, we have no choice but to ensure that modules and other educational processes that we offer equip not only pastors but also Christians (and non-Christians) with the necessary skills and abilities that enable them to pastorally 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, an 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 experience. It is a fact of life and a reality that at one stage or the other, all human beings must face. 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 (1975:1) refers to death as 'the final stage of growth'. She 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) continues 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. Although 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 and we do not 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 Africans, to die intestate, that is, without a will – all mainly because of fear of talking about death and thereby inviting death.

One of the leading protagonists in Shakespeare's *Julius Caesar* said the following about the fear and inevitability of 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* [*sic*] should fear death,
Seeing that death, a necessary end,
Will come when it will come. (ed. 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. With the above in mind, let us now analyse the issues of grief and grieving.

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) 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. (p. 1)

Also emphasising the uniqueness of grief for each person, Brazier (2017:1) says, 'Our personal relationship with grief is personal'. 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.

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. Most importantly, lives have been tragically lost (cf. Hopfgarten 2021:xii).

Collins (2007:466) laments that grief has gripped people since the beginning of human existence. 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 published a detailed psychological study of grief (cf. Collins 2007:466). He was followed 30 years later by Eric Lindeman, who wrote a highly acclaimed paper on his interviews with grieving relatives. In 1969, 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 and Their Own Families* (2014). Therein she 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 observed that patients who were dying appeared to go through common experiences or stages of grief (Kessler 2019:1). Later, together with the grief expert David Kessler, she applied the stages of grieving to the survivors who had 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 nontheological.

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 a 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.

Collins (2007:466) asserts that grieving is not easy, however hard we attempt to soften its trauma by dressing up the corpse, surrounding the body with flowers or soft lights, performing certain rituals or making our beloved go out in style. Neither can death be softened by disguising and using softening words like 'passing away' or 'departed' or 'he is sleeping' instead of saying that he or she has died. 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.

Writing from experience after losing her father to kidney failure complications during the time of COVID-19 and the accompanying lockdown, Adichie (2020:5) describes grief as 'a kind of cruel education'. She refers to grief as a kind of education where one learns how ungentle mourning can be. Adichie (2020:5) 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'. 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 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 who have a critical role to play in pastoral accompaniment, especially after burial. They do not only have to personally and pastorally accompany every 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 the loss of their loved ones in their specific contexts. The specific context is that of Africans whose lives are turned upside down by poverty and COVID-19. In this article, the contention is that individuals and families need pastoral accompaniment facilitated by clergy as they go through the various stages of grieving as identified and conceptualised by Kubler-Ross in 1969, namely denial, anger, bargaining, depression and acceptance (Kubler-Ross 1975, 1981; Kessler 2019⁶).

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

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 are part of an integral framework that makes our learning to live without the one we lost (Kubler-Ross & Kessler 2014:7). These are the tools that help us to frame and identify what we may be feeling after loss due to death (Kessler 2014:7). These tools are also not stops on some linear timeline in grief, with individuals, families and 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 makes us better equipped to cope with life and loss (Kessler 2019:7). Various researchers have observed that there are various emotional stages through which grieving persons pass (cf. Watts, Nye & 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 loved ones or groups (cf. Kessler 2019:8; cf. Watts et al. 2002:154). Both the person facing death and the person losing a loved one go through the same five stages and not necessarily in the same order. In practice, these stages of grieving may be cyclical, some may even be skipped and some may 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 article 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 due to COVID-19. It is important to share how these stages may help in grieving stages of death.

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 & Kessler 2014:xvii).

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 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, 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. Kessler (2019) captures 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 can't believe he is dead'. The person is actually saying that, at first, because it is too much for his or her psyche. (p. 8)

In other words, it is the beginning of grieving that protects the person from pain of death. According to Watts et al. (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, and 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 or she is dreaming or that there may have been a mistake, or that 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, helps 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. The person may now move into anger as another stage of grieving.

Anger

When one anticipates death, one is filled with anger. Even when one loses a loved 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 them. 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 misdirected 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, the Department of Health, becomes the object of anger. Even worse, the grieving person(s) may be angry at God but are 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 are 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) argue 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) is correct when she points out that:

[I]t 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. (p. 4)

The people who are grieving ought to be understood and supported on their journeys as they 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 needs to be managed. Warning against the possibilities of being completely consumed by anger, Kubler-Ross and Kessler (2014:12) say, '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) observe that:

Today, most churches and clergy understand that 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. (p. 15)

On the other hand, there are those who discourage anger, especially in some African churches. They see it as inappropriate and not a Christian way of grieving. Anger, like all feelings, is not bought at a supermarket; rather, it is a feeling that comes with or without our permission, hence the importance of avoiding the discouragement of its expression.

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, towards the deceased, towards doctors, nurses, hospital and government and towards God. This includes feelings that God is angry and therefore God is punishing us. In some cases, it is believed that it is the ancestors who are angry at people.

It is not the work of the pastor, minister or priest to make the grieving persons have feelings of guilt. As the pastor, minister or 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 at whom anger is projected or misdirected. When this happens, there is no need to take it personally or 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 or she was still terminally ill. Kubler-Ross and Kessler (2014) 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. (p. 13)

The journey lead us to bargaining as a way of dealing with our grief.

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.

Kessler (2014:17) summarise 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'

(Kessler 2019:170). This is normal as we face death. 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. Caregivers must journey with those facing death by allowing them to share their pain of death.

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 & Kessler 2014:18).

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

Depression

This is the stage where death becomes a painful reality that we have to deal with. 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 & 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 et al. 2002:156).

This depressive stage feels as if it will last forever (Kubler-Ross & Kessler 2014:20). This depression is not the clinical depression that is associated with mental illness. It could drift towards that direction, if grief is allowed to be prolonged and 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 & Kessler 2014:20). During this stage of grieving, depression is a way of nature to keep us protected by shutting down the nervous system so that we can adapt to something we feel we cannot handle (Kubler-Ross & 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 & Kessler 2014:21). Kubler-Ross and Kessler (2014:210) state, '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 as they go through those necessary

steps, including depression. Depression due to the 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 clergy person to avoid feelings driven by grief, including depression. Grief work is the hard work that must happen and that is intensely absorbing and draining (cf. Watts et al. 2002:156). Should the person appear to be stuck for some length or depression becomes severe, the person needs to be encouraged to seek medical help (cf. Watts et al. 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 acquiescence (Watts et al. 2002:156). That is making peace with the reality of the loss. This is the stage at which there is an acceptance 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 & 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 impossible and unattainable (Kubler-Ross & 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 person 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 & 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 et al. 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 et al. 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 et al. 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.

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 ought to happen in various contexts, including the context of COVID-19 and poverty. 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 of pain and anger 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 ('pastorhood') of all believers. The believers must be equally equipped to mutually care and support each other in line with the understanding that the church is one body of Christ consisting of many parts that care for each other and for other troubled souls.

Theological faculties and departments and disciplines of practical theology (pastoral care) should keep that in mind and ensure that theological education and training includes pastoral ministry in all stages of human life, from cradle to grave, even beyond the grave. These are stages of human life, which include all challenges that people experience and the stages before death, during death and after death happen in a context in which Africans continue with traditional cultural beliefs, practices and rituals, many of which still have some therapeutic value. 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. This is a process that Mbiti (1969) and other African scholars remind us to do. Even when people are converted from African traditional religion to another religion, they inevitably retain their former beliefs because 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). The author maintains 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 neocolonialism and Christianity as the two marginalise 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 marginalised and their ways of grieving must be understood as they grieve.

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 should be done also even in the context in which illness is in abundance. Interdisciplinary and multidisciplinary 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.

Acknowledgements

Competing interests

The author declares that he has no financial or personal relationships that may have inappropriately influenced him in writing this article.

Author's contributions

O.A.B. is the sole author of this research article.

Ethical considerations

This article followed all ethical standards for research without direct contact with human or animal subjects.

Funding information

This research received no specific grant from any funding agency in the public, commercial or not-for-profit sectors.

Data availability

Data sharing is not applicable to this article as no new data were created or analysed in this study.

Disclaimer

The views and opinions expressed in this article are those of the author and do not necessarily reflect the official policy or position of any affiliated agency of the author.

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