The concept of *shalōm* as a constructive bereavement healing framework within a pluralist health seeking context of Africa

Authors:
Vhumani Magezi[1]
Benjamin S. Keya[1]

Affiliations:
[1]School of Ecclesiastical Sciences, North-West University, Potchefstroom Campus, South Africa

Correspondence to:
Vhumani Magezi

Email:
vhumani@hotmail.com

Postal address:
63 Aalwyn Street, Stand 2050, Extension 3, Riverlea 2093, South Africa

Read online:
Scan this QR code with your smart phone or mobile device to read online.

Absence of health, that is, sickness in Africa is viewed in personalistic terms. A disease is explained as effected by 'the active purposeful intervention of an agent, who may be human', non-human (a ghost, an ancestor, an 'evil spirit), or supernatural (a deity or other very powerful being)' (Foster). Illness is thus attributed to breaking of taboos, offending God and/ or ancestral spirits; witchcraft, sorcery, the evil eye, passion by an evil spirit and a curse from parents or from an offended neighbour. In view of these personalistic theories of ill health, treatment is through ritual purification, exorcism or sacrifices. For an appropriate diagnosis and intervention, it is imperative to determine 'who' caused the illness and then 'why' it was caused, to which answers are offered through divination by a healer. This interpretive framework, is applicable to all types of sickness, facilitates co-existence of African traditional healing and biomedical treatment, that is, plurality of health seeking practices. The approach fails to offer a constructive approach and contradicts the biblical healing framework whereby one may not have explanatory causes to a situation of ill health. This article engaged the biblical concept of *shalōm* as a relevant constructive framework. The Hebrew concept of *shalōm*, though distinctly salvific, is inclusive of holistic and personalistic healing aspects. The concept encompasses constructive aspects of completeness, wholeness, health, peace, welfare, safety, soundness, tranquillity, prosperity, perfectness, fullness, rest, harmony and the absence of agitation or discord, which provides a useful holistic healing theological framework. It therefore provides a health and well-being framework that is relational, sensitive and applicable to healing patterns in Africa. Using the case study of the Abaluyia people of East Africa, this article discussed bereavement as a state that requires healing and how the biblical framework of *shalōm* could be applied in fostering bereavement healing.

A persistent dilemma in health and well-being in Africa
Pluralist health seeking behaviours and a quest for a constructive healing framework

Health seeking practices in Africa, particularly in sub-Saharan Africa, should be understood as a pluralistic endeavour. Gwele (2005:50f.) rightly notes that plurality of health systems defines the context of sub-Saharan Africa where plurality is visible not just at the level of differing kinds of health providers, each resting their science and practice on different world views, but also at the level of health seekers. Cant and Sharma (2002) demonstrate that different kinds of healing systems exist alongside each other and interact with each other, which specifically include the ways in which sick people and their kin make decisions about what kind of healing approach to use. Health and well-being should be viewed within the context of the various religio-health systems that shape and influence health seekers and providers. Therefore, it is not possible to study biomedical health care in sub-Saharan Africa without awareness of the other forms of healing, because few patients ever use only one system of healing.

Lazarus (2004) maintains that the reality in Africa and particularly South Africa indicates that people have a wide range of health systems to choose from when they are not well. In an intriguing comparative study with Native American views on health promotion, Lazarus (2004) sees the South African context as comprising 'parallel systems' that 'live alongside one another', where the systems mutually coexist in fostering health (see Gwele 2005:50). This finding is substantiated by Gwele's (2005:50) research findings where respondents in South Africa reported that 'some go to traditional healers, some to faith healers, some to doctors and some to untrained private doctors' to seek health solutions. This phenomenon in health seeking is called 'mixing' Gwele (2005:51).

Mixing of health systems is practiced by health seekers through seeking 'Western' medicine first when they are sick, and when that fails they adopt another strategy, either together with

or to the exclusion of biomedicine, which is called 'simple mixing' (Gwele 2005:51). Simple mixing denotes a tendency to a sequential use of different health-seeking approaches, for example one first goes to seek medical assistance from a clinic and when the individual fails to recover then visits a traditional doctor. However, sometimes health seekers use different health systems simultaneously, which is called 'complex mixing'. In complex mixing, a sick person may visit a clinic in the morning to get Western medication and then immediately thereafter visit the traditional doctor for a consultation as well. The sick person then takes simultaneous medicine whereby medication is mixed. Thus health providers tend to function with, or offer, *one* specific approach to health (e.g. bio-medical, or faith-healing or traditional), even when they allow for the co-existence of other approaches (Gwele 2005:51). But health seekers commonly *mix* health systems strategically.

Within this context of rampant mixing of health systems, religion is identified as one significant asset for health and well-being. Gwele's (2005:56) study revealed that many sick people relied on prayer and church-based support. Respondents clearly indicated that they regard religion as a contributing factor to healing and not just emotional or spiritual comfort. In this case religion is certainly a feature in health-seeking behaviour and health in general.

From the above observations, it should be noted that health seekers mix their strategies for health, whether sequentially ('simple mixing') or simultaneously ('complex mixing'), which often reflects a lack of faith in the dominant Western 'biomedical' system to deal sufficiently with particular health challenges. Gwele (2005:53) concludes that in that case, the lack of faith is not a result of experiences of success or failure of any particular intervention, but rather mistrust in a view of health that appears, from an African traditional point of view, truncated, reductionist or of limited explanatory value. Mixing health systems seems to be less problematic than focusing on one health system. Those health systems that contend and claim that they are the best are likely to put people at greater risk than those that are prepared to compromise or know their area of strength or specialisation.

In view of the pluralistic health-seeking behaviour of health seekers in Africa, where religion is clearly identified as a factor, the question of the role of Christian healing should be posed. To understand the role of Christian healing and health, an African world view of health and sickness should also be understood.

The absence of health in Africa, namely sickness, is viewed in personalistic terms (Berinyuu 1988:49–50; Mwaura 2000:79; Magezi 2007; Ncube 2003:108; Mbiti 1969:200, 1975:3; Kiriswa 2002:24):

> A personalistic medical system is one in which disease is explained as [*effected by*] the active purposeful intervention of an agent, who may be human (a witch or sorcerer), non-human (a ghost, an ancestor, an evil spirit), or supernatural (a deity or [*other*] very powerful being). (Berinyuu 1988:49–50)

Illness is thus attributed to the breaking of taboos, offending God and / or ancestral spirits; witchcraft, sorcery, the evil eye, passion by an evil spirit and a curse from parents or offended neighbours. In view of these personalistic theories of ill health, treatment is through ritual purification, exorcism or sacrifices. For appropriate diagnosis and intervention, it is imperative to determine 'who' caused the illness and then 'why' it was caused, to which answers are offered through divination by a healer. This interpretive framework, which is applicable to all types of sickness, facilitates the co-existence of African traditional healing and biomedical treatment, that is, plurality of health-seeking practices. Therefore, it is clear that health and well-being in Africa should be viewed within a context of African religious thinking. Within this framework, religion plays a crucial role. Magezi (2006:511) and Mwaura (2000:70) rightly note that any healing interventions should focus on the role of supernatural causes of distress and sickness.

Healing is a comprehensive concept that indicates health, well-being and the optimal development of life functions within specific structures which focus on a form of integration (Louw 1998:444). According to Egnew (2005), 'healing is an intensely personal experience [*that involves*] a reconciliation of the meaning an individual ascribes to distressing events with his or her perception of wholeness as a person.' Although this definition was made in the context of Western allopathic medicine, it helpfully goes beyond the traditional confines of modern biomedical focus on diagnosis, treatment and prevention of disease. It emphasises the fact that healing does not only concern physical and psychological aspects but includes spiritual and social ones. Befittingly therefore, De Gruchy (quoted by Louw 1998:441), defines health as 'that which enables us to be fully human in relation to ourselves, our society and our environment.' Mwaura (2000) explains that in African society health is conceived as more than physical well-being:

> It is a state that entails mental, physical, spiritual, social and cosmic harmony. Having health [*evokes*] equilibrium in all these dimensions. [*It*] is associated with all that is positively valued in life. It is also a sign of a correct relationship between people and their environment, with one another and with [*the supernatural world*]. (p. 78)

In Africa, health is understood more in a social than in a biological sense. Notably, this interpretive framework, which is applicable to all types of sickness in Africa, facilitates co-existence of African traditional healing and biomedical treatment, that is, a plurality of health-seeking practices. However, within African Christianity, the dilemma caused by this plurality is discerning a constructive healing framework that is biblically sound. In view of a biblical healing framework in which one may have inexplicable causes to a situation of ill health, the African approach fails to offer a constructive framework. Therefore, the question that should be posed is: what healing framework can be discerned in Africa that recognises plurality of health behaviours and yet is distinctly Christian (biblical)?

In response to the above question, we argue for a constructive framework informed by the biblical concept of *shalōm* as a

relevant and applicable motif in Africa. Inclusive of holistic and personalistic healing aspects, and yet distinctly salvific, the Hebrew concept of *shalōm* provides a health and well-being framework that is relational, sensitive and applicable to healing patterns in Africa. The concept encompasses holistic constructive aspects of completeness, wholeness, health, peace, welfare, safety, soundness, tranquillity, prosperity, perfectness, fullness, rest, harmony and the absence of agitation or discord, which provides a useful holistic healing theological framework. This article demonstrates this framework using a case study of bereavement of cultural experiences of Abaluyia people of East Africa. The choice is motivated largely by the authors' exposure to and socialisation through birth and work amongst the Abaluyia. Although culturally specific examples in this discourse are drawn from the Abaluyia, the experiences are common to other African peoples especially in sub-Saharan Africa including South Africa. In this article, focus is put on bereavement through death which is often neglected, especially in Africa, in the plethora of discourses on health, illness and well-being.

Need for healing in bereavement and Abaluyia cultural therapeutic interventions

Need for healing in bereavement

Bereavement is not necessarily acknowledged as ill health and as such no attempts are made for diagnostic assessment and appropriate interventions. However, the emotional breakdown it causes and a plethora of healing practices sought to address it, suggests a sickness situation that requires restoration and repair. The verb 'bereave' is synonymous to 'deprive', 'rob', 'dispossess of' or 'leave destitute' all of which aptly describe the feeling of the bereaved. Bereavement therefore, is an objective realisation by a person of the loss by death of another who was significant in his or her life (Mbogori 2002:81).

Bereavement through death is a source of personal – physiological and psychological – interpersonal and social ill health. According to Miller and Jackson (1995:225) the emotional pain begins from the time a loss is anticipated, such as the diagnosis of a terminal illness, and extends through to the period of the actual loss. Moreover, the survivors often experience substantial morbidity and an awareness of their own mortality. As Alexander (1993:9) rightly laments, 'death makes us question the meaning of life itself.' The question of 'meaning' compounds the experience of bereavement and further necessitates interventions to bring about healing. However, in spite of the common understanding of health and well-being, it is surprising that the interpretive framework in Africa does not understand bereavement as a health and wellness issue.

For the bereaved, healing is of course not understood as a goal in itself. The pain of bereavement cannot be likened to a wound that can 'heal'. Bereavement healing is understood as the process by which the bereaved are able to work through

their traumatic experience and adapt to their changed circumstances in order to find new meaning. Therefore, bereavement healing can be, and often is, a lifelong process. However, the bereaved can begin the process of healing when they acknowledge the pathos of bereavement and actively or passively pursue and accommodate various healing interventions. Simfukwe (2006:1462) helpfully observes that each culture must respond to the reality of death in a way that enables the survivor to recover from the trauma of loss and live in hope.

Abaluyia bereavement cultural therapeutic practices

In Africa, bereavement coping interventions are influenced by cultural beliefs and practices. Amongst the Abaluyia the term for bereavement through death is *amasika*. The term refers to the mourning period when relatives and friends are expected to pay visits of sympathy and respect, and to mourn with the bereaved family. This period is open. For instance, as long as a relative or friend has not paid the ceremonial visit [*okhutsia amasika*], even if months or years have passed since the death, the first visit is regarded as the ceremonial one (Appleby 1943). The mourning period is marked by elaborate beliefs, performances, rituals and sacrifices meant to bring about healing.

Amongst the Abaluyia, in common with other African peoples, death is not seen as the absolute end of existence (Awolalu 1976:275; Malusu 1978:9; Mbiti 1969:159; Shisanya 1996:186; Wabukala & LeMarquand 2001:354; Owuor 2006:9–10). Life or consciousness, in some form, continues beyond the physical death (Anderson 1986:23). Consequently, death is perceived as a gateway to life with the ancestors – especially for the elderly – and not a phenomenon to be dreaded. This belief does not by any means suggest that bereavement is not a cause of ill health. As Augsburger (1986:65) correctly observes, 'death is common to all persons, and the dying process elicits review, grief, and separation anxiety in every culture.' However, in a constructive framework, the belief has therapeutic value to the bereaved.

The elaborate rituals, sacrifices and ceremonies related to death and bereavement also have therapeutic value. These practices are aimed at bringing consolation, healing and meaning following the death of a significant other. The therapeutic value of rituals is also not unique to the African people. As Reggy-Mamo (1999:8) observes, people in different places and over the generations have developed various rituals of working through the pain and suffering brought about by death. She further notes that in any aspect of human life where there is anxiety and stress, one can expect to find customs and beliefs whose function is to alleviate or at least decrease the degree of anxiety. Similar sentiments are shared by other writers including Mbogori (2002:126) who holds that the purpose of customs and beliefs associated with bereavement, are often to reach resolution or healing and to avoid the possibility of pathological grief. He suggests that the curative value of rites derives from social interaction that brings people together to share in the grief.

In addition, there are prescribed sacrifices [*emisango*] made in order to avert further deaths or misfortune, and to help the survivors to cope and give them hope for a future without the deceased. Sacrifices are often prescribed when a death occurs in circumstances that contravene the customary order or is considered a 'taboo death'. Taboo deaths include murder, suicide often by hanging or drowning and dying on a battlefield or in a foreign land. Special sacrifices and rituals are also prescribed following the death of a pregnant woman, a childless person or the unmarried. The rituals are intended to serve several socio-religious functions, like permanently separating the deceased from survivors and re-establishing social solidarity by re-incorporating the mourners into the community (Wako [1954] 1985; Wabukala & LeMarquand 2001; Malusu 1978; Mbiti 1969; Magesa 1997). Mbiti (1991:122) argues that by ritualising death, people dance it away, drive it away, and renew their own life after it has taken away one of their own.

The therapeutic value of singing, oral poetry and other forms of performances cannot be ignored, as they are often a part of ritual practices. Alembi (2002:103) acknowledges that because bereavement is characterised by deep feelings, performances are useful avenues to let out pent-up emotions that could easily be harmful to the health of the bereaved. Culturally, the bereaved are encouraged to reflect and express their pain through wailing, eulogies and remembrance. Mbogori (2002:54) observes that the feelings of being remembered act as a protection to the psyche of the living against the threat of death. It renders death less threatening, for one continues to live in the memory of the community. These performances and occasions avail opportunities for emotional expression, benevolence and reconciliation thus encouraging bereavement healing.

The conduct of and care for the survivors also form a crucial part of bereavement healing approaches in Africa. It is not uncommon for the dying, especially the elderly, to invite members of their family to bid them farewell. Elisabeth Kübler-Ross (1991:9; cf. Stott & Finlay 1984:73) observes that if the dying person's call is regarded, as it often is, the survivors feel good to have had the opportunity. Culturally, there are set communal systems of conduct and care for widows, widowers and orphans. Malusu (1978:3; cf. Kiriswa 2002:26) underscores the centrality of community in the bereavement healing process. He rightly mentions that ceremonies concerning death involve all members of the community. He aptly captures the people's approach to the observances related to death arguing, 'it is the last drama of life, the last human act, the last music played for those who can never again join in the rhythmic dance.'

The battle of whether or not one will muster necessary resources for healing in bereavement amongst African peoples is largely won, or lost before the actual death occurs. This is because bereavement healing largely hinges on the observance, by individuals and the community at large, of the essential therapeutic cultural values expressed in beliefs, rituals and ceremonies in their everyday life. As Mbogori

(2002:77) explains, the relationships and tensions of dying have to be worked through before one can achieve resolution of grief in facing bereavement of a significant other.

Cultural beliefs and practices as pathogenic

Notwithstanding their positive healing benefits, cultural beliefs and practices have some shortcomings. The personalistic theoretical demand for answers to 'who' is responsible for a death and 'why' often brings about ill health. Death is ultimately blamed on a human agent. Amongst the Abaluyia, for instance, God (*Were Khakaba* or *Nyasaye*) is nearly absent in the daily events of humankind although, of course, his existence and sovereignty is recognised in daily prayers (Wagner 1954:28, 31; cf. Mbiti 1969:43, 61; Malusu 1978:17). God is not thought to have anything to do with the pain of daily life otherwise blamed on some human agency (Malusu 1978:7; cf. Mbiti 1969:156; Mwaura 2000:70; Magezi 2006:511). This interpretive framework of sickness and death fosters tensions amongst the bereaved and is often a cause for social and psychological ill health.

Amongst many African peoples, the dead are believed to maintain more or less the same status they had in life. As elders, the ancestors retain their high status and roles. Their mediation is between themselves and the living family members. As such, their place in the family is not diminished by death. In fact, it is believed that their potency increases in death. Death is thus looked at as the gateway to an existence in which larger powers are available, usually for revenge (Friends Africa Mission [FAM] n.d.:6). As Appleby (1943; cf. Wagner 1954:42; Elverson 1920:48) observes, the dead members of the clan are considered as really present and considerably more powerful than those still living. Although they may use their power for the good of the living, this power often seems to be shown in bringing illness or other bad fortune. This negative exercise of their power is reinforced by the popularly held idea that most misfortunes have a supernatural origin – either witchcraft or the spirit of the deceased. The resultant ambivalence necessitates ancestral veneration and appeasement. One ritual that persists amongst the Abaluyia whether they are Christians or non-Christians, is the slaughtering of a bull or heifer following the death of a family member. Traditionally, the animal is offered as a sacrifice to the ancestors in order 'to facilitate the incorporation of the deceased into the ancestral world' (Shisanya 1996:189; cf. Malusu 1978:9). These cultural beliefs and practices put strain on the bereaved whether or not they believe in their assumed potency.

The African people feel comforted by the knowledge that they are not alone in their bereavement. Bereavement is primarily a communal affair and care for the bereaved is the concern of the entire community (Malusu 1978:3; Magezi 2006:512). The practical and emotional communal help is invaluable in the process of bereavement healing. However, the priority of the community often means that individual considerations are neglected. Nwachuku (1992) points out that negative:

traditional ritualistic processes and practices have become resistant to contemporary social changes as a result of habit, fear, or wanton insistence on known patterns for maintenance of tribal or ethnic identity, social cohesion, and the established status quo. (p. 57)

In their practice of hospitality and philanthropy, most African peoples not only uphold the concept of brotherhood but also of reciprocity. For the Abaluyia, *amasika nobwayi* [bereavement befalls all] and as such one's support for another assures them of their own support when the need arises. The principle of reciprocity is best captured in the proverb *Omucheni wolashiacheniha shiomupilakhwo omukhasi* [do not pick a fight with your wife for not properly hosting a visitor who has not hosted you] (Wambunya 2005:14). Therefore, to claim that African people extended generosity and hospitality without attaching any conditions or without expecting a reward, is perhaps to overly romanticise this cultural practice (Mbiti 1969:1; Gathogo 2006:39; Sichula 2007:11). Furthermore, acts of hospitality and benevolence are often motivated by the belief that the dead can see those who are kind or mean to their surviving relatives and reward or punish them accordingly. In view of these ambivalences, Magezi (2006:514, 2007:667) argues that the 'community performs either a constructive or destructive role in the process of coping.' He aptly adds that the communal priorities can put undue pressure on an individual or a group to indulge in inappropriate or retrogressive practices that may result in further ill health (cf. Mbogori 2002:100, 114; Matsuda 1984:30; Malusu 1978:5; Mbiti 1969:2).

Some cultural beliefs and practices are observed to be overtly retrogressive and repressive. As such, they are a threat to the well-being of the bereaved. Edet (1992:25; cf. Shisanya 1996:190; Reggy-Mamo 1999:3ff.) particularly laments the plight of women in most African communities. She observes that in Africa:

the death of a husband heralds a period of imprisonment and hostility to the wife or wives. This treatment may or may not be out of malice, but in all cases, women suffer and are subjected to rituals that are health hazard and heart-rending. (Edet 1992:25)

Amongst the Abaluyia, for instance, *okhwichera*, a practice in which a surviving spouse sprawls over the deceased spouse in a simulation of the sexual act, is encouraged. It is believed to put the surviving spouse in a good state with the deceased and to release his or her spirit so that it does not interfere with any future sexual union entered by the surviving spouse. This gesture acts as a form of ritual cleansing. Shisanya (1996:190; cf. Reggy-Mamo 1999:3f.) singles out the cultural demand for the ritual of *okhusaaba* [washing hands] used to consummate marriage. However, if the husband dies before this ritual is observed, the widow is expected to ritually 'feed' the deceased before burial. These practices are demeaning and can adversely affect the physical, social and psychological well-being of the surviving spouse.

Similarly, the ritual of *okhukhalaka amakhoola* [cutting banana fibres] connected to wife inheritance (Wako [1954] 1985:36, 1954:45) exposes a surviving spouse to situations of sickness

and contradicts biblical teachings on sexual morality and marriage. Shisanya (1996:192; cf. Mwaura 2000:96; Anglican Church of Keyna [ACK] 1993) laments that widows are often raped under the pretext of the required cultural widow inheritance ritual. She encourages widows to reject this ritual as a way of protecting themselves from health risks such as HIV. Nwachuku (1992:71) also observes that the concept of widow inheritance, pushed to its extreme by human greed, leads to forced cohabitation of the widow with a select kinsman of the husband. If she refuses, she risks being ousted from the matrimonial compound or her paternal family and forced to repay dowry in order to earn her independence. Furthermore, the woman is forced to forfeit custody of the children who belong to the husband in the patrilineal societies.

Related to wife inheritance is the ritual of property inheritance and distribution. Shisanya (1996:192) observes that despite the good intention of the ritual distribution of the deceased's property amongst relatives, the practice has been greatly abused (cf. Wako [1954] 1985:34). Many widows lament the demand of the deceased's personal belongings like clothes, household property, flock, fowl and the grabbing of the most valuable assets like land by the deceased husband's relatives. These acts of greed leave the disinherited widows and children especially the girl-child economically handicapped as well as bereft. This is reinforced by the fact that land is inherited patrilineally from father to son or to other male relatives if the deceased had no son. Nwachuku (1992:61) argues that this is a form of enslavement of widows through financial and property disposition by male relatives of the deceased. Post-burial ceremonies like *obukoko* [return of the deceased's daughters to their paternal home] around the ritual fire [*omuliro kwamachenga*] often provide opportunities for acts of promiscuity. Such permissive behaviour often leads to unwanted pregnancies and infections.

Fatigue often results from lack of rest and sleep as the bereaved are expected to participate actively in various pre and post-burial performances. Performances such as *eshilemba* [a dance in honour of a deceased warrior] that requires prescribed cultural ritual cleanliness can also be a source of humiliation. For instance, if a widow fails to meet the performers, she is suspected of infidelity. Other performances like *okhuchesia* [walk about] which purport to take the spirit of the dead to bid farewell to his neighbourhood and *eshilemba* in which the ancestors are thought to participate alongside the performers in confronting death often instil fear of the dead and thus encourage ancestral veneration as they believe that such performances avert future misfortune and appease avenging spirits.

Apart from the overt retrogressive cultural beliefs and practices, cultural stigma against spinsters, bachelors, the physically or mentally challenged persons, family members of those who commit suicide and widows who are not inherited or choose not to enter second marriages are often a sources of angst for the bereaved (see Halperin 2005:108; Shisanya 1996:189; Malusu 1978:5–6).

It is clear therefore, that submitting to cultural belief and practices which promote these limitations may endanger the wellness of the bereaved. The noted limitations can be a source of pathological or burdensome grieving. As such the African interpretive framework requires a biblical corrective and constructive framework. As Oates (1976:1) observes, such a framework ought to make grief an avenue for constructive growth rather than an occasion for destructive deterioration of the personality. In Africa, there is a need for a sympathetic assessment of cultural bereavement approaches rooted in social and cultural order of the African people in order to engender healing. The basis for the sympathetic assessment is the conviction that biblically-based healing entails a transformation of beliefs, values and perspectives through the gospel (Magezi 2006:509; cf. Forde 1954:xvii). The concept of *shalōm* provides a health and well-being framework that is relational, sensitive and applicable to healing patterns in Africa.

Shalōm as a therapeutic motif

The Bible uses various verbs to describe the concept of healing. The Hebrew word *shalōm* commonly translated as 'peace', has a root meaning of wholeness, completeness and well-being. The Greek term *therapeuō* which means to 'serve' or 'attend a person' usually indicates healing (Wilkinson 1980:4–33; Louw 1998:42–43). In the Bible, death is appropriately understood in the context of life which is a gift of God (Pickle 1988:7). As Anderson (1986:38) observes, 'life and death both belong to that existence which issues from God.' Nonetheless, he argues that the Bible lacks a clearly defined theology of death. Rather, it presents two approaches to death, one drawn from the Hebrew tradition and the other from the Greek tradition. In the Greek tradition, death is a friend whilst in the Hebrew tradition death is a natural limitation to our earthly existence. Pickle (1988:12–13) observes that in the early experience of Israel, the focus on individual death was absent. The importance of the corporate personality of the family, the clan and the nation was primary. In this respect, the loss of an individual by death was not an overwhelming loss because the group continued to survive. Pickle (1988:19) suggests that the New Testament lacks a systematic doctrine of death but emphasises that the Lord Jesus Christ did not view death as an obstacle to faith in God. However, Jesus did not negate the pain of bereavement. On the contrary, he identified with and consoled those who mourned. Jesus wept at the death of his friend (Jn 11:35) thus not only recognising bereavement as a situation of sickness but also providing a model for therapeutic grieving. However, he pointed the mourners to the ultimate overthrow of situations of death and bereavement through resurrection.

The hope of resurrection, hinged ultimately on the resurrection of the Lord Jesus Christ, is a central Christian paradigm in bereavement healing. As Carson (1978:72) observes, the hope of life beyond the grave is not only a comfort in time of bereavement; it is the final answer to all our suffering. Writing on the art of consolation Autton (1967) affirms that:

sorrow there will be, for death means separation and loss, but joy there should be for the Redemption demands that the Alleluia of triumph shall be louder than the Amen of resignation. (p. 16)

He further identifies two basic principles which can serve as guides for bereavement healing. Firstly, the bereaved ought to be led to face the reality of death, thereby affording them an opportunity to mourn. Secondly, they ought to be led to the resources which the Christian faith offers, that is, the realisation of the presence of God, the reading of the Bible, the assurance of the prayers of the faithful, the grace of the sacraments, the hope of resurrection and the fellowship of the communion of saints, at a time when they are able to appreciate it and so be helped by it (Autton 1967:19–20; cf. Magezi 2006:517).

In 1 Thessalonians 4:13–18, the apostle Paul recognises the fact that Christians, like other human beings and in spite of the hope of resurrection, experience bereavement through death. Commentators have over the years grappled with what occasioned the question concerning those who die in Christ discussed in this passage (see Frame [1912] 1960:163; Bruce 1982:95; Best 1972:180–184; Marshall 1983:120–122; Green 2002:213–215). Green (2002:215) suggests a reconstruction which argues that at the moment of confronting the reality of death, believers in the church at Thessalonica did not allow their confession to inform their reaction to this human tragedy. Alternatively, they may not have understood fully the reality of the resurrection from the dead. However, it is clear that the believers in Thessalonica were experiencing great grief because of the death of one or more of their members, and the apostle needed to respond with the appropriate teaching so that they were not overwhelmed with grief like the unbelievers 'who have no hope' (1 Th 4:13). As Frame ([1912] 1960:165, 170) notes, it is highly improbable that Paul was asking the Christians 'not to sorrow at all' for the departed. Neil (1950) points out that:

Paul is obviously not saying that it is unchristian to shed tears over the loss of a loved one. He would say, as we should, that where there is no regret there could have been little love. (p. 92)

Griffin (1978:116) helpfully observes that the question concerns how God deals with those Christians who die before the coming again of Christ and the final end of all things. Paul's answer is that Jesus' death and resurrection gives us grounds for the hope that God can be trusted to hold the dead, who have clearly not forfeited the promises of God by dying, in his loving purposes. Here, as in the rest of the New Testament, we are reminded that there is a distinctive quality in Christian grieving, a quality of hope. Griffin (1978) warns that:

sometimes the note of the Christian hope of resurrection is struck so loudly, so often and so exclusively that it becomes a denial of the right to grieve and ultimately a source of sickness rather than of healing. (pp. 117–118)

Instead, as Christians in Thessalonica faced the death of fellow believers, their grief was to be tempered and informed by the hope they held, based on the resurrection of Christ and the promise of his coming (Green 2002:219). As Bruce (1982:96) points out, those who do not know God have no

hope, as to be without God is to be without hope (Eph 2:3, 12). The basis for and the fullness of the Christian hope is that 'Jesus died and rose again' (1 Th 4:14; 1 Cor 15).

In the light of the resurrection of Jesus, Christians in Thessalonica were to 'encourage one another' (1 Th 4:18, 5:11). The term 'encourage' here means 'to console' or 'to comfort' (1 Th 3:7; 2 Cor 1:4, 7:6–7; see also Green 2002:228; Bruce 1982:103). The Christians in Thessalonica were given solid grounds and need for mutual comfort and hope (Bruce 1982:103). Green (2002:215) observes that Paul's purpose was distinctly pastoral as he urged the church to use this teaching to comfort one another. He further helpfully argues that Paul does not put himself forward as one who comforts the grieving; rather he urges the members of the church to use the same confession of Jesus' death, resurrection and return, to comfort each other in their time of greatest sorrow (1 Th 3:12, 4:9, 5:11, 15). In this respect, the development of a true pastoral concern amongst the members of the congregation was a fundamental goal (Green 2002:229). As Keener (2003:839) aptly observes, early Christian communities, not unlike Christian communities today, undoubtedly experienced death and suffering that on the level of human understanding seemed to be in conflict with the assurance of God's love (Jn 11:21). However, the assurance that Jesus did care, that God did have long-range purposes in the suffering, even that Jesus joined in weeping with the bereaved as well, that he ultimately has power over life and death, means much to believers facing that universal human predicament of death.

The biblical notion of healing incorporates the notion of salvation and *shalōm* [peace]. Citing De Gruchy, Louw (1998:440) observes that healing in the Bible points to the salvific purposes of God. Abraham died peacefully at 'a good old age' (Gn 25:7–10; cf. Ps 90:10). Abraham's long life is acknowledged as a divine blessing. It was not only long but it was filled with inner *shalōm* and contentment which is the thrust of the phrase 'full of years' (Hamilton 1995:167; Von Rad 1972:262). This is true of other patriarchs including Isaac who 'was gathered to his people, old and full of years' (Gn 35:29) and David who 'died at a good old age, having enjoyed long life, wealth and honour' (1 Chr 29:28). Von Rad (1972:262) remarks that in ancient Israel one accepted life not with a defiant claim to endlessness but in resignation as something limited, something assigned to human beings, in which the state of satiation was to be reached (cf. Gn 35:29; Job 42:17; 1 Chr 23:1, 29:28; 2 Chr 24:15). In the drama that unfolded on the third day following the death and burial of Jesus, Mary Magdalene was left by the empty tomb crying (Jn 20:11). Keener (2003:11, 85) observes that Mary remained not out of faith in the resurrection but out of love and desire to perform the final acts available for the dead (Jn 20:13, 15). But Jesus had overcome death. The risen Jesus appeared to her (Jn 20:14–16) transforming her weeping into joy, as he had promised his disciples (Jn 16:20; cf. Mt 28:8; Mk 16:6; Lk 24:6; 1 Cor 15:20–28, 51–57; 2 Cor 4:14–5:1, 6–10; Phlp 3:20–21; 1 Th 4:13–18; Rv 14:3). Likewise, when he appeared to his stunned disciples, he offered them peace [*shalōm*]. John reports that 'the disciples were overjoyed when they saw the Lord' (Jh 20:20). Their fear and grief was replaced by joy. Such an understanding of death and bereavement is a therapeutic reconstruction of the dominant African personalistic theories. Healing, therefore, cannot be separated from a knowledge and acknowledgement of the genesis of life. Health correctly becomes *shalōm* that accrues from harmony with the plan of God.

Conclusion

Certainly, the ministry of the church to the bereaved is plausible. Pickle (1988:3) commends the churches' response with what he terms a 'supportive presence' of its members in the burial ritual. However, he decries the practice where only few churches are providing a continuing supportive care to the bereaved following after burial. The same can be said of the experiences amongst African peoples where a similar practice can be observed. Therefore, there is a tremendous need for the constructive framework based on the biblical concept of *shalōm* for the care and healing of the bereaved.

Acknowledgements

References

Alembi, E., 2002, 'The construction of the *Abanyole* perceptions on death through oral funeral poetry', PhD thesis, Department of Folklore, Helsinki University.

Alexander, H., 1993, *Bereavement: A shared experience*, Lion Publishing, Oxford.

Anderson, R.S., 1986, *Theology, death and dying*, Basil Blackwell/Billing & Sons, Oxford.

Anglican Church of Kenya (ACK), 1993, *The third ACK draft statement concerning HIV/AIDS and use of condoms*, Provincial Synod, Nairobi.

Appleby, L.L., 1943, *A Luluhya-English vocabulary*, Church Missionary Society, Kavirondo.

Augsburger, D.W., 1986, *Pastoral counseling across cultures*, The Westminster Press, Philadelphia, PA.

Autton, N., 1967, *The pastoral care of the bereaved*, SPCK, London.

Awolalu, J.O., 1976, 'Sin and its Removal in African Traditional Religion', *Journal of the American Academy Religion* 44(2), 275–287, viewed 29 May 2009, from http://jaar.oxfordjournals.org/cgi/pdf_extract/XLIV/2/275

Berinyuu, A.A., 1988, *Pastoral care to the sick in Africa: An approach to transcultural pastoral theology*, Peter Lang, Frankfurt.

Best, E., 1972, *A commentary on the first and second epistle to the Thessalonians*, Harper & Row, New York, NY.

Bruce, F.F., 1982, *1 and 2 Thessalonians*, Word Books, Waco, TX.

Cant, S. & Sharma, U., 2002, 'The state and complementary medicine: A changing relationship?', in S. Nettleton & U. Gustafsson (eds.), *The sociology of health and illness reader*, pp. 334–344, Polity Press, Cambridge.

Carson, M.C., 1978, *Facing suffering: A Christian response*, Evangelical Press, Hertfordshire.

Edet, R.N., 1992, 'Christianity and African women's rituals', in M.A. Oduyoye & R.A. Kanyoro (eds.), *The will to arise: Women, tradition, and the church in Africa*, pp. 25–39, Orbis Books, Maryknoll, NY.

Egnew, T.R., 2005, 'The Meaning of Healing: Transcending Suffering', *Annals of Family Medicine* 3(3), 255–262, viewed 18 March 2009, from http://www.annfammed.org/cgi/content/full/3/3/255

Elverson, A.M., 1920, *A cast-away in Kavirondo*, Church Missionary Society, Salisbury.

Forde, D. (ed.), 1954, *African worlds: Studies in the cosmological ideas and social values of African peoples*, Oxford University Press, London. PMid:13163681, PMCid:2617465

Foster, G.M. 1976, 'Disease Etiologies in Non-Western Medical Systems', *American Anthropologist* 78, 777–782. http://dx.doi.org/10.1525/aa.1976.78.4.02a00030

Frame, J.E., [1912] 1960, *A critical and exegetical commentary on the epistle of St. Paul to the Thessalonians*, T&T Clark, Edinburgh.

Friends Africa Mission (FAM), n.d., *Twenty-five years in East Africa: A description of the field and work of Friends Africa Mission*, American Friends Board of Mission, Richmond, IN.

Gathogo, J.M., 2006, 'African Hospitality: Is it Compatible with the Ideal of Christ's Hospitality?', *Churchman* 120(1), 39–56.

Green, G.L., 2002, *The letters to the Thessalonians*, William B. Eerdmans, Grand Rapids, MI.

Griffin, G.M., 1978, *Death and the church: Problems and possibilities*, Dove Communications, East Malvern.

Gwele, M., 2005, 'Plural health systems and health seeking behaviour of Masangane clients', in J.R. Cochrane (ed.), *Let us embrace: The role and significance of a faith based initiative in HIV and AIDS work*, pp. 50–57, African Religious Health Assets Programme (ARHAP) Research Report: Masangane Case Study, Cape Town.

Halperin, H., 2005, *'I laugh so I won't cry': Kenya's women tell the stories of their lives*, Africa World Press, Trenton, NJ.

Hamilton, V.P., 1995, *The book of Genesis: Chapters 18–50*, William B. Eerdmans, Grand Rapids, MI.

Keener, G.S., 2003, *The gospel of John: A commentary*, vol. II, Hendrickson Publishers, Peabody, MA.

Kiriswa, B., 2002, *Pastoral counselling in Africa: An integrated model*, AMECEA Gaba, Eldoret.

Kübler-Ross, E., 1991, *On life after death*, Celestial Arts, Berkeley, CA. PMid:1945099

Lazarus, S., 2004, 'An exploration of how native American worldviews, including healing approaches, can contribute to and transform support services in education', research report for Fulbright Commission, South Africa National Research Foundation (Indigenous Knowledge Systems) and the University of the Western Cape, Cape Town.

Louw, D.J., 1998, *A pastoral hermeneutics of care and encounter: A theological design for a basic theory, anthropology, method and therapy*, Lux Verbi.BM, Cape Town.

Louw, D.J., 2008, *Cura vitae: Illness and the healing of life in pastoral care and counselling – A guide to caregivers*, Lux Verbi.BM, Wellington.

Magesa, L., 1997, *African Religion: The moral traditions of abundant life*, Paulines, Nairobi.

Magezi, V., 2006, 'Community Healing and the Role of Pastoral Care to the Ill and Suffering in Africa', *In Die Skriflig/In Luce Verbi* 40(3), 505–521. http://dx.doi.org/10.4102/ids.v40i3.356

Magezi, V., 2007, 'Pastoral Counselling: Towards a Diagnostic and Interpretational Approach in Africa', *In Die Skriflig/In Luce Verbi* 41(4), 655–672. http://dx.doi.org/10.4102/ids.v41i4.325

Malusu, J., 1978, *The Luyia way of death based on the Isukha people of Kakamega district*, Oxford University Press, Nairobi. http://dx.doi.org/10.4102/hts.v69i2.1285

Marshall, I.H., 1983, *1 and 2 Thessalonians*, William B. Eerdmans, Grand Rapids, MI.

Matsuda, M., 1984, 'Urbanization and Adaptation: A Reorganization Process of Social Relations Among the Maragoli Migrants in their Urban Colony, Kangemi, Nairobi, Kenya', *African Study Monographs* 5, 1–48.

Mbiti, J.S., 1969, *African religions and philosophy*, Heinemann Morrison & Gibb, London.

Mbiti, J.S., 1975, *Introduction to African religion*, Heinemann Educational Books, Nairobi.

Mbiti, J.S., 1991, *Introduction to African religion*, 2nd edn., Heinemann Whitstable Litho, London.

Mbogori, E.K., 2002, *Overcoming bereavement: The art of dealing with personal loss*, Faith Institute of Counselling, Nairobi.

Miller, W.R. & Jackson, K.A., 1995, *Practical psychology for pastors*, 2nd edn., Prentice-Hall, Upper Saddle River, NJ.

Mwaura, P.N., 2000, 'Healing as pastoral concern', in D.W. Waruta & H.W. Kinoti (eds.) *Pastoral counselling in African Christianity*, pp. 72–100, Acton, Nairobi.

Ncube, V.S., 2003, 'Responsibility in inculturation: The healing ministry in a Zulu context', in S.C. Bate (ed.), *Responsibility in a time of AIDS: A pastoral response by Catholic theologians and AIDS activists in Southern Africa*, pp. 78–115, Cluster, Pietermaritzburg.

Neil, W., 1950, *The epistle of Paul to the Thessalonians*, Hodder & Stoughton, London.

Nwachuku, D.N., 1992, 'The Christian widow in African culture', in M.A. Oduyoye & R.A. Kanyoro (eds.), *The will to arise: Women, tradition, and the church in Africa*, pp. 54–73, Orbis Books, Maryknoll, NY.

Oates, W.E., 1976, *Pastoral care and counselling in grief and separation*, Fortress Press, Philadelphia, PA.

Owuor, V.B., 2006, 'Resurrection hope in the African context: Challenging Luo beliefs and practices concerning death', MA dissertation, Faculty of Theology, North-West University.

Pickle, G.C., 1988, 'Theology and bereavement: A ministry to the bereaved', DMin thesis, Fuller Theological Seminary.

Reggy-Mamo, M.A., 1999, *Widows: The challenges and the choices*, Salamta Nairobi.

Shisanya, C., 1996, 'Death rituals: The case of the Abaluhyia of Western Kenya', in M. Kanyoro & N. Njoroge (eds.), *Groaning in faith: African women in the household of God*, pp. 186–194, Acton, Nairobi.

Sichula, O.P., 2007, Hospitality in urban Baptist congregations in Zambia and the role of pastoral ministry, MA dissertation in Pastoral Theology, Faculty of Theology, North-West University.

Simfukwe, J., 2006, 'Funeral and Burial Rites', in T. Adeyemo (ed.), *African Bible Commentary*, pp. 1462–1466, WordAlive, Nairobi.

Stott, N.C.H. & Finlay, I.G., 1984, *Care of the dying: A clinical handbook*, Churchill Livingstone, Edinburgh.

Von Rad, G., 1972, *Genesis*, rev. edn., transl. D.M.G. Stalker, SCM Press, London.

Wabukala, E. & Lemarquand, G., 2001, 'Cursed be everyone who hangs on a tree: Pastoral implications of Deuteronomy 21:22–23 and Galatians 3:13 in an African context', in G.O. West & M.W. Dube (eds.), *The Bible in Africa: Transactions, trajectories, and trends*, pp. 350–359, Brill Academic Publishers, Boston, MA.

Wagner, G., 1954, 'The Abaluyia of Kavirondo', in D. Forde (ed.), *African worlds: Studies in the cosmological ideas and social values of African peoples,* pp. 27–54, Oxford University Press, London.

Wako, D.M., 1954, *Akabaluyia bemumbo nende tsinjero tsia Abaluyia*, Kenya Literature Bureau, Nairobi.

Wako, D.M., [1954] 1985, *The western Abaluyia and their proverbs*, Kenya Literature Bureau, Nairobi.

Wambunya, T., 2005, *Luyia proverbs from Kisa, Marama, Tsotso and Wanga*, Luyia Publishing Company, London.

Wilkinson, J., 1980, *Health and healing: Studies in New Testament principles and practice*, The Handsel Press, Edinburgh.