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DEALING WITH GRIEF: A CASE STUDY OF A GRIEF
SITUATION IN BANSO BAPTIST HOSPITAL IN
CAMEROON.

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ABSTRACT

“Dealing with Grief: A case study of a grief situation in Bansa Baptist Hospital in Cameroon”, is an attempt to study the crisis of grief by using family that represents the grief situation in the hospital community. Particularly, the death related grief is one of the crisis faced by both patients and staff that call for good grief management. Since grief is a worldwide human experience and working through grief is one of life’s greatest challenges, it is imperative to offer effective Pastoral Care and Counselling. Therefore, this research is an attempt to examine grief, its effects on the victim, and then encourage constructive grief-management. Thus, the primary objective of this thesis is to motivate pastoral care-givers and counsellors to improve their skills so as to minister effectively and efficiently with the increasing grieving persons.

Chapter one which is like a foundation for the thesis contains the statement of the problem, statement of purpose, motivation for the study delimitation, research methodology, definition of terms and organization of the thesis. Chapter two treats the understanding of grief from other writers’ point of view. Grief is studied thus: Grief as a reaction to loss, separation anxiety, function of attachment and as a process. Chapter three employs a case study of a family that has suffered a series of death blows to illustrate the grief situation. It is analyzed socio-culturally, psychologically ecclesiologically and theologically. Chapter four focuses on the pastoral care approach to grief. Healing sustaining guiding reconciling and coping are treated as different means of care. Chapter five gives the conclusion closely followed by some suggestions

for a more effective ministry with the grief-sufferers.

Chapter 5

CONCLUSION AND RECOMMENDATIONS

Conclusion

Grief is considered in this thesis as a part of life, which no one can avoid or escape, and people do not grieve in the same way. Even though there are many factors that influence grief at Bansa Baptist Hospital, grief is on the increase as represented in the case study. The need to improve on the existing pastoral care team becomes an imperative to provide adequate pastoral care to the grieving. In order to minister effectively, the care-givers and the bereaved need to understand grief. The pastoral care approach in ministering to the bereaved could be more helpful because of the wholistic concern in the care.

There is a great value in understanding grief, and, this understanding will help the pastoral care-giver personally to prepare for grief before it comes. The care-giver will be better equipped to provide support for people who are grieving and not to accuse the grieving for lack of faith as some did to Pan and Tan. It will also help the bereaved to not let the grief become complicated by postponing, displacing and minimizing grief as some of the people were encouraging the bereaved to do. It is important for the general public to know what to say when and how during the bereavement.

The impact of grief like anticipatory, sudden and near-miss could account for Pan's and Tan's abnormal behaviour of sometimes moving, talking out of

recommendations may be good for a more effective pastoral care with those with grief.

Firstly, the writer recommends that the role of the hospital and chaplaincy be improved in their care of the grieving. They are primarily concerned with the provision of care to all who need it as an expression of Christian love with genuine compassion. The pastoral care team that is made up of the spiritual life committee, the hospital gospel team and the chaplaincy as well as many staff members counselled Pan and Tan in their grief. For this improvement to be effected the team members need to be trained to the level of being grief – management facilitators.

The team members should be assigned to each ward of the hospital to detect those who are grieving. The detected ones could be paired up according to their area of grief. For instance death related grief, amputee related grief, handicapped related grief stillbirth related grief etc. This pairing could be therapeutic because the discussion will validate each other's experience console and comfort each other, support each other, encourage each other and educate each other.

The team should follow – up her clients. Subsequent visit should be planned to follow – up Pan and Tan as well as other cases diagnosed. Some brochures on different aspects of grief should be written and handed out according to the need of the clients. These attempts will improve and intensify the hospital grief ministry among her clients.

Second, the church family was present with Pan and Tan during their sorrowful times. They gave their own counsel on grief to the couple. The hospital works in collaboration with the local church. At other times, the chaplaincy has referred some cases to the church for follow-up. Observing that some church members did good counselling and some did bad counselling, during Pan and Tan bereavement the writer feels that there is room for improvement. In order for more good counselling to be done, the writer recommends the following.

The church should prepare people for grief-especially when it is anticipatory grief. When death is expected, the church, in general should prepare those who will experience the loss as much as possible before it occurs. This could be through individual counselling, preaching or teaching sessions. Pan and Tan admitted that they did not receive enough preparations in this area especially as they sat for long by their dying children.

It could also be helpful for the church to train a lay pastoral ministry team to focus on the church's grief ministry. She could request for trainers from the hospital. When the pastoral grief ministers are in place, they could form the grief-support teams. They could meet according to the following groups: men's group, women's group, youth's group and children's group. There should always be a trained group facilitator. In this way no one will be left without being ministered to as the orphans were left out in Pan and Tan's case. It is important for the church to

ensure affective supervision, accountability and continuing education as this ministry is carried out.

Third, the hospital chaplain has direct dealings with the entire community despite their religious and family differences. The hospital has been carrying on health care meetings with them effectively. The cultural group and other social clubs that came to condole with Pan and Tan are of this community. In this wise, the writer recommends that:

The grief education forum be created during their monthly meeting so that basic information regarding dying, death and grief can be shared for effective grieving. Some of the wrong ways of grief management can be discarded. For instance, during Pan and Tan bereavement, they brought alcoholic drink as a cultural gift. The alcoholic drink was used as a sedative. It blunts the emotions and prevents the individuals from seeing the reality of his situation, which is wrong grief-management. All deaths have causes and effects according to the culture. All the accusation on the bereaved for having killed the deceased does not help in the grief process. The grieving cases diagnosed should be sent to the hospital for effective counselling and possibly assigned to a support group.

Fourth, if Pan and Tan are to have complete healing from their grief, they have to know that no body does the grieving for another person. They must see that their grief is properly handled for the good of their health. For this reason, the writer strongly recommends that:

