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Cultural and Pastoral Care Response in Treating Mental Illness

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Abstract: The title of this study is "Cultural and Pastoral Care Response in Treating Mental Illness". This study examines mental illness as a crisis that requires pastoral care response. It also aims to educate pastors and churches on the need to care for the mentally ill person and their families. This paper will portray the extent to which cultural and pastoral care treatment will help to solve the issue of the present crisis of mental illness in the society. Statement of the problem: A mental ill person is becoming difficult to care for due to non-availability of governmental resources and facilities in the hospital. The families of the mentally ill are unable to care for them because of lack of financial accessibility and limited psychiatric hospitals in the state. For then not to be harmful to the populace, the family prefer to take their disturbed loved ones either to the church or traditional herbal home for affordable treatment. Methodology: due to the essential nature of this work, the researcher will use primary, secondary and internet sources.

Keywords: Cultural, Pastoral, Care Response, Mental, Illness.

INTRODUCTION

Recent experience of the researcher with a church member who suffered from mental illness is a motivation for this study. The woman was a member of a local Baptist church. She left the church for a spiritual church where she became close to the spiritualist and got involved in some of the spiritual activities in the church and outside the church. The spiritualist instructed her not to use the spiritual power either to open her church or to use it outside her knowledge. Unfortunately, she failed to follow the instructions strictly and that led to her mental illness till date. As a pastoral caregiver, the researcher observed that the patient was not adequately taken care of to the extent that she now destroys household properties.

Mental illness is common in society and there is a great deal of controversy about what mental illness is, what causes it, and how people can be helped to recover. People with mental illness can experience problems in the way they think, feel or behave. This can significantly affect their relationships, their work, and their quality of life. Having a mental illness is difficult, not only for the person, concerned, but also for their families and friends. Mental illness is associated with personality, society, church, and family problems.

Having a family member with a mental illness can be very stressful because of the crisis nature of the illness. Whether the ill person is a son, daughter, husband, wife, brother or sister, one will be affected by their illness too. One might think that people with psychiatric disability, living in a society that widely endorses stigmatizing ideas, will internalize these ideas and believe that they are less valued because of their psychiatric disorder. In World Health Organization (WHO, 2009) report, the social impact of mental disability is diverse and far-reaching, leading to homelessness, higher rates of imprisonment, lack of educational opportunities and poor educational outcomes, lack of employment and income-generating opportunities.

The economic impact of mental illness is wide ranging, long lasting and huge. These disorders impose a range of costs on individuals, families and communities as a whole. Part of this economic burden is obvious and measurable, while part is almost impossible to measure. Among the measurable components of the economic burden are health and social service needs, lost employment and reduced productivity, impact on families and caregivers, levels of crime and public safety, and the negative impact of premature mortality (WHO, 2009). According to (Hunter, 1999), pastoral care usually refers, in a broad and inclusive way, to all pastoral work concerned with the support and nurturance of persons and interpersonal relationships, including everyday expression of care and concern that may occur in the midst of various pasturing activities and relationships.

The medic had at a seminar organized for primary healthcare professionals disclosed that mental illness patients at his hospital increased from 28,000 in 2009 to 42,000 in 2010. If the statistics reflect the situation in other psychiatric hospitals in the country, then the nation has an enormous health problem to contend with. Those in charge of mental health in the country should do something to address the disturbing phenomenon. The World Health Organization (WHO)

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has stated that about 75 percent of people suffering from mental disorders in the developing world do not receive treatment or care. About 90 percent of those suffering from mental illness in the country do not have access to treatment. The 2008 figure of the World Federation of Mental Health (WFMH) showed that mental disorders affect nearly 12 percent of the world`s population. According to the Federation, about 450 million or one out of every four persons around the world is likely to experience a mental illness that would require diagnosis and treatment (Adegboyega, 2011).

According to the World Health Organisation, mental illness affects nearly half the population worldwide, and it refers to a broad array of activities directly or indirectly related to the mental well-being component, which includes "a state of complete physical, mental and social well-being, and not merely the absence of disease." It is related to the promotion of well-being, the prevention of mental disorders, and the treatment and rehabilitation of people affected by mental disorders (Aderele, 2011).

Furthermore, (Aderele, 2011), quoting WHO says, globally, more than 450 million people suffer from mental disorders, WHO Fact Sheet says; and many more have mental problems. Being a condition that is determined by socio-economic, biological and environmental factors, experts say that mental health is an integral part of health, making them conclude that there is no health without mental health. While there are effective treatments for many health conditions, including mental health issues, WHO Mental Health Gap Action Programme (mhGAP) indicates that in the developing countries, of which Nigeria is one, between 76.3 percent and 85.4 percent of people with serious mental cases have received no treatment in the prior 12 months compared to what obtains in developed countries where between 35.5 percent and 50.3 percent of those in need of attention have received such within the same period.

Cultural Respose to Mental Illness

Beliefs regarding the causes of mental disorders vary from one culture to another. They vary according to an individual's level of education, socio economic class and cultural sensitivity. In less educated individuals, there exist a number of supernatural explanations for mental illness, including spirit possession, witchcraft, ancestors and cultural taboos. The blending of many different beliefs, values and traditions has molded Nigerian thought with regard to mental illness. Two concepts are fundamental to the Nigerian perception of mental illness. These are 'curses' or ancestors and 'witchcraft'. In a country where much of the population lives under the poverty line, suffering is everywhere. The Nigerian perception of mental illness explains each individual's misfortune by linking it to misdeeds committed in a previous life. A person afflicted with mental illness is inheriting punishment for his own previous sins or for the sins of his entire family, while simultaneously penalizing the family with his dysfunctional behaviour. Another supposed cause of insanity is possession by angry ancestral spirits. Families avoid offending their ancestors for fear of the consequences (Abiodun, 2011).

According to (Augsburger, 1986), in African culture, the reality lies in the realm of the soul and not in that of internal or external things. Reality lies, not in the relationship between man and things, but in that of men with the spirits. The phenomena of possession, spells, amulets, shaman`s incantations, and voodoo rituals are central issues of concern for the pastoral counselors because they deal with what is powerful, what is sacred and what is real to the counselee. According to (Lambo, 1955), "among Africans, a complex of factors including microbes, germs and infections or hereditary factors, psychological, medical, spiritual mystical, socio-environmental and cultural variables are responsible for ailments". This implies that a consideration of all possible causative factors is necessary when treating illnesses; the physical, socio spiritual and mental conditions are taken into account while treating an ailing individual. He further observed that, while working with tribal societies in three continents, I have had the experience that friendly contacts and monitoring collaboration with traditional practitioners who have an established role in their community is more beneficial to the patient than ignoring or condemning them. Such collaboration becomes a necessity in the planning of comprehensive primary health and mental health care in a developing country with limited professional manpower resources.

CROSS-CULTURAL TREATMENT OF THE MENTALLY ILL

Shamans and Other Curers

In the context of ethno psychiatry, for treatment of mental illnesses, a number of curers were identified. The types of curers found in a particular society, and the curing acts in which they engage, stem logically from the etiologist that are recognized. Personalistic systems, with multiple levels of causation, logically require curers with supernatural and or magical skills, because the primary concern of the patient and his family is not the immediate cause of illness, but rather "Who?" and "Why?" (Gadit, 1995)

The shaman, with his supernatural powers, and direct contact with the spirit world, and the "witch doctor", with his magical powers, both of whom are primarily concerned with finding out who, and why, are the logical responses in personalistic, multiple causality and etiological systems. After the who and why have been determined, treatment for the immediate cause may be administered by the same person, or the task may be turned over to a lesser curer, perhaps a herbalist.

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Traditional Healing

Gadit opined that "Apart from using herbs, some healers understand the importance of rehabilitation for psychiatric patients". The Kenyan healer interviewed by a researcher stated that in most cases the patients worked for him: "After a week some recover; then I do not let them stay idle. They cultivate, fetch water, I send them to the market and to the flour mill, and they cut grass in the compound". They carry out these jobs until they are released to go home. He is reported as being quite careful in the way he allocates jobs to his patients, and he would not send a patient to cultivate or to the market unless he was sure the patient was well enough for these tasks.

A similar account is given by another researcher of a traditional healer in Nigeria. He found that acutely excited patients were restrained by the use of chains, but these were used on individual patients for no more than two weeks. By the end of this period, their excitement was usually controlled by herbal preparations, including rauwolfia serpentine. During the whole period of treatment, attention was paid to the patients' psychological needs, and as they recovered they were progressively involved in increasing amounts of work in and around the healer's compound. This study demonstrates the eclecticism of some traditional healers, who initiate integrated programs of pharmacological, psychological, and social treatments, an approach which is widely acknowledged to characterize the Western psychiatry.

Water as a cleansing agent is, of course, a component of many rituals, but has a special place in the transfer of spirits causing illness. A ceremony marking the recovery from psychosis is performed by the native healers of the Yoruba in Nigeria. The patient is dressed in a new white cloth and has his head shaved while standing waist-deep in a swiftly flowing river. (Gadit, 1995).Three doves are used as living sponges to wash away the evil from the patient. They are then either drowned or decapitated and their bodies flung downstream. The patient takes off his white wrapper, which also floats away. The devil is borne away by the river on the bodies of the doves and on the white cloth, and any one touching them will contract the illness.

Spiritualist

The spiritualist healer is believed to be an instrument of the healing act of a spirit, frequently of a deceased doctor. The healer usually becomes aware of possession by a tingling sensation in his fingertips. When this occurs, the healer places his hands on that part of the patient's body to which he is guided by the spirit. Hence, there is a diagnostic as well as a therapeutic skill being exercised. The patient feels an intense heat emanating from the healer's hands and penetrating his body. The healer usually strokes the patient's body, and sometimes shakes hands after each stroke, symbolically discarding the sickness that has been drawn out of the patient.

(Gadit, 1995) There is a bowl of water by the healer's side in which he washes his hands after the spiritual healing of each patient. Reference has been made to the use of water in traditional exorcism rituals to wash away the evil spirits. In modern spiritualism, we can identify elements common to the traditional healing techniques described above. In particular, we note the combination of the extraction of illness by physical contact with the healer and the use of spirit possession for diagnosis and healing. Like many traditional healers, the spiritualist aims to locate the sources of tension in a person's social relationships as these might be responsible for the lack of physical well-being.

Extraction and Exorcis

(Gadit, 1995) stated that in many traditional cultures, illness is conceptualized in a concrete way as an external object which has intruded into the body. Such alien objects do not merely cause the illness, they are the illness. Thus, the healing procedure consists of removal of the offending substance, which may be either inanimate or animate, from the sufferer's body. The techniques described above exemplify the most concrete form of extraction of illness. The next step in extraction involves the transfer of an invisible illness principle from the subject to an external inanimate object. In these cases, the illness is ascribed to harmful spirits who have to be lured from the sufferer's body. The names of spirits are called out during this procedure and the patient is asked to pray with the healer. The rice-ball is then thrown away, indicating that the spirits have departed.

The native healer commands or beseeches the spirit causing the madness to leave the patient and enter into an animal. The patient's head is commonly the focus of activities aimed at extracting the spirit. When this has been achieved, the animal is either killed, presumably putting an end to the spirit, or driven off with precautions ensuring that it will not return. An additional feature is the use of water to cleanse the patient of evil, and sometimes the introduction of flowing water to carry the spirits away forever, since rivers never run backwards (www.jpma.org.pk).

Possession and Divination

Possession states are commonly entered into by the traditional healer as a technique either to determine the causes of illness or to heal the sick. The diagnostic powers of the possessed healer are presumably strengthened by the spirit that has entered him or her. Frequently, the healer's behaviour changes as he or she becomes possessed and appears to be under the control of a greater force than his or her own will. A dramatic manifestation of this is a change in the quality of the voice, and often in the content of speech which

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sounds like some strange tongue. Healers who "speak in tongues" in this way usually have a trained interpreter standing by to convey the meaning of their utterances to the audience (Gadit, 1995).

Pastoral Care as Relevant Tool for Caregiving in Mental Illness

The pastoral care approach to the mentally ill deals squarely with the pastor as a counselor. There is the need here to clearly define what pastoral counselling is all about. According to (Adams, 1973), pastoral counseling is a special, but not separate, area of pastoral activities indeed, biblically it is close to the heart of shepherding. It involves the extension of help to wandering torn, defeated, dispirited sheep who need the restoring mentioned in Psalm 23:3 "He restores my soul". Pastoral counselling here is seen as bringing wholeness, restoration and nurturing to people in times of crisis.

According to (Beck, 1999) there are four major functions of historic pastoral care which are healing, sustaining guiding or educating and reconciling". From these four functions, the pastor‟s role as a counselor and referral which is also part of counselling skill will be examined, each of these is enumerated below;

The Pastor's Role of Referral

Part of pastoral ministry in counselling is done through referral. Even though the strength of referral is being exploited for effectiveness and solution to many problems in other fields and professions, like medicine, law, engineering, etc., many pastoral caregivers are still not making use of this great opportunity in many cases and situations they ought to have been doing so.

(Collins, 2007) opined that, there are times when even the most experienced counselors refer their counselees to someone else whose training, expertise, and availability can be of special assistance. Referral does not mean that the original counselor is incompetent or trying to get rid of a difficult counselee". (Collins, 2007), further states that in crisis counseling there will be times when the intervention procedures fail to work effectively, despite the best efforts of the counselor. It is then that referral may be the best option for help". (Collins, 2007:755) observed that, at times referring may be the best way to get the most competent help for a counselee in crisis, especially if the person needs the special guidance and expertise that another helper is better able to provide". (Collins, 2007) concluded that referral is an acknowledgment that no one person has the time, stamina, emotional stability, knowledge, skill, or experience to help everyone. In general, we should refer whenever a counsellor does not appear to be improving or when we are stuck and not sure of what to do next".

Referring a counselee could help to save the counselee‟s life than keeping him as he or she may eventually die in the process as a result of delay on the part of the counselor. Referring does not mean that you, as a counselor are incompetent or the counselor, does not know what to do with the counselee. Referring is an approach to save the counselee from further destruction.

According to (Oyedele, 2011) referral is another essential skill in pastoral counseling. It is an indispensable skill for all pastoral counselors. No ministers know all. We need the assistance of other agencies, professional and private practitioners". There is no one way in counseling. Involving the help or assistance of other professionals in that field is good. (Oyedele, 2011) further states that, when a counselee brings to the pastoral counselor a problem that is especially in the exclusive domain of another professional such as a psychiatrist, a medical doctor, a midwife, an educationist, a dentist, government agency, school guidance counselor, suicide and drug prevention specialists, child welfare specialist, legal aid council etc. the client should be referred".

(Ogundapo, 1998) view on the ministry of referral stresses the need for the training of a local church pastor to know that there can be limits to the areas in which he or she can minister. To him, referral is not to be seen as a weakness on the side of the pastor. The focus is that the client gets the best care available". In referral, a team approach is used by taking a broader look at their problems. It is not just a shifting of responsibility on the side of the pastoral caregiver (Ogundapo, 1998). The question of when to engage in referral cannot easily be answered. The situation of the client, the caregiver's personal assessment of himself vis-à-vis the client's situation, whether or not the counselor has enough time, enough skill or experience and enough emotional stability to cope with a particular situation, should be taken into cognizance.

With what has been observed above, the researcher believes that there are enough justified reasons why referral is very much relevant in the counseling pastoral approach to the mentally ill. It is a worthwhile phenomenon and very vital for a successful counselor. Care must; however, be taken before one makes a referral as a pastoral caregiver. On this, (Adams, 1973) opined that:

> "Counseling is a work that every minister may, indeed must, perform as a faithful servant of Jesus Christ. He must plan to do counseling, learn how to do counseling and must make himself available for counseling. Referral, except to another faithful shepherd, is out of the question. Better than referral is personal growth of the pastor through discovering and ministering God's answer to the problems encountered in pastoral counseling".

It is important to note that a pastor needs to position himself or herself under God by receiving

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adequate training to be able to minister effectively in counseling. This will make him or her do less referral. To Adams, when the pastor does not have any idea on an issue and he does not know what to do next, he may confess and ask for more time to think and pray about it. Secondly, he should search the scripture to discover God's answer. Thirdly, he can search other books, discuss with pastors, and so on. Referral is the last option.

(Adams, 1973), concluded on the referral issue by giving advice on steps or methods to take while engaging in it as a pastoral caregiver. He counseled that the pastor must be with the counselor during the sessions because of these reasons". To protect him or her from wrong or harmful doctrine and advice, (2) To maintain continued care over him during the period, (3) To learn how to handle cases better. The pastor must not relinquish his own shepherd care and concern for his members (Jn.10:4, 5) (Adams 17).

The Pastor's Approach of Healing

Without ailment or sickness, there can be no need for healing; Jesus Christ emphasized this much when he emphatically responded to the scribes and the Pharisees who accused him of mingling with sinners and tax collectors. Jesus said proverbially, "Those who are well have no need of a physician…" (Mark 2:17a). On this note, (Campbell 1990:828) opined that "healing is offered by the pastor as a feature of this image of tenderness toward the weak and the wounded (Isaiah 40:11; Ezek. 34:14) and it even involves the pastoral caregiver's self-sacrifice to save those being cared for. (Jn.70:15)". (Campbell, 1990) further emphasized that in Revelation both the shepherd and the sacrificial lamb are one (Rev 7:17) and that Christ's image is portrayed in the passion narratives as that of a suffering servant (Isa53:5) "whose vulnerability saves others when he cannot save himself Lk.23:35. The import of Campbell's teaching as understood by this writer is that in bringing healing to the sick and giving strength to the weak, the pastor should empathize with them and be careful of what he says, what he does and his total comportment. He must be of good conduct as he gives counsel to the people.

The concepts of healing and health according to (R.H. Hurding 1990) "refer to the bringing of wholeness and soundness to any or every aspect of human life". (Hurding, 1990) emphasized three kinds of healing that is, natural (through the body's intrinsic environment resources), medical (through preventive and therapeutic action), and miraculous (through spectacular divine intervention which sets aside or speeds up natural and medical processes). (Hurding, 1990) however emphasized another kind of healing, "inner healing" which is used where the focus of restoration is on past psychological and emotional damage, both known and hidden." Harding's conclusion is "in all these phenomena, God is the source of healing." The concern of this writer is actually on the last king of healing, the inner healing involving human emotion and psyche. People are emotionally and psychologically disturbed or affected during crises of life such as bereavement, loss of Job, sicknesses, barrenness, etc., and are thereby in need of healing.

Healing is also seen as a pastoral care function that aims at bringing about wholeness in the client to enhance the original situation. It is to bring about restoration and to assist the person in crisis to advance beyond the restored original situation to a better one (Whitlock, 1970). After an encounter with the pastor as a trained counselor, the condition of the client on any issue must not remain the same in a normal situation. All pastoral caregivers must be mindful of this.

(Oyedele, 2011) stated that, healing is a pastoral function that aims to overcome some impairment by restoring a person to wholeness and by leading him or her to advance beyond his or her previous condition". (Oyedele, 2011) observed that the wholeness which pastoral healing seeks to achieve is, therefore, not sample restoration of circumstances that prevailed before impairment began. Rather, when mending a restoration that takes place under Christian pastoral care, it is hoped that the troubled person will become integrated on a higher spiritual level than he has previously experienced". (Oyedele, 2011) further stated that pastoral prayer is considered very relevant to healing. A dramatic aspect of pastoral healing is that of deliverance otherwise known as exorcism. Jesus Himself engaged in deliverance ministry (Luke 4:8-19; 13:10-13; Matt. 4:23 ;). Healing has been a very complex function which includes exorcism, magic, witchcraft, medicine, psychiatry".

According to (Ayandokun, 2010) there are different dimensions; it may be physical, emotional, or spiritual. Some people's ailments can be traced to emotional problems such as stress, which weakens the body. This can lead to headache, dizziness, and body pain, loss of appetite, hypertension, insomnia (sleeplessness), stroke, and heart ailments".

The Pastor's Approach of Sustaining

To sustain in this context means "to provide for or give support to, especially by supplying necessities, to keep up the vitality or courage of" (Collins English Dictionary, 1543) The pastoral caregiver's sustaining function consists of supporting the person in crisis, to endure and to transcend a circumstance in which restoration to his or her former condition or recuperation from his or her malady is either impossible or so remote as to seem improbable (Davis, 1985). The understanding of Davis‟ assertion here is that there are problems people will have to live with all their life. There is and there should be no expectation that the problems will just go like that, except a miracle happens. For example, the presence of

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a disabled child in a family or a case of loss of one's sight or limbs etc. (Oates, 1990) opined that "one of the lessons learnt from the combat study of stress is that it can be borne more and more if it can be borne with greater equanimity, if the person knows when it will be over. With no end in sight, the grief becomes a perpetual or chronic sorrow". All that the pastoral caregiver does in this situation is to offer the ministry of presence to the sufferers by encouraging them from time to time, probably giving them hope because no condition is actually with "no end in sight" (as Oates stated) when God is involved.

(Whitlock, 1970) further explained the function of sustaining as also involving preservation of a present adjustment and holding of the line against health and wholeness of the individual, consolation for a tragedy which has happened; and regrouping of mobilization of available emotional resources in which the individual gathers himself again, and redemption involving a rebuilding of life that will bring fulfilment to the person. People who are whole need to be sustained in the face of an unexpected threat to their health. They also need to be helped in such a way that they will be able to cope with their experience.

Oyedele, 2011) opined that sustaining is a pastoral care function given to persons when healing is not forthcoming. It is helping courageously and creatively to endure and transcend difficult situations". Oyedele observes that sustaining ministry is based upon the fact that even when circumstances destroy life beyond destruction, there still lies man's fulfilment. Oyedele further states that pastoral sustaining can be in a fourfold task of helping persons troubled by an overwhelming sense of loss.

- Preservation: This first task seeks to maintain troubled person's situation with a little loss possible.
- Consolation: This function offers this consolation that actual loss could not nullify the person's opportunity to achieve his destiny under God
- Consolidation: Consolidation of the remaining resources available to the sufferer built a platform from which to face up to a deprived life
- Redemption: the pastoral function sustaining helps a deprived person who has embraced his loss and regrouped his remaining resources, to begin to build an on-going life that once basic (36).

The Pastoral Approach of Guiding

This aspect of pastoral caregiver's function is prominent in both the Old and New Testaments. (Campbell, 1990) opines that shepherding in the poor pasture land of Palestine was an arduous and dangerous task. The shepherd walked at the head of the flock seeking and guarding it to good grazing, water and shade, and watching out for wild beasts and robbers. As risky as this job was, "death may lurk in the shadows of valleys (Ps. 23:4) and stragglers must be restored to the flock (Mt.18:12)" (Campbell, 1990). Despite his dangerous situation, the shepherd is said to be "courageous and tough (see David's boasting in 1 Sam. 17:34-37), not always trustworthy, especially if only a hired hand (John 10:13), perhaps more like cowboy leadership is applied chiefly to God or to God's chosen One (Ps. 23; Isa. 40:11; Ezek. 34; Mt. 18:12-14; Jn. 10:1-16; Heb. 13:20; Rev. 7:17, only rarely leaders in the congregation (Act 20:28; Eph. 4:11; Ref 5:2).

The pastoral caregiver should be wary of imposing himself on his client because "guiding is not to be coercive but rather it is to be educative and should proceed through the evoking and leading out of the inner feeling and understanding of the person seeking counsel (Derek Tidball 227). The expected result and the purpose of pastoral care and counseling can be defeated whenever a pastoral caregiver engages in coercion. So, it must be totally ignored.

The Pastoral Approach of Reconciling

(Burck, 1990) opinion on reconciling is very important to this writer. To him (Burck), reconciling is the "pastoral acts that call back together the estranged" (Burck, 1047). In its broad usage, reconciling is seen as the establishment of harmony with one's world, one's destiny, or oneself. In pastoral theology, it is the reestablishment of broken relationships with others, including God. (107). (Clebsch and Jackle) see reconciling as the most promising pastoral function when compared with others that is, healing, sustaining and guiding". However, Burck concludes that reconciling operates through both forgiveness and discipline: forgiveness, which restores relationship through proclamation, confession, absolution, and the like, and discipline which reviews behavior and places persons in situations that can lead to restored relationships. This writer believes that reconciling should begin with God so that other aspects of it (with oneself and others) may be made easy. The one who has not reconciled with God may find it difficult to engage in reconciling with him or others. The one who is best positioned to help do this is the pastoral caregiver.

(Alstair Redfern, 2001) reconciling goes beyond making a whole by bringing together and making peace among estranged people or parties. The church's concern is not just what it involves but how it begins, because while we were yet sinners, God reconciled us to Himself (Rom. 5:12. (301). Christian's theology views reconciliation as atonement through the death and resurrection of Jesus. Reconciliation, therefore, is about human oneness in God, in a common spirit in God, in a common creator, sustainer, and redeemer. This oneness with God may not be appreciated or be constructed in human terms, but it (reconciliation) is a gift which is to be received and owned, not made and measured by human endeavor (301). The researcher agreed with Redfern, but he is not to be understood as saying that man is not relevant in

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reconciling people with God. The idea is that the pastoral caregiver must recognize God's presence as he seeks to engage himself in this task of bringing wholeness to man as he is reconciled with God.

CONCLUSION

Having a family member with a mental illness can be very stressful whether the ill person is a son, daughter, husband, wife, brother or sister. One will be affected by their illness. Mentally ill people are not to be abandoned by churches and traditionalist individuals should care for them. The ministry of Jesus also includes the mentally ill people. Churches are to be caring and committed financially, materially, prayerfully and so on to their ministerial challenge in order to contribute to their wholeness, either in the church or outside the church.

Churches and traditional homes that see all mental illness as a spiritual problem are contributing positively to the well-being of the mentally ill people, their relation and the society. Some that are not spiritual should be taken to the psychiatric hospital for proper treatment. Even the spiritual ones should as well be taken to psychiatric hospital for check-up. It should therefore be noted that physical and spiritual treatment will complement each other.

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