

PASTORAL CARE OF BEREAVED WOMEN IN NNEWI DIOCESE, NIGERIA

Pastoral Care of Bereaved Women in Nnewi Diocese, Nigeria:

An In-depth Interview Qualitative Case Study of Nnewi

Diocesan Women in the South-Eastern Nigeria

BY

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**Key Words:** Bereaved women, pastoral care, care giving, spiritual & financial support, impact of loss.



## **DEDICATION**

This work is dedicated to the memory of my parents Josephine Ibeh (1937 – 2002),  
Denis Ibeh (1928 – 2019), and my sister, Theresa Ijeoma Ibeh (1972 - 1981).

Their deaths have created major and ongoing changes in our family's  
life and in the development of my own response to human grief.

### **Abstract**

Bereavement in the context of this project referred to the period of mourning and grief following the death of a beloved person. It is a process that includes going through several stages of grief. The six bereaved women (BW) of our study, while battling grief amidst spiritual, financial/material, emotional, cultural, and social needs, found themselves unavoidably triangulated to take care of their children by becoming the breadwinners of their homes. The aim of the study was to evaluate the pastoral care of the BW of the Nnewi diocese, Nigeria. The choice of the bereaved women for the study was deliberate because women are at the center of bereavement in their various homes. The study therefore, posed the question, if women are the principal caregivers when death occurs around them, who takes care of them? The study drew its conclusions from in-depth interviews with six Catholic BW. It utilized a qualitative, phenomenological methodology. The collected data were transcribed from the audio, coded, categories were organized, and the themes were developed out of the codes and categories. The theological concepts and the clinical principles provided concrete materials that BW used as coping images. The findings of the research revealed how BW value their Catholic faith and priests' visits. It further showed that participants were overpowered by grief and that Catholic Women Organization's dues and levies led to the abandonment of faith by members. Finally, it revealed that cultural practices infringed on BW's rights. This researcher used what the BW shared to recommend to the Nnewi diocese that BW would like to be listened to, understood, supported, and not judged, stigmatized, traumatized or marginalized.

“That which is life-giving should be treasured but what oppresses and dehumanizes women must be transformed or destroyed.”

- Fiorenza, S., 2001, 169.

## CHAPTER 1

### OVERVIEW OF THE STUDY

#### **Statement of the Problem Addressed by the Project**

During his public ministry, Jesus demonstrated His interest in the sick, the bereaved, and the oppressed. Today, in the midst of their suffering due to the loss of their loved one, bereaved women (hereinafter known as “BW”) in the Nnewi Diocese in Nigeria are familiar with the concerns of Jesus and the Church. Jesus’ concern remains strong among His followers, even centuries after death. Just like her Lord and master, the Church continues to care for the sick, the bereaved, and all those who are suffering. All people need our sacrifices and our care. This author contends that the sick, bereaved and troubled do indeed crave our sacrifices the most, with a focus on the BW of the Nnewi Diocese.

Some time ago, I visited a beneficiary of mine, a distant relative, who had left the Catholic Church to join the Pentecostals. When I heard that she (whose children had for years benefited from my scholarship program for the needy) had left the Catholic Church for the Pentecostal assemblies, I decided to pay her and her family a visit.

Her name is Ogochukwu and she is a widow with eight children. When I visited them, I was touched by her condition—a problem with one of her legs—which required crutches. Her children looked emaciated as well. That prompted me to ask her how she managed to take care of her family. She said, “you should thank the Lord Jesus for me because Jesus is helping me through a Pentecostal Church that I started attending recently.” She told me that the Pentecostal Church had not only been supportive but had been providing her with food items and money every month. She maintained that this was the major reason she stopped attending the Catholic Church, since she had not received any form of support or pastoral care from her Church family.

She was further dismayed by the lack of any form of a pastoral visitation since the funeral/burial of her late husband, neither from their parish priest nor any other religious group from her Church family—not even the Catholic Women Organization<sup>1</sup> (hereinafter known as the CWO) that she had both served and paid all her dues to—cared to visit her. She therefore emphasized that she would not be going back to the Catholic Church.

This encounter motivated me to do this research so that, through this investigator's findings and suggestions, this investigator could mitigate against the loss of any more members of the Church. Having served as a pastor of some Churches in the Catholic diocese of Nnewi for over nine years, this investigator worked assiduously to be present for the sick. This investigator thought that he was offering excellent pastoral care of the sick and the bereaved; throughout sickness, funerals and/or mourning periods. But, since this investigator started working here in the United States, both in hospitals and parishes, he has learned of aspects of American pastoral ministry that could be helpful to Nigerian BW who presently need more of such help than they are receiving. Through my American work, I have discovered gaps in the model of the care of the sick used in Nigeria that I hope will benefit other pastors who serve bereaved Nigerian women in the future. Thus, this investigator has realized the need to improve the pastoral care of those who are seriously suffering in Nigeria, particularly among women. It has been the experience of this investigator during the period of his years of pastoral work at two Churches in Nigeria, that women were at the center of every loss in their families. As Monica McGoldrick et al. (2016) succinctly write,

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<sup>1</sup> CWO is a national body that unites all Catholic Women. It has its diocesan, regional, deanery and parish subgroups. It is a very powerful group that is recognized both by the Church and government. It has rights and privileges, and it is always the mouth-piece of women's groups in the Church and society in general.

Women are often left alone to deal with the sorrow of losses in a family. Men are more likely to withdraw, take refuge in their work, and to be uncomfortable with women's expression of grief, not knowing how to respond and fearful of losing control of their own feelings. Women may perceive their husband's emotional unavailability as a double loss—abandonment when they need comfort most. (p. 59)

For this investigator, who hails from Oraifite in the Nnewi diocese, the experience of the BW in this diocese suggests they are indeed at the center of bereavement in their families. When this investigator's younger sister died at the age of eight, it was my mother who was at the hospital with her when she passed on. Emotionally, it was like heaven had fallen. This investigator thought she would not survive the distress of that loss. Yet, even in that condition, it was she who looked after everyone, including my dad, making sure that everyone was nourished and stayed healthy.

In addition, BW are forced to continue their responsibilities as the family's primary breadwinners and caregivers to their offspring, depending on who has died. Visiting with them and listening to their experiences has provided me with an intensive understanding of how they experienced the Catholic Church in the bereavement process.

This project was designed to research the phenomenon of BW in the Nnewi diocese through qualitative, in-depth interviewing. The suggestions at the conclusion of this study will help to improve the region's pastoral care of the sick and the bereaved. This project will be limited to the spiritual, emotional, financial, and social support which the sick and bereaved earnestly need from the chaplain/pastor/caregiver, from the Catholic Church itself and organizations within the Church.

The suffering examined in this project resulted from the lack or inconsistency of basic pastoral care in the parishes and hospitals in the Nnewi diocese. As a young diocese of only nineteen years, the Nnewi diocese is still developing and taking root. From my personal experience as a pastor in Nigeria, professional spiritual assessment of the sick was certainly lacking. This was also true of the bereaved. Consequently, it was difficult to determine the spiritual needs of the patients and their family members. Of course, when the pastoral care providers do not understand the spiritual needs of the sick and their families, how can it be feasible for them to offer proper care and support for their patients?

Within these circumstances, through in-depth interviewing, this investigator discovered that some sick people who are home-bound or in the hospitals did not receive any form of pastoral care during the period of their sickness prior to death. Is this not heartbreaking? This investigator's father complained of neither being visited nor given the Eucharist by a chaplain or priest for a whole week of hospitalization in our diocesan hospital. Thank God he came back home healed. Such pious parishioners expect Eucharist or spiritual support when facing death. What impact would that have had on an entire family's spiritual life, let alone my father's eternal life?

The suffering of BW is largely due to the absence of continuous pastoral care throughout the diocese. More often than not, this suffering is experienced more in Church communities where, surprisingly, there is no pastoral care. But it is the position of this investigator that the pastoral care of the sick and the bereaved should be universally and consistently applied to those women in need. It was the experiences that BW courageously shared that helped this researcher to determine the critical need for an urgent consideration of Clinical Pastoral Education (hereinafter known as CPE) in the training of seminarians before they become priests. Were this

to occur, the sick as well as the bereaved would not only be better supported and cared for by the diocese but this support would in fact benefit all people.

Here in the United States, we have well-developed training for pastoral agents who function as hospital chaplains. The American Bishops' Conference has concluded that CPE is so important in the training of Roman Catholic priests, they have incorporated it into the academic curriculum of seminarians who are under formation to become priests.<sup>2</sup> This important program is lacking in Nigerian seminary training. However, the absence of common action by the Bishops' Conference of Nigeria does not hinder the individual diocese from taking actions themselves. For instance, statistics show that this investigator's home diocese should be able to organize and equip her seminarians with this important education. This would empower priests—the major agents of pastoral care—to understand exactly what pastoral care entails and how to make proper pastoral intervention in times of illness and grief.

In the United States, before one becomes a hospital chaplain, he/she would first have an extended training in CPE comprising four units of training. Each unit consists of 400 hours of instruction, visitation, and group work. After the chaplain successfully completes four units of CPE, he/she can then apply to become a Board Certified Chaplain. Such is not the case at home in Nigeria. The absence of CPE training creates a huge vacuum regarding professional pastoral care in both hospitals and parishes. Even though some Catholic hospitals currently employ a few chaplains, one wonders how these chaplains can give proper care to the patients without proper training for the mission.

A terminally ill patient who is admitted to a hospital can be pastorally helped to receive the sacrament of penance even when he/she has not received the sacrament for many years.

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<sup>2</sup> Clinical Pastoral Education (CPE) is required in practically all Protestant, Anglican and other Christian seminaries and CPE, or a similar training is required in many Jewish seminaries.



Couples may even be wedded according to their wishes while observing due process to receive the sacrament of matrimony on a sick bed. “Due process” is meant to mean that the chaplain would follow the rules and laws enacted by the local Church to make such marriage lawful and valid. In the same way, people who have left the Church community can be assisted by the chaplain to be reconnected to the faith after a long period of either dwindling or complete lapse. Members of a family can also be reconciled with one another at this crucial moment.

Accordingly, the services of a chaplain are critical at the time when a family is in distress due to sickness. Their vulnerability at such a time demands this care. Pastoral support, by definition, is the actual or concrete effort that the chaplain makes to assist the sick or the bereaved and their families in order to impact their lives. Pastoral support may take distinct forms that the chaplain/pastor provides: a supportive presence for the sick or bereaved to be heard, sources for spiritual nourishment (Bible, prayer, sacraments, resource materials like the Rosary and pamphlets, etc.), and counseling services. James E. Dittes (1999) writing on pastoral support says,

The pastoral counselor witnesses—steadfastly, undistracted, relentlessly—the life experience of the counselee, the hurried pilgrimage of a soul that has too often scurried in shadow. Lucid listener, the counselor beholds what has been averted, attests to what has been dismissed, to hopes and shame alike. (p. 57)

This researcher has encountered many distressed women throughout the parish, but many more in the hospital as a chaplain. One woman that I met in the labor and delivery room who had experienced a still birth in her first pregnancy after seven years of trying for the fruit of the womb, asked me, “Chaplain, what have I done to God? This is not fair.” Another woman was heart-broken, sobbing and gasping for air in the ICU where the body of her 20 year-old daughter,

having committed suicide, was lying motionless. This mother raised her eyes to this investigator and implored, “You must tell God, man of God, that this is not fair. Please do something, man of God! This is my only child, I don’t have any other. Please do something man of God. Where is God...?” This investigator is profoundly concerned about these women who seek for answers at such devastating times when all are searching for the best way to support the BW in their search for meaning in their loss.

It appears that, while pastoral support may be available sometimes, it may not be as rich and comprehensive as it should ideally be. At a time of loss, it is imperative to support people, particularly women, to enable them to cope with their loss.

In sum, the Church in Nigeria must be engaged in the plight of BW during the mourning period and beyond and support them to find meaning in their loss through their relationship with the Church. The training of pastoral agents, therefore, is paramount to quality pastoral support.

### **The Study**

This investigator’s experience with Nigerian pastoral care shows the needs of patients, their families, and BW (either in the hospitals or in the parish communities) require far more attention. This study has offered this investigator the unique opportunity to have confronted the suffering of BW and their coping mechanisms amidst their grief. It has also shown how BW were affected when they were given the opportunity to actively participate during the funeral liturgy; and, conversely, how they were negatively impacted by being treated as mere spectators who did not read the lessons, place the pall, bring the “*oblata*” (gifts), or participate in the prayers of the faithful during the funeral.

Additionally this study would offer great insight into the current pastoral program in the Nnewi diocese; notably the measures the Church has taken to address some cultural impositions

on BW during their mourning period, and how the CWO through their programs responded to the needs of BW.

This study will help to evaluate the impact of pastoral care in the healing process of BW during sickness, funerals, and the post-funeral period. It is expected that supporting women during these critical times aids in their healing process, and that through financial, material, emotional, social, and spiritual (or a combination thereof) support that they would then be able to experience healing and come to terms with their loss.

From what the participants shared, participation in religious activities like the Mass, Rosary, Sacrament of Penance, etc., played a significant role in their coping process after the death of their loved ones. Beverley Raphael (1983), proposes religious rituals, as well as,

...care that may be offered to the bereaved by those who have contact with them in the processes of terminal illness before the death, during the bereavement crisis, or subsequently in the months and years that follow, where bereavement seems still to be the most relevant issue. (p. 352)

Consequently, this is where the pastoral agent has a role to play because the contact in question can only be established through pastoral visitation during sickness, bereavement, and the post-funeral period.

**Relevance to ministry in a wider context**

“Illness and suffering have always been among the gravest problems confronted in human life. In illness, man experiences his powerlessness, his limitations, and his finitude. Every illness can make us glimpse death” (CCC<sup>3</sup> (1995), #1500). Just as illness and death can lead to pain, anguish, despair, and self-absorption; they can similarly lead one to revolt against God. It is therefore especially important for those who are sick to be properly cared for: physically, spiritually and emotionally. When death occurs in a family, the entire family, especially BW, could be pastorally supported during funeral and post-funeral periods.

This is important because, in so doing, we are imitating the Lord Jesus Christ, who cared for and supported Mary and Martha when their brother Lazarus died. The context of John’s account of the story of the raising of Lazarus from death indicates that Jesus shed tears of compassion for the bereaved. Jesus supported Mary and Martha by his physical presence and emotional reinforcement. He was moved by their display of great faith amidst their pain of loss. Consequently, he raised Lazarus from death (John 11:3-27).

The relevance of this project to the ministry, in a wider context, is that it will help the Catholic Church to be conscious of her duties as demanded by her head, Our Lord Jesus Christ. This project will help the Church to assess her responsibilities and responses to the needs of the BW, in particular, the sick, disabled, afflicted, and those who suffer loss of any kind.

Moreover, the findings of this project will help other dioceses in Nigeria, throughout Africa, and overseas, to consider the best pastoral care program that would support BW in their

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<sup>3</sup> CCC means Catechism of the Catholic Church.

dioceses. Hopefully this project will also add to the existing knowledge of grief care for widows and other BW within the African context.

## **APPROACH AND PROCEDURES**

### **Methodology: In-depth Qualitative Method of Interviewing**

In this demonstration paper, in-depth qualitative method of interviewing was used to explore the phenomenon of pre- and post-bereavement experiences of the mourning women in Nnewi diocese. The women who were interviewed had become, in addition to their difficult motherhood roles, the sole breadwinners of their families. Through this method of interviewing, this researcher had the opportunity to sit one-on-one with the BW and listened to their experiences. Since this is a pilot study, the number of BW interviewed were six. In-depth qualitative interviewing according to Sensing (2011), will,

... allow people to describe their situation and put words to their interior lives, personal feelings, opinions, and experiences that otherwise are not available to the researcher by observation. A researcher might arrive at certain conclusions through observation that will be confirmed, modified or even corrected through interviews. (p. 103)

As noted, in-depth qualitative interviewing was used for all the participants in this study. As pointed out by Levy (2017), this method helps the investigator “to explore; to robustly investigate and learn about social phenomenon; to unpack the meanings people ascribe to activities, situations, events, or artifacts; or to build a depth of understanding about some dimensions of social life” (P. 9). An important value underlying qualitative research is the use of detailed interviewing to reach people’s subjective experiences, which will help the researcher to achieve meaning and make suggestions helpful to alleviating the sufferings of BW.

Pole and Lampard (2002) call the comprehensive interview “a verbal exchange of information between two or more people for the principal purpose of one gathering information from the other” (p. 126). Buber (1972) calls it an ideal encounter between two individuals, terming it an “I – Thou relationship.” For Buber, this exchange of communication is based on two equal subjects without either viewing, treating or objectifying the other, while Burgess (1994) and Lofland & Lofland (1985) maintain that the in-depth interview involves a conversation between an interviewer and interviewee through which the former tries to obtain some information/experience relating to the research question from the latter. The research questions helped this interviewer to explore the phenomenon of BW in Nnewi diocese. Engaging BW with individual questions has helped them to express their experiences in terms of whether they experienced being cared for, supported or helped.

As interviewing progressed, there was the need for follow up questions. Such follow up questions helped the interviewees to open up and share more information about their experiences. Sensing (2011) recognizes that even with all that the bereaved or the interviewee is open to sharing, “interview data is only a representation of the interviewee’s opinions, experiences and understandings. It does allow you to gain insight into thoughts that are not expressed through a person’s actions or that are too sensitive for people to discuss in a group setting” (p. 103).

As suggested by Sensing, open-ended and informal questions were used throughout the interviews. Sensing further maintains that the usual questions employed in open-ended and informal questions range from grand tour questions and guided tour questions, to descriptive, task, hypothetical, quotation, ideal position, knowledge, interpretive, behavior, opinion, feeling, sensory, and background questions. Any of these questions can be asked in the present, past or

future tense (pp. 87-88). Leavy (2017) is in agreement with Sensing on this point and according to him,

In-depth interviews are inductive or open-ended and range from unstructured to semi-structured. In other words, questions do not have a predetermined set of acceptable responses, such as true or false. Rather participants are able to use their own language, provide long and detailed responses if they choose, and go in any direction they want to in response to the question. (p. 139)

This interviewer took these suggestions and applied them during the interviewing of the participants.

The length of the interviews was about 40-60 minutes. The preferred language was the Igbo language as it was the choice of all the participants. Conducting these interviews in the vernacular allowed the participants to freely express their experiences and feelings honestly and in an unadulterated fashion; to bring out the truth of their grief. As Nnewi diocese is predominantly made up of semi-urban towns, most of the interviewing was done in those settings. In these places, most of the women had not gone beyond primary school. This fact was also taken into consideration regarding the choice of preferred language.

Appendix A, which contains information concerning the study and the consent form, provides further description of the study, as well as the codes and conduct that guided the interview, the interviewer, the interviewee, and the interviewee's personal data. The consent form specified that participants have the freedom to withdraw, if they feel compelled to do so. They were assured of anonymity throughout the study and after. Indeed, throughout the study, ethical considerations were of paramount concern to the researcher so that the data collected would not be detrimental to the participants—psychologically, spiritually or physically. The data

collected were securely and confidentially preserved in a locked cabinet free from every interference before and after the primary and content analysis. As well, the data collected will be destroyed according to how the school stipulated for it.

### **Participants RSVP, Confidentiality, and Consent**

The phenomenon of the pastoral care of the BW was explored, as noted, in the Catholic diocese of Nnewi. This interviewer selected names of those who were interviewed from the lists of the bereaved Catholic women from different parish communities as provided by the parish priests. The location of the study was Nnewi diocesan Catholic community in Nigeria, located in the northern portion of Anambra state. The diocese, which has its Cathedral and center located in Nnewi town, is basically made up of four Local Government Areas which include: Nnewi North and Nnewi South, Ekwesigo and Ihiala (minus Amoka and Uli towns). Nnewi diocese covers an area of 662 km<sup>2</sup> (256 square miles), and has a total population of 687,353, of which (as of 2004) 458,302 (66.7%) were Catholics (nnewidioces.org - Accessed: on July 6<sup>th</sup>, 2020).

Participation was designed in such a way that BW who were interviewed came from parishes located within the four Regions (Amichi, Ihiala, Nnewi, and Ozubulu) and four Local Government Areas in Nnewi diocese, particularly, the major towns of Nnewi, Ozubulu, Ihiala, Amichi, Oraifite and Okija. These towns were chosen as representative of all other towns within a particular region or local government areas in the diocese for the purpose of the interviews. The reason informing the choice of these towns was that, from the experiences that BW from these areas shared, this researcher was able to understand, to a certain extent, the prevalent cultures associated with those areas. This concurs with what (Morse, 2010; Patton, 2015) says, i.e., that it is important to be strategic when sampling, in order to find “information-rich cases” that best address the research purpose and questions (p. 264).



Leavy (2017) maintains,

In addition to determining the participants; or “the data” in the case of content analysis, you also need to determine the setting for the research (interview). The first decision is whether the research will occur in a natural or artificial setting. This decision is typically made indirectly when you choose the data collection method.... (p. 149)

The BW were interviewed in the natural setting of their homes. The natural setting of their homes was important because, according to Leavy,

When research occurs in a natural setting, you will be selecting the participants (at least initially) and the setting in conjunction with each other. In essence, you are selecting a setting in which you will have the best participants available to you.... (p. 150)

Those that were interviewed were women whose bereavement was not less than ten months and not more than thirty years.

The criteria for eligibility was that a participant was a bereaved Catholic woman, and bona fide member of the parish from the towns mentioned above. The interviewees were given a consent form that they signed, confirming their agreement to be interviewed. Participation was voluntary. Participants were women that had either grown up in these communities and/or had chosen to remain there. Their experiences were immersed in their cultural milieu, and also reflected their cultural values.

### **Data Analysis**

The data collected during the individual interviews were transcribed from the audio. It was from these transcriptions that codes were selected that derived from the experiences, which BW shared, and it was from these codes that categories were organized. Themes were developed out of the codes and categories. According to Leavy, “Coding process allows you to reduce and

classify the data generated. Coding is the process of assigning a word or phrase to segments of data” (p. 151). Coding can be done manually or electronically. For the purposes of this study, it was done manually.

Through data analysis the experiences shared by BW became clear and informed the later recommendations to the Church for their pastoral care. In the process of analyzing the data, this researcher was able to methodically reduce, scrutinize, and organize the mass of the collected data, which helped him to better understand the phenomenon of BW. Chibambo (2015), while describing data analysis, writes,

In my understanding, the process of data analysis can be compared to the work of a farmer who has harvested and starts to sort the produce according to similarities of quality, color and size. In the same way, a researcher organizes data according to themes and categories so as to reveal meaning and find the answers to the research problem.  
(p. 30)

Additionally, Robin and Robin (1995) are of the opinion that data analysis starts with the collection of data. In other words, that the researcher, while collecting information, should at the same time be analyzing his materials. According to them, this will help the researcher to restructure questions as new information comes in (p. 226). For his part, Leavy advises, “During the processes of coding, categorizing, and theming, which are likely occurring cyclically, qualitative researchers engage in memo writing. Memo writing involves thinking and systematically writing about data you have coded and categorized” (p. 152). This researcher applied memo writing during the field work to guard against the possibility of forgetting connections to a particular piece of collected information.

As this researcher worked with the coded data, the process of categorizing and theming it occurred simultaneously. The codes and categories were studied closely, allowing themes to emerge. Leavy further suggests that a theme may be an extended phrase or sentence that signals the larger meaning behind a code or group of codes (Leavy, 2017; Saldina, 2014).

Data analysis, therefore, is what happens when a researcher during fieldwork collects information and at the same time processes it and takes notes to avoid misplacing details. We shall now look at conceptual issues and literature review.

## CHAPTER TWO

### CONCEPTUAL ISSUES AND LITERATURE REVIEW

#### Introduction

This researcher is a Catholic priest. Catholic priests are committed to pastorally care for the terminally sick and their families. The experiences of the sick and their families coalesce the uncertainties of a world of duality which Kubler-Rose and Kessler (2005) refer to as safe, in which the people are used to; and unsafe, where their loved ones might die (p. 2). How one ministers to a family that is undergoing anticipatory grief is important as this could be a pillar of support for the family when death occurs, and during the funeral and mourning period. This research unequivocally challenges caregivers to be committed to the duty of consolation and comforting. Accordingly, Elizabeth Kubler-Ross advises,

When a loved one has to undergo anticipatory grief in order to prepare for the final separation from this world, we have to go through it too. We may not realize it at the time. It may be a strange feeling in the pit of the stomach or an ache in the heart before the loved one dies. We think of the five stages of death occurring for the dying person, but many times, loved ones go through them ahead of the death, you will still go through them again after the loss. Anticipatory grief has its own process; it takes its own time. (p. 2)

Before this researcher delves into the theological and clinical principles pertinent to the project, it is important to understand what pastoral caregiving, family caregiving and cultural/traditional caregiving mean in relation to caring for BW. This is important to this researcher. Since this

project centers on BW, it will help the researcher and the reader to identify when BW are deprived of caring services and thus when they are suffering.

### **Description of Pastoral Caregiving**

Pastoral caregiving can be understood as an ancient model of emotional and spiritual support, which can be found in all cultures and traditions. The term is inclusive of all non-religious aspects of support as well as those of religious communities. Biblically, the word “pastoral” has to do with the shepherding of God’s people. It relates to the caring function of shepherds to the sheep. The following passages will help to portray this: “Then I will give you shepherds after my own heart, who will feed you with knowledge and understanding.” (Jeremiah 3:15) The Psalmist refers to God as a shepherd, “You led your people like a flock by the hand of Moses and Aaron.” (Psalms 77:20) David saw himself as have been shepherded by God in Psalm 23, “The Lord is my shepherd, I shall not want. He makes me lie down in green pastures....” In Catholic theology, the pastoral care of the sick and infirm is one of the outstanding ways the members of the Body of Christ continue the healing ministry of Jesus Christ. In the Nnewi diocese, and of course, the whole of Igboland, one such condition that is in need of Gospel healing is the situation of widows and women mourners. Traditionally, the Church has not stayed aloof from the difficult grieving experiences that women have had throughout the ages.

Subsequently, the Church has historically done a lot, especially among the Igbos in Southeastern Nigeria, and has continued to do the same in the present, even standing up against some of the traditional/cultural practices imposed on the widows, particularly, in Igboland, where such practices like the number of months that a widow is expected to stay at home to mourn her late husband and the expected imposition that widows wear a particular type of

mourning clothing for six months or one year<sup>4</sup>. These traditions are gradually giving way to a more compassionately considered attitude. In the old dispensation, the widow was only allowed to wash her clothing at night when she was about to go to bed and was expected to wear the same garment again early the next morning, since any other attire except the same mourning cloth was forbidden.

Despite these efforts, there is a lot more to be done. Even at present, in some communities, a widow who is mourning her deceased husband is not allowed to go to market to buy food or sell her commodities. One wonders how the community expects this same widow to take care of her needs and those of her dependents. To this researcher, practices like these are not only insensitive to human suffering but they also defy reason and logic.

Ntozi (1997) maintains that each culture worldwide has its own ways, patterns, or practices with regards to rituals associated with death. In this regard, we can think of mourning rites peculiar to every culture, and the way a widow is often expected to react to the death of her husband. Ntozi and Igbo leaders of thought insist that these rites (e.g., one year or six months mourning period and/or a black clothing as mourning dress for widows to be worn throughout this time) are necessary for the widow for they are a way of showing her respect to her late husband, irrespective of her personal grief and sense of loss. But reacting to these cultural practices during my ministry as a pastor in Nigeria, Igbo women from Southern Nigeria have argued that widowhood is an unwanted and unpleasant state that women pass through in life. It is

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<sup>4</sup> Born in the sixties, this researcher grew up in the rural Isingwu village in Oraifite, Anambra State, Nigeria. During that time, if somebody died, the family members who lived in the cities stayed back after the funeral for more than two weeks. I witnessed widows with their black mourning clothing who continued to stay at home for one year, later—because of changes in Christianity and civilization—reduced to six months. The trend has changed, and some people are now advocating for three months, which may in time to come be reduced to one month.

characterized by feelings of sadness, unhappiness, loneliness, helplessness and shame. They maintained that the pains and agony of this period cannot be expressed in words. This researcher believes that bereaved women should be encouraged to choose a cloth of their choice as mourning cloths. Equally, the period of mourning should not be an imposition on BW but should be given the freedom to mourn their husband within a reasonable number of months.

The Church has fought and won the battle over some unfortunate cultural practices like the washing of corpse and forcing BW to drink the water to prove that she did not kill her husband, and other practices like that. There are still some traces of the ongoing use of such customs that hurt BW. This researcher contends that the presence of such practices is because people have not consistently adopted the Christian principles in attending to known cases. In the midst of all this, women remain voiceless: their voices are not heard for, if they speak up, they are subjugated to further stringent punishments like being ostracized by the leaders of their communities. As Schussler Fiorenza (2001) states, “That which is life-giving should be treasured but what oppresses and dehumanizes women must be transformed or destroyed” (p. 169).

This researcher contends that we need to hear directly from BW. Hence, listening to them and getting to know their experiences is a crucial aspect of this project. In a related study, Adesina (2013), and Chibambo (2015) maintained that, though women have a central position in both the Church and society, they have struggled for their voices to be heard. The ministry to BW in the Church should be outstanding, ongoing and effective. Feminist pastoral care starts with women’s experiences in order to achieve justice. Bons-Strom (1996), writing on feminist pastoral care, says, “Pastoral care from a feminist perspective is care in the context of justice” (p. 202). But how do we achieve justice in the context of suffering women? Bons-Strom maintained that, in these and similar cases, people suffer due to lack of holistic pastoral care of which justice

is an essential part. But the overarching concern here, is whether the Church is truly addressing the sufferings of BW in such a way that they can feel loved and cherished by the same Church they have always loved.

### **Description of Family Caregiving**

In a family where there is a sick person, the family's needs will definitely change right from the onset of the illness and possibly continue to change even at the death of the sick person, and even long after death has occurred (Kubler-Ross, 1969; Jeffreys, 2011). Therefore, family members, according to Kubler-Ross (1996),

... should handle their energies economically and not exert themselves to a point that they collapse when they are most needed. An understanding helper can contribute a lot in helping them to maintain a sound balance between serving the patient and respecting their own needs. ... during these crucial days or weeks, it depends a great deal on the structure and unity of a giving family, on their ability to communicate, and on the availability of meaningful friends. A neutral outsider, who is himself not emotionally overinvolved, can be of great assistance in listening to the family's concerns, wishes, and needs.... (p.154)

The problems surrounding sickness and imminent death can be mitigated through discussion and open communication. It may benefit family members to learn how to be free to share their feelings and knowledge among themselves and also with the dying patient. Unfortunately, at times some members of a given family may be reluctant to share what they know about the situation of their sick loved one without knowing that others are aware of the closeness of death. The worst occurs, according to Kubler-Ross, when this "childish game or deceitful game" (p. 154) happens between husband and wife, or parents and children.



Kubler-Ross (1969) narrates a story about a dying husband, who was aware of his imminent death but did not want the medical team to tell his wife because he thought that his wife could not handle it. But unbeknownst to him, his wife was already aware that her husband had little time left. So, communication is particularly important, and where it is lacking, pain, grief, shame, and guilt may increase. What happened between this couple was that both knew but they lacked the courage to share the information they know with the other. (P. 154) Family members are therefore advised to be open with one another when a family member is terminally ill. This would help them to process their anticipatory grief and their sorrows following the death of their loved one.

Kubler-Ross's story is important to BW because their bereavement story could be different if they were given the opportunity to care for their loved one before the person died. If for instance, they knew that their loved one would die soon, this knowledge would help them to say goodbye. This may lessen their pain and grief.

### **Description of Cultural/Traditional Caregiving**

Every human person is born within a particular cultural milieu. Character defines and differentiates a person or group of people from others, but character is largely influenced and formed by cultural traditions or ethnic underpinnings. Accordingly, one can say that culture includes the customary beliefs, social forms, and material traits of a racial, religious, or social group; also: the characteristic features of everyday existence (such as diversions or a way of life) shared by people in a place or time. In every culture, there are traditional ways of caring for the terminally ill patient, and cultural/customary/traditional ways of caring for the bereaved. But in

addition to the use of traditional<sup>5</sup> or orthodox medicine, many African cultures also apply the use of rituals to care for their sick loved one. For these Africans, especially the Igbos, these rituals drive away the bad spirits of sickness or the evil spirits responsible for death. They also use rituals to protect the bereaved from the discomforts of mourning and from being entangled with the spirits of death. According to Somé (1993),

For the Dagara, ritual is, above all else, the yardstick by which people measure their state of connection with the hidden ancestral realm, with which the entire community is generally connected.... The abandonment of ritual can be devastating. From the spiritual viewpoint, ritual is inevitable and necessary if one is to live. The death of my step-brother is symbolic of how spirits ‘think,’ that is, how they view their relationship with humans on a cosmic scale. (p. 10)

In these contemporary times, experiences reveal that though Africans use the modern means of caring for the sick and the bereaved, the burden of caring for the bereaved is still laid on women’s shoulders more often than any other group. In the Nigerian context, wailing is the normal grief response for women to mourn their deceased husband and other deceased loved ones, while in other cultures some people may be hired to do so. Even in an African context, the position of women can be similar to women living in America, following the expository submissions of McGoldrick (2016), Chibambo (2015), and Sue & Sue, (2008), that women are at the center of caring in their various families. McGoldrick, for instance, narrates the quality of life

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<sup>5</sup> Traditional medicine is the practice, for instance in Igboland, whereby the traditional medicine man, who may have been trained by his grandfather or father, or by another traditional medicine man, treats symptoms and diseases using herbs and leaves. Before the advent of orthodox medicine in Africa, people in this part of the world relied heavily on traditional medicine. The traditional medicine man can also be called a “native doctor.”

of the middle generation of women that are mostly burdened and squeezed by overwhelming demands of caretaking for both older and younger generations. According to McGoldrick (2016),

Traditionally, women have been held responsible for all family caretaking; for their husbands, their children, their parents, their husband's parents, and any other sick or dependent family members. Even now, almost one-fifth of women aged 55 to 59 are providing in-home care to an elderly relative. Over half of women with one surviving parents [sic] can expect to become that parent's caretaker. Usually one daughter or a daughter-in-law has the primary responsibility for the care of elderly women. Clearly, caring for the very old (who are mostly women) is primarily a woman's issue. (p. 53-54)

Clearly, women's caretaking role cuts across cultures. The same experience of my tribal Igbo cultural milieu, and quite possibly, the milieu of most of African nations/cultures, can be seen in the Spanish and Asian communities, too. Obviously, since women have been overwhelmed and overburdened with the task of caring for everybody it has become imperative for other people, particularly family members, to care for BW in their families. Otherwise, their grief (guilt) and emotional distress may lead to either depression or nervous breakdown. In the same manner, the Church, as a mother, in her compassionate pastoral care to women will continue to support them when they are exhausted with the wearisome task of caring for the elderly and terminally ill, and when death occurs in their families.

For a care provider who is tending to a person in grief, that persons' awareness and understanding of cultural differences, according to this researcher, is as important as the care they provide. Such awareness and understanding would help them to function effectively and to relate better with their clients. Bowlby (1980), extols the value of understanding cross-cultural grief reactions as essential to providing help. But it is interesting to note that what might be

culturally acceptable in one culture may be unacceptable in another. Among the Igbo, it is acceptable to say to someone who is grieving or crying for his/her loss – “*ndo*,” “*ebezina akwa*,” which means “sorry,” “stop crying.” But the American culture does not favor such ways of bereavement support.

Besides, among the Igbos of Southeastern Nigeria, the belief system holds that the reason why the dying person should not be told that he is dying, is that, according to Igbo belief, that would exacerbate the person’s death, and the person who told him/her would be held responsible for the death. The custom then, is to tell the person closest to the dying patient. In the Western world, and especially, in the United States of America, it is more likely that the medical team will inform the patient of the true situation of his/her condition. Parkes, Laungani, & Young, (2015), observes, “Serving dying and bereaved people from other races and creeds provides us with the privilege of learning from them” (p.7). Grief caregivers, therefore, are expected to be culturally competent to handle cultural diversity and demographic change.

### **Pertinent Religious Resources**

Pastoral care is central to the life of the Church. To that effect, there is a pastoral dimension to most ministries within the Church. In the same vein, it is important to acknowledge the existence of some forms of quiet and simple caregiving which occur within different traditional backgrounds. For instance, most Igbo communities have in their cultures some traditional ways of giving care and caring for the grieving, particularly the women. This type of care is called, in Igbo parlance, “*onulu ube nwanne a gbana oso*”, meaning, “one should not develop deaf ears to the cries of a brother or sister.”

However, it is the opinion of this researcher that even as much as this community approach is laudable, the Church’s pastoral approach offers a more advanced and organized

system of care to the grieving. Accordingly, the “Specifications for Pastoral Ministry” within the Licensed Lay Minister Handbook for the Diocese of Wellington gives a concise understanding of pastoral care, as follows:

The ultimate horizon of pastoral care is the protection and fostering of people’s personal and corporate relationship with Christ and His Body the Church. The care involves active and informed concern for the well-being of those whose spiritual welfare is entrusted to pastors, ordained or lay. It includes concern for people’s total situation and any problem they may have on the ordinary natural level.<sup>6</sup>

Therefore, it is the position of this researcher that the pastoral care offered within and by the Church should be modelled on the life and ministry of Our Lord Jesus Christ. In this case, the Bible becomes a valuable resource for understanding Jesus’s ministry and a place to discover the caregiving practice of the early Church. Such resources from the New Testament (hereinafter, NT) include the Epistles, the Book of the Acts of the Apostles, and the Hebrew Scriptures, otherwise known as the Old Testament (hereinafter, OT). It was of interest to this researcher to investigate the Church’s history in caregiving because this would help us to see how the Church thrived in the past in offering pastoral support to the bereaved and those who suffered in general. This awareness would help the Church in the present time to evaluate her efforts in reaching out and changing the condition of BW.

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<sup>6</sup> Wn.anglican.org.nz/ministry/lay ministry/resources. Accessed: 6/26/2019.

## **Biblical Foundations of Pastoral Care**

### **A. Old Testament**

The OT is replete with examples of practical and active pastoral caregiving. Jewish tradition points out that caring for the ill, i.e., pastoral care, began with God's visit to Abraham in his tent "in the terebinths of Mamre in the heat of the day" following Abraham's circumcision (Genesis 18:1). As Jewish tradition asserts, as God visited the ill, so should human beings visit the ill. This is the origin of the custom of visiting the ill according to Jewish tradition. Experiences reveal that the care of God's people began with God himself who chose the Patriarchs to care for the people. These patriarchs portray the pastoral images of priests, leaders, judges, prophets, and kings who God appointed for the care of His people. The Old Testament (OT) has pastoral references to shepherd as well ... Abraham, Moses, David, etc. Within the context of the ministry of Jesus in the NT in Palestine, the pastoral images he used, such as the sheep and shepherds based on OT imagery, give more credence to the modern application of the term "pastor" to those who look after the community of God's people (Dykstra, 2005, p. 54).

The pastoral care of the children of God was fundamental in God's plan of salvation for His people. Accordingly, God said, "I will appoint over you shepherds after my own heart, who will shepherd you wisely and prudently" (Jeremiah 3:15). The call of Moses as one of the greatest prophets ever to provide pastoral care for the people of God—the Israelites (Exodus 2:11-3:22), who were like sheep without a shepherd, was in line with God's fulfilment of the promise to have shepherds after His own heart to take care of His beloved chosen race. Worthy of mention is that only Moses invoked God for the healing of a woman: "Then Moses cried to the Lord, 'Please not this!' Pray, heal her!'" (Numbers 12:13). As a result, God never abandoned

these pastoral caregivers chosen by him. For instance, the authority of Moses was felt by both the Israelites, Pharaoh and his people. Park (2017), underscored this fact when he said,

The presumed self-understanding as a spiritual authoritative figure helps pastoral practitioners engage in difficult situations into which people fall. As persons who represent faith and God, they believe that they have a calling from God to care for people and an expertise to deal with spiritual issues and emotional and psychological concern. Thus, pastoral practitioners bring a pastoral identity preconstructed within their faith community and enter into the care-giving space with a spiritual authority. (p. 58)

The story of Ruth and Naomi illustrates the healing role of OT women. On her part, after the death of her husband, Naomi thought that she had lost everything, but she in fact had more than she realized. God had not abandoned her because she had Ruth (Ruth 1:1-18). Though grief was a long process for Naomi, the moment she stopped pushing Ruth away and started to appreciate her humility and courage, she began to work a program for Ruth and Boaz (Ruth 2, 3 & 4). That was also the moment she began to experience healing in her life. Ruth is the image of God in this story because she showed understanding and steadfast love to Naomi even when Naomi resisted Ruth. This story shows that relationship can be a source of healing and hope.

The story of Rachel in Genesis 29: 6-35:4, 46:19-25, 48:7 shows her healing role in the OT, especially to her husband Jacob. She stood by her husband during her father's deceptions. This shows that she loved her husband deeply and would have encouraged Jacob to put another seven years of service to her father. Ultimately, Rachel gave birth to Joseph, one of the most important figures of the OT, who saved the nation of Israel during a great famine.

The goal of pastoral care in the OT is maintenance and restoration of good relationships among human beings, or between human beings and God, or even between human beings and

the world itself. Pastoral caring in the OT was never abstract but practical: food for the hungry, welcome for strangers and aliens, comfort for the bereaved, visits to the sick and imprisoned, clothing for the naked, and justice for the oppressed. To this effect, as much as we want to spiritualize pastoral care, we should not make it intangible and unrelated to people's physical and material needs. "Caring for the souls of people while leaving their basic physical needs" untouched (Abraham, A. et al: Biblical Foundations for Pastoral care and Counseling) does not meet the standards for the holistic caring for the human person as demonstrated in the OT.

But there appears to be no single theory of pastoral care in the OT. The leading theme in the OT is God's care for His people and the world. One can observe a rich diversity within the Hebrew Scripture. There is no single pattern of care or one-size-fits-all model of care one can point to. Hunter (1990) rightly observes,

Prophets were concerned about justice and mercy, priests conducted rituals, sages gave instruction and advise, and all of these were available to people who needed it. There are examples of good pastoral care, and also some that clearly come under the heading 'what not to do'—as anyone who remembers 'Job's comforters' will recall. People cared for each other and allowed God to care for them all—and there was no 'one way' or systematic method which fitted all circumstances. (p. 534-538)

The OT gives us a number of basic characteristics within which pastoral care may be offered. The first is the theocentric character of biblical thought; meaning that the presence of God who is active and involved in the affairs of His people is assumed. God not only acts but relates with His creation in a way that shows His loving kindness. The history of the relationship between God and the Israelite people portrays this well. (Exodus 3:4-22) The entire books of



Genesis, Exodus, Numbers, Leviticus, and Deuteronomy, make the case vivid. Invariably, the way God relates to us predisposes us to care for each other.

In the OT, pastoral care is not individualistic but communal and corporate. In other words, if one person suffered, the rest of the community suffered with her/him. By the same token, if one rejoiced, the community celebrated with that person because in the ancient biblical context the individual was not allowed to stand alone or be lonely. It is not surprising, therefore, that when Achan sinned, God declared the entire Israelite camp sick and said, "...Israel has sinned: they have violated the covenant which I enjoined on them.... I will not remain with you unless you remove from among you whoever has incurred the ban... (Joshua 7: 10-12). Pastoral care within this context, whether individuals were suffering or joyful, was corporate.

In light of the OT understanding of suffering and joy as a cooperative affair, the relevance for this research comes to mind, as it creates the awareness for us to understand the need to pastorally share in the experiences of everyone, particularly those who suffer. One would say that those who are bereaved of their lost loved ones stand out in this group because of their psycho-social and spiritual cum material difficulties. But in Igboland, the women, no doubt, suffer more than others due to cultural innuendo. Therefore, the need to offer a listening ear to the excluded voices and agonizing experiences of BW in their alienated state cannot be over-emphasized. This was one of the objectives of this research.

It is most fitting to end this section with the pastoral care of the prophets Elijah and Elisha. The story of the prophet Elijah and the widow of Zarephath in 1Kings 17:7-24, brought out how the pastoral intervention of a prophet can restore faith and hope in the lives of those who are grieving or suffering. The widow of Zarephath provided drinking water, food, and shelter for the prophet of God, Elijah, who brought support, comfort and healing, through the raising of the

widow's son from death. Loss and grief can bring emotions of sadness and anger, as the language of the widow of Zarephath suggests. Elijah did not rationalize with the grieving widow who wanted to shame him for being the cause of her son's death when she shared these words, "...Why have you done this to me, O man of God? Have you come to me to call attention to my guilt and to kill my son?" (1 Kings 17: 18). Elijah took the son up to his bedroom, where he prayed to God asking for His help. His prayers were heard.

On the other hand, the story of Elisha and the Shunamite woman in 2 Kings 4:8-37, captures the birth, death and resurrection of the son of a wealthy Shunamite woman. This testifies to her decisive action in a moment of crisis, the power of God as mediated through Elisha. Elisha was able to demonstrate how, through pastoral care, the pastor can respond to the distress of the bereaved. Furthermore, Elisha, as an OT pastoral model, informs how a present-day pastor's immediate response could match with the decisive action of prayer of the person grieving, which may lead to healing and closure.

In sum, the OT is important to this study in that it lays the foundation of what practical and active pastoral care should be. Such active pastoral caring might very well help the modern Church in evaluating the current pastoral care plan in Nnewi diocese.

## **B. New Testament**

The diversity of forms, purposes and different contexts that can be found in the NT, with different authors and audiences, has a remarkable unity in the fundamental message which has its focus in the life, death, and resurrection of Jesus Christ. Therefore, it is possible to harvest recurring themes of pastoral care in the whole of the NT, and especially in the life and ministry of Jesus Christ.

### **Jesus' Model of Pastoral Care**

Jesus model of pastoral care is holistic because Jesus, through his ministry, has shown that God's pastoral approach has to do with the whole person which includes the physical, social and spiritual. Jesus especially manifested this in the Gospel through the healing of the paralytic man at Capernaum. He said, "... Child your sins are forgiven you.... I say to you, rise, pick up your mat, and go home." The sick man rose, picked up his mat at once, and went away..." (Mark 2: 5-12). In this context, Jesus not only forgave the sins of the paralytic man who had suffered for years but he also cured him and cured him completely. In so doing, Jesus demonstrated a holistic pastoral care when he attended to the sick man's physical as well as spiritual needs.

Thus, Jesus is the model through which Christians can best understand pastoral care. Jesus's model of pastoral care guarantees freedom of social life. If a man is healed from his sins and restored from his physical infirmities but cannot socialize with his family, friends, and community of faith believers, he has not been holistically healed. For example, Jesus's healing of the ten lepers brings out clearly that Jesus knew that some sins and sicknesses can hold a man bound. He knew that such sins and sicknesses were able to cast on human beings shadows of social stigma that deny us the ability to socialize with brothers and sisters in our faith community or with people in general. But when such a stigma is removed, then people are able to shine like stars, joy is renewed and the marginalized and rejected are fully accepted back into their faith community or social domain.

Gospel periscope (set of verses that forms one coherent unit or thought) and the social aspect of the healing appear to be miraculous: "They stood at a distance from him and raised their voices saying, 'Jesus, Master! Have pity on us!' And when He saw them He said, 'Go show yourselves to the priests'" (Luke 17: 11-19), so that the priest could declare them free from the

dreaded, loathsome disease for which God, in the OT, had already bestowed upon Moses regarding the same matter. It is only priests who can declare a leper clean. Since Jesus understood the social implications of leprosy, he healed the lepers and asked them to see the priests so that they could also be restored back into the community life. Jesus's ministry is still on-going because the Church has continued His healing ministry via pastoral care. It is important for Christians to take as our pastoral model not only what Jesus did but also the compassion with which He cared for others. As He said, "I have given you an example so that you copy me" (John 13:15).

Jesus's approach to the people He encountered, shows that they were invaluable in God's eyes. Jesus was not in a hurry, He takes time to see each person and listens carefully for each particular need. One can see that He never assumes anything, asking sharp questions like, "What do you want me to do for you?" The blind man replied, "Master, I want to see." Jesus told him, "Go your way, your faith has saved you" (Mark 10: 51-52). Jesus also put a question to the two sons of Zebedee, "... What do you wish [me] to do for you?" They answered Him, "Grant that in your glory we may sit one at your right and the other at your left." Jesus said to them, "You do not know what you are asking..." (Mark 10: 35-37). Jesus's model is to listen to the person in need in order to share their experience and identify the source of the suffering in order to best address their problem.

In addition to the above examples, the disposition of Jesus's patient listening to the father of the boy with a demon in Mark 9:14-29 offers a perfect example of a pastoral care model. Jesus listened first to him speak, "... 'Teacher, I have brought to you my son possessed by a mute spirit. Whenever it seizes him, it throws him down...' (Mark 9: 17-18). After Jesus had listened to him, He understood his need and offered him this specific pastoral support, "Jesus, on seeing a

crowd rapidly gathering, rebuked the unclean spirit and said to it, “Mute and deaf spirit, I command you: come out of him and never enter him again!” (Mark 9:25).

Jesus’s compassionate attitude to the woman who suffered from a twelve-year hemorrhage in Mark 5:25-34 is another great illustration of pastoral care. Jesus understood the embarrassing and psychological trauma caused to a woman by the strict Jewish laws at the time with regard to her flow of blood. The physical scourge was nothing compared to the psychological and social trauma due to their socio-cultural and religious heritage: a bleeding woman was legally and socially unclean and should not come in contact with anyone for “seven days” or “as long as the discharge lasts” (Leviticus 15:19-30).

The woman was terrified because of her condition then Jesus asked “...who has touched my cloths” (Mark 5:30). When the woman finally spoke up, Jesus did not scold her, but rather showed her love and compassion, empathized with every aspect of her suffering and healed her. By this, Jesus has left an example for pastoral caregivers to emulate while caring for the sick, the bereaved and all who suffer. Jesus’s pastoral care was the theological model for this researcher when listening to BW share their experiences. It also informed this researcher in proffering suggestions to the Church on how to pastorally support them.

In as much as there were no women among the apostles of Jesus, there were many among his disciples, and among these women there were those who worked closely with Jesus and the apostles. Luke recorded their names as those who Jesus had listened to and healed. Mary Magdalene stood tall among this group of women. Luke especially noted, “Accompanying him were the twelve and some women who had been cured of evil spirits and infirmities, Mary, called Magdalene, from whom seven demons had gone out, Joanna, the wife of Herod’s steward Chuza, Susanna, and many others who provided for them out of their resources” (Luke 8: 1-3).

Jesus listened to them and was able to care for and heal them. Likewise, these women heeded Jesus, enabling them to support his ministry and, as noted, provided for him and his disciples from their resources. Included in this group of women is Phoebe, mentioned by St. Paul in Romans 16:1. She was a minister at Cenchreae, a great philanthropist and benefactor to many people, including St. Paul himself. Thus he advocated for her to be helped in whatever way she might need.

Feminine pastoral care is not new because it dated from the OT, and in the NT Jesus elevated it to a high standard, such that if we fail to listen to women or pastorally support them, Christians are not doing Jesus's ministry. Indeed, Jesus broke every barrier that may prevent us from listening to women of all color and race when he listened to the Samaritan Woman, empathized and encouraged her, and finally revealed himself to her, "... 'I know that the Messiah is coming, the one called the Anointed; when he comes he will tell us everything.' Jesus said to her, 'I am he, the one who is speaking to you'" (John 4:25-26). The parable of the persistent widow shows Jesus's concern for the widows, and his understanding of their need to be heard. Jesus's question, "...Will not God then secure the rights of his chosen ones who call out to him day and night?" (Luke 18: 7), enjoins later Christians as well to not only listen to women but to support and care for them when they are in need.

Jesus's pastoral intervention when Mary and Martha lost their brother Lazarus (Luke 10:38-42) is another important model for pastoral caregivers. When Jesus heard about the death of Lazarus, he went himself to console, encourage and support the two sisters. In the process, their great show of faith disposed Jesus to raise Lazarus from the dead. Pastors who engage in bereavement ministry may consider employing Jesus's style of attentive listening and supportive

presence. It may lead to unexpected healing or new inspiration for those who are grieving to move on in their new world.

Women are at the center of caring in most families, and what happened at Bethany gives credence to this fact. It was a woman regarded as sinful who cared for Jesus and symbolically anointed the body of Jesus before His passion, death, and burial (Luke 7: 36-50). Pastoral caring is linked with understanding and love. Jesus felt the care and love manifested in the washing of His feet with the woman's tears (showing repentance), the cleansing of His feet with her hair (showing humility) and the anointing with the costly alabaster oil (showing respect and preparation for burial). Jesus in return forgave her many sins because, "...she has shown great love" (Luke 7:47).

Christians have the obligation to love and care for one another. As such, it is necessary to mention a few other instances of women's involvement in pastoral care in the NT: the poor widow's offering in Luke 21:1-4; the persistent widow in Luke 18:1-8; the Syrophenician woman who showed great faith in Jesus that led to the healing of her daughter (Matthew 15:21-28 & Mark 7:24-30), the widow of Naim (Luke 7:11-17); to name but a few. The above citations underscore the fact that Jesus had many interactions with impaired women of different kinds. Some of these interactions show Jesus listening intently to the women while others show where the women listened to Jesus.

Jesus model of pastoral care is at the heart of this study, particularly due to the need of Catholic BW to be listened to, supported, empowered, and above all not to be ostracized from the village and society. Jesus showed all this in His relationship with women in pain in the NT.

## **Pastoral Care and the Rest of the NT**

### **St. Paul and Pastoral Care**

St. Paul did not set out to have a theology of pastoral care, but his pastoral concerns show that his ministry is filled with elements of just that. As a servant and an apostle, St. Paul believed that Church leaders should embody Christ's self-giving. He believed that those who represent Christ ought to/would exhibit patience and understanding towards others (I Corinthians 7 & 8). According to St. Paul, for growth in faith and love, believers ought to be ready to share (koinonia) their gifts with the rest of the faithful (2 Thessalonians 1:3). He encouraged his listeners to bear one another's burdens in obedience to Christ (Galatians 6:2), and by so doing form a pillar of support to one another in the community—building up the body of Christ.

In St. Paul, the ministry of Jesus was also sustained through prayer. This perhaps may be the most important of all aspects of Jesus's pastoral care model. In the Gospels, it is also very clear that the pastoral care practiced by Jesus was grounded in prayer, which emboldened his apostles to approach Him while, "He was praying in a certain place, and when he had finished, one of his disciples said to him, 'Lord, teach us to pray just as John taught his disciples...'" (Luke 11:1-2). St. Paul emulated Jesus's style and sustained His work and spiritual life with prayer (Romans 1:19; I Thessalonians 1:2). Pastoral support of the bereaved would be incomplete without prayer as an essential element to it.

### **The Book of the Acts of the Apostles and the Epistles**

The Acts of the Apostles provided another outstanding model of pastoral care for the Greek speaking Jewish widows. The decision of the apostles and the early Christians to create the office of the deacons showed how important the bereavement ministry to the widows was during the time of the apostles and throughout the world today. The choice of the seven deacons



who would dedicate themselves in social support and care, especially in the sharing of the daily provisions with the widows while the apostles would devote themselves to prayer and the ministry of the Word, (Acts 6: 1-11) was a wonderful model of pastoral care, which stands the test of time. Today, this model of pastoral care remains as relevant as ever.

The Epistles provide clues as to why Christ gave gifts to the Church, to equip the saints for the ministry to build up the body of Christ. Christ therefore provided pastors, apostles, prophets, teachers, and evangelists for his Church, to make sure that the ordinary caregiving of Christians to one another would continue. The early Church therefore set up ways to make sure that Jesus's farewell command to Simon Peter, "... Feed my lambs... Tend my sheep... Feed my sheep...", (John 21:15-17) would be carried out. The early Church created community prayer and the sharing of the word of God together in their homes. Of course, the early Christians realized that their closeness to God helped them to care for and support one another, while their distance from God would only deprive them of the resources to reach out to others, especially those who were grieving.

Pope Francis (2015) understands this well, and that is why he dedicated his June 17<sup>th</sup> Wednesday general audience in St. Peter's Square to families who are mourning the loss of a loved one. He said,

... I wish to reflect on one of the more dramatic and painful events that every person, without exception, has to deal with, namely, the death of a family member. Jesus has compassion on those who mourn.... Jesus's presence with the widow at Nain assures us that he is with us in our darkest moments and that he is with us in our loss and mourning. Through faith in him, in his resurrection and his abiding presence, we can face our loss, 'the sting of death,' as St. Paul calls it, make sense of it, and have confidence that death

does not have the last word. May we, with Christ-like tenderness and compassion, know how to be close and offer consolation to families suffering the loss of a loved one.

(Aleteia: General Audience, 06/17/15)

The NT is replete with examples of pastoral care interventions that are suitable for shepherding BW who may be suffering on account of their loss. This went a long way to help this researcher during the interviews to discern signs for spiritual and material support. It has provided valuable models that helped this researcher in his recommendations.

A brief study of the Church's history of caregiving is pertinent at this juncture, to help understand and appreciate how the Church continued her pastoral caregiving from the apostles.

### **A Brief History of the Church's Caregiving Across the Ages**

During the Dark Ages A.D. 400 –1200, people depended most heavily on oral tradition. The Church played a significant role during this period since people relied on it for education, liturgy, practical and pastoral care. Worthy of mention is the outstanding boldness of Pope Gregory the Great who provided a fascinating example of pastoral care in the early days of the period (Pfaff, 2009). According to Oden (1985), as a pastor, teacher and theologian, Gregory the Great is a leading example for us today (p. 36-37). His book, Gregory's *Liber Regulae Pastoralis*, commonly known as the "pastoral care" or "pastoral rule" (Ogg, 1907, 1972), became one of the greatest treatises in the history of pastoral care. This pastoral rule became a manual of instruction for the clergy on the work of the Church, the care of the flock, and the care of the pastor.

Pope Gregory the Great (2007), urged priests to emulate the image of the Shepherd over the sheep, and thus said, "For indeed, our ancient fathers are not remembered because they were rulers of men, but because they were shepherds of flocks" (p. 62). He encouraged priests to live

exemplary lives of uprightness, humility, and chastity (Ogg, 1907, 1972). He warned spiritual directors or pastors to guard against the pride that goes with the accident of acquiring power, which at times can lead the pastor to believe that he has thus ascended by the merits of his life alone (p. 63). He cited the case of King Saul in the OT to help pastors live a humble life:

Such was the case of Saul, who after cultivating the merit of humility, later became swollen with pride because of his temporal authority. For his humility, he was preferred, for his pride, he was rejected, as the Lord attests, saying: “When you were little in your own sight, did I not make you the head of the tribes of Israel?” (1Sam 15:17). He had previously seen himself to be of little consequence, but after he received temporal authority, he began to think of himself as greater than everyone else. In a wonderful way, when he was small to himself, he was great to the Lord; but when he thought of himself as great, he became small to the Lord. (p. 63)

His contributions in the field of pastoral care have become the foundation for building today’s pastoral models. Jaekles (1975, 1983) agrees with Gregory the Great on pastoral matters when he says, “The ministry of the cure of souls, or pastoral care, consists of helping acts, done by representative Christian persons, directed towards the healing, sustaining, guiding and reconciling of troubled persons” (p. 4).

During the great Reformation of the 14<sup>th</sup> and 15<sup>th</sup> centuries that resisted the widespread abuse in the Catholic Church, pastoral care was neglected. This period witnessed crises in the Church such as abuse of ecclesiastical power and authority. The situation gave birth to the Protestant Reformation as engineered by Martin Luther. Luther shockingly questioned the infallibility of the pope and declared that the Church consisted of all Christians (Reformation,

2009). He believed in relieving the clergy of what he felt was a concentration of too much power and placing it in the hands of the secular authorities. However, Luther agreed with Augustine's theology on the grace of God for salvation. To bring his ideas to the grassroots level, Luther wrote a book (Letters of Spiritual Counsel) on pastoral care and proper conduct in the life of a Christian and provided a guidance manual for ministers and their behavior (Reformation, 2009).

Over the years, the Church in every epoch has been consistent in caring for the poor, the sick and those suffering, just as Christ cares for us. In the opinion of this researcher, what has theologically helped the Church, and in fact all Christians, is that the importance of being consistent in caring for the poor, sick and suffering manifests the commandment of love that Christ has enjoined in us. As Christ said, "I give you a new commandment: love one another. As I have loved you, so you also should love one another. This is how all will know that you are my disciples if you have love for one another" (John 13: 34-35). In carrying out her task, the Church not only tries to understand the mediation function of Christ in the Trinity but also to embody it as a teacher and mother in caring for God's children. In our present culture, where village life and parish community are too broad to oversee the wellbeing of everybody, the Church advances in the same project of pastoral care via the model of small groups.

Today, small groups, or the basic Christian communities, have also become a successful model of pastoral care. There is a concept in Jewish communal and religious life known as *chavurah* which is the notion of small group activity among Jews of a handful of people, say half a dozen to a dozen or a little more who share in ritual observance, text study, Sabbath and holiday observance. It traces back in Jewish tradition two thousand years or so, more or less contemporaneous with the rise of Christianity ([www.dictionaty.com/browse/chavurah](http://www.dictionaty.com/browse/chavurah)).

In Nnewi diocese, the CWO is a perfect example of this small group and, if well utilized, would be a powerful means of pastoral care for BW. The idea of small groups in the Church could be said to have originated from Acts 2: 42-47, where the early Christians met both in the Church and in their homes. Small groups facilitate personal relationships. In addition, small groups meet needs and guarantee practical aspects of caring. They provide opportunity for soul care, networks for friendship and support groups that are primarily based on the needs of the group members, and other pastoral concerns.

Nevertheless, traditional and conventional pastoral care might have continued, based on an individual, rather than communal, model as in the past. As people's needs changed, a tension was created between the need for conventional pastoral advice and psychological aid. With this transition, some pastors relied on purely biblically-based spiritual help for pastoral caregiving while others turned to modern psychotherapy (Bernner, 2003, p. 13).

### CHAPTER 3

#### The Theological Concepts and Images Pertinent to Pastoral Care

##### Introduction

Any theology concerning pastoral care, would be considered proper when it begins from what Christians know and believe about God; when it embodies the knowledge of the ministry of Jesus Christ, in whose name we minister, and is expressive of what we believe about what it means to be human. An understanding of such theological concepts and images would be a valuable asset to help pastors and chaplains support grieving parishioners/patients by addressing their pains and emotional distress. Such theological concepts and images include: *imago Dei*, Incarnation, Passion and Crucifixion, Resurrection, Ascension and Pentecost, and Shepherd. Below is a description of how each concept relates to the pastoral care of the sick and the bereaved.

##### *Imago Dei* (Image of God)

From the account of creation in the book of Genesis, we read that God created man in his image and likeness as expressed in the Latin biblical translation, *imago Dei*, (Gen 1:26-27). Invariably, this means that as human beings we have something of God in us. Thus, human beings have intrinsic worth and value. Such worth and value is not based on what a person has achieved in academia, the workplace, or public life, but in the life of God through us. Our caring for others is based on the value human beings have had from the time of their creation; for in His image and likeness He created them. According to Harris (2015), over the centuries, theologians have grappled with the concept of the *imago Dei*, which has to do with our theological understanding of humanity's relationship to God. Harris maintains that, "The image of God in

humanity can be seen as something: Imperishable, Universal and Relational.” (Harris, B., Nov. 2015)

Irenaeus (A.D 185), wrote a book called *Against Heresies*, in opposition to Gnosticism. It is in this refutation that his beliefs and teachings on the image of God can be found. His premise was to make a distinction between the Hebrew words “*tzelem*” (image) and “*demut*” (likeness) as found in Genesis 1:26-27. His contention was that due to the Fall, man lost the likeness of God but retained the image. Image, as found in Genesis 1:26, means for Irenaeus that men are rational and free beings. He teaches that since man still retains these attributes unaffected by the Fall, it signifies that the image of God in man was intact, and that what is being restored in man through Christ is likeness to God. He emphasized that since Christ is the likeness of God, in becoming more like him, people progress in being restored. This researcher suggests that as happened in the restoration of the image of God in man, in the same way, pastors and caregivers are to help bereaved people to find meaning in their loss and accept their new world without their loved ones.

The author Harris (1997) suggests that Aquinas agreed with Irenaeus that with the Fall, people lost their supernatural grace with which they were created. He believed that they also lost all control of their “lower powers.” This idea seems to have been reflected in Psalm 81:13, “So I gave them over to hardness of heart; they followed their own designs”, and Romans 1:24, “Therefore God handed them over to impurity through the lusts of their hearts for the mutual degradation of their bodies.” Harris, as we shall see, states that Aquinas taught that the *imago Dei* existed in people in three different stages.

The first stage includes all people without exception; Christian, Jew, Muslim or an adherent of African Traditional Religion<sup>7</sup> (ATR), et al. Here everyone can rationalize and think that there is ultimate cause of all things, which Aquinas, following Aristotle, called the “Unmoved Mover.” The second stage consists of people who are just, who know and love God. However, their knowledge and love of God are imperfect due to sin. The third stage consists of those who know and love God perfectly. Aquinas called this group “blessed” and maintained that this blessedness is attainable in this world. Entering stage two, for Aquinas, is essential so that people can be healed from the wound the Fall inflicted on them. According to him, stage one does not enable salvation because people do not have the knowledge *of* God but only *about* God. Since Aquinas taught that healing for those who were wounded by sin was through entering stage two, likewise, healing for those who experienced loss and grief would also be attainable (though not exclusively) through pastoral care.

St. Augustine (*De Trinitate*, A.D 400), was noted for his metaphor of likening the image of God in people to a mirror. That is, people in some way reflect God as a mirror can reflect them. The image of God in man makes him superior to other earthly creatures. According to Augustine therefore, (man’s) “... excellence consists in the fact that God made him in His own image by giving him an intellectual soul which raises him above the beasts of the field” (Genesis A.D. lit. Vi12).

John Calvin gave more attention to the doctrine of *imago Dei* than any other theologian since Augustine. Being familiar with the African bishop, Augustine, Calvin advanced his

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<sup>7</sup> African Traditional Religions (or traditional beliefs and practices of African people) are a set of highly diverse beliefs that includes various ethnic religions. Generally speaking, these traditions and beliefs are orally rather than scripturally passed down from one generation to another through folk tales, songs and festivals. The belief system here includes belief in spirits, higher and lower gods, and in most cases with special reference to a supreme creator or force.



metaphor. Contrary to Irenaeus, Calvin did not distinguish between image and likeness as found in Genesis 2:26-27. He rather saw the two words as communicating the same idea. For Calvin (1960), the image of God exists in the soul, but his glory shines forth in the outer man.

Karl Barth (1886-1968), challenges the biblical thoughts of scholars like Irenaeus, Calvin and Aquinas. He denies *imago Dei* as something that was in people, like the soul, as Calvin taught. According to him, it is something that people *are*. Barth emphasized the “male and female he created them” (Genesis 1:27), which for him represents the component of relationship in the *imago Dei*.

Obviously, the *imago Dei* is a source of reverence which is why, in our dealings with one another, we ought to show mutual respect because God, as he continues to identify Himself with humanity, has deemed all human life valuable. Pope Francis (2016) appeals repeatedly in his post-Synodal apostolic exhortation, *Amoris Laetitia* (The Joy of Love), for caregivers to emulate Jesus’s model of pastoral care, particularly as shown in his encounter with two particular women in St. John’s gospel, as models of pastoral care. These encounters include the Samaritan woman (John 4:4-26), and the woman caught in adultery (John 8:1-11). The pope writes concerning Jesus’s caring spirit thus,

Set forth a demanding ideal yet never failed to show compassion and closeness to the family of individuals... The moralizers who want to impose hard rules on others fail to appreciate that as a result of Jesus’[sic] kindness of sin (was) awakened by the woman’s encounter with Jesus’ gratuitous love. (Nos 38 & 64)

The value we place on our neighbors will alter our behavior toward them. The regard we accord our neighbor emboldens the regard we give to the Lord. The minister’s work in this regard is to treat every human person in the highest esteem. This disposition upholds irrespective of

differences in cultures. Within this context, therefore, BW would be given the opportunity to share their stories so that the pastoral care relationship helps them find meaning in their loss.

Wolpe (2008), may have placed *imago Dei* in the best context when he writes,

In explaining the image of God, I tell them that it is not physical. Yet what represents God in this world best is neither the sky nor the sanctuary, but the human face. ‘Look into the eyes of the other person sitting next to you and you will see an image of God.’

Then, people will look at those sitting next to them and they will smile. (p. 125)

This makes sense to me because the more we look into the eyes of the other person, the more we may see suffering, loneliness, anger, sickness, loss; and the person may see in your eyes empathy, love, compassion, forgiveness, or even kindness. Being in God’s image implies that we are morally responsible for one another. Wolpe concludes by saying that when you look into the eyes of the person sitting next to you, you will experience “a tremendous emotional power” (p.125).

The modern and medieval contributions of *imago Dei* informed this researcher on how to understand the BW of the Nnewi diocese. Their expositions have helped this researcher to understand that BW represent God since they contain His image and likeness. Therefore, knowing that the condition of the BW makes them vulnerable, they stand in need of help and support. Through the submissions of the BW this researcher is further prepared to not only respect them but also to identify with their conditions of bereavement.

### **Incarnation**

In Catholic theology, the term, “incarnation,” means the mystery and dogma of the Word made flesh. Incarnation came from both Latin, *incarnatia* (flesh), which corresponds to the Greek *sarkasis* or *ensarkosis*; the two words emerge in John 1:14 – *kai o Alogos sarks engeneto*,

“And the Word became flesh.” These two terms were in use by the Greek Fathers even from the time of St. Irenaeus (Harnack, A.D. 181-189). Many Latin Fathers, like Saints Jerome, Ambrose, Pope Gregory I, and Augustine of Hippo, made common use of the term from the fourth century. When the Word is said to have been incarnate, that is, to have been made flesh, God surrenders to human vulnerability. This is a way of saying that God “emptied Himself ... and was found in outward bearing like a man” (Philippians. 2:7). By so doing, God took upon Himself not only the nature of man, a nature capable of suffering and sickness and death, but He became like a man in all things except sin.

The mystery of the Incarnation is expressed in Scripture by other terms: *epiclesis*, the act of taking on a nature (Hebrews, 2:16); *epiphaneia*, appearance (II Timothy, 1:10); *phanerosis en sarki*, manifestation in the flesh (I Timothy, 3:16); *somatos Katartismos*, the fitting of a body, what some Latin Fathers called incorporation (Hebrew 10:5). Chapter 2 in the Letter to the Philippians is a beautiful piece put together by St. Paul, the apostle of the Gentiles, and it summarizes the mystery of the Incarnation for a layman’s understanding. In part, St. Paul wrote,

Have among yourselves the same attitude that is also yours in Christ Jesus, who, though he was in the form of God, did not regard equality with God something to be grasped. Rather, he emptied himself, taking the form of a slave, coming in human likeness; and found human in appearance, he humbled himself, becoming obedient to death, even death on a cross. (Philippians 2: 5-8)

It is a common belief among Christians that in Jesus, God has become embodied in a human being: “The Word became flesh and dwelt among us” (John 1:14). Here we see God who loved humanity enough to become human. Just as God cares for the whole of life, pastors likewise should express that concern for the whole person and for all people. When Christ suffered in the

flesh, God also suffered in Him and as such entered into humanity's suffering. This is a powerful theological foundation of empathy. Therefore, whenever we try to partake in the suffering of others, through attentive listening, supportive presence, or through comforting words, Christians are following in the footsteps of Christ who took our nature and revealed his glory through his suffering. In this sense, incarnation is the ultimate expression of self-giving (empathy).

Ignatius of Antioch A.D. 107-110 taught that, "We have also as a physician, the Lord our God, Jesus the Christ, the only-begotten Son and Word, before time began, but who afterwards, became also man, of Mary the Virgin" (Ignatius of Antioch. Letter to the Ephesians, VII). Justin the martyr, on his part, argued that the Incarnate Word was pre-figured in OT prophecies. However, according to St. John Paul II (1995), by his Incarnation, Jesus is a figure of, and has united Himself to, every human being, including the unborn at the moment of conception (p. 104). By identifying with the sick, the bereaved and those who suffer, Christian pastors, like Christ, unite themselves to these variety of human conditions.

Bereaved Nigerian women would be helped by the theology of incarnation, when agents of pastoral care, particularly the pastors, are disposed to freely give of themselves to the service of BW. This must be done in imitation of Jesus who cares for the whole human race. This researcher maintains that bereaved Nigerian women would appreciate a program of pastoral support in which pastors are ready to empty themselves by visiting BW at their homes, with a readiness to listen to them.

### **Crucifixion and suffering**

The Cross of Christ in itself is a great contradiction. It's a symbol of death and life, hate and love, violence and peace, sin and purity, wickedness and forgiveness, defeat and victory, destruction and restoration, brokenness and wholeness. Before Christ, it was the cruelest form of

punishment for Roman criminals. But in the hands of Christ and for Christians, it is a sign of victory and salvation. In this sense, the cross represents love, “But God showed his great love for us by sending Christ to die for us while we were still sinners” (Romans 5:8). The cross, therefore, is illuminating in that it demonstrates how pain and suffering have meaning. In itself, suffering is not the end. It is a means to something better and peaceful. One of the outstanding teachings of Christianity is this: there is redemption through suffering.

In most religions of the world, people strive to reach the Ultimate Being. But Christianity is the only religion that teaches that God has reached down to us in the person of His Son, Our Lord Jesus Christ. The death of Jesus is personal to every one of us. Jesus died so that we could know how much God loves us. Reflecting on “St. Paul’s theology of the Cross, the Holy Father recalled how the Apostle of the Gentiles, following his experience on the road to Damascus, changed his life completely. Paul remained deeply marked by the central significance of the Cross: he understood that Jesus died and rose for everyone. The Cross, then, demonstrated the gratuitous and merciful love of God” (Benedict XVI General Audience Address October 29, 2008). The Cross, therefore, is the defining symbol for Christianity (“There is no greater love than to lay down one’s life for one’s friends.” (John 15:13)) because it is where Jesus Christ was both crucified at the climax of his ministry and the love of God profoundly and eternally experienced.

To offer pastoral care in the light of the Cross is to do so within the context where human vulnerability and brokenness can be expressed, contained, and transformed. The resurrection of Jesus echoes new life and new hope for the damaged world and for the suffering people. It is this researcher’s desire and hope that those who are suffering—especially the bereaved—would testify that the Church is a beacon of new hope and new life for them. The NT is replete with

examples of the theme of Theology of the Cross. Jesus's pastoral model embodies the theology of the Cross as seen in his preference for sinners, outcasts, and hypocrites; as well as in his teaching that the first shall be last and the last shall be first (Matthew 20:16; Luke 13:30).

Reflecting on how Christians can provide either as a basic community or Christian community, a life-changing experience, which may be physical, social or psychological for the bereaved or the suffering, Regan (1994) says,

The mystery of God's action in favour of his people, revealed in Old and New Testaments, casts a new light on the daily experience of illness, misery and struggle to survive. As communities grow into a new people, through organizing for their own liberation, they experience the mystery of Christ's presence and the strength of his spirit guiding their new steps. Action and experience of God grow side by side: it is only experience of the mystery of God's liberating power that gives them the courage to struggle.... (p. 54)

The mystery of God's action in question, here, in the light of the NT, is the passion and the death of Christ on the Cross. Its salvific underpinning gives the sick, the miserable, and the bereaved, reason to keep struggling. This researcher hopes that their experiences would have a spiritual effect on them, just as he trusts that the Church would provide, as usual, a holding environment that would support them. For a Nigerian Catholic BW, the meaning of her suffering with respect to crucifixion and suffering, is that her suffering is not in vain. Such women believe that their suffering will not be forever; that God will liberate them from the pains and suffering that their bereavement has brought to them.

**Resurrection**

Hunsinger (1995), powerfully writes,

I have the growing conviction that people turn to pastors—correctly—because they want to have the opportunity to look at themselves and their problems in the light of their faith and religious tradition, with the help of an expert in just this perspective. (p. 3)

An anonymous writer said that faith is not faith unless it is the only thing upon which your life depends. The resurrection of Jesus Christ as an article of faith provides a sufficient opportunity of pastoral care to the bereaved and suffering. In this context, Jesus's resurrection proclaims new life and new hope both for the damaged world, the sick, the bereaved and those who are suffering all manner of things. At times, when a Christian minister encounters those in our care, there is always the tendency to rush quickly towards "Easter celebration." But we need to know that it may benefit our clients more when pastors and chaplains sit with people in the darkness and emptiness of Holy Saturday, awaiting the signs of transformation that will unfold in due time.

Our Christian belief in the resurrection of Christ provides both content and context in our pastoral relationship. Pastoral support does not happen for nothing. Therefore, when pastors and caregivers speak sensitively of the defeat of suffering and death, and the dawn of new life, it can bring hope in the midst of despair to those who are suffering. Pastoral care in the light of resurrection to the BW of Nnewi diocese and others who grieve will always project a journey in the context of the new life Christians share in the resurrected Christ. Accordingly, St. Paul said, "And if Christ had not been raised, then empty is our preaching; empty too, your faith" (I Corinthians 15:14). Therefore, for the BW of the Nnewi diocese, the theology of resurrection will help them to understand that even though death has deprived them of the breadwinner of

their home and inflicted suffering, the time shall come when they will emerge from their pain stronger and healed.

### **Ascension and Pentecost**

Through apostolic succession, the Church inherited the same mandate given to Peter, "... I will give you the keys of the kingdom of heaven ..." (Matthew 16;17-19); as well as the mandate of healing, "... They will lay their hands on the sick, and they will recover" (Mark 16:17). The Lord Jesus Christ in whose name the Church ministers, is the ascended Christ. It is attributed to St. Theresa of Avila to have said, yours are the hands, yours are the feet, yours are the eyes, yours are the body. Christ has no body now but yours, no hands, no feet on earth but yours, yours the eyes with which he looks with compassion on this world. Christ has no body now on earth but yours.

Christian pastoral caregiving is a privilege to be like, and indeed become Christ to the sick, the bereaved and those who suffer. Ascension and Pentecost are related to pastoral caregiving in the sense that after the Ascension the disciples of Christ grieved the physical absence of their Lord and master. But on the Pentecost day they received the anointing of the Holy Spirit, which revived them. It was like a new dawn and they began immediately to exercise their mandate. Their lives were renewed by the outpouring of the Holy Spirit. In exactly the same way, the bereaved are disillusioned, stressful, angry, depressed, and at times lonely. For Christians, this period can be associated with the Ascension. Through pastoral caregiving, the pastoral agent ministers to the bereaved, gives them hope and supports them spiritually and otherwise. Many bereaved people reach the acceptance stage in their grief through the spiritual caregiver role, which gives them reason to continue their lives in their new world devoid of their



loved ones. What Pentecost did in the lives of the disciples of Christ and the early Church is tantamount to the role of a spiritual caregiver in the lives of the bereaved.

Friedman (2010), tells the story of Adam, a hospital worker in New York, overseeing the ambulance crews. He was one of the first responders on September 11, 2001. When the buildings collapsed, their ambulance was crushed by the rubble but Adam was pulled out alive and rushed to a hospital. Four of his coworkers did not make it out alive. While reflecting on the role of the spiritual caregiver during a disaster, Friedman observes,

The work of rebuilding a community after a disaster continues for months and years. The role of the spiritual caregiver continues, as well. We must continue to be available to work with people such as Adam as they struggle with the spiritual implications of their experiences. During the initial phase of a disaster and in those that follow, our presence can be of great value to those experiencing grief, doubt, survivor's guilt, anger, hopelessness, questioning of faith, and many other spiritual issues. (p. 444)

Death is always a disaster to the bereaved, and that is why the role of the spiritual caregivers are needed to help mourners process their grief and be able to accept their new reality, a world without their loved one.

### **Shepherd**

One of the most beautiful images of Jesus Christ is the one where he is shown carrying a lamb on his shoulders with the insignia, and the words, "I am the Good Shepherd" (John 10:11). This researcher upholds that the central image of pastoral caregiving is that of the relationship between a shepherd and the sheep under his care. The shepherd in the context of this project is a pastor. Jesus described himself as the good shepherd and gave a detailed description of the characteristics of the good shepherd (John 10:1-15). The pastoral imagery of the good shepherd

found in Psalm 23 in the Hebrew Scripture, describes the confidence that the flock have in the good shepherd, “The Lord is my shepherd, there is nothing I lack. In green pastures you let me graze; to safe waters you lead me; you restore my strength” (Psalm 23:1-3).

This researcher’s understanding of a shepherd in the context of this study is that the shepherd is both comforter and confronter. The pastor as a shepherd fulfils the role of offering comfort to those who are in need: physically, emotionally, socially and spiritually. The word of God comforts the discomfited and discomferts the comfortable. The good pastor, more than offering words of advice, needs to have a vulnerable heart and should be ready to offer his heart for his congregation. That is what Christ meant when He said that, “... A good shepherd lays down his life for the sheep. A hired man, who is not a shepherd and whose sheep are not his own, sees a wolf coming and leaves the sheep and runs away, and the wolf catches and scatters them” (John 10:11-12). One can imagine the difference it would make in the lives of the sick and the bereaved who feel neglected or pastorally unsupported. They feel like sheep without a shepherd. When, out of the blue, they begin to receive pastoral care from their pastors, members of their statutory organizations or from other ministries in their Churches, they automatically feel cared for, supported and ministered to.

Jesus presented Himself as the gate through which the sheep passes, and this presents a number of implications for us. The true shepherd manages the sheep through the gate. Thieves do not recognize the gate and consequently do not use it. Their actions injure the welfare of the sheep. The imagery of the gate reinforces Jesus’s claim to be the way, the truth, and the life. In describing himself as the gate, Jesus equally presents himself as the door through which we can gain salvation. Jesus, as a good shepherd, is always patient with us, even when we are wounded

by the terrible blows of our own sins and are ashamed and drawn back. He stops and encourages us to come along with Him.

Saint John Chrysostom (1889), the golden mouth of pastoral care, in his teaching on the priesthood, underscored the difficult task of caring for the souls in the Church. He stated that Christian pastor cannot force correction upon the people, lest they be driven away. Rather, the pastor is to shepherd the wayward members of the flock into correction by means of persuasion. According to him, it takes great skill to get patients to submit willingly to treatment, much less to acknowledge the outcomes with gratitude (On the Priesthood, 2.3). Besides, Jesus, the good shepherd, has given an example of a great caregiving encounter and we must emulate his actions to be able to walk in God's ways. "Therefore, keep the commandments of the Lord, your God, by walking in his ways and fearing him" (Deuteronomy 8:6). This requires patience and diligence. According to Friedman (2010),

As pastoral caregiver, we walk with and serve as companions to those who are suffering. We become participants who aid in the work of living, and who stop walking and waiting with the other, if we must, through the night of wrestling. We must join with the ones who suffer so fully that we are pierced by the truths of their experience. We may do so at a cost for a world that theologically and existentially makes sense to us, a world filled with the unity of the One Merciful God, may seem for a time to be senseless, perhaps cruel. We will not be able to prevent the twisting turns or wrestling that those we are companions to must endure in their walks toward blessing. However, through our compassionate and dedicated presence, as we adjust our stride to match that of the naming and tasting the blessings to be found. (p. 5)

All these theological terms are spiritual resources that will help bereaved Christians to understand that their Church is rich with religious concepts and images. These concepts and images are what the Christian pastoral caregiver uses to minister to the bereaved; the bereaved can utilize any of them as a coping mechanism during the post-funeral period.

## CHAPTER 4

### THE CLINICAL PRINCIPLES PERTINENT TO THE PROJECT

#### Introduction

Bereavement consists of both normal and pathological experiences. Even when non-pathological, loss of a loved one can elicit powerful emotions which may benefit from pastoral attention. Conventionally, during middle life, many people experience severe bereavement, sometimes through the loss of one or both parents. Some of these cases become more traumatic, however, when the loss involves children or spouses, through illness or accidents of various kinds.

Parkes (1964) suggests that emotional turmoil takes a physical toll on the bereaved that is far greater than many people can imagine. He observed also that widows consult their doctors more often in the first six months after bereavement than ever before. He also holds that widows and widowers are ten times as likely to die themselves in the immediate years following the death of their spouses (p. 274). In a related study, Parkes, Benjamin and Fitzgerald (1969), discovered that the death associated with grieving usually occurs through self-neglect, suicide of one form or the other, or as a result of cardiac illness associated with stress (p. 740).

On the other hand, Kubler-Ross & Kessler (2005), associate grief with bereavement. Kubler-Ross (he initiator of the five stages) teach that normal grief follows five stages, which include denial, anger, bargaining, depression, and acceptance. These stages, according to the authors, “form a part of the framework that makes up our learning to live without the one we loss” (P. 7). Sanders (1980), notes that reaction to bereavement is influenced by the relationship that existed between the bereaved person and the deceased. Feelings of sadness, fear, and anger

are common during this time. He notes that the energy of sadness may arise in the body into the chest, throat, face and eyes; and that tears can release this sadness. When they do, they bring healing (p. 318).

However, the devastating effects of emotions during grief are unpredictable. To that effect, Adesina (2013), while considering the psychological implications of bereavement on some selected widows and widowers in Oyo town, Nigeria, insists that it may be helpful to seek the advice and support of a guidance counsellor during the time of bereavement distress (p. 3). Consequently, this researcher advocates that BW might benefit emotionally from further professional assistance from a psychologist or a psychiatrist since the psychological reactions triggered by bereavement can include some of those detailed by Kubler Ross: denial, anger, bargaining, grief, loneliness, and depression. This researcher thinks that pastoral care would be enhanced by looking at the historical foundations of attachment theory since, according to Sanders, the reaction to bereavement is influenced by the relationship that existed between the bereaved and the deceased.

### **Attachment Theory and its Historical Foundations**

Attachment theory is a psychological model that describes the dynamics of long-and short-term interpersonal relationships between humans, especially the relationships between an infant and its mother. That is to say that from birth, the infant could respond to other human beings. A number of studies have shown how very young babies respond in particular to the stimulus of human faces (Diamond & Carey, 1977; De Hann, Pascalls & Johnson, 2002). The process of socialization is a continuous activity that spans throughout the life cycle, from birth till death. Many scholars now agree that a child's ability to bond and attach to a parenting figure marks the child's first step towards socialization. We are, therefore, born into this world totally

dependent. As such, we all need nourishment, warmth, shelter, protection, and love. When a child is separated from her primary attachment figure, the child protests and may also cry, gets tired and may sleep off. When the child reunites with her mother, the child is happy once more. In the same way, when a person experiences loss of a loved one, the person shows signs of grief and sadness due to detachment and separation from the object of attachment. According to Moody & Archangel (2001), "Studies of attachment and separation expose the undiminished misery of both grieving human beings and grieving animals" (p. 9).

Sigmund Freud (1856-1939). Freud in all of his works believed the past to be affecting the present. He maintained that the unconscious mind, which is the hidden reservoir of all the repressed memories and traumatic experiences must be brought to the conscious mind to treat the patient so that he can lead life normally. Freud believed that almost everyone experiences the pain of losing a loved one. Some lost their parents or partners, while others may have lost a child, friends, or others. We need to accept the reality of life and death so that life can go on. Losing a loved one of course generates a feeling of sadness and grief. (Freud, 1923). At an instance of death, some people may face a reduced state of self-esteem, which is directly associated with their attachment to their families. Similarly, we also grieve loss in terms of a broken friendship or a separation between a loving couple.

In his essay on the theory of grief and bereavement, Freud laid emphasis on the idea of personal attachment. According to this theory, the person who is grieving is in search of the object of attachment that it has lost. In *Mourning and Melancholia* (1917), Freud spoke about grieving as an intrapsychic process which would either result in resolution or depression. This, he alludes to the psychic energy invested in the significant others. Freud also believed in the healing power of time. With the passage of time, the bereaved develops new friends and bonds,

finds acceptance, and moves on with life. Freud's theories about grief were based on his clinical experiences with people who were depressed.

John Bowlby (1969/1982, 1973, 1980), a psychoanalyst, is regarded as the father of attachment theory. The starting point of his theory of attachment is an evolutionary one, which suggests that children are born pre-programed (having a primary drive) to form attachment with others, or seek proximity to a protective adult, usually the primary caregiver, because this will help them survive. The goal of this drive for closeness is to feel safe, secure, and protected.

Attachment theory, according to (Bowlby, 1979), is described as a "long lasting psychological connection" with a meaningful person that causes pleasure while interacting and soothing in times of stress. The quality of attachment has a critical effect on development and has been linked to various aspects of positive functioning, such as psychological wellbeing (p. 194). What this means, according to Bowlby's psychoanalytic view, is that early experiences in childhood have an important influence on development and behavior later in life. Our early attachment styles are established in childhood through the infant/caregiver relationship. The child behaves in ways that elicit contact or proximity to the caregiver (crying, smiling, and locomotion).

On a clinical level, Bowlby suggested that unless firm attachment was formed between the child and his mother within the first five years in life, the child would develop an affectionless psychopathy, that is, being unable to feel any warmth for anyone else, or to show any concern for their welfare (Bowlby, 1988). Bowlby further maintained that separation from the mother, "maternal deprivation" could result in physical and psychological problems, and delinquency in adolescence (Bowlby, 1946). Infants, however, are not developed enough to understand their feelings of separation or grief, and even if they could, they would not have the necessary verbal



skills to express how they feel. As a result of this, they bring those emotions into the second and third year of development, because at this point, children begin to understand their feelings as well as the ability to express them. At this point grief responses are very obvious, including the need to express their sorrow when separated from their mothers or primary caregivers. This pattern can be observed in adulthood, and that is why adults cry and grieve when they lose their partners or any of their loved ones.

Summarily, Bowlby's emphasis on the family environment regarding children's development was the reason for his book, *Maternal Care and Mental Health* (1952), that established his reputation as an advocate for children. In this publication, following in the footsteps of his predecessors (Anna Freud and Rene Spitz), Bowlby (1952) proposed that, "It is essential for mental health... that the infant and young child should experience a warm, intimate and continuous relationship with his mother (or permanent mother-figure) in which both will find satisfaction and enjoyment" (p. 11).

Anna Freud, conducted a series of case studies on a group of six children from a war time concentration camp, who had been orphaned. Her discoveries were revealing. To her credit, Palombo, et al. (2010), observes "At the Hampstead War Nurseries from 1941 to 1945, she, along with Dorothy Burlingham, pioneered the advocacy of attending to the psychological needs of children separated from their caregivers. This work served as a building block for her theory of development" (p. 78). She discovered that though the children experienced difficulties in their attachment to adults, they were firmly committed to each another. They regarded their peers as the central figures of attachment, rather than their parents. This work like Rutter's (1981), suggests that bonding with the mother is not always necessary for successful attachment and socialization (Freud, A. and Burlingham, D., 1942 and 1944). It is attributed to Anna Freud to

have said, regarding the pain of loss, “We are aware only of the empty space in the forest, which yesterday was filled with trees” (Anna Freud Quotes).

Subsequent psychoanalytic theorists, such as Klein, Winnicott, Erikson and Bion, suggested that a well-integrated child is one for whom the attachment between the infant and a parenting figure - usually the mother - is engendered within a holding or containing environment which allows the child time to establish a sense of being an individual who is separate from the primary caring figure. Klein (1952) emphasized the important role the parenting figure has in holding the infant's primitive fears and anxieties. Winnicott and Bion with their respective notions of ‘facilitating environment’ (Winnicott, 1965) and ‘maternal reverie’ (Bion, 1962) place a great deal of emphasis on the significance of mutuality in the primary attachment relationship. For them this relationship has a different but equally as intense significance for the maternal figure as it does for the infant.

It is important to understand, for instance, how Winnicott's idea of facilitating environment, which is necessary for the mutual process between the mother and the infant to succeed, or a holding environment (physical and emotional) that the infants can experience as supportive, or the transitional phenomena, which a child uses to mediate the worlds of omnipotence and reality. Winnicott (1953) proposes an ‘intermediate area of experience’, an internal place where an individual is “engaged in the perpetual human task of keeping inner and outer reality separate yet inter-related” (p. 90). This is where pastoral support can be beneficial if the pastor steps in when the bereaved is literally between heaven and earth following her loss. A word of comfort can help the bereaved to find meaning in her loss as she struggles to accept her new world without her loved one.

As can be seen from the foregoing discussions, sufficient holding by the good mother promotes infants' development. Likewise, a good pastor/chaplain can create a warm and transitional environment to help the bereaved keep their inner and outer realities separate, and yet inter-related, in the new world in which they find themselves. That is why Erikson (1950) believes that a healthy consistent attachment relationship leads to a child being able to develop trusting relationships. Attachment theory is crucial to the pastoral care of BW because it helps those who care for women in pain to understand that death deprives the bereaved of the attachment figure, which leads to stress, pain, and at times, to different forms of suffering or depression. This understanding helps the pastoral agent to step into the world of the BW and find a way to keep 'the inner and outer reality of the bereaved separate and yet inter-related'. Therefore, how people deal with the grief of loss can be revealing.

### **Dealing with the Grief of Loss: Kubler-Ross Model (five stages of grief)**

As previously noted, the five stages of grief were first proposed by Elizabeth Kubler-Ross in her 1969 book *On Death and Dying* are: Denial, Anger, Bargaining, Depression and Acceptance. It is important to note that people who are grieving do not and need not go through the stages in the same order or that those who grieve should experience all of them. "Contrary to popular belief, the five stages of loss can be experienced individually in different order and do not necessarily occur in any specific order. We often move between stages before achieving a more peaceful acceptance of death" (J. Axerod, 2019). However, the stages of grief and mourning are universal and are experienced by people from all walks of life and cultures.

In bereavement, people grieve differently and that is why we spend different lengths of time working through each step and expressing each stage differently. Succinctly put, Kubler-Ross and Kessler (2005) expresses that the five stages of grief,

... are tools to help us frame and identify what we may be feeling. But they are not stops on some linear timeline in grief. Not everyone goes through all of them in a prescribed order. Our hope is that with these stages come the knowledge of grief's terrain, making us better equipped to cope with life and loss. (p.7)

This researcher feels that it is important that people should be taught to know the various stages of grief after the loss of a dear one. Pastors, chaplains, and even clinicians may need to accept, according to Moody and Arcangel (2001), that,

Ours is a grief-denying culture. After a loved one dies, most people escape their feelings of loss by indulging in mundane things: work, food, liquor, drugs, music, television, exercise, sex, books, shopping, the internet—the lists goes on and on.... Who wants to feel the pain? ... In the valley lies the gulf of grief, and the bridge is mourning. Mountainous growth does not develop through joy and splendor, but through sorrow. (p. 1)

The above quotation reflects the true situation of some mourners in my culture (Igbo). There are known cases of some men/women who took to drinking after the death of their wives/husbands, or adult son or daughter and can be described today as alcoholics. There are also women who lost their husbands and have become sexually promiscuous. These two instances can also be observed in some adolescents or young adults. It is a common belief in my culture that they were trying to escape their feelings of loss and ended up in dangerous predicaments. Through pastoral caring, pastors of souls are better placed to listen to BW, and all who experience loss and grief, to understand their conditions and to reflect on how best they could be supported.

The pastor, chaplain, or clinicians will help the bereaved to understand and put into context their present state of life. Since everyone grieves differently, some may be outwardly emotional, while others may not. Therefore, it is not proper under any circumstances to judge

how a person experiences grief. According to Monica McGoldrick, “The full participation of male and female family members in mourning rituals should be encouraged” (p. 59). It is important also to allow every member of the family to express their desires in the areas where they want to actively participate, like being a pallbearer, carrying the flowers, reading the lesson, bringing the gifts, and other similar functions without discrimination of any kind. Such participation brings healing and helps to find meaning in the loss.

### **Dealing with the Grief of Loss: Bowlby’s Theory**

Bowlby’s (1969) theory on how children form concrete attachment was based on actual relationships, rather than fantasies. This theory broke from the leading psychoanalytic thought of the time. As well, it was a crucial shift away from Freudian ideas, and invariably a dichotomy from the idea that attachments only develop through rewards. Through his theory of Attachment and Loss (1969), Bowlby observes that the attachment and separation of children from their parents has a consequence. This, he also applies to grief and bereavement. Bowlby suggests that when a loss occurs, grief would be a normal adaptive response. He notes that there could be other normal reactions that one would expect from the griever because an “affectionate bond” has been broken, resulting in grief.

Eventually Bowlby (1961/1980) and Parkes (2009) broke down this natural adaptive grief response into four phases: shock and numbness, yearning and searching, disorganization and despair, and reorganization and recovery.

- A. Shock and Numbness: This is the phase in which there is a sense that the loss is not real and seems impossible to accept. According to Parkes and Bowlby, this phase is a self-defense mechanism that allows a person to cope immediately after learning about their

loss. If we don't progress through this phase, we will struggle to accept and understand our emotions and communicate them. We will emotionally break down.

- B. Yearning and Searching: This is the phase in which a person experiences all types of emotions, from anxiety, anger, despair, confusion, sorrow, and much more. The bereaved begin to yearn for the return of their loved one and at the same time search for meaning in their loss. Here, we search for the comfort we used to have from the person we have lost and we try to fill the void of their absence. Bowlby and Parkes feel that if we cannot progress through this phase we will spend our life trying to fill the void of the loss and remain preoccupied with the person we have lost.
- C. Disorganization and Despair: In this phase, a person starts to accept the reality of their loss. The tendency here is to withdraw from everyday life, or from activities and hobbies they used to enjoy. Though one's grief does not go away their trust is restored. Parkes and Bowlby suggest that if we do not progress through this phase, we will continue to be consumed by anger and depression. They also suggest that our attitude towards life will remain negative and hopeless.
- D. Reorganization and Recovery: This is the phase where the mourner understands that their old life is forever changed and that a new life without their deceased loved one must begin. They establish new goals and patterns of day-to-day life. Gradually they start to rebuild and realize that their lives can still be positive even after the loss. In this phase, their grief may not go away nor will they be fully restored, but for Bowlby, the loss recedes and shifts to a hidden part of the brain, where, though it influences us, it is not at the forefront of the mind.

### **Dealing with the Grief of Loss: William Worden's Model**

It is important to underscore that William Worden's (1991) book, *Grief Counselling and Grief Therapy* is very closely related to the work that Bowlby and Parkes did in the four phases of grief. Worden's four tasks of mourning are:

- To accept the reality of the loss.
- To work through the pain of grief.
- To adjust to an environment in which the deceased is missing, and,
- To find an enduring connection with the deceased while embarking on a new life.

Over the years other theories have emerged, many of which have transitioned from the concept of stages, and tasks, to bonds. Worden says we will have to work through the pain; Kubler-Ross says we will adjust to a new world without our loved one. Rando says we will have to accept the separation.

The bereaved may not be able to reach the acceptance stage on his/her own. Thus, the pastoral role may be the vehicle through which the bereaved may be assisted to find meaning in his/her present condition and why life has to go on without the deceased loved one. So the acceptance stage is where our final healing and adjustment take a firm hold irrespective of the fact that healing often looks unattainable. As we heal, we learn who we are and who our loved one was. In this sense, healing brings us closer to our loss.

In sum, when a child is separated from its primary caregiver, it hurts and the child reacts negatively. The same pattern of reaction occurs when death separates two people who are bonded together. The pastoral agent is equipped with this knowledge, which forms the tools and competencies that he needs to be able to support the bereaved spiritually and otherwise. It is advisable for the pastoral agent to know the five stages of Kubler-Ross, Bowlby & Parkes' four

phases of mourning, and William Worden's four tasks of mourning. Their knowledge is invaluable in the assessment of, and in support of BW, all of whom have experienced life changing losses. The findings of the interviews with those women are contained in the next chapter.



## **CHAPTER 5**

### **FINDINGS FROM THE INTERVIEWS OF SIX BW IN THE NNEWI CATHOLIC DIOCESE.**

#### **Introduction**

In this section, the in-depth interviews conducted from (9/29/2019) to (10/7/2019) with six BW from the Nnewi diocese will be examined. The names (not actual) of the interviewed BW are Okwukweka, Onwudinjo, Nkiruka, Ozoemena, Uzoaku and Ogechukwu. They were interviewed at their respective homes and their names appear here in the order in which they were interviewed. Some of the BW experienced the death of their husbands close to the time when they also lost their children due to death. Some husbands died due to illness, others died in car accidents. The women lost their husbands after being married between seven and 30 years.

One of the major issues that was emphasized in the statement of need was that women are at the center of bereavement in their given family. In the midst of their own grief, they still took care of everyone else. If that were the case, who was taking care of these women? The aim of the in-depth interviews was to listen to these BW tell their stories, to ascertain the extent of their suffering, and to determine, as well, whether they were pastorally cared for by the Church. Phenomenological research such as this study captures the experiences of several individuals living through the same phenomenon (Creswell, 2007). The interview transcriptions were analyzed for phenomenological codes and categories with the hope of properly ascertaining the themes of the spiritual, emotional, financial, and cultural, experiences of the BW. These themes will be described in the discussion section regarding the lived experiences of the participants in terms of their grief patterns, sufferings, and how they were pastorally cared for.

## THE FINDINGS

The following categories have emerged from my analysis of the codes following the participants' experiences. These categories are:

1. The experience of spirituality in the lives of BW.
  - Attachment to BW's religion of origin/conversion to a new religion.
  - Funeral liturgy/Mass.
  - Pastoral care/relationship.
2. The BW's experience of financial/material support.
3. The BW's experience of the impact of loss.
  - Emotional reaction (tears, anger, worry, etc.).
  - Emotional sequela (loneliness, abandonment, disappointment, shame, sexual hunger, etc.).
4. The BW's experience of customs and traditions.

Below is a description of four findings highlighting the women's experiences of grief, emotions, challenges, cultural impositions, family problems, social stigmas, and other intervening life circumstances to provide a greater understanding of the experiences of the BW.

### **1. The Experience of Spirituality in the Lives of the BW**

Understanding, for instance, the BW's experiences of spirituality, their attachment to faith of origin or attachment to a new faith, funeral liturgy, and pastoral relationship/visit as they relate to the participants is important to consider. Each of the six women interviewed, at the time of the interview, was deeply committed to the Catholic faith and strongly convinced that nothing

would influence her to lose this faith. Each interviewee expressed she is a devout Christian with a deeply-rooted relationship with God.

### **Attachment to Faith of Origin/Acceptance of New Faith**

Three of the six women, Uzoaku, Nkiruka & Ogechukwu, will be discussed initially. First, Ogechukwu lost her husband in 1994, 25 years ago. They had two daughters. She promised God that she would remain faithful to Him. But she now needs financial help to adopt a son. Initially, the BW would have left the Catholic Church because of the overwhelming mandatory levies they had to pay to the CWO, later they changed their minds. This is how Nkiruka (who lost her husband through sickness in 2011, when she was four months pregnant) described her thoughts on abandoning the Catholic faith.

Yes, there were times I had considered leaving the Catholic faith. Some of the things that pushed me to consider abandoning my Catholic faith are the following: there are too many levies in the CWO. Most of the time, these levies are shared equally among everybody, with no consideration for the poor widows who are struggling to feed and educate their children. The CWO leaders may need to be considerate in their dealings with BW, especially the young widows. (Nkiruka, Fieldwork Interview, October 3<sup>rd</sup>, 2019)

The other two women, Okwukweka (lost her seminarian<sup>8</sup> son in an auto crash and her first daughter (cause of death not known) within one year. Her husband became bed-ridden after about eight years. Nkiruka, on the other hand, shared that they were advised by some Christian mothers to seek a solution concerning their problems from other Church denominations, but they never considered the advice as something they needed to explore. Another woman I interviewed,

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<sup>8</sup> A seminarian is a person who is undergoing a seminary training to become a Catholic priest.

Uzoaku (lived with her husband for 10 years before he died in 2009. Their marriage was blessed with eight children), admitted that she had been visiting prayer houses that were not Catholic until she realized that those pastors were extorting money from her without producing any spiritual result. She shared that she has resolved to remain a Catholic till death. This is how she narrated her experience.

Sometime in the past, I used to go to other denominational prayer houses to meet pastors for miracles and signs. I discovered that they have many ways of extorting money from me without even doing anything to help me. I later decided to stop any form of running around to understand what was happening around me. How can a pastor be collecting consultation fees and other charges just for the pastor to pray for you? I have decided to use the chapel and pray before the Blessed Eucharist.... (Uzoaku, fieldwork Interview, October 3<sup>rd</sup> 2019)

The fifth woman, Ozoemena (lived with her husband for 14 years, before he died in an auto crash), had faith challenges right from the time she married her husband because the members of her husband's family were "End-Time" worshipers. She made her stand known—that nothing would make her abandon her Catholic faith—to everybody in their family. Accordingly, the family believed she was supercilious and stubborn, and they decided to requite her for her unrelenting steadfastness to the Catholic faith. She lost her voice and position in the family after the death of her husband. She could no longer use the general living room, not even for prayers with her children. Her brothers-in-law disrupted her daughters' marriage arrangements and refused to allow the traditional rituals and the paying of the dowry to take place in their family compound. Her two daughters could not marry again after losing their previous chances.

Onwudinjo got married traditionally<sup>9</sup> in 1998, wedded in the Church in 1999 and lost her husband through sickness in 2005. For her part, shared that she is attached to her faith and the resources that she found in the Catholic Church, such as the Mass, Rosary, adoration, and other resources have helped her grow in faith. She has this to say,

I was born and raised a Catholic, and even in the midst of my loss, my faith is ever strong in God and in the Catholic Church. I have a lot of resources in the Catholic Church, like adoration of the Blessed Eucharist in the chapel, the Rosary, daily Mass, pious religious groups, and many others. I derive my spiritual strength from these resources. I am growing every day in my faith following my loss. (Onwudinjo, fieldwork interview, October 2<sup>nd</sup>, 2019)

Regarding the same notion of the use of the resources found in the Catholic Church, Uzoaku stated,

I have decided to use the chapel and to pray before the Blessed Sacrament and tell Jesus my troubles and worries. Since then, I found peace in my life and family. So, I know what I have in the Catholic Church. My faith is very strong in the Lord. Nothing will make me

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<sup>9</sup> An African traditional wedding is one of the customary marriage rituals which empowers a suitor to take a woman as his wife. In Igbo culture, the ritual is rich. The new husband and wife are traditionally dressed to impress, as there is a special platform where the bride and the groom are conspicuously seated after the ritual, in view of all the invitees. The hallmark of the traditional wedding ceremony is when the father of the bride or the eldest man in their family or in some cases, the eldest man in their kindred, pours the local wine (palm wine) in a cup and hands over the cup of wine to the bride to give to her new husband. This wine ritual provides the opportunity for the bride to carry the wine, cover it and move around into the crowd to look for her soulmate. Everyone is interested at this point to know who the lucky man would be. As the bride moves around, the men beg her to give them the wine but she refuses. The man she gives the wine to would be recognized as the suitor and her husband for life. At this point, the groom takes the cup of wine from her and drinks it. He then puts some money inside the cup and the couple kneel down in front of the elderly man (which could be the father of the bride). The elderly man then says prayers in the traditional way, invoking blessings on the newly wedded couple. During this prayer, he invokes God to bless the bride and the groom with wealth and give them male and female children, and protect them from evils of various kinds. At the end of this prayer, the bride and the groom have become husband and wife. Then, the celebration continues with music, dancing, food and drinks, and presentation of gifts. Earlier, in a separate ceremony or shortly before the wine ceremony in the traditional wedding ceremony, the payment of the dowry would have taken place. The Nigerian Catholic Church supports both the paying of dowry and the traditional wedding ceremonies.

leave the Catholic Church because I discovered that there are many sacraments in the Catholic Church that cannot be found in other Churches, like the Mass, the Blessed Sacrament and the sacrament of Penance. I have made up my mind that I will die a Catholic. (Uzoaku, fieldwork interview, October 3<sup>rd</sup>, 2019)

Additionally, many of the BW spoke about the spiritual resources they found in the Catholic Church as a coping strategy. All six BW said that the Mass, chapel visitation, and adoration of the Blessed Eucharist are powerful means of coping during their most distressful time, namely, the post-funeral period. Two of the BW, Okwukweka and Ogechukwu, mentioned the praying of the Rosary as a wonderful means of spiritual strength.

... This advice from some CWO members to seek help from powerful pastors from Pentecostal assembles in order to solve her family problems, made me to call my parish priest and I shared my experience of some fellow Catholics with him. He asked me, “Which is the greatest sacrifice?” When I answered the Eucharistic sacrifice, the Mass, he then advised me to hold on to the Eucharistic sacrifice. Since then I have been attending morning Masses regularly especially whenever the burden and distress of my loss are too much for me to bear. The Rosary has been a powerful means of survival from the pain of loss and grief. (Okwukweka, fieldwork interview, September 29<sup>th</sup>, 2019)

### **Funeral Liturgy/Mass**

It is important to observe, while there were funeral liturgies for all the deceased who were related to the interviewed BW, four of them had funeral Masses celebrated for them, but the other two who were related to Ozoemena and Ogechukwu had only funeral services done for them. They

did not experience funeral Masses. The two BW participated in a funeral liturgy/service<sup>10</sup> conducted by their catechists (a catechist is a pastoral associate to a pastor or priests who work in a parish) respectively, which is different from the Mass celebrated by a priest. In the Nigerian context, it is a great privilege to have the Mass celebrated for your deceased loved one because it shows that the deceased was an active member of the Church before his or her death.

When the celebration of the Mass is not possible, family relations are not happy to have the catechist perform the funeral service for their loved one. For the Nigerian Catholics, when a catechist performs the funeral service for their deceased loved one, it shows that though the deceased was a member of the Church, he/she was non-practicing at the time of death which now affects the funeral, and might even affect reunion with God. However, when it is clear that the deceased was not an active member or in communion with the Church, family members are disposed to welcome a funeral service for their deceased loved one.

The four BW, who participated in the funeral Mass celebrated for their loved ones, spoke individually about how the homilies touched their lives. Nkiruka, like the other three BW, stated: “The priest who preached the homily knew my husband very well. I loved the beautiful things he said about my husband. He also spoke directly to me and my children. I found meaning and encouragement in his words” (Nkiruka, fieldwork interview, October 3<sup>rd</sup>, 2019).

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<sup>10</sup> In the Catholic Church, a funeral service is different from the funeral Mass. A funeral service is a liturgical celebration performed by either a priest, a deacon, a catechist, a zonal leader or in fact any practicing Christian. It is called a service because even though there may be readings and other prayers at such a service, there is no consecration of the bread and wine. In other words, there is no Mass at such a funeral. A funeral service is most likely to be utilized at the funeral of the deceased who is not in communion with the Church (or a non-member). The term “not in communion” means that the deceased was under censure or excommunication from the sacrament of the Eucharist due to certain conduct or “life-style” or an action that publicly defies the Catholic doctrines and teachings. The Church teaches that Christians who are not in communion with the Church before their death will not be buried with the liturgical celebration of the Mass.

Uzoaku observed,

... The decorum of the funeral Mass and the consoling admonitions that the parish priest gave us during the homily were both sources of strength and encouragement in our loss. Our participation in the liturgy, especially my daughter reading at the Mass, helped my children understand the need to pray for their departed father. (Uzoaku, fieldwork interview, October 3<sup>rd</sup>, 2019)

In fact, all the six BW interviewed narrated how either the funeral Mass or the funeral service brought healing and encouragement in their lives. They spoke highly of how their involvement in the funeral liturgies uplifted their spirits and helped them in their healing process. Ozoemena stated that,

There was no Mass. But the Catechist led the funeral service for the burial of my husband. It was well organized. There were readings and prayers of the faithful. The reflection was done by the catechist, and a lot of Catholic funeral hymns were sung. So, I was satisfied with much of what the Catholic community did to support me. The involvement of the catechist and the Catholic community at my husband's funeral was helpful in finding meaning, healing and closure in my loss. (Ozoemena, fieldwork interview, October 3<sup>rd</sup>, 2019)

### **Pastoral Care/Relationship**

Pastoral care/relationship is an important aspect of the BW's experience of spirituality. Five out of the six BW interviewed shared that they were not visited by either the Parish priests or the associate priests of their parishes during the post-funeral period. The lack of these visits was neither as a result of the decision of the parish priest/vicar nor due to lack of priests in the area/parish. From what I gathered, it was due to a neglect of duty that was not purely punitive but



an oversight due to non-practice of such pastoral visitation. Such visits entail either praying for them, supporting them with words of encouragement, granting them the opportunity to use the sacrament of penance or even supporting them with just a visit. Only one woman, Okwukweka, the woman who lost her seminarian son in a car accident, shared that her parish priest “almost became a member of her family” (Fieldwork interview, Sept. 29<sup>th</sup>, 2019). This may be because her son was a seminarian, or that the parish priest was exceptional in his pastoral ministry.

Otherwise, from a perspective of a pastoral relationships, only two of the deceased were seen by a priest shortly before their dying. Three died through motor accidents, and one of the BW, Uzoaku, shared that she forgot to invite a priest to see her husband before he died in the hospital. Nkiruka shared the following,

My husband was sick for many months. During his last hospitalization at Nnewi Teaching Hospital, Nnewi (NTHN), the Catholic chaplain of the hospital visited my husband, prayed for him, gave him Holy Communion and anointed him with the oil of the sick. He also gave my husband ashes because that day was Ash Wednesday. That visit meant a lot to me because my husband was non-responsive at the time. I was battling with anticipated grief, but when he came, his visit gave me some hope. (Nkiruka, fieldwork interview, October 3<sup>rd</sup>, 2019)

Onwudinjo was happy for the pastoral care her husband and family received during her husband’s hospitalization,

When my husband was hospitalized at Dr. Ezudu’s hospital in Uzaha, he helped my husband to receive pastoral care from many priests who visited and prayed for my husband, heard his confessions, and anointed him. Both my husband and members of my family were pastorally taken care of by many priests that visited us. It was a blessing to

have had my husband hospitalized at Dr. Ezudu's hospital. (Onwudinjo, fieldwork interview, October 2<sup>nd</sup>, 2019)

Ozoemena, by contrast, shared and offered a glimpse of how she struggled on her own without any form of pastoral care at the early stage of her bereavement.

I didn't experience our pastor in any way either before or after the funeral. I didn't receive any form of pastoral support during the early period of my bereavement. I was struggling on my own and the challenges were quite enormous. However, there was a time when I began to receive some measures of assistance like food stuff from the parish during festival periods, especially during Christmas. ... no priest has visited me and my children in my house. Whenever it might happen, I will thank God for such a blessing. (Ozoemena, fieldwork interview, October 3<sup>rd</sup>, 2019)

Uzoaku, too, shared that she did not experience a pastoral care relationship at the early stage of her bereavement because she was not so much connected with her parishes. When asked what her pastoral expectations were when she became active in her parish, she said,

I didn't have any pastoral expectation because I didn't know that our parish priest, as a pastor, should look after his flock and feed them. I thought that parishioners like me who have spiritual needs should go to the parish priest. My understanding is different now. I have come to realize that the parish priest should visit bereaved parishioners and may have to support them both spiritually and materially (Uzoaku, fieldwork interview, October 3<sup>rd</sup>, 2019).

Ogechukwu was not upset with the situation but she was not pleased with the fact that none of their pastors and associates were able to creat some time at least to visit them to pray for and encourage them.

I didn't experience our parish priest during the post-funeral period. For instance, since my husband passed, no priest from our parish has visited me and my children, either to check on us to see how we are managing or to support us with prayers. I have not experienced anything like that. Subsequently, we have had other parish priests and I have not been visited by any of them to pastorally care and support me and my family.

(Ogechukwu, fieldwork interview, October 7<sup>th</sup>, 2019)

Additionally, Ogechukwu did not hide her feelings when asked if she expected pastoral care and support.

Yes, it's one of my expectations. I know that priests go on visitation of the sick, to pray for them and anoint them with the oil of the sick. Likewise, widows are sick and burdened with many things. We deserve a pastoral visitation from our priests for admonitions, counselling, prayers, and support in whatever form that the priest wants to do it. If they can do it, it will add value to the quality of care that the Church gives to her bereaved people.

(Ogechukwu, fieldwork interview, October 7<sup>th</sup>, 2019)

The six participants are religious and committed to their Catholic faith. From what they shared, they live practical Christian lives and wanted their pastors to visit them in their homes and engage with them more.

### **The BW's Experience of Financial/Material Support**

With regard to financial and material support, five of the BW shared that they did not receive any form of financial assistance either from their parish or from the CWO throughout the post-funeral period. For instance, Onwudinjo shared,

I cannot remember in any way that the CWO has helped me since my husband died. I thank God that I have a little business that I am doing and because of that I was not

hoping for anybody or group to help me and my children. However, God has been providing for me and my children through my brother, one of my cousins, and my little business. The CWO has not impacted my life in any way. Instead, I am expected by the leaders of the CWO to be financially up-to-date as a member. (Onwudinjo, fieldwork Interview, October 2<sup>nd</sup>, 2019)

There was only one woman, Ozoemena, who shared she was supported by the CWO because she was removed from dues and levies. She said she enjoyed this privilege for some time though she was later returned to a financial member status when some members of her family objected to her removal from financial obligations. Ozoemena stresses that,

I have been supported by the CWO in many ways. It was the members of the CWO that led the investigation that identified me and others as people who needed support and therefore removed me as a financial status member when we were under St. John Paul II's parish. During this time, we were under Aniani outstation. I continued to enjoy this privilege until certain people from my family protested that privilege and after some contentions, my name was removed from the list. Though I have become once more a financial member, there are yet some CWO women that are supporting me financially and materially. (Ozoemena, fieldwork interview, October 3<sup>rd</sup>, 2019)

She also shared that her current parish priest had in the past invited all the BW in their parish and had more than twice distributed yams to them. The rest of the BW were either helped financially or materially by their priest-friends, family relations, neighbors, or other individuals. Onwudinjo specifically observed that,

Our sponsor in marriage, Dr. Ezeudu, impacted my life in so many ways. He has been providing both financial and medical assistance to my family. My cousin Engr. Izonze

has been a wonderful relative. He has been encouraging me and supporting me financially. I can count on Father Franco Ofor who has demonstrated his love for me and my children in countless ways. “There are hosts [sic] of other relatives that I will not be able to mention by name here, who are concerned about my plight and have supported me in various ways.” (Onwudinjo, fieldwork interview, October 2<sup>nd</sup>, 2019)

When asked, the interviewees shared that they would like the Church or the CWO to have a program to assist BW. They all shared that the deaths of their husbands brought additional burdens on their family responsibilities. They argued that if the Church understands that they had become the breadwinners of their families and, therefore, needed financial and material assistance, it would become easy for other entities in the Church to see them as a group that stood in need of support. Ozoemena reported;

Another aspect the Church should look into is the financial contributions in the CWO. There is no distinction when there is any levy to be paid by the CWO members. Most of the time, the levies or contributions are shared equally for every member of the organization. Nobody thinks about the young widow who has nothing to eat and to offer her some help towards her financial responsibilities. The parish priests may also alleviate the sufferings of the young widows by giving them, from time to time, some kind of material help like organizing the Widows’ Day to provide them with material needs. They may also support some of them financially to begin a small-scale business. (Ozoemena, fieldwork interview, October 2<sup>nd</sup>, 2019)

Most of the BW have become the breadwinners of their homes. Their suffering is real as they struggle to feed, pay schools fees, and take care of practically everything. BW stand in need

of financial/material support. These BW would love to see their Church and CWO organization support them more financially and materially.

## **2. The BW's Experience of the Impact of Loss**

I will discuss the topic of the experience of the impact of loss on the BW under two headings, namely, emotional reactions and emotional sequela. Since the two are closely related, I have chosen to discuss them under the umbrella of the impact of loss. Here, the emotional reactions will be regarded as those behaviors or actions which grief, as an instinctive response to loss, has produced in the life of the bereaved. This happens because grief can be so strong and at times, very complex, too. Mourning, crying, anger, sadness, etc., for instance, as outward expressions of grief, are not bad or harmful when naturally acknowledged and expressed. Any of these actions can help the bereaved adapt to his/her loss. Naturally, grief at loss triggers these emotions.

Emotional sequela describe the emotional reactions to the situations in which the bereaved were forced to live with after the death of a loved one. Such conditions/situations result from the deprivation of the good life that both the deceased and the bereaved were enjoying before death occurred. One can also look at these conditions as effects of separation. Included in the list of emotional sequela are loneliness, disappointment, abandonment, shame, sexual abstinence, etc. I will now address each of these categories of the impact of loss.

### **Emotional Reactions**

Emotionally all six BW experienced one form of emotional reaction or another during the post-funeral period. All six interviewees shared that during the post-funeral period, certain experiences like difficulties in paying rent, school fees, food, medical bills, etc., have triggered the emotions of loss that led to tears. In Nigerian culture that this researcher is familiar with,

crying is allowed as a form of grief expression at any time following the death of a loved one. Yet, the people are very much concerned when, after so many years following a loss, one still shows emotions of sadness, anger or crying associated with that loss, or delayed grief, or complicated grief, or disenfranchised grief<sup>11</sup>. There are, as shown, many different kinds of grief, and it is hard to know which “kind” is operable or being demonstrated at any point in time. Of course, there is no specific length of days or years for grieving. But, after a while, everyone expects the mourner to take courage and get on with life. In the face of continuous grief, the Igbo people, culturally, may benefit from knowing what triggers these emotions of anger, sadness or crying so that such a BW could be better helped in the future.

Throughout her interview, the third interviewee, Nkiruka reacted emotionally with anger and crying due to different issues that were raised. Some of these would include her brother-in-law’s wife’s refusal to be on speaking terms with her and/or console her over her loss. Nkiruka has had many problems with her brother-in-law. The clan head refused to return the apportioning of the land where her husband was buried. If the clan head had reverted his decision, the portion of land where Nkiruka’s husband was buried would have been returned to her and her children. The other would have been apportioned to her brothers-in-law. Since this was not done, Nkiruka has been in pain. Equally her brothers-in-law are not helping her train her children. She experiences difficulty in paying her children’s school fees and providing food and clothing for

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<sup>11</sup> The term delayed grief is used to describe grief that is postponed and resurfaces sometime later. It is not good to suppress one’s feelings of pain and loss. When this happens, it must surely resurface sometime in future. Complicated grief is used to describe grief that is complicated by adjustment disorder (especially depressed and anxious mood or disturbed emotions and behavior). Major depression, substance abuse, and post-traumatic stress disorder are complicated grief. Disenfranchised grief is a term describing grief that is not acknowledged by society. Examples of events leading to disenfranchised grief are the death of a friend, the loss of a pet, a trauma in the family a generation prior, or even the death of a beloved one during the Covid’19 pandemic etc.

them. Finally, the CWO demanded that she pay her numerous levies and contributions. Nkiruka succinctly expressed it in this way:

One of such issue was when we had land problems which made the members of our kindred to divide the land in our immediate compound between me and my late husband's younger brother. I later discovered that part of the land given to one of my brothers-in-law is where my husband was buried. I reported this to the eldest of our kindred but to this day nothing has been done to correct the mistake. (Nkiruka, fieldwork interview, October 3<sup>rd</sup>, 2019)

All six interviewed BW stressed that family problems which surfaced as a result of their loss caused them emotional reactions of sadness, disappointment and worry, crying, anger, and withdrawal from the public. Nkiruka, for instance, observed,

Yes, there were times when I found it very difficult to pay my children's school fees. In situations like that I will remember my husband and how easily he used to pay their school fees and then my mood will change. I do not only become angry and saddened by the death of my husband, but I am also disappointed with the situation of my husband's death, especially as I cannot bring him back. (Nkiruka, fieldwork interview, October 3<sup>rd</sup>, 2019)

On her part, Uzoamaka emphasized,

I get emotional some time, vocalizing my husband's name and asking him in a rhetorical way, "why did you do this to me?" At times too, I will face myself and scold myself for not letting go of my husband. I have been trying to get my mind off my husband, especially how he died. One of the things that makes me angry at times is when



people whom I considered as family friends when my husband was alive began to make trouble for me. In such situations, I found it difficult to understand their intentions for doing so. This attitude had made me in the past to withdraw from the public. It has made me to become selective in choosing friends. It is not easy, in the midst of all of this, to be a single parent. (Uzoaku, fieldwork, October 3<sup>rd</sup>, 2019)

Nkiruka spoke of how disappointed and worried she felt with what was happening between her and the family of her eldest brother-in-law.

My greatest disappointment and worry are that since the death of my husband, I have been having problems with the eldest of my brothers-in-law and his immediate family. At some point we stopped talking to each other. I stopped greeting him when I noticed that he does not respond to my greetings. This began with his wife who stopped talking to me earlier before the death of my husband. (Nkiruka, fieldwork interview, October 3<sup>rd</sup>, 2019)

Two of the six BW, Okwukweka and Uzoaku, shared that they stopped attending public functions that reminded them of their deceased loved ones. This decision had to do with the psychological impact such gatherings would have on them, such as missing their loved ones, or blaming themselves for not doing their best to prevent their deaths. At times, amid such a gathering they found themselves calculating how old the deceased would have been by that time. This is what Okwukweka shared,

... there have been many times I became emotional over my bereavement and left a funeral in the middle of the Mass. The truth is that each time I go to a function and see seminarians in a procession before the Mass, I will become angry and feel that my son abandoned me. This has made me to stop attending functions that bring seminarians

together. Any time I see his classmates, I am always saddened, as this will bring to my mind the old memories that my son shared with his peers. Another thing that makes me emotional is when enter my son's room ... I will see his pictures and I will become emotional and cry. (Okwukweka, fieldwork interview, September 29<sup>th</sup>, 2019)

While the other two, Onwudinjo and Uzoaku, revealed that, after the funeral, they returned to the city where they had lived with their deceased husbands with the hope that their loneliness would be reduced, or the recriminations over the death of their husbands would disappear, or even their experience of disappointment and betrayal would stop. Uzoaku shared,

I felt abandoned. It took me time to begin to socialize again. I found it difficult to go to functions, and even to talk to people. I thought that anybody that I spoke to would feel that I was about to beg for help. The attitudes of my husband's friends taught me some lessons, which caused me to really select those that I call my friends. I have discovered that some friends are friends when things are going well but they cease to be friends when you need them. I felt disappointed and betrayed by some of them....

(Uzoaku, fieldwork interview, October 3<sup>rd</sup>, 2019)

### **Emotional Sequela**

On this topic, all six women shared that they were impacted by the death of their husbands/loved ones. They admitted that they experienced loneliness and abandonment throughout the post-funeral period. This was due to the challenges they had to face which the death of their husbands imposed on them, like sleeping alone at night, payments of rent, school fees, and medical expenses. Additionally, they have to provide food, clothing etc., for their families. Onwudinjo had this to say,

I have had a lot of emotional experiences of betrayal, loneliness, disappointment, etc., within the period following the death and funeral of my husband. I used to sleep with my late husband in the same bed every night. I became very lonely and blamed my husband for dying, the first night that I felt his absence in our bed. When that vacuum continued to torment me, I took all my handbags to fill in the space where my husband used to lay on our matrimonial bed. Whenever I remembered the sexual memories I shared with my husband and upon realizing that he has gone forever, anger and sadness would take over and I would begin to cry again. (Onwudinjo, fieldwork interview, October 2<sup>nd</sup>, 2019)

According to these BW, at certain difficult moments during this distressful period, each of them had experienced loneliness, betrayal, or disappointment. Okwukweka, spoke about her suffering in taking care of her bedridden husband for seven years. She said that it was the effect of the deaths of her son (seminarian) as well as her first daughter that kept her husband in his condition. She felt abandoned and, therefore, lonely in taking care of her husband, coupled with the additional duty of being the bread winner of her home.

Eight months after the death of my son (seminarian), my first daughter, Miriaku, was brought home dead. At that point I knew that my faith in God was being tried. ... With this second bereavement, I lost my stability and my husband who was hypertensive, fell sick, had a stroke after few years and became bedridden for seven years. I now feel abandoned and lonely in doing practically everything by myself, such as medical bills, feeding, school fees, caring for my husband, etc. (Okwukweka, fieldwork interview, September 29<sup>th</sup>, 2019)

Nevertheless, another woman Ozoemena, narrated that the death of her husband put her in an agonizing situation because she is alone, and fated to take care of her adult son who is mentally ill. She has done this alone for more than 24 years. Ozoemena shared the following,

The members of my Catholic family understood that I am suffering in many ways. I am suffering as a widow but also as a loner who takes care of my adult first son, who had a strange vision as a little boy that affected his speech and memory. It is not easy to take care of my sick son alone. ... I was treated by my brothers-in-laws as an outcast.... I am happy that my Catholic family are supporting me by giving me words of encouragement.  
(Ozoemena, fieldwork interview, October 3<sup>rd</sup>, 2019)

Ogechukwu, on the other hand, said that the early death of her husband cost her the opportunity to have a son. She said that her greatest worry and suffering is how to raise money to adopt a son. According to her,

... But I don't have a son. ... If my husband was alive, the story would have been different. Each time I remember this, my happiness disappears and I begin to cry all over again about the death of my husband (Ogechukwu, fieldwork interview, October 7<sup>th</sup>, 2019).

All six interviewed BW expressed that they felt abandoned and lonely when their loved one passed. They further shared that amid the feelings of abandonment and loneliness, the common expression which they gave vent to was anger. Therefore, anger was the primary response to their loss. Only one woman, Onwudinjo, shared that every night she felt the absence of her husband in their matrimonial bed. She said that her sexual feelings could not be met and that the vacuum which the death of her husband created in their matrimonial bed became tormenting. She shared the following,

... Whenever I remember the sexual memories I shared with my husband ... anger will take over me .... I have come to realize that beautiful pictures cannot talk or engage in romance or sexual acts. I have also realized... a widow will continue to have sexual feelings for the man she had loved. (Onwudinjo, fieldwork interview, October 2<sup>nd</sup>, 2019)

She also said that she became sickly after the death of her husband. This led to series of hospital admissions. According to her, it was more of a psychosomatic sickness which necessitated that the doctor provided counsellors for her. Onwudinjo stated,

... after my husband's funeral, I became sickly. Fortunately, our marriage sponsor, Dr. Ezudu, is a medical doctor. He treated me and supported me so much. He told me that my problem was more of a psychosomatic problem associated with the death of my husband. My sister was worried and thought that I had a mental problem. (Onwudinjo, fieldwork interview, October 2<sup>nd</sup>, 2019)

As reported by each of the BW, their bereavement experiences show that people who lose loved ones are terribly impacted. Their experiences demonstrate that under the stress of loss, they may behave in a manner inconsistent with their character. Such behaviors like crying, anger, and more, have to do with the emotions streaming from their hearts while facing the realities of the new world in which they found themselves. Their experiences equally show the suffering they are fated to in terms of loneliness, shame, disappointment, or betrayal.

While the loss of a loved one always leads to grief, the bereaved are impacted differently. As a result of such impacts, people express their pain through crying, anger, and sadness. The impact of loss keeps reviving the memory of the deceased to the bereaved, making it difficult to let go of these recurring thoughts.

### 3. The BW's Experience of Customs and Traditions

Three women, Onwudinjo, Uzoaku and Ogechukwu, shared how they were affected differently by the customs/traditions of their people. One of them, Onwudinjo, shared that her brothers-in-law were not happy with her because she refused to succumb to the custom of giving a goat to any of her brothers-in-law as a sign to indicate who will be financially and sexually responsible for her. Onwudinjo lamented,

This is one of the traditional customs in Isieke Local Government Area (L.G.A), that some people are still practicing despite the influence of Christianity in the area. The family expected me as a young widow to give a goat to any of my brothers-in-law as an official means of telling the rest of the family members that this person will be financially and sexually responsible for me. I knew that they have this tradition, but I pretended as if I didn't. Nobody confronted me because they knew that I was very religious.

(Onwudinjo, fieldwork interview, October 2<sup>nd</sup>, 2019)

She shared that she was ashamed of the kind of Christians we produce in these modern times because according to her, one of the Christian mothers advised her to use a candle<sup>12</sup> instead of a goat to perform this ritual so that she would be free from her family's onslaughts. Onwudinjo also said that their custom/tradition requires of her to stay at home for a certain number of market days without going to market or any social gathering. This is further confirmed by the following statements,

The first experience that I had after my husband's death had to do with the Igbo

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<sup>12</sup> The idea of a candle is to make it appear like a Christian custom, and therefore a ritual that is good. This, however, is tantamount to deception or false pretense. The practice of succumbing to a male in-law stands against Christian teaching. Therefore, using a candle to perform this customary ritual does not make it a Christian practice but rather, an African Traditional Religious (ATR) ritual. So no matter how it is disguised as a Christian practice, that will not make it right. When a Christian woman suggests the use of a candle to perform this traditional/customary ritual, she is supporting non-Christian practices.

tradition which mandates a widow not to go out from her husband's home till after a certain number of market days. My husband was a Christian but was not very active in the Church before his death. (Onwudinjo, fieldwork interview, October 2<sup>nd</sup>, 2019)

But according to her, two weeks after her husband's funeral, she returned to the city, with her children, where she had lived with her husband, even though she knew it would be a continuous struggle. She did this so that she would be able to educate her children. This was the reason why her husband's family abandoned her and her children.

One BW, Uzoaku, shared how she was silenced by her brother-in-law when she objected to having her husband's property taken away from her. She was told that the custom of the land does not permit a woman to get involved in land matters. While lamenting about this ill treatment she said,

Some of my brothers-in-law have treated me without respect. The worst is that some of them had attempted to take my husband's property and when I asked questions, they told me that I am a woman and that women do not talk about lands. Thanks to some honest members of our family who stood by me, I won the case. But during those days, I was too emotional and had cried.... (Uzoaku, fieldwork Interview, October 3<sup>rd</sup>, 2019)

However, another BW, Ogechukwu, shared that, generally, in Igboland, when you are married and have not given birth to a male child, you are regarded as having not given birth at all, even though you may have female children, as in her case. In some cases your husband may even marry a second wife in his quest for a male child. She confided to me that one of her greatest concerns is how to adopt a male child. If she were able to do that, the adopted child would be considered a legitimate heir to her deceased husband's estate. Unfortunately, financial constraints keep her from achieving this goal. She painfully shared her worries thus,

... I have a problem that eats me up. In Igboland, a woman who has no son is considered as not having given birth. This does not mean that I don't value and appreciate my two daughters. I love them and both of them know this. But I don't have a son. Each time I remember this, my mood will change and my appetite for food will disappear. This, in the past, had affected my communication and relationships. (Ogechukwu, fieldwork interview, October 7<sup>th</sup>, 2019)

These are some of the issues that affect BW and some of them are suffering in silence because no one has approached them to listen to their stories.

BW were terribly impacted by the above-mentioned customs/traditions. It is true that the Church had in the past done a lot to abolish some of the traditions that not only oppose Christian beliefs but also subject widows to pains and agony. Yet, the need remains for the Church to fight more to redeem women from the grips of these customs/traditions that cause BWs either shock or intimidation. The Church I hope will help them to have a voice in their communities.

### **A Summary of the Findings**

Through in-depth qualitative interviews, six BW were able to share extensively their individual experiences in the period following the deaths of either their sons, daughters, or husbands. During their interviews they reported how they were either attached to their religion of faith or how they wanted to move to a new religion. Uzoaku, Nkiruka and Ogechukwu would have left because of the overwhelming mandatory levies in the CWO but later decided to stay with Catholicism. Likewise, Okwukweka and Nkiruka did not consider some Christian women's advice of seeking solutions (from other Christian denominations) to their problems. Ozoemena, was unrelenting in maintaining her position with the members of her husband's family, who are "End-Time" worshipers, that her Catholic faith comes first in her life.



Also interesting is the participants' discovery of the use of the religious resources they found in their Catholic faith. All six spoke individually that prayer, Holy Mass, Holy Communion chapel visitation, adoration of the Blessed Eucharist, and the Rosary helped them to navigate the waters of the distressing and terrible impact of their loss.

As a group, participants experienced consistent lack of financial or material support from either their priests or the CWO. With the exception of Ozoemena, who was helped by the CWO to stop financial contributions but was later reinstated as a financial member, the rest were disappointed that the CWO did not come to their aid when they needed support the most. All the participants reported that they expected the CWO to support them financially or materially. However, they never received any such support.

All six women described how they were individually impacted by their losses. They reported that they were surprised that from time to time they experienced emotional reactions of sadness, anger and crying. All six participants also shared that these emotional reactions were recurrent and difficult for them to control. Four of the women narrated how they were either disappointed or betrayed by their family relations and friends. As a group, participants had experienced loneliness and abandonment. One participant, Onwudinjo, reported significant grief following the death of her husband a few years after their wedding. This led to depression and/or psychosomatic experience.

Three participants were negatively impacted by the customs/traditions of their people. One participant, Onwudinjo, as noted, expressed the feeling that her brothers-in-law were not happy with her because she refused to succumb to the tradition/custom of giving a goat to one of them to indicate who will be responsible for her financially and sexually. She felt that the tradition of staying at home for many months as a period of mourning impoverishes a bereaved

woman. The other participant, Uzoaku, described how dehumanizing their culture is, that it suppresses a woman from speaking and from fighting for her right over a parcel of land that belonged to her deceased husband. Another participant, Ogechukwu, said that her loss put her in the agonizing situation of suffering, which culminates in abandonment and sexual abstinence. She felt that even though she has two daughters, she is like someone who has no child. This is because, as noted, of the value the Igbo culture places on a male child over a female child. Since her husband died, as evidenced, leaving her with two daughters, her greatest worry was how to raise money to adopt a son.

No doubt, the findings from the in-depth interviews of the six BW show that participants are experiencing suffering due to the death of their husbands or as in the case of Okwukweka, her son and daughter. Participants reported feelings of disappointment regarding the Church. They felt that the Church needed to do more to listen to them and support them in more practical ways. Participants also felt that since they are active members of the CWO, that the leadership of the CWO needs to support its bereaved members, financially and materially. To get this done, participants emphasized that the leaders of the CWO should consider visitation of the BW as a necessary first step that would help the leaders know their sufferings and how better the organization could support them.

The next section will present the discussion section. In the discussion themes, drawn from the findings presented above will be examined. Following the discussion, suggestions for my diocese, or another diocese in Nigeria (or even beyond) will be offered as to how BW can be better cared for.

## **CHAPTER 6**

### **DISCUSSION OF FINDINGS, RECOMMENDATIONS AND CONCLUSION**

#### **Introduction**

This study employed in-depth qualitative interviews to ascertain from six Catholic BW their experiences of pastoral care during sickness, funeral, and post-funeral periods following the death of their loved ones. The study described participants' reports about their personal experiences of spiritual support, financial/material support, emotional responses to their experiences, traditional/cultural impacts, the impact of the CWO dues and levies, and how the participants coped with their experiences. The analysis of the codes led to the development of categories which, upon multiple reviews and regroupings, led to development of the themes. Theming provides opportunity to observe and note the patterns of similarities and differences that emerge from the experiences of the participants. The qualitative methodology allows for the sharing of the participants' world views from the individual's as well as from the group's vantage point. In this chapter, the findings will be discussed across participants in relation to existing literature, followed by practical suggestions and areas in need of further research.

#### **THEMES:**

##### **Catholic Faith: My Bereavement Experience Helped Me to Value My Catholic faith**

The two major religions we have in Nigeria are Christianity and Islam. The Southern part of the country is dominated by Christians while the Northern part is composed predominantly of Muslims. The Igbo, who live in Southeastern Nigeria are overwhelmingly Christian, including varied denominations. Among these categories in the Southeast, Catholicism encompasses about thirty-five percent (35%) of the population. For the Igbo Catholics, a Catholic burial/funeral celebrated by a priest or his delegate is a matter of great importance. But for this to happen,

members of a given parish need to be in communion with their Church. This is part of the reason why the participants were committed to their Catholic faith. Equally, based on the findings from the BW during their interviews, there were other benefits resulting from commitment to the Catholic faith.

Such benefits include prayer support group, outreach programs through visits from their group members, as well as other groups. Some participants shared that the support they got from these groups elicits a sense of belonging to their Church. Ozoemena shared that members of the CWO visited and supported her when she lost her voice in her late husband's family. Their visitation allowed her to feel that she was not alone. The support she got from this group of women helped her to be emotionally strong as a widow in her husband's family. Otherwise, she would have absconded from her marital home and moved back to her original family after the funeral of her husband.

Harries (2015), agrees that a relationship between a congregant and the Church must be maintained for the congregant to benefit from the Church, just as the concept of the *imago Dei* (image/likeness of God) fosters humanity's relationship with God. If human beings have intrinsic worth and value because of the image of God in them, likewise a congregant benefits from the Church because he/she is active and committed. Such commitment has spiritual, material, and social benefits. Spiritually, one of the benefits or privileges one would receive at death is a priest's celebration of the funeral Mass, and by extension, pastoral visitation to the bereaved. Materially, the Church, through food apostolate, inspires her members and encourages them to support the vulnerable among them through other charities as well. Socially, a committed Church member benefits through the gathering of fellow congregants at the person's home for various

celebrations like birthdays, anniversaries, naming ceremonies, funerals, etc. Such visitations bring emotional, and at times, financial support during the post-funeral period.

As reported in pertinent religious resources and the existing literature: Jackles (1975, 1983) agrees with Pope Gregory the Great (2007) on many of his pastoral policies. Pastoral care or cure of souls consists of helpful acts done either by the Church or representative Christian person(s) and are directed toward the healing, sustenance, guidance, and reconciliation of troubled persons (p. 4). In this research, most of the participants reported that they expected to receive financial/material support from their Church, but it never happened. Only two participants reported that they received some assistance (food) from their parish priests. The other four felt disappointed that their Churches did not measure up in this aspect. However, they reported that they did receive money, food items, clothing, and other forms of caring from some of their families, relatives, neighbors, and friends.

Three participants would have left the Catholic Church for various reasons, especially due to lack of pastoral care. According to Wolpe's (2008), BW should be viewed as images of God. As such, pastoral agents should look into the eyes of the BW and listen to them. By so doing, the Church, through her pastoral agents, would understand the level of suffering, loneliness, anger, shame, and sickness that BW are subjected to. This may elicit the virtues of empathy, love, compassion, forgiveness and kindness from the Church. As images of God, we are morally responsible for one another. Wolpe, therefore, teaches,

At the outset of creation (Genesis 1:27), the Bible teaches that human beings are made in God's image. Can one be in the image of that which is not physical? Along with God's existence, this idea of human beings as lifted above nature, in God's image, is the fundamental religious truth that is under most serious attack. (p. 123)

Karl Barth's teachings (1956-60) are consistent with Wolpe (2008) on this point since Barth taught that we ought to respect each other because God has deemed all human life valuable and that's why He identifies with humanity. In some of the in-depth interviews, the BW of this study suggested that their commitment to Catholic faith is supposed to be reinforced by their pastor's visits. This gesture would give the participants the confidence that the Church they loved also cared about them and would always support them.

### **Pastoral Care: Spiritual Resources found in the Catholic Church were Helpful**

As Christians, the idea of death as an inevitable end to every human life has been inculcated in members of the Church. Yet, Christians are sometimes found struggling with mixed feelings regarding the beliefs and teachings of their religion. Some even have gone to the extent of questioning God's will and decision to have allowed a particular death. For instance, the death of an only son or daughter, or the death of a newly married husband/wife, or even the death of a newly born baby, particularly for a woman who finally becomes pregnant only to have a stillbirth. In other words, if God is all loving and all powerful, why does He allow such deaths? Besides, some people have insistently questioned God's existence, "where is God when bad things happen?" It is agonizing to deal with the pain, grief, anger, betrayal, disappointments, and confusion that bereavement elicits.

During the interviews with the BW of this study, they expressed the conviction and assurance that certain spiritual resources found in the Catholic faith are supportive tenets that bring healing and encouragement. All six women named participation in the celebration of the Mass, praying of the Rosary, adoration of the Blessed Eucharist, and praying the Psalms and other prayers, as comforting spiritual resources. All six BW shared that at those difficult moments within the post-funeral period, when they found it difficult to handle the additional

responsibilities imposed on them by the death of their loved ones, the use of these spiritual resources brought comfort, assurance, progress and healing.

Particularly, Nkiruka shared what represented the thoughts of other BW. According to her, in the absence of the expected pastoral care through the pastor's visit, she resorted to a personal use of the afore-mentioned resources to comfort herself and find meaning and healing from her suffering. Adoration of the Blessed Eucharist according to these women gave them the opportunity to offer up their worries and difficulties unto Christ who promised them, "come to me, all you who labor and are burdened, and I will give you rest. Take my yoke upon you and learn from me, for I am meek and humble of heart, and you will find rest for yourselves." (Matthew 11: 28&29)

They also mentioned becoming the breadwinners of their various homes, paying school fees, rent, clothing and the school runs, as the additional responsibilities that the deaths of their loved ones imposed on them. Participants' use of spiritual resources to achieve healing agrees with the teachings of Ignatius of Antioch (107-110 B.C.) and St. John Paul II (1984) on how Christ unites himself with the sick, the bereaved and those who suffer in order to support them. In this connection, Ignatius of Antioch spoke of Christ as our physician, while St. John Paul II spoke of Christ as the Incarnate Son who identifies with every human person especially those who suffer. Succinctly, the then Pope John Paul II (1984), in his encyclical *Salvifici Doloris*, teaches,

He himself is present in this suffering person, since his salvific suffering has been opened once and for all to every human suffering. And all those who suffer have been called once and for all to become sharers 'in Christ's suffering,' just as all have been called to 'complete' with their own suffering what is lacking in in Christ's.... (89)

In relation to one of the concepts of pastoral care, the crucifixion and suffering of Jesus Christ, Regan (1994) spoke of God's action as being favorable to his people. In the light of the NT, God's action can be understood through the lens of the death of Christ on the Cross. Therefore, as Catholic theology teaches, there is redemption in suffering. The blessings of Christ's passion have given the BW reason to continue to struggle. Indeed, my interactions with the BW show that their struggles are not in vain but are yielding great dividends. Five of the BW shared that they were afraid they would not survive the death of their husbands. They also shared they did not believe that they could become the breadwinners of their families, and especially to be able to educate and pay for the school fees of their children. However, as Uzoaku shared, "My condition is far better now because my first daughter has married, and one of her sisters is now living with her. I really thank God for His faithfulness" (Uzoaku, Fieldwork Interview, October 3<sup>rd</sup>, 2019).

Still, every member of the group lamented that pastoral support was lacking; they were left with no recourse but to explore, on their own, the spiritual resources they found in the Catholic Church. Thus, all six women admitted that instead of staying at home crying about life without the needed material and pastoral intervention, they took advantage of these resources by making use of the chapel, praying the Rosary, attending Mass, adoration of the Eucharist, and pious group meetings. One participant told me that she had made it a practice to take her children from time to time to visit the chapel and pray in adoration before the Blessed Eucharist. All six women mentioned that their commitment to the adoration of the Blessed Eucharist, the Mass, the Rosary, Holy Communion, sacrament of penance, etc., has provided a life-changing experience.

These spiritual resources are the models of pastoral care which the Church practices to ensure that Jesus's farewell command to Simon Peter, "... Feed my lambs ... Tend my sheep ...



Feed my sheep ...” (John 21: 15-17), is carried out effectively. One would say that the use of the spiritual resources by the BW is by implication, an extension of the early Church’s idea of the community prayer and the sharing of the bread and the Word of God. Their differences border on the fact that the early Church held these gatherings in their homes. But today, people, including BW, take part in these activities mostly in the Church.

Due to its collective worship, there is a kind of networking that happens in the Church. As people’s closeness to God in the early Church helped them care for one another, likewise, the BW’s use of spiritual resources brings them closer not only to God but to their fellow Church members. One of the participants shared that attending Church activities, especially for those who found it difficult to move on in their new world, provided the opportunity to meet and reach out to others. On the other hand, regarding the dilemma of being unable to move on in life or to socialize again, Uzoaku was the only participant who shared that she found it extremely difficult—due to her condition as a widow—to attend social function or talk to people. She feared that anybody she spoke with might feel that she was about to ask for help.

In some communities for instance, groups of BW have come together to form what is today known as Widows Association, and their counterpart, namely Widowers Association for men. The benefits of joining support groups for widows and widowers are many: It provide a place to meet others who have lost their spouse and understand your loss. It provides support from feeling isolated and alone. It gives one the opportunity to meet new friends. It is a great way to participate in organized activities without feeling like the 3<sup>rd</sup> wheel: often those who have lost a spouse feel extraneous or out of place with their friends who have spouses (JoAnne, 2020).

The spiritual resources, adoration of the Blessed Eucharist, Rosary, sacrament of penance, use of pious groups and many more, were utilized by most of the BW. The use of these

resources were considered self-help, however, because the proper pastoral care was lacking. As a result, these women rather than giving up, sought to utilize these spiritual resources to deal with the pain of their loss. From my interview with BW, the use of these resources helped them to accept their new world. It was also interesting to learn that these women were getting their children involved in engaging in their worship and how it helped them in training and bringing up their children in the fear of God. Self-help therefore, provided an opportunity for pastoral care of the children of the BW, with the BW themselves functioning as agents of pastoral care.

Using spiritual resources as a pastoral model of caring was discussed by Regan (1994) and Hunsinger (1995) under theological concepts and images pertinent to pastoral care. Both authors pointed out that people turn to pastors or to the use of spiritual resources because they want to have an opportunity to look inward and be guided in facing their problems in the light of their faith and religious tradition. In this way, Jesus's resurrection as a pastoral image and an article of faith makes sense. It makes sense because it provides an opportunity of pastoral care to the bereaved and suffering.

Furthermore, Jesus's resurrection offers new life and new hope not just for the sick, bereaved, and suffering, but also for the damaged world. During the fieldwork interviews with the BW, this researcher observed that the BW are waiting for a sign of transformation which according to them would unfold in due time. For me, this is what pastoral care in the light of the resurrection of Christ means, because it offers not only to the bereaved but the whole suffering world the chance for a new life.

### **Emotional Impact: Grief was Overpowering**

As a group, participants had experienced varying degrees of reactions due to their personal losses. Four of the participants cried during the descriptions of their intense and painful

emotional experiences, such as depression, guilt, anger, fear, shame, and profound sadness. Clinicians (Rando, 1984) describe these reactions as common to bereavement experiences. As a widow and someone without a son, Ogechukwu's experience of sadness especially stands out. What she shared, considering her culture, would have been the position of any BW who is not gifted with a son. According to Ogechukwu, a woman who has no son in Igbo culture is, as mentioned earlier, considered as having not given birth. As such, her situation constantly reminds her of her deceased husband. Her helpless condition made her say, "If my husband was alive, the story would have been different" (Ogechukwu, Fieldwork Interview, October 7<sup>th</sup>, 2019).

There is a double tragedy here; Ogechukwu is not only grieving the death of her husband, she is also lamenting her condition of not having a son. Like the other five BW who experienced emotional suffering in their respective situations, she is despairing about her condition. Yet, as already observed, she is unable to adopt a son due to lack of financial resources. As long as a son has an inch-value<sup>13</sup> over a daughter in Igbo culture, and as long as Ogechukwu is in agony due to the fact that she has no son. Her attachment to her deceased husband will be difficult to overcome, as she will find it difficult to let go of the memory of her husband through whom she might have had a son.

Both Freud (1961) and Bowlby (1979) agree in their various hypotheses of attachment theory that the past always affects the present. Therefore, attachment theory can also relate to a long-lasting psychological connection with a meaningful person, usually the mother or the caregiver. The caregiver in this instance is Ogechukwu's demised husband. It is not out of place

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<sup>13</sup> "Inch-value" means insignificant value. Ordinarily, a male child has no additional value over a female child, but in some cultures like Igbo culture, people prefer a male child over a female child because the male will continue his father's lineage. To some the argument seem plausible because when a female child marries she will continue her husband's lineage.

for a woman who has lost her husband to be emotionally disturbed to the point of crying, expressing anger and frustration, and refusing to eat. Bowlby's psychoanalytic view, as observed, shows that early childhood experiences have an important influence on attachment, personal development and behavior later in life.

During my fieldwork interview, Onwudinjo shared that she became physically sick after the death of her husband to the extent that she was hospitalized many times. As Freud noted in *Mourning and Melancholia* (1917), grieving as an intrapsychic process would either result in resolution or in a set of depression. Consequently depression, and its attendant loss, is a common experience during bereavement.

Both Winnicott (1963) and Kubler-Ross and Kessler (2005) see the depressive stage of grief as a certain phase of development. Winnicott believes that we can come out of the depressive stage through a natural process (one's own terms) or through psychotherapy. While Kubler-Ross and Kessler believe that depression has good elements that can help grieving people, they succinctly assert,

It slows us down and allows us to take real stock of the loss. It makes us rebuild ourselves from the ground up. It clears the deck for the growth. It takes us to a deeper place in our soul that we would not normally explore. (p. 24)

What Onwudinjo passed through during her depressive state helped her in her bereavement process. She was able to emerge from her illness stronger.

Looking at Onwudinjo's descriptions of her psychosomatic sickness, it resonates with the result of the research done by Odette Prettern, Malcolm West, Anne Mahoney, and Adrienne Keller (1993) and Bowlby's (1973, 1988) that individuals with depressive symptomatology are prone to exhibit anxious attachment, a high degree of feared loss of the attachment figure, a low

sense of a secure base and high degree of proximity-seeking. According to Bowlby, depression has roots in attachment theory. My observation from the BW's experiences shows a similar trend. This happens when BWs find it difficult to disconnect themselves from the bond they had with their respective deceased husbands. In other words, depression could be a result of being unable to let go of one's emotional attachment to the deceased. That might very well have been the case for Onwudinjo.

The Igbo culture provides for this eventuality. In the Igbo culture, when a woman loses a loved one, her sisters or close friends are always around her. They do this to make sure that they meet her needs and emotionally support her. These close relatives and friends provide a holding environment for their bereaved loved one. This holding environment will give an opportunity for them to have constant conversation with her, make sure that she eats, takes her shower, and help her to think less of her loss. Even after the funeral, they visit in turns until such a time that the bereaved person is again able to handle her emotions in a more mature and positive way and to regain her balance. At this point, the bereaved is considered fit to stay with her immediate family and move on with her life in her new world.

The Igbo people understand very well the devastating emotional effects during grief/mourning, and that is why close relatives and friends always want to be close to their relatives who are in bereavement. In a related study, Adesina's (2013) findings are consistent with the Igbo culture while considering the psychological implications of bereavement on selected widows and widowers in Oyo town, Nigeria. Parkes (1964) and Adesina (2013) maintain that it would be helpful to seek the advice and support of a guidance counsellor and one's primary physician during the time of such distress. Parkes observes that the emotional turmoil also takes a physical toll on the bereaved that is far greater than people imagine.

The Igbo culture provides for and invests much energy into the family system. That is why, in some instances, one of the children of the bereaved absorbs their remaining parent into their marital home immediately upon the loss of the spouse. The reason for making this provision is obvious. It relates to Adesina's (2013) view that widows and widowers are ten times as likely to die, themselves, in the immediate years following the loss of their partner (P. 274). Parkes, Benjamin, and Fitzgerald (1969) discovered that self-care is a key to forestall the likely death that may occur through self-neglect, through suicide, or through cardiac arrest. All this is possible due to the stress associated with bereavement. However, from my personal investigations, these types of deaths do not often affect the people of Igbo extraction, thanks to their culture of being "your brother's keeper" (*o nuru ube nwanne a gbana oso*).

One participant, Uzoaku, shared the kind of support that BWs needed. It has to do with emotional assistance. According to her, those who rallied round her during her period of grief, especially her brothers, sisters, cousins and other relatives, impacted her life positively. She especially cherished those relatives who visited her from time to time and stayed with her and her family for some days. She noted that such visits helped her and her children to cope with their loss. Three participants reported being visited by priest-friends who provided much-needed emotional support through counseling and prayers. One participant reported that her sister-in-law provided a holding environment that contained within its perimeters many family problems, ranging from provision of power supply, school fees, food stuff, visits, and any other necessities.

### **CWO Dues and Levies: Leading to Abandonment of Faith**

One of the pastoral images helpful to the discussion of the impact of the CWO dues and levies on the participants is the Lord's crucifixion and suffering. To offer pastoral care in the context of the Cross allows human vulnerability and brokenness to be expressed, contained, and

transformed. Participants reported poignant descriptions of the additional anguish they experienced with the imposition of the CWO dues and levies. What I understood from the BW's interviews is that their grievance is not for the abolition of the CWO dues and levies but rather, for more moderate dues taking into account their personal circumstances. They call for either a waiver or for a reduction according to their respective circumstances.

As a group, participants had experienced a high rate of demanded dues and levies. In fact, I discovered that these fees were already a problem. Two BW participants might have left the Catholic faith due to these excessive CWO fees. One participant had actually left the Catholic Church but later returned and resolved to remain a member. Another participant reported that she was advised to seek spiritual and financial help from other Christian denominations. Although tempted to give it a try, she ultimately decided to stay and carry what she considered to be her cross.

The only reason the BWs put up with the various dues and levies was their belief in the grace and blessings promised by Jesus to those who would take up their crosses every day and follow Him—understandably given that the cross is the defining symbol of Christianity (John 15:13) and represents the gratuitous love and mercy of God for humankind (Benedict XVI, General Audience Address, October 29<sup>th</sup>, 2008). The Igbo of the Southeastern Nigeria are deeply religious people. They see and do things with the eye of faith, fulfilling St. Paul's statement that as Christians, "We walk by faith, not by sight" (2 Corinthians 5:7). At those difficult moments of their lives, they resorted to their faith and religious tradition. They are also sustained by a devout belief in the Resurrection.

The boldness and courage of the BW was impressive and this researcher encouraged them to voice their suffering. An action like this leads to an experience of God, and further to an

experience of the mystery of God's liberating power, and this is what gives BW the courage to keep struggling (Regan, 1994). Hopefully the Church will listen to their cries and will provide a good enough holding environment to support them. Winnicott (1988) always argues that mothers knew better about the needs of their babies than experts. He suggests that there are, "Very subtle things that the mother knows intuitively and without any intellectual appreciation of what is happening, and which she can only arrive at by being left alone and given full responsibility..." (P. 64). The Church can be this kind of good mother to the BW.

The other two participants were impacted differently. The first did not complain about the dues and levies possibly because her children were supporting her financially. However, she complained that the CWOs were not visiting her and her family. The second participant reported that as a very poor widow, she was finding it extremely difficult to meet up with these payments. This caused some members of the CWO to push for a waiver on her behalf and it yielded fruits when she was given a temporal relief from all dues and levies. Sadly, following the opposition of members against her rare privilege, she was reinstated to full financial membership and payments. Hopefully, her financial situation improved within that period. I observed that her maiden family helped her to build a bungalow house. She also has grown up children who are working or trading.

As a group, participants would especially expect the CWO leaders—representing the image of a shepherd to do more for the BW—to visit them. It is from visiting BW that leaders would be able to listen to them and hear their stories, and like a shepherd who looks after his sheep, they could develop programs that would benefit the BW by alleviating their sufferings. Saint John Chrysostom (1889) observed that pastors should not force correction on the people, otherwise, they may be driven away. In like manner, the leaders of the CWO, as shepherds,



should (like the Good Shepherd) emulate the pastors in using persuasion to win over the strayed ones and BW. The bereaved members of the CWO expected to experience great caregiving from their leaders but it did not happen. The leaders apparently forgot the example of Jesus the Good Shepherd who showed himself a great listener and a wonderful counsellor and is, as such, the most important example for the CWO leaders.

### **Cultural Practices Infringe on Our (BW) Rights and Privileges**

Among the many aspects of culture, a group of people who inhabit a given community, race or nation are unlike other groups of people of different backgrounds. The history of human development shows that humans grow and develop from infants to toddlers, to adolescents, and to adults. There is no society that is static; likewise human culture continues to change. People's culture is supposed to be dynamic. As such, cultures should grow and improve. There is no culture that has not witnessed tremendous changes. American culture has changed greatly, likewise, African cultures and, of course, Igbo culture. The Catholic Church, as it did in some Western cultures (the ending of the refusal to bury suicide victims), played an important role in bringing to an end some of the dehumanizing cultural practices in Igboland (like the killing of twins).

Indeed, such cultural practices like the killing of twins, the washing of a corpse and forcing the wife of the deceased to drink the water to prove her innocence in the death of her husband, observing a one-year mourning period as a way of showing the wife's love and respect for her deceased husband, have been eradicated by the Church through the Good News and authentic pastoral care. Yet, BW feel that there are still some traditional practices which continue to infringe on their rights and privileges as human beings. For instance, the tradition of giving a goat to an adult male of the family of the deceased by a widow while the rest of the members of

the family are watching is degrading to womanhood. The reason for this tradition, as discussed earlier, is for the widow to indicate who will be sexually and financially responsible for her. This cultural practice only adds to the pain and humiliation of widowhood. Widowhood from the perspectives of the interviews done by this researcher is characterized with feelings of unhappiness, sadness, helplessness, loneliness, guilt and shame.

The Igbo culture shows some similarities with the Jewish culture, and indeed many other cultures that are patriarchal in history, if not practice. Women have struggled to have their voices heard, before, during and even after the time of Jesus in Jewish culture. For example, the Mishnah, the beginning of Jewish Oral law described Jewish women finding their voice. Likewise in Christianity, Jesus addressed this problem through his ministry by listening to the women and supporting them in various ways. However, some women still struggle to this day.

It is the same situation in contemporary Igbo culture. One participant shared that she was asked to shut her mouth; that women do not involve themselves in land issues. It is very difficult to reconcile issues like this. How can a widow be told to keep quiet when her inherited land and property is forcefully being taken away from her? In some communities, amidst these impudent practices, when a widow becomes adamant and refuses to be intimidated, the leaders of her community, subject her to further stringent punishments including banishment. Fiorenza (2001) notes that any culture that is life-giving should be treasured, but that which oppresses and dehumanizes women must be transformed or destroyed. (p. 69) This researcher, through this project, hopes to advance Fiorenza's objectives.

Through the women's emancipation movement and feminist pastoral care programs, women have achieved more justice. Pastoral care from a feminist perspective is care in the context of justice (Bons-Strom, 1996). In related studies, Adesina (2013), and Chibambo (2015),

discovered that though women have central positions in both the Church and society, their voices are still silenced. One participant had to sneak out of her deceased husband's home before dawn just to report to her parish priest about the non-Christian cultural practices going on in their family that may have affected the Christian funeral of her deceased husband.

Another participant lamented that she had to return to the city with her children to avoid being held indoors, wearing the same mourning cloth for three months according to their tradition/culture. One participant reported that two of her daughter's traditional marriages were disrupted by her eldest brother-in-law. This was an unnecessary show of power due to the patriarchal system of the Igbo culture whereby the first male child has excessive powers in the family and a man's word overrides the woman's no matter what. As pointed out by Fiorenza (2001), the Church as the voice and hope of the voiceless could help to promote those cultures that are life-giving, as well as transform or destroy those cultures that oppress and dehumanize women. Indeed, such dehumanizing cultures must be Christianized, and the one advocated by Fiorenza adopted and enculturated.

I discovered that the status conferred on the male in-laws in Igbo culture disempowers the BW and impoverishes them. Thus, they are suppressed; when they continue to stay at home for months, they experience loss of income and face possible financial ruin. Such power, most of the time, is abused at the expense of the poor BW/widows who cry in vain for justice to no avail. What would have been a traditional channel to redress their problems like the "Umunna" (kindred) meeting has been hijacked by the same chauvinistic minded men. Such people, instead of providing justice, would secure the oppression of women. One participant lamented that when she was accused by one of her sisters-in-law of sexual misconduct with her husband, it was difficult for her to get justice. Here, the leaders of their *Umunna* would not speak the truth

because her sister-in-law bribed them. They even refused to exonerate the participant, when they discovered the truth, abusing their un-questioned authority. This project has provided an opportunity for me to hear their stories and acknowledge their experiences of injustice.

Two participants had experienced difficulty in addressing their losses. Returning to Ogechukwu, she found it very difficult to come to terms with the death of her husband because of what might be called a double jeopardy loss—she has no son. She finds this difficult to address because the latter is still unresolved (Rando, 1984). As she mourns her late husband, she also mourns her lost opportunity of having a son. What this means by implication is that she will never have a son unless she gets pregnant or adopts. Her commitment to her faith makes the first option difficult; the second option is difficult as well because of her earlier referred to financial constraints and, to be honest, her in-laws could still be a hindrance to such an adoption since she would need their approval to add an “alien male child” to the family.

One may wonder why a widow who has two daughters should worry about a son. This cultural practice has given many Igbo people many challenges. Many marriages have broken up in Igboland because of this cultural edict. Thus, there are many women who are no longer happy in their marriages because they have not given birth to a son. The onus lies both on the Church and every enlightened Igbo man and woman to join hands to create awareness that this is not the fault of the woman partner when a couple fails to have a son nor is it of any consequence having only female progeny. Hence, there is also the need to empower couples (and society in general) through education, to consider adoption as a necessary alternative, if a married couple still wish to have a son.

On the other hand, Ozoemena is struggling to find closure and healing from the death of her husband who died in an auto crash. Her first son, who had a strange vision as a child, is a

constant reminder of her loss. He lost his sight and memory after that visionary experience. He would have been a blessing to her, but instead he is a thorn in her flesh. The reason is that, in Igbo culture, when a man dies, his first son is told, here is your mother, she is now your wife (not in the conjugal sense but to protect her as a man, and be there for her); you must make sure you take care of her. This is cultural and it is taken seriously. But here, the reverse is the case. Thus Ozoemena shared that she was suffering as a widow and loner who also has to take care of her adult first son. As mentioned, this adult son, according to her, had a strange vision as a little boy that affected his speech and memory. Since the death of her husband she has been caring for him all alone.

So, Ozoemena's situation is a unique one, and her loss is unresolved. Since she is alone in taking care of her adult son, this is a constant reminder of the death of her husband throughout the post-funeral period. It is as if she grieves doubly here: the death of her husband, and, by implication, that of her son, who is unproductive due to his condition, something Ozoemena sees as the greatest disappointment in her life. She lamented that if her son had been alright, he should have married and had children; that he would have cared for her in her old age. Instead, it will be she who must care for him.

Because it is expected that children will take care of their parents in their old age, this is critical in Igbo culture. It is a matter of pride in Igbo culture for a child or children to accomplish this expectation. Parents whose children take good care of them are considered blessed, while children who do not take adequate care of their parents are condemned as weak. There is another important reason for every man and woman in Igbo culture to have children. The Igbo believe that human wealth is far greater than financial wealth (*O nwere madu k' O nwere ego*).

**Summary of Discussion of the Findings of the Interviews**

People have compelling reasons for their strongest commitments. Christians, especially Catholics, are committed to their faith so that they can among other reasons receive a Catholic funeral when they die. This has both spiritual and social implications. The lack of pastoral care of the bereaved in parishes in the Nnewi diocese propelled most of the BW of this study to the use of the spiritual resources available in the Catholic Church. These resources had to do with making full use of the Church's sacraments. This kind of "self-help" pastoral care provided opportunity for the BW for the pastoral care of their children, who also attended and participated in those sacraments.

## RECOMMENDATIONS

This researcher sought to phenomenologically understand the perspective of BW in the Catholic diocese of Nnewi. The Catholic bishop of this institution was contacted by phone before the research was conducted and gave his oral support and permission. Having listened to six BW of Nnewi diocese narrate their stories and having witnessed their suffering firsthand, the responsibility is now on this researcher to offer suggestions to the diocese on how it could offer a consistent and holistic pastoral care to BW.

Participants have shared many stories of how they have suffered during the period following the funerals of their husbands and loved ones. These women also recognized the effort of the Church's pastoral care. However, they thought that the Church could do more to help them. This researcher, therefore, wants to offer some recommendations to the Catholic diocese of Nnewi, which will help not just that one but other dioceses in Nigeria, throughout Africa, and beyond. These suggestions will help the dioceses to train the priests, chaplains, and those who care for the sick and bereaved to develop their listening skills and enable them to work directly with bereaved people, especially women.

To work directly with BW is very important as this will offer the pastoral agents the opportunity to hear their stories, know how they are suffering, and to appropriately support them. In addition to supporting BW, the Church can have a direct impact on other family members and relatives of these women. If the Church can also financially support these women, by providing some funds for them to start small-scale businesses, the Church would also be supporting the society at large. I hope the Church understands the need for this support because if only one person is suffering the entire community is affected.

### **Capitalizing on the Coping Mechanisms**

The pastoral care of BW has to do with the shepherding of a woman's heart. Therefore, it is important to note that this researcher strove to listen to these women who shared from their hearts, including the numerous ways they are suffering as a result of their bereavements. Participants shared how they had been coping and sustaining their lives amidst their sufferings without direct pastoral care. They also shared how they sustained themselves through the use of chapel, praying the Rosary, adoration of the Eucharist, sacrament of penance, and so on. The importance of providing appropriate and effective pastoral care to women in pain like BW, cannot be over emphasized. Therefore, the Church can capitalize on what works for BW by taking the coping resources like prayer, spiritual direction, preaching, counselling, and other spiritual resources directly to their homes. By doing so, the pastors or the pastoral agents would be able to heal the pain of most of the participants who had not experienced pastoral visits. One participant, who had received pastoral care and support from her pastors, shared that it brought comfort, healing, and increased commitment to the Catholic faith. She said,

... the priests in our parish especially our then parish priest, Father Ibu, almost became a member of my family before and after the funeral. He visited us several times and supported us with prayers and food stuffs. When my husband fell sick, he supported me and my family by volunteering to drive my husband to and from the hospital for medical treatments. When Father Ibu left, other Parish priests including the current parish priest Father Onye Nso, remained committed to pastorally supporting me and my family through their visits, sacraments, and words of encouragement. Their pastoral support strengthened my commitment to the Catholic faith. (Okwukweka, Fieldwork Interview, September 29<sup>th</sup>, 2019)



This present study identified BW as people who, in the context of the death of their husbands or other loved ones, experienced a profound loss of their dignity, and who this researcher found to be in need of critical pastoral care. By loss of dignity is meant the disrespect these BW were subjected to, through the imposition of some cultural practices, as well as intimidation—for example, not to speak up and fight for their rights. They understood the notion of dignity and that's why during the fieldwork for this study, some of them expressed the need for the restoration of women's dignity in the society. Uzoaku, for instance, shared,

I have the same experience in my husband's family. Some of my brothers-in-law have treated me without respect. The worst is that some of them had attempted to take my husband's property and when I asked questions, they told me that I am a woman and that women do not talk about lands. Thanks to some honest members of our family who stood by me, I won the case. But during those days, I was too emotional and had cried many times about the death of my husband and how women are treated in our society. This needs to be addressed urgently. (Uzoaku, Fieldwork Interview, October 3<sup>rd</sup>, 2019)

Therefore, this researcher strongly suggests that the Church in the Nnewi diocese can emphasize feminist<sup>14</sup> pastoral care, a model that recognizes the dignity of all human beings, whereby male and female are considered as equal. It is true that the Church recognizes this need but it needs to create awareness and see it through to its logical conclusion, beyond what we now have. Each created person in the image of God is entitled to respect and dignity. This is a reason why one of the participants pledged that she would love to become one of the leaders of the CWO when her

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<sup>14</sup> Igbo culture is dominated by male-power consciousness, and you feel it when you enter into the Igbo community. Feminism within the Catholic Church (and also Igbo culture) is not the hunger for power and authority but rather about dignity and respect for human life, which is very much a Catholic virtue. The Catholic diocese of Nnewi therefore, should support this venture and recognize the movement for the awareness and enlightenment they bring within the Church's missionary activities. Women's dignity needs to be restored, and women need to be treated with respect.

children have grown, to afford her the opportunity to help organize the CWO leadership and bring new energy and dynamism into it.

### **Pastoral Visitation**

All six participants identified a pastor's visit as a powerful resource factor that they needed to help them know that their Church has not forgotten them. This, according to them, would mitigate the process of their healing and empowerment. It is through pastoral visitation that the priest will be able to interact with BW to understand their level of suffering and then, decipher how to support them spiritually, financially, and otherwise. Five participants shared that they did not experience pastoral visitation during their post-funeral period. In other words, there was no form of spiritual, financial, or social support. Had there been such support, the Church might experience what the early Christians experienced in Antioch. "There was no needy person among them, for those who owned property or houses would sell them, bring the proceeds of the sale, and put them at the feet of the apostles, and they were distributed to each according to need" (Acts 4:34-35).

No doubt, if there would be a provision to reenact the experience of the early Christians, BW who are committed to the Catholic faith, irrespective of their sufferings, might very well relax and feel that their commitment to the faith is not in vain. Here then, the psychology of attachment can really help from the theological perspective. Since these women have lost their attachment figures, the Church through her pastors provides an intermediary transitional figure that these women can trust to be able to navigate the waters of the post-funeral period that are filled with stressful and challenging tasks. The way most of the participants felt could be likened to how the Greek-speaking Jews felt when their widows were neglected in the daily distribution of common fund/goods (Acts 6: 1-7). This problem was fixed by selecting seven deacons, solely

concerned with taking care of the material goods of the Church. The Catholic diocese of Nnewi, and indeed other dioceses, may need to build on the existing platform in their dioceses to expedite the care of BW who need pastoral visitation.

### **Inclusion of CPE in the Training of Candidates for Priesthood**

CPE is a vital training that prepares and certifies religious caregivers to have the tools and competencies to minister to patients and their families, as well as hospital staffs. Many religious institutions in America and Europe have included CPE in the training of their seminarians since the ministry of healing the sick is an essential part of their work.

Unfortunately, this giant stride has not yet taken root in the Nigerian Church and many other African dioceses. This researcher would like the Nnewi diocese to consider this important program in the training of her seminarians as candidates to the Sacred Order of Priesthood.

When a priest is trained through CPE to work as a chaplain in a hospital or to function as a pastor in a Church, he will make a difference when he ministers to the sick and their families, the hospital staff, or the members of the Church who may be in need of spiritual support. This training is invaluable since the priest will apply its riches wherever he finds himself working as a minister of God.

### **Safe Space for Dialogue Between the Pastor and a BW**

Feminist pastoral care is concerned with critical caring, as it explores the beliefs, assumptions, sufferings, and cultural issues that are dominant in the world of the care seeker. How does feminist pastoral care concern itself with critical care taking? Care from the feminist perspective is care in the context of justice. In other words, for this researcher it is an issue of humanism and justice. This researcher experienced during the in-depth interviews that women in

pain need safe space that would allow them to name their experiences; a space that would help them feel listened to, not judged, stigmatized, marginalized or traumatized.

Such safe space like their homes, provided this researcher a conducive atmosphere for the in-depth interviews with BW. This can be utilized by local pastors all over the communities to address BW being treated equally. Future researchers should consider safe spaces as a necessary element that would help them give the best experience to BW. Employing this model will help pastoral agents address a woman in pain. Having the opportunity to share her experiences in her natural habitat or safe space, will help her to open her wounded heart for the priest who is a spiritual doctor (doctor of the soul) to heal her. Pastoral agents, especially priests, need to be proactive by taking their ministry to the homes of the BW so that they would be able, among other things, to listen to the BW, pray for them, and bless their families.

### **A Trained CWO to Accompany the Priest During Pastoral Visits**

Ethically, priests who visit BW in their homes may need to be accompanied by another person to further strengthen the idea of safe space. However, this might have a ripple effect whereby the BW may not feel protected in the hands of the third party (the person who accompanied the priest). This aspect is worrisome to this researcher considering the culture of the participants in this study. But then, having a third part will not only guarantee the safety of the priest in the midst of secularism and accusations of priests over sexual abuse, the process will guarantee the continuation of pastoral visit when the priest is not available by the third party who is a trained CWO member.

### **The Use of Community as a Resource in Feminist Pastoral Care**

Community as we know it, is vital to human existence. Since every human person is born and brought up within a given community, community is a valuable resource for the pastoral care

of BW. Community, after all, is the space in which religion and culture find their life and expression. The family exists within the community. Community therefore, determines people's behaviors and attitudes. Within a given community, the people who live there have a traditional way of caring for the oppressed, the needy, the vulnerable and the marginalized, as well as children, the elderly, orphans and the bereaved. In essence, community is an important resource for the pastoral care of BW.

It is my hope that the Catholic diocese of Nnewi will intensify her efforts in using Basic Christian Community as a means of evangelization, and at the same time, as an available avenue to create awareness of the experiences of BW. This approach may expedite the processes of empowerment, reconciliation, and healing. I know that in Nnewi diocese, people are used to zonal Masses. The zones are equivalent to Basic Christian Communities (also known as mini-parishes, life-communions, neighborhood Churches, and grass-root communities), and are a relatively small (in comparison with parishes) and homogenous group of Christians, who share common interests, values, and objectives; who search to emphasize primary, inter-personal, ongoing relationships; and who view themselves as ecclesial entities.<sup>15</sup> Therefore, during the zonal Masses, priests could sensitize the heads of various families and the community leaders about BW's experiences and the need to care and support them. The essence for this support and caring is to help BW to build up the resilience to keep going while life is undoubtedly tough in the new world they find themselves in.

The usual meeting and dialogue after the Mass will be a welcome opportunity for the priest to introduce and explain some of the sufferings of BW and allow the community members to contribute in providing solutions on how to curb some of the cultural impositions on BW.

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<sup>15</sup> [www.encyclopedia.com/.../basic-christian-communities](http://www.encyclopedia.com/.../basic-christian-communities)

These deliberations do not replace the personal dialogue that the priest would have with BW individually at their various homes. The parish priests could consider going beyond the zonal Masses and the meeting/deliberations after the Masses, to organize and train the community leaders (since most of them are Catholics) as pastoral agents. This will go a long way to ensure the Church's presence whenever and wherever issues that will affect BW or any other Church member within the community is discussed.

### **Re-Thinking CWO Dues and Levies**

The theme of CWO dues and levies was a recurrent issue, referenced by the BW during the course of their interviews with this investigator. Most of the BW complained about the high rate of dues and levies being collected by the leaders of the CWO. They also shared that when a member fails to pay the levies when due, punishments are imposed. They also complained that BW who are faced with the additional tasks of caring and being the breadwinners of their homes are not considered when the CWO leaders demand these levies. Some of the participants wanted to leave the Catholic faith when they could not meet the demands of the CWO leaders concerning the levies. One of the participants shared the following,

... there have been times when I had considered leaving the Catholic faith. Some of the things that pushed me to consider abandoning my Catholic faith are the following: there are too many levies in the CWO. Most of the time, these levies are shared equally for everybody, and there is no consideration for the poor widows who are struggling to feed and train their children. The CWO leaders may need to be considerate in their dealings with the BW, especially the young widows. (Nkiruka, Fieldwork Interview, October 3<sup>rd</sup>, 2019)

It is important for future research to focus on the impact of excessive dues and levies among the CWO in the Catholic Church, and to find out as well whether it contributes to members leaving the Catholic faith for other Christian denominations. Such research should also perceive the possible ways the CWO as an organization could balance their need for funds so that their BW members will not feel unnecessarily charged.

### **Establishment of Support Groups**

The Church knows that, individually, a BW's voice may not be heard in a society that is immersed in traditional customs/cultures irrespective of the numerous baptized Christians there. Christian practices are in conflict with traditional customs listed earlier in this study. It is sad that we have many baptized but not converted Christians within the cultural spectrum of this study, and indeed, the world over. Antiquated customs like the extended mourning period and the forced giving of a goat to a brother-in-law to indicate who will have financial and sexual power need to be eradicated.

BW need their voices to be heard. The Church, therefore, can help them to establish support groups like the Widow's Association<sup>16</sup>. In this way, BW can become formidable in pursuing goals that would benefit them as a group. Thus united, they could achieve much, even within a patriarchal cultural environment. The Church can help BW establish not just the support group but, above and beyond that, empower many women by getting them involved in leadership positions in the Church. This is another positive way the Church can assist in making BW voices heard.

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<sup>16</sup> The way we have Widow's Associations in our local communities within the boundaries of this study is less formal than the CWO. If it can be established and coordinated within the CWO, their voices may be heard more effectively. However, this is a subject which future research needs to explore to know whether subsuming the Widow's Association within the CWO would be a better option for the widows or to allow them to be independent and work on their own.

### **Adapting Some Western Practices that Help BW into Igbo Culture**

Having been exposed to the Western world's (especially here in the United States) way of supporting BW, this project recommends that many of the notable practices in dealing with grief as seen in parish bereavement groups, bereavement classes, group visits, food pantry participant outreach, and involvement in other support groups be adapted and applied to the Nigerian scenario as a way of supporting and meeting the needs of these women. When adapted to the Nigerian situation, these practices would augment for instance, what the local communities already have in their systems to serve the same purpose, like the intermittent visits of "*Umuada and Umunna*" to the bereaved.

"*Umuada and Umunna*" are collective Igbo nouns. "*Umuada*" is an Igbo collective name that describes all the women born within a given Igbo community who are married either within or outside the town. They are powerful in their domain and play significant roles during funerals and mourning periods, and also in the settlement of family disputes. "*Umunna*" is a collective Igbo name that describes the members of a given kindred who share a common ancestral lineage. In most Igbo communities, they divide common ancestral lands and orchestrate many things together like funerals, particularly to lessen the burden of the cost of burial ceremonies in Igboland. The visits of "*Umuada*" and "*Umunna*" have spiritual, financial, psychological and social implications. Such a visit will offer the opportunity for the "*Umuada*" and "*Umunna*" to pray with the BW and their family for the happy repose of the soul of their deceased loved one. Psychologically, such a visit will add to the emotional support of BW. Socially, such a visit will be a reinforcement to BW's commitment to such ancestral/cultural communities. The visits in



some areas may take place every two “major market days”<sup>17</sup> or according to what is agreed upon and is suitable for such communities. The purpose of such visits is to provide for the emotional support to the bereaved and a way of caring for their needs. However, this system is not without its shortcomings.

### **Celebration of All Souls Day as a Healing Process**

The Catholic Church annually celebrates the Feast of All Souls on November 2<sup>nd</sup>. On All Souls Day, we remember the dead and offer prayers, almsgiving, and Holy Masses for their release from purgatory into heaven. The importance of the Feast of All Souls was made known by Pope Benedict XV, when he granted all priests the privilege of celebrating three Masses on All Souls Day: the first one, for the faithful departed, the second, for the priest’s intentions, and the third, for the intentions of the Holy Father. The reason for the Mass is that, at the time of their deaths, these souls were not properly cleansed of venial sins or had not atoned for past transgressions, and as such, were deprived of the beatific vision of God (CCC. 1030; Cf. II Macc. 12:46; Cf. I Cor. 3:15).

This researcher proposes that the Church should use All Souls Day as a starting point of the extended program of visitation to various parishioners who were bereaved at some point. If the bereaved family members oblige the priest, he would gather them around the grave (since the Igbo bury their deceased loved ones at their ancestral homes) to pray for the deceased, as well as the bereaved, and bless them. Through this program the priest will be able to reach out to those who are in pain to support them. Fortunately, the entire month of November is dedicated for the dead. His visit and dialogues with BW may lead to financial, material, or social support,

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<sup>17</sup> “Four market days” are derived from four astronomical elements of Fire (Eke), Water (Orie), Earth (Afor), and Wind (Nkwo). Our ancestors created these four market days as a native calendar to mark seasons and events and schedule appointments.

in addition to the spiritual support that is already occurring through his visit. This will tally with the demands of J. Sheep Jeffreys (2011) when he says, “But sometimes tears are not enough. That’s when grieving people need you” (p. 7).

## **ETHICAL DILEMMAS AND AREAS FOR FUTURE RESEARCH**

### **Ethical Dilemmas**

The scope of this study is limited to the bereaved Catholic women of the Nnewi diocese in Nigeria. The findings therefore, are limited to what the six BW were able to share during their in-depth interviews on the phenomenon of how they were pastorally cared for. This researcher wants to note that the findings would substantially change if other Christian denominations are included in the study. Earlier, this researcher gave reasons why BW were chosen for the study, i.e., women are at the center of bereavement in their various homes. It is likely that the outcome of the study would be different if bereaved men or bereaved children in Igbo culture were also included in the study. It may have to do with wealth and status or ways of grieving.

The setting for the interviews were mainly the rural environments of four of the women, while two of the women had their interviews in an environment that would be considered semi-urban. Such things like community life, cultural issues, abuse of power by community leaders, and/or problems associated with family relationships—especially with the brothers-in-law—will be affected if the interviews were conducted in urban cities. These are some of the variables that I considered would be affected if the study was done in an urban environment rather than rural setting.

Another area of concern which I consider an ethical issue is priest’s pastoral visitation. Considering the number of cases of accusation of priest’s sexual misconduct and its effects on the Church and the Gospel message, the idea of the priest visiting a widow alone may not be

good for the priest and the widow. Doing this may place both of them in a vulnerable condition. This researcher thinks that priests may consider having a CWO woman accompanying them to the home of bereaved women but not participating in the conversation. Since a typical Nigerian Igbo family compound setting has a fence, the CWO woman may sit at a corner of the compound where she can observe the conversation. This model in the opinion of this researcher works to protect the confidentiality of both; the woman is safe, likewise the priest.

### **Areas/Suggestions for Future Research**

The present study is limited to BW who have lost their husbands and/or children and have become caregivers and breadwinners of their homes in addition to their natural motherhood duties. It also addresses how the Church in the Nnewi diocese is pastorally taking care of BW. It would be interesting for future research to focus on bereaved men who have lost their wives or children and are faced with the tasks of caring and bringing up their children alone. In this context, considering the fact that the Church in the Nnewi diocese has a Catholic Men Organization (CMO), it would be useful to analyze both the Church's and the CMO's ability for providing the needed pastoral care to the bereaved men (BM).

Another aspect to it would be for future research to focus on other Christian denomination Churches so that a web of appropriate pastoral care for bereaved men and women who are now tasked with raising their children alone could be developed. This would benefit not only those directly involved but also the wider community. A fourth area to be researched is that of the provision of effective and supportive pastoral care to BW or men, or both, by the Catholic Women Organization (CWO) and the Catholic Men Organization (CMO). It is important to see in detail how the two organizations, pastorally and otherwise, are taking care of their bereaved members. Such research will determine whether the CWO and CMO are fully aware of the

physical, emotional, material, social, cultural, financial and the spiritual needs of their bereaved members.

The BW of this study complained bitterly about the numerous CWO dues and levies. Future research could look into the impact of CWO dues and levies on the BW of the Catholic Church. This would be an opportunity to determine whether it contributes to the number of Catholic women who abandon their Catholic faith for other Christian denomination Churches. The research could investigate other effects which the numerous dues and levies have on the BW and Catholic women in general.

Other areas for future research are:

- The impact of the use of coping mechanisms (the religious resources found in the Catholic Church) on the BW during the post-funeral period.
- The effect of the imposition of some outdated cultures on the BW, who are already suffering the loss of their loved ones.
- The benefits of pastor's visit to the BW and how this would be a proven means to show them that the Church they loved has not forgotten them.
- The impact of safe space or environment on the in-depth interviews of the BW, and how this could hinder or facilitate the outcome of the interviews.
- It will be particularly important for future researchers to investigate how the establishment of support groups would benefit BW during the post-funeral period.
- Finally, future researchers should think about a holistic approach to the study of the pastoral care of BW as every aspect of their lives are affected by their loss.

## CONCLUSION

This research has shown that when someone loses a spouse or any other loved one, life cannot be the same for him or her. Depending on the circumstance, some people are faced with anticipatory grief, which Kubler-Ross (2007) calls “beginning of the end” (p. 1) before they are faced with the reality of the loss. Grief comprises “responses to loss that many people have, but there is not a typical response to loss, as there is no typical loss” (p. 7). It has been proven that most people pass through some stages of grief like denial, anger, depression, and acceptance as per Kubler-Ross.

This researcher discovered that BW who lost dear loved ones (husbands, adult sons or daughters, etc.) are suffering due to their losses. Some of them have become the breadwinners of their homes, just as they take care of children’s school fees, family medical expenses, clothing, and many other expenses. All these expenses are additional responsibilities which the death of their loved ones brought upon them. This investigator gathered through his interviews with the BW that most of them did not experience pastoral care during the post-funeral period.

Through his dialogue with the BW, this researcher ascertained as well, that cultural impositions, including male dominance through patriarchal family system and community leadership, add to their sufferings. In the midst of these struggles, their voices are yet to be heard fully and deeply. This researcher has offered various suggestions on how to pastorally care for BW, to the Catholic diocese of Nnewi, Nigeria, which can be adapted to other African dioceses and to the Church in general. It is my conviction that if the BW are listened to, supported, and not judged or stigmatized, they will feel loved by the Church they cherished and to which they professed their faith. Where this pastoral connection is lacking. This researcher is convinced the Catholic Church would lose some of them as faithful members of the community of faith.

However, where this pastoral connection is present this researcher is convinced that Christ's faithful will feel loved, cherished, and supported. Invariably, their commitment to the Catholic faith will not waver but be fortified.

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**APPENDIX 1: PARTICIPANTS CONSENT FORM****Information Concerning the Study and the Consent Form**

Study title: Pastoral Care of Bereaved Nigerian Catholic Women: An In-Depth Interview

Qualitative Case Study of Nnewi Diocesan Women in the South Eastern Nigeria.

**Informed Consent**

My name is Father Luke Ibeh, and I am a Doctor of Ministry student at Hebrew Union College-Jewish Institute of Religion, New York City campus. I am inviting you to participate in a research study of bereaved women in the Nnewi diocese. I am interested in learning more about the experience of bereaved women and the Church's pastoral involvement in their world. This interview will take approximately 60 minutes of your time. All information will be kept confidential.

Please note that your participation in this study is completely voluntary. You are therefore free to decline to participate or to withdraw as a participant at any time and for any reason.

Your privacy and confidentiality will be protected. Your personal information and identity cannot be disclosed without your prior permission.

The aim of this study is to hear your experiences and to advise the Church on how to better support you and other bereaved women.

It is hoped that your participation may lead to the establishment of an effective program through which the Church would better support bereaved women.



**Agreement to Participate in the Interview:**

I (Full name) ..... have fully reviewed the information above concerning the study. I am volunteering to participate in a study on bereavement. I am aware that I can withdraw from the study at any time for any reason. All of my questions and concerns about this study have been addressed.

Signature of the Participant: ..... Date:

.....

Name and contact information of the participant:

.....

.....

.....

For more information and inquiries, please contact

Fr Luke Ibeh. 1168 Franklin Avenue, Bronx, Ny 10456.

Cell Number: 08037154085; +16463582954. Email: Kwasado@yahoo.com

**APPENDIX 2: RESEARCH QUESTIONS FOR BEREAVED WOMEN**

1. Please tell me about your experience of bereavement.
2. How long have you been bereaved?
3. Could you please share what your experience of pastoral care was before your loved one passed, especially during his/her hospitalization.\*\*
4. Please tell me about your experience of funeral liturgy.
5. As a Catholic, tell me how you experienced pastor's role throughout the post funeral period.
6. Describe how you feel about the role of the Catholic Church throughout your experience of bereavement.\*\*
7. Please tell me about the emotional part of the experience, if it's not too much trouble for you?
8. As a member of the CWO, please share how your group has supported you throughout this period of your loss and grief.\*\*
9. How has your experience with the Church during your bereavement process affected your faith? \*\* (B) Did you at any point during this period wanted to leave your faith for whatever reason?
10. Of all that we have talked about concerning your bereavement, tell me about the greatest disappointment you had during this period of loss?\*\*\*
11. Who else has had a powerful impact on you during this period of grief and how did you experience their involvement?

NOTE: the questions with double asterisks (\*\*) are my five priority questions...

**APPENDIX 3: POSSIBLE FOLLOW UP QUESTIONS**

1. You sound hesitant, what are your concerns (this can apply to any question).
2. How did your participation in the Catholic liturgy impact your grief? (This applies to question 4 of the interview questions).
3. Tell me more ... (Can apply to any question).
4. What had you hoped for before or what would you have hoped for during hospitalization? (This applies to questions 3 of the interview questions).
5. How long have you been bereaved? The number of children, relationship with other family members, any support coming from children, family members, relatives, etc., if none of these were shared by a particular bereaved woman.