

**EVALUATION OF EFFECTIVENESS OF PASTORAL CARE  
PROGRAMMES ON GRIEF MANAGEMENT AMONG WIDOWS IN ACK  
DIOCESE OF EMBU, KENYA**

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## **DECLARATION**

### **Declaration by the Candidate**

This thesis is my original work and has not been presented for a conferment of a Degree in any other University or for any other award.

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## **DEDICATION**

I devote this thesis to Jeremiah Ndung'u Kinyanjui for his inspiration and mentorship during the period of my study.

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First, I thank the heavenly God for His dependable sustenance and His abundant grace that He rendered me throughout the whole study period.

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## ABSTRACT

The death of a loved one is a painful experience that requires appropriate grief care. The loss of a husband for a widow is experienced as irreplaceable. It brings about an emotional constraint which could easily develop into depression. Therefore, a systemic understanding of the process of grieving is most important for pastoral care to grief management. The church esteems quality grief care especially with the increase in deaths. To deal with the above challenges the Anglican Church of Kenya (ACK) Diocese of Embu utilize pastoral care programmes for widows' grief management. Widows in the ACK Diocese of Embu are registered at the diocesan office and meet quarterly every year for pastoral care programmes. However, the information on the effectiveness of these pastoral care programmes is limited. The purpose of this study was therefore to evaluate the effectiveness of the pastoral care programmes on grief management among widows in the ACK Diocese of Embu. The specific objectives were: to analyze the common challenges faced by widows in various stages of grief; to examine the effectiveness of pastoral Care programmes on grief management among widows in ACK Diocese of Embu and to evaluate the measures employed to make pastoral care programmes in ACK Diocese of Embu more responsive to the challenges faced by widows. Kubler-Ross' theory on grief care for the bereaved guided the study. The study adopted descriptive survey research design and targeted 968 widows already in the pastoral care programmes, 7 Archdeacons heading the 7 Archdeaconries of ACK Diocese of Embu and 1 diocesan Bishop. Taking 10 percent of the targeted population as an acceptable sample size, systematic random sampling was used to select every 10<sup>th</sup> element hence a sample size of 97 respondents. The 7 Archdeacons and the 1 diocesan Bishop were purposively selected as key informants, giving a total of 8 representatives of the pastoral caregivers in the ACK Diocese of Embu. Data was collected from respondents using questionnaires. An Interview guide was used in data collection from the Diocesan Bishop. To test for reliability of the data collection instruments, a pilot study was conducted in two Archdeaconries of the neighbouring ACK Diocese of Kirinyaga. Cronbach's alpha was used to determine the internal consistency of questionnaires and a coefficient  $\alpha=0.72$  an indicator that the research instruments were reliable. Validity of the instruments was ensured through expert opinion. Ethical considerations of anonymity, confidentiality and informed consent were strictly adhered to. Quantitative data was analyzed descriptively using frequencies, percentages, means and standard deviations. Data presentation was done in Tables, graphs and pie charts. Qualitative data was analyzed using thematic approach to enrich quantitative results. The study found out that existing pastoral care programmes insufficiently addressed the quality of life in its eschatological character. Again, the study found out that of the stages of grief, acceptance, bargaining, denial and anger affected 9%, 32%, 22% and 21% of the widows respectively. The study recommends that pastoral care programmes should address widows' existential challenges and grief reactions as normal in reference to Christ's suffering and the parting anxiety that is characterized by conveying God's closeness and presence during a widow's denial, anger, depression, guilt, bargaining, loneliness, acceptance and adaptation. The findings from this study will add on to existing knowledge on grief management and may be useful in improving the effectiveness of existing pastoral care programmes within ecclesia communities.

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## **LIST OF ABBREVIATIONS**

ACK	Anglican Church of Kenya
ANE	Ancient near East
NIV	New International Version
SPSS	Statistical Package for Social Sciences
UN	United Nations

# **CHAPTER ONE**

## **INTRODUCTION**

### **1.1 General Overview**

This introductory chapter starts by presenting a background to the evaluation of effectiveness of Pastoral Care Programmes on grief management among widows, then goes ahead to express the statement of the problem as well as objectives of the study before listing the research questions for the study. Following the research questions, the significance of the study is conveyed. The justification of this study is then brought out before a presentation of the assumptions of the study. This is followed by limitations and scope of this study. Finally, the chapter ends with a list of operational definition of key words used in this study.

### **1.2 Background to the Study**

The United Nations Division for the Advancement of Women posits that globally, widows consist fraction of all females, ranging from 7% to 16 % of all mature females. The approximate entire number of women who have lost their husbands worldwide was 258,481,056 (United Nations Division for the Advancement of Women, 2000). Closely ranged is the UN women report for Global Widow's Day dated Friday, June 23, 2017 where the approximate figure is 285 million. Widows constitute up to 25% of the mature female population among most African societies (Olanisebe & Oladosu, 2014). However, they remain a subject of little attention especially concerning their situation and interests. Besides, approaches employed in realizing those interests, forces that regulate such approaches and quality of their lives require more attention.

The history of Pastoral Care dates back to the 2nd-century epistle that was communicated to Diognetus. It demonstrates christians living amid Romans without

mingling their God and gods of those pagans. Still, Christians declined to observe Roman citizens' regulations. This caused conflict regarding the Christians' requirement to worship eternal God and observing the emperor's regulations (Evans, 2000).

Subsequently, Christians' persecution continued for centuries. During these times, Christians were persecuted as the minority. Consequently, Christians' pastoral desires were mainly private particularly on communal support and attention to Christian widows. Resentment as well as suspicion was common to Christianity as it was perceived to be a secret community particularly concerning various rituals. However, this negative approach to Christians was altered by Constantine the Great and Christianity was among the various religions that got accepted in the kingdom. This benefited the Christians and opened up the field of pastoral care for Christians. Since Christians stopped to be an oppressed minority, Pastoral Care then included a broader array of people.

Pastoral care also has its roots entrenched in the Biblical view especially from the book of Exodus and Deuteronomy among the Pentateuch specifically during the covenant between God and his people. This God's covenant with his people is permanently intertwined with the concern of the widow. Particularly, so is the book of Exodus 22: 21-24; 23:6 where the widow is guaranteed protection by God. Anyone abusing widows is said to find their spouses widowed. Additionally, Moses posits in Deuteronomy 27:19 that a man who persecutes a widow by withholding her justice is due for a curse. Such a man is termed as wicked by Job in chapter fourteen.

Widow's protection is further developed by Kaveny (2005) who alludes that a widow's cloak was not supposed to be reserved in pledge. Again, the widow was entitled to

apportionment of the gathered tithe, fruits and grain produced during harvest every third year (2005). Correspondingly, in the New Testament a widow is an example of great devotion and Godliness (Acts 6:1, 9:39-41, 1 Timothy 5:3-16) (Kidson, 2022). Pastoral Care for widows is established through different ages including the Early Church, Patristic age, medieval, reformation era, modern, postmodern and the African manner of caring for widows which are discussed in the literature section of this thesis.

Even with such vivid Christian instruction regarding the widow Manala (2015) is of the view that such widow's concern by Christians is missing basically because the grieving widows are unfairly handled. Accordingly, it is essential for Christians to constantly address widow's predicament within their congregations in order to confidently influence the transformation of the state of affairs of women regarding their vital emancipation (Manala, 2015). Notably, the pastoral care programmes on grief management in ACK Diocese of Embu may then enable the widows to develop a change of reference in regard to the existential challenges that they go through. These challenges are generally described by (Trivedi, Sareen & Dhyani, 2009) as many and are linked to loneliness which commonly reach the peak after the burial. Pastoral Care programmes on grief management among widows in ACK Diocese of Embu are therefore most important after the burial. However Pastoral Caregivers soon return to their routines leaving the widow to figure out how to manage the reactions brought about by grief.

Widows' abandonment leads to their vulnerability to existential challenges like guilt, anger, depression, denial, bargaining and loneliness, acceptance and adaptation is as a result of dearth of knowledge on managing parting anxiety. However, with



enlightenment through Pastoral Care Programmes on grief management, widows in ACK Diocese of Embu may be able to identify with Christ who suffered while in their grief. The widows may then be able to view their grief reactions as normal. The widows could then reach acceptance and adaptation which characterize quality of life after the widow has lost a husband. Moreover, this vulnerability of a widow to existential challenges is due to the fact that in many African communities, men are regarded as breadwinners and so they work in urban areas while women are in rural areas where poverty is increasing every day. Besides, counting too is the weakened customary culture that had traditions of taking care of the widow. Such vulnerability of the widow as a result of abandonment is clearly outlined by Kunhiyop (2008) who underscores that several widows suffer unconceivable emotional confusion, lack, sorrowfulness, torment and exploitation by relatives and the general public. To deal with the above challenges the Anglican Church of Kenya (ACK) Diocese of Embu utilize pastoral care programmes for widows' grief management. However, the effectiveness of these pastoral care programmes is questionable. Widows constitute even up to 25% of the mature female population among most African societies. However, they remain a subject of little attention especially concerning their situation and interests. Besides, approaches employed by the pastoral care programmes in realizing widows' interests in managing their grief, such interventions still require more attention. This is therefore the foundation on which this study is built.

### **1.3 Statement of the Problem**

Widowhood is becoming a reality in almost every village with increase in deaths. Usually, widows are accorded abundant spiritual, material and emotional support during the mourning period following husbands' demise. However, soon after the burial, caregivers return to their routines leaving widows alone and in grief. Again, the

mourning period is rushed and the burial is done as soon as death occurs leaving the bereaved with limited time to work out grief before the burial. Pastoral Care programmes on grief management among widows in ACK Diocese of Embu are therefore most important after the burial. Despite the existing ACK Pastoral Care programmes, widows still manage grief ineffectively leading to denial, anger, bargaining, depression and acceptance. Effort to provide pastoral care to widows particularly provision of emotional support, has been a challenge as a result of inadequate knowledge on how various stages of grief affect widows. Instead, concentration is given to material and spiritual support. Although studies have been done on experiences that widows go through as they grieve, very few have developed a Pastoral Care Model that promotes effectiveness based on complexity, recurrence and sluggishness of the grief cycle. In several cases, effort to provide pastoral care to widows particularly provision of emotional support, has been a challenge as a result of inadequate knowledge on how various stages of grief affect widows. This study aims at evaluating the effectiveness of existing Pastoral Care programmes on grief management among widows in ACK Diocese of Embu.

#### **1.4 Objectives of the Study**

##### **1.4.1 General Objective**

The general objective of this study was to evaluate the effectiveness of the pastoral care programmes on grief management among widows in the ACK Diocese of Embu.

##### **1.4.2 Specific Objectives**

The study was guided by the following specific objectives;

- i. To analyze the common challenges faced by widows in various stages of grief.

- ii. To examine the effectiveness of Pastoral Care programmes on grief management among widows in ACK Diocese of Embu.
- iii. To evaluate the measures that can be employed to make Pastoral care programmes more responsive to challenges faced by widows.

### **1.5 Research Questions**

- i. What are the common challenges that are faced by widows as they go through various stages of grief?
- ii. How effective are the existing Pastoral Care programmes on grief management among widows in ACK Diocese of Embu?
- iii. Which measures can be employed to promote a more responsive Pastoral Care programmes in regard to challenges that grieving widows go through?

### **1.6 Significance of the Study**

This study is momentous in that it may help widows to understand parting anxiety framed in such a way that the widows in grief could perceive God's closeness and presence as they go through various stages of grief. Moreover, brings out an understanding that the existential challenges which widows go through are normal. Consequently, the study could promote an advancement to the effectiveness of existing pastoral Care programmes on grief management particularly through ensuring that the programmes establish the principle of forgiveness for the grieving widow.

This study may therefore encourage an accelerated process of acceptance and adaptation for the grieving widows predominantly once the widows get to fathom parting anxiety in identification with Christ himself who suffered grief, death and later

resurrected. Through such enlightenment from this study, widows' grief could be lesser and quality of life among the grieving widows may be enhanced.

Besides, this change of reference among widows will enable them to be more cognizant of promissio therapy and resurrection hope by focusing on the resurrected Christ. Therefore, widows at large will get to understand life in terms of its eschatological character. Further, this study assisted evaluating the existing Pastoral Care programmes in ACK Diocese of Embu so as to promote their effectiveness by enabling widows to learn better about the entire process of grief and realize that their responses and reactions to grief are entirely not abnormal. The study is also important to scholarly community through contribution of literature on the effectiveness of the pastoral care programmes on grief management among widows.

### **1.7 Justification of the Study**

Human beings are mortal. Hence, as long as people continue living, death and grief are subjects of imperative nature for those living. Again, men and women continue to build marriages and death will continue separating them hence the subject of widows' grief management will remain warranted. Besides, death and grief are subjects that are commonly avoided hence they are characterized by dearth of knowledge and information yet the grieving widow forcefully gets into widowhood and has to find her ways of managing grief with its existential challenges. It was therefore reasonable to evaluate the effectiveness of existing Pastoral Care programmes among widows in ACK Diocese of Embu propose measures of making these programmes more responsive to the existential challenges that widows go through. It has been known that the existing Pastoral Care programmes on grief management are characterized by

failure to understand the parting anxiety in grief while identifying with the resurrected Christ himself.

### **1.8 Assumptions of the Study**

This research work was built upon these subsequent assumptions;

- i. That the respondents would give timely, honest and precise responses.
- ii. That the congregation would acknowledge difficult times are faced by widows.
- iii. That widows would appreciate the effort to help them recover from the loss of losing their husbands.
- iv. That the existing Pastoral Care programmes insufficiently address parting anxiety which is indispensable for effective grief management among widows.

### **1.9 Limitations and Scope of the Study**

The study dealt only with widows leaving out widowers. The study examined only challenges facing the widows and left out the other part of the family such as children of the deceased, parents and siblings. Another limitation is that this study concentrated only on ACK Diocese of Embu leaving out other denominations such as Presbyterian, Roman Catholic and Pentecostal churches and also other counties of Kenya. There was a limitation from some respondents because of the difference of age gap between the researcher and a few widows. This made some respondents uncomfortable in sharing their private experiences with someone virtually the age of their children. This could have been influenced by a mistaken perception that a young person has little to offer on matters of grieving the loss of a husband. The researcher created a rapport with the respondents before collecting the data from them to mitigate the limitation.

### **1.10 Operational Definition of Key Terms**

**Clergy:** Spiritual leaders including the Diocesan Bishop and the Archdeacons.

**Death:** Loss of life, hopes, promises, opportunities, security and status that attached to one's husband.

**Grief:** Experiences and reactions of a widow towards pain that results from the death of her husband.

**Mourning:** The course of adjusting to life without one's husband.

**Pastoral care:** Sharing in the sufferings of widows.

**Widow:** Stigmatized, lonely, neglected, alienated, misunderstood woman who have not remarried after her husband has died.

**Widowhood:** Painful long term experiences associated with changes that come with adjustment from a married woman to a widow.

## CHAPTER TWO

### LITERATURE REVIEW

#### 2.1 Introduction

This chapter reviews literature related to research objectives which are then dealt with chronologically under various subheadings within the chapter. This chapter initially discusses the history of pastoral care as per different historical ages. Further, a discussion on causes of widowhood, followed by types of grief then stages of grief that widows undergo is done. The chapter further contains a review on *Cura Animarum* as *Cura Vitae* with a reference to Louw's model of life care. The role of the clergy in grief care, theology of grief and a discussion on mourning with its goal and types is made just before finalizing with theoretical framework from Kubler Ross model of grief, its application to the study and summary of the literature Review section.

#### 2.2 History of Pastoral Care

Pastoral care has its history from the old testament times through to the present day. The pastoral care programmes employed to help widows in grief management have their roots therefore from the different historical developments. Pastoral care denotes the care provided from a spiritual outlook. The term 'pastoral' from the Latin term *Pastorem* (shepherd) refers to the concept of attention to the requirements of the susceptible (Magezi, 2019). Pastoral care entails intentional enacting and embodying of a theology of presence, an embodiment of the love of God and of the neighbour in response to people's needs (McClure, 2012). Pastoral care is known as *Cura Animarum*. *Cura Animarum* describes a very special process of caring for human life. It is about people and the centre of their existence as well as their focus on God and dependence upon him (Louw, 2014). Pastoral care practices and approaches in Africa have arisen

as responses to the contextual realities being experienced. These contextual realities persist in the current African situation as a struggle to relate, apply and live out an authentic African Christian life to cope with life in a meaningful way (Magezi, 2019). Pastoral Care therefore, denotes to several things. It denotes real checkup initiated by the church to its worshipers and the needy public. Therefore, when someone offer pastoral care to another, they heal that person, their family and still their community (Nnitshinda, 2005).

Pastoral care historical developments and responses are described right from the Old Testament Biblical times to the postmodern era. In the following therefore, this thesis describes the Old Testament times of Pastoral care, the New Testament, the Early Church, the Patristic age, Mediaval era, Reformation era, the modern era to the postmodern era.

### **2.2.1 Pastoral Care during The Old Testament Biblical Times**

The Old Testament views on life and death were insufficiently explicit about what lies beyond the grave since they saw life as a God given gift and accepted death as a natural phenomenon especially if precede by a long and blessed life. Pastoral Care in the Old Testament Biblical times involved moral direction that was performed through wisdom teachings. Such wisdom teachings can be drawn from Job 2: 13 where pastoral care involves providing condolence and comforting those in grief. The friends of Job accompanied him for seven days together with nights and did not say a single word. Further, in Exodus 22: 21-24; 23:6, the widow is guaranteed protection by God. Anyone abusing widows is said to find their spouses widowed. In Deuteronomy 27:19 the



widow's persecution of a widow results to a curse for any man who withholds justice from the alien, the fatherless or the widow (Svitlana, 2019).

The widow's cloak remained not to be reserved in pledge. She ought to get a portion of the gathered tithe each third year. She was also entitled to fruits and produce of grain that drop to the field during harvest period (Kaveny, 2005). Additionally, in Job 14:1-4, 21, the wicked man is termed as somebody who causes widow's persecution. The psalmist likewise, extols the God of triumph and refers to Him as a defender of widows in psalms 68:5. In the book of Proverbs 15:25, Solomon asserts that God watches over the land of the widow who might otherwise be helpless before proud and grasping men. The psalmist similarly exalts the triumphant God. The psalmist denotes Him as the widows' defender in Psalms 68:5. Proverbs 15:25, has Solomon affirmation that God guards above the widow's land who can else be destitute before honored and greedy men. Additionally, widow's cause is not abandoned. Israel's prophets argue that wickedness existed in Israel and there was demonstration of nonexistence of Godly view regarding their widow's attention in Isaiah 1:23, 10:1-2, Jeremiah 7: 4-16. The Old Testament, shows widow's protection instructed to Israel as appropriate for a redeemed nation who are assigned with the personality and principles of their God (Khrypko, 2018).

This study recognizes the importance of ministry of presence among widows in ACK Diocese of Embu especially from the book of Job in the Bible. In particular, it is understood that the healing God exists and helps grievers in their entire hurt and suffering. Pastoral Care originates from the Biblical shepherdic image and is entrenched in God's love for the whole world. It is not in God's desire for His people to suffer especially with His capacity to give attention to the suffering and to heal.

### **2.2.2 Pastoral Care in the New Testament**

In the New Testament widow is exceptionally remarked for instance by offering everything and distinct women in the Early Church. Concern for widows was key and they were to be esteemed as examples of great devotion and Godliness (Acts 6:1, 9:39-41, 1 Timothy 5:3-16). An acceptable religion that God regards as pure and faultless is that which involves looking after orphans and widows in their distress and to keep oneself from being polluted by the world, (James 1:27) Jesus remain a leading illustration in displaying compassion and attention for widows for instance the widow at Nain. While the widow at Nain offered simply comparable to two pennies at the sanctuary, she placed in extra than everybody else who contributed greatly because she offered due to devoutness to God. Jesus often attends to widows. Unfortunately, the church today holds a different focus regarding those who are concentrated on as will be discussed in the postmodern Pastoral Care historical development section. Moreover, the New Testament develops that Christ during his moments of demise on the cross, he praised the attention offered to his mother who was widowed to His cherished disciple, John (Khrypko, 2018).

### **2.2.3 Pastoral Care in the Early Church**

In the Early church there was initiation of Pastoral care in the light of the Parousia. Early Christians were very serious regarding their duty of supporting widows. In acts 6:1, there were disputes that confronted the early church. One of them was Hebrew widows being given greater share in the everyday supply as compared to the Hellenist widows. Kaveny (2005) notes that the infant church was not limited. They ensured that its participation concerning widows included not only material provision, but also permitted widows active community involvement. Widows prayed continually for the

community. This was valuable especially because biblically, God hears when the persecuted cry to Him therefore their requests are influential. Widows had spiritual authority. While widows' ministry was not a ministry of the altar, their ministry was very influential for the community. Widows visited fellow believers' houses where they consoled, fasted as well as prayed for the unwell and provided practical guidelines to younger females. Widows prophesied. Widows assembled before gatherings together with patriarchs, ministers and deacons. Penitent sinners prostrated in front of widows. This was figuratively appropriate since a widow's life was a model of a woman's as well as Christian life (Kaveny, 2005).

#### **2.2.4 Pastoral Care in the Patristic Age**

The Patristic Age is one that began when the New Testament almost completed. It involves the apostolic fathers who were Christian writers. Their writings are characterized by immense doctrinal diversity and a development of the Christian thought about God and the mystery of man's destiny. These apostolic fathers include Augustine, Ignatius of Antioch, Irenaeus, Athanasius, Cyprian, Clement of Alexandria, Origen, Jerome and Polycarp of Smyrna among others. In particular, the writings of Polycarp of Smyrna are of notable importance to pastoral care among widows. For Polycarp, the motivation behind a pastor's pastoral Care must always be love. Polycarp was renowned for his compassion. He charges those serving as grief caregivers to carefully fulfill their pastoral duties by being compassionate (Berding, 2015).

Additionally, Pastoral Care should be characterized by visiting all the infirm including the widow who is not to be neglected. In so doing the pastoral caregivers ought to abstain from unrighteousness and hasty judgement, respect of persons and all anger.

Notably, for widows, this is of great importance especially in regard to essential patience caregivers that is required because of the complex existential reactions that grieving widows go through. Polycarp's writings are of great importance particularly in helping eradicate stigmatization of widows that affected negatively the efforts of male caregivers among widows in ACK Diocese of Embu. Polycarp asserted that pastoral care duties should be characterized by being not quick to believe anything against any man since what matters is love. Augustine on the other hand, saw a humanity worthy of punishment because of disobedience to an all-powerful God. Accordingly, there is nothing people can do for salvation. God is the one to do it all. This implied the essentiality of God grace in grief management (Berding, 2015).

### **2.2.5 Pastoral Care during the Medieval age**

Medieval age began with the fall of the Roman empire and transitioned into renaissance and the age of discovery. Pastoral Care was done by the clergy and other lay persons. In this age, the dead had only the option of heaven, hell and purgatory. Death was therefore characterized by a lot of anxiety and fear of hell and purgatory since one's soul languished until he or she was accepted to heaven. In purgatory state, one may influence God's decision to show mercy for salvation with the help of the power of prayer within the church. It was not certain what would happen to a soul when one dies hence bringing so many questions, confusion plus spiritual devastation for the bereaved as they worry about the deceased soul. Ironically medieval age was characterized by frequent deaths as a result of disease, war and famine and life expectancy being shorter than today's seventy years to thirty-one (Hall, 2013).

People therefore created strong beliefs around the way to prepare for death and traditions following death that brought peace in that grief time of uncertainty. Preparation here was even due to death coming early hence people lived according to the Christian tradition and preparation for afterlife as well as judgement of God. Despair in the face of grief was regarded equal to committing sin since the focus in this age was leading life free from sin and the society was deeply religious. One lived in preparation to avoid an unfortunate fate when death knocked because the fate of one's soul depended on how one lived their life.

Consequently, it was desirable the deceased was granted a good sendoff where the priest administers the last rites and forgives the dying person of their sins. People were left to question the divine plan and failure to despair in tragedy. The pastoral caregiver had to be conscientious in Pastoral Care in a manner 'diseases' do not attack their flock easily. They were to drive the flock to drink water and protect them from wild beasts that surround them (Stansbury, 2010).

There was therefore an open perspective to grief and death was public. Funerals involved specific preparations, presence of family, friends, music, food and games. This social aspect of such customs provided comfort during grief which was open, unrestrained and communally shared hence so much in contrast with the modern emphasis on controlling one's emotions and keeping grief private. Grief management was better since death was present because the church preached that afterlife was the most worthwhile thing to live for since death was everywhere unlike today when death does not always feel real.

### **2.2.6 Pastoral Care during the Reformation Age**

Unlike the medieval age, the reformation age encouraged humanist ideas for social ideas and a call for a less worldly church which focused on Bible study and there was room to question the church traditions or rather indulgences. Consequently, this period was characterized by a personal relationship with God among the people which was achieved through Pastoral encounter and guiding which was the focus of the faith community. In medieval age, scripture and church tradition were treated as more or less equal authorities but in reformation scripture alone is the supreme authority for faith and practice just like it is today.

Therefore, this change towards belief in God's sovereignty puts grief in a radically different context though not lessening the pain in grief. God's sovereignty is basic in grief as it is only through his sovereign acts that salvation happen. In this regard, as will be discussed later in this thesis, widows need to be encouraged to involve God's presence and identify with Jesus suffering so as to accept and adapt following their reactions to the loss of their husbands. God in his sovereign acts raised Jesus from the dead who then redeemed sinners hence to whom widows in grief can relate with. Such theology of God therefore helps the grieving widows to live the present and believe that one day they meet with their husbands again though they have to first live on earth.

Reformation therefore taught free salvation given by God and rejected the medieval idea of purgatory. The focus of life was solely to reveal the salvation that God awards us through Christ. Good deeds ought to be a result of gratitude to God who saves unlike in the medieval age where good deeds were based on the hope for a divine reward and

curiosity. Hence the speculations of afterlife did not divert the present tasks and failure to enjoy the promises of God on earth.

Unfortunately for reformers, there was no need to pray for the dead simply because the living cannot influence the fate of the deceased. The pastor had the option of forbidding eulogizing the deceased or not attending the burial which could be anywhere or somewhere secret. The power of the church and the clergy was incomparable to the former age. A prayer was allowed in the place of worship on the way back from burial. Funeral services focused on proclaiming the gospel for the living and comforting the bereaved as well as enlightening the present church. The deceased were not prayed for but blessed by being given back to God (Moore, 2013).

### **2.2.7 Pastoral Care in the modern age**

The missionary aspect also had its Characteristic nature in the historical developments of Pastoral Care. It is an age where secularism, modernism, life without God, trust in human rationality and empirical methods of finding truth and voluntarism were prominent. This was an age characterized by more complex and fragmented social circles that were detached from tradition and kinship (Eddy, 2013). Chief mourners lived apart from each other hence physically separated unlike during the traditional African setting. The widow's daily contacts were mainly with colleagues, friends and neighbours. These did not necessarily see themselves as mourners hence may opt to respect the grief of the nuclear family by not intruding upon it though they would always be on the lookout for ways in which they could support the individual mourners. The grieving widow was surrounded by non-mourners whose role was to support the grieving widow.

Grief was a private response as a result of individuality. The widow was supported mainly by the nuclear family. The fate of the dead was insufficiently emphasized and pastoral care was focused on the grieving widow who was experiencing reactions to the loss of their husband and helping them adjust. This was unlike the medieval age where the fate of the deceased was key during grief. Grief therefore in the modern age had become medicalized with the key aim of distinguishing abnormal from normal grief rather than a natural human experience as it was in the Old Testament times or a social phenomenon like it was in the traditional African setting.

### **2.2.8 Pastoral Care during the Postmodern age**

Response to grief is influenced by social structure and culture in the postmodern age just like in the former ages. It is an age characterized by humans constructing their understanding of the world in ways that they can see as self-evident and believe to be true. In this age, firsthand experience is valued over expert knowledge unlike the medieval age. The grieving widows may join groups in which they fuse with other widows who are experiencing similar kind of loss. Here they can form virtual relationships for instance through the media. It is an age that celebrates diversity in theories of grief. Such theories may even say there should be no norms for grief which is questionable sustainable (Holder, 2013).

Grieving widows now find themselves in an increasingly globalized world of instant communication between widows who were strangers before. New ways of coping are produced unlike in those that previously isolated grieving widows of the modern age of individuality can relate. Solidarity with the grieving widow is based not on pre-existing relationships of kinship, neighbourhood or work but on a shared type of experience.



Previously isolated widows in the former age find relief in the group even at finding others who have similar experiences. Such groups therefore, represents a radical break from the modernist faith in professional expertise.

The internet has enabled these groups where information and experience are shared between the grieving widows who are detached not only from their own families and neighbourhoods. Besides the mass media enable virtual mourning by creation of a high profile for some deaths of public figures. This is a reversion therefore to traditional African set up where everyone knew that a certain villager has died since in this postmodern age the news of death can be known by the entire globe. This is a complete contrast of the former modern age manner of grief and mourning. The manner of grief in the postmodern age therefore promotes a multicultural society that breaks dominant ethnic and religious boundaries.

This postmodern development of grief is vital since it takes into account that many widows walk into the future with their deceased husband and retaining them in their hearts hence they keep on reverting to the past and find it difficult to live in the present. In so doing, they experience difficulty in achieving acceptance and adaptation. Consequently, this study recommends that pastoral caregivers as well as widows themselves should be informed on the resurrection hope towards getting a meaning of life in existential challenges in grief and promote total healing of widows. Subsequently, widows will not have to continue holding on to the bonds of their deceased husband. However, this all depends with the individual coping ability of the widow plus their unique relationship with the deceased (Crockett, 2013).

In the postmodern age there is a call to return to theology of reformation and Bible. However, the church today's focus is mainly on those who give huge contributions and whose aids are so significant to the continuing subsidy to the church's financial plan. It is observed that Jesus in the New Testament saw what everybody otherwise disregarded. The greatest challenge today is no longer the referencing and importing of Western practices as was the case during missionaries' era but how to bring personal theologies of daily life that are often informed by subjective experiences into a meaningful scholarly engagement (Nwachuku, 2014). Consequently, this study focuses on evaluating the Pastoral Care Programmes in ACK Diocese of Embu on importing theology into the existential challenges that widows go through in grief. This ought to be done without upsetting the status quo of the African traditions based on the cultural setting of ACK Diocese of Embu as discussed below.

### **2.2.9 Pastoral Care in the African Setting**

In African societies death is seen to rob the living of vitality hence seen as the living's greatest enemy and aptly feared. The traditional societies were set up in small villages where everyone knows each other and focused on solidarity so when death occurs the entire village has lost a member and therefore to a greater or lesser degree the entire village mourns. The chief mourners for such a setting live under the same roof. Mourning in traditional African setting was therefore a shared experience of the household. In various cultures there was a requirement of outpouring of emotions. It was carried out ceremoniously in the form of ritualized weeping accompanied by wailing and shrieking. People were allowed to cry their grief aloud. Besides, African viewed the role of the departed in relation to the enduring power that the deceased still have in the lives of the living (Anderson, 2013).

Such views and other extensive African rituals that follow after death could also form coping devices for the bereaved. On the other hand, they can create spiritual and psychological conflict among the bereaved. Besides, this can be regarded as denial and inhibit the initial recognition and acceptance of death. The Christian tradition and view of resurrection and hope in grief overrides these African ritualized ceremonies of death by providing an open door for healing of a widow in grief.

### **2.3 Common Challenges Faced by Widows**

Women who have lost their husbands encounter challenges while finding a way to go through the process of grief. This is because the process of grief is characterized by various stages which bring about different experiences for a widow. Causes of widowhood are discussed just before challenges to form a basis for a discussion on common challenges faced by widows.

#### **2.3.1 Causes of Widowhood**

There are several causes of widowhood present in the church and society. It may be as a result of normal death, suicide by the man himself, other individuals, illness, husband murdered by spouse as a result of gluttony or suspiciousness, misfortunes while on a journey or work misfortunes amongst other causes (Baker, 2000).

#### **2.3.2 Natural Death**

This is defined as death primarily resulting from a natural disease of the body or known complication thereof; or known complication of treatment for a disease and not resulting from injuries or abnormal environmental factors.

### **2.3.3 Suicide**

A death is a suicide if it results from an intentional act of a person knowing the probable consequence of what he or she is about to do that is the commission or omission of act that results in his or her own death. There is to be a presumption against suicide at the outset and there must be sufficient clear and convincing evidence of a non-accidental action, initiated by the deceased that led to the death.

### **2.3.4 Murder**

Murder is a type of homicide that involves the killing of one human being by another that is intentional, unlawful and done with malice aforethought. Murder can be premeditated, unpremeditated where the intention was to inflict grievous bodily harm or felony murder. Manslaughter is a related to murder yet distinct in that like murder it has to do with killing of another person but does not involve the same kind of malice that murder does. Poisoning is becoming common where drinks are spiced by women and leads to death for men who get to drink the spiced drink.

### **2.3.5 Illness**

This is a death that have its main cause as specific injury, an underlying medical condition or disease that begins a lethal of events resulting in death.

### **2.3.6 Accident**

A death is accidental if it is due to an occurrence, incident or event that happens without foresight or expectation. These are traffic related fatalities involving transportation vehicles on any public roadway. While working, injury related deaths are referred to as industrial deaths and are classified as accidents. Deaths related to illicit drug or

excessive medication use are also classified as accidents. Any death resulting from an action or actions by a person that results in the unintentional death (Vetach, 2019).

### **2.3.7 Assassination**

Assassination is the murder of a prominent or important person such as a head of state, head of government, politician, or any leader intended for different reasons that can be political, economic, personal or organized crime for example to remove one from office, financial gain or to avenge.

### **2.3.8 Witchcraft theory in African Communities**

Illness, death and misfortunes are believed to be frequently caused by the deliberate interventions of individuals with special powers or magical knowledge. Rather than disappearing under the influence of Christianity and modern life witchcraft practices are proving extremely resilient.

## **2.4 Types of Grief**

Usually, widows go through grief which is a very common yet largely misunderstood aspect of life. There are many types of grief and an understanding of the differences is key to being able manage the grief process effectively.

### **2.4.1 Complicated Grief**

Complicated grief refers to normal grief that becomes severe in longevity and significantly impairs the ability to function. It can be difficult to judge when grief has lasted too long. Other contributing factors in diagnosing complicated grief include looking at the nature of the death for instance if it was sudden or violent, the

relationship, personality and life experiences. Some warning signs that someone is experiencing complicated grief include self-destructive behavior, deep and persistent feelings of guilt, low self-esteem, suicidal thoughts, violent outbursts or radical lifestyle changes.

The most prevalent indications of complicated grief are the widow's increasing conviction that he or she is no longer valuable as a person. Still, it could be tendency to speak of the deceased in the present tense, subtle or open threats of self-destruction, antisocial behavior, excessive hostility, moodiness or guilt excessive drug abuse, complete withdrawal and refusal to interact with others or impulsivity veneration of objects that remind one of the late husband and link the widow with the late husband. If there was ambivalent relationship (love mixed with hatred) between the late husband and the widow or there was unfinished business between the late husband and the widow or conflicts that are not yet resolved. Otherwise, complicated grief could be due to confessions that had not been made or love that had not been expressed (Iglewicz *et. al.*, 2020)

#### **2.4.2 Delayed Grief**

Delayed grief is when reactions and emotions in response to a death are postponed until a later time. This type of grief may be initiated by another major life event or even something that seems unrelated. Reactions can be excessive to the current situation and the person may not initially realize that delayed grief is the real reason for becoming so emotional (Mauro *et. al.*, 2019).

### **2.4.3 Prolonged Grief**

Prolonged grief can happen if one is experiencing incredibly stark feelings of sorrow and longing even if the loved one's death occurred a very long time ago. It can be felt for years after a loss and it essentially means that one's emotional reaction did not happen when it should happen. Widows experience anniversary reactions which can be very difficult emotionally after the loss of the husband. These reactions often continue for years. On specific significant days or in the presence of outstanding reminders of the loss many of the old grief feelings and reactions sweep over the person with new intensity. Sometimes when widows are not free to mourn immediately after the death of their husband, a full grief reaction can be triggered by a later anniversary or other reminder of the loss of her late husband (Mauro *et. al.*, 2019).

### **2.4.4 Denied Grief**

This type of grief is when someone does not outwardly show any typical signs of grief. Often this is done consciously to keep grief private. One may deny the death of their loved one if it was sudden or experience numbness to avoid dealing with the intensity of the loss all at once. The widow could refuse to change the deceased's room or to dispose his possessions, a resistance to any offers of counselling or other help, stoic refusal to show emotion or to appear affected by the loss. This resistance and avoidance if it is for too long, it can go from protective to harmful. Problems can arise with denied grief through physical manifestations when an individual does not allow themselves to grieve. It therefore important to for those in grief to explore the emotions around the loss of their loved one so that the can begin to accept and process grief (Corless, 2010).

## **2.5 Existential Challenges Associated with Each Stage of Grief that Widows go Through**

Kubler and Kessler (2005) developed five stages that one undergoes in grief. These stages include denial, anger bargaining, depression and acceptance. She initially used the steps to individuals suffering from fatal ailments, though they have been generalized with other kinds of undesirable life encounters such as the demise of somebody that one loves.

### **2.5.1 Denial**

Denial is a sentient or insentient refusal to admit proofs, evidence or certainty. It is a defense mechanism and is perfectly natural. This stage makes the victim view the world as worthless and devastating and life making no sense hence the widows usually experience shock and numbness. Denial therefore, helps widows endure the loss by helping to cope and make survival possible through helping to face their grief feelings and it is manly manner of allowing in only what someone can manage. However, when in denial, widows unknowingly begin the healing process. As they ask themselves questions, they begin to accept reality; because as they are denying they continue to become stronger and denial begins to fade.

### **2.5.2 Anger**

Anger can be manifested in different ways. Individuals experiencing emotional distress might be annoyed on their own, and/or with others, particularly those close to them. This assists pastoral caregivers in dealing with such annoyance by being indulgent and tolerant (Chapman, Kim, Susskind & Anderson, 2009). It is because of anger, that the person is very difficult to care for due to misplaced feelings of rage and envy. Anger is strength and it can be an anchor, giving temporary structure to the nothingness of



loss. Getting angry may be at a person who is different now that your loved one has died, a person who is not around or one that did not appear in the burial. This anger to these people creates a structure or a bridge to get over or hold unto.

### **2.5.3 Bargaining**

Stage three may be a form of impermanent truce. It involves questions with statements like “what if” or if only”. Widows may want life to be returned to what it was by restoring the loved one. Bargaining is often accompanied by guilt which causes the widows to realize error in themselves and what they think they could have done. Widows may remain in this state of the past for a long time attempting to negotiate how to end the pain (Corless, 2010).

### **2.5.4 Depression**

In stage four, the widow begins to understand the certainty of the event because after depression, a griever’s attention changes directly into the current. Grief enters widows on a profounder level and it can sense like it might last endlessly. However, it should not be characterized as a mental illness but just a reaction to the hurt. It is characterized by withdrawal and loss of hope in moving on with life. The realization that their husband is not coming back may be very depressing. This stage is therefore very important in the process of healing.

Depression is a term that is not discussed in the bible even though the condition appears to have been common. The Biblical emphasis is less on human despair and more on belief in God and the assurance of abundant life in heaven. Some people use depression as a subtle and socially acceptable way both to express anger and to get revenge. This is because depression may lead to destructive actions that are socially unacceptable

especially for a Christian. The depressed individuals seem to be saying that they are depressed and miserable, it is not their fault and if they don't get attention and sympathy, they may even get more depressed or do something desperate. It can be termed as psychological blackmail. Depression often hides underlying anger, hurt, and resentment which then may be forgotten. When a person is discouraged, unmotivated, and bored with life, there is low self-esteem, self-pity, a low self-confidence, and the strong desire to get away from other people. Social contacts may be too demanding and the depressed person may not feel like communicating. Instead, the individual may daydream and try to escape from the real world.

Writing from prison, the Apostle Paul once stated that he had learned to be content in all circumstances. Knowing that God gives strength to his children and is able to supply all our needs, Paul had learned how to live joyfully, both in poverty and in prosperity (Philippians 4:11-13, 19). Through his experiences, and undoubtedly through a study of the scriptures, Paul had learned to trust in God and this helped to prevent depression. The same can be true for widows. A conviction that God is alive and in control can give hope and encouragement, even when we are inclined to be discouraged and without hope. This hope and encouragement gives a realistic perception on life and death.

### **2.5.5 Acceptance**

Acceptance is frequently confused to be the idea of being all existence of overcoming the experiences after the demise of her husband. This is different since several widows may certainly not feel all right about the hurt of their late husband. The words of a middle aged widow describe the chasm of emotionally accepting that her husband is gone as being so huge that she could not approach it (Klass, Klass & Nickman, 2014).

Acceptance is a stage that encompasses accepting the actuality that her husband is physically absent and identifying that this fresh truth is the lasting certainty. It is a truth that several widows might certainly not correspond to but simply learn the manner to handle it in their life as a different custom concerning existing in a realm where their spouse is absent. They might need to resist this fresh custom by attempting to maintain the past together or else attempting to uphold life as before the spouse died. In the long run, widows comprehend that they it is not possible to uphold the former together since it has endlessly changed.

It is essential for widows to accommodate the truth through re-arrangement of responsibilities, allocating the roles to different characters or take by themselves. It may involve the widows feeling as if they are betraying the gone husband when they make new networks or fresh meaningful connections. Widows may be start to live once more but they cannot completely be sure so till they have given enough time to sorrow which many christians may not know how to walk with them to this end. However, such change is inevitable and the focus of Pastoral Care changes over time depending on a variety of existential Challenges.

#### **2.5.6 The Grief Cycle**

Bereavement does not end but is a process of adaptation that a widow may need to renegotiate for many years to come (Klass *et al.*, 2014). The process of grief can be characterized as having an uncertain culmination. Looking at bereavement as a period of transition and as an expected life-cycle transition provides a framework that reflects the widow's struggle with her grief as she looks for ways to deal with the consequences of her loss both in the present and into the future.

In the same way, life from birth to death involves various transitions such as growing from childhood into adolescent and young adulthood entering school, getting married or having a child; all these transitions require a change of roles and a new way of looking at the world. One usually knows what the beginning looks like but does not know how the process and the ending will be similar to becoming a widows.

When death separates a person from someone they love, there is a time when the bereaved person might think that no one has suffered as they have. But grief is universal. It is the method of handling grief that is unique and personal. Christians take comfort in the certainty of the resurrection, but this does not remove the emptiness and pain of being forced to let go of someone we love. When human beings encounter death they face an irreversible, unalterable situation that they are powerless to change. Grief is confusing and disorienting that takes time. It is important to understand that there is no right or wrong way to grieve and there is no order in which we ought to feel certain emotions hence widows follow one's own schedule even though there are estimated times given. There are times widows seem like they are going back but then they move on again. They seem to move forward and backwards, however, they do not get as far back as they were before (Stroebe, 2008).

Even though the progress is slow, they keep moving until they are able to move forward faster. No one can walk through grief for another. Just like widows, people are made differently and hence they react differently to situations depending on their personality, upbringing, culture and religious beliefs. There is a need for pastoral caregivers in ACK Diocese of Embu therefore to be patient with the process of grief in widows by not

rushing it. Just like all people do not walk at the same speed in real life, in this walk some of the widows are painfully slow.

Therefore, pastoral caregivers to widows in ACK Diocese of Embu who are fast walkers should be patient with the slow widows. In the long run, they too will get to the finishing line simply because a widow's world changed suddenly and they may not know what the future holds for them. Death is as such a part of life as birth, it is very certain because even if nothing else will cause death, old age will; yet it causes great unhappiness. Death is natural since it is a part of our fallen nature so when human beings begin to accept death as natural and inevitable, and not to be feared, our fear and insecurity lessens.

### **2.5.7 Loneliness in Widowhood**

Loneliness is among the most common causes of human grief. It is an agonizing inward desolation that could escape after a limited time or continue through a life time. Loneliness is the painful awareness that we lack close and meaningful contact with others. It involves a feeling of inner emptiness, isolation and intense longing. Even when they are surrounded by others, lonely people often feel left out, unwanted, rejected or misunderstood. Frequently there are feelings of sadness, discouragement, restlessness, and anxiety, accompanied by a longing to be wanted and needed by at least one other human being (Parkes, 2001).

There may be an intense desire to reach out, but often the lonely person feels frustrated and unable to initiate, continue, or experience a close relationship. One may not find it surprising that many lonely people tend to look down on themselves. Weighted down

with feelings of low self-esteem and worthlessness, the lonely often think, that nobody wants me so I guess I am not worthy anything. Sometimes there is a sense of hopelessness and a strong desire for almost any kind of relationship that might end the awful pain of involuntary aloneness. Many people try to find relief in a variety of other promised antidotes to loneliness. Even when they do have human contact, many lonely people still are unable to build significant relationships or gain emotional satisfactions from others. Loneliness can be transient and situational or chronic and long-lasting (Rando, 2013).

The inner feeling of loneliness comes when we perceive ourselves to be isolated from others, fail in our efforts to find friends, or lack the social skills needed to relate to others. Often this sense of isolation is felt when the person is separated from God and feels that life has no meaning or purpose. Such persons need a committed and growing relationship with God, preferably within the confines of a concerned community of believers. Further, it is important to distinguish loneliness from solitude. Loneliness come when we are forced to be alone; solitude is a voluntary withdrawal from other people. Loneliness sweeps over us and hangs on in spite of our best efforts to cast it off; solitude can be started and terminated at will.

Loneliness is painful, draining and unpleasant; solitude can be refreshing, rejuvenating and enjoyable. Loneliness is rarely discussed in the scriptures. The word “lonely” appears only four times in the New International Version of the Bible. Two of these references (Mark 1:45) and (Luke 5:16) refer to lonely places. The other references both in Psalms (25:16 and 68:6) refer to people. However, it is seen repeatedly, even in the lives of Bible heroes such as Moses, Job, Nehemiah, Elijah and Jeremiah. David once

wrote that he was lonely and afflicted (Psalms 25:16). Jesus, who knows all our infirmities, surely was lonely in Gethsemane. John ended his life alone (and perhaps lonely) on the Isle of Patmos and the Apostle Paul apparently spent his last days in prison. Writing to Timothy, the aging Paul noted that his friends had left, that some had forsaken him, and that he desperately needed the companionship of his young colleague (2 Timothy 4:9-12).

Further, Adam and Eve were instructed by God to be fruitful, multiply and fill the earth hence, they were to be in fellowship with God and with each other (neither alone nor lonely). The entire Bible focuses on our need for Communion with God and for people, especially christians, to love, help, encourage, forgive and care for one another. A Growing relationship with God and with others becomes the basis for any solution to the problem of loneliness (Genesis 1:28).

Loneliness is reduced or prevented when individuals are helped to build intimate relationships with God as well as with other humans. As people are enabled to understand their gifts and connect with the deep purposes of God for them, loneliness will be swallowed up in a life of giving and loving. Emptiness will be filled with meaning. Helping people to grow spiritually, therefore, becomes a significant way to prevent loneliness. Inner self-confidence and human togetherness, in themselves, will not give a permanent solution to the loneliness problem. It should be united with helping people develop intimate relationships with God.

## **2.6 Effectiveness of Pastoral Care Programmes on Grief Management**

For pastoral care programmes to achieve effective grief management among the widow, there are areas of concern that a pastoral caregiver ought to understand. These include the theology of grief, theology of mourning and an understanding of providing pastoral care from a perspective of life care.

### **2.6.1 Cura Animarum as Cura Vitae – Pastoral Care as Life Care**

*Cura Animarum* refers to the healing of human souls while *Cura Vitae* is a theology of life and healing from a perspective of Christian spirituality. The healing of a widow's pain is extremely sensitive hence necessitates to be approached from a perspective of Christian spirituality to achieve quality of life amid the existential challenges that widows go through during grief. This is because these existential challenges such as guilt, anger, denial, bargaining, loneliness, depression, acceptance and adaptation involve complexity in their process hence calls for healing of a widow in a whole perspective. Such healing includes physiological, biological, existential, social and religious aspects.

### **2.6.2 Theory of *Cura Vitae***

*Cura Vitae* is a theology of life and of healing from the perspective of Christian Spirituality. *Cura Vitae* seeks to encourage a paradigm shift in Pastoral Care by enabling caregivers to understand and deal with the existential challenges resulting from grief after the loss of a husband. Grief can be unbearable affliction or an opportunity for growth in life and faith depending with the availability of coping skills and preparedness (Louw, 2008). This is especially regarding a widow's perception to life and how she views God during the time of her grief. The grieving widow ought to



have a meaning of life and live with hope and dignity rather than despair within the reality of suffering pain from the loss of her husband.

### **2.6.3 From Cura Animarum to Cura Vitae**

*Cura Animarum* is the cure of human souls. The soul is related to the happenings of life and is extremely sensitive to reactions and responses of bodily functions. It is therefore not a fixed metaphysical substance merely located in the inner being. *Cura Vitae* is the healing of life. It denotes quality of human life in terms of functions and quest for meaning. With reference to *Cura Animarum* and *Cura Vitae*, healing of the suffering should be in reference to biological functioning, psychological stability, social intactness as well as spiritual and religious categories (Gibson & Louw, 2018).

Illness is rather a personal ordeal and total experience of a disturbing process which should be indicated physiologically, biologically, existentially, socially and religiously. As such, healing is therefore perceived in regard to human wholeness. For those in grief to attain healing that is characterized by human wholeness, they have to correctly position themselves in the light of their faith and belief systems. Louw provides an eye opener to caregivers so that they are able to nurture imagination and creativity in a spirit of Christian hope in a way that creates purpose and significance especially for those that are in pain and suffering. Healing in a Biblical sense points to a quality life following spiritual or divine healing or rather intervention into wholeness as well as salvation that brings peace through an encounter of God's presence. The bodily function is then not separate from the soul but they are complimentary. Wholeness and salvation through divine intervention of the indwelling Holy Spirit within God's presence promotes peace even within suffering. Still, it denotes God's faithfulness and fulfilment

of his promises of the covenant together with His will for human beings. Quality of life and wholeness in regard to suffering therefore points to significant trust and faith in the faithfulness of God to his promises upon human beings and their destiny (Louw, 2013).

#### **2.6.4 Louw's Model of *Cura Vitae***

Louw proposes a paradigm shift in Pastoral Care that enables caregivers to understand and link existential issues posed by crisis of illness with the appropriate view of God and the human quest for meaning. For those suffering, an encounter of presence of God which is a continuously ongoing, ever-present and divine through and by the indwelling Holy Spirit is recommended. He adds that Pastoral Care must give emphasis on the creative power in life and faith and not pathology. Pastoral care then includes having somebody to be with, being empowered, promotion of recognition as well as provision of comfort, consolation and compassion. In that case, widows in ACK Diocese of Embu should be empowered through the available pastoral care programmes to use their experiences to develop a new hopeful view of life. This is so since if there is distortion of a widow's faith and belief in her Christianity, it ends up affecting her coping skills of managing grief (Louw, 2014).

#### **2.6.5 Reframing of Widows' Frame of Reference**

A widow's reaction to grief is crucial in her coping skills and adaptation. Therefore, a widow ought to see grief in relation to hope but not despair. To achieve this, she has to develop a meaning of life within the existential challenges brought by grief from the loss of her husband. In other words, a widow ought to have a meaningful acceptance of suffering in the light of God's presence and closeness during grief. Grief is greatly a coping as well as an attitudinal issue (Louw, 2008). Widows have to resolve to stick upon God's presence even in the pain and suffering of grief after the loss of their

husband a time when God could seem to be absent. Of vitality is thinking God in more verb than noun-like nature or rather only in terms of immutable Categories.

#### **2.6.6 Adjustment in Life Care to the Widow**

Pastoral Caregivers ought to enable widows to find God's steady presence in their suffering during grief. This will provide courage for the widow to undergo the existential challenges resulting from grief hence promote a quality life for the widows through the widows finding the meaning of life within suffering. A blockage of future orientation and a loss of meaning in life is a fundamental factor in all dysfunctional human behavior. By understanding the vitality of God's closeness and presence, widows may be at a better position to cope with negative reactions of grief such as anger, loneliness, hopelessness and despair. In this way, adjustment after the loss of their husband is achieved owing to a quality process of grief that a widow will undergo.

For adjustment among widows it is important for pastoral Caregivers to support widows spiritually and encourage faith and belief to be central as a useful tool to process the existential life challenges. The depth of suffering is therefore reduced and most importantly, adjustment of a widow towards healing is increased. It is activated through a widow gaining a new existential normal beyond negativity, anxiety and distress (Cohen & Johnson, 2017). Life care with reference to a spiritual dimension therefore encourages total healing of a widow by allowing a widow's grief to be better managed and processed. It promotes resilience during grief. The widow transforms grief and loss into an opportunity for quality and meaningful life.

Fear makes widowhood to remain an issue that individuals are cautious to address. In addition, the church does not know exactly which role to play in helping widows heal. This can be traced from advanced bodies of religious studies where ministers do not undergo training concerning offering effective pastoral care to widows. Still, they are not given direction concerning the best approach to customary or traditional perceptions and views which encourage widows' exploitation.

People cope better when armed with appropriate information and expectations. With necessary information, widows in ACK Diocese of Embu are able to avoid the unnecessary pain and stress fostered by society, caregivers and even friends who give wrong advice due to insufficient understanding of what is necessary to successfully resolve grief. Many fail to be specific in giving widows guidance on how to move adaptively into their new life without forgetting their old one (Manala, 2015). In most cases people only look at a few types of emotional responses and fail to understand that grief is experienced on all levels of personality because grief is more complicated and diverse. Grief is an intensely personal event despite the fact that you may share some similarities with other grievers for instance when they have lost the same person.

Due to the centrality of the nuclear family in the contemporary society, this relationship is typically the primary source of mutuality, care and connection. Young widows are left questioning themselves about who they will share their joys and burdens with and if there are inadequate answers available the young widow may lose the sense of meaning in life, direction, security and purpose. Social, technological and medical changes have left people poorly equipped to approach death with the societal and emotional alterations it brings. There are fewer people who are close to who can help cope with grief. Christians in ACK Diocese of Embu are less familiar with death since

it happens usually in hospitals and nursing homes. Today people are less familiar with death in nature because they tend to live in urban (Klass *et al.*, 2014).

There are fewer resources to utilize while handling bereavement as a result of weakened religious beliefs and a move away from funerals and other rituals that acted as therapeutic outlets for our grief. There are fewer models to observe after death because the society is mobile and tend not to live with extended families hence there is a tendency to deal with bereavement in a more isolated fashion. Grief is indeed difficult in the contemporary society as there are more dilemmas to cope with, fewer resources to help a griever, fewer models to follow and less experience to fall back on in helping a widow deal with death as part of life. These changes have therefore caused problems and misunderstandings about grief.

Unrealistic expectations about widows are now common because they are the standards of evaluation and widows tend to feel guilt and failure if they do not meet them. Some are perceived as crazy when they are perfectly normal. Hence they may fail to get support from others have no accurate understanding what widows are going through, the complex experience of grief and the needs of a widow hence end up adding them more pain to grieving widows (Manala, 2015).

### **2.6.7 Grief Care as Life Care**

Life care (*Cura Vitae*) is a theology of life and healing from the perspective of Christian spirituality. Its main aim is to encourage a paradigm shift in pastoral care by enabling caregivers to understand and deal with the existential issues raised by the crisis of illness. Without necessary equipment and preparation illness, is easily experienced as

an unbearable burden. It deeply affects the patient's coping ability and potential for healing. For widows therefore, without appropriate information, resources and training on stages of grief and various experiences therein, working through grief to acceptance may lead to widows experiencing grief as an agonizing encumbrance. Consequently, this intensely disturbs the coping ability and potential for a widow's reaching to the ultimate stage of grief referred to as acceptance (Louw, 2013).

Where there is adequate existential understanding and the appropriate development of skills to deal with illness, it may be opportunity for growth in life and faith. With sufficient information and enlightenment to widows as well as caregivers on stages of grief that widows may go through plus the various experiences in every stage coping mechanisms for each stage would be developed to manage grief. This therefore, may result to quicker advancement of widows in grief towards eventual stage of acceptance. At that point widows understand that they it is impossible to defend the former position together since it is interminably altered.

Grief is not an illness but a natural process that must be allowed to run its due course and this takes time. Grief is the appropriate response to loss and separation experienced in death (Snidle and welsh, 2001). Grieving is active, presenting bereaved individuals with challenges, choices and opportunities. It requires the expenditure of both physical and emotional energy. Grief is something you must work at actively if you are to resolve it in a healthy fashion (Murray and Clinkinbeard, 2004). Since most other people are unaware about grief and how much work it involves, they may not provide widows with the social and emotional support but are only a hindrance. Those grieving are not looking for pat or easy answers from people who come to talk rather than to listen. They

need understanding, reassurance and contact with sensitive people who care (Talitwala, 2002).

The work of grieving entails mourning not only the husband but also the hopes, dreams, wishes, fantasies, unfulfilled expectations, feelings, and needs you had for and with that person. That is, not only what is lost in the present but also what is now lost to the future as well. Still, the widow cannot mourn all that at once since it can be overwhelming. She needs to do this gradually throughout the mourning process so that she can let go of what is necessary to give up from the past, healthily experience the present, and prepare for the future. Sometimes the death of a husband involves grieving for what you never had and now will never have hence they grieve for past, present and future.

Old conflicts about dependency, ambivalence, parent-child relations and security, to name but a few are also stirred by experience of loss and can interfere with successful resolution of grief. The pain, emptiness and sorrow caused by separation from your loved one frequently reawaken earliest and most repressed feelings of anxiety and helplessness as a child.

The ultimate goal of grief is to take one beyond various reactions to the loss. The normal stages of loss must be worked through, and emphatic listening can help a great deal. There is need to separate from the dead person and from her status and role; there is a transition to be undergone from confusion and uncertainty to being able to discover and accept a new status (without a partner) and finally reincorporation into the community. These reactions can be termed as coping mechanisms to loss of a husband which are

explained in further detail in the following subsection and brings out the theory used in this study.

### **2.6.8 Grief Care as Support System**

Once a woman happens to be bereaved, it remains a comprehensive responsibility of the community members including the family as the clergy to guarantee that the widow is supported to adapt and cope with widowhood. Life for the widow can turn out to be an extensive unpleasant tussle. The approaches of supporting the widow to accept and adapt should be geared towards a widow's totality of life for her to manage to embrace societal, physical, emotional and spiritual healing.

### **2.6.9 The Role of the Clergy in Grief Care to the Widow**

The clergy are uniquely positioned to help widows deal with the loss of their husbands. They are expected to provide empathy, be present for a widow in grief and propose theological explanations to the widows suffering during grief. This starts during preparation for burial to the burial where the clergy give sermons and offer prayers. It is therefore important that they keep being available over time since even though the burial may be over, the process of grief can take years. The clergy therefore being the pastoral caregiver, enable provision of some support especially during anniversaries (Louw, 2014).

Over time, it is important for the clergy to listen the widows in grief as many times as the widows can tell it to allow them to make a sense of their experiences as they express their feelings. This should be in without pressurizing the widow. Otherwise, the grief process could be blocked. Consequently, the pastoral caregiver can provide emotional



support just as spiritual and material support is provided. Of vitality too is for the pastoral caregiver to provide information that is accurate and tell the widows in grief the truth especially if a widow makes irrational conclusions. However, the clergy should listen non-judgmentally to the grieving widows' thoughts and feelings.

An availability of rituals to remember the decease is important since the widow may be in fear that their husband will be forgotten. It is always necessary for the clergy to remind the widows that grief reactions are normal but enable widows to identify and manage their existential challenges resulting from grief reactions. The clergy can do this by reframing the frame of reference for widows to understand the core position of God in their grief. Basically, the clergy are responsible for promoting acceptance and communication among widows. Moreover, it is very important to approach the widows with an open mind that is void of any judgmental nature while providing empathy, confidentiality and individual based pastoral care (Brunsdon, 2019).

Apostle Paul in his instructions to Timothy, identifies three different types of widows. First, there are widows who require support on basic needs since they do not have kinsfolks who are capable to offer material support to them. Second, there are those widows with kinsfolks capable of providing material support to them. (1 Timothy chapter 5: 4). Third, there are widows who have a self-indulgent lifestyle (1 Timothy 5: 6-7). Fourth group is in verse 9 to 14, where Paul recommends that they should remarry and be supported by their husbands who will make sure that they are kept occupied so that they do not become busybodies and gossipers (Miruka, Mojola, Joshua & Onginjo, 2015).

Paul teaches that only the first group is to be supported materially by the Ephesians Christian community. A widow who possesses a self-indulgent lifestyle and have a world centered vain lifestyle and live riotously are not real widows and so they should not receive support from the church. The self-indulgent life style reflects her inward condition as one who is out of fellowship with God and living the lust of her indwelling sinful nature. Working widows should be encouraged to help support the widows so as to relieve the church from more burdens.

It is important for the church including ACK Diocese of Embu to understand the emotional dynamics that can lead to displaced aggression among widows in their churches. There is a need for churches' sensitivity and the in-depth knowledge of where widows in their congregations actually stand as far as pain, wounds and hurting are concerned. Assumption that all is normal when dealing with a widow will be an abominable act (Kubeka, 2011).

In all societies, including in contemporary Africa where counselling has not yet been established, counselling goes on all the time. It is informal. It goes through family relationships, friends, peers, neighbors, elders, religious leaders and teachers (Waruta & Kinoti, 2005). Pastoral caregivers and in this case the clergy also, should take into account other factors such as the holistic background of the widow's circumstances (Kubeka, 2011).

Therefore, the clergy and pastoral caregivers in ACK Diocese of Embu ought to create a mechanism which will enable widows in their congregations to mourn and go through the full grief period since failure to allow such perpetuates the traumatic reaction. The

challenges of the 21<sup>st</sup> century are immense and call for a pastor who is quite near to his/her sheep so that he/she can understand them and their challenges fully and as such he/she is in apposition of meeting their spiritual needs.

## **2.7 Theology of Grief**

Theology of grief relates to God's involvement in the pain and suffering of human beings. God's active presence as a compassionate companion and intimate partner is available for those who are in grief hence a co-sufferer with them during their grief.

### **2.7.1 God involvement in Grief**

God is often imagined in terms of omnipotence (without any weakness), omniscience (without ignorance or uncertainty), Omnipresence (without Constraints of time or space) and even immutability (without any vulnerability). As such, theological reflection of God is more towards an all-powerful God than a compassionate interpretation of a vulnerable and suffering God. With the interpretation of a compassionate God, a widow in grief can experience God within suffering from the pain of losing her husband. However, she ought to first encounter God in a warm embrace before defining God in a cold doctrine. It is therefore necessary to conceptualize God as an intimate co-suffer in loss and a divine companion (Doka, 2009).

God is involved in people's grief by becoming a suffering God for the suffering human beings in a dynamic act of revelation. In this way, God should be conceived as more than all-powerful being who stands distantly removed from one's grief and pain but indeed a God who is a co-suffering divine companion in a continuous happenstance.

God's name has thus future hopeful implications for the quality of life emanating from the vivid presence of God. For example, God name Elshadai indicates His all-encompassing presence which can then be displayed as a co-suffering source of encouragement and hope (Louw, 2014).

Through God's unfolding acts of comfort and care widows may therefore discover that even in the complexity and sadness of unpredicted events such as death and loss, God does not necessarily explain what is happening, but he displays his mercy as a response to the outcry of bereaved human beings in great anguish and despair (Louw, 2010). God's power is therefore less about a causative threat- power and more about a compassionate comfort- empowerment. He displays sustainable and ongoing faithfulness and grace even in the face of loss in death. God therefore never abandon those in grief but He is continuously present to provide the grieving with love and hope.

### **2.7.2 Death, Loss and the Cross**

When Jesus was undergoing the torture of crucifixion, in his depths of suffering, God is actually not absent. Apparently God is seen to be absent but He is not. Recounting on the person of Jesus, Jesus plainly and publicly asked God why he had forsaken Him in the moment of his greatest need. Resurrection however, brought a joyful experience for the new life following the death of Jesus on the cross. Similarly, for Christian widows in ACK Diocese of Embu, the deep experiences of grief can result to huge questions about God. Such questions that are commonly left unanswered arguably lead to a feeling of insecurity against God or a disrupt of religious beliefs. Such a feeling or disrupt could replace the all-powerful place of God for a widow who is in grief.

For Jesus in that moment of doubt while on the cross, the faithfulness and presence of God was available but engulfed in thought of abandonment by God. Such is a similar case for a widow who has not understood the nature of God in the pain of grief she is undergoing. A widow in grief need therefore to identify with Jesus for better grief management. Reasonably, Jesus has been in such a dark place of suffering before human beings hence from his example those in grief can still believe that God's Love is present through their pain of grief. The death of Jesus on cross hence fosters a courage of being and a new attitude in the life of widows who are grieving for the loss of their husband (Louw, 2013).

### **2.7.3 Suffering God**

God suffers with those in grief and his presence is continuously present even with the pain and suffering from the loss of a widow's husband. In reference, Jesus is the ultimate grief bearer who took the burden of sin and sorrow upon himself so that humanity might be reconciled to God. Jesus who is God in His divine nature, underwent suffering alone on behalf of many. Jesus suffered abandonment from his closest friends, ridicule from his enemies and even apathy from passersby. No one was there to comfort him even His God. Even so, Jesus entrusted himself to the God of his ultimate faithfulness and compassion. Widows too, should follow the lead during their grief. Christ's vicarious suffering means deliverance of believers from earthly suffering and creation of courageous resilience within pain and suffering. The quality of life is evident in suffering where the grieving widow experience the indwelling power of resurrection that provides hope in despair (Brunsdon, 2019).

#### **2.7.4 Compassionate God (Oiktirmos)**

The Bible in the book of laments gives a sacred dignity to grief and its existential challenges. It displays an unresolved expression of grief following the trauma of Jerusalem's temple devastation. However, Jeremiah displays a change of tone from despair to hope and an exhibition that in grief hope is not lost because it is tied to the entity of God though a God who is invisible. Though God causes grief he is compassionate to those in grief according to his mercies and his unfailing love, Lamentations (3). It is observed in Lamentations that grief may never really go Besides, in the New Testament, the teachings of Jesus show that them that mourn are blessed for they shall be comforted (Louw, 2008).

#### **2.7.5 Holy Spirit as Comforter**

The Holy Spirit of God expresses God's presence to comfort those in grief through divine intervention. God knows that human beings will experience grief but He does not want the grieving to go through it alone hence wants them to seek Holy Spirit's Comfort. The Holy Spirit intervenes and speaks to the grieved heart by enlightening them what to do and to correctly do it. In that way, the Holy Spirit comforts the grieving and helps them to express their grief in a meaningful way. This is by granting peace to the grieved hearts. To achieve this however, a widow in grief has to exercise faith in Christ who suffered, died and resurrected bring hope to human beings.

#### **2.7.6 Promissio Therapy (Love)**

Promissio therapy imparts meaning of life to the grieving by a communication of the promises of God's faithfulness and love to widows who will never abandon them. They get a better understanding and connection of the presence and promises of God to the

reality of existential challenges following pain and suffering from the loss of their husband. Central to such understanding is scripture and prayer in a complementary nature (Louw, 2013). From the scripture, prayer and communication of God's faithfulness and love, widows get hope. This hope further positively affects their faith and belief as the function of life promoting its quality. Promissio therapy is based on a theological understanding of the faithfulness of God's faithfulness of God's promises and the healing dimension of salvation which includes the comforting and caring aspects of the gospel. Consequently, it encourages hope and offers certainty and security for an insecure and hopeless widow.

### **2.7.7 Resurrection Hope**

Through the resurrection of Jesus, widows experience salvation from grief and its existential challenges. They have confidence that one day all their sorrow will be wiped away and they will meet again with their deceased husband (Gibson & Louw, 2018). Widows may therefore have unanswered questions about the loss of their husband but they have hope. More specifically there is hope that resides in the focus in eternal life. The resurrection of Jesus implies that the shackles of death are conquered and the eternal life is made possible. The salvatory work of Jesus then fills the widows in grief with hope and joy even as they think of their deceased husband. They can then grieve not as people without hope but in the faith that their husband shares in the victory of Jesus. The objective of pastoral caregivers should therefore be to guide widows to accept the message of hope as the potential for healing following the death of their husbands.

### **2.7.8 A Theology of Mourning**

Widows in grief may tend to wrestle with how the power of God seems to contradict the goodness of God. As questions without answers run through their thoughts they tend to get robbed of meaning and hope in life. This is because grief can lead to a test of a widow's belief in the power of God. In that case thus the grieving widow can have difficulty to reconnect their faith which has been challenged by loss of their husband. Grief reactions in that case may have spiritual components. For instance, anger can be directed against a feeling of insecurity with God. Likewise, guilt can have a spiritual component regarding a sense that one is in a punishment for a certain behavior (Brunsdon, 2019).

## **2.8 Measures that can be Employed to make Pastoral Care Programmes more Responsive to Challenges faced by Widows**

Pastoral care programmes for widows are characterized by activities that pastoral caregivers engage in to promote healing for a widow in grief. The programmes can be made more effective if certain approaches are employed in the provision of support for widows during grief management.

### **2.8.1 Mourning**

Mourning is the mannerisms of expressing sorrow for the grief and sorrow within those experiencing pain from the loss of their loved one. These are outward expressions of grief following death. The focus of mourning is usually so as to help the bereaved to acknowledge the reality of death, enable them to embrace the pain of the loss of their loved one, and provide ways of remembering their loved one who has died. Moreover, mourning is a time when the bereaved ought to develop a new self-identity though this a process that may take time since the grief within is a complex process (Magezi, 2019).



### **2.8.2 Goal of mourning**

These are tasks that the widow may have to work through to resolve the grief and fellow believers need to understand them so as to give a helping hand as they work through them. Klass (2014) states that different needs and tasks become relevant at various stages in the widow's transition. There are different models regarding process of grief for example, the four tasks of mourning as brought out by (Worden, 2001). They include; one, admit the actuality of loss; two, experience the pain of grief; three, adjust to life without the husband and four withdraw emotional energy (from the dead husband) and focus on present people and activities. Task one may involve getting information about what really happened, what does death mean and being able to go over similar questions.

The grieving widow needs to fully acknowledge the reality of the loss of the husband though it may take a while. An individual will continuously experience the stages in a wave like effect switching among the phases, recurring to the first or more numerous times before overcoming grief. This study sought to find out to what extent has widows in ACK Diocese of Embu fully acknowledged the reality of the loss of their husbands. This means accepting that the person has died and will not come back.

This stage of shock is an initial defense that cushions, protects and helps widows survive during the emotional overload experienced. The grieving widow should avoid taking the use of drugs since they may seem as if they take away the pain but their effect is only temporary and when the effects wear out, the pain comes back. Drugs just delay the grieving process and may make it more difficult at a later stage. Being able to view

the body is a step towards accepting that the person has really died. A widow begins finding ways of dealing with her pain only after they get in touch with its reality.

In view of this, this study aimed to evaluate the proportion of widows in ACK Diocese of Embu who have achieved this position. Additionally, being able to attend the funeral, going through the motions of planning the funeral, attending service and burial helps a widow to face reality. Those who do not participate in viewing the body or funeral may have harder time accepting the reality of death and hence cannot fully grieve because this final evidence of death was not witnessed and they may remain in denial. Denial can be demonstrated by keeping the husband's things or room as it was when he was alive as if the widow hopes the husband will come back and use his things again, continual to talk about the husband in the present tense as though is here now. Denial is a sentient or insentient refusal to admit proofs, evidence or certainty.

In the early stages of grief, the widow's soul is in too much pain to feel or think rationally about God's understanding, love and presence but as the widow moves on she begins to appreciate them. God's understanding – God hears and understands a widow's deepest cries for help and strength because He experienced separation from His own son when Jesus Christ was Crucified, (Matthew 27: 46). God's love where the Bible says that God loves His people (Romans 5:8) and that nothing can separate us from his love, (Psalms 46, and Romans 8: 35-39). God's presence where widows are comforted by the thought that He is there even when we cannot see or feel him (Psalms 23:4 & Hebrews13:5). Therefore, widows need to ask God to help them accept the loss.

Task two may comprise of opportunities to communicate their feelings, need other people to be with them as they struggle with this and getting re-assurance that grief is

normal. It is common for some Christians to have the idea that grieving shows inadequate faith which is faulty since Jesus wept with Martha and Mary (John 11:35). Hope gives Christians a glimpse into the eternal character of God and reminds them that there is something better. However, that hope does not lessen the intensity of pain or the emotional upheaval. As such, widows need to allow themselves to experience the emotions within them because it is the only way they can begin to move towards healing. As a result, this study focused on assessing the possibility of widows in ACK Diocese of Embu to allow themselves to experience emotions and if it stimulated their healing.

As they experience grief and try to work through it, widows begin to recover and face life without the husband. Doubts, confusion, ambivalence, anger, and guilt are normal reactions. Job expressed his anger towards God (Job 10: 1-22). Asaph was also comforted by the fact that God was with him (Psalms 73:21-28). What we learn from these men is that even though they questioned God, they were also very sure of His ability to see them through. Widows need to express their grief honestly to God because God understands as the call to God to pull them out of their confusion not to condemn Him for he is the all-knowing God.

Task three may be characterized by issues like recognizing that grieving in some way may never finish and begin to recontrol their lives and getting support during special times. This leads to a widow's beginning to readjust to their environment without their husband and redefining who they are without their husband by rediscovering what is really important in their life now which is an experience that leads to growth. Social transformation goes hand in hand with being able to ensure the well-being of the

individual through social and economic development (Kariuki & Kariuki, 2015). During this time a widow may begin to reinvest in relationships with others.

Task four may include opportunities to remember or talk about the person, to acknowledge new relationships and not feel they are ‘replacing’ (and therefore forgetting) their husband who has died. Here, a widow begins to store the memories of the late husband in their hearts and minds a process that enables a widow to comfortably begin to invest in others. They learn to share their comfort with others and there can also be a desire to love. Refusal to love may be an indicator that a widow is afraid of losing someone else and they are probably have not dealt with their feelings completely.

The tasks of the bereaved are not easily circumscribed, and are not something that they can finish in any sort of an orderly fashion. The widows indeed must attend to myriad issues such as recognizing their pain, dealing with multiple changes in their lives and developing effective coping strategies. This was in line with the objectives of this study in that it is an enlightenment to the widows and christians in ACK Diocese of Embu in general of what the process of grief entails hence leading to helping widows recognize what they are experiencing. However, it is important to consider the fact that the widows return again and again to certain aspects of their experience, bringing a slightly different perspective each time. Identifying mourning as a period of transition is one way to map the changing experience of the bereaved and gives direction to their grief over time (Klass *et al.*, 2014).

Commonly, christians in ACK Diocese of Embu may not think that the widow is going through a difficult workout hence may fail to offer the much-needed support in working

out the tasks of mourning the husband. Therefore, it is essential to build an understanding amid christians in ACK Diocese of Embu of the implications of being widowed in order to help christians understand how to support widows in their congregations in their transition to widowhood. Klass et al., (2014) asserts this by stating that understanding the process of grief gives direction to our efforts to create a safe environment that can provide widows with the support necessary to cope effectively with their pain and the myriad changes they now face.

Grief can feel as real as a deep nasty wound that cannot be ignored, that is why widows need to grieve over the loss of their husband. If one ignores a wound it gets more painful and big and one may need to have the doctor operate on it to remove pus and enhance healing. The process of healing for the wound will be a long expensive and painful process, just like grief experience that has been denied.

Loss, especially loss through death is cruel and one do not know how to handle it because it makes someone unable to cope since the methods they have used to cope before are inadequate now. However, what one goes through is a normal reaction to abnormal situations that face people. No method is wrong; the important thing is that one express what they feel within. No one should be stopped from expressing their feelings even on a religious basis because even Jesus wept with his friends Mary and Martha at the death of their brother. After a loss, this world may turn upside down and meaningless to the bereaved (Magezi, 2019).

Widows have to rediscover the world without the departed person. This is the stage of acceptance which encompasses accepting the actuality that her husband is physically absent and identifying that this fresh truth is the lasting certainty. A sense of meaning

comes from fitting together many pieces like one would repair a tear in a fabric that has been caught and torn by barbed wire, by bringing together all the threads and then stitching the fabric (Kubler & Kessler, 2005).

The repair does not leave the fabric exactly the same it was just as a widow's life will never be exactly the same after the loss of her husband. The stitching is the process widows go through sorting out the memories they had with their husband and choosing to keep them in their hearts and minds. Though God will greatly fill the gap, He is not a replacement of human love and this should be a key thing when offering pastoral care to all widows not only those in ACK Diocese of Embu. Widows have the right to miss the person who loved them as much as they loved them hence no one can replace that love exactly so no one should try to take away the necessity to mourn from the widows for whatever reason.

Widows may not feel his presence or even experience his touch in times of grief, but due to faith, they are able to understand that God is there at the worst moments of their grieving. Hence, the importance of this study in what model can be effectively used to help widows in ACK Diocese of Embu understand God in their difficult process of grief. It should be emphasized therefore, that during the time of loss of a husband widows experience many feelings and emotions. These, may seem abnormal but they are normal and are a very important part of a successful grieving process since grief is not something one gets over, but something one goes through. During grief, in this case for a widow, a husband has been lost and the grieving widow is faced with almost overwhelming and time-consuming task of readjusting. The concept of widow care has totally been misunderstood by people (Miruka et. al, 2015).

### **2.8.3 Types of mourning in African communities**

Traditionally, the notion of extended family triumphed. Each individual existed for another. Africans customarily existed basically in a communal manner of life. This reinforced the notion of communality, division of joy, sorrow, and remorse. This essence was revealed in every rite of passage together with death. There were traditional standards, systems, and approaches which prevailed at the onset of death. All community members were acquainted with precisely which role to carry out (Harris & Alcorn, 2003). This appears to be challenging in the present society thus resulting to widows suffering in grief. In the view of this, widows in ACK Diocese of Embu are left to grieve privately because of the breakdown of traditional ties and the existing individualism in the contemporary society. Culture defined what males, females, kids and kinsfolks were to execute at the onset of death of a family member and afterwards. Nevertheless, because customary laws were developed in an era which was dominated by patriarchal societies some of its norms are in conflict with human rights laws that pledge equality between men and women. For instance, once a woman happened to be bereaved, it remained the responsibility of the comprehensive family to guarantee that the widow was supported physically and emotionally which warranted the family's continuity. Correspondingly, traditional justice systems pursue reconciliation by restoring the relationships between the aggrieved parties. Their aim therefore is restorative justice rather than retributive justice (Kariuki & Kariuki, 2015).

There existed different means for achieving it. Ordinarily, African communities had customs that guaranteed the bereaved widow would immediately get married once more. She would get married to her husband's brother or her husband's close relative. Among the Agikuyu community no woman was supposed to remain unmarried or

without children. This was inclusive of widows. There were numerous explanations known for this. Widows were assumed to have physical, material and emotional desires.

The leviratic union was expected to afford for these desires. Notably, the practice of levirate unions is widespread in all parts of Africa. The widow was still expected to carry on child bearing. It also guaranteed that the widow could bear several children like she had desired when she was married to her former husband. Additionally, it barred the widow from bearing children of a different clan since this stood to be a taboo. The leviratic union was encouraged with the expectation that bearing children with her spouse's kin would control rivalry and hostility amid the children. Children belonged to the family clan or community.

The substitute could be his surviving brother, a cousin or a distant relative of the deceased man who will take the widow and raise children for the dead brother. Levirate unions were practiced even in the Bible times among the Jews. This kind of union still intended to prevent invaders from likely meddling with physical proprietorship left by the deceased. The purpose of the union as described in Deutronomy 25: 5-10 was to prevent the loss of the family property if the widow married outside the clan. Such physical possessions included children, livestock, and land.

The other option was remarriage though it was extensively discouraged as compared to leviratic union. This option was merely encouraged in the cases of the widow being too young and was childless. If a widow decides to remarry, the law dictates that she leave the property and sometimes the children, who are considered to belong to the father and



go alone with her new husband. Tough conditions of remarriage were laid out to discourage the practice. These included among others, the repayment of dowry in full which was almost impossible. Dowry during marriage procedures was never paid in full. It was a life-time commitment with various stages and rituals. It's repayment at once was therefore deemed unnecessary and impossible. A widow was also threatened with surrendering her children to her husband's kin in case of remarriage. Not many women were willing to do this.

Therefore, majority preferred the leviratic union to remarriage outside the in-laws. Still, it guaranteed that a departed man's name would be carried onward by his kids, or kids born from the leviratic marriage. The other problem of getting married was the point that marriage included individuals together with their families. This was so since marriage remained a community issue. During marriage, the families exchanged gifts of value that consisted of livestock. This served to be a symbol that the marriage was sealed. Hence the wife stood to be a community wife, that is, family's wife, wife of the lineage and also of the clan. The children belonged to the community or rather their ancestry. Consequently, the accountabilities and connections interlinking the lady and her kids with her relatives' family continued even after her former husband's physical demise since a widow together with her kids were of her former spouse's kin though her husband was deceased.

Superficially, the above approaches to widowhood seem so progressive. However, they have their disadvantages. It had an oppressive background. Traditionally, the lady was seen merely within her responsibility to bear children. Clearly, the society targeted towards guarding the name of the deceased husband by sustaining his kids and his other

half. On the other hand, mostly leviratic unions remained unhealthy since they were subject to jealousy and antagonism from fellow wives her brother in law who she was remarried to. In other instances, the widow could not be in love with her brother-in-law. Nevertheless, leviratic union guaranteed the widow of some sustenance from her in-laws.

The approaches to widowhood in the contemporary society are different. With the institution of Christianity, as well as the subsequent westernization, traditional values and approaches concerning widows are different. ACK Diocese of Embu find themselves in a time when individualism has taken over communalism. The presence of capitalism led to weakening of the significance given to an extended family. Capitalism created individualism previously unfamiliar in African principles. Kids are now the possessions of two people, their father and their mother. If one parent happens to pass away, kids remain the accountability of the exclusively the surviving parent.

On the other hand, Christianity upholds monogamy unlike traditional cultures. The church, including ACK Diocese of Embu, is totally against leviratic marriage. Instead, the church encourages remarriage or single life after bereavement. It takes other kinds of marriages to be sin. Leviratic marriage was viewed as strange and not fit for women professing Christian belief. The church maintained that a lady is allowed to get married again or live a single life after her husband dies. Consequently, it resulted to severe cultural clashes between the introduced Christianity and earlier African traditional views. Christianity stresses that a lady must bear children simply when she is in marriage. For this reason, ACK Diocese of Embu highly value church weddings before

one gets into marriage. The woman's holy responsibility to contribute in creative process stands reasonably curtailed in such Christian demands.

Africans interpret totality of life to embrace societal, physical, emotional and spiritual communal participation. All this can be accomplished when one is married. Losing marital status therefore, can be reasoned out to be loss of the meaning of life. Such could be the case if the widows in ACK Diocese of Embu happen to find that in the condition of widowhood, they could encounter dearth of certain clarifications within the church regarding their status as women outside marriage. In this case, this condition of existing without a marital status can be termed as forceful. Mostly, the widow is left to find a way of working through her grief yet it is a time that she greatly needs the church support. This is especially observed after the burial where widows in ACK Diocese of Embu find that visits from church's pastoral caregivers to widows reduces with a very large percent.

Immediately a husband dies, the long dark path of hopelessness commences. In such instances, those widows in ACK Diocese of Embu could discover that life turn out to be one extensive unpleasant tussle. Some widows have to adapt immediately to cope with criticism and the socio-cultural stigma attached to widowhood. This may happen immediately after the death of the husband when the bereaved spouse and her kid are still struggling with emotional disturbance. On the other hand, violence faced by widows are often reported in the mass media. These are described by unsettling burial disagreements, widow assault by in-law and possessions' just to mention few of them.

Occasionally, widows are anticipated to resume to work, hide grief, cope, or adjust immediately once the funeral is over. Other times, the widow is anticipated to remain mourning incessantly, to be unhappy and to show her sorrowful emotions all the time. Consequently, the widow remains confused by the conflicting societal expectations. That notwithstanding, the widow may end up rearing her kids devoid of material support. Some may take long or fail to get a man to afford paternal instruction and emotional provision to her kids.

Apart from emotional as well as physical difficulties, widows may experience stress as a result of shortage of acquaintances. Previous family networks may treat the widow by way of mixed feelings. There is exclusion where the society labels the widows and ignores them thereby leaving them with no one to turn to for help. She adds that widows find solace in God when all others have turned their backs on them. In other instances, male acquaintances may want to abuse her sexually or even materially. Worse still, married women may suspect the widow of snatching their husbands. Such difficulties therefore generate internal conflicts inside the widow (Okonda, 2017).

The common opinion about widowhood in the church today depicts undesirable stereotyping as well as stigmatization. Such is abuse towards human dignity. This too, perpetuates additional psychological violence for a grieved person. It can be termed to be a kind of sexist persecution, since widowers seemingly enjoy societal protection against negative stereotypes as well as social stigma. Unfortunately, the modern society takes widows' plight not to be of any grave concern. There were mechanisms in place to protect widows' interests. However, sometimes she and her children were subjugated. Similarly, the church too, despite its noble teaching, follows suit.

#### **2.8.4 Rituals associated with mourning**

In traditional African societies and their belief, life does not end with death but continues in another realm. To be an ancestor was a desirable goal of every living individual. The dead were hence given a good send off. This was linked to the belief that the deceased had only changed the state of being hence had a role to play in their dead state. The focus of the living was to be an ancestor. Ancestors had important roles even among the living hence the living were required to keep a good relationship with them through different ways of veneration of the ancestors. In that regard therefore when one died there was solidarity among the community and support was offered to the bereaved family before, during and after the burial. In some communities the surviving would return to the home of the deceased days after burial where they brought food and they cook and eat with the bereaved. In contrast, the existing pastoral care programmes are vibrant up to the burial event but once the burial is over, grief caregivers soon return to their routines. In that reference, this study recommends that such African solidarity in supporting widows after the burial would be inculcated in the existing widows' pastoral care programmes in ACK Diocese of Embu.

Some of the rituals done at that time included washing or oiling the body, giving a decent burial, burying the dead in ancestral land or a particular position or facing a certain direction and taking care of their graveyards. Children were also named after them, the living poured libation to the living dead and saw to it that they fulfilled the wishes of the living dead. There was wailing and people also the living feasted to celebrate the deceased (Okonda, 2017).

African rituals are therefore reflexive strategies seeking practical ends such as to establish identity, access divinity to foster empowerment of the living dead in the afterlife. These rituals helped the bereaved to acknowledge the reality of death hence were a good way to help the bereaved to kick start their grief process towards acceptance and adaptation.

### **2.8.5 Christian Modes of Mourning**

Christians perform certain rituals to the deceased that are a way of supporting the bereaved as well as an influence of their belief in the matters of death and life. These rituals include holding services in church or at the deceased homestead. Prayers are offered during these services that happen as the preparations for the burial continue. The prayers and the presence of the fellow Christians provides support to the bereaved by strengthening and comforting them hence enabling them to kick start the grief process. Again they enable the bereaved to get the reality of death which is a very important step towards healing (Manala, 2015).

Christians who have died are washed and dressed in mostly new good clothes before they are laid in the coffin for burial. Under the influence of the African beliefs children are named after the dead. The wishes of the deceased are also fulfilled by the living after giving them a decent burial. A eulogy is delivered as a tribute to the deceased. This helps the bereaved acknowledge the reality of the death of their loved one. During burial, mourners may be invited to put a handful of soil into the grave. Most people may dress in black or white. There is crying and sometimes wailing showing that the bereaved are undergoing suffering and pain from the loss of their loved one.

The casket is displayed in front of those present for the burial. This also helps the bereaved to admit the reality of death and start the process of healing. Feasting in food drinks happens as people come together to support the bereaved to deal with the loss of the loved one. The feasting provides an opportunity for the bereaved to receive emotional support during that time of grief.

The clergy also provides sermons to the family of the bereaved. These sermons remind the living who are assembled the Christian perspective about death. This pertains to the belief that those who have passed on in faith will have eternal life with God. It is also usually an opportunity to teach the living that Jesus conquered death for all Christians by his resurrection. This resurrection provides an anchor for the bereaved to hold on in regard to the hope within it that one day they shall meet their loved one. In mourning therefore, Christian rituals take place and the focus is basically on resurrection and acknowledgement of the love of God for the bereaved.

#### **2.8.6 Christian Widows and Patriarchal Setting**

This study in ACK Diocese of Embu does not ignore the fact that it is faced by the constraints as far as reconstruction of women's Early Christian history is concerned. Early Christian women were part of a submerged group (christians) who were not recognized by the dominant patriarchal society and culture. In the beginnings of Christianity, the patriarchal transmission and redaction process considered information and stories of women either as insignificant or as a threat to gradual patriarchalization of the Christian movement (Magezi, 2019).

Therefore, this study in ACK Diocese of Embu recognizes the early historic patriarchy which overrode the existence of possibilities of a feministic consciousness in society. Again it recognizes the suppressive ills of the past and incorporate the widows as worthwhile of influencing the creation of a pastoral care model for widows. Women were traditionally marginalized even in matters related to their own destinies.

With the women's movement around the world, it is possible to assume that every prejudice and disgrace touching widows is an issue bygone. However, widows continue to experience pain. Not only do that pain that arise from the hurt of their spouse but mostly because of the aspects originating from the predominant customs of the society that effect to insensitive actions such as rejection, mistreatment, denial, persecution and suppression. Ordinarily, it is possible to interpret widowhood as the situation of simply being a woman whose husband has died (Ezejiolor, 2011).

However, accounting the several imposed conventions alongside widowhood, it befits more of an institution that is presumed and interpreted contextually in reference to culture and societies customs which control its operations. To this end, a widow is anticipated to strictly observe regulations and customs associated with widows that are said to be obligatory by the beliefs and customs. Death and the transitional process of widowhood create the space for disruption of the normal order and this disruption creates an opportunity for subversion of cultural expectations on the role of a widow.

The patriarchal culture in central region may result to the woman being evicted from her spouse's land especially if the woman has no boy child and the property is to be inherited by his male sibling(s). In several circumstances the widow usually is neglected of the rights over her spouse's property and may inherit property by proxy through her



son hence the next of kin may dispossess her by taking the land for other uses. Uncommonly, widows might pursue redress as per the law but might discover court processes rather costly and taking a while and several widows stand neither cognizant of their privileges nor have money to pursue legitimate redress as per the law.

Ironically, as the next of kin, a widow has full rights and privileges over both movable and immovable property. Dissimilar to the central region, regions where the widow becomes an added spouse to one the late spouse's brothers, the man's kin afford the widow by means of economic provision. To this end, widows in the Embu setting may be exposed to untold hardships like rejection, insecurity, homelessness, hunger, poverty and illness. Sometimes, so as to survive; though they believe in God's provision; may resort to prostitution risking infections of HIV and AIDS or other sexually transmitted diseases. Men whose wives have passed away have dissimilar experiences which makes the discriminations of widows more distinct. Such patriarchal view of widowhood leaves Christian widows powerless to exercise choice albeit the suffering they undergo (Okonda, 2017).

Though some widows may restrain to sex because of frustrations of the former union, most widows get socialized to associate sexual expression to enticement and immorality. Other widows remain scared of the ridicule from their offspring hence remain choice less about their individual bodies but to resort to 'celibacy'. Ironically, a widower may remarry if that is his wish certainly at his own will (Ezejiofor, 2011). In an African setting dowry stamps marriage which even death is not able to break hence ensures a woman's status and assures her necessities in her spouse's family. Widows

in ACK Diocese of Embu continue to suffer in silence while fellow believers continue to assume that they can manage their grief.

Particularly, Africans stay alien to Christian faith which they have acknowledged for more than a century and regress to customary African culture. However, this should not be so as Christian spirituality in ACK Diocese of Embu demonstrates it should be according to Jesus' prime example where Jesus revolutionized attitudes on widows from being marginalized widows. Such approach established by Jesus ought to characterize our churches today in addition to the society where churches are established (Nyangweso, 2017).

Cultural challenges are interlinked with biblical challenges and the interpretation of scripture. The biblical teachings traditionally attest authority to men, being the head of the family and the leader in the church. The bible is interpreted in the local cultural context in terms of obedience of women: they should be silent in the church and listen to their husbands. The culture and the Bible together are used to create the negative notion about women (Mombo & Joziase, 2011).

The existing church structures are very patriarchal. Consequently, in the curriculum there was no space for a female perspective and there was no room to look at theology from any other perspective apart from the traditional patriarchal perspective. Women who went through theological training in the late seventies, eighties and nineties of the previous century, followed a curriculum where there was no space for women whether it was about the content of the courses or the methods of teaching. From the year 2000 women's perspectives began to be injected into the curriculum of theological education

although at the beginning there was a lot of suspicion and resentment whether that could be real theology in that patriarchal curriculum (Mombo & Joziase, 2011).

## **2.9 Theoretical Framework**

This study used Kubler-Ross model which is also known as five stages of grief and is popularly known by the acronym DABDA which include denial, anger, bargaining, depression and acceptance (Tyrrell, 2020). It postulates a progression of emotional states experienced by loved-ones after a death. The stages are not in a linear and predictable progression (Kubler & Kessler, 2014). In the first reaction which is denial, it is a stage where individuals believe that there is a mistake and cling to a false, preferable reality. It is only a temporary defense for the individual. This feeling is generally replaced with heightened awareness of situations and individuals that will be left behind after death. It is recommended that loved ones be forward and honest about losses to not prolong the denial stage.

When the individual recognizes that denial cannot continue, they become frustrated, because they don't understand why them, why it would happen, how it could happen. They may argue that the situation is unfair and try to place blame. They get emotional upset and can become angry with themselves or those close to them. The third stage involves the hope that the individual can avoid the cause for of grief or rather the individual can somehow postpone or delay death. Negotiation for an extended life is made with a higher power in exchange for a reformed lifestyle for instance I would promise to be a better person if only he would come back or I would give anything to have him back.

During the fourth stage the individual despairs at the recognition of their mortality they begin to understand the certainty of death. In this stage individuals become silent, refuse visitors and spend much of the time mournful and sullen. This process allows the dying person to disconnect oneself from things of love and affection. It is not recommended to cheer up an individual who is in this stage since it is an important time for grieving that must be processed. Depression is a precursor to acceptance because the individual has come to recognize their loss.

In acceptance stage, individuals embrace mortality (theirs's and that of their loved one) or inevitable future. It typically comes with a calm, retrospective view for the individual and a stable condition of emotions. These steps can be explained by five statements, that is, this can't be happening, why is this happening to me, I will do anything to change this, what is the point of going on after this loss and it is going to be okay.

These steps do not necessarily come in the order stated nor are all steps experienced by all individuals. A person in grief will always experience several stages in a roller coaster effect which switches between two or more stages, returning to one or more several times before working through it. People experiencing the process should not force the process. The grief process is highly personal and should not be rushed, nor lengthened, on the basis of an individual's imposed time frame or opinion. One should merely be aware that the stages will be worked through and the ultimate stage of acceptance is reached. There are individuals who struggle with death until the end and are completely unable to fight death and remain in denial stage. Others experience problems working through stages (Kubler & Kessler, 2014).

Kubler Ross initially used the steps to individuals suffering from fatal ailments, though several individuals have generalized the stages with other kinds of undesirable life encounters such as the demise of a somebody that one loves. She did not intend the steps to be form of inflexible structure that relates to all and sundry who grieves. It is noted that the stages were certainly not intended to aid gather shambolic reactions into well-ordered packages.

Widows continuously experience the stages in a wave like effect switching among the phases, recurring to the first or more numerous times before overcoming grief. They should not force the process. The grief course is very subjective and patience is key hence it must not be hurried or extended and should not be based on someone's forced stage structure or estimation. The manner that somebody grieves is influenced by several aspects such as someone's personality, way someone copes, and their faith too. There is not any 'normal' period to grieve. The course of grief is examined not to find ways of controlling or eliminating it but rather so that someone can start to comprehend it. They are implements to aid those grieving structure and recognize their emotion (Klass *et al.*, 2014).

A complimentary model relevant to this study is worden tasks of mourning. Worden introduced a series of tasks involved the process of mourning. Task one is to accept the reality of the loss which involves not only an intellectual but also an emotional acceptance. the bereaved must realize that the death is final and that reunions will not occur. Task two is to work through the pain of grief where reaction to the pain of grief must be experienced and expressed individually and socially (Davis, 2004).

Task three involves adjustment to the environment where the deceased is missing. The adjustments are external, internal and spiritual. External adjustments are adapting towards vacated roles of functioning. Internal adjustments related to self-definition, self-esteem and self-efficacy. Spiritual adjustments refer to the bereaved person searching for the meaning in the loss in order to make sense of life and regain control of their life. Task four entails relocating the deceased emotionally and moving on with life where the bereaved remains connected to the memorializing the deceased while continuing to invest in present acts (Davis, 2004).

### **2.10 Application of Kubler- Ross model to effectiveness of Pastoral Care to Widows**

Kubler – Ross model helped in understanding the cause of different experiences affecting widows. Such comprehension, is beneficial not only to the pastoral caregiver, but also to widows themselves. Therefore, they can join hands with the efforts of a pastoral caregiver and play an important role themselves as they grieve. The model was also relevant in explaining various behaviors portrayed by widows as they grieve. Further, the model is important in recognizing why widows may view the world as worthless and the reason for misplaced envy and rage characterized by emotional upset and annoyance with themselves or those close to them.

Still, the model explains what activates guilt among widows. With this model also, one is able to tell the cause of withdrawal and loss of hope in moving on with life among some widows. Further the model explains what is it that must play role in a widow for her to finally accommodate the truth and learn to live in a different culture where their late husband is absent. Again, the model helps in understanding different approaches for each stage of grief as discussed in the following subsections.

### **2.10.1 Denial**

In understanding denial stage, it helps a pastoral caregiver to let widows ask as many questions as they would like and as they ask questions, they unknowingly begin to accept reality. This is a kick start to the healing process. With this, pastoral caregivers understand the importance of being forward and honest about losses to not prolong the denial stage (Kessler, 2005).

### **2.10.2 Anger**

When the widow recognizes that denial cannot continue, they become frustrated, because they don't understand why them, why it would happen, how it could happen. Here then, a pastoral caregiver exercise patience. Again, they will understand that such anger is a bridge to hold on hence deal with the annoyance of a widow from an informed point of view.

### **2.10.3 Bargaining**

It is also with this model that a pastoral caregiver will appreciate how essential it is to allow widows to ask questions or make statements that are attempt to negotiate what they think they could have done to delay death of their husband (Kubler & Kessler, 2014).

### **2.10.4 Depression**

Depression is avoided when a widow goes through bargaining successfully. In that case a widow is helped to avoid depression challenges such as withdrawal or loss of hope in their life and a feeling of worthlessness.

### **2.10.5 Acceptance**

With an understanding of acceptance stage, the caregiver will eventually manage to encourage the widow to rearrange responsibilities or allocate roles to different people as she will have learnt how to handle a different custom of life where their husband is absent (Corr, 2019).

### **2.11 Summary of the Reviewed Literature**

An examination of the stages of grief with the existential issues in each stage gives direction to pastoral caregivers within ACK Diocese of Embu and the church at large as they support widows in grief management. Consequently, it will promote creation of an environment that can provide widows with the necessary pastoral care to enable them cope effectively with their pain and the myriad changes they now face. There is great literature available on the stages of grief. This study evaluated further the experiences in each stage of grief with particular reference to widows since most of the available literature was a general outlook on individuals in grief. In most literature available, these stages were generalized to the all types of grief. People's incapability to support widows in their grief is due to inexperience or incompetence in knowing how to talk to someone in grief. This study acknowledges many researchers for their literature on grief. However, it was difficult to find a study that is specifically directed to widows' grief management with reference to Louw's model like the one brought out in this literature review section. The clergy are therefore distinctively placed to help widows deal with the loss of their husbands hence the available pastoral care programmes ought to provide effective grief management. The clergy are positioned with the ability to nature resurrection hope in grieving widows in a way that generates resolution and meaning of life especially during pain and suffering. Healing in a



Biblical sense therefore points to a quality life for widows in grief following the divine intervention into wholeness after a reframe of reference during suffering in grief.

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **3.1 Introduction**

This chapter describes the research design, study location, target population, sampling procedures, data collection instruments, data analysis and ethical considerations.

#### **3.2 Research Design**

This study made use of descriptive survey research design. Qualitative as well as quantitative research methods were utilized to promote a richer and deeper insight into the study. Research design concerns a strategy that is inclusive that one chooses to use in a combination of constituents of the research in an organized and rational way so as to address the research problem with effectiveness. A research design involves a scheme or strategy that will be used to respond to the research queries. It represents a practical plan for the methods to be used; incorporating areas such as sampling, data collection and data analysis. Consequently, Durrheim (2006) suggests that research design should then provide a plan that specifies how the research is going to be executed in such a way that it answers the research questions. The research design therefore “facilitates the smooth sailing of the research operations thereby making research as efficient as possible yielding maximal information, expenditure of effort, time and money (Kothari, 2004). The descriptive survey research design was best suited to this study in that, a survey was carried out to gather enough data on the challenges faced by widows in various stages of grief and then the pastoral programmes were evaluated on how they effectively they responded to the challenges.

### **3.3 Location of ACK Diocese of Embu**

The study was carried out in ACK Diocese of Embu which was purposively selected. ACK Diocese of Embu is found in Embu County in Kenya (Appendix X). Embu County borders Kirinyaga to the West, Kitui to the East, Tharaka Nithi to the North and Machakos County to the South. ACK Diocese of Embu has seven archdeaconries which include: Kianjokoma, Kigari, Kagaari, Nginda, Karungu, Cathedral and Nembure.

### **3.4 Target Population**

Mugenda and Mugenda (2003) defines population as a complete set of individuals, cases or objects with some common observable characteristics and has some characteristics that differentiate it from other populations. The target population for the study was 968 widows in the pastoral care programmes at the ACK Diocese of Embu. Widows are registered at the diocesan office and meets quarterly every year for pastoral care programmes.

### **3.5 Sampling Procedures and Sample Size**

A sampling procedure is a process in which some elements of a given population are selected as representative of the entire population. It is a process of selecting a number of individuals for a study in such a way that the individuals selected represent the large group from which they were selected. To select a study sample from the targeted population 10 percent was considered an acceptable sample size (Kothari, 2004). The seven Archdeacons and the one Diocesan Bishop were purposively selected as key informants, giving a total of 8 representatives of the pastoral caregivers in the pastoral care programmes in the ACK Diocese of Embu on grief management for widows. Purposive sampling is suitable when selecting individuals with requisite information.

Systematic random sampling was used to select every 10<sup>th</sup> element from the register of widows in the diocesan records resulting to a sample size of 97 respondents.

### **3.6 Data collection Techniques**

The researcher informed the Bishop of her intention to conduct the study in the Diocese and to carry out an interview with the Bishop which was done on the day of appointment given by the Bishop. The archdeacons in the Diocese of Embu were informed about the study and were requested to give their responses in a questionnaire that was administered to them by the researcher. The sampling frame was a register of widows available from the diocesan records. The register contained the names and phone numbers of the respondents. The researcher therefore contacted and reached the respondents. The researcher booked an appointment to deliver the questionnaires. Other respondents were provided with questionnaires via posting. The respondents were given the questionnaire under guidance and confidentiality. Adequate time to complete the questionnaire was accorded.

### **3.7 Research Instruments**

Multiple uses of data collecting instruments validate findings (Patton, 2001). The research instruments used in this study included two sets of questionnaires, one for clergy and the other for widows in the ACK Diocese of Embu and an interview guide for the Bishop of the ACK Diocese of Embu. The questionnaires had both open ended and closed ended questions. In depth interview with the Bishop was considered important for this study since he helped in determining insights into the issues affecting widows within the Diocese. Questionnaires helped in providing information on the

economic, spiritual and social well-being of the widows in terms of problems and behavior patterns that are evident among widows.

### **3.8 Validity and Reliability of Research Instruments**

To test for validity and reliability of the data collection instruments, a pilot study was conducted in two Archdeaconries of the neighbouring Diocese of Kirinyaga. Data collected from the pilot study was used to compute reliability of instruments. Frankel and Wallen (2003) recommend a reliability of  $\alpha=0.7$  or above for research in social sciences and this was used as a threshold for this study. Cronbach's alpha was used to determine the internal consistency of questionnaires and a coefficient  $\alpha=0.72$  an indicator that the research instruments were reliable. Validity of instruments was ensured through expert judgment. The researcher regularly consulted the supervisors for guidance during development of instruments for this study. Mugenda & Mugenda (2003) points out that validity of an instrument is improved through expert judgment.

### **3.9 Procedure for Data Analysis**

Quantitative data was analyzed descriptively using frequencies, percentages, means and standard deviations. Data presentation was done in form of Tables, graphs and pie charts. Analysis was conducted to examine whether significant relationships exist between the variables of interest. Qualitative data was analyzed using the thematic approach and used to enrich the quantitative results. Variations of responses in questionnaires were analyzed to identify the meanings brought out in relation to the research questions.

A coding system was used to organize the data so that it can be analyzed. Once the data was coded it was entered in the computer and the researcher used Statistical Package for Social Sciences 22 to analyze the data quantitatively and present it in tables and pie charts. Thematic analysis was used to examine recurrent patterns of sentences obtained in the study. Coding of repeated patterns was made to facilitate development of predominant themes that captured important information appropriate to the research questions.

Analyzing the data qualitatively was especially important because as argues, qualitative researchers are interested in how people interpret their experiences, how they construct their worlds, and meaning they attribute to their experiences (Merriam, 2009). The data therefore helped in understanding what informed widows to be affected by various stages of grief that they were going through hence how best the pastoral caregivers can come in in various stages. Still, how the widows themselves can create a space for healing themselves from the better understanding of their own experiences.

### **3.10 Ethical Considerations**

This study was carried out with due respect of the fundamental rights of those involved. A letter of introduction was obtained from Karatina University, School of Humanities and Languages and was taken to National Commission for Science and Technology to apply for research permit which was granted. All respondents approached for information were not coerced, intimidated or provided with rewards in order to elicit their participation.

The aims of the research, the result, potential implication, and its benefit to the community was explained to promote smooth working relations. Again, this being a study that involves painful memories and experiences it was done with a lot of empathy, understanding and humanness. Any respondent who felt that in his own interest he does not feel to go on to participate in the research had all the rights to back off.

Though such a respondent was not forced to go on, trial was done to persuade them to change mind and convince why they should participate. Participants who provided sensitive information were secured as they were not identified by any means. This data was not given to any unauthorized persons and confidentiality was maintained before, during and after research. Last but not least, all other people's words, phrases or ideas were clearly acknowledged.

## CHAPTER FOUR

### DATA ANALYSIS, PRESENTATION AND INTERPRETATION

#### 4.1 Introduction

This chapter presents the analysis of data obtained in the field and a discussion of the findings obtained. Data was collected from clergy, widows and Bishop of the Diocese of Embu.

#### 4.2 Demographic Characteristics of the Widows

Table 1 showed that the average age of the widows in ACK Diocese of Embu was 36.48 years and their average monthly income was Ksh. 8,014.23. Despite these averages, the raw data showed some moderate extreme values of income with some widows reporting incomes of less than Ksh. 1500 per month.

Table 1: Demographic characteristics of the widows

Variable	Mean	SD	Median	Lower[95%]	Upper[95% CI]
Age (years)	36.48	10.85	38	29.49	45.43
Income (Kshs)	8,014.23	629.32	11,050	3,044.92	21,054.11

The results in Table 1 indicated that there were widows who were living in abject poverty. This was mostly for the widows interior rural set ups. This showed that the effect of the pastoral programmes especially on material support for the widows was scarcely felt for such widows.



### **4.3 Common Challenges Faced by Widows**

Challenges of widows were analyzed in relation to the stages of grief. Table 2 presents the distribution of five stages of grief considering the number of years that have passed since death occurred to the husbands of widows who took part in the study. This data was necessary to know the number of widows affected by each of the five stages of grief in relation to the number of years that have passed following the demise of the widows' late spouse. It was imperative to get clarity on the extent to which each stage affects widows. This extent was measured in relation to the number of years following the death of their husband.

This data will promote effectiveness of pastoral care to widows in various ways. The information gathered will be used to identify where to lay emphasis while offering pastoral care to widows. In such a manner therefore, the stages that pose a great difficulty to the widows as they grieve will be approached at a deeper level of insight. Pastoral caregivers will be directed on which approach to employ in specific cases as they offer pastoral care. This is so since a different approach is applied for every stage because of the difference in features of every stage of grief. Eventually, it will help pastoral caregivers to hit the nail on the head rather than beating around the bush while offering pastoral care to widows.

Table 2: Stages of Grief by Years since Death of Spouse.

Stages of grief	Years since death	0-5	6-10	11-15	16-20	21-25	26-30	Total
Denial		08	04	05	02	01	01	21
Anger		07	05	03	03	01	01	20
Bargaining		08	12	06	03	02	01	31
Depression		05	06	03	01	00	00	16
Acceptance		01	01	01	02	02	02	09
Total		29	28	18	11	06	05	97

Table 2 shows the stages of grief as distributed by years since the death of the spouse. Most of these widows encounter problems related to grief within the early years of the death of the spouse. This number decreases gradually over the years. This shows that most widows take time to accept the loss of their spouse. Even some of those who have been widows for more than twenty-five years are still struggling to work through grief to reach acceptance of the loss of their husband.

Table 2 shows the importance of widows grouping themselves together to share experiences in that there are very few of them who have managed to work out grief in their early years in grief. Others have been in widowhood for a long time yet to them it is still difficult to accept the reality. This grouping though effective, it depends on individual widow's personality. Grief persists long after the funeral is over the flowers have wilted and the friends have gone back to their regular routines there is continuing sadness, emptiness and the pressures of learning to live alone or to make decisions that were previously shared (Carroll, 2015).

The study found out that when a once married woman has to deal with death of her husband, she finds herself in a situation that leaves her silent amid the complexity she has to deal with. She may be going through feelings and experiences that she is not even aware of their causes as a result of death occurring to her husband. Sometimes these feelings may fade or disappear only for them to reoccur when she thought she had worked through grief. Those offering comforting to the widow could do it ignorantly sometimes quoting bible verses that the widow may not relate with (Maseno, 2014). The widow does not understand what stage she may be in and the pastoral caregiver too do not understand what stage he/she should be dealing with while ministering to the widow.

Pastoral caregivers too, fail to understand what to do at what time and how since there is inadequate knowledge of the process of grief hence a widow who approaches such a pastoral caregiver may not benefit satisfactorily from the help accorded to her. Through an extensive study on widows' experiences and the accruing Christology outline widows' experiences as uncovering, inadequate assistance, loneliness and loss of significant relationship (Okonda, 2018).

Consequently, this leads to widows continuing to suffer in silence while christians and those around her continue to assume that since many years have passed after death occurred, the widow has finally reached acceptance. This calls for theological training among the clergy and christians on process of grief so as to avoid being a hindrance towards healing of a widow's soul and adding them more pain.

#### **4.4 Distribution of Widows by their Stages of Grief and Challenges Faced by Widows**

Table 3 shows widows in ACK Diocese of Embu and the stages of grief affecting them. This distribution was important in identifying the percentage of widows affected by each of the five stages of grief which included denial, anger, bargaining, depression and acceptance. For the stages of grief to be determined, the respondents gave information relevant to each stage. These responses were those relative to the experiences that each of them was going through.

Questions on different experiences as per each of the stages of grief were asked. They included a question pertaining their mood whenever the thought of their late husband comes into their mind. Some of the questions involved on the spiritual aspect of grief in the widows' lives were on forgiveness, anger, revenge, relief, blame, guilt and regret. Other questions comprise of withdrawal, denial, bitterness, loss of hope and loneliness among others. That information therefore, was able to reveal which experiences affected the widows. Hence, it was possible to understand the extent of effect of each stage of grief to the widows.

The questions are outlined in the questionnaire on the appendices of this thesis. Table 4.3 shows that most widows were in the bargaining stage (32%), followed by those in the denial stage (22%) which was closely followed by anger stage (21%). Acceptance had the least number of widows with (9%) after depression stage with (16%) of the widows. The bargaining stage has its negative and positive side.

Table 3: Distribution of widows by their stages of grief and challenges faced by widows

Stages of Grief	Percentage of widows	Challenges faced by widows
Denial	22%	Cling to false reality. Refuse mortality. Believe there is a mistake. Frustration.
Anger	21%	Angry with themselves. Misplaced anger to those close.
Bargaining	32%	Widow negotiation with a higher power for an extended life. Withdrawal. Loneliness. Worthlessness.
Depression	16%	Despair at realization of certainty of death. Withdrawal.
Acceptance	9%	Calm. Retrospective view. Emotionally stable.

Bargaining stage affected widows positively by providing them with short term peace as they reflect on how life would be better if only their husband would come back to life. That imagined peace though temporary, was beneficial to their healing since it can be used as strength to hold on to make things be the way they would be if the husband was alive so that the husband though dead can rest in peace by the fact that his family is moving on as he would have wished. This is the notion of “if he was here he would be happy that all his children have managed to study well or his children are still healthy and disciplined.”

On the other hand, there are those that agreed to be affected by the negative side of the bargaining stage hence resulting to blaming themselves. Negative past experiences caused blame and made it difficult for the widow to focus on the present positive things over the faults that cause burdens in their hearts (Carr, 2003). Many of them had not opened up to anyone and continued to remain silent while trying to heal the wound from

the loss of their husband. Those in the denial stage had no meaning of life without a husband which was a good reason why they had the challenge of losing hope in life. Consequently, a large number of those in denial stage were affected by anger. Anger was seen to be closely related with the inability to face the reality of the fact of the loss of one's husband leading to misplaced anger to the widow's themselves, their relatives, friends, colleagues at work and children.

However, sometimes that anger could not be misplaced but could be directed to probably someone who would have been involved in the death of the husband, say in the case of murder. It hurts to know that the pain a widow lives with is inflicted by those who are close to her. The same people to whom she has to trust as the sources of her comfort (Nyangweso, 2017).

Several widows acknowledged to have lost interest in those former friends who happened not to have attended burial. Widows are faced with problems of emptiness, pressure of adjusting to live alone, making unilateral decisions and learning to be singles again. All these experiences result to stress that degenerates to physical and nervous pressure posing a health concern for the widow (Nnachi, 2011). However, very few widows have attained the ultimate stage of acceptance of the loss of their husband.

Depression may include sadness, often accompanied by pessimism and hopelessness, apathy and inertia. They make it difficult to get going or face decisions. It also entails low self-esteem, frequently accompanied by self-criticism and feelings of guilt, shame, and worthlessness and helplessness. However, a depressed person with such symptoms often denies that he or she feels sad. Depression is present even behind a smiling

countenance. In many cases the symptoms of depression hide anger that has not been expressed, sometimes is not recognized and, according to one traditional theory, is often directed inward against oneself. Ogbuehi (2017) discovered that the church has not addressed the major challenges that confront widows which include psychological trauma, anxiety, stigmatization, loneliness, poverty, expensive burial ceremonies and low self-esteem that are associated with widowhood.

#### **4.5 Effectiveness of Pastoral Care Programmes on Grief Management**

The effectiveness of the pastoral care programs was examined in regard to the activities of the pastoral caregivers towards the widows. Figure 4.1 is a graph that presents the clergy's effort in terms of hours per week towards supporting widows emotionally, materially and spiritual empowerment. The data was collected to find out the number of hours spent by which number of clergy and the extent of support that was given more attention in comparison to emotional, material and spiritual needs. It was evident that the clergy had their share of responsibility towards widows as they grieve.

First of all, widows who are clergy were said to be very important. Since they are also in grief, they were then expected to influence and spearhead widows' ministry in the church and the society at large. Empowerment of widows socially was a role that the clergy were thought to play in regard to widows as they grieve. The clergy were thought to play a role in allowing widows to marry unconditionally. Still, they believed to take a great part in encouraging getting rid of cultural implications on remarriage for a widow.

Besides, the clergy were said to play a role in influencing integration of widows especially in leadership of women groups in the church. Moreover, eliminating stigma both in church and society was something that the clergy were thought to address. That was so that widows are not perceived as unable to manage their sexual needs. This also resulted to clergy resulting to avoid overindulgence with widows for fear of misconceptions. It is thus observed that the Culture and the Bible are used to create the negative perception about women at large (Mombo & Joziasse, 2011). The clergy therefore were believed that making regular visits to widows either individually or in groups would help widows in overcoming difficulties associated with grief. Seminars, retreats, prayer sessions or similar ways of getting them together and helping them get comparable people to identify with was held as very significant among widows as they grieve.

Consequently, empowerment of widows spiritually was the key area. Grief can turn to be an intolerable affliction. It can also be an opportunity for growth in life and faith depending with the availability of coping skills and preparedness (Louw, 2008). In empowering widows that they may not be a burden to people, the clergy were said to take up the role of supporting them financially. This would be probably in incorporating them in a yearly budget or some way comparable to that to empower widows financially.



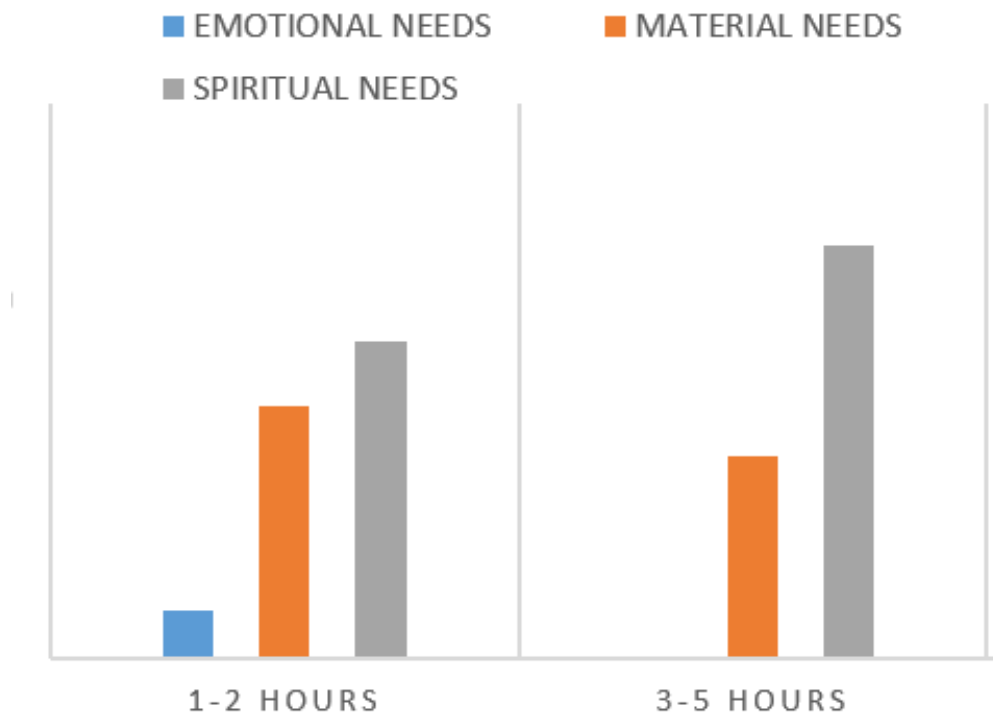


Figure 4.1: Clergy effort in ministering to the needs of widows

Of the clergy that spent between 1-2 hours administering to widows, 51% spent their time in attending to spiritual needs of the widows. 41% of them attended to material needs and 8% on emotional needs. Of the clergy that spent between 3-5 hours administering to widows, 67% spent their time in ministering to spiritual needs of the widows and 33% of them on material needs. Emotional needs were overlooked by those who spent 3 to 5 hours per week in ministering to widows.

Again, materials to use in understanding and gaining knowledge on grief made time spent in pastoral care to widows to be less because there is not much to tell a widow specifically dealing on what she is going through. Several pointed out the key points they deal with when ministering to a widow is showing them that God loves them and is present even in their pain and suffering (Okonda, 2018).

It is the ongoing duty of the Christian church in creating a conducive and humane living environment by embracing continual theologizing (Dreyer, 2008). Despite the efforts of the caregivers, they experienced several challenges in helping widows go through various stages of grief. This was because the process of grief is non-linear and non-predictable. In denial stage, pastoral caregivers faced the challenge of enabling the widow to be forward and honest about the actuality of the death and helping them (widows) to embrace mortality. To enable the widow manage anger, the pastoral caregiver needed to exercise patience in handling rage and offering joy while letting the widow ask as many questions as possible. This would enable the widow to unknowingly begin to accept reality.

For a pastoral caregiver to help a widow avoid vulnerability as a result of bargaining stage, it was most important for the caregiver to be available, initiate fellowship and allowing the widow to negotiate with Supreme Being for an extended life. For the pastoral caregiver to be effective, it was necessary to enable the widow to change the worldview of worthlessness to that of a meaningful life.

To counter the effects of depression as a result of despair at the realization of the actuality of the death of a widow's husband, the pastoral caregiver needed to assist the widow to learn the theology of resurrection. This would help the widow understand God's involvement in the suffering and pain of human beings. The pastoral caregiver had to find a way to initiate rearrangement of responsibilities for a widow and retrospective view with a stable condition of emotions characterized by adjustment and advancement in life.

#### **4.6 Measures that can be Employed to make Pastoral Care Programmes more Responsive to Challenges faced by Widows**

The pie chart in Figure 4.2 below presents a distribution of the opinions of widows concerning what they believed to be stronger initiative for themselves to have in grief management. This data assisted in knowing the percentage of preference among widows between fellowshiping together or involvement in a support group or project as a way of widows' creating a space for healing themselves.

The two aspects of comparison were having spiritual fellowships together and involvement in a support project or group as widows. This data was important since widows had a part to play in creating a space for healing themselves for effectiveness of their grief care. From among the responses of widows on how widows come together to create a space for healing themselves, two of them were prominent as compared to others. These included fellowshiping together and being involved in a support programme. Collectively, all widows were convinced that the most significant thing was widows being industrious to keep their minds engaged.

Still, there were few widows who had other responses in relation to the former two. These included networking with other widows so as to share their sorrows and solutions in order to inculcate hope and confidence in life. This was so as some widows may dread to express their challenges as they grieve merely to shun apparently being a burden. It was also evident that fellowship together also would help them draw strength from God as they grieve. They were convinced that such interaction, would ensure they do not suffer in silence but endure to deal with the pain of the loss in themselves. Staying in contact with their fellow widows would therefore play a great deal in regard to their health. Participating in social functions also was important.

All these interactions would not only keep their minds engaged but also help widows to avoid loneliness and withdrawal which could lead to depression. According to them, grief if not worked through, can lead to health complications especially if the pain remains hurting inside a widow's heart. Funds from government and sponsors to empower themselves, vocational empowerment and empowerment through farming either livestock or crop farming was very essential according to their responses. The church can advance social-economic programmes run by women-led church groups to encourage ladies to pull together, save and access loans to provide for themselves and their dependents.

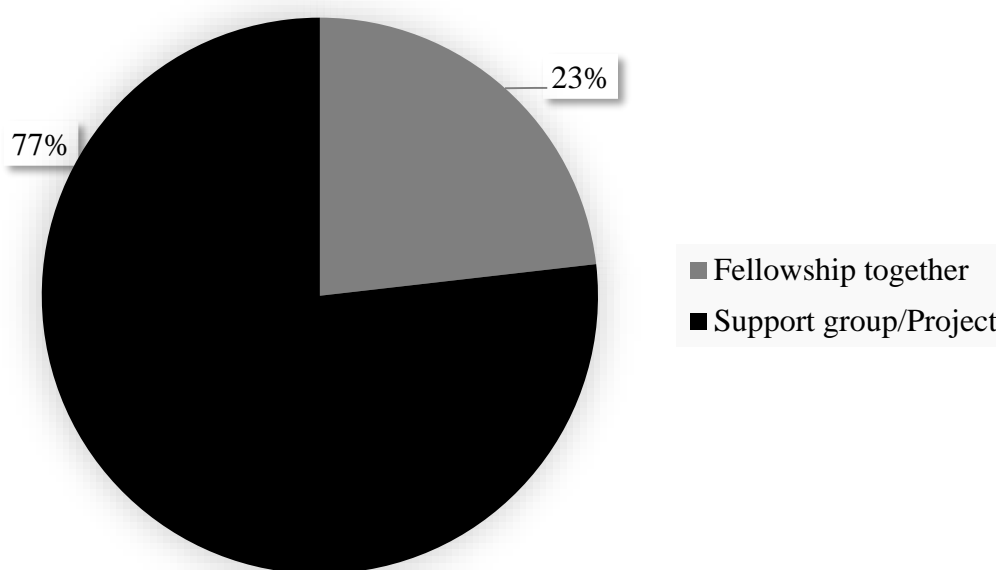


Figure 4.2: Creating space of healing together for widows.

Most of the widows preferred to have support group/project (77%) as a way of helping them to heal from the loss of their spouses. This support group is in terms of sharing their emotional difficulties specifically for widows. To be accepted by a group of people can do much to stimulate self-esteem. It may help a widow feel worthwhile provided

that the group members are supportive, helpful and not inclined to use the group as a vehicle for criticizing and tearing down each other.

On the other hand, a support group was preferred to boost their economical welfare together as widows. It was clearly brought out that widows like to have their own space and not to be considered as part of the single ladies who are either divorced or are single by choice. Only a few (23%) considered fellowshiping together. They however were comfortable in joining with other church members in intercessory prayers but not a prayer group for widows only.

Patriarchal culture was seen to frustrate efforts towards pastoral care and healing the souls of widows. It was a central factor. Former friends avoided widows and others disappeared. Widows and divorced women are discriminated against even by other women. The study established that widows' sexuality was perceived as something that must be monitored or reined in. The assumption was that women without men were desperate to find new men and would use their wiles to do so (Okonda, 2018).

Amid the suffering the widow has to go through in the process of grief, the aspect of a widow being perceived as a sexualized being limited the success of widows overcoming grief. Patriarchal societies view widow's sexuality either as belonging to men or something to be ignored (Okonda, 2018). A woman's respect is lost the moment her husband dies.

A widow is perceived as taboo to living husbands and other males. She is subject to hopelessness, punishment, neglect, contempt, suspicion about her treachery, or

insufficient care. She is perceived as threatening to other couples, relationships and suspected of adulterous living. Likewise, married women perceive widows as potential threats to their marriages. As a result of this, a widow is a deserted, neglected and lonely woman (Okonda, 2018).

Traditional beliefs indicate that sexuality is acceptable primarily for procreation, most adult children actively scold, chastise or actively prohibit their widowed mothers from dating and having other sexual relationships. Those widows in ACK Diocese of Embu who are affected by such forces therefore, suffer internal conflicts within themselves. If they are Christian believers, they wonder why God has ordained such maps in their lives, why they are in the hands of such capricious fate, whether God is really just and whether they believed in vain.

All these questions and many more are continuously internalized by widows in their dark path of struggle against many odds. Widows are stigmatized and overindulgence by a fellow male church member or a male clergy would tarnish the name of the former or the latter out of suspicion of having an affair. Hence many widows have many problems but keeping problems to themselves was the best option to them. Though some widows were ready to get married if situations would allow them, this was difficult.

Moreover, church regulations regard a perfect marriage to be that which has gone through church wedding and this too is a limitation. For that reason, Kassily (2004) argues that Christian women need to reexamine the scriptures. She adds that they need to participate in continuing synthesis of their past situation and present opportunities as

opposed to welcoming dogmas and biblical interpretations imposed on them (Okonda, 2018).

Hence most widows asserted that they continued to suffer in silence yet most people may not know since all that remained to their inner selves. Some were involved in extramarital affairs just to keep up with the outward set standards of life of a widow. This too endangered their lives in this era of murder from love triangles not to mention the diseases that glare those who may compromise their faith. In-laws are becoming less willing to inherit the widows of the relatives because of the economic burden of supporting a widow and her family (Okonda, 2018).

#### **4.7 Informant's Responses on Measures that can be Employed to make Pastoral Care Programmes more Responsive to Challenges faced by Widows**

Pastoral care programmes would be more responsive to challenges faced by widows through a number of significant ways as described by key informants. Various predominant themes from the responses included extra time for clergy to spend with the widows, a teaching module that would assist pastoral caregivers in offering pastoral care to widows, enhanced individual clergy efforts in ministering to widows, accountability of the church and of the society on support for widows as well as resource limitations.

Allocation of extra time for clergy to spend with the widows. Time constraints was a concern since the clergy schedules were too tight to allow much time to spend in the widows' ministry. Widows were visited commonly on the basis of pastoral visits made

not only to widows but all other vulnerable groups such as orphans, elderly, disabled and the poor. The frequency of visits to widows was therefore minimal.

Enhanced individual clergy efforts in ministering to widows. The study found out that pastoral caregivers ought to intensify pastoral care to widows by visiting and counselling the widows to enable them overcome fear, loneliness and anger. Fear of suspicion of affairs among male grief care givers with widows had to be countered as it was a limitation towards effective grief care among widows. Such suspicion was as a result of stigmatization of widows where a woman loses respect when her husband died. A widow was perceived to approach a man with a hidden agenda of looking for a male mate. Destigmatization was a measure to counter frustration of the efforts made by male pastoral caregivers where his name could be tarnished out of societal misconceptions (Niitshinda, 2005).

Utilization of a teaching module to assist in offering pastoral care to widows. Fewer materials to use in understanding and gaining knowledge on grief made limited effective pastoral care to widows. This was because of the challenge especially when a pastoral caregiver needed to relate existential challenges that a widow was going through to a specific stage of grief. Again, there were matters about grief that were challenging for the clergy to address effectively. Therefore, this called for a teaching module that pastoral caregivers could use while dealing with grief management among widows. Theology of grief was central towards effective grief management. With that, there were less questions beyond what the clergy could handle. A reexamination of theological course of training on the process of grief was necessary (Mombo & Joziassse, 2011). It was meant to promote effective grief management where a pastoral



caregiver does not hinder healing of a widow's soul but one who ensured effective grief management.

Accountability of the church was also key towards effective grief management. The church could be responsible where pastoral caregivers deliver messages on the subject of death from the pulpit. Christians could encourage and support widows through organized seminars. From such teachings, the church would hence develop a philosophy of life based on biblical teachings about the reality of death. Assessment of the extent of church's governance by culture and traditions in providing support for widows who would like to get married since many of their male counterparts remarry after sometime.

For effective grief management societal support for widows was necessary. Positivity towards widows among the society would promote effectiveness of pastoral care programmes among widows. Pastoral care programmes in ACK Diocese of Embu were influenced by its patriarchal setting. Constraints as far as reconstruction of women's Early Christian history is concerned limited effective grief management among widows. There were socio-cultural notions which were negative for widows. A widow was viewed as somebody who lacks wisdom and had no knowledge. They were perceived as looking for a man and a threat to men. They did not have authority unless they had a man who backed them. Several imposed conventions on widows were interpreted contextually in reference to culture and societies customs. What was said and done to widows was more culturally induced than biblically (Okonda, 2018). Societal support for widows was therefore significant to promote effective grief management.

Availability of resources necessary for utilization during pastoral care would promote effectiveness of the available pastoral care programmes. These resources included pastoral caregivers, literature materials, finances and time. Insufficient knowledge as a result of insufficient materials that deal with the grief management discouraged effective grief management among widows in ACK Diocese of Embu. Availability of accounts on experiences of widows as they grieve was important in helping widows manage grief from an informed viewpoint. Available pastoral caregivers were few yet widows were becoming more in the church as a result of increased deaths. Financial budgets therefore, would not sufficiently meet all of the material support needed by widows. Some widows then remained to suffer in silence while onlookers continued to assume that as long as several years have passed after death had occurred, the widow had finally managed grief reactions successfully (Ogbuehi, 2017).

Through widows' narration of stories, the church would realize the struggles of widows in maintaining faith in God while in grief. Widows' stories were not supposed to be told as individual stories of endless suffering but collectively as corporate stories of a community of God's people in faith and hope. Through collective narrations widows shaped themselves into a body of experiences. Patterns of triumph, steadfastness, salvation and liberation emerged through expressions of freedom and strength (Mombo & Joziase, 2011).

## **CHAPTER FIVE**

### **SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS**

#### **5.1 Introduction**

This chapter presents a summary of the study, conclusion, recommendations and suggestions for further research based on the findings. The discussion is as per the stated objectives.

#### **5.2 Summary of Findings**

Pastoral care to widows can be more effective by establishing a teaching module that inform pastoral caregivers on how to approach different experiences that widows go through in regard to various stages of grief. Culturally induced stigma to the church draws back the effectiveness of pastoral caregivers since it causes widows to be avoided and fear of overindulgence that results to misconceptions of affairs between male pastoral givers and the widows.

African rituals associated with mourning can be incorporated in the Christian modes of mourning. An example is where the bereaved were usually visited a few days after burial and there was feasting. This is the opposite of what happens among the Christians' manner of supporting the bereaved. Soon after the burial the mourners go back to their busy routines. The church has commendable efforts in widows' ministry but insufficient knowledge on death and grief among the clergy and congregational members pose a threat to the optimum pastoral care given to widows. Some publications have been made from this study to narrow the existing gap. The church should be in the vanguard when it comes to protecting the widows. The church ought

to encourage our governments to reinforce laws and regulations that protect widows (Kunhiyop, 2008).

Further, Kunhiyop (2008) recommends that it is important for the church to educate communities about proper treatment of widows. Such may include seminars that address the common misconception that making a will is equivalent to signing one's own death warrant. He adds that it is necessary for the church to help widows find some means of earning a livelihood if they are uneducated and untrained hence unemployable to avoid consenting to polygamous marriages or turning to prostitution.

### **5.3 Stages of Grief**

Most widows have unfinished business with their late husband even as late as 20 years after the death of their husband. This is explained by the large percentage of widows affected by the bargaining stage. Therefore, this makes it difficult for the acceptance phase to be achieved by the widows. Yet, it is not uncommon for pastoral caregivers and the congregational members to assume that by such a long time the widow should have somehow found a way to manage their grief and have overcome the difficult experiences of grief.

Widows are left to silently suffer in grief hence ending up battling unpleasant experiences. However, the good news here is that this study reveals that a teaching module on death and grief for widows' ministry among other suggestions would amicably aid in assisting widows recover from the loss of their husbands. A large percent of widows is caught in the denial stage of grief even as late as fifteen years after the death of a husband. Commonly, this is too long for one to be in grief. Hence, any

widow displaying behaviors associated with this stage is deemed to be abnormal. However, onlookers may not understand the complexity of the stages of grief.

If one is affected by the denial stage, then it is common for the experiences of anger to occur. This is because the feeling of a meaningless life and anxiety may be too intense for a widow to manage after death of husband. Again, it may be difficult to explain to the widow that Jesus loves them if the pastoral caregiver does not comprehend the overwhelming nature of the hard hit blow of one's husband's death. The widow may remain in anger, become detached or display displaced anger even to the very pastoral caregiver. However, with available information for pastoral caregivers, there would be patience when dealing with the widow. Giving up or feeling of inadequacy when ministering to widows would never arise.

A large percent of widows is not affected by depression stage which is a critical stage in grief that may result to unacceptable actions like thoughts of suicide. Depression is characterized by a deep feeling that grief is endless and great pessimism due to loss of hope. Even so, acceptance and complete overcoming is not achieved by the greater percentage of widows in grief. However, with the proposed model in this study, widows' ministry could bear more effect towards acceptance instead of relying on the common notion that the widow is okay only because time has passed by.

#### **5.4 Provision of Emotional, Material and Spiritual Support**

This study revealed that the few hours spent by the pastoral caregivers in visiting widows was largely directed to material and spiritual needs. Emotional needs barely received attention yet it is the mother of all difficult experiences a widow has to go through. Therefore, in provision of emotional support, each stage can be dealt with on

its own. For those in the denial stage, effort can be put on making them recognize their destiny as an individual and the reason to making a meaning of their life to attain God's destiny in them. They are then able to avoid the perception of how will life be simply because of understanding that every individual has their own purpose hence this serves to let them understand that God needs more of their contribution in the land of the living.

In so doing therefore, the feeling of life being meaningless after the loss of a husband will be dealt with. Consequently, they will be able to face the reality and the fact of the shocking information more fiercely hence making them stronger in the difficult journey towards the final acceptance of the loss of their husband. On the other hand, those widows affected by the stage of anger portray misplaced anger to themselves or people like relatives, friends and workmates. Therefore, they can be given emotional support by being given an easy-going approach, leniency and listening to them in their anger with a broad mind hence great patience is key here. One can connect with their feelings only if they are strong enough to manage their displaced anger towards those around them. This can be difficult for some pastoral caregivers since people have different temperaments. A widow in this stage may have feelings of bitterness to those whose husbands are still living resulting to resentment that would make a married pastoral caregiver find it difficult to connect with the widow.

However, with this information and understanding of the characteristics of the anger stage the married pastoral caregiver would employ the easy going approach and patience to offer optimum pastoral care to a widow. In such a case the pastoral caregiver will be able to understand that that anger is not personal but a presentation of the difficult feeling of coming into terms with the emptiness of the vacuum created by the

loss of the husband. Patience is necessary in this stage since in the long run, it provides the widows a channel to use in achieving the ultimate end of acceptance of the loss of the husband. The third stage provides the widows with a short term way of finding peace in the complexity of life they find themselves in. They negotiate with the Supreme Being by way of questions that would result to positive effect if the husband would come back to the living. A pastoral caregiver with this prerequisite information at the back of their mind will be able to provide pastoral caregiver amicably as they understand that such questions of what if or if only serve to afford some sort of temporary truce.

Additionally, a widow in the third stage of bargaining, may result to blaming herself by finding fault of what she was capable of doing to avoid the death of the husband. This therefore, is a negative side of the bargaining stage. Hence, a pastoral caregiver providing pastoral care can promote healing by helping widows to lessen the burden in their hearts of the negative past experiences that cause blame. This is by enabling the widows to focus on the present positive things over the faults that cause burdens in their hearts. This is a very important stage and requires wisdom so as to be able to hit the nail on the head to the particular issues burdening the heart of a widow. It is a stage that may frustrate the efforts of pastoral caregivers. It is time consuming and if not closely dealt with, it may last for a very long time if the widow does not open up and continue to remain silent while trying to heal the wound from the loss of their husband.

Those widows affected by the depression stage mostly tend to withdraw from their social life. Such widows usually are affected by very intense feelings related to the loss of their husband. Pastoral caregivers with information of the former three stages may

be able to understand that this fourth stage is intense because those experiences of the former stages have built up within the widow making the widow to withdrawal and lose hope in life. In such a case therefore, the pastoral caregiver will be able to approach the widow considering the effects and proposed ways of dealing with the three former stages.

Those widows who are able to manage to deal with their past may not be intensely affected by the fourth stage. They are able to realize that their husband will not come back hence manage a way to live with the present hence have the strength to get over the effects of the depression stage. A pastoral caregiver should be careful not to assume that the widow has reached acceptance stage because the widow is happy when among the rest of the congregation. Acceptance stage therefore should not be mistaken for outward show of being all right. Most widows remain silent and face the grief experiences when alone.

This justifies the importance of visiting widows in their homesteads. It also gives them beautiful memories of the church representatives visiting them in their homes. For widows to achieve acceptance, pastoral caregivers ought to have walked with them through the journey of the other stages. Grief may be difficult to deal with since these stages may come and go and a widow may fail to reach acceptance but chances are high that with necessary information by the pastoral caregivers, acceptance can be achieved.

Material effort has been arguably the most attended to support between emotional, spiritual and material support. Though emotional support seemed to be difficult one to deal with, this thesis provides an approach that can promote the emotional support of



widows. Indeed, a publication was made to contribute further to knowledge on the issue of the three aspects of support necessary for effective widows' grief management. Widows can be supported materially by being provided with money and foodstuffs. Some of their children are helped in their education through provision of school fees by the church. The challenge of material support is that the number of widows is continuing to grow hence posing a constraint to the distribution among the widows.

The fact that the church has many other financial obligations to deal with proved it was difficult to attend to all widows needs. However, widows were very appreciative since this is an area that they felt the church has come to them in a great way. Though few, the widows agreed that seminars organized for them by the church made an impact to them spiritually. They were able to feel God more closely through the sessions of prayer and bible studying as well as talks from the guests. The church therefore can hold more of these seminars. Spiritual support can also be boosted by holding intercessory prayers involving the widows. All widows noted with thanksgiving that there is not a Sunday that the priest do not mention the widows in the prayer during liturgy.

In offering of emotional, spiritual and material support, this study revealed that stigma eradication among widows is key. Stigma made friends avoid women who become widows in fear that they will "steal" their husband. Additionally, dealing with stigmatization of widows would help in separation of overindulgence with a widow with mistaken love affairs. This too can boost the provision of support towards widows. Stigma affected pastoral care of widows because the cultural induced perception of a woman as a sexualized being had been brought into the church.

The church is silent over abuse, suspicion, property inheritance, remarriages and widow's conduct. Some of these violence and abuse against a widow goes against Christian principles. The widow in ACK Diocese of Embu is therefore left at the crossroads where Christian principles and traditional practices are at times merged to oppress her physically and emotionally. While the church, including ACK Diocese of Embu, only gives solution to this through remarriage, it becomes silent on what a widow should do if remarriage does not occur. Loss of protection through marital status hence means loss of status of the widow. Such a widow is therefore left in a confused state.

Expectations of men both from the traditions and the church are different from those of women. The assumption that is that men have lesser problems, at least, they are expected to remarry, even immediately. In most cases they are even assisted by the society to get partners. Widows therefore need help from the society and the church. There is great importance when christians in ACK Diocese of Embu befriend widows, help them materially and provide them with emotional support. This support entails practical help like assisting widows in ACK Diocese of Embu with school fees, food and clothes, encourage remarriage and where possible assist them in getting partners, help in legal cases.

Additionally, women can be taught to curb ignorance on succession roles. The church in specific has a role to play to adapt the positive factors in the traditional African culture to help widows. This should be taught in churches without condemnation. Such include; theologians telling the church when it goes wrong and educate widows on their rights. It also involves condemnation of the cultural roots of gender-based violence, doing research on balancing between family cultural values and attitudes and strengths

that lay in them. All these, and many more, are important to widows especially the young who may be in worse conditions. Many are not formally employed nor are they even literate and may have no supportive family, friends or children. All they had was their husband who substituted for all the above. After his death, life may become a long dark valley of hopelessness. What these people need desperately is a ministry of reconciliation through encouragement and incorporation. It is only through this that widows may accept themselves and hence tread on a healthy path.

### **5.5 How Widows Can Create a Space for Healing themselves**

Support group or a project was preferred by widows as a way of helping them to heal from the loss of their spouses in relation to fellowshiping together as widows. Instead, widows agreed fellowshiping with the rest of the christians was more fulfilling. This can be understood with the fact that a human being is a social being. Again, it proves the effect of the church where all christians are involved. Hence this study revealed that the church has greatly achieved its mission of *koinonia* (fellowship) with God and fellow christians through prayer.

The support group is to offer opportunities to grow financially and also a platform to share their experiences. Such groups were very few in ACK Diocese of Embu yet they were seen to be of great importance according those who participated in this study. The church through financial organizations can help widows to grow financially. The move was key in dealing with financial implications and issues related like life cycle of poverty, health, HIV and AIDS, promiscuity, food, shelter and education.

A whatsapp group was also mentioned as a way of widows connecting and sharing their experiences together. However, this was limited to the literate widows and to some extent those with digital phones. Therefore, regular meetings of the said support group or projects were the most effective for widows to create the space for healing for themselves. This effort would also promote involvement of pastoral caregivers as they could be often invited to those meetings through the effort of widows themselves.

The above was in line with the fact that even in the diocesan minutes for the past five years the synod meetings had little space for widows themselves in their discussions. They were included as single ladies in general including the divorced or those who have never got married but are single mothers. Though all of them are single, widows are going through an exceptional process of overcoming grief making them a special group among the group of single ladies. Therefore, with increased effort from the widows' group themselves, it would in response promote more involvement by extension for the ACK Diocese of Embu pastoral caregivers to widows.

Leaders elected in widows' groups were thought to be very influential if given strategic leadership positions within the normal church structures and activities of the congregations and the Diocese at large. In this case therefore, widows' needs would be strategically placed to the higher leadership of the congregations and the larger ACK Diocese of Embu.

## **5.6 Measures that can be Employed to make Pastoral Care Programmes more Responsive to Challenges faced by Widows**

It was established that a teaching module would promote the effectiveness of pastoral care offered to widows in ACK Diocese of Embu. This teaching module ought to compose the stages of grief that widows undergo. These stages should explain the experiences of each phase so that those offering pastoral care can be able to understand the behavior of widows and the stage they may be going through. It would avoid misjudgment that the widow is overreacting hence promote patience and calmness when dealing with widows who are could be difficult to delicate to deal with as a result of anger.

With the module therefore, it would boost the effort of pastoral caregivers in ACK Diocese of Embu. They will have content of the context and when put together with the theological training they have from the theological institutions plus their experiences in reading the Bible, dealing with widows would prove to be easier. Low self-esteem among widows as a result of widows' stigmatization would be avoided. In such a way therefore, the efforts of pastoral caregivers especially the male for this case would not be frustrated by the effects of stigma. More understanding of the stages of grief and the experiences therein by the congregational members would aid in dealing with widows' neglect.

## **5.7 Conclusion**

From the study, the following conclusions are made:

- i) The study concludes that while providing grief care to widows, caregivers should take into account that there are five stages of grief which are characterized by

different experiences hence are essential in determining the extent of effectiveness of the grief care provided.

- ii) The study concludes that reconstructing theological training of clergy to embrace knowledge on death and grief as well as succession roles among christians ought to be made.
- iii) The study concludes that it is essential for the church to promote financial welfare of widows through partnership with appropriate governmental and Non-Governmental Organizations.
- iv) The study concludes that a theological teaching module of grief, eradication of stigma and added caregivers' efforts in ministering to widows will improve the pastoral care for the widows.

### **5.8 Recommendations**

- i. The study recommends that grief care for widows should encompass experiences as per each of the five stages of grief.
- ii. The study recommends that a theological teaching module with reference to different stages of grief should be employed in training pastoral caregivers on grief management.
- iii. The study recommends that pastoral care programmes should address the existential challenges undergone by widows in a way that widows are made to understand the parting anxiety while identifying with Christ who suffered anxiety and offered prayers to cope with death hence understand grief reactions are normal.
- iv. The study also recommends that pastoral care programmes should be presented in a way that they convey God's closeness and presence to the widow in the

existential challenges like guilt, anger, depression, denial, bargaining and loneliness, acceptance and adaptation.

### **5.9 Recommendations for Further Studies**

- i. The study recommends that further studies be done on men who have lost their wives (widowers).
- ii. The study recommends research on African mourning rituals that can be accepted and adapted in the Christian modes of mourning since churches are serving in the same communities where African culture is evident.
- iii. The study recommends that further research be done on the complexity of grief reactions with reference to God's continuous presence within widows' quest for quality life during grief pain and suffering.

## REFERENCES

- Adom, D., Adu-Gyamfi, S., Agyekum, K., Ayarkwa, J., Dwumah, P., Abass, K., ... & Obeng-Denteh, W. (2016). Theoretical and conceptual framework: Mandatory ingredients of a quality research. *Journal of Education and Human Development*, 5(3), 158-172.
- Anderson, P. (2013). *Feminist Perspectives on Natural Theology* in Re Manning, R. (ed.), *The Oxford Handbook of Natural Theology*. UK: Oxford University Press.
- Baker, R. (2000). *Persons and bodies*. Cambridge: Cambridge University Press.
- Berding, K. (2015). *Polycarp and Paul: An Analysis of their Literary and Theological Relationship in Light of Polycarp's Use of Biblical and Extra-Biblical Literature*. Brill.
- Brunsdon, A. (2019). Nostalgia as a Pastoral-hermeneutical Key for Healing Complicated Grief in Afro-christian context. *Verbun et ecclesia Journal*, 40(1), 1-9.
- Chapman, H., Kim, A., Susskind, M. & Anderson, K. (2009). In bad taste: Evidence for the Oral Origins of Moral Disgust. *Science*, 323(5918), 1222-1226.
- Carroll, B. (2015). *Healing Your Grieving Heart After a Military Death: 100 Practical Ideas for Family and Friends*. Companion Press.
- Carr, D. (2003). A "good death" for whom? Quality of spouse's death and psychological distress among older widowed persons. *Journal of Health and Social Behavior*, 215-232.
- Corless, B. (2010). *Bereavement*. In Ferrel, B. R. & Coyle, N. (eds.), *Oxford Textbook of Palliative Nursing*. New York: Oxford University Press.
- Crockett, C. (2013). *Postmodernism and natural Theology* in Re Manning, R. (ed.), *The Oxford Handbook of Natural Theology*. UK: Oxford University Press.
- Davis, S. (2004). Tasks of mourning and the transtheoretical model of change: implications for grief therapy.
- Doka, J. (2009). Disenfranchised Grief. *Bereavement Care Journal*, 18(3), 37-39.
- Dreyer, Y. (2008). 'The "sanctity" of marriage – An archeology of a Socio-religious construct: Mythological Origins, Forms and Models', 499-527.
- Durrheim, K. (2006). Research Design in *Research in Practice Applied Methods for Social Sciences*, Blanche M. T., Durrheim K. & Painter D. Cape Town: University of Cape Town Press Ltd.
- Eddy, D. (2013). Nineteenth-Century Natural Theology in Re Manning, R. (ed.), *The Oxford Handbook of Natural Theology*. UK: Oxford University Press.
- Evans, R. (2000). *A history of pastoral care*. London: Cassell.



- Ezejiolor, O. (2011). Patriarchy, Marriage and the Rights of Widows in Nigeria. *Unizik Journal of Arts and Humanities*, 12 (1), 139-157.
- Fraenkel, R. & Wallen, E. (2000). *How to Design and Evaluate Research in Education*. (2nd ed). Singapore: McGraw-Hill.
- Gibson, L. & Louw, J. (2018). A Practical Theology of Bereavement Care: Re-ritualization within a Paradigm of Comforting Presence. *Stellenbosch Theological Journal*, 4(2), 59-67).
- Hall, W. (2013). *Natural Theology in the Middle Ages* in Re Manning, R. (ed.), *The Oxford Handbook of Natural Theology*. UK: Oxford University Press.
- Harris, J. & Alcorn, W. (2003). The Necessity of Mourning: Psychoanalytic Paradigms for Change and Transformation in the Composition Classroom. *College English*, 65(6), 668-675.
- Hankey, J. (2013). *Natural Theology in the Patristic period* in Re Manning, R. (ed.), *The Oxford Handbook of Natural Theology*. UK: Oxford University Press.
- Holder, R. (2013). *Neutral Theology in the Twentieth Century* in Re Manning, R. (ed.), *The Oxford Handbook of Natural Theology*. UK: Oxford University Press.
- Iglewicz, A. Shear, M. K., Reynolds, C. F., Simon, N., Lebowitz, B., & Zisook, S. (2020). Complicated Grief Therapy for Clinicians: An Evidence-based protocol for mental health practice. *Depression and Anxiety*, 37(1), 90-98.
- Kariuki, M. & Kariuki, F. (2015). *Alternative Dispute Resolution, Access to Justice and Development in Kenya*. Nairobi: Strathmore University Press.
- Kassily, N. (2004). The Social Concern of Christianity with special Reference to Women. In Okware (Ed.), *Looking Religion in the Eye: Essay in the Sociology of Religion*. Eldoret: zapf Chancery.
- Kaveny, M. (2005). The Order of Widows: What the early church can teach us about the Older Women and Health Care. *Christian Bioethics*, (11), 11-34.
- Khrypko, S. (2018). The valued focus of a widow and an orphan statuses and scale of protection in the Old and New Testament tradition. *Skhid*, (3 (155)), 51-55.
- Kidson, M. (2022). Real Widows, Young Widows and the Limits of Benefaction in 1 Timothy 5: 3-16. *Australian Biblical Review*, 70.
- Klass, D., Klass, R. & Nickman, S. (2014). *Continuing bonds: New understandings of grief*. Taylor & Francis.
- Kothari, R. (2004). *Research Methodology: Methods and Techniques*. (2<sup>nd</sup> Ed). New Delhi: New Age International.
- Kubeka, M. (2011). Assessing the Care of Surviving Clergy Widows within the Pentecostal Church. *Dissertation*. University of Pretoria, South Africa.

- Kubler-Ross, E. & Kessler, D. (2014). *Finding the Meaning of Grief Through the Five Stages of Loss. On grief and Grieving*. London: Simon and Schuster.
- Kubler-Ross, E. & Kessler, D. (2005). *On Grief and Grieving*. London: Simon and Schuster
- Kunhiyop, S. (2008). *African Christian ethics*. HippoBooks.
- Louw, D. (2014). *Wholeness in Hope Care on Nurturing the Beauty of the Human Soul in Spiritual healing*. Wien: LIT.
- Louw, J. (2013). Cura Vitae: The Hermeneutics of Spiritual Healing and the Beautification of Life. *Scriptura Journals*, 112(1), 1-16.
- Louw, J. (2010). *Care to the Human "Soul" in Contemporary Theological Formation: From "Kerymatics" to "Fortigenetics" in Pastoral Anthropology*. 70-81.
- Louw, D. (2008). Space and Place in the Healing of Life: Towards a Theology of affirmation in Pastoral Care and Counselling. *Verbum et ecclesia*, 29(2), 426-445.
- Lowey, S. (2008). Letting Go before a Death: A Concept Analysis. *Journal of Advanced Nursing*, 63(2), 208-215.
- Magezi, V. (2019). History and Developments of Pastoral Care in Africa: A Survey and Proposition for Effective Contextual Pastoral Caregiving. *Journal of Theological Studies*, 75(4), 1-14.
- Manala, M. (2015). African Traditional Widowhood Rites and Their benefits and/or detrimental effects on widows in a context of African Christianity. *Journal of Theological studies*, 71(3), 1-9.
- Mandelbrote, S. (2013). *Early Modern Natural Theologies* in Re Manning, R. (ed.), *The Oxford Handbook of Natural Theology*. UK: Oxford University Press.
- Maseno, L. (2014). *How Abanyole African Widows Understand Christ*. Lampeter, Ceredigion, Wales: The Edwin Melen Press, Ltd.
- Mauro, C., Reynolds, C. F., Maercker, A., Skritskaya, N., Simon, N., Zisook, S., ... & Shear, M. K. (2019). Prolonged Grief Disorder: Clinical Utility of ICD-11 Diagnostic Guidelines. *Psychol med*, 49(5), 861-867.
- McClure, B. (2012). *Pastoral Care* in B.J. Miller-McLemore (ed.), *The Wiley-blackwell Companion to Practical Theology*. Chichester: Blackwell Publishing Ltd.
- Merriam, S. (2009). *Qualitative Research. A Guide to Implementation and Design*. San Francisco: Joey-Bass.
- Miruka, P., Joshua, N. & Obongo, J. (2015). The Cultural View of the Luo People of Western (Kenya) on Widow Care and the Biblical Approach. *Journal of Sociology and Anthropology* 3(4), 240-250.

- Miruka, P., Mojola, A., Joshua, N. & Onginjo, M. (2015). The Role of the Church and the Christian Family towards widow care as highlighted by Paul. *Journal of sociology and anthropology*, (3), 52-57.
- Moore, A. (2013). *Theological Critiques of Natural Theology* in Re Manning, R. (ed.), *The Oxford Handbook of Natural Theology*. UK: Oxford University Press.
- Mombo, E. & Joziase, H. (2011). *If You Have No voice, Just Sing! Narratives of Women's Lives and Theological Education at St. Paul's University*. Limuru: Zapf Chancery Publishers Africa ltd.
- Mugenda, O. & Mugenda, A. (2003). *Research Methods: Quantitative and Qualitative Approaches*: Nairobi: Acts Press.
- Mugenda, O. & Mugenda, A. (2008). *Research Methods: Qualitative and Quantitative Approaches*. Nairobi: Acts Press.
- Murray, C., Toth, K. & Clinkinbeard, S. (2005). Death, Dying and Grief in families. In Mckenry, P. C., Price, C. A. & Price, S. J. (eds.), *Families and Change: Coping with stressful events and transitions*. USA: SAGE publications, Inc.
- Ndulo, M. (2011). African Customary Law, Customs and Women's Rights. *Indiana Journal of Global Legal Studies*, 18(1), 87-120.
- Neimeyer, R. A., Baldwin, S. A., & Gillies, J. (2006). Continuing bonds and reconstructing meaning: Mitigating complications in bereavement. *Death studies*, 30(8), 715-738.
- Niitshinda, T. (2005). *The challenge of pastoral care and counselling of HIV/AIDS affected families in ten Evangelical Lutheran Church parishes in the Oshanga region, Namibia* (Doctoral dissertation).
- Nnachi, R. (2011). *Psychology of Family and Widowhood matters. The African Perspective* (Ed.) Nnachi, R. O. Owerri: Hudson-Jude.
- Nyangweso, M. (2017). "Religion, Human Rights, and the African Widow." *Peace Human Rights Governance*, 1(3), 365-391.
- Nwachuku, D. (2014). *Practical Theology in West Africa* in B. J. Miller-McLemore (ed.), *The Wiley-Blackwell Companion to Practical Theology*. Oxford: Wiley-Blackwell.
- Okonda, M. (2017). Christian Perception on Widows' Sexuality among *Abanyole* of Emuhaya, Western Kenya. *Journal of Humanities and Social Science*, 22 (11), 83-96.
- Olanisebe, S., & Oladosu, A. (2014). Levirate marriage amongst the Hebrews and widow's inheritance amongst the Yoruba: A comparative investigation. *Verbum et Ecclesia*, 35(1), 1-7.
- Ogbuehi, F. (2017). "The Anglican Church and Widowhood Rites in Igboland. *International Journal of African and Asian Studies*, 40, 146-151.

- Ojore, A. (2017). A New Model of Pastoral Care: Resources from Luo Widows in Kisumu Archdiocese. Doctoral Thesis. Anglia Ruskin University: Cambridge.
- Okonda, M. (2017). Christian Perception on Widows' Sexuality among *Abanyole* of Emuhaya, Western Kenya. *Journal of Humanities and Social Science*, 22 (11), 83-96.
- Parkes, C. (2001). *A Historical overview of the scientific study of bereavement*. In M.S. Stroebe, R. O. Hansson, W. Stroebe, & H. Schut (Eds.), *Handbook of bereavement research: consequences, coping, and care*. Washington, D.C: American Psychological Association.
- Patton, J. (2001). *Qualitative Evaluation and Research methods*. Oaks; SAGE Publication, Inc.
- Pemunta, N. & Alubafi, M. (2016). The Social Context of Widowhood Rites and Women's Human Rights in Cameroon. *Journal of Cogent Social Sciences*, 2(1), 1 -17.
- Persson, I. (2002). Human Death- A View from the Beginning of life. *Bioethics*, 16(1), 20-32.
- Rando, T. (2013). *Coping with the Sudden Death of your Loved One: Self Help for traumatic Bereavement*. Indianapolis: Dog Ear publishing.
- Stansbury, R. (2010). *A companion to pastoral care in the late Middle Ages (1200-1500)*. Brill.
- Stroebe, M., Hansson, O., Stroebe, W. & Schut, H. (Eds). (2008). *Handbook of Bereavement Research and Practice: Advances in Theory and Intervention*. Washington, DC: American Psychological Association.
- Swerdlik, M., & Cohen, J. (2005). *Psychological testing and assessment: An introduction to tests and measurement*.
- Svitlana, K. (2019). Symbolic Transformation of the Widows Image in Biblical Cultural Tradition: Semantics, Analogies, Universal Features.
- Talitwala, E. (2002). *When Death Strikes What Next? A Counselling Guide*. Nairobi: Uzima Press.
- Trivedi, J., Sareen H. & Dhyani, M. (2009). *Psychological Aspects of Widowhood and Divorce: some issues in women's studies and other essays*. Singh, A.R. and Singh, S. A. (eds.), MSM, (7), 37-49.
- Tyrrell, P., Harberger S. & Siddiqui W. (2020). *Stages of Dying*. Treasure Island (FL): Stat Pearls Publishing.
- UN Division for the Advancement of Women, (2001). *Women 2000. Widowhood: invisible women, secluded or excluded*.

- Vetach, R., (2019). Controversies in defining death: A Case for Choice. *Theoretical medicine and Bioethics Journal*, 40(5), 381-401.
- Waruta, D. & Kinoti, H. (2005). *Pastoral Care in African Christianity*. Nairobi: Acton publishers.
- Worden, J. (2001). *Grief Counselling and Grief Therapy: A Handbook for the Mental Health Practitioner*. New York: Springer.

## APPENDICES

### Appendix I: Questionnaire for Archdeacons

My name is Mbaabu Kathomi Kellyjoy. I am a postgraduate student of Karatina University carrying out an academic research on pastoral care to widows in ACK Diocese of Embu. You are requested to take part in this study. Your responses will remain strictly confidential. Please do not write your name anywhere in this questionnaire.

The purpose of this questionnaire is to gather information concerning widows in your church and the care accorded to them. I humbly request that your responses will reflect how things actually are in your congregations and not how you would like them to be.

- a. What is the approximate population size of the Christians in your congregations?
- b. Approximately how many widows are in your congregations/ percentage?
- c. On a scale 1-8, 1 being the highest, prioritize the following areas of ministry:
  - i. Sermon preparation
  - ii. Personal prayer time
  - iii. Visiting widows
  - iv. Visiting the elderly
  - v. Administration/official meetings
  - vi. Problem solving
  - vii. Youth ministry
  - viii. Counselling

d. On average in a week, how many hours do you spend in the homes of widowed women? (*Tick where applicable*).

None	1-2	3-5	5-10	Other

e. Do you have organized effort of ministering to the following needs of widows? Tick yes or no.

	YES	NO
Material needs		
Spiritual needs		
Emotional needs		

f. Please rate your personal efforts in ministering to widows. 1-lowest; 10 highest. (*Tick the number that applies to you*).

1	2	3	4	5	6	7	8	9	10

g. What are some of the problems of widows in your church?

(*Select all that apply.*)

Loneliness(no husband)	Bitterness against God	Guilt	Finance	Neglect by family	Friends avoiding them	Withdrawal from church

Other problems, please state as many as possible

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h. Overall how do you feel your church is doing in taking care of the widow?

Poorly	Fair	Good	Very good	Excellent

i. Would you be interested in a teaching module that would assist you/ ministers in your church to minister to widows?

YES	NO

j. Do you believe that in the future the church will assume a greater responsibility in taking care of the widows?

YES	NO

k. Which are the challenges you/ other clergy may have faced when dealing with widows?

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## Appendix II: Questionnaire for Widows

My name is Mbaabu Kathomi Kellyjoy. I am a postgraduate student of Karatina University carrying out an academic research on pastoral care to widows in ACK Diocese of Embu. You are requested to take part in this study. Your responses will remain strictly confidential. Please do not write your name anywhere in this questionnaire.

### SECTION A: GENERAL QUESTIONS

1. Age  (years)
2. Year of marriage
3. Which year did your husband die?
4. Estimated income per month. Kshs.

### SECTION B: Phases of recovery from the loss of a husband

5. a) Cause of your husband's death. *(Please tick where appropriate)*

Sudden accident	
Long illness	
Short illness	
Old age	
Murder caused by robbers	
Murder caused by conflict with a close associate.	

Other;

state \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b) Did you expect your husband to die that soon?

YES	NO

a) What is your mood (until now) when you think of or see anyone responsible for your husband's death? (*Tick all that apply and mark X where it does not apply to you*).

a. I feel love for them since I forgave them	
b. I immediately get angry	
c. I start wishing bad things to happen to them	
d. I feel like killing them too	
e. I thank God they helped me get freedom to live without restrictions from a husband	
f. I see them as the cause of my sickness which I did not have before my husband's death; diabetes, blood pressure any other disease state	
g. I feel guilty. Were it not for them I would not have decided to get away with my husband.	
h. I always remember that irresponsible nurse/ doctor with so much pain in my heart. It could have been avoided	

b) What else do you feel today when you remember the demise of your husband? (*State as many as possible*)

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**SECTION C: Social and spiritual aspects of recovery from the loss of a husband**

Besides each of the statements presented below, use a scale of 1 to 5 to select the best statement that describes your social and spiritual life after the death of your husband.

Use;

- 1-strongly disagree (if you strongly feel it is not true)
- 2- Disagree (if it is not true)
- 3- Neutral (you are not able sure if it is true or false)
- 4- Agree (if it applies to you)
- 5- Strongly agree (if it affected you to a great extent)

Rating	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
My friends started avoiding me and others disappeared					
I never doubted that God is faithful.					
I have never felt like the church has forgotten me.					
I always have someone available to share my problems					
Life is more simple without my husband					
I feel more secure than when my husband was alive					

I am have never been bitter with God					
I am more interested in participating in church activities after my husband died					
I developed low self esteem					
People do not think ill of me when they see me talking to a man.					
I did not stop taking care of my personal smartness even after my husband died					
I think of my husband more than 3 days in a week					
I have so many problems and no one to share them with.					
Taking care of children is not great deal for me because I have enough money					
I am more involved in church activities					
There is no loneliness in my heart					
People would respect me more only if my husband would come back to life.					
No one has ever thought I was seducing a man after the death of my husband.					
I am a leader in church					
I have become more prayerful since my husband died					

6. a) What can you say widows can do together to create a space for healing?

Fellowshipping together	Forming support groups

b) What opinions would you give the church on what it can do so that widows can feel they are genuinely loved by:

i)The church

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ii)The society

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8) Who has proved to be the most helpful when you are facing personal difficulties in life? *(Please tick the most appropriate).*

Church minister	
Workmate	
I keep to myself	
Sister/brother	
In law	
Children	
Neighbor	
Fellow widow	

Any other state;

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9) What seems to be the most desire of other widows you may have interacted with? *(Tick all that apply; since you may have interacted with different widows).*

Need of money	Need of a friend (Loneliness)	Visit from a church representative	Incorporation in church functions and activities

Other, please state.

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10) Do you think that your widowed friends feel comfortable to seek assistance from the church?

YES	NO

i) Would you personally desire some form of assistance from the church?

YES	NO



### **Appendix III: Interview Guide for the Diocesan Bishop**

My name is Mbaabu Kathomi Kellyjoy. I am a postgraduate student of Karatina University carrying out an academic research on pastoral care to widows in ACK Diocese of Embu. You are requested to take part in this study. Your responses will remain strictly confidential. Please do not write your name anywhere in this questionnaire.

The purpose of this questionnaire is to gather information concerning widows in your church and the care accorded to them. I humbly request that your responses will reflect how things actually are in your church and not how you would like them to be.

1. How is your Diocese taking care of widows?
2. What can be done to assist you/ ministers in your Diocese to minister to widows?
3. Do you believe that in the future the Diocese will have to assume a greater responsibility in taking care of the widows?
4. Which are the challenges you/ other clergy may have faced when dealing with widows?

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5. a) What programmes for widows are in your Diocese?

b) What do the programmes involve?

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6. Which are some of the things that you would wish the church would manage to often do (which it has not been satisfactorily doing) in regard to supporting the widows:

i. Spiritually

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ii. Emotionally

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iii. Socially

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**Appendix IV: Research Authorization (Karatina University- School of Education and Social Sciences)**

**KARATINA UNIVERSITY**

**SCHOOL OF EDUCATION & SOCIAL SCIENCES  
OFFICE OF THE DEAN**

Tel. +254 - (0)729721200/0202176713

P.O. Box 1957 - 10101

Email: [sess@karu.ac.ke](mailto:sess@karu.ac.ke)

**KARATINA, Kenya**

Ref: KarU/RC/SESS/2018

Date: 11<sup>th</sup> October, 2018

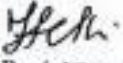
National Commission for Science, Technology & Innovation, Upper Kabete  
Off Waiyaki Way  
P O Box 30623-00100  
**NAIROBI**

**RE: MBAABU KATHOMI KELLYJOY - E307/1934P/16**

This is to certify that Ms. Mbaabu Kathomi Kellyjoy is a student in the School of Education and Social Sciences, Karatina University pursuing a Master of Arts in Religious Studies. Ms. Mbaabu has completed her course work and defended her proposal.

The student is expected to collect data to enable her complete her thesis. Any assistance given to her will be greatly appreciated. Please do not hesitate to contact us should you need any information about her.

Thank you.

  
Prof. JOHN MWARUVIE

DEAN, SCHOOL OF EDUCATION AND SOCIAL SCIENCES  
KARATINA



**Appendix V: Research Authorization (National Commission for Science, Technology and Innovation- Nacosti)**



**NATIONAL COMMISSION FOR SCIENCE,  
TECHNOLOGY AND INNOVATION**

Telephone: +254-20-2211471  
2241144-3318571, 2239420  
Fax: +254-20-318245, 318249  
Email: dg@nacosti.go.ke  
Website: www.nacosti.go.ke  
When replying please quote

NACOSTI, Upper Kabete  
Off. Nairobi Hwy  
P.O. Box 31823-00100  
NAIROBI-KENYA

Ref No: **NACOSTI/P/19/12004/27588**

Date: **16<sup>th</sup> January, 2019**

Kellyjoy Kathomi Mbaabu  
Karatina University  
P.O. Box 1957-10101  
KARATINA.

**RE: RESEARCH AUTHORIZATION**

Following your application for authority to carry out research on "*A pastoral care to the widows: A case study of the Anglican Church of Kenya, Kirinyaga and Embu Dioceses*" I am pleased to inform you that you have been authorized to undertake research in Embu and Kirinyaga Counties for the period ending 15<sup>th</sup> January, 2020.

You are advised to report to the County Commissioners and the County Directors of Education, Embu and Kirinyaga Counties before embarking on the research project.

Kindly note that, as an applicant who has been licensed under the Science, Technology and Innovation Act, 2013 to conduct research in Kenya, you shall deposit a **copy** of the final research report to the Commission within **one year** of completion. The soft copy of the same should be submitted through the Online Research Information System.

A handwritten signature in blue ink, appearing to read 'G. Kalerwa'.

**GODFREY P. KALERWA MSc., MBA, MKIM  
FOR: DIRECTOR-GENERAL/CEO**

Copy to:

The County Commissioner  
Embu County.

The County Director of Education  
Embu County.

**Appendix VI: Research Permit (National Commission For Science, Technology And Innovation- Nacosti)**

**THIS IS TO CERTIFY THAT:  
MISS. KELLYJOY KATHOMI MBAABU  
of KARATINA UNIVERSITY , 0-10300  
KERUGOYA,has been permitted to  
conduct research in Embu , Kirinyaga  
Counties**

**Permit No : NACOSTI/P/19/12004/27588  
Date Of Issue : 16th January,2019  
Fee Recieved :Ksh 1000**

**on the topic: A PASTORAL CARE TO THE  
WIDOWS: A CASE STUDY OF THE  
ANGLICAN CHURCH OF KENYA,  
KIRINYAGA AND EMBU DIOCESES**

**for the period ending:  
15th January,2020**





**Applicant's  
Signature**



**Director General  
National Commission for Science,  
Technology & Innovation**

## **Appendix VII: Publication**

Mbaabu, K., Murage, J. & Thuku, P. (2022). Coping with Bereavement: Strategies of addressing Spiritual, Emotional and Material Challenges among Widows in ACK Embu Diocese, Kenya. *Journal of Arts and Humanities*, 11(05), pp. 33-40.

Appendix VIII: Map of Embu (Location of ACK Diocese of Embu in Relation to Kenya)

