

BEREAVED MOTHERS: A PASTORAL CARE CHALLENGE

RESEARCH

**SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE
DEGREE: MASTER OF THEOLOGY**

THATO ABEGAIL TSAUTSE

STUDENT NO: 25472390

**DEPARTMENT OF PRACTICAL THEOLOGY
FACULTY OF THEOLOGY AND RELIGION
UNIVERSITY OF PRETORIA**

2023

SUPERVISING PROFESSOR

PROF MAAKE J. MASANGO

DEDICATIONS

I dedicate this dissertation to my beloved children, my son, Masimbonge Tebogo Sithole and my daughter Lungelo Nteboheng Sithole. Your unwavering encouragement and support have been an integral part of my journey, both in academics, legal career, ministry, and life in general. You will always be my precious children, and I am deeply grateful for your presence in my life. I also extend this dedication to my family, the Tsautses, my siblings and their children, who have always been my biggest cheerleaders. Most significantly, my dear mother, Nomvula Tsautse, who instilled in us the value of education and sacrificed to fund our education. Your guidance has been a beacon of light, MaRadebe. Finally, I dedicate this dissertation to all the mothers who have lost their children. May you find comfort in the knowledge that God is forever with us.

DEFINITIONS OF TERMS

Grief:

- It is a process that people go through in their own time and at their own speed and is characterized by a broad range of cognitive, emotional, and social challenges that arise after losing a loved one.

Maternal Grief:

- Grief experienced by mothers who have suffered the death of a child/infant.

Grieving:

- Psychological components of grief, the feelings evoked, especially the suffering involved with a significant loss.

Stages of Grief:

- Denial
- Anger
- Bargaining
- Depression
- Acceptance

Mourning:

- Grief-related behaviours and expression
- It's crucial for a grieving mother to move through the stages of grief to adjust to her loss.
- She can begin managing the emotional effects of the loss once she has accepted the loss.

Bereavement:

- A period of mourning after a loss, especially after the death of a loved one

Diocese

- It is the ecclesiastical district under the jurisdiction of a bishop.

Anglican Church

- relating to or denoting the Church of England or any Church in communion with it.

Episcopal Polity

- It is a hierarchical form of church governance which is a system in which authority and decision-making power are organized in a top-down structure. (“ecclesiastical polity”)

KEYWORDS

Anglican Church of Southern Africa (ACSA)

Anglican Church

Archdeaconry

Bereavement

Bereaved Mother

Child

Clergy

Church

Death

Deceased

Diocese

Grief

Loss

Mourning

Pastoral Care

Parish

Province

Synod

SAPS Crime Stats - Statistics of Crime from the South Africa Police Services

ACKNOWLEDGMENT

Before mentioning anyone in this acknowledgment, I want to praise the Rock of my Salvation, my God, my Father. As I wrote this paper, He proved Himself true as I went through the worst patch of my life, but God clothed me with His strength and peace that surpassed all understanding. He is my victory.

I appreciate my late grandmother, Francis Ndaba, who encouraged our mother to ensure that we were educated. She taught me to pray the impossible and encouraged me to pray to God alone, her faith in God has seen me move and write this paper in the midst of the fire. Mntungwa, Ndaba, Bhadela, Nonunu, Chibase, Nogubela!

I want to acknowledge my late father, Bernard Tsautse, a disciplinarian who always wanted us never to be defeated. This has made me always want to succeed in everything I do.

I want to acknowledge my mother, who ensured that we embraced the education path; she has stood to cheer and encourage us.

I would like to share my deepest thanks to my siblings, Pinkie, Botle, Moeletsi, Stella, and Moeketsi; they have stood to support, encourage, and cheer. I am super grateful to you bantakababa.

I am grateful and super appreciative to my children Masimbonge and Lungelo Sithole; they have just been too good even to count. They understood my calling, and they have played a role in ensuring that I transitioned from Law to Priesthood.

I want to acknowledge all the nieces and nephews; we must all do this. It is possible through Christ our Lord.

I want to thank my supervisor Prof Maake Masango, who stood to listen to all the challenges I faced and lit a candle for me. Prof you went beyond the call of duty, and you become a father to me. Thank you for all the places we travelled together where you exposed me firsthand to pastoral care challenges. Thank you, Prof. May our Lord renew your strength and your youth.

I would also like to thank Mama Paulina Masango who shared so much love when we attended the contact classes.,

I would also like to share my gratitude with Prof Tshepo Chery, who provided us so much insight and skill as Prof Masango's student. You had no obligation to do so, but you did, and I know you will continue to do so. God bless you abundantly together with your husband, Dr. Lisly Joel Chery, and your daughters, Nandipha, Ndileka and Naledi.

I am grateful to the Bishops of the Anglican Church of Southern Africa, who assisted me so much and encouraging me to ensure that the model I propose should be adopted to assist the clergy in their pastoral care. Bishop Allan Kannameyer, Bishop Nkosinathi Ndwandwe, Bishop Vikinduku Mnculwane, Bishop Stephen Morea, Bishop Tsietsi Seloane, Bishop Dalcy Dlamini and Bishop Vicentia Kgabe. I also thank Vicar General Mzukisi Nomatshila.

I am grateful to God for my Parish, Christ Church Arcadia. Thank you to the Church Wardens, Parish Council, Lay Ministers and the congregation. Your prayers have seen me move forward.

I acknowledge all the children of God, all my friends, colleagues, and fellow field workers who have supported me in this journey.

I am endlessly grateful to each and every Clergy who took time out to inform the shape and outcome of this study. Your ministry will be your great joy and privilege.

His mother said to the servants, "Do whatever he tells you." (John 2:5).

ABSTRACT OF THE STUDY

This research seeks to explore pastoral care models for bereaved mothers and to understand the various approaches clergy members use in providing support and care to mothers who have experienced the loss of a child. By comparing different pastoral care models, this research intends to identify effective strategies and best practices that can enhance the support offered to bereaved mothers by the clergy.

The death of a child is the most significant stressor a woman can ever experience. The impact of the death of the child is believed to be long-lasting and perhaps lifelong.

A qualitative approach to the study was appropriate as the data collection could only be drawn through interviews; interviews were conducted with the participants who were clergy of the Anglican Church of Southern Africa and were encouraged to tell their lived experiences. The comparative analysis of the data that compares the lived experiences of the clergy when they pastorally care for the bereaved mothers validated the gap that was noted in the literature review. The integrative model that is proposed and it incorporates elements from theology, psychology and social support to create a holistic approach that addresses the emotional, spiritual, and practical needs of grieving mothers. By utilising this model, clergy can offer comprehensive and tailored support to bereaved mothers, promoting healing, growth, and resilience during their bereavement.

The practical theology field in Southern Africa has under-studied this area of maternal bereavement. It's crucial for the Church to understand the nature of a bereaved mother's grief and how to support her pastorally. Specific ecclesiastical interventions are needed to shape maternal bereavement in practical theology. The study has identified the need for an Anglican pastoral care model that includes four integrated tasks to ensure that bereaved mothers receive comprehensive support in all aspects.

TABLE OF CONTENTS

	Page
Chapter 1 – Introduction To The Study	
1.1. Introduction.....	14
1.2. Background To The Problem.....	16
1.3. Problem Statement.....	17
1.4. Literature Review.....	17
1.5. Research Methodology.....	20
1.5.1. Theoretical Framework.....	20
1.5.2. Research Approach.....	21
1.6. Research Aims And Objectives.....	22
1.6.1. Aims Of The Study.....	22
1.6.2. The Objectives.....	22
1.7. Relevance Of The Study.....	22
1.8. Research Gap.....	23
1.9. Chapter Outline.....	24
1.10. Preliminary Conclusion.....	25
 2. Chapter 2 – Literature Review	
2.1. Introduction.....	26
2.2. Concept Of Death.....	28
2.2.1. Concept Of Death In The Wester And African Context.....	29
2.3. Loss, Grief And Mourning.....	30
2.3.1. Loss Defined.....	30
2.3.2. Grief Defined.....	33
2.3.3. Mourning Defined.....	34
2.4. Maternal Grief.....	35
2.5. Maternal Bereavement In The Biblical Context.....	38
2.6. Cultural Bereavement Rituals in The African Context.....	40
2.7. Bereavement Models.....	43
2.7.1. Freud Model.....	43

2.7.2. Kubler Ross Model.....	44
2.7.3. Dual Process Model.....	46
2.7.4. Worden Four Tasks.....	47
2.8. Role Of Clergy In Maternal Bereavement.....	48
2.9. Benefits Of Guided Mourning.....	49
2.10. Preliminary Conclusion.....	51

Chapter 3 – Research Methodology and Design

3.1. Introduction.....	52
3.1.1 The Saunders Research Onion.....	52
3.2. Pastoral Care Theoretical Framework.....	53
3.2.1. Descriptive-Empirical Task.....	56
3.2.2. Interpretive Task.....	57
3.2.3. Normative Task.....	57
3.2.4. Pragmatic Task.....	57
3.2.5. Shepherding Model.....	58
3.2.6. Positive Deconstruction.....	59
3.3. Research Philosophy.....	60
3.3.1. Epistemology.....	61
3.3.1.1. Positivism.....	62
3.3.1.2. Realism.....	62
3.3.1.3. Interpretivism.....	63
3.3.2. Ontology.....	63
3.3.2.1. Pragmatism.....	63
3.4. Research Approach.....	65
3.4.1. Qualitative Research.....	65
3.4.2. Comparative Approach.....	66
3.5. Questionnaires.....	67
3.6. Data Collection.....	68
3.7. Sampling.....	69
3.8. Data Analysis.....	70
3.9. Ethical Considerations.....	71
3.10. Preliminary Conclusion.....	72

Chapter 4 - Maternal Bereavement / Grieving

4.1.	Introduction.....	73
4.2.	Causes of Maternal Bereavement.....	74
4.3.	Trauma Of Losing A Child.....	76
4.4.	Impact Of Maternal Bereavement.....	78
4.4.1.	Impact On the Well Being Of The Mother.....	81
4.4.2.	Impact On The Parent-Child Relationship.....	81
4.4.3.	Social Isolation And Stigma.....	81
4.4.4.	Impact On Mental Health on The Mental Wealth Wellbeing.....	82
4.5.	Cultural And Societal Perspectives On Maternal.....	83
4.6.	Maternal Bereavement Interventions.....	85
4.6.1.	Grief Counseling.....	85
4.6.2.	Support Groups.....	87
4.6.3.	Education and Information.....	87
4.6.4.	Narrative Therapy.....	88
4.6.5.	Memorialisation Rituals.....	89
4.7.	Preliminary Conclusions.....	89

Chapter Five Analysis And Findings

5.1.	Introduction	90
5.2.	Data Analysis.....	91
5.3.	Experience In Maternal Bereavement.....	92
5.4.	Clergy Response To Grieving Mothers.....	93
5.4.1.	Listening.....	94
5.4.2.	Providing Spiritual Guidance.....	95
5.4.3.	Offering Emotional And Practical Support.....	95
5.4.4.	Practical Assistance.....	95
5.4.5.	Period Of Grieving Considering.	96
5.4.6.	The Gender Of The Child.....	97
5.5.	Criticism of the Traditional Pastoral Care	97
5.6.	No Approved Structured Pastoral Care Model.....	98
5.6.1.	Lack Of Emotional Support	98
5.6.2.	Limited Spiritual Guidance.....	98
5.6.3.	Increased Prevalence Of Unresolved Trauma.....	99

5.6.4. Decrease Involvement In Religious Community.....	99
5.6.5. Potential For Misunderstanding Instance And Insensitivity.....	99
5.6.6. Limited Guidance.....	100
5.6.7. Possible Insufficient Practical Support.....	100
5.6.8. Potential For Miscommunication Or Misunderstanding.	101
5.7. Grief Theories/Programmes Currently Utilised by Clergy.....	101
5.7.1. The Rando Trauma Model.....	101
5.7.2. Wounded Healer Model.....	103
5.7.3. Anglicare.	105
5.8. Resources Required For Effective Pastoral.....	105
5.9. Preliminary Conclusion.....	108

Chapter 6 - Maternal Bereavement Integrative Maternal Bereavement Pastoral Care

6.1. Introduction.....	109
6.2. Challenge Faced By Bereaved Mothers.....	110
6.3. Importance Of Clergy In The Grief Support Process	112
6.3.1. Anglican Church Pastoral Care Standard	113
6.3.2. Grief Support Process.....	115
6.4. Bereavement Theoretical Foundation.....	117
6.4.1. The Rando Trauma Model.....	118
6.4.2. Worden Grief Counselling Model.....	119
6.4.3. The Bowlby Attachment Model.....	120
6.5. Theological Perspective On Loss And Grief.....	120
6.6. Integrated Pastoral Care Model.....	121
6.6.1. Emotional Support	123
6.6.2. Spiritual Care.....	125
6.6.3. Practical Assistance.....	126
6.6.4. Social Support.....	126
6.7. Implement Implementation Of Strategy.....	127
6.8. Ethical Consideration And Cultural Sensitivity.....	129
6.9. Evaluation And Outcomes.....	130
6.10. Preliminary Conclusion	130

Chapter 7 - Findings Recommendation And Conclusion.

7.1.Introduction.....	131
7.2Overview Of This Research.....	131
7.3. Objectives Of The Study.....	132
7.4. Literature Review.....	133
7.5. Interviews.....	133
7.6. Research Methods.....	134
7.7, Limitations.....	135
7.8. Summary Of The Findings.....	135
7.8.1 Clergy Training.....	136
7.8.2. Clergy As Wounded Healers.....	139
7.8.3. Culture as hindrance to pastoral care.....	142
7.8.4. Pastoral Care – A Parish Team Approach.....	143
7.8.5. Collaboration In Bereavement Pastoral Care Ministry.....	144
7.8.6. Resources to Pastoral Care.....	145
7.8.7. Building Support Networks.....	146
7.9. Recommendations.....	147
7.9.1. Province.....	147
7.9.2. Diocese.....	148
7.9.3. Archdeaconry.....	148
7.9.4 Parish.....	149
7.10.Recommendations For Further Research Conclusion.	150

APPENDICES

1. Questionnaire
2. Letter to the Bishops
3. Prayer for other uses to encourage the bereaved

CHAPTER 1

INTRODUCTION TO THE STUDY

1.1. INTRODUCTION

The death of a child is a profoundly devastating experience, and bereaved mothers often require substantial support to navigate the grieving process. Clergy members are crucial in providing pastoral care to these mothers, which can be provided by offering spiritual, emotional, and practical support. This research proposal aims to investigate the pastoral care models utilised by clergy in caring for bereaved mothers, identify effective approaches and best practices, and create an integrative pastoral care model.

The Bible tells us in Ecclesiastes 3: 2 (NIV) that “there is a time to be born and a time to die”, meaning everyone born will die, and his or her family will face a time of loss and grief. The above scripture finds truth in the 2020 UNICEF Report on Mortality among children, adolescents, and youth aged 5–24; about 15,000 children die daily worldwide. The report also shows that globally, the under-five mortality rate (U5MR) fell to 38 deaths per 1,000 live births in 2021, while under-five deaths dropped to 5.0 million. However, the report paints a different picture for Sub-Saharan Africa, where the probability of dying among children and youth aged 5 –24 in 2019 was thirty-nine deaths per 1,000. The picture looks dire in South Africa; according to the South African Police Services, the death rate in children above 5 increased to 34.5 per one thousand, and amongst the youth, it increased to 42%. These statistics indicate the number of mothers, fathers, and families who grieve and mourn the death of their children. (South African Police Services Crime Statistics 2022).

The death of a child of any age is a profound, challenging, and painful experience. Christ et al. suggested that it may be the worst trauma that any person may experience (2003). Christ et al., further explains that parents, and fathers specifically, feel responsible for the child's well-being, and the loss of a child can cause them to feel a

loss of personal competence and power, a loss of a part of the self, and the loss of a valued other person whose unique characteristics were part of the family system.

According to Krisch, when parents experience the death of a child, they lose more than someone they loved and the years of promise they had looked forward to (2020:1). The loss of a child is a grief that lasts a lifetime. Unfortunately, only those who have walked the path of child loss understand the depth and breadth of both the pain and the love they carry. I agree with Krisch's perspective that children hold immense symbolic significance for parents, representing their generativity and aspirations for the future. The demise of a child can shatter these hopes and dreams, leading to a profound transformation in the parents' present roles and functioning. The loss of a child can be equivalent to the death of the parents' future aspirations. The death of a child is a trauma that does not go away, as encapsulated in the article of Song *et al.* where they postulate that "The death of a child is a traumatic event that can have long-term effects on the lives of parents" (Song *et al.* 2019:1). Similarly, "the greatest stress, and often the most enduring one, occurs for parents who experience the death of a child" (Bonanno 2001:501). Bereaved mothers experience higher levels of anguish (Murphy, Johnson, & Lohan, 2002) and depression, as well as lower levels of physical health compared to bereaved fathers (Znoj and Keller, 2002). These assumptions are true as they reflect the state of grief that a mother goes through, and the grief of a mother seems to be different from the grief of other mourners. The mother's pain is exacerbated because attachment starts long before birth. 'A bond between a mother and a foetus is created during the gestation period' (Atashi 2018:2). It is on this basis that when the death of a child happens, the mother is more affected than anyone else mourning the death of a child. The answer could also lie in that medical scientists have discovered that mothers are unique as they carry three distinctive DNA, that is, of their children, their mothers, and themselves, in what the medical scientists term *microchemeria* (Rowland 2008).

Throughout history, clergy have played a crucial role in promoting their communities' well-being and spiritual growth. However, in the 19th century, there was a noticeable separation of politics and religion that caused clergy to become less responsive to the physical needs of their communities (Norris *et al.* 2004:34). As a result, a gap began to widen between physical health and spiritual care, as clergy focused solely on the

latter in lieu of recognising the significance of physical well-being in achieving effective spiritual care. There is a significant gap in the available literature on the values and attitudes of present-day clergy towards dying, grief, and related topics (Tobin 2008), despite their crucial role in providing pastoral care to bereaved families (Choabi 2016:4). As noted by Norris et al, this gap may lead to clergy lacking training in end-of-life care and *resulting in post burial pastoral care neglect* (my own emphasis) resulting in unmet spiritual needs of patients and bereaved families. As someone with experience as a clergywoman, I believe it is important to explore pastoral counselling models to offer post-burial support to mothers who have lost a child even after burial.

1.2. BACKGROUND TO THE PROBLEM

In September 2019, I was appointed a Priest in Charge of the Parish in Eersterust, West of Mamelodi in Pretoria East. The Church usually conducts a funeral every weekend, and each time they had a funeral, one of the ladies, who is also a lay minister, would break down and cry uncontrollably. When counselling her, I discovered that she was grieving her son's death, whom his friend had murdered. Each funeral triggered the pain of losing her son, and she knew the mother of her son's killer very well, and they had never spoken even since the date of her son's death.

This experience made me recall that on 23 January 1995, my son died in my hands and was buried on the 28th January 1995. A week later, I had to prepare for my admission examination as an attorney. I suspended my grieving to focus on preparing to write my admission examination as an attorney. By the time I had finished writing my exams, I had simply suppressed the loss of my son and moved on with my life. I did not experience any grief, and I am therefore revisiting that part of my life as a wounded healer to find a grief healing methodology that can be used to journey with mothers who are grieving the death of their children.

Whilst counselling the Lay minister, it became apparent that there seems to be no focused holistic counselling that was conducted with grieving mothers' post-burial experience, and this made me interested to listen to the stories of other mothers who lost their children and were grieving the death of their children silently. Listening to the

stories of other mothers who lost their children, the problem was magnified, and I saw a gap in journeying with them in their bereavement.

It seems that the pastoral care of women who have experienced trauma through losing their children is usually less responded to by the clergy and the community at large; hence that is why I would be interested in exploring the pastoral care models of the Anglican Church of Southern Africa, if any, which are utilised to care for mothers who are grieving. It has been highlighted that “bereaved mothers had a 2.3 times increased risk of dying, with the risk being greatest during the first two years following the death of a child” (Song 2019:2). The Bible acknowledges that there are “those who mourn and they must be comforted” (Matthew 5:4 NIV), therefore, a need to have a pastoral approach to counsel grieving mothers during the bereavement.

A hurtful comment from other mothers and congregants to the grieving Lay minister, was, ***“Can she get over it, and our children were also killed or died as well,”*** sparked the interest in researching this problem: Are there pastoral programmes in the Church to respond to this mother’s need?

1.3. PROBLEM STATEMENT

The background story I shared raises several questions that will help with this research.

a. Main question

What pastoral care model do the members of the clergy in the Anglican Church of Southern Africa (ACSA) use to respond to and address the needs of the bereaved mothers’ post-burial mourning of their children?

b. Key Questions

1. Does the church have any structured pastoral care model for bereaved mothers after the burial of their children?
2. How effective are these pastoral care models in addressing the pastoral care needs of the bereaved mother?

3. How do different pastoral care theories/models contribute to bereaved mothers' overall well-being and resilience in coping with their grief?

1.4. LITERATURE REVIEW

The literature review will focus on Western as well as African scholars. A detailed literature review will be presented in Chapter 2 of this research. In addressing the concept of grief and what grief is, I shall use the studies that define grief to provide an example. "Grief is a term that refers to the more specific, complex set of cognitive, emotional, and social difficulties that follow the death of a loved one," as stated by Bonnano and Field (2001:799). According to Klän, "the words "hurt" and "grief" are synonyms for what historians and psychologists label "trauma." The Greek word for trauma means "wound" (Klän 2018:1). While these words are not exact synonyms for "trauma," they are related to the emotional and physical experiences that can result from a traumatic event like losing a child. Grief is not a straightforward process but a complex process where the mourner must come to terms with the death, the loss, and the void created by a traumatic death. This is explained well by Gross as he defines grief as "a universal reaction to bereavement, involving both psychological and bodily experiences (2016:25). Gross defines grief as a natural response to loss that follows a different course for each individual and is not exclusive to the loss of a loved one through death. Grief is a unique process for each individual, and it can be complicated when it becomes debilitating and prevents people from returning to their daily activities.

In appreciating the nature of the grief that mothers undergo, Chapter 2 will review, amongst others, a study conducting a literature review of the impact of the death of a child, where Moore found that there is "substantial theoretical, empirical, and anecdotal case evidence exists demonstrating the profound severity of grief following the loss of a child experienced particularly by mothers" (Moore 2009:21). Moore (2009) further postulates that although "minimal research has specifically investigated exactly how maternal grief differs from paternal grief, findings from empirical studies and theoretical perspectives converge to provide some insight" (ibid 21). These studies show that mothers' grief is much more intense than that of fathers. Mothers

are said to carry at “least three unique cell populations in their bodies – their own, their mother’s, and their children, creating what biologists term a *microchimera*”. One can surmise that when a child dies, the mother is left with cells of someone who has died in her body, which explains that “the pain that a woman experiences is much more intense than that of a man” (Rowland 2018). This is well explained by Shaefer *et al.* (2018), a theory that proposes gender can affect the relationship between hormonal factors and pain modulation. Pain sensitivity and perception can also be influenced by genetic factors, while resting blood pressure and pain threshold are also contributing factors. Additionally, sociocultural, environmental, and psychological factors can also impact pain.

The literature review will examine the impact of guided mourning and the cultural impact of bereaved mothers. Rugonye and Bukalia (2016) found that grieving people can experience long-term psychological consequences such as depression, anxiety, and post-traumatic disorder. They further found that “cultural beliefs and practices significantly impact the bereaved parents' experiences (2016:2). However, Chiremba and Rukuni have a different view as they argue that cultural practices in Zimbabwe do not effectively promote bereavement counselling. Their investigation of Shona cultural norms revealed that ‘they encourage an individual to bottle up their feelings thus delaying their grieving process and recovery’ (2009:15). This view is supported by Choabi, who believes that African cultural beliefs and rituals have the potential to complicate the grieving process of the bereaved (2015:54). Choabi further suggests that the beliefs and rituals associated with African culture may complicate the grieving process for those women who are grieving compared to other cultures. Women may face different grief experiences in various African cultures which can explain the challenges bereaved mothers face in the Church.

In analysing the theories on grief and mourning, Kübler-Ross (1969) and Worden (2008) identify typical or universal responses to loss, which will be carried out in Chapter 4, when addressing maternal bereavement. As noted in Elisabeth Kübler-Ross (Kübler-Ross 1969), the five stages of grief described in her book *on death and dying* are denial and isolation, anger, bargaining, depression, and acceptance. These five stages of death might assist the Clergy in their journey with grieving mothers and throw some light on appreciating the extended and complicated grief. Different writers

have highlighted that the grieving process unfolds at other levels of human experiences, such as the individual and group levels; at times, the stages are never completed. At the personal or individual level, grief responses are as intimate and unique as each person and each relationship (Aiken, 2001). Worden (2009) holds that many factors intervene in the type of grieving, such as circumstances of the death, relation to the deceased, personality, previous experience, and the socio-family context (Worden 2009). For a person to completely heal after a loss, the person affected passes through a series of stages or phases and must carry out the four basic tasks of mourning as spelled out by Worden.

In addressing the integrative models of pastoral care as an intervention by the clergy, which will be chapter 6, the study of Mucherah established a “need for bereavement intervention programmes that would address grieving and mourning holistically.”(2009:1) This study would refocus the Church in their appreciation of the nature and needs of a mother when conducting counselling and inform their pastoral models.

1.5. RESEARCH METHODOLOGY

1.5.1. Theoretical Framework

The literature review provides an overview of grief and how mothers and the Church respond to grief faced by grieving mothers. During interviews and interactions with clergy, it is necessary to test practical theology assumptions using the Osmer Four Task model. This model involves four tasks: descriptive-empirical, interpretive, normative, and pragmatic. The first task is the descriptive-empirical task, which seeks to understand what is happening. The second task is the interpretive task, which aims to understand why it is going on. The third task is the normative task, which asks what ought to be going on. The final task is the pragmatic task, which focuses on how we might respond to the situation. I must therefore enter the space of the Clergy in an extremely sensitive manner using Pollard’s Positive Deconstructive Model, which involves four elements; (1) identifying the underlying worldview, (2) analysing it, (3) affirming the elements of truth which it contains and (4) discovering its shortcomings (Pollard 1997:44). The Positive deconstruction method will be applied as it recognizes and affirms the elements of truth to which individuals, and in this case the clergy

already hold about the grief of a mother, but also helps them to discover for themselves the inadequacies of the underlying worldviews they have absorbed”(1997:44) Using the Pollard Deconstructive Model will facilitate that the Clergy identify the underlying worldview about the nature grief that a bereaved mother experiences. This makes a mother different from all the grievers or mourners as she is grieving the death of a child.

The Clergy are, by nature of their work, called to journey with those who are bereaved pastorally; Gerkin’s Shepherding model will assist the clergy in guiding the bereaved mothers through consistent and ongoing pastoral care, to provide both group and individual counselling and therapy to support their emotional and spiritual well-being. (Gerkin 1997:27). The concept of a shepherd was initially used as a metaphor within Israel's religious community to represent Yahweh's care for his people. The motif is illustrated in Psalm 23 with the image of the Lord God as the good shepherd, leading his people on paths of righteousness, restoring their souls, and accompanying them amidst their enemies, even through the valley of the shadow of death (Gerkins 1997:27). Ungvarsky explains that the word pastoral comes from the Latin word *pastor* which meaning "shepherd," and "*pastoralis*", meaning "pertaining to a shepherd." (2018:2). The term "Pastor" is commonly used in the context of providing emotional and spiritual support to members of a religious community who are going through difficult times. This type of support is known as pastoral care, and it is typically provided by religious leaders. During such times, the clergy members must act as shepherds and support bereaved mothers.

This will assist the Clergy when developing the shepherding/healing model that they will use to shepherd the bereaved mothers to undertake the Worden Four Tasks of a mourning process, which are:

- To accept the reality of the loss.
- To process the pain of grief.
- To adjust to a world without the deceased.
- To find an enduring connection with the deceased amid embarking on a new life.

1.5.2. Research Approach

In this study, a qualitative research approach will be utilised, which comprises data collection and analysis to identify and comprehend the ideas and viewpoints that may influence decision-making. (Creswell 2009:249). The qualitative research shall provide an opportunity to interview the clergy. It will use the open-ended narrative that will facilitate that I appreciate how the Church journeys with the mothers who mourn the death of their children and how the Church responds and shepherds the mothers grieving their children's deaths. The qualitative narrative approach shall provide a platform for those interviewed to give a lived human voice that produces data in narrative form (Lieblich, Tuval-Mashiach and Zilber 1998).

The data collection techniques used for this research are the person-to-person and group interviews, where I will use the clergy meetings as an opportunity to collect this data. Interviews of the Clergy shall provide a lens on how they pastorally care for the mother shall be conducted. The Clergy who will participate will be drawn from ~~the~~ different Dioceses from the Anglican Church of Southern Africa; I will sign the confidentiality agreements with them. The group interviews shall be conducted in a very secure and conducive environment. The face-to-face meeting will be conducted through the webinar or in person and shall be recorded. The data will be analysed using a method called constant comparative analysis. This inductive data coding process is used to categorize and compare qualitative data. Additionally, the data will be analysed using narrative analysis, which involves engaging in an inquiry of asking a given question of the narrative and analysing the stories people create (Lieblich, Tuval-Mashiach, and Zilber:1998). These comparative analysis theories will assist when comparing the data collected from the different Dioceses of the Anglican Church of Southern Africa.

1.6. AIMS AND OBJECTIVES OF THE RESEARCH

1.6.1. AIMS OF THE STUDY

The research aim is to provide recommendations for an integrated pastoral care model to empower and enrich the Church through its clergy to care for bereaved mothers pastorally.

1.6.2. THE RESEARCH OBJECTIVES

The primary research objectives are as follows: -

- a. To identify the various pastoral care models clergy employ in supporting bereaved mothers.
- b. To explore the role of spirituality and religious practices in the pastoral care of bereaved mothers.
- c. To identify gaps or areas for improvement in current pastoral care practices for bereaved mothers.
- d. To provide recommendations for developing comprehensive pastoral care programs tailored to the needs of bereaved mothers.

1.7. THE RELEVANCE OF THE STUDY

This study is significant for the field of maternal bereavement pastoral care in Practical Theology. It will also add onto Thanatology, which is a field of study, a branch of knowledge that deals with dying, death, and bereavement (Balk et.al. 2007:466). This research aims to enhance our understanding of how to support mothers who are grieving the loss of their children. It will also help the Church, particularly the Clergy, recognize the unique nature of a mother's mourning or grieving process and provide appropriate pastoral care. The study will propose the best model for grieving, informed by the African context, for the Diocese of the Anglican Church of Southern Africa but can be used by other Dioceses and other denominations.

1.8. RESEARCH GAP

There are studies from the Western and African perspectives on grief and mourning. Research articles and books on unresolved grief exist in psychology, health, and theology. The study by Cacciatore (2010) provides an overview of the women and their families who receive minimal social response to their grief after a child's death. There are also medical studies on mothers grieving the death of their stillborn babies; Human *et al.* (2014) conducted a study to investigate and gain information regarding the experiences and perceptions of mothers who had suffered a stillbirth. From the African perspective, Matseneng (2009) investigated "Black African widows who find difficulties in action and rejection from the Church after the death of their partners". This study will elucidate the response of the Church to bereaved mothers. *Choabi (2016)*

investigated the grief process of an African woman grieving her spouse's death, considering the cultural practices and grieving in the African context. Kapuma (2018) investigated the plight of a widow in the Church as they go through difficulties in the name of culture when they are mourning their deceased husbands. A recent study by Meisenhelder (2020) examined the therapeutic responses of clinicians for mothers who experienced grief following the death of a child in the first two years of their grief.

Studies attempting to address the predicament of mothers grieving for their children from a pastoral theological perspective appear to be rare. Since few, if any, studies have been done regarding the pastoral care that the Church provides for women grieving the death of their children, the study will add to the body of knowledge in the expanding fields of Practical Theology and thanatology. My study aims to address the question put forth to the lay minister, who appears to be prolonging her grieving process.

1.9. CHAPTERS OUTLINE

Chapter One

This Chapter will introduce the purpose of the research and will have an Introduction, Background, Problem Statement, Research Gap, Aims and Objectives, Relevance of the Research, and Chapter outlines.

Chapter Two

This Chapter will undertake the literature review and theoretical framework on grieving and caring for the bereaved, based on Western and African scholars, like Bonanni, Choabi, and Masenya, with a specific emphasis on the mothers grieving the death of their children.

Chapter Three

This chapter will describe the research theories and methodologies employed in this research study to address the clergy's worldview of bereavement. The qualitative research approach has been chosen as the suitable approach that will provide a

human voice to this research and allow presenting their stories to those who will be interviewed.

Chapter Four

Grieving or mourning

This Chapter will address death, grieving and mourning, and the theology of caring for the bereaved mothers.

Chapter Five

This Chapter will detail the participants of the interviews, the clergy from the Anglican Church, the interviews conducted, data gathered, catalogued, and analysis of the data.

Chapter Six

This Chapter will critically analyse the bereavement healing model, if any, utilized by the Clergy and the church community. This chapter will provide a worldview of the conceptual framework for pastoral care for grieving mothers mourning their children's deaths in the Anglican Church of Southern Africa.

Chapter Seven

This chapter will address recommendations, a healing methodology to be utilised by the Anglican Church of South Africa in caring for grieving mothers and concluding remarks.

1.10. PRELIMINARY CONCLUSION

This proposal addresses the developing knowledge of caring for the bereaved in practical theology. The research will focus on pastoral care models provided by the Church to bereaved mothers grieving the loss of their children to input the body of knowledge. Hopefully, this will develop a healing methodology to assist the Clergy and the religious community in their journey with grieving mothers.

CHAPTER TWO

THE LITERATURE REVIEW

2.1. THE INTRODUCTION

Winchester and Salji define a literature review as an evidence-based, in-depth subject analysis. They further argue that it critically appraises the current collective knowledge (2016:308). A literature review critically appraises a subject involving an evidence-based, in-depth analysis of the current collective knowledge on a topic. It is an essential component of a research process. A literature review aims to demonstrate an “author's knowledge about a particular field of study, including vocabulary, theories, key variables and phenomena, and its methods and history” (Sajeevanie 2021:2713). A literature review is essential for developing a research idea, consolidating what is already known about a subject, identifying knowledge gaps, and enabling researchers to contribute to further understanding.

According to Arshed and Danson, who used the Maier-sketch to explain that the goal of a literature review is to follow a practice as illustrated in Figure 1 below (2013:4). The model describes the process of a literature review that it ascertains what is known about a maternal bereavement in the practical theology field and extending to other areas. What has yet to be discovered is that this model provides me with an opportunity to explore the literature review with the view to address the research objectives that I have articulated in Chapter 1. Using this model, I can grasp what is known about my research area and relate this to the continuing research and, by association, what has yet to be discovered.

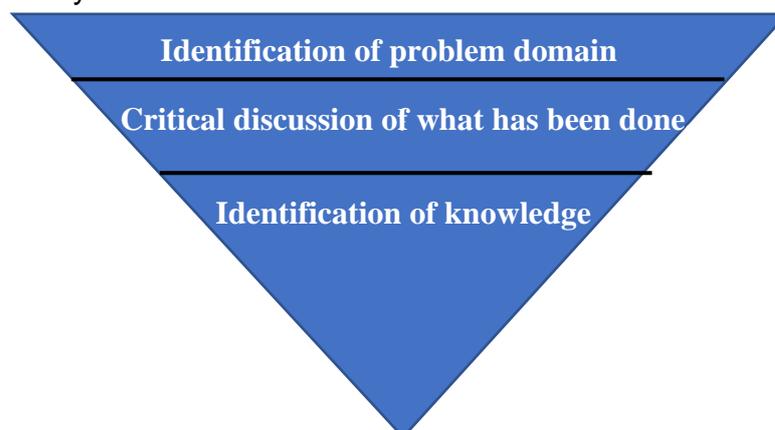


Fig 1: Maier Conceptual “Inverted Pyramid” Model of Steps in the Writing of the Literature Review

Arshed and Danson inform us that there are four main types of literature reviews: “the traditional or narrative, systematic, meta-analysis, and meta-synthesis literature reviews” (2015:37). The traditional view explores and summarises the body of literature. The systematic review compiles evidence to answer specific research questions or policies using a specific protocol (Jessen *et al.* 2011:76). I have chosen to focus on the traditional review to establish the study’s contextual issue on maternal bereavement within the pastoral theological field. Investigating the impact on the magnitude of child mortality on bereaved mothers is crucial, highlighting the necessity to address the theory that bereaved mothers need pastoral care after their children have been buried. The information generated by researchers in various fields will be beneficial to this study in addressing the response of the Church in addressing the bereaved mothers, providing context for the areas that have been studied, and highlighting any gaps in knowledge regarding pastoral care for the grieving mother.

This literature review aims to explore pastoral care models for bereaved mothers through a comparative analysis of clergy practices. The death of a child is a profoundly distressing occurrence, and mothers who face such a tragedy often require specialized support to navigate their grief. As religious leaders and spiritual guides, clergy members play a significant role in providing pastoral care to bereaved mothers. This review synthesizes existing literature to examine different pastoral care models employed by clergy members, highlights their strengths and limitations, and offers insights into effective practices for supporting bereaved mothers during their grieving process. Different humanistic disciplines, including theology, psychology, social work, and medicine, have created a wealth of knowledge about death, grief, and mourning, which are complementary and contradictory. The literature review will evaluate the Western and African writers on death, grieving, and bereavement, particularly in South Africa. Even though these respective studies are specific to each sector, they have significantly advanced our appreciation of maternal bereavement in all its

manifestations. A multidisciplinary approach, both from the Western and African perspectives, will be used in the literature review, covering subjects that relate to maternal bereavement and topics such as loss, grief, mourning, and bereavement.

The purpose of this literature review is to provide a comprehensive and cohesive summary of the current knowledge in the field. It aims to support the hypothesis of this study by examining the grieving methodologies from an African perspective that impact maternal bereavement. The concept of maternal bereavement will be thoroughly examined and considered from both the Old and New Testament viewpoints within the context of the Bible.

As part of the literature review, the grief theories will be examined, along with the widely recognised Kübler-Ross concept of death. This concept involves the five stages of grief, which are “denial, anger, bargaining, depression, and acceptance”. These stages are commonly associated with the grieving process and will be discussed in the context of a grieving mother (1969). The evaluation will also cover Worden's four-stage mourning approach for coping with the death of a loved one, which is “to accept the reality of the loss, process the pain of grief, adjust to a world without the deceased, and find an enduring connection with the dead while embarking on a new life” (Worden 2002).

Finally, a variety of pastoral grief interventions from both a Western and an African viewpoint will be reviewed in terms of their effectiveness and how they can provide a compelling rationale for how the clergy in the Diocese of the Anglican Church in Southern Africa may support women who are grieving the loss of their children. The field of pastoral theology lacks literature on maternal bereavement. This study aims to add to the existing body of knowledge by exploring pastoral care models for bereaved mothers used by clergy members and providing “background social practices.” (Smith 2013:4).

2.2. THE CONCEPT OF DEATH

Ecclesiastes 3:2 (NIV) tells us that “there is a time to be born, and there is a time to die”. Solomon had observed that life consists of a series of beginnings and endings

and that birth and death are two life events that every person who has ever lived will experience. The inescapable truth of life is death. Knowing this reality can inspire delight or help us live life to the fullest, or it can cause paralyzing anxiety. Dreyer and Van der Ven (2002:45) quoted by Baloyi, highlight that " it is very important to realise that suffering is also a theological issue that creates both certain tensions and solidarity". Death must be understood as another form of suffering that those left behind have to undergo. Apart from the fact that suffering is a complex, multifaceted issue, Baloyi argues that it is very important that clergy "are faced with the challenges of praxis regarding the existential and active aspects of Christian life, which include charity of the gift of yourself to others, spirituality, anthropological aspects, social life of the church and signs of the time"(Baloyi 2014:2) and requires a pastoral response which, in my view can also explore different religious perspectives on death and the afterlife or examining the role of spirituality in coping with grief and loss. I concur with Dreyer and Van der Ven that the grieving mother is left to deal with the pain when a child dies; the pain could be the hopes and dreams the grieving mother had for their child, the potential that will never be realised. The pain of a grieving mother requires a pastoral care response as the grieving mother is not only faced with the death of a child but also grieving the experiences they will never share with the dead child, like seeing the child graduate.

2.2.1. The concept of death both in the Western and African context

In the Western world, when a person passes away, there is frequently a sense of mystery and fear of death, termed necrophobia. A cultural fear of dying evolved from Christian beliefs regarding judgment in death. This eventually shifted Western attitudes towards widespread necrophobia that persisted for several hundred years. Death anxiety is a complex construct that is challenging to define. Gire advises that this is characterised as including four different fears:" fear of dying, fear of others dying, dread of dying oneself, and fear of dying oneself (Gire 2014:6). Filippo asserts that "death beliefs and practices have changed throughout history due to changes in social, spiritual, and religious beliefs and practices" (2017:99). Silva surmised that "death is not limited to the end of biological life, closing cultural, symbolic, historical, and socially constructed aspects. Addressing it also demands understanding how the living interprets it and deal with it" (2013:39). While Filippo has a different viewpoint, I share

Silva's belief that death is an excruciating experience for an individual. Therefore, it's crucial to comprehend how a bereaved mother copes with grief and redirects efforts towards aiding the bereaved mothers who are struggling to rebuild their lives and deal with the memories of their loved ones. This entails supporting and empathising with grieving mothers as they come to terms with the loss of their children.

In the African culture, "death is viewed as a transition from the physical to the spiritual realm where a person's spirit or invisible ontology, during the person's spirit, or essence, transfers to live in the realm of their spirit ancestors rather than being destroyed" (King 2013:225). This belief is unlike the Western view, where death indicates the end of life. Baloyi, whom I heavily rely on for the African death perspective, writes that death only applies to animals and plants, not humans. Baloyi highlights that some scholars like Mbiti see "death as one of the most universal and mysterious experiences in human life; life does not end with death but merely progresses into another realm" (1991:116). Mugambi believes that "many African tribes realise death is not the end of people's existence" (1989:102). Instead, the 'dead' become ancestors who will continue to influence the lives of their living relatives" (Baloyi 2014:3). African cultures believe "life does not end with death but progresses into a different realm". Thus, a person's life is not necessarily terminated or ended by death in this context; instead, it changes the state or condition of existence (Anderson, 2000:6). I believe that in African culture, the dead are given more prominence than the living, and this is where the church can play a role in closing the gap. The church should focus on promoting pastoral care and counselling to the bereaved mothers to help them through this challenging time. As Psalm 34:14 says, "The Lord is near to the broken-hearted and saves the crushed in spirit" (NIV).

The Western and African concepts of death share similarities in their perspective towards the death of an adult. In the African culture, becoming an ancestor after death is a desirable life goal. However, this belief only applies to adults and not children. Therefore, there is a dearth of literature on maternal bereavement in the African context as the death of a child is not given credence as the death of an adult in scholarly articles. However, Western and African concepts of death do not view it as the end of a person. Heidegger sees death as the highest possibility of a human being, while Mbiti believes that "life continues in another realm after death". This study aims

to support Silva's assertion that the experiences and emotions of mothers grieving the death of their children should be acknowledged and responded to. Unfortunately, grieving people, especially mothers, are often not allowed to express their feelings and experiences during their grieving journey, leading to a lack of literature on the subject. The death of a child is not given the same significance as the death of an adult, and yet it is a tragically common experience for many African mothers, that child death remains woefully common in some parts of Africa, with a baby born in certain sub-Saharan African countries being roughly 20 times more likely to die than a baby born in the Western world (Smith-Greenaway *et al.* 2021), and therefore a need to review its impact on mothers.

2.3. LOSS, GRIEF, AND MOURNING

Grief is a term used to describe the psychological, physical, and emotional emotions that might arise when a loved one passes away. Though everyone experiences grief differently, ideas like Kübler-Ross' phases of mourning attempt to explain how various people deal with it. The five phases of grieving are described as "denial, anger, bargaining, depression, and acceptance" in Kübler-Ross' theory (*ibid*). People's responses to grief vary depending on several variables, including whether the loss was sudden or unexpected and whether the survivor feels guilty for the death. For instance, losing a child is something that parents do not anticipate and can be particularly challenging to cope with. Those who are grieving may also struggle with guilt and constantly ask themselves "what ifs" to make sense of the loss. While grief describes the response to loss, mourning describes the state of being following someone's death, and mourning or bereavement is the expression of the experience of loss that causes grief, specifically for someone who was loved.

In African literature, death is often depicted as a revered transition to the world of ancestors. However, it is essential to note that such views are held for the dead, not the bereaved's reality. The truth is that when a mother mourns the death of her child, she requires attention and support to cope with her profound grief. Sadly, the dead are often given more prominence in African culture than the living. Therefore, the Church needs to step in and close the gap by promoting pastoral care and counselling for

bereaved mothers. As Psalm 34:14 reminds us, "The Lord is near to the broken-hearted and saves the crushed in spirit" (NIV).

2.3.1. LOSS DEFINED

This study concerns the pastoral care models used by the clergy post-burial when a mother has lost a child to death. It is, therefore, vital to define loss and its impact on a person who has lost a child, specifically a mother. The concept of loss is well articulated in terms of what was lost in the very first place and how it is related to the bereavement of an individual (Parkes 1971:77). Parkes postulates that for a loss to be understood, it is imperative to move into the assumptive world of an individual. The assumptive world of a person refers to the set of assumptions or beliefs that ground, secure, stabilise, and orient them. Parkes explains that individuals form their assumptions about the world by learning to recognise and appropriately respond to their environment through adopting what a person terms "his own", "my home, my children, my husband, my wife, my car", and this "becomes the life/space of a man which he defines his assumptive world" (Parkes 1971). According to Parkes, the world we assume to be true is the only world we know. This world includes everything we believe or think we know, from our understanding of the past to our expectations for the future, our plans, and our biases. However, changes in our life space may require us to reconsider any or all of these assumptions and make necessary adjustments.

In the assumptive world, people form solid relational bonds with one another. According to Bowlby and Ainsworth, these bonds are called affectional bonds. They are characterised by a need to be close to someone, feeling upset when separated for no clear reason, feeling happy when reunited, and feeling sadness when that person is lost (1979:638). When a mother is grieving, it is crucial to appreciate the extent of her loss by examining these affectional bonds developed in her assumptive world. Collins suggests that people form assumptions about their lives based on past experiences. Losing something that is considered "mine" or that defines one's assumptive world can be shocking and traumatic. Not everyone expects to lose what is theirs, and the change can be overwhelming (Parkes 1971:105). This explains why everyone experiences mourning differently, with some even experiencing complicated

grief. According to Sbarra, understanding how adults form attachments can shed light on how they respond to the loss of an attachment of a dead person and give insight into the functional components of human regulation (2008:127). To better support grieving mothers, the Church must enter their assumptive world and understand their behaviours, so that appropriate interventions can be provided.

The concept of healing from traumatic experiences and their effects is explained by Klän, who suggests that it can be achieved by making sense of the experience of the bereaved (2018:2), what it entails, and telling the story of what happened using the language and framework of the community; this might be 'an important step toward healing community trauma' (SAMHSA 2014:17).

Therefore, the loss of what is “mine” or the loss of what constitutes a mother’s assumptive world causes incalculable shock or anguish because no one ever imagines the loss of what they take for granted. They experience unimaginable shock when their world (their children), which they have grown to love, changes or disappears (Parkes 1971:105). This untold trauma or shock may help to explain why different people, for this research, mothers grieve in diverse ways, and some even endure complex and protracted grieving. Rubin concurs that mothers were more likely to experience a severe impact on the child's death, resulting in higher depressive symptoms during parental bereavement than fathers (1999:221).

The child mortality statistics have painted the extent of maternal bereavements and provided us an opportunity to move into the assumptive world of the mother of the deceased child to understand the gravity of the child's death for the mother. The bonding between a mother takes place during pregnancy, and the mother nurtures the bond between her and the child; when the child is born, she proceeds to nurture the physical, emotional, and social development of the child (McNamara *et al.* 2022:10). The mother-child bond is a unique bond that every child and mother possess, and it is a predictor of child adjustment into the world, and when this bond is broken by death, the very dreams of the mother are taken away. This is space that clergy need to enter when addressing and providing pastoral care to the bereaved mothers by addressing the very essence of their loss and calls on the Church to appreciate and address what

mothers go through during their grieving period as they respond to pastoral care for grief of the mother.

2.3.2. GRIEF DEFINED

According to Bonnano and Field, the term "grief" refers to a more specific, "complicated collection of cognitive, emotional, and social challenges that occur after a loved one dies" (2001:799). Grief is a natural emotional response to losing someone during or following a tragedy or other painful event that results in a death. Klän claims that "'pain" and "grief" are synonyms for what historians and psychologists refer to as "trauma.'" Klän clarifies the component of grief that serves as the root cause of grief. Grief is a Greek term that translates to "wound." As a result, grieving is a complicated process where the person experiencing it must accept the loss and wound left by the terrible incident of losing a loved one (2018:1). The bereaved mother's grief is not just the loss itself but rather the loss of the world that has come to be defined as theirs, that is the loss can be the death of a child. In response to the above, grief is defined as "a universal reaction to bereavement, comprising both psychological and physiological feelings" (Gross 2016:5).

Grieving and expressing loss are personal experiences and can vary from person to person. However, it is important to understand that grief and grieving are not the same thing. Grief refers to the internal process of coping with the loss of a loved one, while grieving pertains to the visible displays of mourning. Therefore, grief is the collection of thoughts and feelings experienced after the loss, whereas grieving is the external expression of those emotions. Grief is as distinctive to each mother as their fingerprint. Worden characterizes grief as being manifested in the bereaved's sentiments, thoughts, behaviours, physique, and physical body for the one who has passed away (2018: 39). I concur with the sentiments of the writers above and propose that the Dioceses in the Anglican Church of Southern Africa must view the mother's grief differently as each mother navigates the grief journey on their terms and in their timeline. No two mothers have the same grief experience; therefore, the response requires an approach to address each mother's maternal bereavement experience.

2.3.3. MOURNING DEFINED

According to Field, “Mourning sometimes refers to the social rituals and expressions of grief and sometimes to the psychological process of adapting to loss” (Field 2003:58). Mourning is a complex and multifaceted psychological and social process that occurs following the loss of a loved one or something of great personal significance. Mourning is often defined and explored within the fields of psychology, sociology, anthropology, and related disciplines (Silverman et al. (2020:3). The specific definitions and conceptualizations may vary depending on the theoretical framework and research context.

Mourning refers to the set of psychological, emotional, cognitive, and behavioural responses that individuals experience as they grieve and adapt to the death or loss of a significant person or object. It involves a range of thoughts, feelings, and rituals that are influenced by cultural, social, and “personal factors, that provide for the sanctioned public articulation of private distress.” (Osterweis 2015). Mourning is typically characterised by expressions of sadness, sorrow, and longing, as well as processes of adjustment, meaning-making, and eventual acceptance.

Mourning often examines various aspects of the grieving process, including its duration, intensity, and impact on individuals' well-being. Some researchers explore the cultural and social influences on mourning practices, like Osterweis who states that “culture significantly influences how loss is perceived and experienced. Culture authorizes categories and norms for labelling the consequences of loss, priorities for ranking loss among other stressful life events, expectations about social support and coping styles, sanctioned idioms for articulating personal and family distress, and shared ways of regarding and responding to a death” (2005:204). [Ins

Mourning is distinct from the related concept of bereavement, which refers to the objective experience of losing someone or something important. Bereavement encompasses the external event of loss, while mourning pertains to the internal psychological and emotional responses to that loss. It is, therefore, essential to look at maternal grief to investigate how the above intersect.

2.4. MATERNAL GRIEF

The definition of loss and grief have exposed what bereaved mothers have lost and experienced in their grief. Maternal bereavement is a traumatic experience for any woman because of the death of her child. Death of a child can happen to any mother regardless of age, race, or socioeconomic status. Numerous studies on parental bereavement have been carried out, and in contrast, few studies have been undertaken that have specifically addressed maternal bereavement (Conger (2001) and Benharm (2003). Maternal bereavement is a complex and difficult process that begins immediately after the death of a child, be it a foetus or a newborn, a toddler, or an adult child, and it has no specific duration. Bereaved mothers have “reported significant grief for months, and even years”, after *losing their children* (Razeq 2018:137) [*my emphasis*]. Gerrish, *et al.* hold that the death of a child from any cause represents a loss of profound and traumatic proportions to mothers (2018:15). They found that "all the mothers described how their beliefs about the world and life had permanently changed because of their child's death. Most of these changes occurred in the domains of spiritual or religious views and their assumptions about the world (Gerrish, Neimeyer, & Bailey, 2018:19). The impact of maternal grief affects changing a mother's worldview. Some mothers feel there can be shame, pain, and even stigma around losing a child. It can be one of the most isolating and devastating experiences a bereaved mother can ever experience.

Gerrish examined how mothers cope with the grief of losing a child. The study found that losing a child at any age is one of the most devastating experiences a person can go through, and the effects can last for years. Compared to other types of bereavement, losing a child poses a higher risk of developing complications during the grieving process. Another study by Riley *et al.* (2007) states that losing a child is one of the most traumatic events in a person's life. Worden (2008) found that mothers experience more intense and prolonged grief after losing a child than any other type of loss. Bereaved mothers exhibit higher sadness, despair, and physical health problems than grieving fathers (Murphy *et al.* 2003). These studies offer insight into the grieving process of mothers in the Dioceses of the Anglican Church in Southern Africa mourning the loss of a child and the impact on their health. Moore's (2009) literature review further supports the severity of grief experienced by mothers after the loss of a child, providing theoretical, empirical, and anecdotal evidence.

According to Martinčeková and Klatt (2016), losing a child is a highly traumatic experience, regardless of the child's age. This can have long-lasting effects on a mother's well-being. This means that the age of the child or the age of the parents does not make grief easy. Safa *et al.* (2021) conducted a study on older parents aged between 63 and 81, with most participants being mothers. The study found that the death of a child is one of the most traumatic life events an older mother can experience, resulting in physical, mental, and emotional stress. These findings suggest that the loss of a child similarly affects mothers of all ages.

Mothers who have lost a child often experience more sadness, despair, and worse physical health than fathers in the same situation. For women who have embraced Christianity, participating in certain rituals and traditions that go against their beliefs could be challenging. African Christian widows, for instance, find it hard to maintain traditional beliefs and rituals related to grieving and dying because of their Christian faith (Khosa-Nkatini 2022). This often results in negative and destructive responses that require extensive and deliberate care. Mothers need a supportive social network and professional help to navigate the intense physical, emotional, cognitive, and spiritual distress they experience during such a difficult time.

A study by Hawthorne *et al.* showed no correspondence hierarchy between the years since a child's death and a more effective resolution of mourning. In other words, a mother whose child died 27 years ago expressed the same level of suffering as a mother whose child died ten years ago or a mother whose child just died a year ago (2016:9). Hawthorne confirms my assertion that mothers who lose a child experience the physical, psychological, and social symptoms of grief, which can manifest differently. However, their voices are further muted, and they do not receive sufficient support, bereavement and information, and counselling. Their interaction with hospitals or health centres where the child was hospitalised may cease after their child's passing. If the Church can pay more attention to mothers who have lost a child, it could improve the quality of care.

Mothers must have an accepting, supportive, and encouraging clergy presence during such a difficult time. While this perspective comes from a medical perspective, the church can also help by journeying with grieving mothers, providing reassurance,

guidance, and critical affirmation. Recovering from such a devastating loss can take many years, and a mother's recovery from grieving should be a central focus of pastoral care. Clergy should be aware of the elements that enable mothers to deal with a child's death properly, which can help them provide better care for those in need. The bereavement of mothers in Sub-Saharan Africa is not simply what has been highlighted above. Still, it is also complicated by the cultural and traditional expectations discussed below.

2.5. MATERNAL BEREAVEMENT IN THE BIBLICAL CONTEXT

The experience of grief has been present since biblical times, as seen in Genesis 3 (NIV), which highlights the brokenness that exists within beauty in human history. Throughout the Bible, there are accounts of women who have lost their children and undergone great emotional pain. One of the earliest stories of grief is that of Abel, the second son of Adam and Eve, who was murdered by his elder brother Cain in the Old Testament (Genesis 4:1-16). Despite this, there is little written about Eve's grieving experience and how she coped with the loss of her son in biblical literature. As a result, Eve has become a symbol for mothers who have experienced loss but have not received proper acknowledgment or support from the church, which may not fully comprehend the impact of maternal bereavement.

The second story is that of Gibeonites' execution of the seven sons of Saul which is violent in its presentation and violent in its proclamation. Under the guise of reconciliation and retributive justice, one is astonished by the callous abuse of power and the manipulation of religious symbols that pejoratively reflect on David, the Gibeonites, and God. Yet, the violent nature of the narrative is interrupted by the actions of a mother in mourning. Rizpah does for her sons in death what she cannot do for them in life; that is, protect them from predators. Here, we witness a grieving mother taking up a silent vigil over their corpses left exposed on a hill (21:9, 10). She could not stop David from taking her sons, she could not stop the Gibeonites from killing them. So, she does what is best for her sons.

In 2 Samuel 21, we meet Rizpah, a mother grieving over the untimely deaths of her two sons and five of the daughters of Samuel. They were brutally killed when David realised that the cause of the famine that was ravaging the land was as a result of Saul not upholding the oath that they made with the Gibeonites. The seven sons were killed through Rizpah's silence; we are confronted with the uncomfortable realities that accompany inequitable distributions of power. The fact that Rizpah is keeping a silent guard over the bodies of her sons demonstrates her sadness and serves as a physical manifestation of her grief at the tragic circumstances surrounding the death of her sons and her inability to defend them when they were attacked. Rizpah's silence is synonymous with a mother being silent whilst grieving the death of the children. Whilst grieving in seclusion is a powerful testimony of a mother's pain, love, and courage, which reassures us to be steadfast in faith since God can turn the most tragic moments into the greatest triumphs. This is the space that the Church has to enter to appreciate the pain experienced in the silence to allow the grieving mother to experience God (Kozlova 2018).

In the New Testament, Mary, the mother of Jesus Christ, was always there on His journey to His crucifixion. Kelley relates a well-known trauma story in the Bible where Mary is standing by her Son's cross as He dies. Kelley provides an overview of how Mary felt, the deepest sorrow at witnessing her son's horrific death, and later told that her son was missing from his grave. After the resurrection and subsequent ascension of her son, she participates in a community in which her son's friends and herself, are vulnerable to persecution. Despite the persecution of the early Christian community, "Mary and the larger community of disciples were able to carry on the work of Christ because they allowed themselves to grieve", to which Kelley refers to an ecclesiology of grief (Kelley 2022:1). Mary's bereavement provides a platform of pastoral care that can allow the grieving mothers to journey together with others to allow healing and resumption of normal life.

The ecclesiology of grief is known by all the clergy, and it should be part of their pastoral care, as they journey with bereaved mothers. Some mothers are grieving the death of their children who have experienced the path of suffering of Eve where there was no pastoral response. There are mothers who have experienced the path of Rizpah, where they self-healed as many mothers grieve the death of children silently

in persecution as the church is not responsive to their needs, even though numerous grief theories underpin the ecclesiology of grief.

Some women experience the path of suffering of Mary, who have witnessed the persecution of their children to death itself and the religious community responded and pastorally cared for the mother. Many mothers silently grieve the death of children in persecution as the church is not responsive to their needs, even though numerous grief theories underpin the ecclesiology of grief.

2.6. CULTURAL BEREAVEMENT RITUALS FOR WOMEN IN THE AFRICAN CONTEXT

The literature review of cultural bereavement practices will focus on the African scholar's perspective; it is essential to note that I was highly constrained in the literature on maternal bereavement as most literature on cultural bereavement rituals is informed and reflective of the patriarchal nature of Africa, as many focus on widowhood which is a result of a man dying. So, I will borrow from these writers about women's experience although they write about widowhood and apply their experience to bereaved mothers. Radzilani (2010), identifies discourses of traditional African and African Christian women in a Tshivenda-speaking community regarding the bereavement rituals performed after the death of a husband; Appel (2011) researched diverse cultures on their bereavement practices which were Tswana, Islamic Muslim, and Afrikaans and the focus which was informed by the death of mothers. Khosa-Nkatini (2022) conducted research on the patriarchal nature of mourning from an African perspective where she highlights that in South Africa, most African ethnic groups expect widows to mourn for a period of 12 months. Setsiba investigated that mourning rituals and practices in contemporary South African townships have moved to incorporate an urban township communities' experience and the meaning of the 'after tears' party using a phenomenological approach (2012:1).

It became a challenge to source literature about mourning rituals on the death of a child in the South African context, which is the very reason for my research, as mothers who are mourning the death of their children are not even afforded the same attention

as women who are mourning the death of their husband. This is the mirror of how Africans perceive the death of a child; it is not afforded the same respect and attention as the death of man, as the patriarch has placed men above anyone else. I propose that it leads to attention on the impact of the end of a child on a mother being underplayed and not addressed holistically in the African culture.

Ekore and Lanre-Abass assert that in most cases, death is often looked at from both religious and cultural perspectives in Africa. Religion is said to help provide meaning and answers to the problems of uncertainty, powerlessness, and scarcity that death creates (2016:370). This means that even though the bereaved is a Christian, certain African traditions will be infused into the burial rights of the deceased. The research focuses on different Dioceses that traverse urban, semi-rural, and rural areas of South Africa. You may find in one Parish, there would be all the tribes and races, and in some Parishes, there are those of foreign nationalities. This means that clergy may have to experience diverse cultural grieving experiences. Each of these cultures has different cultural mourning and grief customs, and there are commonalities and similarities between these cultures. In diverse cultures, grieving is supported by religion and culture. Typically, this involves the fundamentals of beliefs and customs, spiritual practices like religious rituals, and an expectation of specific cultural behaviour that symbolises mourning (George 2012:191). This can make the life of a clergy complex as they have to navigate culture and religion during the funeral and after burial as they seek to provide care effectively; the clergy also has to face these cultural hindrances when providing pastoral care to provide care effectively the bereaved mother.

I do not intend to go in-depth into each cultural mourning practice but to highlight that there are commonalities in the cultural funeral practices, whether it is a funeral of a child, an adult, or a man, one of them is that the chief mourner is usually a woman and the cultural expectation on the woman is that she must stop everything and maintain a decorum of a mourner. Depending on who died, there are times put for the mourning period on the family but on the chief mourner, where the bereaved family participates to symbolically express specific emotions and thoughts while they are grieving. In some cultures, while the family is observing this mourning period, they are not allowed to perform certain activities as families, especially the chief mourner, who happens to be a woman. This is the traditional significance in performing rituals and rituals' unique

significance to African people (Setsiba 2012:17). My opinion is that traditions and cultural practices are given prominence over the well-being of the grieving mother, who stood during the funeral as the chief mourner. In this instance, their well-being and the experience of being a chief mourner, the bereaved mother, are not considered.

The chief mourner, the mother grieving her child's death, usually wears a black scarf. The chief mourner can often not sing, greet anyone in church, or even come forward to receive Holy Communion. The black or navy garment makes it easy to identify a bereaved woman in most African communities. These views create tension between Christianity and Africanism (Khosa-Nkatini 2022:6).

The formal mourning period depends on each culture, and during this time, mothers may not socialize or leave their house and are expected to refrain from loud talking or laughing; they are scheduled to wear black and shave their hair to symbolize death and new life. Those who are not prominent mourners in some societies can begin to react to normalcy at least a week after the funeral. According to Setsiba, widows must mourn for six months to a year. The parent and the mother of the deceased child are expected to mourn for three months (2012:24). I have not been able to gather evidence that went through the rationale of the set periods as to what they mean and the activities to be conducted to attend to the well-being of the griever. I view the set mourning periods as prescriptive and restrictive as they have undertones of patriarchy that dictates to the woman how to mourn, when to mourn, and how to mourn; these set periods presume that the time set is sufficient for the mother to come to terms with grieving of the child. If we search the practice in the Western culture, parents will proceed with mourning for a child for "as long as they felt so disposed of" (Steinke-Baumgard 2016).

Some African authors believe that the mourning period is sufficient; Nwoye holds that the phenomenon of pathological mourning, however, is rare in Africa because of the presence of coherent and transformative mourning rituals (Nwoye 2005:147). This article argues that such rituals and performative experiences heal by addressing four principal aspects of the memory of the bereaved individual (*ibid* 147). I can't entirely agree with Nwoye's assertion that a woman serving as the chief mourner would automatically comply with all these oppressive and rigid mourning practices and would

be healed and restored to the status of a person who performs well socially or physiologically. They focus on the universality of cultural practices and take it as one size fits all. However, the fact that a mother is a unique person who must experience the loss of her child uniquely, and be allowed to journey in her own timing as she grieves the death whom she will carry for the rest of her life as the medical field has discovered that mothers carry the DNA of their children (Rowland 2018:1) for the rest of their lives, is not recognized and taken into cognisance. Osterweis claims that every person's grief is different (2004:147); the African culture disregards this notion and provides a universal approach to grieving. I want to argue that the African culture is founded on communalism; however, the medical field has shown that trauma, sickness, psychological issues, and physiological problems are experienced by a person and not a collective; therefore, the Church needs to look at maternal bereavement per each case that is presented.

2.7. BEREAVEMENT MODELS

Different scholars have examined the grieving theories from this perspective of analysing what is grief, the impacts of grief, and the responses to grief by those who are going through grief. In this literature review on grief theories, we shall engage with the historical development of models and theories that have sought to describe the intricate process of grief and loss with the view to address a pastoral care model for maternal bereavement. These models are greatly used in the practical theology field as they provide certain assistance in counselling.

2.7.1. FREUDS MODEL

Freud's theory of grief proposed the initial "grief work" theory, which called for severing connections of the grieving person with the deceased, adjusting to new conditions in life, and forming new connections, breaking the personal attachment with the deceased. According to the theory, grieving people seek a missing attachment, a separation from the dead.

Freud developed the original "Freud grief work" method, which recommended breaking off relationships with the deceased, adjusting to new circumstances, and

establishing new ones. (Hamilton 2016:523). His psychological rearrangement included three components:

- (1) Releasing the bereaved from the dead person's attachment.
- (2) Helping them adjust to their new circumstances without the dead person; and
- (3) Creating new connections.

According to Freud, this separation necessitated the energetic act of recognising and expressing unpleasant feelings like guilt and rage. The belief was that the grieving process would become complicated, raise the danger of mental and physical sickness, and jeopardize healing if the bereaved did not engage in or complete their mourning therapy. The grief work model strongly emphasizes the necessity of "moving on" as soon as possible to resume "normal" levels of functioning. It is paradoxical that while Freud insisted that grief passes quickly, as a bereaved father, he spoke of his deep devotion to his daughter 30 years after she passed away. Freud's approach proposes that a mother would be searching for an attachment that has been lost when their child dies; it is, therefore, important that mothers are assisted during their mourning stage to help them come to terms with the death of their child.

2.7.2. KUBLER ROSS MODEL

Kübler-Ross' classification of the emotions connected to mourning has helped those who have experienced a loss navigate their grief. It is a sequence of predictable stages, starting with shock and denial, moving through anger, resentment, guilt, and sadness, and ending with acceptance. Her idea of anticipatory grief was based on her clinical experience with the terminally ill, allowing them to respond to a fatal diagnosis. This paradigm was expanded to include many other transitional situations and the bereavement process. It eventually transformed into the five phases of grief.

Stage 1 - Denial

When receiving sad news, a person may choose to assume that the information is inaccurate or misinterpreted because they are unable to manage or comprehend it. A person in denial may experience shock, numbness, and the sense that their existence has no purpose.

Stage 2 - Anger

This stage usually occurs after denial, though it is not always the case. Once the person realizes that the information they had previously rejected is true, they become frustrated and angry. They frequently lash out at those they may believe are to blame for their grief, though this does not mean that their anger is necessarily unjustified. People who are experiencing anger may ponder, "Why me? According to Kessler, in his book where he introduces the sixth stage called finding meaning, this phase is an "indication of the intensity of your love" for the grieving person (Kessler 2020).

Stage 3 - Bargaining

The bereaved person looks for justifications to think they may escape their sadness during the bargaining period. In this stage, a person could beg God or the cosmos for help or become fixated on potential "what if" scenarios that could have prevented (or would have prevented) the cause of their grief.

Stage 4. Depression

Depression ushers in a deeper, more realized grief, during which the grieving party acknowledges that the triggering event happened and may have irrevocable effects. People often imagine this stage will never end; they may be preoccupied with their mortality and believe that existence has no purpose. This will be a lonely stage because many grieving people in the depressive stage may turn down support from friends and family and want to spend time alone.

Stage 5. Acceptance

The grieving individual can comprehend the new reality and accept the death of a loved one, a serious disease, or another traumatic life event in the fifth (and typically last) stage of mourning. The grief stages can recur often, so this does not imply that they are "done" with grieving or that we will not still feel sorry about what happened (Kübler-Ross 1969).

However, this stage typically entails a stabilization of one's emotions and a more positive outlook on the future. Here, at last, during this phase, the bereaved have accepted their fate and, as a result, finished the grieving process. The model suggested that various issues might arise if any of these stages were not finalised. Although it captured the interest of both lay and professional audiences, Kübler-Ross'

perspective has received much criticism for implying that people must go through these stages and has been scientifically disproven. Some highlight that Kubler Ross was writing for those who were dying. However, the steps assist in monitoring the stage at which the mother is, and the assistance required to assist the mother.

2.7.3. DUAL PROCESS MODEL

Stroebe and Schut developed a "dual-process model" which proposed that grief is a process that oscillates between two modes: a "loss orientation" mode when the griever uses emotion-focused coping and a "restoration orientation" mode when the griever uses problem-focused coping (1999:211-126). The dual-process model of grieving identified stressors and grief-oriented behaviours associated with grief, such as sobbing, longing, sadness, denial, and rage. They also listed activities such as avoiding repair tasks and focusing on the circumstances of the death. A cognitive stress perspective led to the development of the Dual Process Model of Sorrow, which characterizes grief as an oscillation between two opposing modes of functioning (Stroebe & Schutt, 1999:211-126). The griever participates in emotion-focused coping in the "loss orientation," exploring and expressing the variety of emotional reactions connected to the loss. According to the model, the value lies in the griever becoming part of a community to progress through the grief recovery journey (1999:202). This model can be used in a church setting where the mother is being integrated back into the community or where the Priest decides to create a community for mothers who are grieving the death of their children where they can be empowered to attend to handle the challenging task of mourning.

2.7.4. WORDEN FOUR TASKS

According to Worden, grieving should be seen as an active process that involves engagement with four tasks: accepting the reality of the loss, processing the pain of grief, adjusting to a world without the deceased, including both internal, external, spiritual adjustments; and finding an enduring connection with the deceased while beginning a new life (2018). These are the four tasks of mourning.

Task I: To Accept the Reality of the Loss.

Worden proposes that the inability or unwillingness to accept the death of a loved one may result in denial and maladaptive coping. Part of this first task is to support the bereaved person in the realisation, both intellectually and emotionally, that their child is dead and will not return. Rituals, such as funerals, are helpful to a grieving person as they signify the reality of the death.

Task II: To Process the Pain of Grief.

The pain that the bereaved person has may vary, and pain is inevitable. Grieving persons will try to avoid the intense pain of losing a loved one; society offers us many opportunities to distract ourselves. Processing the pain of loss and grief can help stop individuals from carrying the pain into the future, which may be more challenging. The task is to ensure that the bereaved person validates and normalises the pain experienced.

Task III: To Adjust to a World Without the Deceased.

Losing a loved one requires the bereaved person to make external, internal, and emotional adjustments. Sometimes, a grieving person has to be 'mum and dad' while adjusting to the reality that the deceased is no longer physically with them.

Sometimes the bereaved feel their world and future have fundamentally changed; this can lead to a loss of direction in life, adjusting to the fact that their loved one is no longer physically with them allows the bereaved to move on into a new future after the death.

Task IV: To Find an Enduring Connection with the Deceased in the Midst of Embarking on a New Life.

In this task, the bereaved person may consider how to stay emotionally connected with the deceased without preventing them from moving on in their own life. It is not a forgetting of the deceased child while the bereaved mother finds themselves

reconnecting and enjoying their life while remembering the memories, thoughts, and feelings of the loved one. Worden's final task of mourning is to "withdraw completely from the deceased and reinvest the emotional energy in another relationship" (Worden 1991:16). This does not mean the mother has to completely let go of the connection with the child, but there can be an ongoing relation with the thoughts and memories of the child (Worden 1991:17).

Worden emphasizes that there is no specific deadline for finishing these tasks, although it would likely be over months and years instead of days and weeks. He believes that while addressing these tasks to help adjust and assimilate to loss is essential, the bereaved and we may not experience loss or its intensity similarly.

To comprehend the bereaved person's experience, Worden also specifies seven deciding variables that are essential to understand. Included in this list are the following:

- (1) The identity of the deceased.
- (2) The nature of the relationship with the deceased.
- (3) The manner of death.
- (4) Historical causes.
- (5) Personality traits.
- (6) Social mediators and
- (7) Concurrent stressors.

These characteristics give context for understanding the uniqueness of the grieving experience and encompass many of the risk and protective factors mentioned in the study literature. I believe that the Worden Four Tasks of Mourning could be integrated into the model for clergy assisting mothers who have lost a child. This would help the church understand the grieving process and provide more effective support. As they journey alongside grieving mothers, clergy could assist with addressing these tasks, which may be tackled in any order and may require switching back and forth over time.

2.8. ROLE OF CLERGY IN MATERNAL BEREAVEMENT

Numerous studies have explored the role of clergy in providing pastoral care to bereaved mothers. Clinebell highlights that "there is no time when the minister is more

sorely needed than during the crisis of grief. He is usually the first one to be called. He officiates at the funeral. He visits the family after the service” (1970), as much as this study is old it crystallizes the role of the clergy that can never change, grief is a constant, and therefore pastoral care is most important role of the clergy. Wiehe (1972) emphasizes that the clergy can provide special help to those who are grieving. They represent a caring religious community and can offer a valuable understanding of forgiveness. Gerkin's “Pastoral Care involves not only the care of individuals and families but also care of the community itself. Pastoral Care also entails the thoughtful reinterpretation of the tradition that shapes Christian identity as that tradition is brought into dialogical relationship with contemporary culture and its impact on the community of Christian as well as its individual members” (1997:118).

According to Gerkin's shepherding model, clergy members have a role in providing pastoral care. He explains that the idea of a "shepherd of the flock" has been present since early Christian times and is still relevant for pastors and leaders in the institutional church today (Gerkin, 1997: 28). In their pastoral role, clergy members often provide emotional support, spiritual guidance, and religious rituals to those experiencing loss and grief. The nature of their role may differ based on the religious beliefs and practices of the bereaved mothers and the clergy members themselves.

The Clergy can play a significant role in adjusting the surviving family members, especially the bereaved mother from their attachment to the deceased, helping them reintegrate into their new surroundings and helping them build new relationships (Lindemann 1944:143). This highlight was what I call adjusting to the new reality, which the clergy needs to assist the grieving mothers who go through the grief of their children and who need to accept death ultimately and be released from grief to their new reality.

Longbottom conceptualises the pastoral care expectation as he asserts that the clergy can uniquely help the bereaved. The role of the clergyman can be of unique service to the bereaved as how “his true function is revealed in the years and decades when he sees children grow up, marries them, and teaches their children, and when he stands by the side of his loved ones at the deathbed of a patriarch, he admired and

respected. In addition to crises of faith, people turn to him with marital issues, parent-child problems, and various interpersonal and intrapersonal needs. He is a counsellor, pastor, and advisor to individuals and families in joy and sorrow”(1986:6).

2.9. BENEFITS OF GUIDED MOURNING

Hefren and Thyer examined the efficacy of guided mourning for people who were experiencing complicated grief (2012:991). Worden believes that the grieving process is complete when the bereaved can remember the deceased without suffering and direct their "emotions towards life and the living" (Worden 2009:77). Most people go through the grieving process without requiring any therapy help. But for some bereaved people, the grieving process becomes difficult and requires guided mourning. Guided mourning helps with issues brought on by avoiding, denying, or forgetting about sadness. In addition to acknowledging the ongoing link with memories of that person, it involves easing anxiety and encouraging the expression of thoughts and feelings regarding the loss and the lost individual (Parkes 1999:1).

Evidence shows that parents of deceased children and teenagers deal with a wide range of difficult mental and physical issues. Guided mourning can be effective in helping an adult move through the mourning process. However, the practitioner must understand the mourning process and what has prevented the bereaved from moving forward through the process (Hefren 2012). Wimpenny *et al.* (2006) reviewed the research on grief counselling and concluded that therapies for certain persons going through typical mourning might be detrimental. Early intervention can make it more difficult for the bereaved to experience the emotional grief that is a natural, healthy reaction to bereavement. However, the reality is that many people approach grieving uniquely, which is made worse by the cause of death and results in delayed grief, making therapies that understand the grieving process, like those suggested by Worden, extremely vital. The main objective of guided mourning according to Worden, is to "assist the survivor in coming to terms with the death of a loved one and being able to adjust to a new reality without him or her" (2009:84). Rugonye and Bukaliya also noted that grieving people were affected by long term psychological consequences such as depression and anxiety, post-traumatic disorder, and other psychological disorders (2016:55). They found that humans are attached to their families. When the individuals in their families die, they experience loss and

separation, requiring a person to reorganize their lives. However, Chiremba and Rukuni (2002) hold a different view, as they postulate that “cultural practices in Zimbabwe seem to promote bereavement counselling. The cultural practices include a chisahwira who will lead the whole process and engage in various antics that make the family laugh”. Rugonye and Bukaliya, however, concluded that the Shona cultural norms were not effective as “they encourage an individual to bottle up their feelings thus delaying their grieving process and recovery” (2016:55). Thompson *et al.* in their study where they were investigating grief of parents and siblings called on the professionals that they should understand that grieving is “a personal process and that each family member may perceive and deal with loss in distinctive ways” (2011:12). Dealing with feelings of grief and loss is unique to each person, and there is no one correct way to handle it. It's important to note that everyone grieves differently, and support should be customized for each family member because mothers, fathers, and siblings may have their own perspectives on the grieving process. The Clergy must incorporate the Christian African-guided techniques for guided mourning. The clergy can take a cue in the paper of Drenth, Herbst, and Strydom (2013), although written for social workers, can examine the significance of addressing complicated grief specifically in South Africa. They provide context to the concepts of loss, grief, and bereavement work, and emphasise the factors that contribute to complicated grief. Moreover, they stress the crucial role of social work in providing guidance on complicated grief and the need for therapeutic intervention programs. The grieving mother, through pastoral care, can be assisted and provided with guidance in their grieving journey; this would be beneficial to the mothers as it would allow them to fully express their emotions in a secure, nonjudgmental environment by validating their sentiments as well as exploring and processing difficult and perplexing emotions. The Church through pastoral care, can play a role in transforming the pain of the mothers to reintegrate them back to normality.

2.10. PRELIMINARY FINDING

The literature review has shown that death is a natural part of life that affects everyone, including children. As a result, mothers experience a profound sense of grief known as maternal bereavement. Unfortunately, there seems to be a lack of focus on supporting bereaved mothers in the pastoral care field in Africa. To examine the

cultural impact on bereaved mothers, the study used literature mainly relating to women grieving the death of their husbands. This gap in knowledge highlights the need for further research to identify pastoral care models used by clergy in supporting bereaved mothers and to develop a framework that can assist the clergy. This is supported by studies from other fields that demonstrate the benefits of guided mourning to the bereaved. The study analysed biblical views on maternal bereavement and reviewed grief theories of scholars such as Kübler-Ross. Ultimately, this study will provide recommendations for creating a comprehensive pastoral care model that caters to the specific needs of bereaved mothers, which the church can use to support them in their grieving process. The research methodology for this study will be evaluated in the following chapter.

CHAPTER 3

RESEARCH METHODOLOGY AND DESIGN

3.1. INTRODUCTION

In the previous chapter, a literature review explored several aspects that relate to maternal bereavement. This included examining the impact of child mortality on mothers, as well as topics such as grief, mourning, bereavement, and the role of the Church in providing support to mothers who have lost a child. The study also looked at the impact of different cultural practices related to grief from an African perspective to bereaved mothers and examined biblical views on maternal bereavement from both the Old and New Testaments. Furthermore, the grief theories of scholars such as Kübler-Ross were reviewed. This chapter focuses on the research methodology used in the study. It explains the rationale behind the chosen method and how it was used to achieve the research objectives. The methodology used in this study is based on practical theology and includes a study design, qualitative methods, narrative theory, sampling, data collection, and data analysis.

3.1.1. Saunders Research Onion

To better implement the research methodology, I decided to draw on the theory of Saunders *et al.* (2012) that use the metaphor of a research onion to illustrate the different stages involved in creating a good methodology. The Saunders Research Onion is a popular model used in academia to structure a research methodology. It consists of six layers, each representing a different stage in the research process. research onion provides a systematic and structured approach to research design and methodology. It consists of different layers or stages, including research philosophy, approach, strategy, data collection methods, and data analysis techniques, as depicted in Fig 1 below. This framework will help me to make informed choices at each stage of the research process. I will discuss each layer as I approach this chapter.

The research philosophy is defined first, followed by the research approach, study strategy, time horizon, and data-gathering methodology. The advantages of using the research onion are that it provides a sequence of stages and helps to exemplify the steps involved in a methodological study.

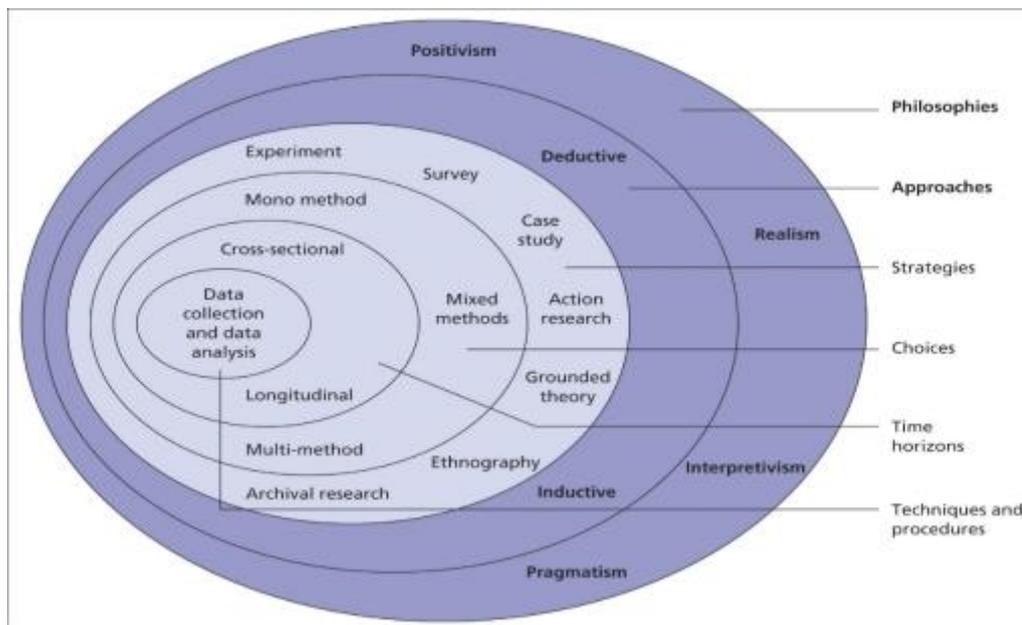


Fig 2: Research Onion

3.2. PASTORAL CARE THEORETICAL FRAMEWORK

The theoretical framework of this research methodology is premised on the fact that my research is a practical theology, therefore, a practical theology framework that can guide this research. My objective is to propose a comprehensive and

integrated pastoral care approach for bereaved mothers in various dioceses of the Anglican Church of Southern Africa, a model that the clergy can utilise to journey with bereaved mothers in their grief journey. Practical theology focuses on the practical aspects of religious and theological practice, exploring how theology can be applied to real-life situations and experience.

One understudied phenomenon in Africa is maternal bereavement, which leaves grieving mothers unattended in pastoral care. While clergy is well-versed in assisting families with burial arrangements, a paradigm shift is required to embrace counselling post-funeral with an interpretative lens. Steyn and Masango argue that practical theology should meet an interpretive nature of the praxis of pastoral care for the people it seeks to serve as they highlight that: -

“This understanding and interpretation of human needs points to a theological and hermeneutical analysis of a practical-pastoral problem. In this context, we mean that pastoral problems cannot be separated from their urge to caregivers to find solutions in the praxis of the same. Furthermore, this understanding and interpretation should also provide the caregiver with the motivational means to offer this pastoral care from within his or her theological convictions. To say one should care for people in need in a pastoral way and yet not grapple with the question of why one should care at all would be somewhat presumptuous. Practical theology should therefore both prompt and sustain the following question: what is the motivation for this conviction to care?” (2011:2)

Gerkin defines practical theology as: -

‘The critical and constructive reflection on the life and work of Christians in all the varied contexts in which that life takes place, with the intention of facilitating transformation of life in all its dimensions in accordance with the Christian gospel’ (1991:64).

I agree with Steyn and Masango in their question (which is well answered by Gerkin's definition of practical theology) who argue that if practical theology is to become more than just praxis, the Clergy must meet the bereaved mothers at the level of their own experience and problems with the view to transform their lives. The Clergy must be able to interpret the lived experiences of the bereaved mothers, which should be the starting point of doing practical theology as Osmer first task is the descriptive-empirical task, which seeks to understand what is happening (Osmer 2008). The Clergy should continuously engage in theological reflection and bring theological perspectives to

bear on the experiences and practices of pastoral care of the bereaved mothers as part of their role as the shepherd of the flock. Understanding and interpreting human needs points to a theological and hermeneutical analysis of a practical-pastoral problem, which can provide a constructive response “regarding the normative human experience of searching for meaning and hope in the sacred realm of death, grief, and mourning”.(Gibson and Louw 2018:522). It should also provide the Clergy with the motivational means to offer this pastoral care from within their theological convictions.

The pastoral care model aims to bridge the gap between academic theology and the practical aspects of church life. According to Hermans and Schoeman (2016:46), most theories in practical theology are theoretical and fail to answer practical questions about human actions in the name of God. Therefore, it is crucial to locate pastoral care, which is the practical aspect of practical theology. Street (2014:9) explains the theological identity of pastoral care and counseling, rooted in practical theology, quite well.

3.2.1. The Osmer Model

The Osmer model is a theoretical framework that helps us understand and engage in practical theological reflection. Osmer's interpretive model suggests that practical theology involves four essential tasks which encompass descriptive-empirical, interpretative, normative, and pragmatic duties. These questions aim to answer what is happening, why it is happening, what ought to be happening, and how we might respond. We will examine the experiences of the clergy as they provide pastoral care for bereaved mothers, interpret them considering theological understanding, discern norms or values to guide practical action, and implement strategies for transformation and change. The four questions are posed in descriptive-empirical, interpretative, normative, and strategic tasks, respectively, as shown in Fig 2 below.

Task	Descriptive	Interpretive	Normative	Strategic
Question	What is going on	Why is it going on	What ought to be going on	How might we respond
Function	Priestly listening	Sagely wisdom	Prophetic discernment	Servant leadership

Fig 3 The Osmer four tasks of practical theology

To achieve my study objectives, I will utilise Osmer's theoretical framework and its practical theological interpretation. Osmer employs the concept of a hermeneutical circle to establish the connection between four distinct tasks. As per Smith, the interpreter needs to move between these tasks as they are interrelated in Fig 4 below (2008:101).

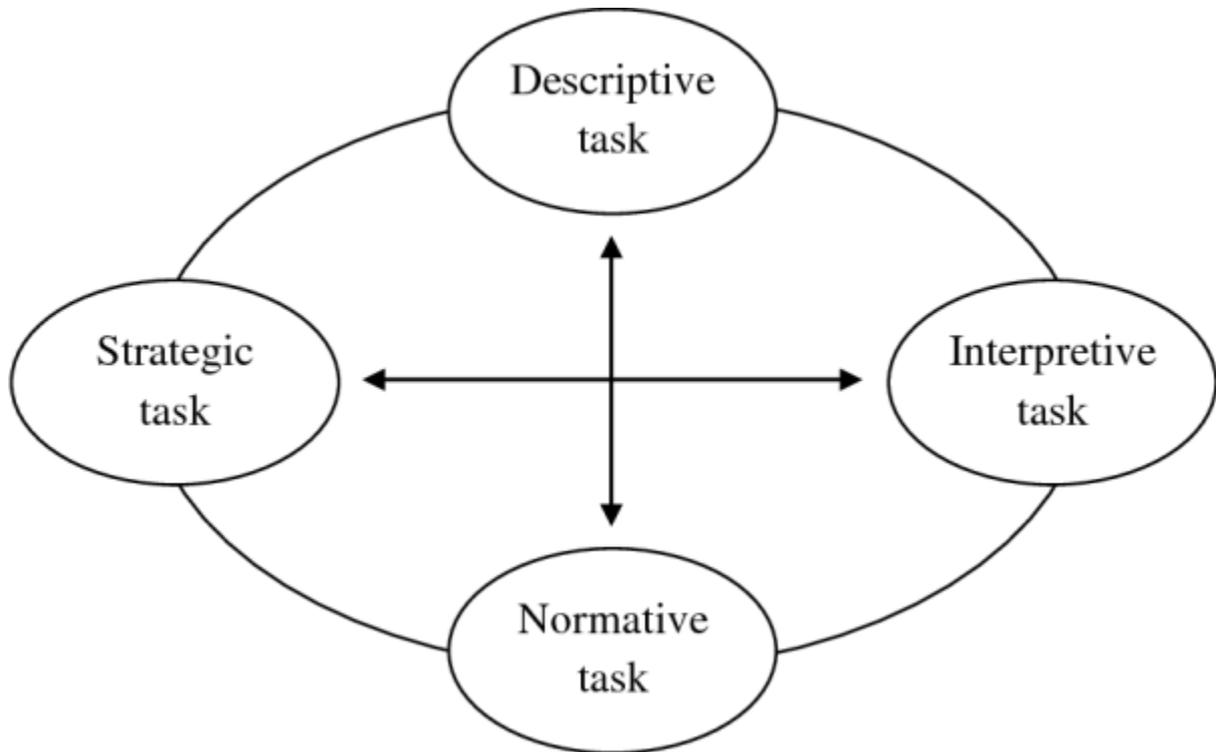


Fig 4 Four Tasks of Practical Theology

3.2.1.1. DESCRIPTIVE-EMPIRICAL TASK

The first task is descriptive-empirical, which begins by describing the phenomenon I am studying—the practices of clergy in supporting bereaved mothers. This involves gathering data through observations, interviews, surveys, or other relevant methods. Document clergy's various practices, rituals, and interventions to support bereaved mothers. It involves describing and understanding the experiences and practices of clergy pastoral care to the bereaved mothers in their religious and theological contexts. It emphasizes the importance of listening to and interpreting the stories and narratives of the clergy experiences. For instance, in my study, I should collect information about how clergy members provide pastoral care for bereaved mothers. This may include talking to clergy members, reading relevant literature, and observing the

situation firsthand. This will answer what is happening to the bereaved mothers who need pastoral care and seem not be receiving any.

3.2.1.2. INTERPRETIVE TASK

The second task is interpretive, which involves building on the descriptive-empirical task. The interpretive task seeks to analyse and interpret the data collected in the first task and identify patterns, themes, and meanings within the practices of clergy. It involves engaging in theological reflection and bringing theological perspectives to bear on the experiences and practices under examination which can entail engaging in a dialogue with the social sciences to interpret and explain why specific actions occur. I will consider the cultural, social, and theological contexts that shape these practices, then engage in dialogue with relevant theories and literature to deepen my understanding of the phenomena. For example, I may explore the hindrances that clergy experience that result in bereaved mothers not receiving pastoral care by collecting relevant data and insights on clergy practices. This may involve conducting interviews, studying scripture, consulting theological resources, or attending workshops or conferences to understand better theological perspectives and practices on the pastoral care of the bereaved mother that are relevant to the issue.

3.2.1.3. NORMATIVE TASK

The third task, normative, focuses on discerning and articulating the norms of my research that will reflect on values and ethical principles that should guide religious and theological practice. It involves asking questions about what should be based on theological and moral considerations, which raises ethical and theological questions about what should be happening and the principles that may apply to the study. It evaluates the practices against relevant religious teachings, ethical frameworks, and pastoral guidelines and considers how these norms shape the practices and identify areas where they may be improved or expanded. I shall explore how these concepts

connect to the issue and consider the various interpretations and perspectives within theological discourse.

3.2.4 PRAGMATIC TASK

The final task is pragmatic, it focuses on the practical implications and applications of religious beliefs and practices in the real world. The task at hand involves considering the practical implications of my research findings. I need to reflect on how the results of my study can inform and improve the practices of clergy in supporting bereaved mothers. To achieve this, I must identify practical recommendations and interventions that can be implemented based on the findings of my research. It is not enough to simply identify the findings, as this task calls on me to consider the potential impact of my research on both clergy and bereaved mothers. I must explore ways to promote positive change and enhance support systems to make a real difference.

It seeks to identify strategies, resources, and practices that can enhance and transform religious life and address practical challenges and issues faced by the bereaved mothers. It involves considering how the theological insights and norms can be applied in concrete situations and how they can inform and shape practical decision-making which involves creating an action plan to shape the situation in desirable directions.

I have indicated above that I will be utilising the Saunders research onion above, by incorporating both. The Saunders onion and Osmer four task of practical theology frameworks; this will provide me with a comprehensive approach that combines the practical and theological aspects of my research. Saunders' research onion will guide me in the methodological choices and research design, while Osmer's four tasks will provide a theological lens to understand and engage with the practical realities ~~you~~ ~~are~~ of clergy practices when they pastorally care for bereaved mothers. Throughout this chapter, I will be incorporating Saunders' reflections as well as Osmer's four tasks where appropriate on the various areas of research methodology.

3.2.2. SHEPHERDING MODEL

The grieving process aims to achieve reconciliation or restructuring. Pastoral theology can potentially guide bereaved mothers on how to benefit from pastoral care even after the death of their child. Practical theology recognizes that there is a significant difference between simply moving on after a loss and actively addressing emotional wounds to promote overall human well-being.

The achievement of human wholeness can be facilitated through Gerkin's shepherding model, which allows the clergy to apply therapeutic skills to their pastoral care. This methodology is particularly useful for helping bereaved mothers cope with traumatic experiences. However, it should be noted that Gerkin's approach may be applied differently to Western shepherds and may differ slightly from African cultural practices. In African culture, shepherds are responsible for taking their sheep to graze on plains, monitoring their safety, and deciding when to take them to drink water while protecting them from wild animals. In the evening, the shepherd returns the sheep to their respective kraal or sheephold. This shepherding model is highly relevant to the African context and is closely linked to the early church's pastoral leadership work. The clergy, essentially shepherds, must care for bereaved mothers.

The pastoral care model described here can help the clergy provide adequate pastoral care to bereaved mothers who may be unable to care for themselves. This method also emphasizes the role of the clergy in the community and the church, which is essential to the practical lives of congregants beyond Sunday. The clergy's influence and transformation of the lives of bereaved mothers in the community and church is critical. This is only possible if the clergy provides pastoral care to the bereaved and all grieving groups within the congregation after the burial. The clergy must be able to balance the functions of pastoral leaders as priests, prophets, and wise guides, just as the Old Testament Israelite ancestors did. Pastoral care roles are accomplished when the clergy serves as a medium through which God cares for His people and sets an excellent example for them. In the Old Testament, God supported the oppressed and vulnerable, such as widows, the poor, women, and those who could not speak for themselves; the clergy standing in the place of God can proceed and provide this role.

3.2.3. POSITIVE DECONSTRUCTION

The theory of positive deconstruction is about analysing and reconstructing existing ideas or practices to promote inclusivity, empathy, and understanding. According to Pollard, this approach only requires changing some things when reconstructing something. When caring for bereaved mothers, the principles of positive deconstruction can help clergy create a supportive and compassionate environment by understanding that every mother grieves differently (Pollard 1997:44). The goal of this model is not to immediately change how the clergy operate but rather to encourage them to be intentional in their approach to pastoral care for bereaved mothers.

Pollard suggests that many people are unaware of the worldviews that shape their beliefs and values. This lack of awareness can also affect clergy who care for bereaved mothers, leading to delayed or inadequate pastoral care. To address this issue, it's crucial to examine their worldview.

Three conventional tests of coherence, correspondence, and pragmatism are essential to determine the truth of pastoral care that are used for bereaved mothers. The questions asked are: Do you understand it? Does it align with the facts? Does it work? The church should recognize that pastoral care needs to be flexible to accommodate the unique experiences of every grieving mother. According to the medical community, mothers are unique because they carry the DNA of their children and have a completely different experience of grief. Can the church review its pastoral care for grieving mothers to ensure that every mother's grief is addressed differently? To affirm this truth, the clergy must accept that the bereaved mother's grief is different and that other worldviews are valid. This requires analysing a worldview using the three criteria of fact to affirm truth and discover any errors. When a worldview is examined using the three standards of truth, the aim is to confirm the validity and identify any inaccuracies.

There is a need for a positive deconstructive approach to pastoral theology. Traditional pastoral theology is based on a modernist epistemology, which assumes a single, objective truth can be known through reason. However, this approach may not be helpful for many bereaved mothers, who may experience their grief differently. Therefore, there is a need to deconstruct the clergy's assumptions about grief to provide genuinely compassionate and supportive care to bereaved mothers. The field

of pastoral theology is constantly evolving and is shaped by the contexts in which it is practiced.

3.3. RESEARCH PHILOSOPHY

This is the outermost layer of the Saunders research onion and is related to a set of beliefs on the nature of the investigation of reality. Osmer emphasises the importance of being able to state the primary purpose of the study sanctity. According to Bajpai, research philosophy deals with the source, nature, and development of knowledge (2011:). Research philosophy is an opinion on how information about a phenomenon should be gathered, analysed, and applied. The research philosophy is the very first layer of in the Saunders onion in Fig. 2, and it is explained through ontology and epistemology. These two research philosophies depend on various epistemological and ontological premises: Positivism, Interpretivism, Pragmatism, and Realism. When conducting research, it's important to consider epistemology and ontology as these philosophical concepts can impact the way data is collected and analysed. I will now take a closer look at what epistemology and ontology are, reflecting on their sub philosophies using the Saunders onion.

3.3.1. EPISTEMOLOGY

Epistemology is a branch of philosophy that deals with the nature of knowledge, how it is acquired, and the criteria for determining what is true or justified (Al-Saadi, 2014:2) In the context of this study, epistemology plays a role in examining how clergy members acquire and apply knowledge when providing pastoral care to bereaved mothers. It seeks to look at the sources of knowledge, such as personal experiences, psychological research, or spiritual insights, can inform our understanding of grief.

This study aims to compare and analyse various pastoral care models used by clergy members when they pastorally care for the mothers. This study seeks to understand the underlying epistemological assumptions that inform these models, such as the sources of knowledge, the role of tradition, scripture, personal experience, and theological training in shaping the clergy's understanding of grief and bereavement. In this study, empiricism underlies epistemology. Empirical epistemology is a school of thought in epistemology that holds that knowledge is based on experience, the

experience of clergy when they pastorally care for the bereaved mothers. This contrasts with rationalism, which holds that knowledge is based on reason. Empiricism is the process of gathering and analysing data to gain new knowledge. This can be achieved through observation, experimentation, and measurement. Exploratory studies are conducted to gain a better understanding of a topic or to generate new hypotheses. They are often used in the early stages of research when little is known about the topic.

Philosophers such as René Descartes have criticised empirical epistemology, arguing that reason is a more reliable source of knowledge than experience. Descartes believed that the senses can be deceiving; therefore, we cannot rely on them to provide us with accurate knowledge about the world (Newman 1997:6). Despite these criticisms, empirical epistemology remains a famous school of thought. Many philosophers believe that experience is the best way to acquire knowledge about the world. Epistemology seeks to answer questions beginning with "what" and "how." According to epistemology, knowledge can be gained through sensation, perception, reason, faith, and intuition. I will now address three philosophical stances related to epistemology which are interpretivism, positivism and realism.

3.3.1.1. POSITIVISM

It is a philosophical approach that emphasizes objectivity, empirical evidence, and the scientific method in understanding social phenomena in the pursuit of knowledge. Positivists believe that knowledge can only be acquired through observation and measurement. They aim to explain and predict phenomena through systematic observation and experimentation. Positivists view the social world as similar to the natural world and use the same methods of inquiry to understand both. They believe that scientific knowledge is the only acceptable knowledge characterised by testing research questions (hypotheses) derived from pre-existing theories. According to Saunder's, positivists strive for an objective stance, aiming to eliminate bias, and often prefer experiments in controlled environments (2023:146). The main body of research created through positivism can be replicated with similar quantifiable outcomes from statistical analysis to establish general laws and causal relationships. They aim to discover universal laws and principles governing social behaviour and events.

3.3.1.2. REALISM

This philosophical perspective highlights the existence of an objective external reality, independent of human perception. Realists acknowledge the limitations of human knowledge and understanding and believe that social phenomena have underlying structures and mechanisms that can be uncovered through scientific investigation. Saunders argues that “we will only be able to understand what is going on in the social world if we understand the social structures that have given rise to the phenomena that we are trying to understand” (Saunders 2023:147). This means that in my research, a realist evaluation could be used to understand the mechanisms that influence the effectiveness of different support interventions by the clergy for mothers who have experienced the loss of a child. This approach focuses on identifying the contextual factors and mechanisms that lead to specific outcomes, which could be valuable in developing more effective support strategies for bereaved mothers. Realism is often associated with quantitative research methods and aims to explain the underlying causes and mechanisms that produce observable events and patterns. Realism does not entirely support scientific knowledge and recognizes that theories can be revised at any time. Adopting new research methods can bring more reliable results and add to true knowledge.

3.3.1.3. INTERPRETIVISM

On the other hand, Interpretivism, also known as constructivism, focuses on the subjective understanding and interpretation of social phenomena. Interpretivists believe that individuals actively construct their own social reality through their perceptions, experiences, and interpretations. They emphasise the importance of qualitative research methods like interviews, observations, and discourse analysis to gain insights into the meanings and interpretations individuals assign to their experiences. Interpretivism successfully recognizes the differences among people and incorporates human interest in research studies. The approach of this study is to explore the experiences of clergy members who provide pastoral care to bereaved mothers. Qualitative research methods will be used to develop interventions that are sensitive to the needs of these mothers. An axiological implication of this is that interpretivists recognize the importance of their interpretation of research materials

and data, as well as their own values and beliefs, in the research process (Saunders, 2023:149). This means that my own values and beliefs will play a role as I conduct this research.

3.3.2. ONTOLOGY

Ontology deals with the study of reality or things that publicly display a reality. It is a branch of metaphysics which answers questions based on “what is”. There are a number of elements that represents ontology or inventory around us. Some of them are minds, properties, abstract entities, numbers and sets, values, physical objects etc. I will only address pragmatism, at the exclusion of constructivism and objectivism which constitute Ontology, can give you a broader and better insight.

3.3.2.1. PRAGMATISM

Pragmatism is a philosophical approach that values practicality over strict adherence to any doctrine. It emphasizes the usefulness and effectiveness of ideas and actions and recognizes that truth can be context-dependent and that multiple perspectives can be valid. Pragmatism encourages flexibility and experimentation in pursuit of knowledge and problem-solving and promotes an interdisciplinary approach to integrate different perspectives and methods. This approach is commonly used in applied fields such as education, management, and policy studies. Pragmatism asserts that both constructivism and objectivism are valid and practical approaches to research and that can lead to solutions for problems. As a philosophical stance, pragmatism prioritizes the connection between practice and theory to better understand the social world.

The research philosophy of this study is grounded in an interpretive paradigm. This paradigm assumes that reality is socially constructed, and that knowledge will be created through my interaction with the clergy during the research process. This paradigm is interested in learning about the world from the subjective experiences of the clergy when they pastorally care for bereaved mothers. As I interact with the clergy the procedures that emphasize meaning rather than measurement, including participant observation or interviewing, rely on an arbitrary connection between my worldview and the pastoral care of bereaved mothers. The interpretive paradigm is

also based on the assumption that my values and beliefs will influence the research process and interpretation of the data. This is one area that I would guard that my experience of being a bereaved mother does bear pressure on the interviews of the clergy. The interpretive paradigm is a good fit for this study because it allows exploration of the complex and multifaceted experiences of bereaved mothers. The interpretive paradigm also allows me as a researcher to consider the context in which the mothers are grieving.

Pervin and Mokthar caution that the interpretive paradigm has limitations due to its subjective nature, beliefs, and perspectives on participants (2022:412). They also note that it may be challenging to apply the findings of an interpretive study to a broader population. Additionally, implementing the interpretive paradigm can be time-consuming and difficult (*ibid* 412). However, I believe that the interpretive paradigm remains a valuable tool for my research, which aims to delve into clergy members' intricate and diverse experiences as they offer pastoral care to grieving mothers. Furthermore, this study is grounded in the principles of sound reasoning. The means of reasoning, explanation, and explaining data through a that shall be an inductive method. As already highlighted, this is a comparative study of clergy practices, so I will be looking at how different clergy members approach pastoral care for bereaved mothers. In this approach, the researcher constructs theoretical ideas or a data description before using the theory. (Malhotra 2017: 192). In this study, I will not try to prove a hypothesis or test a theory but rather explore how clergy members provide pastoral care.

3.4. RESEARCH APPROACH

According to Saunder's research onion, this layer demonstrates the approaches a researcher can resort to while carrying out any type of research. According to Saunders' Research Onion, a research approach can be inductive or deductive. Osmer concurs and highlights that there are two types of research with qualitative research being the best strategy to use for intensive research (Saunders 2008:103).

3.4.1. QUALITATIVE RESEARCH

The research methodology guides how a researcher conducts a study to produce accurate and legitimate data that align with their goals and objectives (Schwardt 2007:195). In Chapter 1, I laid out my plan for conducting this research, stating that it will be qualitative research and will follow a comparative approach.

As per Creswell, a suitable methodology is crucial as it allows the reader to evaluate the overall validity and dependability of the study. To approach the research methodology, the researcher must address the methods used to collect and/or generate the information and the method used to analyse the data produced (2000:125).

There appears to be no straightforward response to the question of what qualitative research is. Numerous studies have been conducted to analyse qualitative research but have not provided a definitive answer to qualitative research. Drawing upon existing knowledge, we find that qualitative research's different meanings and ideas are not yet coherently integrated into one satisfactory definition (Aspers and Corte 2019:143). Despite the assertion of Aspers and Corte, qualitative research is defined as an iterative process in which an improved understanding of the scientific community is achieved by making new significant distinctions resulting from getting closer to the phenomenon studied. The phenomenon studied in this research is the ecclesiastical response to maternal bereavement.

Qualitative research aims to comprehend people's experiences of the world. Although there are various methods used in qualitative research, they are generally adaptable, emphasizing the preservation of deep meaning when analysing data (Pathak *et al.* 2016:192), and taking an interpretive, naturalistic approach to the subject. Aspers and Corte, who reference Denzin and Lincoln (2005:2), argue that qualitative researchers explore phenomena in their natural settings while endeavouring to elucidate them in terms of the significance that people attribute to them (Aspers 2019:142). Various empirical materials, including case studies, personal experiences, introspective life stories, interviews, and observational, historical, interactive, and visual texts, which describe common and troubling events and meanings in people's lives, are studied in qualitative research. (Lincoln and Denzin, 2005:2). This study focuses on clergy

practices when pastorally caring for bereaved mothers to determine their effectiveness when they received pastoral care and have been attended to by the clergy. Therefore, this study investigates the lived experiences of the clergy when they journey with mothers and comparatively examines the pastoral care models they use.

3.4.2. COMPARATIVE APPROACH

The loss of a child is an unimaginable tragedy that can shatter a mother's emotional and spiritual well-being. Pastoral care, rooted in compassion, empathy, and spirituality, plays a crucial role in supporting bereaved mothers. This comparative study examines and evaluates different pastoral care models tailored to bereaved mothers. By understanding the strengths and weaknesses of these models, clergy can enhance their ability to offer practical support to grieving mothers (Kochen *et al.* 2020:19).

This study employs a comparative research design to analyse pastoral care models implemented for bereaved mothers in the different Diocese of the Anglican Church in Southern Africa. A comparative study is a method in which phenomena are analysed and then combined to find the points of differentiation and similarity (Mokhtari and Pour 2016:2). In this study; I will compare different pastoral care models used in different Anglican Dioceses and examine their approaches, techniques, and outcomes to identify effective strategies for providing support to bereaved mothers. Miri asserts that comparison provides a basis for making statements about empirical regularities and for evaluating and interpreting cases relative to substantive and theoretical criteria (Miri and Shahrokh (2019:1).

I conducted interviews and sent questionnaires to some clergy who could not join in the interviews, who provide pastoral care to gather firsthand insights into their experiences and the effectiveness of different models. Some modes are used to conduct the study. The comparative analysis facilitated a discussion on the strengths and limitations of each pastoral care model. This study explored the underlying theories and frameworks that inform these models and identified their potential benefits and challenges in addressing the unique needs of bereaved mothers. Cultural

sensitivity and individualized care in pastoral support for bereaved mothers were also addressed in the focus groups.

This comparative study will contribute to the existing body of knowledge on pastoral care for bereaved mothers. Identifying effective strategies and best practices will provide valuable insights for pastoral care providers, clergy, counselors, and health care professionals involved in supporting mothers who have experienced the loss of a child. The findings of this study can inform the development and enhancement of pastoral care models, thus improving the quality of support provided to bereaved mothers in their journey of healing and recovery.

3.5. QUESTIONNAIRES

The research questions and objectives were designed in such a manner that it was clear that they were not hypotheses (see Appendix 1 below). Willig observes the difference between the hypothesis and the research questions.

Most qualitative research projects are guided by one or more research questions. Research questions are different from hypotheses. A hypothesis is a claim derived from an existing theory, which can be tested against empirical evidence. It can be either rejected or retained. A research question by contrast is open-ended. That is, it cannot be answered with a simple yes or no research question and calls for an answer that provides a detailed description where possible also an explanation of a phenomenon (Willig 2001:19).

This assertion is supported by Panke, who concurs that the starting point for all scientific research is a research question and that the research questions must be able to assist in providing a view of what the researcher is seeking to answer in their dissertation (Panke 2018:8). Willig asserts that research questions must be able to elicit much more than a yes or no response. The developed questions were open to providing a narrative of the participating clergy who were invited to the interviews. They were very flexible and described the phenomenon. A question in this research is that of maternal bereavement. The research question that motivated the direction of the investigation is as follows: **How is maternal bereavement pastorally responded to in the Dioceses of the Anglican Church of Southern Africa?** Open-ended questions (see the

questionnaire marked as Appendix 1, were designed to elicit content regarding the research objectives.

The interview questions I developed, as is custom in qualitative research did not elicit predetermined responses, they remained open-ended and flexible and were not cast in stone (Barbie & Martin 2003 and Creswell 2013.)

To appreciate the approach that the clergy of the Dioceses of the Anglican Church of Southern Africa employs in the pastoral care of mothers grieving the death of their children post-burial and what it means to them, I chose the qualitative approach, which would use the narrative approach, which would allow me to learn about their experiences and hear their stories. Patton (2002). These experiences are called lived experiences; their responses will provide us with their experiences for each subject.

By exploring these questions, this study aims to contribute to understanding pastoral care ecclesiastical practices for bereaved mothers and shed light on the epistemological foundations upon which these practices are built. The findings will offer insights into the effectiveness of different care models and inform the development of more comprehensive and supportive approaches to pastoral care for bereaved mothers.

3.6. DATA COLLECTION

One of the most popular research data collection methods in practical theology is interviews. This study explores pastoral care models used by the clergy to care for bereaved mothers and will conduct a comparative analysis of clergy practices that is how the church responds to the congregational and practical theological needs of bereaved mothers (Herman and Schoemann (2015:page missing)). Osmer refers to a particular aspect of theology as "priestly listening," which involves investigating specific episodes, situations, and contexts through empirical research. Practical theology involves listening to different voices from both the text and the context. Although listening can sometimes be an informal and unstructured process, it can also be a formal and empirical research process. (Osmer 2008:37). I conducted interviews to listen to how the clergy journeyed with bereaved mothers grieving the death of their children and their experiences therein. The interviews are essential to practical theology empirical research and must describe the formal aspects of a reliable

methodology. The task of a sound theological, practical method “is to discover exact and empirically valid knowledge about religion, instead of relying purely on assumptions” (Heimbrock 2005:278). The contextual voice about how clergy undertake congregational life should be heard so that a valid and reliable conclusion can be drawn, and this would avoid making general assumptions in my study. This is an area that I will be mindful of as I conduct this research because the projected outcome is to ensure a pastoral care model for bereaved mothers, which is informed by the knowledge drawn from the priestly listening process.

The data collection methods for this qualitative study include interviews, observations, and documents analysis. For a comparative study on clergy practices, I conducted person-to-person interviews and sent out questionnaires via Google Forms to the clergy who could not attend face to face interviews.

3.7. SAMPLING

I employed a purposive sampling method to research pastoral care models for bereaved mothers in various Dioceses. Participants, that is, the clergy from different Dioceses, were carefully selected to ensure representation from each diocese archdeaconry by individuals or groups with significant knowledge or experience in the field. This method is commonly used in qualitative research to optimize limited resources while identifying information-rich cases (Patton 2002:240). By using this approach, my conclusions will not be biased. For example, Babbie and Mouton propose that between 5 and 25 respondents are suited for a master's research degree in South Africa when an interpretative paradigm is used.

Participants were recruited from various dioceses, including the Diocese of Pretoria, Diocese of Highveld, Diocese of Natal, Diocese of Zululand, Diocese of Mzimvubu, Diocese of Eswatini, Diocese of Lesotho, and Diocese of Johannesburg. Each diocese had a maximum of 5 participants, and I obtained informed consent from all participants before the study began.

Instruments were designed to align with the research objectives and ensure confidentiality during both person-to-person and group interviews. Group interviews were conducted in a secure and comfortable environment, either in person or via a

recorded webinar. A webinar's security features were employed, like providing a link that only allows the invited to enter the room.

3.8. DATA ANALYSIS

Parse, Coyne, and Smith assert that the analysis of data from these types of studies requires the researcher to “dwell with the subjects’ descriptions in quiet contemplation” (1985:5). My role in the analysis is to uncover the meaning of the lived experience for each clergy member interviewed. Themes and patterns are sought in the data. Data collection and analysis co-occur.

Once coded, the data will be analysed to answer the research questions. Thematic analysis is a qualitative research method used to identify, analyse, and interpret patterns or themes within a dataset. Nowell *et al.* argued that “thematic analysis is a qualitative research method that can be widely used across a range of epistemologies and research questions. It is a method for identifying, analysing, organising, describing, and reporting themes found within a dataset” (2017:2).

The goal of thematic analysis is to uncover the underlying meaning and concepts in the data. It involves systematically organising and categorising data to identify recurring patterns or themes. These themes capture the essence of the data and provide insights into the research questions or objectives. According to Maguire and Delahunt, quoting Braun & Clarke (2006), this is a general overview of the steps involved in conducting a thematic analysis:

1. I will have to familiarise myself with the data: It is said that researchers start by reading and becoming familiar with the dataset, whether it is interviewing transcripts, focus group discussions, or textual documents. This step helped me gain a comprehensive understanding of the data.
2. Initial coding: After completing step 1 above, I begin the coding process by generating the initial codes. Codes are labels or tags assigned to data segments representing meaningful ideas, concepts, or patterns. This coding can be performed manually or using software tools designed for qualitative analysis.
3. Searching for themes: I will identify potential themes by reviewing the initial codes and searching for patterns or connections. I will have to look for similarities,

differences, and variations in the data that can be grouped to form overarching themes.

4. Reviewing and refining themes: I will review and refine the identified themes by comparing them with the coded data. I will ensure that each theme is internally coherent, distinct from other themes, and relevant to the research objectives.

5. Defining and naming themes: I will define and describe each theme in detail, providing clear definitions and explanations. This step involves establishing boundaries for each theme and determining what is included and excluded.

6. Creating a thematic map: I will create a thematic map or matrix visually representing the relationships between themes. This map helps to organize and structure the analysis, showing how themes relate to each other and the research questions.

7. Interpreting and reporting findings: I will interpret the themes in the context of the research questions or objectives. I will explore the implications of the results and provide a coherent narrative or explanation based on the themes identified. The findings are detailed in Chapter 7 of this study, after having proposed the healing methodology is in Chapter 6.

Thematic analysis provides a flexible and rigorous approach to understanding and interpreting complex phenomena, allowing me to explore multiple perspectives and capture the richness of the data.

3.9. ETHICAL CONSIDERATION

When I applied for this research proposal with the University, certain ethical considerations were given, including a description of the study procedures, the risks and benefits of participation, and the informed consent process. Before the interviews were conducted, informed consent was obtained from all participants, and they were advised that they were free to withdraw from the study at any time without fear of prejudice. It was also highlighted that their participation in the study is confidential. I ensured that the clergy did not mention the names of the bereaved mothers in all our interactions. Resnik highlights that it is my obligation to ensure that the interviewees are at ease and aware of their freedom to participate or not in the research interview (2020). This means that even though I am of the view that the interviews will not address any sensitive topics, this interview explored the pastoral model used by the clergy, and they were made aware of their autonomy to decide

whether to continue or terminate the interviews. Kaiser also brings in another concept in the issue of informed consent, where he asserts that a more complex understanding of permission implies letting go of the presumption that every respondent wants total secrecy and instead considering the possibility that a study participant may want to be acknowledged for some or all of their contributions (2019:9). I have taken this into cognizance by highlighting the sources of information but using the names of the Dioceses.

3.10. PRELIMINARY CONCLUSION

The aim of conducting research is to enhance the pastoral care provided by the clergy to mothers who have lost their children. This can be achieved by expanding knowledge by developing scientific theories, concepts, and ideas. In this chapter, I have presented the research rationale through the research questions guided by the research philosophy. The research design was created using Saunders' research onion, which provided a roadmap for the research. After careful consideration, I chose the qualitative method as it was the best approach to explore pastoral care models for bereaved mothers through a comparative study of clergy practices. I discussed the epistemological position of this research which is empirical, and the grief the bereaved mothers experience is a practical or pragmatic social phenomenon. Chapter 4 will reflect on grieving and mourning through the lens of maternal bereavement. The study's results will be discussed in Chapter 5. Based on these findings, a maternal bereavement pastoral care tool will be proposed in Chapter 6. The aim is to use the results to enhance pastoral care models and improve the quality and effectiveness of support provided to bereaved mothers. This will ensure that mothers in need receive the appropriate care and assistance during their healing and recovery journey. The proposed tool will offer comfort, strength, and hope to those who are going through a difficult time.

CHAPTER 4

MATERNAL BEREAVEMENT

4.1. INTRODUCTION

In the previous chapter, I outlined the research methodology used for this study. In this chapter, I will address the grief and mourning that mothers go through when their children die, defined as maternal bereavement. Razeq defines maternal bereavement as the experience of a mother losing a child, either during pregnancy or after birth of the child (2018:137).

“Losing a loved one to death is an inherent part of human life” (Currier *et al.* 2008:648). It is not easy to cope with losing a loved one in today's world. Mothers supposedly go through the most severe grief, according to popular belief. Bereavement is a complicated and deep experience, and providing support for mothers going through it is crucial. Bereavement is "to be robbed" or "deprived of something valuable." It, therefore, describes the psychological aspect of grief, the emotions sparked by a significant loss, mainly the grief brought on when a loved one passes away (van Deurzen and Arnold-Baker 2005:338). It is common to think that experiencing bereavement is a natural part of life, yet many individuals undergo a range of emotions, such as sadness, numbness, guilt, and anger. Over time, these intense feelings tend to decrease, allowing individuals to come to terms with their loss and move forward. However, research indicates that around 10% of those who experience grief may develop what is known as "complicated grief." Additionally, up to 94% of parents who have lost a child may experience complicated grief for the remainder of their lives and exhibit symptoms of a state known as complicated grief (Bonanno, 2004). Bereavement is expressed through culturally specific mourning practices such as seclusion from public events or burial ceremonies, we shall interrogate this issue at length in this Chapter.

4.2. CAUSES OF MATERNAL BEREAVEMENT

Maternal bereavement is the term used to describe as the traumatic experience of a mother who has lost a child either during pregnancy or after childbirth, and it is a

unique and profound form of grief that can have long-lasting effects on a mother's mental and physical health (Kark *et al.* 2022). Maternal bereavement can occur due to several factors or events. Sometimes, mothers lose their babies due to miscarriage, which happens when a pregnancy ends before the 20th week. Miscarriage is one the most prevalent types of pregnancy loss, affecting around 10-20% of known pregnancies. Various factors, including chromosomal abnormalities or maternal health problems, cause miscarriage. Kersting and Wagner explained that maternal bereavement could be due to the loss of an infant through stillbirth, miscarriage, or neonatal death, recognized as a traumatic life event (Kersting and Wagner 2012). Losing a baby after the 20th week of pregnancy but before birth is stillbirth. It is a traumatic experience for parents who have already formed a bond with their baby and made plans for their arrival. The causes of stillbirth are diverse, including genetic disorders, placental abnormalities, or complications during pregnancy, just like miscarriage. Neonatal death is the loss of a baby within the first 28 days of life. Neonatal death results from birth complications, prematurity, congenital abnormalities, or various health issues that arise soon after birth. Neonatal death can be even more distressing as parents may have spent some time bonding with their baby. The prevalent part of maternal bereavement is when a mother experiences the death of a child after birth; it could be due to illnesses, accidents, or any tragic event causing the loss of a child at any age, from infancy to adulthood. Child loss can be especially traumatic as it shatters expectations of a child's future and disrupts the parent-child relationship that may have developed over the years. It is a profoundly distressing and emotionally challenging event that can have long-lasting effects on a woman's mental and physical well-being as some of the deaths could be avoided, such as the death of a child due to home accidents. Bezerra *et al.* researched the impact of maternal bereavement brought about by unveiling the existential movement of a mother after her child's death due to a home accident. Home accidents are the leading cause of morbidity and mortality among children worldwide (2022:1). I think an adult child's death is more devastating for a mother, as Meisenhelder conducted a self-study after losing a 19-year-old daughter to cancer. Her self-study describes the experience of maternal loss of a 19-year-old daughter with cancer. She highlights that the child's age is significant for two reasons: the years of investment in caring and attaching to the child, and the maternal age eliminates having further children.

We can trace the history of maternal bereavement to Greek mythology (Gagstetter 2015) discusses the story of Demeter and Persephone, a tale of love and loss in ancient Greek mythology. Demeter was the goddess of fertility and the harvest, and Hades, the underworld god, abducted her daughter Persephone. Demeter was devastated by the loss of her daughter and wandered the earth for nine days with flaming torches in her hands, causing crops to die around her.

Death is also part of the Bible; in 2 Samuel 21, we find numerous stories of grief, one of which is about Rizpah, one of King Saul's wives, and she had two sons named Armoni and Mephibosheth with him. After the death of King Saul, David handed the Rizpah's sons to the Gibeonites, and her sons were not only taken from her but also executed along with five other descendants of Saul and left exposed on a hill to the elements and animals. Although Rizpah was left with no choice when her sons and relatives were handed over to the Gibeonites, as she could not prevent her son's deaths, she was determined to honour them by grieving their deaths most painfully. Rizpah sets up camp. She spreads out sackcloth on a rock, a symbol of mourning. Day and night, she protects the bodies of her sons from the birds and the wild animals. She did this from the beginning of the barley harvest until the heavier rains came down.

Maternal grieving is also depicted in visual arts art; Makatsariya provided an article on paintings by famous artists on "maternal death," which depicted numerous paintings of grieving mothers (Makatsariya *et al.* (2023). Fast forward into contemporary times, the death of children and maternal grief are still prevalent. However, Kark *et al.* highlight little published research on maternal grief, its origin, brain mechanism, and consequences. As mothers grieve the death of their children, they grieve what they assumed would be their world. Deurzen and Arnold-Baker assert that loss and bereavement can cause a rift in the fabric of our assumed world through which unwelcome existential realities can become visible. Therefore, bereavement can be an "existential opportunity," albeit painful or overwhelming.

My study considers the death of a child of any age; it could be during pregnancy to an older patient losing an adult child, as every mother goes through a traumatic experience and requires a response to the trauma.

4.3. TRAUMA OF LOSING A CHILD

The death of a child is a traumatic experience that can profoundly impact the lives of parents, siblings, and other family members. A child's loss can lead to grief, anger, guilt, and depression. Parents may feel they have failed their children and struggle to deal with their loss. Siblings may feel they have lost a best friend and worry about how their parents will cope with their grief. Other family members may feel helpless and unsure how to support the parents and siblings.

According to Field and Berham, the death of a child is a highly traumatic experience for any parent, but it can be especially difficult for mothers. After all, mothers often have a very close bond with their children, and losing a child can feel like losing a part of themselves. The medical field explains why mothers grieve differently; they hold that a mother carries the DNA of her children in her body for a long time, even when the child has passed away. Therefore, when a mother experiences this trauma and feels like she is losing herself, she is experiencing a part of herself that will always be in her body but is now dead.

According to Gold *et al.*, mothers often feel a sense of guilt and responsibility for their child's death, even if it was not their fault. Various scholars, including Stroebe *et al.* (2014), have pointed out that mothers usually feel self-blame after the death of a child. However, despite guilt's uncomfortable feelings, self-blame in the context of bereavement can serve two related purposes: adaptive functions that promote a greater sense of well-being or capability and blaming oneself in behaviour-specific ways. These functions consist of (a) making sense of a death that seems so incomprehensible, random, and incomprehensible, and (b) blaming oneself in behaviour-specific ways (e.g., "I shouldn't have looked at that that often." "I should be have" (Lockmeyr 2018:24). They may wonder if they could have done something to prevent it, or if they are being punished for a past mistake.

Kark *et al.* conducted a study "to assess the alterations of brain structure and function that underlie prolonged maternal grief, with the hope of delineating precise neurobiological mechanisms" and found that 'child loss grief is not temporally constrained and endures for years and decades" (2022:12). Losing a child can have

a profound effect on a mother's physical and mental wellbeing. Studies have shown that mothers whose children have died are at a higher risk of developing anxiety, despair, and post-traumatic stress disorder (PTSD). They may also experience sleep disturbances, changes in appetite, and difficulty concentrating (Gold 2016: 268). They also found that most of the mothers were not seeking or receiving any support to address the post-traumatic disorder brought about by the death of a child. This resonates with my experience when I lost my first child; I never sought any assistance from the Church or from a psychologist although I did exhibit signs of post-traumatic stress and did not receive any guidance from the clergy from my Church. This could be the experience of many mothers in the Church who would benefit from this study whilst I am going through my own healing.

In addition to physical and mental health effects, a child's death can significantly impact a mother's social and emotional well-being. Mothers who have lost a child may feel isolated and alone. They may also have difficulty coping with the practical aspects of their child's death, such as making funeral arrangements and dealing with the financial burden.

The death of a child can also have a significant impact on the community. The loss of a young life might prompt reflection on the transience of existence and the meaning of life and death. The community may come together to support the family, but there may also be anger and resentment towards the child's death (Christ *et al.* 2003:576).

The mother's life can be profoundly impacted by the death of a child which is a devastating experience. Some studies have found the following to be the outcome of the death of a child.

- The “death of a child is a traumatic experience that can profoundly impact the lives of parents, siblings, and other family members” (Bonnano and Field (2003).
- A child's loss can lead to grief, anger, guilt, and depression.
- Parents may feel they have failed their children and struggle to deal with their loss.
- Siblings may feel they have lost a best friend and worry about how their parents will cope with their grief. (Christ *et al.* 2003)

- Other family members may feel helpless and unsure of how to support the parents and siblings. (Benjamin *et al.* 2012)
- A child's death can also have a significant impact on the community.

The death of a young child might prompt reflection on the transience of life and the meaning of life and death. As much as the bereaved mother can receive support from those around her, there may also be feelings of anger and resentment towards the child's death. A child's death is a trauma that can affect the lives of people who knew and loved the deceased for a long time.

4.4. IMPACT OF MATERNAL BEREAVEMENT

Studies have shown that parents, especially mothers who experience the death of a child experience the most stress and enduring grief. Maternal bereavement is a severe loss that can be experienced by any woman who has lost her child. Regardless of age, race, or socioeconomic status, it is a devastating experience that can occur suddenly and unexpectedly or after a long illness.

There has been evidence of mothers who have been unable to manage their grieving. There is evidence that mothers grieve differently from anyone else as "many feel that the experience of losing a child is by far the worst because it conflicts with life-cycle expectations" (Osterweis 1984:75). Their experiences must be taken into cognisance and are well-ventilated. A mother, as highlighted by Osterweis, may experience guilt, believing that she was in charge of ensuring the child's security and that she should have been able to stop the death of a child (1984: 76). Some mothers feel guilty for having survived their child which is usually a remarkably shattering experience. Some mothers experience the stress of not realising their dreams about a child, for instance, seeing them start school. According to Garstang, excessive maternal self-blame is a common aspect of the grieving process and was found to be linked to symptoms of "anxiety and despair after the death of a child" (Garstang 2016:10). The writers above highlight that bereavement is a natural and universal response to the loss of a loved one, characterized by intense sadness, shock, numbness, and sometimes feelings of denial and anger, having experienced the death of a loved one and includes the period following a loss, which mothers who have lost children go through; some of the

mothers will even resort to compunction. It is, therefore, crucial to consider and appreciate what is lost when a mother experiences bereavement.

According to the studies, bereaved mothers are at a high risk for experiencing prolonged grief, regardless of how long it has been since their child passed away. Losing a child is often considered the most challenging and devastating experience a mother can go through. Studies have consistently recognised that “the grief experienced by mothers after the loss of a child is deep and unique”, regardless of the child's age (Kark *et al.* 2022, Gerrish and Bailey 2018, Cacciatore 2018, Field 2003). Rodrigues *et al.* argue that mothers who face the death of their children experience feelings of solitude and abandonment (2020:69). The impact of bereavement on mothers can be profound and can differ from mother to mother. Rodrigues *et al.* (ibid) found that the bereavement of mothers can generate three categories of responses, which include” guilt and fantasy of bereavement related to the death and grief of their children” (2020:65). Feelings of guilt are common in grieving mothers, as they may question themselves and wonder if they could have done anything differently to prevent their child's death. These feelings might arise even if there is no rational basis for them. It is important to remember that guilt is a normal part of the grieving process, and seeking support from professionals like therapists or support groups can be beneficial in coping with these emotions.

Fantasies can also be a coping mechanism for mothers who have lost a child. These fantasies may involve imagining alternative outcomes or scenarios where their child is still alive. These thoughts can be a way for grieving mothers to temporarily not deal with the harsh reality of their loss. However, it is crucial to recognise that these fantasies are not a substitute for facing and processing grief (Lewis 1979:304).

Over and above the fantasies, Rodrigues *et al.* highlights that the bereaved mother “may experience ambiguities that is the relationship between internal concerns and perception of external relations” (2020:68). Internally, bereaved mothers may struggle with various emotions, such as grief, sadness, guilt, anger, and even feelings of emptiness. They may experience intense longing for their deceased child and question their mother's role. They might also feel isolated and misunderstood, as their grief can be complicated for others to comprehend fully.

In terms of external relations, bereaved mothers' experiences can vary. Some may find solace and support in their relationships with friends, family, or support groups, while others might feel misunderstood or unsupported (Wing *et al.* 2001:65). The grief journey can strain relationships, as friends and family members may struggle to support the mother or unintentionally say or do things that amplify her pain.

In addition, bereaved mothers may also experience challenges in their societal interactions. They may feel societal pressure to "move on" or "get over" their loss, which can be incredibly hurtful and invalidating. They might also face difficulties in social situations, as they may feel out of place and struggle with the inevitable question of how many children they have.

Losing a child can be a deeply traumatic experience, creating a sense of fear and anxiety within a bereaved mother. She may fear losing other loved ones, experience fear of future pregnancies, or feel a general unease about life. It is not uncommon for a bereaved mother to initially experience a sense of disbelief or denial following the loss of her child. The reality of the situation may be too difficult to accept, leading to a period of disbelief and shock. The loss of a child can sometimes cause a bereaved mother to feel a sense of abandonment. The sense of abandonment can stem from feeling isolated or unsupported by others and feeling as though her identity as a mother has been stripped away. A mother may experience a severe sense of loneliness following the death of her child. She may feel that nobody truly understands her pain or that she has been left behind with her grief. Social withdrawal and feelings of isolation are common for bereaved mothers (2020:68).

Meisenhelder, in her study, highlights emotions that mothers face during their bereavement, that is "shock and pain, accompanying emotions expressed through anger, envy, guilt, loneliness and isolation, and self-image, which is destroyed" (2020).

The study of Rodrigues *et al.* (2020) and Meisenhelder (2020) provide evidence that mothers face immense challenges, especially when their child dies. One of the most awful experiences a mother may go through is the death of her child, and the resulting grief and sadness can be severe and prolonged. After such a loss, they often go

through intense grief and sadness, leading to feelings of emptiness, loneliness, and profound sadness. These emotions may also manifest as anger, guilt, and anxiety. The intensity and duration of a mother's grief after such a loss can be influenced by various factors, such as the child's age, the cause of death, and the mother's circumstances.

4.4.1. IMPACT ON THE PHYSICAL WELL-BEING OF THE MOTHER

The bereaved mother's physical health can significantly be affected by the loss of a child; she may encounter sleep disturbances, alterations in appetite, and difficulty with concentration. The stress and emotional pain associated with bereavement can lead to sleep disturbances, loss of appetite, physical exhaustion, and difficulty concentrating. A Seiler *et al.* study looked at the impact on those who lost their spouses found that physical health effects can be significant and long-lasting (2020:1). This finding can be equally applied to bereaved mothers. Grief can cause physical symptoms such as a “hollow feeling in the stomach, tightness or heaviness in the chest or throat, oversensitivity to noise, difficulty breathing, feeling very tired and weak, a lack of energy, dry mouth, and aches and pains” (Christ *et al.*2003).

4.4.2. IMPACT ON PARENT-CHILD RELATIONSHIPS

According to Christ *et al.*, the demise of a child can also affect the relationships between the mother and her surviving children as the mother may be overprotective (ibid 2003:564). Siblings may experience guilt or jealousy, and the mother may have difficulty balancing her grief while meeting the needs of her living children. The dynamics within the family unit may shift, leading to various challenges in maintaining healthy relationships. The loss of a child can significantly impact a mother's ability to fulfil her parenting role. Grief may affect her capacity to provide emotional support and care for her remaining children. She may feel overwhelmed and struggle to balance her needs with her family's.

4.4.3. SOCIAL ISOLATION AND STIGMA

Losing a child can cause a mother to feel socially isolated and disconnected. It can be difficult for friends, family, and society to provide support or discuss the loss, which

can lead to feelings of loneliness. Additionally, societal expectations to "move on" or "get over" the loss can make a mother feel stigmatized and further isolated. I personally experienced this as highlighted in Chapter 1 of my study, where other mothers expected this one mother to "move on with her loss". Bereaved mothers often feel socially isolated as they navigate their grief and struggle to connect with others who haven't experienced a similar loss. Einav suggests that this can contribute to a sense of isolation and misunderstanding from others. Social isolation is a common experience for bereaved mothers, and coping with the emotions and grief that come with losing a child can be challenging. Many bereaved mothers feel disconnected from their loved ones, which can result in depression, anxiety, and feelings of loneliness (Einav, 2020).

Several factors can contribute to social isolation for bereaved mothers. One is that they may feel uncomfortable discussing their grief with others. They may worry that people will judge them, or they will not be able to handle the conversation. Another factor is that bereaved mothers may feel they are a burden to others. They could be reluctant to discuss their grief since they would rather not bother or upset their loved ones.

Social isolation can have several negative consequences for bereaved mothers. According to Rogers et al, (2008), it can lead to feelings of loneliness, depression, and anxiety. It can also make it difficult to cope with the grief and emotions of the demise of a child. In addition, social isolation can make it difficult for bereaved mothers to receive the support they need from others.

4.4.4. IMPACT ON MENTAL WELL-BEING

Bereavement increases the risk of developing mental health issues among mothers. Depression or anxiety may arise or be exacerbated during this difficult time. A bereaved mother who has lost her child may experience serious mental health issues. The complications can include feelings of grief, sadness, and depression, as well as anxiety, guilt, and anger. A bereaved mother may also have trouble sleeping, eating, and concentrating. She may withdraw from social activities and lose interest in things she once enjoyed. Sometimes, a bereaved mother may develop post-traumatic stress

disorder (PTSD). Cacciatore points out that a bereaved parent is thought to increase sensitivity to negative psychological consequences for individuals and families. This is because bereaved parents, especially mother, experience strong and persistent psychological distress, a condition that has been well-documented in the literature (Cacciatore 2018).

The child's age, the reason for death, and the bereaved mother's ability to cope can all impact how a child's loss affects a bereaved mother's mental health. Nevertheless, all mothers who lose a child run the risk of experiencing significant mental health problems. The complications that bereaved mothers experience are a crucial opportunity for the clergy to assist grieving mothers as they navigate their grief and arrive at a place of acceptance. Therapy can help them process their grief and develop coping mechanisms.

4.5. CULTURAL AND SOCIETAL PERSPECTIVES ON MATERNAL BEREAVEMENT

Cultural and societal attitudes towards maternal bereavement and associated grief experiences vary widely across cultures and societies. In some cultures, the death of a child is seen as a natural and expected part of life, in ancient China, infant death was so common that people were not allowed to have any mourning period for the death of a baby younger than three months old (Ho and Brotherson 2007). In other cultures, it is viewed as a tragedy or a sign of divine punishment. The way that society views maternal bereavement can have a significant impact on the way that grieving mothers are treated and supported.

In certain cultures, such as Egypt and India, it is customary for mothers to publicly grieve the loss of their child. This may involve openly expressing emotions such as crying, wailing or physical gestures (Ayebare *et al.* 2021:8). In contrast, Western cultures expect mothers to suppress their grief and maintain a composed demeanour. Failure to do so can result in a diagnosis of prolonged grief disorder, creating a complex tension between maintaining a supportive facade and expressing one's true emotions (Boelen *et al.* 2021). These cultural differences can make it challenging for bereaved mothers to process their emotions and receive support.

Death is viewed differently among various cultural groups and contexts, and a wide range of beliefs and practices are associated with it. These beliefs can have a significant impact on the mother's grief, adjustment, and need for support. How a society views maternal bereavement can also affect how grieving mothers are treated by their families and communities. Ayebare *et al.* (2021) conducted a study that "explored the influence of cultural beliefs and practices on the experiences of bereaved parents and health workers after stillbirth in urban and rural settings in Kenya and Uganda" (2021: 1). Based on their research, it was found that the culture in Kenya and Uganda significantly impacts how parents cope with the loss of their baby and "is a vital influence on individual experiences, impacting grief, adjustment, and support needs" (2021:1). The close-knit relationships within families, which are a part of the collectivist culture, can help support parents who experience stillbirth as they undergo a difficult process of adapting to the emotional trauma and grief that comes with it. However, certain cultural practices and beliefs contribute to the stigmatization of stillbirth, which can increase adverse social and psychological outcomes for those affected. In some cultures, stillbirths are perceived as the mother's responsibility, which leads to public humiliation or personal sentiments of guilt or shame that obstruct communal mourning. Roberts *et al.* highlight that "Hindu women are excluded from death rituals and the burial of their stillborn child"(2012:3). Unfortunately, stigma and fatalism make it difficult to openly discuss the factors that lead to perinatal death within communities, which has resulted in a lack of progress in improving stillbirth rates and providing better care for parents (2021).

In some cultures, grieving mothers are seen as a source of shame or embarrassment. Khosa-Nkatini (2023) highlights how women go through shame and humiliation in the Tsonga culture, and that causes them to respond negatively to the grieving culture. They may be ostracized or excluded from social activities and denied certain rights. In other cultures, however, grieving mothers are seen as objects of pity or sympathy. Bereaved mothers may receive special treatment or support but may also be judged incapable or weak.

The ways in which bereaved mothers experience their grief can be greatly influenced by the attitudes that society and culture have toward mother mourning. Mothers who

can grieve openly and publicly may find it easier to process their emotions and to heal. However, mothers who are expected to suppress their grief or are treated poorly by their families and communities may find it challenging to cope with their loss.

4.6. MATERNAL BEREAVEMENT INTERVENTIONS

Several existing interventions aim to support bereaved mothers, and facilitating the grieving process can significantly impact their well-being. Raitio *et al.* (2015) conducted a study where the study evaluated a bereavement intervention for grieving mothers who had lost a child. The results showed that these interventions were effective in helping mothers cope with their grief. In the study by Nikkola *et al.* (2013), mothers reported that the support they received helped them deal with the death of their children. Out of all the types of support they received, the mothers thought that professional and peer support offered them the greatest emotional support, and they thought the support interventions were beneficial.

Maternal bereavement is also evident in the Bible and certain interventions were also implemented. In addressing the interventions that bereaved mothers can benefit from, I will draw a parallel from the Biblical interventions that can show that these interventions support grief.

4.6.1. GRIEF COUNSELING

Grief counselling provides a safe space for bereaved mothers to express their emotions, process their grief, and learn coping strategies. "The overall goal of grief counselling is to help the survivor adapt to the loss of a loved one and be able to adjust to a new reality without him or her" (Worden, 2010:84).

The first intervention is what psychologists and counsellors refer to as the "four tasks of mourning." They facilitate adaptation to loss, involving confronting what has happened and restructuring thoughts, and include

- Accepting the reality of loss
- Processing the pain of grief
- Adjusting to a world without the deceased

- Finding an enduring connection with the deceased while embarking on a new life (Worden, 2010).

The following tasks of grief counselling are therefore aligned with each task (Worden, 2010):

1. Increasing the reality of loss,
2. Helping the individual deal with emotional and behavioural pain,
3. Supporting them as they overcome obstacles to readjustment,
4. Helping them find a way to maintain a bond while feeling comfortable reinvesting in life.

These sessions can validate the bereaved mother's experiences while offering guidance and support. In the story of Ruth 1 (NIV), Naomi, did not shy away from feeling her grief. Despite the intense pain she was experiencing, it was evident that she blamed God for her misfortune. "The Lord's hand has gone out against me! Do not call me Naomi," she declared to those around her. "Call me Mara because the Almighty has made my life very bitter. I went away full, but the LORD has brought me back empty. Why call me Naomi? The LORD has afflicted me; the Almighty has brought misfortune upon me" (Ruth 1:13b, 20-21 NIV). James provides the following opinion: -

"Naomi's story invites us to admit we've been flattened too, that we don't understand what's happening to us, and that, even after walking with God for years, we still struggle to trust him. By spotlighting Naomi's ordeal, the narrator gives us permission to voice the thoughts and questions we are fighting so desperately to suppress. And in some mysterious way we meet God in our desperation" (2012:44).

Naomi blamed the Lord for her loss and was not hesitant to express her anguish. She realised that society's socioeconomic fabric was disintegrating, and that God's blessing had been taken away. Naomi was able to obtain support after admitting her suffering and loss.

4.6.2. SUPPORT GROUPS

According to Osterweis *et al.* (1984) support groups bring together individuals who have experienced similar losses, allowing bereaved mothers to connect, share their stories, and find solace in the understanding and empathy of others who have been through a similar situation. These groups typically offer a nurturing environment and a sense of community. Support groups bring together people who are experiencing similar challenges or issues. The support group provides a safe and supportive environment for members to share stories, offer support, and learn from each other's experiences. The group is typically supposed to be led by a trained facilitator who helps to create a secure and encouraging atmosphere and provide direction for the group discussions. (ibid).

Support groups can be a great source of comfort and care for those who are struggling with various issues, such as grief, particularly for bereaved mothers. These groups can offer a sense of community and belonging, allowing individuals to feel less alone. Additionally, support groups can provide a safe space for individuals to explore their emotions and learn new coping skills. They can also provide community and support to help people feel less alone and better equipped to deal with their challenges.

In John 11, we see the importance of community support when Mary and Martha were grieving the loss of their brother Lazarus. Many Judeans came to comfort them over their loss, and Jesus himself wept with them, even though he knew he would shortly raise Lazarus from the dead. This verse is an important reminder of the healing power of community and support during difficult times (John 11:38 NIV). Support groups can also be helpful as they provide a sense of community and validation.

4.6.3. EDUCATION AND INFORMATION

Education on the topic of bereavement is rarely discussed and many individuals may not be interested in learning about it until they must deal with the death of a loved one. In their work, Osterweis *et al.* (1984) propose that mothers who have recently experienced loss should be provided with accurate and current information regarding grief, bereavement, and the emotional experiences they may encounter. This can help individuals understand and normalize their feelings, while also managing their expectations during the grieving process. Though there is no specific guidance in

Scripture on how to teach about bereavement and mourning, there are patterns in the Old and New Testaments that can provide insight into how the clergy can provide education. One such verse states, "Blessed be the God and Father of our Lord Jesus Christ, the Father of mercies and God of all comfort, who comforts us in all our affliction, so that we may be able to comfort those who are in any affliction, with the comfort with which we ourselves are comforted by God" (2 Corinthians 1:3-4).

4.6.4. NARRATIVE THERAPY

Narrative therapy is a type of psychotherapy that assists individuals in comprehending and redefining their lives in a more empowering and life-affirming manner. Clergy members can employ narrative therapy to help mothers grieving a loss by providing a safe and supportive platform to explore their faith and spirituality. Anxiety, depression, trauma, and relationship problems are among the issues that narrative therapy can address. Additionally, it can aid bereaved mothers in coping with significant life changes such as the passing of a child. Narrative therapy is a cooperative process that involves both the clergy and the bereaved mother working together to create a new narrative for the mother's life. There are several ways in which narrative therapy can be beneficial for bereaved mothers. For example, one common approach is to encourage the mother to tell her story of loss, which can be accomplished through writing, art, or conversation. As the mother recounts her story, the clergy can assist her in identifying key themes and patterns. The clergy can then help the mother challenge these themes and rewrite her story more empowering and life affirmingly. After identifying the main themes and patterns, the clergy can aid the mother in challenging and rewriting her story by exploring alternative perspectives on the loss, identifying her strengths and resources, and developing new coping strategies. Narrative therapy is a potent tool that can help bereaved mothers heal and grow. It is a type of pastoral care founded on the belief that individuals can change and create a brighter future for themselves. Narrative therapy can be a powerful instrument for helping bereaved mothers heal and move forward. By assisting mothers in telling their stories and rewriting them, narrative therapy can help them process their grief, develop new coping strategies, and find support from others (Hankle 2016). The book of Job is a powerful example of narrative therapy. Job tells his story of suffering and loss, and his friends offer their interpretations of his situation. Ultimately, God speaks to Job and

helps him to see the bigger picture of his life and his relationship with God and he gets to be restored.

4.6.5. MEMORIALISATION RITUALS

Memorialisation rituals require and encourage the bereaved mothers to engage in meaningful rituals and ceremonies to honour and remember their lost child, which can offer a sense of closure and provide opportunities for healing. These rituals range from simple acts, such as creating memory boxes or writing letters, to elaborate ceremonies like memorial services. May states that “the Bible held several customs for burial and memorialisation rituals. Traditions affirmed that after a person breathed the last breath, a time of mourning for family and close friends would occur following the death, often at the family home. Neighbours and family could share memories of the deceased together, providing comfort and strength to the family” (2020:1). The Bible even talks about paying respect to the deceased by gently visiting their graves. According to the Bible, Rachel passed away and was buried while travelling to Ephrath, or Bethlehem. Over her tomb Jacob set up a pillar, and to this day that pillar marks Rachel's tomb" (Gen 35:19-20 NIV). The phrase "to this day that pillar marks Rachel's tomb" means it is a continuing memorial where people could visit and reflect on her life and contributions.

4.7. PRELIMINARY CONCLUSION

Losing a child is a devastating incident that can impact any woman, regardless of age of the child, be it an infant, toddler, teenager, adult child or stage of pregnancy. Maternal bereavement can adversely affect a mother's physical, mental, and social well-being. Cultural attitudes towards maternal bereavement vary, with some cultures providing support and encouragement for mothers to grieve and come to terms with their loss. In contrast, others may be oppressive and prohibit open expression of grief. Fortunately, there are interventions available to help bereaved mothers navigate their grief. The next chapter will delve into interviews, analysis, and findings on this study.

CHAPTER 5

ANALYSIS AND FINDINGS

5.1. INTRODUCTION

In the preceding chapter, we discussed maternal bereavement and the role it plays in addressing it. Now, I will analyse the data collected from clergy members. This study was intended for the Diocese of Pretoria, and I invited ten clergy members to a face-to-face meeting for the first interview. Only three were able to attend, and when I sent a questionnaire to about 20 clergy members in the Diocese of Pretoria through Google Forms, I received only four responses. To gather more information, I requested bishops of other dioceses to conduct interviews with the Clergy of their Dioceses, (please see Appendix 2. Letters to the Bishops). To overcome the limitations of the interview population, I expanded my interviews to include other Dioceses within the Anglican Church of Southern Africa. However, the objective of investigating the pastoral care model used by clergy members in supporting bereaved mothers remained the same. The Anglican Church follows Synod Decisions, and each Diocese implements these decisions, meaning the pastoral care model used in one Diocese is likely to be used in the entire Province. This chapter will analyse the responses received from clergy members who participated in the interviews and questionnaires. I am interested in getting answers to the following questions:

1. Have you ever provided counselling to a mother who has lost a child in your ministry?
2. What kind of experience do you have in dealing with the loss faced by bereaved mothers?
3. What role does the Church play when a child dies, particularly in supporting the mother?
4. Does the Church have an approved pastoral grieving program to assist bereaved mothers?
5. Which grief model or tool do you use to journey with mothers who have lost their children?

5.2. DATA ANALYSIS

To perform the data analysis, I will heavily draw from Osmer's second task, the interpretative task, which seeks to understand the reasons for the phenomena observed in the descriptive task. As I conduct the analysis, I must identify the issues embedded within the episodes, situations, and contexts I have observed and draw on theories from the theological field to help me understand the issues. This process is called applying "sagely wisdom," which requires three key characteristics: thoughtfulness, theoretical interpretation, and wise judgement. It is important to acknowledge that every situation has its own unique and relevant details. No two situations are the same in relation to the events and circumstances. Therefore, it is crucial to understand the moral ends at stake and determine the most effective means of action to achieve the final research product, considering the constraints of time and place. The participants in this research were ordained clergy of the Anglican Church, from both deacons, and priests.

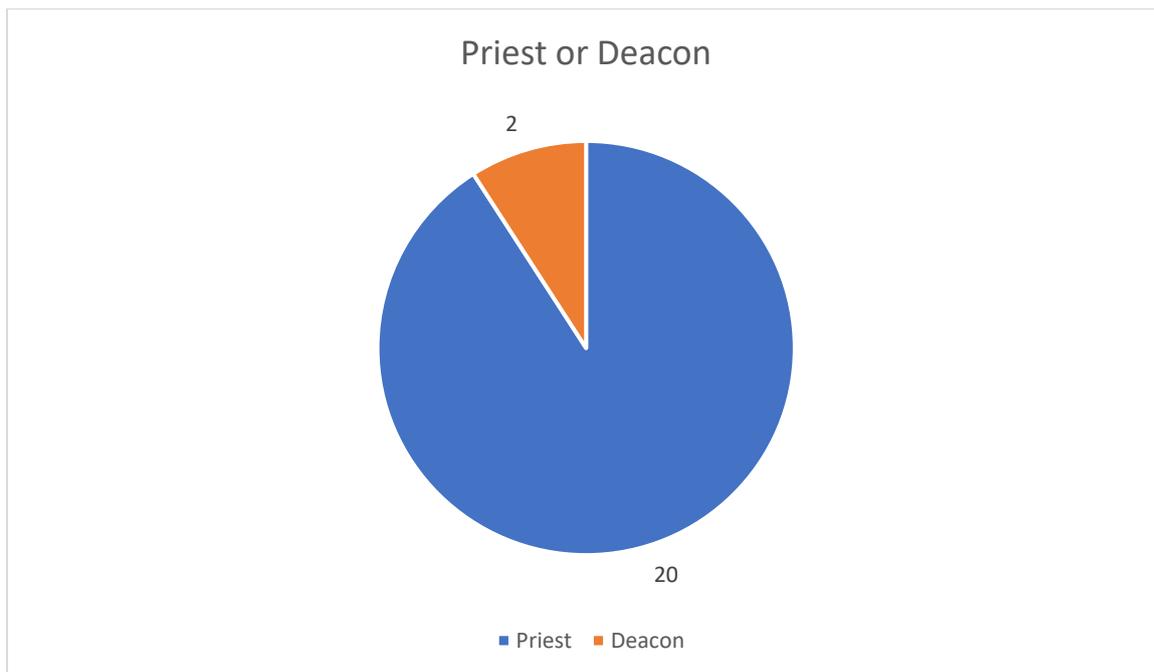


Fig 4: The Google Form Participants

The range of their service within the Church range from 1 to 24 years of service. I conducted qualitative face-to-face interviews with three dioceses: In Pretoria with 3 clergy members, Natal with 6 members, and Swaziland with 6 clergy. The interviews were recorded using a cell phone recorder and then transcribed to make them suitable for analysis. The rest of the interviews were written responses on Google Forms by the Diocese of Lesotho where 3 clergy members responded, Diocese of Zululand 3

clergy members responded, and Diocese of Mzimvubu 3 clergy members responded, Diocese of Johannesburg 3 responses, Diocese of Natal 3 clergy members responded, Diocese of Pretoria 4 clergy members responded. There were 34 participants altogether and out of the 34 participants, 60 percents of participants were male and 40 percent were females.



Fig 6: The written responses from the Google Form

As per Dawadi's recommendation, I began familiarizing myself with the collected data by reading it repeatedly, taking notes, highlighting crucial points, and identifying initial ideas or themes (2020:64). This initial phase of the research process is vital as it helps researchers understand their data and determine the potential themes that may emerge. It guides researchers in taking the next steps towards effectively analysing the data. Data coding is an essential aspect of data collection and interpretation, as described by Charmaz. He defines coding as a descriptive tool created by the researcher to capture the fundamental content or essence of the data (Charmaz, 2012:46). Interpreting data during the coding process is subjective, and different researchers may assign different codes to the same data.

5.3. EXPERIENCE IN MATERNAL BEREAVEMENT

Regarding Question 1, all 34 clergy members responded. Only 3 of them have not provided support to a bereaved mother before. The majority of the clergy have

experience in caring for bereaved mothers pastorally. To answer the next question, I will only consider the responses of the 31 clergy members who have experience in this area. My analysis will focus on their responses.

5.4. CARE PROVIDED TO BEREAVED MOTHERS

After analysing data from both the focus group and individual interviews on question 2 conducted through Google Forms, several recurring themes emerged for those who provided pastoral care to bereaved mothers. These themes included the significance of listening, providing spiritual support, considering the gender of the child, being patient and gentle during the grieving process, offering emotional and practical assistance, and helping to access resources for healing grief. These themes were identified through a process of thematic coding. When I analysed these responses, they exhibited the elements of the traditional approach to pastoral care and will discuss them collectively.

The above themes explain the traditional approach to pastoral care, which involves providing emotional and spiritual support to grieving people, often in a religious setting. This method focuses on helping individuals facing life's challenges by offering guidance, counselling, and practical assistance (Grollman 1981). Clergy provide spiritual guidance, prayer, counselling, and practical help to bereaved mothers. The model involves close collaboration between the clergy and bereaved mothers within their congregations to address specific needs, struggles, and crises. The traditional pastoral care model emphasizes active listening, empathy, and the ministry of presence. Clergy are expected to care for the people of God as Jesus Christ has asked Peter, and this request is extended to all pastors. The expectations for Clergy as pastors are laid out in 1 Peter 5 (NIV), where God expects every clergy to be a shepherd and an overseer. The pastoral care model emphasizes active listening, empathy, and ministry of presence. Clergy are expected to care for people as Jesus Christ asked.

5.4.1 LISTENING

Some qualities are expected of the shepherd that are part of the traditional pastoral care model. The clergy must provide a listening ear to grieving mothers because clergy

are educated to offer a listening ear to those who need it. Spears asserts that it is essential to consider that *the clergy* “listens receptively to what is being said and unsaid. Listening also encompasses hearing one’s inner voice. Listening, coupled with periods of reflection, is essential to the growth and well-being of the *clergy*” (2010: 2) (*my emphasis*). Scheib's book on Pastoral Care focuses on listening and "restorying" within congregations. Pastoral care is a practice that attends to the interconnection between life stories, cultural stories, and God's story (2016). The clergy must value the ministry of presence because, even when the mothers do not feel like speaking, their mere presence and sitting in quiet together can comfort the grieving mothers, which might prompt the mother to speak. Spears also alludes that the “clergy should strive to understand and empathize with others. Like the bereaved mother, people must be accepted and recognized for their special and unique needs. The most successful *clergy* are those who have become skilled, empathetic listeners” (2010:3) (*my own emphasis*).

5.4.2. PROVIDING SPIRITUAL GUIDANCE

Clergy shared that bereaved mothers are encouraged to seek solace and find meaning in their faith or spirituality. They helped the bereaved mothers to connect with their religious beliefs, pray or meditate, and offer guidance on finding spiritual healing. Some clergy members highlighted that they often incorporate rituals or ceremonies that help bereaved mothers honour their deceased child and navigate the grieving process, like such as memorial services and remembrance rituals designed to provide closure and facilitate healing. The clergy usually rely on the prayer book, which has funeral rites, including the memorial service on pg. 553 of the Anglican prayer books, which is marked as Appendix 3, and there are other prayers within the funeral rites that are titled Prayers for Use at any service, in pg. 566, which are mainly prayers for the thanksgiving of the departed, one of them focuses on the child:-

Father, you love all whom you have made, to you who entrust this child. Comfort his parents in their grief and uphold his family with your love through Jesus Christ, your Son, our Lord. Amen.

A clergy can change the gender in this prayer to ensure that it caters for a girl child.

5.4.3. OFFERING EMOTIONAL AND PRACTICAL SUPPORT

The clergy shared that they provide emotional and practical support to the bereaved mothers as it encourages them to share their thoughts, emotions, and concerns openly. In contrast, the clergy offers a compassionate and understanding presence. When a mother has lost their child, the church can use empathy and compassion to gauge their emotional state. After the funeral service, it is even more important to show the grieving mother empathy and compassion as she is left alone in order to deal with the reality of losing the child. Some clergy also highlighted pastoral visits to the homes of the bereaved mothers, where the church may offer religious or spiritual rituals, such as prayers, memorials, or sacraments, depending on the mother's specific needs. The pastoral visit aims to comfort, guide, and encourage bereaved mothers as they navigate life's ups and downs.

5.4.4. PRACTICAL ASSISTANCE

The traditional model recognizes that bereaved mothers often struggle with practical matters after their child's death. The clergy shared that they offer practical assistance such as coordinating meals, connecting the bereaved mothers with support services, or helping them navigate administrative tasks related to funeral arrangements or paperwork. Some of the Churches even collect money to assist the bereaved mothers financially.

5.4.5. PERIOD OF GRIEVING

This question was responded to in different ways, some put specific time periods and some of the clergy responded by saying it depends on the response of each bereaved mother. Some of the clergy believe that some of the mothers usually exhibit a complex and ongoing grief process. However, they never addressed the journey they undertake with the mothers during that long process. Clergy may continue to offer support and guidance to bereaved mothers beyond the immediate aftermath of the loss, helping them navigate anniversaries, holidays, and other significant milestones of the child.

5.4.6. CONSIDERING THE GENDER OF THE CHILD

I never posed this question, but it came out during the interviews that a clergy member expressed a vital concern for the bereaved mother when a male child dies, as the boy child carries on the family name. This is closely tied to the African practice of kinship, which emphasizes the importance of family continuity. Brandel-Syrier shared how certain African cultures view a boy child.

"The first male child is important to us Africans. He has certain privileges. He is the first to be served with food, he is consulted on family matters, he also has, as the eldest, direct contact with his father, and is treated as the future head of the family."

"Also, he is the main heir. He inherits his father's personal belongings and the family relics. The major share of the cattle is his. If the father thinks well of education, or if he wants it himself, it is the first-born who is educated first."

"Furthermore, while he is still young, he has special responsibilities. He has to allow others a share of his inheritance. No one should go hungry or be in need. He must assume responsibility for the other children if the father dies. He is responsible for their upbringing and well-being. He has to see to their education, pay his younger brother's lobola, find suitable husbands for his sisters, and generally provide for their needs."

"He is still like that or should be. "

"He also has a right to be consulted in all family matters, and that brings further responsibilities" (1979:42).

Nel believes that clergy are responsible for guiding people towards God instead of simply reinforcing their traditions, which the Diocese of Swaziland has warned against in the interviews. In his research, Nel highlights the importance of considering cultural factors when practicing theology, especially when it comes to traditional customs related to birth, puberty, marriage, and death. By doing so, it becomes easier to determine which aspects are in line with both Scripture and church tradition (Nel 2007:241). While responses to the interviews might provide information on the Church's response to gender identity and gender dysphoria, they do not directly address the question at hand. Therefore, based on existing knowledge, it can be said that the Church should respond to the death of every child with compassion and empathy, regardless of the child's gender. Every child is a precious creation of God, and their death is a tragedy that should be mourned and grieved by the Church

community. The Church should offer support and comfort to the family and friends of the deceased child and pray for their souls to rest in peace.

5.5. CRITICISM OF THE TRADITIONAL PASTORAL CARE MODEL

Regarding supporting bereaved mothers, the traditional pastoral care model focuses on providing comfort and support to help them process their grief and move forward. However, this model has received criticism for its lack of consideration for individual needs and its simplicity. As time has passed, the concept of pastoral care has evolved, moving from traditional Christian ministry to more contextual and professionalized approaches. Some mothers may require different types and amounts of support, and the traditional model may not address their spiritual or emotional needs. This has led to a discontinuity between traditional and modern pastoral care models as pastoral theology incorporates insights from the human sciences. The problem with the maintenance of ecclesiology is their inability to support and energize core ministries, such as pastoral ministry.

5.6. NO APPROVED STRUCTURED PASTORAL CARE MODEL

After interviews with several dioceses, I noted no uniform approved pastoral care model to assist bereaved mothers. Every mother grieves differently, and there is no standard manner to suffer. All the participants highlighted that although there was no approved pastoral care model, they still provided pastoral care, as highlighted above. Bereaved mothers face different emotions, such as shock, anger, guilt, loneliness, fear, and panic. Some may feel confused or abandoned, while others may be overcome with paralysis!. A structured bereavement model can provide a holistic response to the bereaved mother during this difficult time. It can help them cope with their loss of emotions and eventually move forward. So, when clergy indicated no structured pastoral care model for bereaved mothers, the lack of a pastoral care model has several implications. Without a standard in grief care, the Anglican churches may experience a chasm between what they perceive to be the wants and needs of bereaved mothers versus the expectations of the mothers grieving their child's death.

The lack of a pastoral care model for bereaved mothers may cause significant distress for the bereaved mothers. This lack of support hinders the church's mission of providing comfort and support to bereaved mothers, and it also fails to address the

needs of a significant portion of its congregation, as the number of mothers who have lost a child is significant. The implications can also manifest in the following ways: -

5.6.1. LACK OF EMOTIONAL SUPPORT

According to a study by Law and Kirk (2021), parents who have lost a child experience constant grief, regardless of how long it has been. They also struggle with a lack of information and emotional support during the bereavement process. Without a structured pastoral care model, clergy members may find it challenging to provide the necessary emotional support to these mothers. Bereaved mothers' emotions are often complicated and intense, and clergy members may unintentionally overlook their specific needs without proper guidance and understanding. This can lead to feelings of isolation and difficulty coping with their sorrow effectively.

5.6.2. LIMITED SPIRITUAL GUIDANCE

During this challenging time, bereaved mothers often struggle with questions of faith and spirituality. They seek spiritual guidance to find comfort and meaning in their loss. However, suppose the clergy do not follow a comprehensive pastoral care model to address their unique spiritual needs. In that case, these mothers may feel spiritually disconnected and unable to heal fully. This is why a comprehensive pastoral care model is so vital for spiritual support.

Research by Klass in 1999 shows that bereaved parents who found solace in spiritual and/or religious coping strategies experienced improvement. For example, parents who believe in an afterlife find comfort in believing their child is in a better place and close to God. They believe they will reunite with their child when they pass away. Ganzevoort & Falkenburg's study (2012), also found that spiritual/religious coping strategies helped alleviate the pain of bereaved parents. These strategies include using rituals, sacred texts, prayer, trusting God, connecting with others, and remaining connected to the deceased child. These strategies give parents inner strength and comfort and give meaning and purpose to their child's death.

5.6.3. INCREASED PREVALENCE OF UNRESOLVED TRAUMA

Chapter 2 discussed the advantages of guided mourning, demonstrating that guiding bereaved mothers can help them find meaning and purpose in their lives, move forward, and become emotionally stronger. Research shows that bereaved parents can transform their lives and honour the memory of their deceased child with the right support. Without a customized pastoral care model, these mothers may have difficulties fully processing their loss, resulting in prolonged grief and unresolved trauma.

5.6.4. DECREASED INVOLVEMENT IN RELIGIOUS COMMUNITIES

According to Gilbert's study, clergy's better understanding of grief and mourning can help their parishioners cope with loss, which can be helpful *not just for the bereaved mother only* but for the entire family (1992). If the church community support is lacking, bereaved parents may feel disengaged from the religious community. The clergy must be present with the bereaved mother during this difficult time, even though sitting with them in their pain may be inconvenient and challenging. If bereaved mothers do not receive adequate support from the clergy, they may become disengaged from religious communities and activities. This can significantly impact their overall well-being and ability to cope with grief. A lack of pastoral care may leave the mothers unheard of and discourage their continued participation in religious activities.

5.6.5. POTENTIAL FOR MISUNDERSTANDINGS AND INSENSITIVITY

Without a well-defined and approved pastoral care model, the clergy may unintentionally misunderstand or approach the grief of bereaved mothers insensitively. This can further complicate the healing process and strain the relationship between the mothers and the religious community. In the Calderwood *et al.* study, it was highlighted that for decades, the grief experiences of bereaved parents have been different from those of people dealing with other types of death but are still poorly understood. The participants highlighted that, at times, they must address the expressed concern about “stupid” and “insensitive” things people say and misunderstandings about the process when a parent loses a child. The clergy should be grief facilitators, encouraging expressing and discussing the feelings associated

with grief. The absence of the pastoral care model will create what the participants in the Calderwood *et al* study reported: Clergy actively assist the bereaved mothers in telling their story and expressing the full range of reactions towards their grief (Calderwood 2021:2).

5.6.6. LIMITED GUIDANCE

A pastoral care model is a structured approach that can help bereaved mothers navigate through their grief journey. Without this model, clergy may find it difficult to provide appropriate guidance and resources to aid these mothers in coping with their loss. This can lead to confusion and uncertainty and hamper their ability to heal and move forward. The importance of pastoral care cannot be overstated, as evidenced by a study conducted by Mawson *et al*. In this study, guided mourning was provided to patients through six 1 1/2-hour sessions over two weeks. At week 4, guided mourning patients showed significant improvement compared to those who did not receive guidance (1981:190). Guiding bereaved mothers can benefit the church in several ways, as it can help these mothers experience the love of God through pastoral care, as Mary, after Jesus' ascension, found support from those who stood by her during the early Christian community. This community was traumatized and faced constant threats of persecution and death.

5.6.7. POSSIBLE INSUFFICIENT PRACTICAL SUPPORT

Bereaved mothers often require practical support in addition to emotional guidance. For example, they may need assistance with funeral arrangements before the burial, financial matters, or access to support groups. Ilunga conducted a study aimed to resource the Church with practical methodologies to help congregants cope with grief found that the bereaved often face the ongoing challenges of grief with little support from the Church. His study examined the troubling issues the bereaved experience after the death of a loved one and used qualitative data from interviews and questionnaires to outline practical methodologies to provide meaningful and effective grief care ministry to congregants suffering from grief (2021). A pastoral care model can help clergy members identify and address these practical needs. Mothers may face additional burdens and challenges during a difficult time without such a model.

5.6.8. POTENTIAL FOR MISCOMMUNICATION OR MISUNDERSTANDING

Bereaved mothers may have unique needs and perspectives that clergy may not fully understand without a specific model for pastoral care. This can lead to miscommunication or misunderstanding of their grief experience, potentially causing further distress or emotional disconnection. The possibility of miscommunication or misunderstanding caused by sociocultural influences can also play a role in misunderstandings between bereaved mothers and clergy. The lack of social prescriptions concerning mourning and bereavement may result in serious adjustment and recovery problems for the recently bereaved mother (Osterweise *et al.* 2005).

5.7. THE GRIEF MODELS THAT THE CLERGY USE

In response to question 4 above, the clergy indicated when they pastorally care for bereaved mothers, they rely on grief theories such as Kübler-Ross ' Five Stages of Grief, the Wounded Healer, and other methods as already discussed above. One of the clergy members was a counsellor in their previous life, and one was a clinician, and their contributions were valuable to the online meetings. The majority of the clergy seemed to be using Kübler-Ross. The clergy members of the Diocese of Johannesburg also highlighted that they rely on Anglicare.

5.7.1. THE KÜBLER-ROSS MODEL

The Kübler-Ross model is a psychological framework that explains individuals' emotional journey when facing the prospect of their own death or the loss of a loved one. For clergy who pastorally care for bereaved mothers, the benefits of understanding the five stages of grief can be significant. These benefits include providing insight, normalizing grief reactions, tailoring pastoral care, encouraging emotional growth, and facilitating community support. By recognizing that grief follows a series of stages, clergy can better comprehend and empathize with these mothers' challenges. The model offers a valuable roadmap for understanding the complex and often conflicting emotions experienced by bereaved mothers. By recognizing that grief follows a series of stages - denial, anger, bargaining, depression, and acceptance - clergy can better comprehend and empathize with these mothers' challenges. The

clergy can reassure bereaved mothers that their reactions are normal and part of a natural healing process. This validation can bring comfort and alleviate feelings of guilt or confusion. By recognizing which stage a bereaved mother might be in, clergy can tailor their pastoral care and support accordingly. For example, during the anger stage, a mother might need an understanding ear to vent her frustrations, while during the acceptance stage, support might focus more on coming to terms with the loss and finding hope for the future.

The Kübler-Ross model emphasizes that grief is not a linear process, and individuals may move back and forth between stages. Clergy can help bereaved mothers embrace this fluidity and encourage emotional growth by acknowledging setbacks and celebrating progress. This support can foster resilience and contribute to a healthier bereavement experience. The clergy can sometimes foster this as they link the bereaved mothers to support groups or resources. By recognizing the commonalities among individuals experiencing grief, clergy can foster a sense of community and help mothers find solace in the shared experiences of others who have gone through similar journeys.

However, having said the above, it is essential to note that not everyone experiences these stages in the same way or in the same order. Some people may skip a stage or experience them out of the stated order. It is also important to remember that grief is a process that takes time to heal. There is no right or wrong way to grieve. This has caused the Kübler-Ross model to be criticised by several scholars; Stroebe *et al.* highlight, amongst others that it is crucial to recognize that using the stages approach as a guideline in supporting bereaved persons may raise undue expectations, even presumptions about the course that grief should take (2017:369). Tyrrell *et al.* highlight that the principal criticism of Kübler-Ross 's stages of death and dying are that the stages were developed without sufficient evidence. Another significant criticism of the model arises when it is viewed as prescriptive rather than descriptive, indicating that a patient must move through each stage to reach the final goal of "acceptance." This view holds many assumptions, including that progression through the stages is linear and that some stages are inherently less adaptive than others (Tyrrell *et al* 2023:4).

It is important to understand that not everyone goes through the stages of grief in the same way or order. Some mothers may skip stages or experience them differently. Grief is a process that takes time to heal, and there is no right or wrong way to grieve. Some scholars have criticized the Kübler-Ross model, such as Stroebe *et al.*, who suggest that using the stages as a guideline may create unrealistic expectations about the grieving process (2017:369). Additionally, Tyrell *et al.* note that the model was developed without sufficient evidence and that it is viewed as prescriptive rather than descriptive. This view assumes that progression through the stages is linear and that some are less adaptive than others (2023:4). Although I have emphasized the benefits of the Kübler-Ross model, the clergy should be aware of criticisms against the Kübler-Ross model and reflect on it as they address the bereaved mothers.

5.7.2. WOUNDED HEALER MODEL

In their work on pastoral theology, Philip and Dreyer (2023) delve into the idea of the wounded healer. They explore how pastors can maintain their integrity in a world that has shifted from a modern to a postmodern worldview. According to the authors, the wounded healer is a paradoxical figure who can provide healing to others but is unable to heal themselves. The article suggests that the wounded healer can be a powerful force in the lives of others because of their own wounds. In counselling and therapy, the wounded healer model emphasizes the link between personal experiences of suffering or healing and the ability to provide support and empathy to others facing similar challenges. This framework suggests that those who have experienced and overcome their psychological wounds can effectively assist others with similar struggles. When clergy members apply this model to maternal bereavement and have personally experienced it, they can offer a unique and deeply empathetic understanding to those in similar situations. They can identify with the pain, grief, and complex emotions experienced by bereaved parents and provide a safe space for open communication and emotional support. However, it is essential to note that this approach for the relevance of this study, limits the role of the wounded healer to female clergy, which is not the objective, as all clergy need to incorporate maternal bereavement in their ministry. The book "Still a Mother" gives a new perspective on Henri Nouwen's term, "wounded healers," as it tackles the painful stories of perinatal loss experienced by seven clergywomen. These women share their personal

experiences, and the pain they feel is evident in their stories. They walk a tightrope between their theology and their own stories, and their grief has the power to change their beliefs. This book shows us that even women who are considered wounded healers face challenges that can hinder their healing ministry (Freeman and Jonson 2016:196).

While this model can be beneficial, it also has weaknesses when applied to maternal bereavement. The wounded healer may unintentionally bring their own unresolved grief and emotions into the therapeutic relationship, leading to potential confusion of roles and boundaries between the client and therapist. This can hinder the healing process of the bereaved individual.

Furthermore, when working with individuals who have experienced maternal bereavement, the wounded healer may become retraumatized or overwhelmed by the stories and emotions shared by their clients. This can lead to excessive personal distress and burnout, decreasing their ability to provide adequate support. Each person's grief process and experience of maternal bereavement is unique, and while a wounded healer may have healed from their own related wounds, their experience may differ significantly from their clients'. This means that their personal journey may not always directly translate or be applicable to their clients' experiences, potentially limiting the effectiveness of their support. Zerubavel and Wight highlight that the wounded healers may encourage secrecy and shame among the wounded, thereby preventing access to support and guidance and discouraging timely intervention when needed (2012:489). The wounded healer's perspective may be biased toward their own healing process, potentially overlooking and undervaluing alternative approaches and interventions that could benefit their clients. This can result in a narrow and less comprehensive understanding of maternal bereavement and the available therapeutic options. Therefore, while the wounded healer model can be a valuable resource in many therapeutic settings, it is important to acknowledge and address these weaknesses when applying it to maternal bereavement to support bereaved individuals effectively.

5.7.3. ANGLICARE

The Diocese of Johannesburg has stated that they incorporate Anglicare and other models like the Kübler-Ross model to assist with grief. Anglicare is a non-profit organization that offers various social services and support to individuals and families facing challenges such as financial hardship, homelessness, family breakdown, and mental health issues. Although Anglicare may not have specific programs or services solely dedicated to maternal bereavement, they can offer counselling and support to those who have experienced the loss of a child, including maternal bereavement. Anglicare provides an opportunity for partnership with clergy, as they offer a range of services to those in need, including those who are experiencing maternal bereavement. Additionally, Anglicare provides resources and information about maternal bereavement through its website and helpline.

5.8. RESOURCES THAT THE CLERGY REQUIRE FOR EFFECTIVE PASTORAL CARE TO THE BEREAVED MOTHERS

All the participants, from the face-to-face, online, and Google Forms, responded to this question. They all agree that clergy require various resources to provide adequate pastoral care to bereaved mothers. You will note in the table below that their needs have been categorised using the keyword; they did not have any uniform answer.

Table 1. Keywords for resources needed for pastoral care for bereaved mothers			
Counselling	Support	Human resources	Additional resources
Counselling	Emotional support	Mother Union	Books, training of clergy
Written programme	Prayer guides	Well trained Team	Hospice Grief Counselling
Clear programme	Psycho-social support	Volunteer Groups	Time
Lifeline			Grief Booklets
Personal Growth			Referral to Therapists
Counselling Course			
Self-counseling			

During discussions, the participants expressed their need for grief counselling books for parents who have lost a child. They suggested that these books would be helpful

in the clergy to provide better pastoral care. The participants also emphasized the importance of support groups for the clergy dedicated to helping bereaved parents. These groups can provide valuable insights, shared experiences, and emotional support that the clergy can use in their work. Additionally, the participants noted that various guilds within the church can assist with pastoral care.

The clergy members highlighted the need for courses on grief counselling and bereavement care to enhance their skills and knowledge in providing effective pastoral care to bereaved mothers. They also expressed a need for training in pastoral counselling, which can equip them with the skills and knowledge necessary to provide support and guidance to individuals and families facing personal and relationship challenges. This training typically focuses on empathy, active listening, conflict resolution, crisis intervention, and referral procedures. The clergy members emphasized that ongoing training is necessary to stay updated on pastoral care practices. This may involve attending conferences, workshops, seminars, and courses on counselling skills, grief support, pastoral ethics, mental health first aid, marriage and family counselling on bereavement, and other relevant topics.

Some participants felt a need to provide the clergy with information about local resources such as grief counsellors, therapists, and support services for bereaved mothers. These resources can serve as additional support systems for mothers who need specialized help.

Some clergy felt a need to develop a mini prayer book for the bereaved mothers, which will share relevant Bible verses and devotionals that offer comfort, hope, and guidance in times of loss. The clergy can use these spiritual resources to provide solace and encouragement during their pastoral interactions.

Many participants expressed the need for a liturgy to help clergy develop or access bereavement rituals that can be used to commemorate the loss of a child. These rituals are crucial for the healing process of bereaved mothers and provide closure and comfort.

Clergy are trained to listen to their congregants, but many feel the need to improve their active listening and empathy skills, since they are essential to provide effective pastoral care. They should be directed towards resources that can help develop these skills, such as books, e.g. a book by Wolfelt 2015, *Death and Grief: A guide for Clergy*, articles, or online courses on active listening and empathetic communication.

The participants emphasized that manuals and books on pastoral care offer valuable insights, practical strategies, and case studies that can help clergy develop their pastoral care skills. Access to spiritual and devotional resources, such as sacred texts, prayer books, sermons, and contemplative materials, is also important for clergy to nurture their own spirituality and provide spiritual guidance to others. These resources help clergy deepen their theological knowledge and offer meaningful perspectives to those seeking guidance.

In today's digital age, clergy may rely on technology and communication tools for effective pastoral care. This includes access to email, video conferencing, phone services, social media platforms, and counselling software to facilitate remote counselling for the bereaved, communication with congregants, and coordination of pastoral care initiatives. This must not be taken to be exclusively the form of pastoral care; the digital age must not be seen to replace the ministry of presence which is intentionally enacting and embodying a powerful way to serve others and bring comfort to those who are hurting.

One key point emphasised by some clergy members is the need for prioritizing self-care to provide effective care to the bereaved mothers to prevent burnout and compassion fatigue. Stilos and Wynnychuk (2021) emphasise the importance of self-care for those dealing with trauma daily, including the clergy, and suggest that improving one's wellness involves implementing self-care strategies that prioritize both personal and professional self-care. Personal self-care strategies include maintaining a healthy lifestyle, regular exercise, vacations, hobbies, and work-life balance, as well as prioritizing relationships with families, loved ones, and community. It may include maintaining a healthy lifestyle, regular exercise, vacations, hobbies, and work-life balance. Self-care resources include taking time for retreats, practicing mindfulness, seeking mental health support, engaging in physical exercise, and maintaining a

healthy work-life balance. Some also noted the importance of joining professional support networks like clergy groups or ministerial alliances in order to connect with peers, share experiences, and learn best practices. Building relationships with other professionals and community resources, such as mental health providers, social workers, or community organizations, is also important for offering comprehensive pastoral care. These networks can provide supervision, mentoring, and collaborative learning opportunities, which can help prevent burnout, maintain well-being, and model healthy behaviours to congregants. It's worth noting that staying informed about the latest research and practices in grief counselling is essential for clergy to adapt their pastoral care approach effectively.

5.9. PRELIMINARY CONCLUSION

I found it inspiring that the clergy of the Anglican Church in Southern Africa are actively involved in providing pastoral care to bereaved mothers, using their knowledge to guide them. Through face-to-face and online discussions, I learned a lot from the clergy's personal experiences. During an interview with the Diocese of Natal, I realized that I had some biases, not realizing that clergy members also grieve the death of their children. They also highlighted cultural obstacles that can hinder pastoral care. I appreciate that the Diocese of Johannesburg has embraced Anglicare, which other Dioceses did not mention. It is essential to remember that every bereaved mother has unique needs, so creating a personalized pastoral care model to support them during the grieving process is crucial. Failure to do so can have significant consequences. Clergy members need to recognize the importance of providing customized pastoral care to bereaved mothers and seek training and resources to support them. By developing a specific model, they can better empathise, understand, and address the concerns of bereaved mothers, providing them with the support they need during this challenging time.

CHAPTER 6

MATERNAL BEREAVEMENT HEALING METHODOLOGY

6.1. INTRODUCTION

The previous chapter dealt with the interviews, data analysis, and findings. This chapter proposes an integrative pastoral care model for grief support designed to assist clergy in providing compassionate and effective care to bereaved mothers in the Anglican Church of Southern Africa. However, this model can be used by other denominations and churches. This study only investigated the clergy practices and did not investigate the specific challenges faced by bereaved mothers. The mothers' challenges and needs will be explored at length in the doctoral studies. However, the studies from Western writers from the nursing, psychology, and medical fields were the basis for gleaning the needs of the mothers. The death of a child is a devastating experience for any parent, and mothers often bear the brunt of the grief. In dealing with their emotions, mothers must also support their other children, their spouse or partner, and other family members. They must play the role of being average in the community as culture dictates. Mothers require a response and understanding under the circumstances; this is the space where the clergy can play an essential role in providing support to bereaved mothers as they enter their lives of the bereaved mothers as the shepherd of God's flock, to bring in healing and transformation through journeying with them in their grief journey. The clergy's intervention will help bring emotional, psychological, and physical healing, allowing them to come to terms with the death of their children. The caution is that the clergy must be aware that there is no one-size-fits-all approach; different mothers will have different needs, and other clergy will have different strengths and weaknesses to respond to the needs of each case.

The model incorporates psychological, theological, and social support elements to create a holistic approach that addresses grieving mothers' emotional, spiritual, and practical needs. By utilizing this model, clergy can offer comprehensive and tailored support to bereaved mothers, promoting healing, growth, and resilience during their grief journey.

6.2. OVERVIEW OF THE CHALLENGES FACED BY BEREAVED MOTHERS

Bereaved mothers face numerous challenges when grieving the death of their children. As already highlighted, this would be the study for the Ph.D.; however, I will use the studies conducted in all the fields to highlight the challenges mothers face that require a pastoral response to their grieving.

Klatch *et al.* highlighted that losing a child is an unimaginable and devastating experience, leading to profound sadness, confusion, and despair. Bereaved mothers often experience intense grief, manifesting in various ways, including sadness, anger, guilt, and hopelessness. Bereaved mothers may struggle with the overwhelming intensity of their grief, finding it difficult to cope with their emotions. Klatch noted that even while losing a child is a devastating experience, there may be a possibility for the mother to develop posttraumatic stress, which leads to complicated grief. The significant findings demonstrated that these variables may influence the likelihood of recovery, the emergence of an adaptive experience, or even the exacerbation and acknowledgment of a problematic grieving process (2022:28).

In another study, Popoola *et al.* found that grief can be an isolating experience, making bereaved mothers feel disconnected from others who have not experienced a similar loss and who may not understand or know how to support them. Finding individuals who truly understand their pain may be challenging, making them feel alone in their grief. They may feel like they have lost a part of their identity as a mother and struggle to connect with friends and family who have not experienced similar loss. They surmised that the bereaved mother "may feel unsupported, isolated and miss out on critical bereavement support." As a result, grieving moms' social networks may be impacted by their guilt, mistrust, and unmet support expectations (2021:10). Cultural bereavement practices may also contribute to the isolation of the bereaved mothers. Ayebare *et al.* reported that women living in urban settings in both Kenya and Uganda, particularly those who had migrated for employment or partners' employment, tended to describe feelings of loneliness and isolation more frequently after the death of their baby (2021:5). This is also true in Southern Africa. Drench *et al.* highlighted that bereaved women in South Africa must follow set rules, such as wearing mourning

clothes, no intermingling with other people in public spaces and being home by sunset (2013:363).

Stroebe *et al.* also found that mothers often experience guilt and self-blame after the death of their child. They might question their parenting choices, blame themselves for the loss, or feel guilty about being unable to protect their child. These feelings can intensify their grief and make the healing process more difficult. The most substantial positive findings in the study of Stroebe *et al.* are the association of self-blame and grief symptoms. They found that high levels of self-blame are associated with high initial levels of grief *and* a slower decrease in grief symptoms over time (2014:6). Society often does not fully understand the depth of a mother's grief when they lose a child. Some people may inadvertently underestimate their pain, expecting them to move on quickly or avoid discussing the loss altogether. This lack of understanding can further isolate bereaved mothers and add to their challenges.

Coping with the loss of a child requires significant adjustments to daily life, including managing household responsibilities, dealing with potential financial strains, and adjusting to the changes in family dynamics. These practical challenges can compound the emotional pain experienced by bereaved mothers. The loss of a child can strain relationships, including those with partners, family members, and friends. Each person grieves differently, and disagreements or misunderstandings may arise, leading to increased tension and further complicating the grieving process for bereaved mothers.

Bereaved mothers may encounter emotional triggers such as birthdays, holidays, or other significant milestones associated with their children. These events can reignite intense grief, and navigating these occasions with a sense of loss is challenging. Umphrey and Cacciatore highlighted, "Anniversaries of birth and death dates are a particular challenge for bereaved parents. Many parents talked about the anticipation of the date. The newly bereaved do not know how they will react and are unsure what to do on that date. One dilemma parents face is the degree to which the data is shared with "others" (2011:148). The grief experienced by bereaved mothers may have long-term effects on their physical and mental well-being. They might suffer from

depression, anxiety, sleep disturbances, or physical health issues as they grieve their child's death.

Every bereaved mother's journey is unique, and they may face additional challenges specific to their circumstances. Providing support, empathy, and access to resources can significantly assist them in navigating the complexities of grieving the death of their children.

According to Barth, pastoral care is an expression of the Christological core of the church's belief that enables the treatment of those wounded, whether Christians or non-Christians. Barth asserts that these wounds assist the Clergy in locating the bereaved mothers' lives in an ongoing narrative story that reveals God's glory to the world. God's glory is visible in the existence of a people who have been blessed by a kind God through their challenges (2003:24). In the clergy responses, it was evident that there are no pastoral care models that are set and utilized by the Clergy in all the Dioceses that were interviewed and I think it is safe to surmise that the entire Anglican Communion in the ACSA does not have a model. I shall explore an integrative pastoral care model for bereaved mothers to be used by the clergy in the Anglican Church of Southern Africa.

6.3. CLERGY IN THE GRIEF SUPPORT PROCESS

According to Clemens (1976), Clergy has special advantages in helping people manage these crises. Traditional religious responses provide hope, comfort, a sense of continuity with centuries of human experience, a feeling of being part of something greater than oneself, and an established way of proceeding in a crisis. Additionally, the pastor's role in the parish gives them ongoing relatedness to a defined group of people in their everyday lives, with ready access to those who are struggling. These features resemble basic principles of the community mental health approach. The clergy's schedule, while busy, is flexible, and their services are free. Before looking at the role of the clergy, it is essential to investigate the position of the Anglican Church of Southern Africa in terms of how they see their clergy in pastoral care.

6.3.1. THE ANGLICAN CHURCH STANDARD OF PASTORAL CARE

The Synod of the Anglican Church of Southern Africa 2011 adopted a motion that proposed the standards and values of the church. The pastoral standards mention that 'the model for every minister's role in pastoral care is that of Jesus. The context is that of the Christian community and its health as a body' (ACSA Pastoral Standards). This document locates the pastoral care model of the Anglican Church to be that modelled in Jesus Christ. Jesus is regarded as a good pastor because he referred to Himself as a Good Shepherd, and the word pastor is a Latin word that means shepherd. In John 10, when Jesus Christ said he was a good shepherd, he suggested, "I am the good pastor." The good [pastor] lays down his life for the sheep [his people]" (John 10 NIV).

Fyre highlights in the heart of pastoral work that Jesus Christ is the best example of how to tend to the flock. Fyre states, "Deep-felt compassion is one of the primary and controlling emotions of pastoral ministry. Jesus felt it and, as Chief Shepherd, modelled it for all who would pastor. This motion is visceral and compels action. It is a heart of God for people". (2001:85)

Jesus is widely regarded as a model of pastoral care due to his compassionate and nurturing approach to those he encountered. He demonstrated several characteristics that set an example for pastoral caregivers today:

1. Jesus had deep compassion and empathy for those who are hurting or marginalized people. He engaged with people from all walks of life, listening to their concerns and offering healing and comfort. He showed compassion and understanding towards

individuals without judgment, meeting their immediate needs and addressing their spiritual and emotional well-being.

2. Jesus made himself available to people; he was easily accessible, often going out of his way to be present with them. He did not withdraw from those who sought his help but instead welcomed them and created an atmosphere of acceptance. He was easily approachable, allowing people to express their concerns freely and seeking to understand their unique situations.

3. Jesus was an active and attentive listener, genuinely interested in understanding the hearts and souls of others. He listened patiently to people's stories, allowing them to express their emotions, fears, and doubts fully. By actively listening, he demonstrated the value of each person's experience and provided a safe space for them to be heard.

4. Jesus prioritized the holistic well-being of individuals. He addressed physical ailments and sought to heal people spiritually and restore them emotionally. His interaction with the sick, the oppressed, and the broken exemplified his desire to restore them to a place of wholeness and renewed purpose.

5. Jesus served as a teacher, giving wisdom and guidance to those seeking it. His teachings focused on love, forgiveness, and the kingdom of God, providing moral and spiritual guidance for his followers. He challenged societal norms and encouraged personal growth and transformation.

6. Jesus demonstrated sacrificial love by giving of himself for the sake of others. His ultimate act of love was his sacrificial death on the cross, symbolizing his willingness to bear the burdens and sins of humanity. This sacrificial love is a model for pastoral caregivers to lay down their agendas and selflessly care for others (Steyn and Yousaf 2010).

By embodying the traits that have been spelled out above, Jesus serves as the ultimate model of pastoral care. The Clergy can strive to emulate his compassion, accessibility, active listening, healing, teaching, and sacrificial love as they support and care for bereaved mothers. The Clergy must assume the role of being good shepherds. The mandate Jesus gave Peter in John 21:15-17 was not limited to Peter but was accepted by all chosen to be shepherds of God's flock. That mandate calls on the Clergy to "feed my lambs ... take care of my sheep ... feed my sheep." As the clergy takes care of the lambs of Jesus, they participate in the ministry that Jesus gave to Peter. Gerkin concretized this mandate as he enunciated the journey of the flock whose lives have met with adversity and, in this regard, the bereaved mothers; "To care for persons is to inquire them, search with them, question with them about what the events of their lives mean at the deepest level. It also means to inquire with them into how their questions and experiences have been presented in the past and how those questions have been answered, most particularly with the people in the Bible" (1997:125). When dealing with bereaved mothers, the clergy cannot be superficial but instead would need to enquire deeply about their grief to understand and respond to what they are going through.

6.3.2. THE GRIEF SUPPORT PROCESS

By its very nature, pastoral care is biblically based, and the clergy plays a vital role in the grief support process. Gerkin explains, "It is not enough for *the clergy* to become relatively competent psychologists and therapeutic counsellors if they adequately perform their pastoral role. They need also to become competent in helping people make connections between their lives of faith within the community and tradition that identifies us as the people of God, and the day-to-day individual, social, and cultural realities of our lives" (1997:95) (*my emphasis*). The clergy provides spiritual guidance and support to the bereaved mothers during grief. They offer prayers and comfort and

help grieving mothers find meaning and solace in their faith. It can benefit those profoundly connected to their religious beliefs and seek support from their faith community.

Grief often comes with a wide range of emotions, including sadness, anger, guilt, and confusion. Clergy members are trained to offer emotional support and compassion to grieving people. They listen actively, provide empathy, and offer a safe space for individuals to express their feelings without judgment. Clergy members are well-versed in providing liturgical services, essential for the grieving process and may assist the mother in their grief journey. These ceremonies allow the bereaved mother and her family to come together, remember the loved one, process their emotions, and find closure. The clergy's involvement in planning and conducting these rituals can bring comfort and structure to those suffering.

For individuals who draw strength from their religious beliefs, the clergy can offer specific faith-based resources to support them during their grief. Readings from religious texts, sacramental practices, or participating in communal mourning rituals are a few examples of activities that might aid people in finding comfort and healing.

The clergy often serves as a bridge between grieving individuals and the wider community. They can help connect mourners with support groups, counseling services, and other resources within their faith community. Additionally, clergy members may organize community events or gatherings that allow people to come together and support one another in their grief.

It is important to note that the clergy's role in grief support may differ depending on the individual's religious beliefs and cultural practices. Therefore, it is essential to respect and honour each person's unique needs and preferences when seeking grief support from the clergy.

6.4. BEREAVEMENT THEORETICAL FOUNDATIONS

To develop the integrative pastoral care model, it is essential to recall that pastoral care is a ministry of caring for the spiritual needs of individuals, families, and

communities. Magezi refers to it as 'pastoral care as 'cure of souls' is about soul care, and soul care is about people and the centre of their existence as well as their focus on God and dependence upon him because of a faith shaped by the salvific events of the cross and resurrection" (2019:3). I agree with Magezi's argument that pastoral care should be rooted in the Bible and provided within the Church setting to maintain its distinctive identity and connection with *cura animarum*. Magezi explains "*cura animarum* as an exceptional process of caring: caring for human life because God creates it, belongs to God, and is saved by God in Christ" (2019:1). Doehring asserts that in Christian tradition, the care provided to individuals within the community was historically referred to as pastoral care. This form of care was offered by both lay and ordained members of the Christian community and was intended to provide support during times of crisis. The term "pastoral" comes from the image of the shepherd found in the Bible, which has long been used to depict how Christian leaders and laypeople care for members of their religious communities, communicating God's love to them. Moodley in his article about pastoral care during covid time, echoes this sentiment and crystallises the maxim: "Pastoral care has been historically defined as intentionally enacting and embodying a theology of physical presence" (2023:2). This means that pastoral care involves being present with those in need, both physically and emotionally, and embodying a theology of care that emphasizes compassion, empathy, and understanding. By providing pastoral care that is responsive to the needs of those in our care, we can help to alleviate the complex mental health challenges that arise in the wake of their challenges.

Magezi is a South African scholar who views the Bible's use in pastoral care as essential. I concur with the hermeneutic use of the Bible to develop and execute pastoral care guidelines as espoused by Steyn and Yousaf (2010:2). However, some people stand against and argue that it would be legalistic and prescriptive for the Word of God to be argued as the basis of pastoral care. The clergy cannot relegate the role of providing God's people with pastoral care to another field. Gerkin states they must play a role: "We must carry with us the balance that our Old Testament Israelite ancestors struggled to achieve among the functions of pastoral leaders as priests, prophets, and as the wise guides of the people" (Gerkin 1997:79-80).

There are a variety of different pastoral care models that can be used to support bereaved mothers; I will investigate these pastoral care models below. Some models focus on providing emotional support, whereas others focus on helping mothers find meaning in their loss or develop coping mechanisms. Some models are faith-based, whereas others are secular. These are some of the pastoral care models widely used; I will only look at three however, the clergy will need to know most of these theories: -

6.4.1. THE RANDO TRAUMA MODEL

The Rando Trauma Model is a model of grief and trauma developed by Therese A. Rando. This model is based on the concept that grief and trauma are distinct but related experiences. Grief is a common response to the loss of a loved one, whereas trauma is a response to an event outside the everyday human experience. The Rando Trauma Model can help clergy provide bereaved mothers with the needed support.

The model suggests six R processes of mourning, which must be accomplished throughout the phases of mourning. These processes give a greater sense of fluidity, complexity, and extended time frames for completion. The term "processes" replaces the term "tasks," which better describes the ongoing, active process of moving towards accommodation.

Rando differentiates grief from mourning, where grief is an involuntary reaction to the loss, whereas mourning is an ongoing, active process of moving towards accommodation. According to her, there are three phases of mourning: the avoidance phase, the confrontation phase, and the accommodation phase. During each phase, specific R processes are accomplished.

The six R processes of mourning are:

1. Recognize the loss: This means acknowledging the death and understanding the situation. It occurs in the avoidance phase.

2. React to the separation: This process involves experiencing the pain, identifying, accepting, and expressing reactions to the loss. It includes identifying and reacting to secondary losses. This occurs in the confrontation phase.

3. Recollect and re-experience the deceased and the relationship: This requires realistically reviewing and remembering the deceased, as well as reviving and re-experiencing feelings. This occurs in the confrontation phase.

4. Relinquish old attachments to the deceased and the old assumptive world: This occurs in the confrontation phase.

5. Readjust to adapt to the new world without forgetting the old one: This means developing a new relationship with the person who died, adopting new ways of being in the world, and establishing a new identity. This occurs in the accommodation phase.

6. Reinvest: This means putting emotional energy into new people, goals, etc. This occurs in the accommodation phase.

The Rando Trauma Model can help clergy provide support to bereaved mothers by providing a framework for understanding the different phases of grief and trauma. The model can also help clergy to identify the specific needs of bereaved mothers and to provide them with the support they need. The model can help mothers process their grief, find hope and healing, and move forward.

6.4.2. WORDEN GRIEF COUNSELING MODEL

Another pastoral care model is the Worden Grief Counselling Model. The Worden Grief Counselling Model can indeed be helpful for clergy in providing support to bereaved mothers. The model developed by J. William Worden is a comprehensive and evidence-based approach to understanding and treating grief. It is based on the idea that grief is a natural and normal response to loss and that it can be helpful to process grief healthily.

6.4.3. THE BOWLBY ATTACHMENT THEORY MODEL

The Bowlby Attachment Theory Model can indeed be helpful for clergy in providing support to bereaved mothers. The Bowlby Attachment Theory Model is a valuable framework for understanding and supporting individuals, particularly during grief and loss. It can be relevant for the clergy to support bereaved mothers. The model emphasises the importance of secure attachments and how individuals process and manage emotions related to separation and death.

Applying this theory, clergy can recognize and appreciate the unique attachment bond between a mother and her deceased child, acknowledging that the loss may profoundly impact her well-being. They can provide empathetic and supportive listening, allowing the mother to express her emotions freely and without judgment. They can also offer reassurance and validation, helping the mother navigate the complex emotions that often accompany bereavement.

One study compared the efficacy of different pastoral care models for bereaved mothers. The study found that mothers who received support from a pastoral care model experienced a significant reduction in their symptoms of depression and anxiety (Nikkola et al., 2013). Another study also found that mothers who received support from a pastoral care model were more likely to report feeling a sense of meaning and having a positive outlook on life (Raitio et al., 2015). Research has shown that utilising pastoral care models can be beneficial in assisting grieving mothers. These models create a secure environment where mothers can openly express their emotions and receive both comfort and support. Additionally, pastoral care models help mothers find significance in their loss, process their grief, and ultimately move forward with hope and healing.

6.5. THEOLOGICAL PERSPECTIVES ON LOSS AND GRIEF

Many scholars agree that the theological perspective on loss and grief provides a valuable framework for coping with these difficult experiences. Christians believe in a loving and compassionate God who is actively involved in their lives, which shapes their understanding of loss and grief in several ways. Christians believe that death and suffering result from the world's brokenness caused by human sin. This belief

helps them make sense of their pain and loss, understanding that it is not a punishment from God but a consequence of living in a fallen world. Christians take comfort in their belief in an afterlife. They hold that those who died in faith have eternal life with God, offering hope and the prospect of being reunited with loved ones. This belief provides solace during grief and loss, knowing that death is not the end. In addition, Christians believe in the power of prayer and the presence of the Holy Spirit, who offers comfort and strength to grieving people. They find support in their faith community, where others offer prayers, support, and empathy during times of loss. Christian theology also emphasizes the importance of mourning and lament. Instead of bottling up their emotions, Christians are encouraged to express their grief honestly before God. Sharing their grief with God helps them process their feelings healthily and find healing and comfort through their relationship with God. Christians draw strength from their theological beliefs to navigate the complexities of loss and grief. They find hope in the promise of resurrection and eternal life, support from their faith community, and an understanding of suffering within God's plan for redemption. Christian theology recognizes the pain and challenges of loss and grief but also provides hope, comfort, and a framework for understanding these experiences considering the teachings and promises found in the Bible.

6.6. THE INTEGRATIVE PASTORAL CARE MODEL FOR BEREAVED MOTHERS

I suggest utilising the integrative pastoral care model, which concentrates on four key areas that clergies can utilize to offer comprehensive pastoral care to bereaved mothers. These areas include emotional support, spiritual care, practical assistance, and social support. This model provides the bereaved mother with the holistic response which she requires when faced with the death of her child. The emotional support aspect of the model involves providing a listening ear, empathy, and validation of the mother's feelings. Spiritual care involves helping the mother to find meaning and hope in the midst of her loss. Practical assistance involves helping the mother with tasks such as funeral arrangements, meals, and childcare. Social support involves connecting the mother with others who have experienced a similar loss and providing a supportive community. I will now discuss each aspect of the integrative pastoral care model.

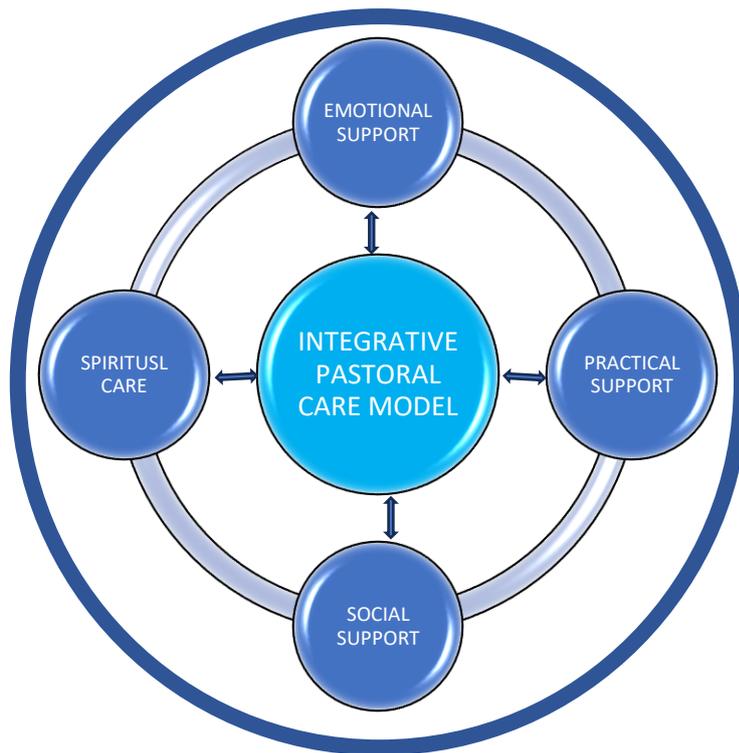


Fig 7: Integrative Pastoral Care Model FOR Maternal Bereavement

I propose an integrative pastoral model for maternal bereavement, which outlines clergy's roles in healing. It concretises the ministry of presence, where the bereaved mothers through the clergy can have experience of the presence of God in their lives as they comprehensively journey through the grief. Bhengu asserts that the circle is a significant symbol in traditional African culture and spirituality in all life aspects. The circle signifies wholeness and totality. According to Bhengu, it is “the primary source of energy and knowledge”. It represents God, the creator of all things and a source of new opportunities and hope. This association is why many traditional African ceremonies, buildings, life forms, and rituals are circular (Bhengu, 2014). As a child growing up in the township, most of the games I played with other children were circular form. I am proposing a circular pastoral care model for clergy to use when providing care for bereaved mothers as it aims to promote inclusivity and togetherness among the bereaved mother, the clergy, and the church community.

I created the radial diagram model to demonstrate how each role is linked to one another in a continuous sequence to be performed by the Clergy, forming a circular flow. The circular flow depicts that all four elements are essential for the bereaved mother's well-being. It also visually represents four practices that the clergy can easily navigate. To put the integrative pastoral care model into practice, the clergy should first assess the needs of the bereaved mother. This can be accomplished through observation, conversation, and listening. After determining the individual's needs, the clergy can create a personalized care plan. While each of the four roles has been discussed above, it's essential to tailor the plan to the mother's specific needs while still utilising the model for multiple mothers as necessary. The plan may include one or more elements of each role.

The model integrates four pastoral care practices into the clergy's bereavement healing ministry for bereaved mothers. Although the African spirituality will not be used by the clergy in this model, as mentioned earlier in the roles that Jesus played, this integration healing methodology is based on the biblical principle that healing involves a transformation of beliefs, values, and perspectives through the gospel and has to be undertaken by the community of believers.

6.6.1. EMOTIONAL SUPPORT

Emotional support is essential for a bereaved mother, and clergy can play a vital role in offering emotional support by providing a listening ear. Gerkin provides guidance when he asserts that; "Listening involves more than simply hearing the words that people say. It means being attentive to the emotional communication that accompanies the words. It means listening for the nuances that may give clues to the challenges the bereaved mother faces, private meanings that govern a person's inner life. It means listening for hidden conflicts, unspoken desires, unspeakable fears, and faint hopes" (1997:91). The Clergy must listen attentively, validate their feelings, and provide a safe space to express their grief. This support may include empathy, compassion, and understanding throughout the grieving process, often within a religious or faith-based context. This model typically involves clergy members who work closely with the bereaved mothers in their congregations to help address specific needs, struggles, or crises.

Active listening, empathy, and validation of emotions are vital in pastoral care. Clergy have a primary responsibility of taking care of the people of God, following the example of Jesus Christ who mandated them to do so. This is an essential doctrine in Christianity, based on the teachings of Jesus Christ who ministered to others and welcomed everyone, irrespective of their circumstances. Clergy must provide a listening ear to grieving mothers because Spears asserts that listening receptively to what is being said and unsaid is the role of the Clergy. Listening also encompasses hearing one's inner voice. Listening, coupled with periods of reflection, is essential to the growth and well-being of the clergy (2010:2) (*my emphasis*). Each mother's experience of grieving is different; thus, the clergy should be careful how they let each mother grieve in their own way, which would facilitate the self-expression of the bereaved mother. Clergy must be aware that criticizing how grieving mothers express their feelings could be painful and lead to a lack of open communication, hindering the healing process. The clergy must value the ministry of presence because, even when the mothers do not feel like speaking, their mere presence and sitting in quietness together can comfort the grieving mothers.

Bereaved mothers require this more as they need it at times. It encourages individuals to share their thoughts, emotions, and concerns openly while the clergy offers a compassionate and understanding presence. When a mother has lost their child, the clergy can use empathy and compassion to gauge their emotional state. After the funeral service, it is even more important to show the grieving mother empathy and compassion as she is left alone to deal with the reality of losing the child. Spears also alludes that the "clergy should strive to understand and empathize with others. The Clergy is encouraged to acknowledge and validate individuals' emotions, reassuring them that their feelings are valid and understandable. Bereaved mothers need to be accepted and recognized for their special and unique needs, *like the bereaved mothers*. The most successful *clergy* are those who have become skilled, empathetic listeners" (2010:3) (*my emphasis*).

Creating a safe, non-judgmental space for bereaved mothers to express emotions to clergy without fear of rejection or criticism is critical. Clergy should promote a space that allows individuals to feel comfortable sharing their experiences; they can also do

that by incorporating the model that was discussed in 6.4. above under emotional support.

6.6.2. SPIRITUAL CARE

Spirituality is essential to human life and can be a source of strength and comfort during grief. By addressing the spiritual needs of the bereaved mothers, this model can help them to find healing and hope, as it is believed that grief is a spiritual journey. Spiritual care aims to assist the mother who has lost a child in finding purpose and significance in her loss while addressing her spiritual needs. It is based on the idea that the mother's spiritual beliefs and practices can offer solace and resilience during her grieving process. The clergy can assist the mother in finding meaning in her loss, connecting with her loved one spiritually, and finding peace and comfort in her faith. The clergy can facilitate an essential role as it is their terrain. It can be implemented in the churches by developing a parish-based spiritual care model for bereaved mothers that can also be utilized by grieving others. It would be a valuable resource for mothers grieving their children's loss.

Of all the parts of the integrative model, spiritual care is a holistic approach that focuses on the spiritual needs of bereaved mothers. This model recognises that grief is a natural response to loss, and that it can have a profound impact on a person's spiritual well-being by assisting them to: -

- * Understand the spiritual dimensions of grief
- * Process their emotions in a healthy way
- * Discover significance and direction in one's life.
- * Connect with their faith or spirituality
- * Develop coping mechanisms for dealing with grief

Clergy can support grieving mothers by creating safe spaces for them to express their emotions, either within the church or in their homes. Clergy can formulate a spiritual plan for the bereaved mother that can incorporate prayer, meditation, and scripture to guide them in connecting with their faith or spirituality and finding meaning and

purpose in their lives. Bereaved mothers might need support and guidance in these spiritual plans; the clergy have journeyed with them through their grief.

6.6.3. PRACTICAL ASSISTANCE

Field and Behram acknowledged that mothers who have lost a child often encounter difficulties with practical matters (2003:595). Clergy may offer practical assistance such as coordinating meals, connecting them with support services, or helping them navigate administrative tasks post the child's burial, such as reporting their estate to the Master of the Court, or removing the dead child from the University or school roll.

Bereaved mothers often struggle with practical matters after their child's death. The Clergy may offer practical assistance such as coordinating meals, connecting them with support services, or helping them navigate administrative tasks related to funeral arrangements or paperwork. Clergy can also help provide access to resources and services, such as transportation, childcare, or financial support.

6.6.4. SOCIAL SUPPORT

Puchalski argues that a strong religious commitment can provide better-coping mechanisms, richer social support, and a sense of personal values and worldview for those facing adversity (2121:353). This is evident in Laakso and Paunonen-Ilmonen's (2002) study which aimed to describe the social support that mothers who had lost a child received. They found that positive social support, such as being able to talk about the child's death repeatedly, helped bereaved mothers cope with their grief. The clergy, in this model, will be required that they should provide social support for grieving mothers and, indeed can assist the bereaved mothers to address their grief.

Social support can be provided through referring the bereaved mothers to numerous online platforms and organisations dedicated to supporting bereaved mothers. Some websites provide forums, resources, and communities aimed explicitly at helping bereaved mothers. Sites like The Compassionate Friends, Griefs here, or HealGrief might be helpful starting points in finding online support. The GriefShare is used in some of the congregations in the Anglican Church of Southern Africa which they can consider using Province-wide.

Mothers Union Guild is the largest guild in the Anglican Church of Southern Africa to assist those whose lives have met with adversity; this guild could be equipped to assist the clergy with social support, like visits and resources, with the care of bereaved mothers. The Mothers Union could support groups for mothers grieving the loss of their children. The Clergy can work hand in hand with this guild and any other Guild to ensure that they may have bereavement support groups available. The Guilds can be nurtured by the clergy community of care and compassion and provide companionship to the bereaved mother. The guild can also be organised by the Clergy to facilitate support groups for bereaved mothers.

The Clergy can also bring in external assistance like other organizations for bereavement care. Importantly, though, it would be good to link up with professionals experienced in grief where he can refer a bereaved mother. They can provide the bereaved mother with guidance, coping strategies, and supportive space to process her grief and may strengthen the bereaved mother and ensure her healing journey is successful.

6.7. IMPLEMENTATION STRATEGIES

The integrative pastoral care model is a flexible framework that can be tailored to meet the unique needs of each bereaved mother. Below, I provide a simplistic approach in which a clergy can approach this model. This diagram sets out how to develop an integrative model and to journey with the bereaved mother.

INTEGRATIVE MODEL CARE PLAN FOR MOTHER A			
PRACTICAL ASSISTANCE	EMOTIONAL SUPPORT	SOCIAL SUPPORT	SPIRITUAL CARE
Collect and send food weekly		Assist in reporting the child's death to the relevant authorities, such as social welfare and the police if necessary.	Daily Bible reading pamphlets

The proposed areas of the integrated pastoral care model include emotional, spiritual, practical, and social support. Implementing these areas requires a well-defined strategy plan accepted by the congregation. Pastoral care is not limited to the clergy desk but is a Christian lifestyle. It is crucial to provide emotional, social, and spiritual support to those in need or going through a crisis, as it is an essential aspect of ministry for individuals serving the parish and serving through Christ's love and justice. The congregation must buy into this care and support to ensure effective implementation. It is crucial to ensure that bereaved mothers receive the necessary support and care within their community; clergy can follow these steps and incorporate the four areas of the integrated pastoral care model:

1. The clergy must thoroughly assess the needs and preferences of bereaved mothers in the community, which can involve surveys, interviews, and feedback from previous support recipients. They can also consult with other professionals and experts in the field of bereavement support.
2. The Clergy has pointed out that there is no specialized course on pastoral care in the Seminary Curriculum. To address this, the Anglican Church of South Africa should consider introducing a Seminary course focusing on Pastoral Care. This course can equip the clergy with the knowledge and abilities they need to adequately care for their congregations, the knowledge and abilities they need to adequately care for their congregations. The training can be provided as part of the post-ordination course opportunity, and the Province must consider quarterly workshops for the Clergy.
3. The clergy must compile a list of local resources, organizations, and support groups that can supplement the church's pastoral care services and will enable them to refer bereaved mothers to appropriate external support when needed.
4. The clergy must collaborate with other relevant professionals, such as therapists, social workers, or medical practitioners, to create a holistic support system for bereaved mothers. This coordination ensures that different aspects of their care are addressed effectively and efficiently.
5. The Clergy must continuously assess and evaluate the effectiveness of the pastoral care model by seeking feedback from bereaved mothers and monitoring outcomes. They should identify areas for improvement and make necessary adjustments to ensure the model remains relevant and impactful. By following these steps, clergy can develop a comprehensive strategy to support and care for bereaved mothers in their community.

6.8. CONSIDERATIONS AND SENSITIVITY IN THE IMPLEMENTATION OF THE MODEL

Confidentiality and boundaries are crucial aspects of pastoral care, especially when supporting bereaved mothers. As a clergy member, maintaining confidentiality is an ethical and legal duty. Therefore, any information the bereaved mother shares should be kept private unless there is a legitimate reason to break confidentiality, such as concerns for her safety or the safety of others. Before sharing any personal information with others, such as prayer groups or support networks, the clergy must seek the informed consent of the bereaved mother. It is important to respect her wishes regarding the extent of information shared, as she may have specific boundaries about what she feels comfortable disclosing. From the beginning of the pastoral relationship, the clergy must establish clear boundaries. They must communicate the limits of their role and the scope of pastoral care they can provide to the bereaved. It is crucial to ensure that the bereaved mother understands the difference between pastoral care and professional counselling/therapy services and refer her to professional services if needed.

Clergy must be aware of potential biases that could impact the pastoral care they provide bereaved mothers and this begins with acknowledging that everyone has tendencies to some degree. To provide unbiased support, clergy should reflect on their preferences and assumptions about bereaved mothers. They should regularly engage in self-reflection and self-assessment to identify and address any biases that might arise during their pastoral care work. Seeking feedback from others can help identify blind spots and areas for growth. As a member of the clergy, it is crucial to remember that the ultimate objective is to establish a secure and supportive environment for grieving mothers to express their bereavement and cope with their grief. By acknowledging and responding to any existing biases, the clergy can offer more comprehensive and impactful pastoral support.

6.9. EVALUATION AND OUTCOMES

The clergy must develop a system to measure and track the well-being of bereaved mothers to measure the effectiveness of their integrative pastoral care. He can do that by getting feedback and conducting assessments with the bereaved mothers, allowing him to ensure ongoing improvement and refinement of the model.

6.10. PRELIMINARY CONCLUSION

This chapter proposes a comprehensive and integrative pastoral care model to support mothers who have lost a loved one with compassion and practicality. The model considers psychological, theological, and social support elements to create a holistic approach that addresses grieving mothers' emotional, spiritual, and practical needs. By using this model, clergy can offer personalized and comprehensive support to bereaved mothers, which can help them heal, grow, and become more resilient. By implementing this approach, the church can play an essential role in assisting bereaved mothers to navigate their grief journey and find hope and comfort during this challenging time. This model is not cast in stone and can be tailor-made for each Parish, taking into cognisance their environments. The next chapter will focus on presenting the findings made during the research, along with the recommendations that have been formulated based on those findings.

CHAPTER 7

FINDINGS, RECOMMENDATIONS, AND CONCLUSION

7.1. INTRODUCTION

This research chapter provides an analysis of the findings and recommendations. It will first examine the study overview: how it was conceived, what led to the research proposal, how the research was conducted, the results, the recommendations, and the conclusions. I will also address potential areas of research that could be addressed in the future.

7.2. OVERVIEW OF THIS RESEARCH

This study aimed to examine the pastoral care approach used by Anglican clergy in supporting grieving mothers. The objective was to create suggestions for a pastoral care model that empowers and improves the church's ability to support bereaved mothers through their clergy. I had observed that a mother in one of the churches where I served as a priest showed signs of unresolved grief, possibly due to the loss of her sons two years before I took office as their Priest in Charge. The response by other mothers to “get over it” made me look deeper into what it is that one is to “get over it.” When I enquired what the church has done to journey with her, the response was that nothing was done to assist, even other mothers whose children died also shared the same sentiments. I observed the church’s response to the grief of the mother’s and my question was, did they lack a pastoral care model to help such bereaved mothers? This was confirmed by clergy in the interviews as they resorted to individual ways of pastoral care. This is well articulated in the findings and will be addressed in the recommendations. This causes mothers to continue to have unresolved grief issues or seek assistance outside of the Church as the studies on maternal bereavement have shown that there is no study on bereaved mothers in pastoral theology.

7.3. OBJECTIVES OF THIS STUDY

In Chapter 1, of this study, I outlined the specific goals and objectives that I aimed to achieve as follows: -

AIMS OF THE STUDY

The aim is to provide recommendations for an integrated pastoral care model to empower and enrich the Church through its clergy to care for bereaved mothers pastorally.

THE OBJECTIVES OF THE STUDY

The primary objectives of the research are as follows:

- a. To identify the various pastoral care models clergy employ in supporting bereaved mothers.
- b. To explore the role of spirituality and religious practices in the grief journey of bereaved mothers.
- c. To identify gaps or areas for improvement in current pastoral care practices for bereaved mothers.
- d. To provide recommendations for developing comprehensive pastoral care programs tailored to the needs of bereaved mothers.

The aim of this study was to allow the clergy to share their experiences and for me to identify the different pastoral care models used by the church to support mothers who have lost their children. The study aimed to investigate the role of spirituality and religious practices in the grieving process of these mothers. Identify gaps or improvement areas in pastoral care practices for bereaved mothers. To provide recommendations for developing comprehensive pastoral care programs tailored to the needs of bereaved mothers. The Church must be more proactive in helping grieving mothers rather than just providing limited or occasional pastoral care. Adopting an integrative model of pastoral care specifically for bereaved mothers would be a positive step forward. During the interviews, the clergy had the chance to review their ministries and assess how they assist bereaved mothers. As they reflected on the question, they identified more opportunities for the church to be effective in this ministry. Despite some cultural obstacles, such as the Zulu tradition of prohibiting men from speaking with women who have had a miscarriage, there was a positive response to addressing the needs of bereaved mothers.

7.4. LITERATURE REVIEW

I encountered a challenge during conducting a literature review on maternal bereavement in pastoral or practical theology. There was a lack of studies in this area, so I had to explore literature from medicine, psychology, and social work. Although these sources were not directly related, they provided valuable insights that could be applied in the pastoral care field. While there are studies on the pastoral care of parents and families, I had difficulty finding African authors who explore the effect on parents of the death of a child, particularly mothers. This presents an opportunity for African feminist and womanist theologians to address the challenges faced by women in their ministries and develop solutions for the pastoral care of women. It's also an opportunity for the Africanist community to review their stance on children and promote a culture that cherishes and reveres them even in death. Pastoral theology involves applying faith-based reality to all areas of life, including the church's mission to transform the lives of its members. However, there seems to be less focus on maternal bereavement in the field, and most literature is generated by the nursing field, which provides pastoral care for mothers. As pastoral care is derived from the word "shepherd," the church plays a crucial role in championing maternal bereavement studies to offer care and support to grieving mothers.

7.5. THE INTERVIEWS

I had initially thought my study would be for the Diocese of Pretoria and had planned to elicit at least 15 responses, but I had about five responses; in discussion with my supervisor who advised me to include other Dioceses, I then explored the possibility of extending to other Dioceses in the Province. Certain decisions are taken at the Provincial level of the Church, which is the Anglican Church of Southern Africa, not at the Diocese level. But when faced with a few responses, I had to open it up to other Dioceses. When I approached the Bishops of those dioceses to seek permission, my request was to have about five clergy in some of each Diocese. In some of the interviews, I had more than five clergy participating. All the Bishops requested that I share the study once approved and invited me to workshop the maternal bereavement integrative model in their Diocese. The investigation remained the same but was extended regarding the reach to the Anglican Church of Southern Africa. It was responded to by the following Dioceses:- Lesotho, Swaziland, Natal, Pretoria, Mzimvubu, Johannesburg, and Zululand, and it was indeed well received and

supported by their Bishops. Extending the study to other dioceses provided an opportunity to collect more data, providing a bigger picture of the pastoral responses to the bereaved mothers in the Anglican Church of Southern Africa. The interviews were eye-openers as they revealed the challenges faced by the clergy in their bereavement pastoral care ministries. Some of the clergy have lost children and there seems to be no response in their grief and they would assume the role of being a wounded healer. Some of the clergy shared that they are ensuring that whilst they operate in the African context, they need always to reflect their role of being in the shoes of Christ and not convolute culture and Christianity. Some of the clergy highlighted that as much as they want to balance the culture and Christianity it, some of the congregants face pressure of adhering to culture rather than Christianity.

7.6. RESEARCH METHODS

I utilized a qualitative approach to gain a thorough understanding of pastoral care practices used by clergy to address bereaved mothers. Out of the total number of responses, I conducted three narrative interviews for the Diocese of Pretoria, Diocese of Swaziland and the Diocese of Natal, while the others were obtained through questionnaires. The Diocese of Pretoria was in person, and the Diocese of Natal was on Teams. The narrative interviews proved to be very beneficial for all the participants as they could reflect on their ministry experiences. However, there was a difficult moment when one of the clergy members shared that he had faced a similar situation and received no response, leading him to use GriefShare. As a researcher, I also benefitted from the narrative interviews as they allowed me to learn and grow in my ministry.

The rest of the interviews were done online through Google Forms, and the stories narrated therein are like the ones shared in the narrative interviews.

7.7. LIMITATIONS

As previously mentioned, I faced a limitation in obtaining responses from the Diocese of Pretoria, which led me to expand my interviews to other Dioceses. By doing so, I

was able to gather more data and make the study more valuable not for one Diocese but many and could be taken as a snapshot view of the province.

7.8. SUMMARY OF THE FINDINGS

The research proposal in Chapter 1 outlined my aims, objectives, and possible research gap for this study. The study confirmed the existence of the gap I had proposed. There are few studies addressing mothers grieving, and there seem to be few studies, if any, that seek to address the plight of mothers grieving from the pastoral theology perspective.

This was further explained in chapter two, where a literature review was conducted. The literature review highlighted that children are dying worldwide, particularly in sub-Saharan Africa; their plight must be addressed. Several sources have emphasised the impact of the church in transforming the lives of grieving mothers. Some of the African authors portrayed cultural practices related to grief as embracing, while these practices were criticized by other authors as patriarchal and oppressive to grieving women. The church has a role in entering the mothers' space and supporting them in distress.

The clergy agreed that the church needs to rethink pastoral care as a whole and train clergy in pastoral care after ordination to provide a well-informed pastoral ministry, especially to grieving mothers.

Chapter 3 addressed the research method, which deals with the theory of pastoral care, about caring for those affected by adversity and viewing clergy as shepherds or pastoral caregivers to extend this help. The research used the qualitative method to learn about the lived experiences of clergy. It provided a deeper understanding of the practices employed by clergy and their limitations when responding to the needs of grieving mothers.

In conducting the interviews, I assumed a bias that the clergy probably did not want to share, but they were open and receptive to this study and gave their answers very freely. It was almost like a workshop to discuss a needs assessment for bereavement ministry. It was an opportunity for some clergy to share their own grief stories, and this provided an opportunity that pointed to the needs of grieving clergy. It was suggested that we also look at pastoral care for clergy children, which extends to all children who experience grief in the church. The research provided insight into the types of responses the church offers to mothers.

Chapter Four attended to the grieving and mourning of the mothers; this was gleaned from literature. I proposed to carry out an in-depth study on the mother's needs when bereaved in the doctoral studies, where I would be asked what maternal grief and the trauma a mother goes through when she loses a child, which sometimes leads mothers to complicated grieving. It looked at the impact of the bereaved mother personally that they feel they are isolated and not cared for; at times, they blamed themselves for the death of their children. This chapter highlighted how mothers have benefitted in their grief and mourning period, which was a call for the Anglican Church of Southern Africa to respond to the needs of the bereaved mothers, to properly train the clergy to respond to the ministry's main crux, which is pastorally caring for the congregants more meaningfully and responsibly.

In Chapter Five, the clergy were interviewed and shared their personal experiences caring for bereaved mothers. Some of the issues they highlighted are: -

7.8.1. CLERGY TRAINING

Some clergy members used the opportunity to discuss their limitations, which were beyond their control, such as the lack of extensive practical theology training.

There was also a proposal to revisit the curriculum of the seminary. This might not address all the clergy. The Anglican Church has some clergy trained in the seminary and some through other academic institutions. This is an opportunity to provide post-ordination courses for the clergy in pastoral care to ensure that pastoral care is executed at the same level of understanding. The Anglican Church must consider revisiting its seminary curriculum to address its limitations, such as a lack of practical

theology training. Ramsey explored the teaching of death and dying from a religious perspective, namely a Christian theological one. He argues that within schools of theological education, students need to learn not only psycho-social frameworks for understanding loss, death, and grief as a human phenomenon, but they also need to examine the religious tradition's distinctive interpretations of death within the larger divine story of creation, redemption, and resurrection (Ramsey 2008). This could provide post-ordination courses for clergy. Koss *et al.* (2018) suggested that incorporating “denominational frameworks into clergy pastoral care training could be achieved by structuring a program that begins with a broad discussion on spiritual care for congregants facing the end of life”. I believe this would benefit bereaved mothers who face unique emotional, psychological, and spiritual challenges. Post-traumatic stress disorder, anxiety, and depression are more likely to strike these mothers. Pastoral care training equips clergy with the necessary skills to address complex spiritual questions and struggles, providing guidance and reassurance. Research suggests that having religious faith can aid bereaved mothers in finding meaning and purpose during the healing process.

One crucial aspect highlighted in scholarly literature is the recognition of the significant impact of maternal bereavement on mothers' mental health. Research has discovered that mothers who have gone through the devastating experience of losing a child are more likely to suffer from depression, anxiety, post-traumatic stress disorder, and other mental health problems. However, trained clergy members who specialize in pastoral care can offer a safe and supportive environment for these mothers to express their grief and emotions, without fear of being judged. This can be particularly beneficial for mothers who are struggling to cope with the aftermath of such a traumatic event.

Furthermore, pastoral care training equips the clergy with the necessary skills and knowledge to address the complex spiritual questions and struggles that bereaved mothers may experience. Mothers who have lost their children might question their faith, struggle with guilt or anger towards God, or seek solace in religious beliefs. Clergy members trained in pastoral care can help bereaved mothers navigate these spiritual challenges, providing them with guidance and reassurance. In his article "An Intensive Course for Clergy on Death, Dying, and Loss," Clemens (1976) developed a course to assist clergy members in better understanding and coping with death,

dying, and loss. He highlights the crucial role of clergy in supporting individuals and their families during grief. Clemens explains that clergy members must comprehend the complicated psychological events surrounding death and bereavement, including the similarities between the grieving process and other losses in everyday life.

The course was designed for 10 clergy participants and a psychiatrist to provide a deeper understanding of the human experiences of terminal illness, loss of loved ones, and other types of losses. The course materials and discussions focused on the psychological aspects of death, dying, and bereavement and the clergy's role in supporting individuals and their families during these difficult times (Clemens 1976).

The course was a part of a continuing education program for clergy in mental health, offered by the Department of Psychiatry at Case Western Reserve University School of Medicine in Cleveland. It was a two-year course designed to improve essential skills in interviewing, evaluation, short-term crisis counselling, referral, and developing educational and preventive resources of religious institutions. The course mainly consisted of case-oriented, small-group discussions. The third-year advanced learning opportunity was aimed at graduates of the two-year program and focused on the human experiences of terminal illnesses, loss of loved ones, and other types of losses. Clemens emphasized that this course was highly beneficial to clergy members who often report a weak training background in the psychological aspects of their work. Even those who have had formal training in pastoral counselling in their seminary curriculum may feel the need to refresh their knowledge of academic concepts that now have practical applications in parish life. Within the structure of the parish, clergy members must reconcile many conflicting roles and competing demands upon their time.

Research indicates that religious belief can aid in the healing process for grieving mothers. Clergy members who have received proper training in pastoral care can help these mothers find meaning and purpose in their grief, facilitating their spiritual growth and resilience.

In summary, Koss *et al.* (*ibid*) emphasise the importance of clergy pastoral care training to support and care for bereaved mothers effectively. This specialized training equips

religious leaders with the necessary skills and knowledge to address bereaved mothers' unique emotional, psychological, and spiritual needs. By providing sensitive and understanding support, clergy members can effectively impact these bereaved mothers' lives. Also, this would assist the clergy to be able to start bereavement education in their own parishes and would be able to create booklets, pamphlets on grief, and all the other information that a bereaved mother requires. This information would help bereaved mothers understand the grieving process and cope with their loss.

7.8.2. CLERGY AS A WOUNDED HEALER

I went into this research having lost a child and did not have time to grieve; during interviews, when other clergies were discussing their experiences. During the interviews a clergy shared his experience of having had a miscarriage. This prompted me to recall that I was told that I was pregnant with twins, and during pregnancy, I had a near miscarriage. Still, one of the twins was deemed to have disappeared or was dead. I again did not have time to attend to that as I was focused on ensuring that my daughter was born. Some clergy have lost their children and had to resort to their appreciation [Why appreciation?] for seeking assistance, and they are now walking around as wounded healers. However, this opportunity is not being positively channelled by the province to create a model that the clergy and the mothers can use.

This raised the question of who takes care of the bereaved clergy while they continue to guide and interact with their congregation in a way that promotes transformation and wholeness. This realisation highlighted that while my research focuses on pastoral care, little attention has been given to clergy bereavement and its impact on their ministry.

Gregoire (2013) recognised this gap and took it upon himself to explore the experience of priests mourning the death of a family member or a close relative. He created the "clergy grief project" to learn more about how the Catholic clergy, a community of priest or clergy that respond to this human challenging experience and their lived grief experiences and how they deal with that has received little attention in this study area. There is not much literature on how priests grieve the death of a loved one; there is

readily available scholarly work focusing primarily on how priests and ministers from other faith systems should handle bereavement or how priests should support their congregants in their grief.

This oversight by scholars has created a burden on pastoral care as many clergy also experience the death of their family members and are expected to assume their duties to guide their congregation while dealing with their inner wounds. Guiding people to deal with their own woundedness requires the priest's wisdom, understanding, and emotional responses. However, when the clergy responds to woundedness with an open bleeding wound, it can result in disempowerment and a lack of emotional response about their ministry. The clergy are expected to pastorally care for their congregants while no intervention has been put in place to address the trauma of losing a family member, which affect their well-being—physical, mental, and spiritual—go unattended. Behind the tight grins and bold faces these clergy members put on for the benefit of their parishioners are tears that demand to be shed. These clergy members are spiritual leaders. Beneath their outward declarations of "the Lord be with you" is a persistent melancholy that paralyses them. The delusion that religious members are unwavering sources of power has persisted. Even after a significant setback, they should still awaken "bright-eyed and bushy-tailed" one week later.

Gregoire (2013) suggests that this illusion alone could lead clergy grieving to last longer. After a significant loss, the pastor uses what little strength is left to minister to the parishioners, who may not offer much assistance because they believe the pastor is "holding up so well." Before anyone notices, he or she might operate at a deficit for several weeks or months. When clergy return from a funeral and get right into the hard job of parish ministry, they frequently ask themselves this question. His or her own emotions are hidden by the hectic whirl of tending to others' needs. The root causes of clergy inaction or delay in providing pastoral care for a bereaved mother could very well be loss and unresolved grief. Clergy constantly encounter the pain of loss for scores of reasons. It is necessary for the Church to address the grieving process of its clergy and provide them with the necessary space to deal with it. It is important to prioritize the well-being of the clergy. Upon reading some articles, I noticed that some studies only associate well-being with physical health. However, well-being encompasses more than just health. In the secular world, employee wellness used to

only mean providing healthcare benefits. But now, it involves a comprehensive approach to supporting the well-being of employees. This approach includes support for mental, emotional, and financial health in addition to physical health. This will allow clergy to enter the space of the bereaved mothers as true wounded healers.

When discussing the concept of the wounded healer, Nolte and Dreyer (2010:3) referred to Jung's ideas. Jung (1954; 1969) discussed the process of "transference/countertransference", and also explained the contradictory character of the connection in which a pastoral carer's wound might facilitate healing. Jung described the therapeutic alliance between a patient and a therapist using the metaphor of the wounded healer. Jung ([1961], 1963) highlighted in *Memories, Dreams, Reflections* that "a doctor can only have influence if he has been impacted. According to Jung, a physician who puts on their psychological armour won't have an impact on their patients".

Jung believed that therapists (clergy included) and patients are equals, not in a clinical, objective position. Clergy members should acknowledge their own wounds and understand how they may affect the healing process. This is particularly important for pastors, as they are in a similar relationship with the people they serve. Both parties come to the relationship with their entire being, including conscious and unconscious aspects of their personality. Clergy members must recognise that their own woundedness can influence every relationship they have. As pastoral caregivers, they are responsible for being aware of this process and using it to improve their relationships with others. It is crucial for clergy members to take their own wounds and grief seriously and seek support if necessary. Buckingham (2016) provides clergy with tools and resources to take care of their body, spirit, and soul so they can adapt under stress and continue to serve their congregations.

Nouwen explored the many dimensions of pastoral care, showing how clergy can draw on their own experiences of brokenness and vulnerability to become more compassionate and effective ministers to bereaved mothers. The wounded healer proposed by Nouwen is a concept that has been around for centuries. It refers to the idea that those wounded can use their experiences to help others suffering. This

concept is often applied to pastoral care, spiritual care offered to people in need (1997).

7.8.3. CULTURE AS HINDRANCE TO PASTORAL CARE

During an interview, it was brought up that in Zulu culture, men are not permitted to be near women who have experienced stillbirths. This presents a cultural challenge for clergy members who wish to provide pastoral care, as men are not typically involved in this type of support, especially to bereaved mothers who experienced a miscarriage or a stillbirth.

African culture is diverse and rich, with various customs, traditions, and beliefs that shape how people experience life events such as maternal bereavement. However, when cultural expectations clash with modern approaches to Christian pastoral care, it can be difficult for clergy members to support bereaved mothers in their communities effectively. While African culture is highly valuable, it can also make it challenging for clergy to provide appropriate pastoral care to mothers. Recognizing these challenges it is necessary for developing culturally sensitive strategies to enhance maternal bereavement support within African communities. Further exploration of the intersection between African culture and pastoral care is encouraged to bridge cultural gaps and create more effective support systems for African mothers. Understanding clergy members' challenges when providing pastoral care to mothers in an African cultural context is crucial for developing appropriate strategies to enhance maternal support. Culturally competent approaches should be considered, such as training clergy members in cultural awareness and sensitivity, promoting dialogue between clergy and community members, and utilizing the strengths of African culture in support systems. By doing so, pastoral care can be adapted to accommodate cultural beliefs and practices without sacrificing pastoral care, ensuring bereaved mothers' emotional and spiritual well-being.

7.8.4. PASTORAL CARE - A PARISH TEAM MINISTRY

Improving pastoral care is a crucial part of the ministry of the clergy, and they emphasize its importance. They propose that pastoral care should be a team effort, that is, a collaboration between clergy and laity, involving both clergy and laity. As a faith community, we are responsible for supporting, encouraging, and caring for one another in good and bad times. The clergy believe that the focus on pastoral care should extend to the entire church community, and all members should receive training. The province should provide training opportunities to ensure uniformity among all clergy members and the church. This will help to establish a caring and collaborative community that operates on an integrative model at the Diocese level. In the case of a bereaved mother, pastoral care should involve the entire church community. The clergy recognizes that it is a collective responsibility to provide support, comfort, and empathy to someone who has experienced such a profound loss. By involving the entire church community, a comprehensive and holistic approach to providing pastoral care can be achieved.

Roberts suggests ways to promote collaboration within the Church. He believes that collaborative ministry is based on baptism, ordination, and Trinitarian ecclesiology. Jesus' baptism marked the beginning of his ministry of service and proclamation, which Roberts sees as a key aspect of collaborative ministry. Sedwick also emphasizes the importance of baptism in drawing believers into the Church community, sacraments, prayer, and teaching, forming a "foundational ecclesiology" that enables collaborative ministry (Roberts, 2016:20).

Moreover, Roberts argues that priests' ordination commissions them to allow the laity to experience and be part of God's mission. Through their role as facilitators, the clergy promotes Trinitarian ecclesiology, emphasizing the interdependent relationship among Christians that Jesus prays for in John 17. This Trinitarian relationship is also evident in Jesus' baptism, where the godhead mutually exchanges giving and receiving (Roberts, 2016:23).

The church community can offer practical support to the bereaved mother, such as cooking food for the family of the bereaved mother, assisting in cleaning the house or participate in the errands that the bereaved mother has to do. This can alleviate some of the immediate burdens she may face during her grieving process. By taking on

these practical tasks, the church community is willing to assist and care for her during this difficult time.

A bereaved mother requires emotional support, and the church community can offer a secure, accepting environment where she can talk about her experiences, vent her emotions, or just be heard. This can be achieved through support groups, prayer circles, or one-on-one conversations with empathetic individuals within the church community. By offering a compassionate ear and validating her emotions, the church community can help the bereaved mother navigate her grief journey.

Spiritual nurturing is integral to pastoral care of the bereaved mother, and the members of church play a crucial role in reminding her of the hope, comfort, and strength that can be found in her faith. This can be accomplished through prayer, scripture readings, or involvement in religious rituals and ceremonies. By encouraging and supporting her spiritual connection, the church community helps the bereaved mother find solace and meaning in her loss.

Grief is a complex and ongoing process, and the bereaved mother may require ongoing support as she navigates the various stages of grief. By maintaining a long-term commitment to her well-being, the church community can ensure she does not feel left behind or forgotten in her grief.

7.8.5. COLLABORATION IN BEREAVEMENT PASTORAL CARE MINISTRY

During interviews, some clergy members mentioned working with the Mother's Union. This is a women's guild in the Anglican Church which aims to develop communities, strengthen families, and advocate for change among people of all faiths. One of their goals is to assist those whose family life has been challenged. In their 2020 report, the Mothers Union Worldwide highlighted their efforts to provide trauma healing sessions post "Cyclone Idai in Mozambique, Malawi, and Zimbabwe. They further reported that they trained 50 people to hold workshops that included inspiring Bible passages and stress-relieving breathing exercises to help neighbours manage their grief and healing. By March 2020, over 15 trauma healing groups had been established, with 228 hours

of group sessions and 635 participants completing the sessions. This led to 2,540 indirect beneficiaries, as each participant was encouraged to share their learnings with their household and community”. (2020 Mother’s Union Report). This report provides an opportunity for the Mother's Union to train their members in the Anglican Church of Southern Africa to assist in pastoral care for bereaved mothers in the same manner they have been able to assist other provinces; this would assist the clergy and, importantly the grieving mothers and would allow the Mother’s Union to work closely with the clergy.

Some clergy members also felt they needed to collaborate with other professionals to do referrals to professional counsellors or therapists, enhancing the bereaved mother's support network. This would assist the clergy even when they are training to be able to refer as they would not solely be addressing the bereaved mother, they have much more on their plates in terms of parish work.

7.8.6. RESOURCES FOR PASTORAL CARE

In the interviews, Clergy highlighted a need for resources to respond to the needs of the bereaved mothers. The bereaved mothers require counselling from well-resourced clergy; the clergy highlighted that this pastoral care integrative model must be well-resourced with people who will assist them and some of the church members to be trained as counsellors. They highlighted that they would require resources, including articles, books, and liturgies. These resources can be used to help the clergy learn how to walk alongside the bereaved mother and provide effective pastoral care, which most churches do not have as resources, where the bereavement team can learn about bereavement. Clergy also need knowledge of the grieving processes. There are several research papers available that provide information on effective pastoral care for the bereaved. These papers can help the clergy grow in their knowledge, understanding, and awareness of effective pastoral care for the bereaved and provide others with information on a very relevant issue facing the clergy today and in years to come (Klatt 1982). [**< Add period at end**]

7.8.7. BUILDING A SUPPORT NETWORK

They felt that volunteer groups of women who lost their children could benefit the church; this group can provide a sense of peer support where bereaved mothers can find support and connection by connecting with others who have gone through similar experiences. These groups can provide a safe place where the bereaved can share their experiences with others, learn about the process of grief, and be supported by their Church family during a difficult time. This can assist the bereaved mothers to feel understood and validated.

Chapter Six attended to the proposed integrative methodology that the clergy can use in the entire Province. The healing methodology proposed four areas of the model: emotional support, spiritual care, practical support, and social support; this was in response to the findings.

Emotional Support

- Creating a safe and empathetic environment
- Active listening and validation of emotions
- Facilitating the expression and processing of grief

Spiritual Care

- Incorporating religious rituals and prayers
- Addressing existential questions and struggles
- Encouraging spiritual practices and exploration of faith

Practical Assistance

- Providing information on grief resources and support groups
- Assisting with funeral arrangements and burial customs
- Offering practical help with daily tasks and responsibilities

Social Support

- Connecting bereaved mothers with support networks
- Nurturing community and companionship
- Organizing or facilitating support groups for bereaved mothers

Liturgy for the bereaved

Caring for the bereaved clergy
Cultural impediments to pastoral care

7.9. RECOMMENDATIONS

I will address my recommendation using the episcopal polity of the Anglican Church, which will look at the Province, Diocese, Archdeaconry, and Parish.

7.9.1. PROVINCE

These are the following recommendations that the Anglican Church of Southern Africa should look into: -

1. The church requires addressing bereavement in its holistic sense, the study of bereaved mothers; however, it transpired that this is conducted for all the bereaved families or church members. It was highlighted that the clergy is active in the family's life before the funeral with the view of culminating in the funeral service, and there is no guide after the funeral; the Church must develop a well-defined program after the funeral for the bereaved.
2. The province should look at coming up with a bereavement liturgy that can be used at the funeral and during the remembrance days of those who have departed, and it can be used on All Souls Day. The liturgy must be drawn up so the bereaved are healed and integrated into everyday life.
3. Clergy members should receive specialised training in grief counselling, equipping them with the skills to support bereaved mothers sensitively and effectively. This training should focus on active listening, empathy, and providing appropriate spiritual guidance during the grieving process.
4. The province must encourage the College of Transfiguration to have post-ordination courses on bereavement.

5. The province must investigate hosting an annual or biannual pastoral care conference for the clergy with a specific focus on bereavement; this Provincial or Diocesan Conference will assist in church sharing their experiences and learning from the wounded healers.
6. Gender studies in academic institutions, including the seminary, seem to have a bias as it focuses on analysing gender identity and representation of women and have a bias the plight of women on the ground. The seminary can review the curriculum to incorporate the needs of women in general; the clergy needs to be taught about the nature of a mother and the needs of the bereaved mothers so that they may respond accordingly to their plight.

7.9.2. DIOCESE

These are the following recommendations that the Dioceses of the Anglican Church of Southern Africa should look into: -

7. The clergy is to be guided on how to work around the issues of cultural impediments placed to discourage pastoral care for the mothers.
8. The Diocese must encourage each archdeaconry to have a Bereaved Mothers Support Group to assist mothers in their communities.
9. The Guild to be assisted in executing their objectives; most guilds already have objectives that can help the bereaved mothers.
10. Creating a wounded healer's group from which the wealth of knowledge can be drawn as they use their wounds to heal the bereaved in the Church.

7.9.3. ARCHDEACONRIES

These are the following recommendations that the archdeaconries of the Diocese of the Anglican Church of Southern Africa should look into: -

11. There is a need for the Church to start addressing human issues, what happens to speak about death, grief, and mourning. The members of the Anglican church need to understand suffering; they must be able to discuss common grief responses, that is, the stages of grief and the importance of the individual's grief journey.

7.9.4. PARISHES

These are the following recommendations that the parishes of the Diocese of the Anglican Church of Southern Africa should look into:-

12. the clergy should appreciate that they have other roles in the church and need guilds to play specific roles. The guilds need to be equipped.
13. The church should strive to create a safe space where bereaved mothers feel understood, supported, and free to express their grief. This can be achieved by organizing support groups or counselling sessions designed explicitly for bereaved mothers.
14. Each Parish should be encouraged to have a library and section dealing with grief, bereavement, and mourning. This will help the bereaved mothers understand and cope with the grief.
15. The members of the Anglican church must understand grief; they must be able to discuss common grief responses, that is, the stages of grief and the importance of the individual's grief journey.
16. Provide bereaved mothers an opportunity to remember and honour their lost children through memorial services or All Souls Day (Mckinnon 2012). These services can help mothers find solace and strength in their spirituality and provide a sense of closure and healing. The families must be encouraged to attend on this day and continue celebrating after the Church service of their departed beloved.

17. Collaborate with local support organizations, such as support groups, therapists, or grief counsellors, to establish a network of resources for bereaved mothers. Provide information and facilitate connections to these resources, ensuring mothers can access ongoing support beyond the church.
18. Incorporate grief education into regular services: Educate the congregation about grief and loss through sermons, workshops, or guest speakers. This will help create a supportive community where empathy and understanding towards bereaved mothers are encouraged.
19. Offer practical assistance to bereaved mothers, such as connecting them with resources for financial support, childcare, or practical tasks. These applicable acts of kindness can alleviate some of the burdens they may face during their grieving process.
20. The clergy and the parish must foster an environment where bereaved mothers do not feel isolated or forgotten. Encourage the church community to reach out to them with love, support, and empathy. This can be achieved through small gestures, like sending cards, making phone calls, or visiting them, ensuring they feel supported and cared for.

7.10. RECOMMENDATION FOR FURTHER RESEARCH

1. The Diocese of Swaziland has requested that I workshop the Integrative Pastoral Care Model to ensure that it is implementable and evaluate its effectiveness.
2. It was evident that pastoral theology ignores the situation of grieving women; I plan to conduct a study on the needs of bereaved mothers during their times of mourning and their expectations of the Church's support.
3. There is a need for specific studies focused on pastoral care for bereaved mothers dealing with different types of child loss, such as miscarriage, stillbirth,

neonatal death, and death in old age. Each area should be thoroughly examined to understand the pastoral care needs of bereaved mothers when faced with each of these tragedies.

4. The study revealed priests grieving the death of their children.
5. The study indicated a need-for the self-care of the clergy providing pastoral care to the bereaved.
6. There is a need to conduct the same study for the fathers.
7. The study noted the impact on the potential challenge a mother might have with the surviving children. There is a need to study the pastoral care needs of the children grieving the death of their sibling as well as the best manner to care for them pastorally.

7.11. CONCLUSION

The church has a significant responsibility to care for its congregation, particularly the bereaved mothers who have lost their children. The clergy, who represent Christ, should take on the role of shepherding and act as an instrument for God and Christ, as they are known as "*in persona Christi*" when administering sacraments. The church needs to extend this concept to the pastoral care of bereaved mothers, as Jesus responded to mothers with compassion and respect. Therefore, the church must follow Jesus' example and continue to shepherd their flock.

The pastoral care of the bereaved is an important duty of the church. Pastors should provide guidance and support to the family of the deceased and be present to offer comfort and assistance during the grieving process. The Bible is full of instances where our heavenly Father has cared for the widow and the orphan, and pastors should follow this example. The pastoral caregiver should facilitate grief by encouraging the bereaved to express and discuss their feelings associated with the loss. The bereaved should also be discouraged from making any rash or dramatic decisions during this time. It is a time for reflection, not change. The clergy should

provide a safe and comfortable environment to walk through the shadow of grief with the bereaved.

It is crucial to remember that every bereaved mother's journey is unique. Therefore, the clergy must approach each situation with sensitivity, respect, and flexibility. By implementing these recommendations, the church can create a safe space where bereaved mothers can find solace, healing, and support from their clergy and fellow church members.

REFERENCES

1. Al-Saadi, H. (2014). Demystifying Ontology and Epistemology In Research Methods.
https://www.researchgate.net/publication/260244813_demystifying_ontology_and_epistemology_in_research_methods.
2. Aiken, L.R. (2000). Dying, Death, and Bereavement. New York: Psychology Press, pp.1–408.
3. Alburez-Gutierrez, D., Kolk, M. And Zagheni, E. (2021). Women's Experience of Child Death Over The Life Course: A Global Demographic Perspective. *Demography*, 58(5), Pp.1715–1735. doi:<https://doi.org/10.1215/00703370-9420770>.
4. Anglicanchurchsa.Org. (2011). Pastoral standards, values and practices – Anglican Church of Southern Africa. [Online] Available At: <https://anglicanchurchsa.org/pastoral-standards-values-and->

practices/#:~:text=the%20model%20for%20any%20minister

5. Anglican Prayer Book (Southern Africa) (1989).
6. Appel, D.L. (2011). Narratives on death and bereavement from three South African Cultures. Uir.Unisa.Ac.Za. [Online] Available At: <https://uir.unisa.ac.za/handle/10500/5688> [accessed 28 Jul. 2023].
7. Arshed, N. and Danson, M. (2015). The Literature review. In R. MacIntosh, & and K. D. O'Gorman (Eds.), Research Methods for Business and Management: A Guide to Writing Your Dissertation (pp. 31-49). Goodfellow Publishers.
8. Aspers, P. And Corte, U. (2019). What is qualitative in qualitative research. Qualitative Sociology, [Online] 42(2), Pp.139–160. doi:<https://doi.org/10.1007/s11133-019-9413-7>.
9. Atashi, V., Kohan, S., Salehi, Z. And Salehi, K. (2018). Maternal-Fetal emotional relationship during pregnancy, its related factors and outcomes in Iranian Pregnant Women: A Panel Study Protocol. Reproductive Health, 15(1). doi:<https://doi.org/10.1186/s12978-018-0620-6>.
10. Ayebare, E., Lavender, T., Mweteise, J., Nabisere, A., Nendela, A., Mukhwana, R., Wood, R., Wakasiaka, S., Omoni, G., Kagoda, B.S. A and Mills, T.A. (2021). The Impact of cultural beliefs and practices on parents' experiences of bereavement following stillbirth: A qualitative study in Uganda and kenya. BMC Pregnancy7 and Childbirth, 21(1). doi:<https://doi.org/10.1186/s12884-021-03912-4>.
11. Babbie, E.R. And Mouton, J. (2001). The Practice of Social Research. Cape Town: Oxford University Press Southern Africa.
12. Balk, D.E., Wogrin, C., Thornton, G., Meagher, D.K. and For, A. (2007). Handbook of Thanatology. Routledge.
13. Baloyi, M.E. (2014). Distance no impediment for funerals: Death as a uniting ritual for African people - A Pastoral Study. Verbum Et Ecclesia, [Online] 35(1), Pp.1–7. Available At: http://www.scielo.org.za/scielo.php?script=sci_arttext&pid=s2074-77052014000100025.
14. Baloyi, M.E. and Manala, M.J. (2019). Reflections on challenges of preferring

the male child—in an African marriage – A Practical Theological Observation. *Verbum Et Ecclesia*, [Online] 40(1), P.9. Available At: <https://verbumeteclesia.org.za/index.php/ve/article/view/1852/3905>.

15. Barth, K. (2003). *Final Testimonies*. Wipf And Stock Publishers.
16. Berger, A.S. (1990). *Perspectives on death and dying: Cross-Cultural and multi-disciplinary views*. Philadelphia: Charles Press.
17. Bezerra, M.A.R., Rocha, R.C., Carneiro, C.T., Rocha, K.N. De S., Moura, D.F.S. and Rocha, S.S. Da (2022). O Tempo do luto materno pelo filho que morreu na infância. *Escola Anna Nery*, 26. doi:<https://doi.org/10.1590/2177-9465-ean-2021-0264>.
18. Boelen, P.A. And Lenferink, L.I. (2021). Prolonged grief disorder in dsm-5-tr: Early predictors and longitudinal measurement invariance. *Australian and New Zealand Journal Of Psychiatry*, 56(6), P.000486742110257. doi:<https://doi.org/10.1177/00048674211025728>.
19. Bonanno, G.A. And Field, N.P. (2001). Examining The Delayed Grief Hypothesis Across 5 Years of Bereavement. *American Behavioral Scientist*, 44(5), Pp.798–816. doi:<https://doi.org/10.1177/0002764201044005007>.
20. Bowlby, J. (1979). The Bowlby-Ainsworth attachment theory. *Behavioral and Brain Sciences*, 2(04), Pp.637–638.
21. Bryman, A., Clark, T., Foster, L. A and Sloan, L. (2021). *Bryman’s social research methods*. 6th Ed. [Online] New York, Ny: Oxford University Press. available at:<https://read.kortext.com/reader/epub/974675>.
22. Buckingham, D.L. (2016). *Help For The Wounded Healer*. CreateSpace Independent Publishing Platform.
23. Calderwood, K.A. and Alberton, A.M. (2021). Understanding the bereavement process: Voices of bereaved parents. *Illness, Crisis & Loss*, P.105413732110304. doi:<https://Doi.Org/10.1177/10541373211030491>.
24. Cacciatore, J. (2010). The unique experiences of women and their families after the death of a baby. *Social Work in Health Care*, 49(2), pp.134–148. doi:<https://doi.org/10.1080/00981380903158078>.
25. Cacciatore, J., Killian, M. and Harper, M. (2016). Adverse outcomes in bereaved mothers: The importance of household income and education. *SSM*

- Population Health, 2, pp.117–122.
doi:<https://doi.org/10.1016/j.ssmph.2016.02.009>.
26. Chiremba, W., and Makore-Rukuni, M. N. (2002). Substance and person abuse. Module CD 210. Harare: Zimbabwe Open University.
 27. Choabi T.E (2016). Pastoral approach to the African Christian woman affected by grief due to the loss of her spouse, North-West University.
 28. Clemens, N.A. (1976). An intensive course for clergy on death, dying, a and loss. *Journal of Religion and Health*, [Online] 15(4), Pp.223–229. Available-A at: <https://www.jstor.org/stable/27505360> [Accessed 30 Sep. 2023].
 29. Clinebell Howard John (1970). *Community mental health*. Abingdon Press, New York, Nashville, 1970.
 30. Conger, R. (2001). Facing the death of a child: Effects on the family system facing the death of a child: effects on the family system. [Online] Available At: <https://scholarworks.uni.edu/cgi/viewcontent.cgi?article=1470&context=grp>.
 31. Creswell, J.W. (2013). *Qualitative inquiry and research design: Choosing among five traditions*. 3rd Ed. Thousand Oaks: Sage.
 32. Dawadi, S. (2020). Thematic analysis approach: A step by step guide for elt research practitioners. *Journal Of NELTA*, 25(1-2).
 33. Drenth, C.M., Herbst, A.G. And Strydom, H. (2013). Complicated grief in the south african context: A social work perspective. *The British Journal Of Social Work*, [Online] 43(2), Pp.355–372. Available At: <http://www.jstor.org/stable/23724578>
 34. Dreyer, J.S. & Van der Ven, J.A. (eds)., (2002). *Divine justice – Human justice*, Institute for Theology and Religion, Unisa, Pretoria.
 35. Einav, M. And Margalit, M. (2020). Hope, loneliness and sense of coherence among bereaved parents. *International Journal Of Environmental Research And Public Health*, 17(8), P.2797. doi:<https://Doi.Org/10.3390/Ijerph17082797>.
 36. Ekore, R. And Lanre-Abass, B. (2016). African cultural concept of death and the idea of advance care directives. *Indian journal of palliative care*, [Online] 22(4), P.369. doi:<https://Doi.Org/10.4103/0973-1075.191741>.
 37. Field, M.J. And Behrman, R.E. (2003). Bereavement experiences after the

death of a child. [Online] www.ncbi.nlm.nih.gov. National Academies Press (US).

<https://www.ncbi.nlm.nih.gov/books/nbk220798/#:~:text=parents%20of%20children%20and%20adolescents>.

38. Field, M. And Behrman, R. (2003). When children die: improving palliative and end-of-life care for children and their families committee on palliative and end-of-life care for children and their families. [Online] Available At: https://www.ncbi.nlm.nih.gov/books/nbk220818/pdf/bookshelf_nbk220818.pdf.
39. Field, M.J. and Behrman, R.E. (2012). Bereavement experiences after the death of a child. [Online] Nih.Gov. Available At: <https://www.ncbi.nlm.nih.gov/books/nbk220798/>.
40. Fillipo, D.S. (2017). A historical perspective of death in the Western world. [Online] ResearchGate. Available At: https://www.researchgate.net/publication/309018352_a_historical_perspective_of_death_in_the_western_world [accessed 10 Jul. 2023].
41. Flach, K., Gressler, N.G., Marcolino, M.A.Z. and Levandowski, D.C. (2022). Complicated grief after the loss of a baby: a systematic review about risk and protective factors for bereaved women. Trends In Psychology. doi:<https://doi.org/10.1007/s43076-021-00112-z>.
42. Fowler, F.J. (2013). Survey research methods. 5th Ed. London: Sage Publication, Cop.
43. Freeman, J.M., Johnson, T.D. and Olson, R.P. (2016). Still a mother: journeys through perinatal bereavement. Valley Forge, Pa: Judson Press.
44. Freiberger, O. (2018). Elements of a comparative methodology in the study of religion. Religions, 9(2), P.38. doi:<https://doi.org/10.3390/rel9020038>.
45. Gagstetter, C. (2015). Love and loss in ancient greece – Ancient Art. [Online] Ancientart.As.Ua.Edu. Available At: <https://Ancientart.As.Ua.Edu/Love-And-Loss-In-Ancient-Greece/#:~:Text=Demeter%20was%20devastated%20over%20the> [Accessed 24 Aug. 2023].

46. Ganzevoort, R.R. and Falkenburg, N. (2012). Stories beyond life and death: Spiritual experiences of continuity and discontinuity among parents who lose a child. *Journal of Empirical Theology*, 25(2), pp.189–204. doi:<https://doi.org/10.1163/15709256-12341249>.
47. Garstang, J., Griffiths, F. And Sidebotham, P. (2016). Parental understanding and self-blame following sudden infant death: A mixed-methods study of bereaved parents' and professionals' experiences. *BMJ Open*, [Online] 6(5), P.E011323. doi:<https://doi.org/10.1136/bmjopen-2016-011323>.
48. George, T.O., (2012). Policy response to widowhood rites among the Awori of Ogun State, Nigeria', *American International Journal of Contemporary Research* 2(5), 187-193.
49. Gerkin, C.V. (1997). *An Introduction to pastoral care*. Nashville: Abingdon Press.
50. Gerrish, N.J. And Bailey, S. (2018). Maternal grief: A qualitative investigation of mothers' responses to the death of a child from cancer. *OMEGA - Journal Of Death And Dying*, 0(0) 1–45(003022281876219), P.003022281876219. doi:<https://doi.org/10.1177/0030222818762190>.
51. Gibson, L. and Louw, D. (2018). A practical theology of bereavement care: Re-ritualization within a paradigm of 'comforting presence'. *STJ | Stellenbosch Theological Journal*, 4(2). doi: <https://doi.org/10.17570/stj.2018.v4n2.a24>.
52. Gilbert, K.R. (1992). Religion as a resource for bereaved parents. *Journal of religion and health*, [online] 31(1), pp.19–30. Available at: <https://www.jstor.org/stable/27510673>
53. Gire, J. (2014). How death imitates life: Cultural influences on conceptions of death and dying. *Online Readings In Psychology And Culture*, [Online] 6(2). doi:<https://doi.org/10.9707/2307-0919.1120>.
54. Gold, K.J., Leon, I., Boggs, M.E. And Sen, A. (2016). Depression and posttraumatic stress symptoms after perinatal loss in a population-based sample. *Journal Of Women's Health* (2002), [Online] 25(3), Pp.263–269. doi:<https://doi.org/10.1089/jwh.2015.5284>.
55. Gold, K.J., Sen, A. And Leon, I. (2017). Whose fault is it anyway? Guilt, blame,

- and death attribution by mothers after stillbirth or infant death. *Illness, Crisis & Loss*, 26(1), Pp.40–57. doi:<https://doi.org/10.1177/1054137317740800>.
56. Gregoire, J. And Jungers, C. (2013). 'The clergy grief project: investigating how catholic priests grieve losses'. *spiritan horizons*, [Online] 8(8). Available At: <https://dsc.duq.edu/spiritan-horizons/vol8/iss8/15>
 57. Grollman, E.A. (1981). *The clergyman's role in grief counseling*. Springer Ebooks, Pp.51–59. doi:https://doi.org/10.1007/978-1-4613-3231-2_5.
 58. Gross, R.D. (2016). *Understanding grief: an introduction*. London; New York: Routledge, Taylor & Francis Group.
 59. Hamilton, I.J. (2016). *Understanding grief and bereavement*. *british journal of general practice*, [Online] 66(651), Pp.523–523. doi:<https://doi.org/10.3399/bjgp16x687325>.
 60. Hawthorne, D.M., Youngblut, J.M. And Brooten, D. (2016). Parent spirituality, grief, and mental health at 1 and 3 months after their infant's/child died in an intensive care unit. *Journal Of Pediatric Nursing*, 31(1), Pp.73–80. doi:<https://doi.org/10.1016/j.pedn.2015.07.008>.
 61. Hefren, J.E. And Thyer, B.A. (2012). The effectiveness of guided mourning for adults with complicated mourning. *journal of human behavior in the social environment*, 22(8), Pp.988–1002. doi:<https://doi.org/10.1080/10911359.2012.707946>.
 62. Hermans, C. And Schoeman, W.J. (2016). Survey Research In Practical Theology And Congregational Studies. *Acta Theologica*, 0(0), P.45. doi:<https://doi.org/10.4314/actat.v21i1.5s>.
 63. Ho, S.-W. and Brotherson, S.E. (2007). Cultural Influences on Parental Bereavement in Chinese Families. *OMEGA - Journal of Death and Dying*, 55(1), pp.1–25. doi:<https://doi.org/10.2190/4293-2021-5475-2161>.
 64. Human, M., Groenewald, C., Odendaal, H.J., Green, S., Goldstein, R.D. and Kinney, H.C. (2014). Psychosocial implications of stillbirth for the mother and her family: A crisis-support approach. *social work/maatskaplike werk*, [online] 50(4). doi:<https://doi.org/10.15270/50-4-392>.

65. Ilunga, N. (2021). A Study of Support for the Bereaved in the Local Congregation. [online] Available at: <https://digitalcommons.liberty.edu/cgi/viewcontent.cgi?article=4401&context=doctoral>.
66. James Carolyn Custis (2011). Gospel of ruth - loving god enough to break the rules. Zondervan.
67. Jessen, F., Wiese, B., Bickel, H., Eiffländer-Gorfer, S., Fuchs, A., Kaduszkiewicz, H., Köhler, M., Luck, T., Mösch, E., Pentzek, M., Riedel-Heller, S.G., Wagner, M., Weyerer, S., Maier, W. And Van Den Bussche, H. (2011). Prediction of dementia in primary care patients. Plos ONE, [Online] 6(2), P.E16852. doi:<https://doi.org/10.1371/journal.pone.0016852>.
68. Kaiser, K. (2019). Protecting Respondent Confidentiality in Qualitative Research. Qualitative Health Research, 19(11), pp.1632–1641. doi:<https://doi.org/10.1177/1049732309350879>.
69. Kapuma G. (2018) Widowhood within the Malawian context: A pastoral care model repository.up.ac.za. [online] Available at: <https://repository.up.ac.za/handle/2263/25975?show=full> [Accessed 23 June 2022]
70. Kark, S.M., Adams, J.G., Sathishkumar, M., Granger, S.J., Mcmillan, L., Baram, T.Z. And Yassa, M.A. (2022). Why Do Mothers Never Stop Grieving For Their Deceased Children? Enduring Alterations Of Brain Connectivity And Function. Frontiers In Human Neuroscience, 16. doi:<https://doi.org/10.3389/fnhum.2022.925242>.
71. Kelley, M. (2010). Grief: Contemporary Theory And The Practice Of Ministry. [Online] Www.Christianbook.Com. FORTRESS PRESS / 2010 / PAPERBACK. Available At: <https://www.christianbook.com/grief-contemporary-theory-the-practice-ministry/melissa-kelley/9780800696610/pd/696610>
72. Kelley, R. (2022). Mother Mary And A Post-Traumatic Ecclesiology Of Grief. [Online] The Other Journal. Available At: <https://theotherjournal.com/2022/02/03/mother-mary-post-traumatic->

ecclesiology-grief/ [Accessed 26 Oct. 2022].

73. Kersting, A. And Wagner, B. (2012). Complicated grief after perinatal loss. *dialogues in clinical neuroscience*, [Online] 14(2), Pp.187–94. Available At: <https://www.ncbi.nlm.nih.gov/pmc/articles/pmc3384447/>.
74. Kessler, D. (2020). Finding meaning: The sixth stage of grief. Simon And Schuster.
75. Khosa-Nkatini, H.P. (2022). Patriarchal nature of mourning from an african perspective. *HTS Teologiese Studies / Theological Studies*, 78(2). doi:<https://doi.org/10.4102/hts.v78i2.7753>.
76. Khosa-Nkatini, H.P. (2023). Ubuntu and mourning practices in the Tsonga culture: rite of passage. *Verbum Et Ecclesia*, [Online] 44(1), Pp.1–9. doi:<https://doi.org/10.4102/ve.v44i1.2682>.
77. Klän, W.R.A. (2018). 'He heals the brokenhearted and binds up their wounds' (Ps 147:3): Perspectives On Pastoral Care. *HTS Teologiese Studies / Theological Studies*, [Online] 74(4), P.10. Available At: <https://hts.org.za/index.php/hts/article/view/5116/11934>
78. Kochen, E.M., Jenken, F., Boelen, P.A., Deben, L.M.A., Fahner, J.C., Van Den Hoogen, A., Tenunissen, S.C.C.M., Geleijns, K. And Kars, M.C. (2020). When A Child Dies: A systematic review of well-defined parent-focused bereavement interventions and their alignment with grief- and loss theories. *BMC Palliative Care*, 19(1). doi:<https://doi.org/10.1186/s12904-020-0529-z>.
79. Koss, S.E., Weissman, R., Chow, V., Smith, P.T., Slack, B., Voytenko, V., Balboni, T.A. And Balboni, M.J. (2018). Training community clergy in serious illness: Balancing faith and medicine. *Journal Of Religion And Health*, 57(4), Pp.1413–1427. doi:<https://doi.org/10.1007/s10943-018-0645-8>.
80. Kozlova, E.E. (2017). *Maternal Grief In The Hebrew Bible*. [Online] Oxford University Press. Oxford, New York: Oxford University Press. Available At: <https://global.oup.com/academic/product/maternal-grief-in-the-hebrew-bible-9780198796879?cc=us&lang=en&#:~:text=the%20work%20considers%20three%20narratives>
81. Krisch, J A (2020) What the Loss of a Child Does to Parents, Psychologically and Biologically. <https://www.fatherly.com/health-science/how-parents-experience-the-death-of-a-child/>
82. Kübler-Ross, E. (1969). *On death and dying*. New York, Ny: Macmillan Pub.

Co.

83. Laakso, H. And Paunonen-Ilmonen, M. (2002). Maternal grief. *Primary Health Care Research And Development*, 3(2), Pp.115–123. doi:<https://doi.org/10.1191/1463423602pc098oa>.
84. Law, K. And Kirk, S. (2021). Examining The Experiences And Support Needs Of Bereaved Parents After The Death Of A Child During Early Adulthood From Cancer. *Cancer Nursing*, Publish Ahead Of Print. doi:<https://doi.org/10.1097/ncc.0000000000000998>.
85. *Levels & Trends In Child Mortality: Report 2021*. (2021). New York: United Nations Children’s Fund (UNICEF).
86. Lindemann, E. (1944). Symptomatology and management of acute grief. *American Journal of Psychiatry*, 101, 141-148.
87. Lieblich A, Tuval-Mashiach R, Zilber T. 1998. *Narrative research: Reading, analysis, and interpretation*. Thousand Oaks, CA: Sage.
88. Lockmyer Anne-Marie (2018). *When their world stops: the essential guide to truly helping anyone in grief*. Anaheim, California: Joseph Allen Pres.
89. Longbottom, P. (1986). The role of the clergyman in bereavement. *Bereavement Care*, 5(1), Pp.4–12. doi:<https://doi.org/10.1080/02682628608657143>.
90. Magezi, V. (2019). *History And Developments Of Pastoral Care In Africa: A Survey And Proposition For Effective Contextual Pastoral Caregiving*. *HTS Teologiese Studies / Theological Studies*, 75(4). doi:<https://doi.org/10.4102/hts.v75i4.5423>.
91. Maguire, M. And Delahunt, B. (2017). Doing a thematic analysis: a practical, step-by-step guide for learning and teaching scholars. *All Ireland Journal Of Higher Education*, [Online] 9(3). Available At: <https://ojs.aishe.org/index.php/aishe-j/article/view/335>.
92. Maier, H.R. (2013). What constitutes a good literature review and why does its quality matter? *Environmental Modelling & Software*, 43, pp.3–6. doi:<https://doi.org/10.1016/j.envsoft.2013.02.004>.
93. Makatsariya, N.A., Bitsadze, V.O., Khizroeva, J.K., Chervenak, F.A. And Makatsariya, A.D. (2023). *Maternal death in the visual arts: immersion into*

- emotional world through the great artists' paintings. *Obstetrics, Gynecology And Reproduction*, [Online] 17(3), Pp.376–381. doi:<https://doi.org/10.17749/2313-7347/ob.gyn.rep.2023.423>.
- 94.** Malhotra, G. (2017). Strategies in research. [Online] *International Journal Of Advance Research And Development*, Available At: <https://www.ijarnd.com/manuscripts/v2i5/v2i5-1220.pdf>.
- 95.** Martinčeková, L. And Klatt, J. (2016). Mothers' grief, forgiveness, and posttraumatic growth after the loss of a child. *OMEGA - Journal Of Death And Dying*, 75(3), Pp.248–265. doi:<https://doi.org/10.1177/0030222816652803>.
- 96.** Matsaneng, A.S. (2009). The traumatic experience that causes women wearing black garments to be excluded from the body of Christ: a challenge to pastoral care. repository.up.ac.za. [online] Available at: <https://repository.up.ac.za/handle/2263/25975?show=full> [Accessed 23 June 2022]
- 97.** Mawson, D., Marks, I.M., Ramm, L. And Stern, R.S. (1981). Guided mourning for morbid grief: A Controlled Study. *The British Journal Of Psychiatry*, [Online] 138(3), Pp.185–193. doi:<https://doi.org/10.1192/bjp.138.3.185>.
- 98.** Mckinnon, M.J. (2012). All Souls' Day is November 2 (Praying for the dead: Is It Biblical, Patristic, Anglican?). [Online] Holy Trinity Anglican Church. available at: <https://htacmass.wordpress.com/2012/10/04/all-souls-day-is-november-2-praying-for-the-dead-is-it-biblical-patristic-anglican/>
- 99.** Mcnamara, J., Risi, A., Bird, A.L., Townsend, M.L. And Herbert, J.S. (2022). The role of pregnancy acceptability in maternal mental health and bonding during pregnancy. *BMC Pregnancy And Childbirth*, 22(1). doi:<https://doi.org/10.1186/s12884-022-04558-6>.
- 100.** Meisenhelder, J.B. (2020). Maternal grief: Analysis and therapeutic recommendations. *BMJ Supportive & Palliative Care*, P.Bmjspcare-2020-002673. doi:<https://doi.org/10.1136/bmjspcare-2020-002673>.
- 101.** Miri, S.M. And Shahrokh, Z.D. (2019). A short introduction to comparative research. [Online] Researchgate. Available At: https://www.researchgate.net/publication/336278925_a_short_introduction_to_comparative_research.

- 102.** Moodley, J.K. And Hove, R. (2023). Pastoral care and mental health in post-pandemic South Africa: A narrative review exploring new ways to serve those in our care. *Religions*, [Online] 14(4), P.477. doi:<https://doi.org/10.3390/rel14040477>.
- 103.** Morgan, D.L. (2013). *Integrating qualitative and quantitative methods : a pragmatic approach*. Thousand Oaks, California: Sage Publications, Inc.
- 104.** Mothers' Union Annual Report And Accounts 2020 WHO WE ARE. (2020). Available At: <https://www.mothersunion.org/sites/default/files/resources/public/annual%20accounts%202020-21%20web.pdf> [accessed 29 sep. 2023].
- 105.** Mucherah, W. And Mbogori, T. (2019). Examining child development from an African cultural context. [Online] Researchgate. Available At: https://www.researchgate.net/publication/331846748_examining_child_development_from_an_african_cultural_context.
- 106.** Murphy, S.A., Clark Johnson, L. And Lohan, J. (2003). Finding meaning in a child's violent death: a five-year prospective analysis of parents' personal narratives and empirical data. *Death Studies*, 27(5), Pp.381–404. doi:<https://doi.org/10.1080/07481180302879>.
- 107.** Neimeyer, R.A. (2011). Reconstructing meaning in bereavement: Summary of a research program. *Estudos De Psicologia (Campinas)*, 28(4), Pp.421–426. doi:<https://doi.org/10.1590/s0103-166x2011000400002>.
- 108.** Nel, M.J. (2007). The ancestors and Zulu family transitions: A Bowen theory and practical theological interpretation [Online] Available At: <https://core.ac.uk/download/pdf/43165099.pdf>.
- 109.** Newman, L. (1997). Descartes' Epistemology (Stanford Encyclopedia Of Philosophy). [Online] Stanford.Edu. Available At: <https://plato.stanford.edu/entries/descartes-epistemology/>.
- 110.** Nikkola, I., Kaunonen, M. And Aho, A.L. (2013). Mother's experience of the support from a bereavement follow-up intervention after the death of a child. *Journal Of Clinical Nursing*, 22(7-8), Pp.1151–1162. doi:<https://doi.org/10.1111/j.1365-2702.2012.04247.x>.
- 111.** Norris, K., Strohmaier, G., Asp, C. and Byock, I. (2004). Spiritual care at the end of life. Some clergy lack training in end-of-life care. *Health Progress (Saint*

Louis, Mo.), [online] 85(4), pp.34–39, 58. Available at: <https://pubmed.ncbi.nlm.nih.gov/15314901/>

112. Nowell, L.S., Norris, J.M., White, D.E. And Moules, N.J. (2017). Thematic analysis: Striving to meet the trustworthiness criteria. *International Journal Of Qualitative Methods*, 16(1), Pp.1–13. doi:<https://doi.org/10.1177/1609406917733847>.
113. Nwoye, A. (2005). Memory healing processes and community intervention in grief work in Africa. *Australian And New Zealand Journal Of Family Therapy*, 26(3), Pp.147–154. doi:<https://doi.org/10.1002/j.1467-8438.2005.tb00662.x>.
114. Osmer R 2008. *Practical Theology: An introduction*. Grand Rapids, MI: Eerdmans.
115. Osterweis, M., Solomon, F. And Green, M. (1989). *Bereavement: Reactions, consequences, and care*. Washington, D.C.: National Academy Press.
116. Osterweis, M., Solomon, F. And Green, M. (2015). Reactions to particular types of bereavement. Institute Of Medicine (US) Committee For The Study Of Health Consequences Of The Stress Of Bereavement, [Online] Nih.Gov. Available At: <https://www.ncbi.nlm.nih.gov/books/nbk217848/>.
117. Parkes, C. (1999). Common language for psychotherapy (clp) procedures www.commonlanguagepsychotherapy.org guided mourning. [online] available At: https://www.commonlanguagepsychotherapy.org/assets/accepted_procedures/guidedmourning.pdf [Accessed 28 Jul. 2023].
118. Parkes, M.C. (1971). Psycho-social transitions: A field for study. *Social Science & Medicine* (1967), [online] 5(2), pp.101–115. doi:[https://doi.org/10.1016/0037-7856\(71\)90091-6](https://doi.org/10.1016/0037-7856(71)90091-6).
119. Parkes, C.M. (1988). Bereavement as a psychosocial transition: Processes of adaptation to change. *Journal Of Social Issues*, [Online] 44(3), Pp.53–65. doi:<https://doi.org/10.1111/j.1540-4560.1988.tb02076.x>.
120. Pathak, V., Kalra, S. And Jena, B. (2013). Qualitative Research. Perspectives in clinical research, [Online] 4(3), P.192. doi:<https://doi.org/10.4103/2229-3485.115389>.
121. Pervin, N. And Mokhtar, M. (2022). The Interpretivist research paradigm: A subjective notion of a social context. *International Journal Of Academic*

Research In Progressive Education And Development, [Online] 11(2).
doi:<https://doi.org/10.6007/ijarped/v11-i2/12938>.

122. Philip, N.S. And Dreyer, Y. (2023). The paradox of being a wounded healer: Henri J.M. Nouwen's Contribution To Pastoral heology. HTS Theological Studies, [Online] 66(2), Pp.1–8. Available At: https://www.scielo.org.za/scielo.php?script=sci_arttext&pid=s0259-94222010000200013 [accessed 29 sep. 2023].
123. Popoola, T., Skinner, J. And Woods, M. (2021). Exploring the social networks of women bereaved by stillbirth: a descriptive qualitative study. Journal Of Personalized Medicine, 11(11), P.1056. doi:<https://doi.org/10.3390/jpm11111056>.
124. Puchalski, C.M. (2021). The Role Of Spirituality In Health Care. Proceedings (Baylor University. Medical Center), Pp.352–7.
125. Radzilani, M.S. (2010). A discourse analysis of bereavement rituals in a Tshivenda speaking community : African christian and traditional African perceptions. [Online] repository.up.ac.za. available at: <https://repository.up.ac.za/handle/2263/28564>.
126. Raitio, K., Kaunonen, M. And Aho, A.L. (2015). evaluating a bereavement follow-up intervention for grieving mothers after the death of a child. Scandinavian Journal Of Caring Sciences, 29(3), Pp.510–520. doi:<https://doi.org/10.1111/scs.12183>.
127. Rando, T.A. (1993). The increasing prevalence of complicated mourning: the onslaught is just beginning. OMEGA - Journal Of Death And Dying, 26(1), Pp.43–59. doi:<https://doi.org/10.2190/7mdl-rjtf-na2d-npqf>.
128. Razeq, A., Nadin, M. and Gamal, A. (2018). Maternal Bereavement. Journal of Hospice & Palliative Nursing, 20(2), pp.137–145. doi:<https://doi.org/10.1097/njh.0000000000000417>.
129. Reiersen Draugalis, J., Coons, S. And Plaza, C. (2008BC). SPECIAL ARTICLES Best Practices For Survey Research Reports: A Synopsis For Authors And Reviewers. [Online] Available At: <https://www.ajpe.org/content/ajpe/72/1/11.full.pdf>
130. Resnik, D. (2020). What Is Ethics In Research & Why Is It Important? [Online] National Institute Of Environmental Health Sciences. Available At: <https://www.niehs.nih.gov/research/resources/bioethics/whatis/index.cfm>.

- 131.** Riley, L.P., Lamontagne, L.L., Hepworth, J.T. And Murphy, B.A. (2007). Parental Grief Responses And Personals Growth Following The Death Of A Child. *Death Studies*, 31(4), Pp.277–299. doi:<https://doi.org/10.1080/07481180601152591>.
- 132.** Roberts, D.A. (2016). Father Knows Best: A Critical Evaluation Of The Relationship Between Clergy And Laity In The Church In Wales And Its Effect On Parish Ministry. *Www.Academia.Edu*. [Online] Available At: https://www.academia.edu/30944589/father_knows_best_a_critical_evaluation_of_the_relationship_between_clergy_and_laity_in_the_church_in_wales_and_its_effect_on_parish_ministry [accessed 29 sep. 2023].
- 133.** Roberts, L.R., Montgomery, S., Lee, J.W. and Anderson, B.A. (2011). Social and Cultural Factors Associated with Perinatal Grief in Chhattisgarh, India. *Journal of Community Health*, 37(3), pp.572–582. doi:<https://doi.org/10.1007/s10900-011-9485-0>.
- 134.** Rodrigues, L., Lima, D.D., Jesus, J.V.F. De, Lavorato Neto, G., Turato, E.R. And Campos, C.J.G. (2020). Understanding Bereavement Experiences Of Mothers Facing The Loss Of Newborn Infants. *Revista Brasileira De Saúde Materno Infantil*, 20(1), Pp.65–72. doi:<https://doi.org/10.1590/1806-93042020000100005>.
- 135.** Rogers, C.H., Floyd, F.J., Seltzer, M.M., Greenberg, J. And Hong, J. (2008). Long-Term Effects Of The Death Of A Child On Parents' Adjustment In Midlife. *Journal Of Family Psychology*, [Online] 22(2), Pp.203–211. doi:<https://doi.org/10.1037/0893-3200.22.2.203>.
- 136.** Rowland, K. (2018). Microchimerism: How Pregnancy Changes The Mother's Very DNA | Aeon Essays. [Online] Aeon. Available At: <https://aeon.co/essays/microchimerism-how-pregnancy-changes-the-mothers-very-dna>
- 137.** Rubin, H.I. (2004). Research Design And Research Methods. [Online] Available At: https://us.sagepub.com/sites/default/files/upm-binaries/57848_chapter_3_morgan_integrating_qualitative_and_quantitative_methods_2.pdf.
- 138.** Rubin, S.S. (1999). The Two-Track Model Of Bereavement: Overview,

- Retrospect, And Prospect. *Death Studies*, 23(8), Pp.681–714.
doi:<https://doi.org/10.1080/074811899200731>.
- 139.** Rugonye, S. And Bukaliya, R. (2016). Effectiveness Of The African Bereavement Counseling Techniques: A Case Of Shona People Of Zimbabwe: Implications For Open And Distance Learning Institutions. *International Journal Of Humanities Social Sciences And Education (IJHSSE)*, [Online] 3(2), Pp.49–56. Available At: <https://www.arcjournals.org/pdfs/ijhsse/v3-i2/7.pdf>.
- 140.** Safa, A., Adib-Hajbaghery, M., Rezaei, M. and Araban, M. (2021). The meaning of losing a child in older adults: a qualitative study. *BMC Geriatrics*, 21(1). doi:<https://doi.org/10.1186/s12877-021-02609-9>.
- 141.** Sajeevanie, T. (2021). Literature Review and Academic Research. *IJCTR*, [online] 9(1), pp.2320–2882. Available at: <https://www.ijcrt.org/papers/IJCRT2101333.pdf>.
- 142.** Saunders, B., Kitzinger, J. And Kitzinger, C. (2015). Anonymising Interview Data: Challenges And Compromise In Practice. *Qualitative Research*, 15(5), Pp.616–632. doi:<https://doi.org/10.1177/1468794114550439>.
- 143.** Saunders, M., Lewis, P. And Thornhill, A. (2012). *Research Methods For Business Students*. 6th Ed. Harlow, Essex, England: Pearson Education Limited.
- 144.** Saunders, M., Lewis, P. And Thornhill, A. (2019). *Research Methods For Business Students*. 8th Ed. New Delhi: Pearson.
- 145.** Sbarra, D.A. And Hazan, C. (2008). Coregulation, Dysregulation, Self-Regulation: An Integrative Analysis And Empirical Agenda For Understanding Adult Attachment, Separation, Loss, And Recovery. *Personality And Social Psychology Review*, 12(2), Pp.141–167. doi:<https://doi.org/10.1177/1088868308315702>.
- 146.** Scheib, K.D. (2016). *Pastoral Care*. Abingdon Press.
- 147.** Seiler A., von Känel R., Slavich G. M. (2020). The psychobiology of bereavement and health: a conceptual review from the perspective of social signal transduction theory of depression. *Front. Psychiatry* 11:565239. doi:[10.3389/fpsy.2020.565239](https://doi.org/10.3389/fpsy.2020.565239).

- 148.** Setsiba, T. And Thwala, J.D. (2012). Mourning Rituals And Practices In Contemporary South African Townships: A Phenomenological Study. [Online] Available At: <https://Uzspace.Unizulu.Ac.Za/Server/Api/Core/Bitstreams/03ceca2f-F148-4cd8-8f14-D48511b42c56/Content>
- 149.** Shaefer, J.R., Khawaja, S.N. and Bavia, P.F. (2018). Sex, Gender, and Orofacial Pain. *Dental Clinics of North America*, [online] 62(4), pp.665–682. doi:<https://doi.org/10.1016/j.cden.2018.06.001>.
- 150.** Shin, K.-S. (2011). Please Look After Mom. Vintage.
- 151.** Silva, É.Q. (2019). Ideário Da Morte No Ocidente: A Bioética Em Uma Perspectiva Antropológica Crítica. *Revista Bioética*, 27(1), Pp.38–45. Doi:<https://doi.org/10.1590/1983-80422019271284>.
- 152.** Silverman, G.S., Baroiller, A. and Hemer, S.R. (2020). Culture and grief: Ethnographic perspectives on ritual, relationships and remembering. *Death Studies*, 45(1), pp.1–7. doi:<https://doi.org/10.1080/07481187.2020.1851885>.
- 153.** Smith, D.W. (2013). Phenomenology (Stanford Encyclopedia Of Philosophy). [Online] Available At: <https://plato.stanford.edu/entries/phenomenology/>.
- 154.** Smith-Greenaway, E., Alburez-Gutierrez, D., Trinitapoli, J. And Zagheni, E. (2021). Global Burden Of Maternal Bereavement: Indicators Of The Cumulative Prevalence Of Child Loss. *BMJ Global Health*, 6(4), P.E004837. Doi:<https://doi.org/10.1136/bmjgh-2020-004837>.
- 155.** Spears, L. (2010). Character And Servant Leadership: Ten Characteristics Of Caring Leaders. [Online] Regent University. Available At: <https://www.regent.edu/journal/journal-of-virtues-leadership/character-and-servant-leadership-ten-characteristics-of-effective-caring-leaders/>.
- 156.** Song, J., Mailick, M. R., Greenberg, J. S., & Floyd, F. J. (2019). Mortality in parents after the death of a child. *Social Science & Medicine* (1982), 239, 112522. doi: 10.1016/j.socscimed.2019.112522
- 157.** Steyn, J. And Yousaf, A. (2010). Jesus And The Marginalized: Attaching Pastoral Meaning To Luke 4:14-30. *Acta Theologica*, [Online] 30(2), Pp.152–170. Available At:

[Http://Www.Scielo.Org.Za/SciELO.Php?Script=Sci_Arttext&Pid=S1015-87582010000200011](http://www.Scielo.Org.Za/SciELO.Php?Script=Sci_Arttext&Pid=S1015-87582010000200011).

- 158.** Steyn, T.H. And Masango, M.J. (2011). The Theology And Praxis Of Practical Theology In The Context Of The Faculty Of Theology. HTS Theological Studies, [Online] 67(2), Pp.1–7. Available At: [Http://Www.Scielo.Org.Za/SciELO.Php?Script=Sci_Arttext&Pid=S0259-94222011000200019](http://www.Scielo.Org.Za/SciELO.Php?Script=Sci_Arttext&Pid=S0259-94222011000200019) [Accessed 7 Jun. 2023].
- 159.** Stilos, K. (Kalli) And Wynnychuk, L. (2021). Self-Care Is A MUST For Health Care Providers Caring For The Dying. Canadian Oncology Nursing Journal, [Online] 31(2), Pp.239–241. Available At: [Https://Www.Ncbi.Nlm.Nih.Gov/Pmc/Articles/PMC8128421/](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8128421/).
- 160.** Stroebe, M. And Schut, H. (1999). The Dual Process Model Of Coping With Bereavement: Rationale And Description. Death Studies, 23(3), Pp.197–224. Doi:[Https://Doi.Org/10.1080/074811899201046](https://doi.org/10.1080/074811899201046).
- 161.** Stroebe, M., Schut, H. And Boerner, K. (2017). Cautioning health-care professionals: Bereaved persons are misguided through the stages of grief. OMEGA - Journal Of Death And Dying, [Online] 74(4), Pp.455–473. Doi:[Https://Doi.Org/10.1177/0030222817691870](https://doi.org/10.1177/0030222817691870).
- 162.** Stroebe, M., Stroebe, W., Van De Schoot, R., Schut, H., Abakoumkin, G. And Li, J. (2014). Guilt in bereavement: The role of self-blame and regret in coping with loss. Plos ONE, [Online] 9(5), P.E96606. doi:<https://doi.org/10.1371/journal.pone.0096606>.
- 163.** ReyTan, L.- J. (2020). (PDF) A christian theology of life and death. [Online] Research Available At: https://www.researchgate.net/publication/340546584_a_christian_theology_of_life_and_death.
- 164.** Thompson, A.L., Miller, K.S., Barrera, M., Davies, B., Foster, T.L., Gilmer, M.J., Hogan, N., Vannatta, K. And Gerhardt, C.A. (2011). A qualitative study of advice from bereaved parents and siblings. Journal Of Social Work In End-Of-Life & Palliative Care, 7(2-3), Pp.153–172. doi:<https://doi.org/10.1080/15524256.2011.593153>.
- 165.** Tyrrell, P., Harberger, S., Schoo, C. And Siddiqui, W. (2023). Stages of dying. [Online] Nih.Gov. Available At: <https://www.ncbi.nlm.nih.gov/books/nbk507885/>.

- 166.** Umphrey, L.R. And Cacciatore, J. (2011). Coping with the ultimate deprivation: Narrative themes in a parental bereavement support group. *omega - journal of death and dying*, 63(2), Pp.141–160. doi:<https://doi.org/10.2190/om.63.2.c>.
- 167.** Ungvarsky, J. (2018). Pastoral care: Spiritual healing faith (Christianity). Salem Press Encyclopaedia of Health. <http://0-search.ebscohost.com.wam.seals.ac.za>.
- 168.** Van Deurzen, E. And Arnold-Baker, C. (2005). Existential perspectives on human issues. S.L.: Macmillan Education Uk.
- 169.** Wiehe, V. (1972). The role of the clergyman in the grief process. *Concordia Theological Monthly*, [Online] 43, P.12. Available At: <https://scholar.csl.edu/cgi/viewcontent.cgi?article=4932&context=ctm> [Accessed 23 Aug. 2023].
- 170.** Wimpenny, P., Unwin, R., Dempster, P., Grundy, M., Work, F., Brown, A. And Wilcock, S. (2007). A literature review on bereavement and bereavement care. *Bereavement Care*, 26(1), Pp.7–10. doi:<https://doi.org/10.1080/02682620708657678>.
- 171.** Winchester, C.L. And Salji, M. (2016). Writing a literature review. *Journal Of Clinical Urology*, 9(5), Pp.308–312. doi:<https://doi.org/10.1177/2051415816650133>.
- 172.** Wolfelt, A. (2015). Death and grief. Routledge Ebooks. Routledge. doi:<https://doi.org/10.4324/9781315792736>.
- 173.** Worden, W. J. (2009). Grief counseling and grief therapy: A handbook for the mental health practitioner. New York, Ny: Springer Pub. Co.
- 174.** Worden, W. (2002). Grief Counseling And Grief Therapy. Springer Publishing Company.
- 175.** Zerubavel, N. And Wright, M.O. (2012). The dilemma of the wounded healer. *Psychotherapy*, 49(4), Pp.482–491. Doi:<https://doi.org/10.1037/a0027824>.
- 176.** Znoj, H.J. And Keller, D. (2002). mourning parents: Considering safeguards and their relation to health. *Death Studies*, 26(7), Pp.545–565. doi:<https://doi.org/10.1080/074811802760191708>.