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Perceptions of Loss and Grief Experiences within Religious Burial and Funeral
Rites and Rituals: Contexts of Counseling

A Dissertation

Submitted to the Graduate Faculty of the
University of New Orleans
in partial fulfillment of the
requirements for the degree of

Doctor of Philosophy
in
Counselor Education

by

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May 2013

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Dedication

I would like to dedicate this dissertation to my late mother Lady Josephine Egoigwe Okafor and my father Sir Lawrence Obichukwu Okafor for encouraging me to complete this study.

Acknowledgement

I would like to acknowledge my indebtedness to the Okafor family and my religious community. This work could not have been possible without their steadfast support and encouragement. I am grateful to my dissertation committee members, Dr. Zarus Watson, my chair, Dr. Roxane Dufrene, co-chair and methodologist, and Dr. Barbara Herlihy member. Thanks for your leadership, thoughtful feedback and for supporting my study. I count myself fortunate to have benefited from the wealth of your scholarly and professional experiences. I thank the participants of this study who made this research possible and my colleagues for their constructive critique and encouragement. I am very grateful to God for the opportunity to conduct and complete this study. I hope that the information provided will enhance our understanding of grief and grieving experiences in counseling and pastoral care for bereaved individuals and their families.

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Abstract

The purpose of this phenomenological study was to explore perceptions of loss and grief experiences within religious rites and rituals vis-à-vis the context of counseling. Literature indicated the need for a better understanding of grief and loss experiences from bereaved individuals' perspectives and the context within which loss and grief experiences occur (Dillenburg & Keenan, 2005; Stroebe, Hansson, Schut, & Stroebe, 2008). Participants for this study included 10 purposefully selected Catholic members from two Catholic Church parishes in Nigeria, Africa. All participants had experienced loss and grief, had participated in Catholic burial and funeral rites and rituals, and were 21 years or older.

The main research question was: How do bereaved individuals perceive their grief experiences within the context of Catholic burial and funeral rites and rituals? Data collected to answer the research questions consisted of observations, semi-structured interviews, and documents. A cross-analysis approach was used that identified 63 themes, which were collapsed into 11 major themes. depicted in three areas; bereaved participants' grief experiences, bereaved participants' experiences of rites and rituals, and implications for counseling. The findings of this study indicated that loss of a relationship was a dominant preoccupation in grief and grieving process. Additional themes reflected by bereaved individuals' grief and grieving experiences were; time and nature of death, religious rites and rituals, family and community support, family frictions, financial stressors, positive memories, belief system, finding meaning, ongoing traumatization, and counseling. Overall, the conclusion from this study was that three areas conceptualize loss and grief experiences: bereaved participants' grief experiences, bereaved participants' experiences of rites and rituals, and implications for counseling.

Keywords: bereavement, beliefs, coping, counseling, financial stressors, loss and grief experiences, memories, rites, rituals, meaning reconstruction, ongoing traumatization

Chapter I

Introduction

Chapter I is divided into the following sections: (a) background, (b) theoretical constructs, (c) significance of the study, (d) purpose of the study, (e) research questions, (f) limitations of the study, (g) delimitations of the study, (h) assumptions of the study, and (i) definition of terms.

Background

Death has always been a central human concern (Bottum, 2007), but in a death-denying society, its place is uncertain (James & Gilliland, 2005). Yet, death is final and irreversible (Feifel, 1977). Loss from death is permanent and, for the bereaved, complete grief resolution or recovery from the loss may not occur. Therefore, it is important for counselors to understand the experiences of bereaved individuals in order to assist them in accepting the reality of death, prevent lasting distress, and find resources to continue their lives (James & Gilliland, 2005).

In today's complex and changing society, counselors are frequently exposed to loss and grief experiences in their personal lives and in their professional work. According to Neimeyer (2004), every change in life involves loss and all losses require change. The emotional reaction of loss is grief (Hockey, Katz, & Saml, 2001). Grieving signifies the attempt to come to terms with loss and to adapt. Muller and Thompson (2003) described the death of loved ones as the most penetrating loss individuals can experience and the most frequent and challenging issue counselors face with their clients. Loss and grief are common themes and underlying sources of presenting problems in counseling sessions.

According to Bonanno, Boerner, and Wortman (2005), about 10% to 15% of bereaved persons suffer from chronic distress and depression years after a loss; a small percentage of

bereaved experience acute distress and depression for a short time and recover gradually within 1 to 2 years; a majority of bereaved display short grief reactions and manage to persevere through the physical, psychological, and mental health challenges of the bereavement state, and, finally; in complicated situations, bereaved persons' adaptation process can be lacking (Bonanno et al., 2005). Overall, Greally (1993) estimated that approximately two-thirds of bereaved persons are able to adapt and cope with the loss. However, Holmes and Holmes (1970) reported when using the Social Readjustment Scale that is designed to measure cumulative stress over a given period of time, the impact of loss caused by death of loved ones can be highly stressful. Thus, as Parkes (1996) stated, bereavement situations require emotional, cognitive, physical, and behavioral responses to individuals who have lost loved ones.

Gorman and Southard (1991) suggested that human beings are powerless in the face of death, even when such death is accepted as a natural occurrence. Society and various religious traditions and rituals have accepted and accommodated the dying process, but not loss and grieving. McNamara (2001) explained that death is a reminder of the fragility of human life. Loss and grief caused by death present vast challenges to society and to bereaved persons. The challenges cover the entire range of human physical, emotional, and spiritual experiences. According to Stroebe, Hansson, Schut, and Stroebe (2008), research efforts are expanding in an attempt to understand the complex process of loss and grief; however, little attention has focused on capturing bereaved individuals' personal experiences of loss and grieving. Dillenburger and Keenan (2005) explained that what has been missing in most explanations of loss and grief experiences is a detailed analysis of the context within which loss and grief occur. In addition, Muller and Thomas (2003) noted that most research studies on bereavement have used quantitative methods (Henschen & Heil, 1992; Hogan, Morse, & Tason, 1996). As Edmonds

and Hooker (1992) noted, a qualitative research approach would more clearly articulate the experiences of bereaved individuals without the imposed quantitative framework.

Ferrini and Ferrini (2008) noted that in contemporary society, professionals who work with those experiencing loss and grief are sometimes not adequately prepared. In some cases, professionals are inadequately prepared to deal with the physical, psychological, and spiritual crises confronting bereaved persons. Gamino and Ritter (2009) pointed out that the increases in both natural and man-made disasters in recent times have raised more concern and expectations for counselors to provide adequate responses to individuals' losses. In today's complex and changing society, counselors need to understand and be prepared to assist clients in dealing with loss (Ferrini & Ferrini, 2008; Humphrey, 2009; Webb, 2005).

Theoretical Constructs

Bereavement, loss, and grief

In bereavement conditions, individuals need assistance in accepting and adapting to their loss. Bereavement denotes a situation of loss caused by the death of a loved one and grief is the emotional reaction to such loss (O'Brien, 2008). Grieving signifies the attempt to come to terms with loss and to adapt to the consequences of living without loved ones (Parkes, 1996). Bottum (2007) believed that the loss caused by death is central to humans and has a powerful influence on human experiences. Loss and grief impose duty and motivate individuals and communities to reintegrate and restore harmony. Loss and grief experiences become the deepest reason for human association and transformation (Bottum, 2007). The disruptive impact and the stress emanating from dealing with loss are strong influencing factors in human motivation, behavior, and mental well-being. But, death involved in bereavement is the death of loved ones, not the death of self. Loss and grief caused by the death of loved ones are more fundamental than the

anxiety about one's own death. According to Bottum, the existential philosopher Heidegger (1927) was right in placing death at the center of philosophy.

In contemporary society, James and Gilliland (2005) identified three common patterns in peoples' reactions to death: acceptance, death defying, and denial. Bottum (2007) described death acceptance as a more accurate sense of reality that enhances adaptation and coping with loss and grief. Worden (2002) reported that anthropologists who have studied bereavement in many societies have recognized that bereavement pathology seem to be less common where there is a cultural mechanism to accept and deal with the impact of loss and grief than when there is an absence of such mechanism. Kastenbaum, Doka, Beder, Scwab, and Farbero's, (2003) view expressed by Bottum (2007) and supported by multiple studies is that grief without a public outlet and mechanism to deal with the impact is dangerous and unhealthy to individuals' physical and mental well-being. Death defying and denial are the disinclinations to accept and help individuals with the painful experiences of loss and grief. In a death-defying society, Bottum (2007) argued, the risk of falling into unresolved grief or pathological mourning may arise, when mechanisms to manage loss and grief are inadequate. Psychiatric illnesses also can occur with expressions of unresolved grief or pathological mourning (Bonanno, 2008; Bowlby, 1980; Cassaret, Kutner, & Abraham, 2001; Lang, 2007; Lazare, 1979; Rando, 1984; Stroebe & Schut, 1999; Worden, 2002; Zisook, Shuchter, & Schuchit, 1985). Aries (1975), in a survey conducted in Western Europe and the United States, described changing attitudes regarding death and the emotional expressions about death that are restrained in modern periods when compared with the past. Caillois (1951), a French sociologist, in a sociological analysis of contemporary attitudes towards death, noted that the common attitude towards death is that death must not be thought about, much less discussed; death is not to be feared or dreaded. According to Ferrini and

Ferrini (2008), a strong relationship between death anxiety and the negative attitude about loss and grief in contemporary society exists.

Grief process

In recent times, emphasis in helping bereaved individuals has shifted from a focus on recovery to helping bereaved individuals accept and adapt to their loss. Concern now is with the process of assisting bereaved individuals to establish stability and a healthy functioning in life. The process of assisting bereaved persons, as Bowlby (1980) described, entails reorganizing individuals' self-identity and worldview after their shattering experience of loss. The process requires time and support from other people. However, Muller and Thompson (2003) pointed out varied opinions about the duration of grieving and the effectiveness of adaptive responses. Two researchers emphasized talking about the feelings surrounding the loss as necessary for healthy adjustment (Lindemann, 1944; Worden, 2002). In comparison, other authors considered talking about the feelings to be unnecessary and even detrimental to a healthy adjustment (Bonanno & Kaltman, 1999; Stroebe, 2002; Wortman & Silver, 1989). Still other authors advocated for a stage approach to grief (Kavanaugh, 1972; Kubler-Ross, 1969; Parkes, 1996); and some a task approach to grief (Attig, 1996; Corr, 1992; Lindemann, 1944; Rando, 1986; Worden, 2002). For many, bereavement is not necessarily time constrained. The assumption that grieving could be beneficial indicates a shift from the assumption that grieving should be time limited and that one can expect to recover from loss (Hockey, Katz, & Saml, 2001).

In existential philosophy, the important notion related to death is the possibility of freedom, even in the face of loss and grief. Existentialists believe that every bereaved person is unique and has the freedom to find meaning and purpose to adapt and cope with loss and grief. The existential perspective supports the view that grieving is part of life. Individuals may cling

to society for support and consolation but, ultimately, individuals are alone, free, and responsible. In addition, individuals are challenged by fear and anxiety about death, which motivates them to action. Henderson (1990), a Jungian analyst, thought that death is an essential condition for growth and life. As Nugent (2000) further described, individuals have the responsibility to bring meaning to their lives and to live with the consequences of their choices. Individuals must construct meaning and purpose in their lives in the absence of any given absolute paradigm. In such time as personal loss of loved ones, bereaved individuals have the capacity to develop adaptively or maladaptively.

Religion, rites and rituals

Communities and individuals make use of rites and rituals and other public ceremonies to deal with death and to restore harmony for both individuals and society. Bottum (2007) highlighted that the Catholic religion has been a long-standing cultural and religious institution that has responded through its pastoral care, rites and ritual practices to assist bereaved individuals in times of loss and grief. However, as Rutherford and Carr (1990) stated, a need exists that acknowledges the mutual influences between the secular society and religious community in both past and present time. Catholic burial and funeral rites, Bottum recognized, are among the most ancient and most universal religious prescribed rites and rituals surrounding the dead and the bereaved. In Catholic burial and funeral rites and rituals, the acceptance of death as a human existential reality is in line with the self-transcendent and spiritual dimensions of humans that Frankl (1988) described. Death is described as the point at which human beings, in a most radical way, question themselves (Bottum, 2007; Rutherford & Carr, 1990). According to Rando (1988), burial and funeral rites and rituals help families confront the death of loved

ones and begin the grieving process. Rites and rituals, such as funerals, provide the opportunity for meeting the spiritual, psychological, and social needs of bereaved individuals.

According to Bell (1992), there are many definitions of rites and rituals based on a variety of scholarly interest, Bell described rites and rituals as a window by which people make and remake their world. Rites and rituals illuminate religion, society, and culture. The context of rites and rituals are a meeting point "...wherein some pair of opposing social or cultural forces come together" (p.16). In comparison, Durkheim (1915) said that religion is analyzed through both beliefs and rites by modes of actions. Rites are defined in terms of their objects. In the context of rites and rituals, integration occurs based on the beliefs and behaviors, thoughts and actions, traditions and changes, and orders and chaos of individuals and groups within real and imaginative ideals (Bell, 1992).

Rando (1988) stated that rites and rituals have "remarkable therapeutic properties" (p. 261). Burial and funeral rites and rituals help bereaved individuals and communities to confront the death of loved ones and begin their grieving process. Rites and rituals provide structure, giving form and meaning to feelings. Rites and rituals are means of communications and ventilation. Rites and rituals enable bereaved individuals to bypass resistances and directly respond to physical, emotional, social, and spiritual needs. Communities and individuals make use of rites and rituals and other public ceremonies to deal with death and to restore harmony for both individuals and society. Hence, the present study provides an understanding of bereaved individuals' experiences of loss and grief within the context of rites and rituals they experienced.

Significance of the Study

James and Gilliland (2005) stated that changes in contemporary society have affected attitudes towards caring for the dying and bereaved individuals. The dying process no longer

happens at home, around friends, family members, or neighbours. There is less time to grieve and to be with others. In addition, there is the risk of treating bereaved persons as objects rather than subjects. At present, there is limited research that provides detailed information about bereaved individuals' emotional and mental health needs and how to provide counseling services to these individuals. The present study may help to improve the quality of information and services to individuals who are grieving. This study may also provide a better understanding of bereaved individuals from their personal perspectives.

In addition, this study examined the contention made by Stroebe et al. (2008) and Rando (1988) that religion and cultural rites and rituals have positive impacts on helping bereaved individuals to adjust and cope with loss. In the present study, information was elicited from bereaved individuals — their experiences of loss, the rites and rituals, the symbolic communication, and the meaning that impacted their grieving process. Factors that influenced the grieving process of bereaved individuals were examined within a research context.

Purpose of the Study

In the last few decades, as Stroebe et al. (2008) stated, research in the area of bereavement has broadened and deepened. However, little attention has focused on capturing and illuminating bereaved individuals' descriptions of their personal experiences. According to Rando (1988), the social, technological, and medical changes in contemporary society have left some people unprepared to deal with the challenges of loss and grief, quite unlike the past, when rites and rituals, as expressed in religious and public ceremonies, were dominant forms of intervention. Rando (1988) noted that dealing with loss and grief are now more challenging experiences than in the past. There are more dilemmas to cope with, fewer resources to help, fewer models to follow, and less experience to fall back on. Also, there has been a decline in

religious beliefs and the movement away from religious and cultural rites and rituals, which acted as therapeutic outlets, has created more challenges for bereaved individuals and those who provide services to these individuals.

Although much has been written about the favorable effects of religious beliefs in assisting the bereaved, research that examines the lives of the bereaved is limited (Ano & Vasconcelles, 2005; Koenigh, McCullough, & Larson, 2001). Golsworthy and Colye, (2001) and later Hays and Hendrix (2008), explained that a possible reason for the slow pace of evolving religious strategies in assisting the bereaved is the lack of a conceptual framework within which to address religious issues, including knowledge and guidance among religious service providers. Another reason for limited responses to bereaved individuals is the possible negative impact and disparity of religious beliefs and attitudes between service providers and recipients. For example, in a study conducted by Koenigh, McCullough, and Larson (2001), 9% of physicians who participated in their study reported religion as one of the most important factors in helping bereaved individuals. A higher percentage was reported by other participants: 44% of patients, 56% of family members, and 26% of nurses. However, professionals are concerned about not overstepping their ethical boundaries when integrating religious strategies in providing services to bereaved individuals (Koenig, George, & Titus, 2004; Stroebe, Hansson, Stroebe, & Schut, 2007; Stroebe et al., 2008).

Currently, there is a growing interest in integrating the function of religious strategies in helping bereaved individuals. Ferrini and Ferrini (2008) first pointed out that professionals need to face their own attitudes towards death, dying, and grief to be effective in understanding their patients. Webb (2005) found that there is need for a broader understanding of loss and grief to provide better services to clients. According to Stroebe and Schut (2007), the efforts made thus

far indicate that religion has some positive effects in helping the bereaved in their adjusting and coping process and religion provides an avenue for emotional disclosure, social sharing, and needed support. Religious beliefs and explanations, when some shattering experiences occur for the bereaved, provide order and purpose at a time when none are readily available, thereby assisting bereaved individuals in adjusting to their loss (Rando, 1988; Walsh, Buchanan, & Fahy, 2002; Wuthnow, Christiano, & Kuzlowski, 1980).

The literature suggests that there is a need for a multidisciplinary and collaborative approach when helping bereaved individuals in dealing with loss and grief (Gorman & Southard, 1991; VandeCreek et al., 1994). Learning how to grieve in a healthy way will require improved and accurate information in bereavement situations. The purpose of this study was to learn about bereaved individuals' experiences of loss and grief within religious burial and funeral rites and rituals. Currently, limited information exists about how burial and funeral rites and rituals impact individuals in coping with loss and grief, especially from the bereaved persons' perspectives. The present research focused on understanding bereaved individuals' loss and grief experiences within rites and rituals settings with increased attention to factors that enhance or hinder grief and loss experiences. This research provided the opportunity to examine loss and grieving experiences and the factors that contribute to such experiences. Counselors and other professionals working with bereaved individuals may benefit from the information obtained from my research.

Research Questions

The overarching research question for this study was: "How do bereaved individuals perceive their grief experiences within the context of Catholic burial and funeral rites and rituals?" As described by Weiss (1994), the central research question helps participants to

provide the information needed to understand the phenomenon under investigation. The sub-questions used for this study helped to elicit more information from the perspectives of the bereaved persons, the context of burial and funeral rites and rituals, and the factors that impacted their grieving process. The sub-questions were as follows:

1. What are bereaved individuals' grief experiences?
2. What are the factors that impact grief and mourning experiences of bereaved individuals?
3. What is the role of Catholic burial and funeral rites with bereaved individuals during their grieving process?
4. How do bereaved individuals describe the importance of funeral and burial rites and rituals during their grieving process?
5. What are the implications for counseling?

Limitations of the Study

Gay and Airasian (2003) described research limitations as those aspects of a study that the researcher recognizes as having negative effects that the researcher has no way of preventing. As a Catholic priest conducting this research, I had a better opportunity to build rapport with participants; however, I recognize that as a priest I may have influenced the perceptions of the bereaved and their willingness to have shared information based on what they thought was expected of them. One limitation was that bereaved participants may have attempted to give the *correct* response rather than their actual perceptions of their experiences. I had expectations and so did the participants, and through these expectations, information may have been influenced.

A second limitation was the deeply emotional and painful issues surrounding their personal loss and grief caused by death of a loved one. Some bereaved participants may have

reopened emotional wounds while sharing their experiences. In order to avoid this pain, some participants may have resisted or held back their perceptions, thereby limiting the depth of the information provided.

The third limitation I acknowledged was the presence of my personal and cultural assumptions and biases; the shared belief and value system in which I have been socialized may have affected my perceptions and interpretations of the information.

Delimitations of the Study

This research was delimited by the context of my research, which is described by Ammerman, Carroll, Dudley, and McKinney (1998) as the “time-space-network location” (p. 43). The Catholic burial and funeral rites occur within the context of a religious institution, located in history and in specific settings. Therefore, the present study was delimited to the settings and the 10 bereaved adult participants (five men and five women). The setting was delimited to two Catholic parishes in Nigeria.

Assumptions of the Study

Creswell (1998) noted that all research studies are value laden. Research studies start with initial hunches, ideas, and frameworks from experiences. The assumptions connected the researcher to the specific method of collecting and analyzing data, such as observations, interviews, and document analysis. As Denzin and Lincoln (2003b) stated, the qualitative researcher’s strategies of inquiry comprise “a bundle of skills, assumptions, and practices that the researcher employs as he or she moves from paradigm to the empirical world” (p. 36). The qualitative researcher is aware that the personal self is strongly connected to the researcher-self and it is this open recognition and acceptance of biases or reflexivity that distinguishes

qualitative research. According to Creswell (2003), a qualitative researcher is sensitive to personal biases, values, and interests and how they affect the inquiry.

My research study is a phenomenological study of bereaved individuals' perceptions of their experiences of loss and grief within the context of Catholic burial and funeral rites and rituals. I began by acknowledging Creswell's (1998) five basic assumptions of qualitative research — the nature of reality, the nature of knowledge, the value-laden aspect of all inquiry, the importance of a close relationship between the researcher and participants, and the personal approach to writing narrative and methodology. In the present study, my assumptions and biases were as follows: (a) human experiences and expressions of loss and grief are unique and make sense to those who live them, as in the case of bereaved individuals asked to participate in my study; (b) understanding of the experiences of loss and grief confronting the bereaved are indispensable for counselors and others helping bereaved individuals; (c) acceptance of the reality of loss and grief caused by death is a starting point for learning to cope and adapt for bereaved individuals; (d) rites and rituals responses in times of loss and grief are therapeutic for bereaved individuals; and (e) experiences of loss and grief can be consciously expressed and normalized for bereaved individuals.

Definitions of Terms

Absent grief: An individual shows no signs of grieving or nonappearance of overt symptoms (Archer, 1999; Stroebe et al., 2008).

Bereavement: The objective situation of having lost someone significant through death; usually expressed in grief and mourning (Archer, 1999, 2008; Boadt, Dombeck, & Rutherford, 1988; James & Gilliland, 2005; Wolfelt, 1988).

Bereavement outcome: The outcomes of the bereaved' coping abilities after their mourning process, which is determined by multivariate bio-psycho-social indicators (Boadt et al., 1988).

Coping: The strategies that reduce the physical, cognitive and mental challenges of those in a bereaved state and the strategies for adapting or managing loss and grief experiences (Stroebe et al., 2007).

Complicated grief: A clinically significant deviation from the cultural expected norm in the persistence of the symptoms of grief and the level of impairment of social, occupational, or area of functioning (Weiss, 2008; Worden, 2002).

Counseling and therapy: Psychotherapeutic interventions offered by a qualified mental health professional. In this research, no distinction was made between counseling and therapy. Counseling and therapy refer to all the services offered by mental health professionals to reduce suffering — emotional, psychological, physical, and spiritual — brought about by the experience of loss and grief. The services include providing information, offering support, advocacy, providing opportunities for emotional disclosure, and reconstructing meaning. In this regard, the grief counselor may be a mental health professional, pastoral minister, a community health worker, physician, nurse, marriage and family therapist, or funeral director (Gamino & Ritter, 2009).

Chronic grief: The long-lasting presence of grieving symptoms similar to prolonged grief (Worden, 2002).

Culture: Broadly defined to include multiple factors such as race, religion, gender, geographical region, sexual orientation, and social economic class and religion (Bell, 1992; Boadt et al., 1988).

Delayed or inhibited grief: Grieving starts later in the bereavement state and in some ways contributes to the loss experiences (Doka & Davideson, 1998; James & Gilliland, 2005).

Grief: The severe and psychic conditions of extended distress in response to or anticipation of loss of an emotionally important bond (Archer, 1999; Boadt et al., 1988; James & Gilliland, 2005).

Grief therapy: The specialized techniques of intervention that guide abnormal or complicated grief (Silverman, 1986; Worden, 2002).

Grief counseling: The help provided through counseling for normal and uncomplicated grieving to reduce suffering and enable the bereaved to adjust within a reasonable time (Stroebe et al., 2008; Worden, 2002).

Human bond: The mental image the individual possesses of self and others together with the feelings associated with the representations (Raphael, 1984; Stroebe et al., 2008; Weiss, 2008).

Mental health professional: Counseling professionals who hold at least a master's degree in counseling or counseling-related field, such as psychology, social work, or pastoral studies. Also included are those who have national certification and state licensure. I use the terms counselor, therapist, counseling professional, and psychotherapist interchangeably (Council for Accreditation of Counseling and Related Educational Programs, 2008; Gamino & Ritter, 2009; Seligman, 2001).

Mourning: The external expression of bereavement, which is determined by social, cultural, and religious prescriptions, beliefs, and practices (Archer, 1999, 2008; Boadt et al., 1988; James & Gilliland, 2005; Raphael, 1984; Wolfelt, 1988).

Normal grief: An emotional reaction to bereavement that falls within expected norms, with respect to time and intensity, given the circumstances and implications of the loss to the bereaved (Raphael 1984; Worden, 2002).

Religiosity: The level of commitment to the Catholic religion; an active participant who has participated in the burial and funeral services (Rutherford & Carr, 1990).

Rites: Rites are religious activities within the Roman Catholic canon that are performed by the priest specifically in time of burial and funeral ceremonies (Boadt, et al., 1988; Rutherford & Carr, 1990).

Rituals: Rituals are set of actions prescribed by a particular cultural or a religious community performed mainly for their symbolic value. A ritual may be performed by a single individual, by a group or by the entire community in public or private places reserved for it (Bell, 1992; Durkheim, 1915).

Trauma: An overpowering incident that instills painful emotions and shatters the victim's sense of security and support in life (Lang, 2007).

Chapter II

Review of Literature

In this chapter, the presentation of relevant literature is organized under the following sections: (a) introduction; (b) death and society; (c) loss and grief — loss for the bereaved, attachment and grief, grief and the bereaved, stages and models of grief, consequences and emotional reactions to grief; (d) cathartic experiences and grief; (e) rites and rituals, rites of passages and grief; (f) working through grief; and (g) summary. The review and discussion of the literature in each of the sections draw attention to the subtlety of the human experience of loss and grief and the factors that enhance adaptation to loss. The relevant literature provides the foundation to understand the experiences of loss and grief within the context of death and funeral rites and rituals.

Introduction

Bereavement, as Feilfel (1977) noted, is a complex phenomenon and bereavement research involves many variables that require multiple perspectives for an in-depth understanding. VandeCreek et al. (1994) stated that despite the different approaches – clinical, academic, religious, and cultural – the same complex phenomenon is investigated from various perspectives. A key study by Gorman and Southard (1991) on death, grief, and mourning indicated that society and various cultures have been preoccupied with loss and grief caused by death since ancient times. There are various cultural myths, legends, rituals, theories, and explanations about death and bereavement. As Archer (1999) pointed out, evidence is provided in stories, religions, tombstones, artifacts, art, and customs where society is preoccupied with attempting to resolve the painful and destabilizing impact of loss and grief caused by death. For

bereaved individuals, the death of loved ones disrupts human bonds, the framework of human roles and relationships.

Death and Society

Some writers have suggested that mental well-being is linked to cultural and religious responses to loss and grieving experiences from death. The destabilizing impact of death is certainly among one of the major human concerns in society. Bottum (2007) reported that there is overwhelming archeological evidence from the surviving remnants of ancient human settlements – mausoleums, graves, crypts, and sepulchers – that the problem of death and bereavement has occupied a central place in human life and experiences. Burial and funeral rites have played a vital role in the mental and social well-being of humans. Rites and rituals surrounding the dead and the bereaved are adopted by various groups to assist bereaved individuals and society in adapting to the impact of loss caused by death (Bottum, 2007; Henderson & Maud, 1963; Jung & von Franz, 1964). Grief resolution in times of loss is not the only motive in rituals surrounding death, as Maslow (1970) noted; human beings are multi-motivated and influenced by different sources and various factors in adapting to and coping with loss. Stroebe et al. (2008) claimed that death and religion are deeply intertwined and that the doctrines of major world religions offer various explanations and meaning that help bereaved individuals and communities deal with loss and grief caused by death. The prescribed cultural and religious rites and rituals, the meaning-making rituals, and the death-acceptance attitudes are essential mechanisms that strengthen human bonds from which individuals derive a sense of support and security during times of loss.

Historically, scientific literature on bereavement theories started with Freud's theory (as reprinted in Strachey, 1963) about the necessity of the grieving process. "Grief work" was seen

as a process of detachment from lost loved ones who had died. Freud cautioned about the risk of complicated grief without an adequate grieving process. Later, Walter (1996, 1998) argued that the purpose of grief work is not to separate or detach from the bond with the deceased, but rather to construct a long-lasting and enduring memory of the deceased, which is then integrated into the life of bereaved individuals. The idea that detachment from the deceased is the preferred outcome of grieving was also replaced with the idea that continuing bonds do exist with the deceased in some cultures (Fraley & Shaver, 1999). Freud's idea that grief work is central to grief resolution began to give way to the importance of cognitions or experiences as a more central task in bereavement. Wortman and Silver (1989) challenged the idea that grief work is necessary for resolution and were supported by research that demonstrated people who did not show distress or experience grief after the loss of loved ones did not necessarily experience subsequent difficulties.

In today's society, the concept of bereavement as a semi-pathological condition is gradually being replaced with a broader and deeper understanding that recognizes the importance of bereaved individuals' overall socio-cultural and religious contexts, as well as the factors that influence the consequences of loss and grieving. Grieving is seen as a process of adjusting to changes in identity and worldview as a result of loss. Grieving becomes the process of constructing what will be perceived as a lasting bond, based on conversations with those who knew the deceased. Parkes and Weiss (1983) noted that the loss of the old understanding of self and the world in the absence of lost loved ones is replaced by a new understanding that incorporates loss into reorganization of self. The counselor's role is to facilitate the changes in bereaved individuals' self-identity and worldview (Janoff-Bulman, 1992). Gill and Neimeyer

(2006) suggested that a readjustment process occurs that gives central stage to three interrelated cognitive processes: making sense of loss, finding benefits, and integrating changes in identity.

Loss and Grief

Loss for the bereaved

Death is not only the end of biological life; death is the loss of human roles and relationships (Archer, 1999). For the bereaved, loss is the separation and detachment from a significant human bond or relationship. The reaction to loss varies according to many factors and has a significant impact on human emotional, social, and physical well-being. In order to understand grief precipitated by the loss of relationships, consideration should be given to the nature of the relationships and the type of death of loved ones. Research studies have shown that there is a high incidence of health deterioration and mortality among bereaved individuals (Helsing & Szklo, 1981, as cited in Archer 1999; Parkes, Benjamin, & Fitzgerald, 1969; Young, Benjamin, & Wallis, 1963). Studies have shown that stress induced by loss, such as altered nutrition and health, or changes in life status occur and are caused by the loss of roles and relationships (Irwin & Pike, 1993; Middleton, Raphael, Burnett, & Martinek, 1998; Rogers & Reich, 1988; Stroebe & Stroebe, 1993, as cited in Archer, 1999).

As Wolfelt (1988) stated, apart from the loss caused by death, the loss of a person may come through separations, broken relationships, imprisonments, and illnesses. However, the most intense and irreversible loss comes through the death of loved ones. The loss caused by death, as Raphael (1984) noted, marks the end of the opportunity to interact, share experiences, communicate, and be present physically and emotionally with loved ones. Because individuals are strongly attached and identified in terms of relationships and roles, the loss caused by death precipitates grief and mourning (Archer, 1999; Klinger, 1975). Klinger (1975) reported that in

the case of loss caused by death, strong emotions are generated, such as anger, distress, and pain which can lead to disengagement from others.

In early writings, the psychoanalytic perspective introduced by Freud dominated the discussions on loss and grief. Later works by Kardiner (1941) on traumatic neuroses of war, and descriptive studies by Anderson (1949) and Lindemann (1944), challenged the psychoanalytic perspective by emphasizing that current events, rather than past events, are traumatic. Traumatic experiences may not always be a result of conflicts derived from past experiences during infancy but come from current events. Kardiner (1941) suggested that traumatic experiences impact individuals by destabilizing the ego and bring about both numbness and intrusive memories.

Theories such as Frankl's (2004) logotherapy refer to the treatment of individuals' attitudes toward irreversible situations in life, such as loss caused by death. Logotherapy is concerned with being and meaning; healing through finding meaning in loss. The therapeutic relationship is the I-Thou, not the I-It relationship. Frankl stated that approaching human beings with techniques in terms of dynamics implies manipulating and treating people as objects. He believed that human beings are subjects and not objects. Frankl's idea was reinforced by his painful experience in Auschwitz concentration camp and the importance of finding meaning and hope in life. According to Frankl (1997), all situations of life have meaning. Frankl's logotherapy does not offer an easy escape from painful feelings. Individuals seeking this type of therapy are not treated as victims of biological, psychological, sociological, and economic conditions. He believed that individuals are not pawns on a battle ground of an inferiority complex of the id, ego, and superego, as some of Frankl's predecessors propounded. Logotherapists seek to understand and interpret individuals from their own perspectives. Counselors benefit by approaching bereaved individuals as persons with the courage to transcend

limited situations by developing new meaning. The quest for meaning in life, according to Frankl, is far more important than pleasure, as Freud believed; or power as Adler taught.

Attachment and grief.

Raphael (1984) stated that human attachment helps individuals maintain affectionate bonds of support and safety. Attachment has significant value for individuals, such that if the bond is disrupted, as in the case of death, individuals grieve. Human bonds, as described by Raphael, cover the entire human psychosocial milieu, from birth to death. Social relationships provide a human network of “interpersonal context that is the essence of human existence” (p. 3), and is usually directed towards specific individuals. However, a human bond or attachment can take different forms, starting from the nuclear family relationship, which is the most intimate, to the less intimate through extended family, blood relatives, shared background, and experiences. A human bond can be extended to include human relationships such as friends, neighbors, colleagues, acquaintances, and community members. In the attachment to others, benefits are derived from relationships, both protective and instructive.

Bowlby’s (1973) attachment theory located the origin of grief in the biology of human nature. He believed that grief is the separation outcome from the attachment object, resulting in loss. Grief is the painful process of breaking the attachment bond. Bowlby’s attachment theory highlighted the link between the needs met in human relationships and the grief that follows the loss of such relationships. He thought that there is a biological reason for the strong link between loss and grieving. His attachment theory described the impact of the loss and the behaviors that are associated with loss – grief and mourning.

Another theoretical perspective based on attachment is cognitive theory, which centers on the internal representations and beliefs about attachment figures; the expectations and

assumptions, the roles and significance, and the beliefs and values of loved ones, as well as the connection to self. The loss of relationships that occurs through death triggers a deficit-driven grief reaction that expands bereaved individuals' internal cognitive model to accommodate the loss. Horowitz (1976), in his theory of trauma, referred to this internal model as schemata; and Janoff-Bulman (1992) used the term "assumptive worlds" to describe the internal process. Loss of loved ones disrupts bereaved individuals' internal model or schemata. Cognitive theorists seek to understand bereaved individuals' assumptive worlds by examining their level of preparation or anticipation of loss and the impact of loss on their anticipation (Parkes & Weiss, 1983). When loss caused by death is neither anticipated nor included in the schemata, the impact can be traumatic. In such a case, the schema is shattered, resulting in discrepancies, insecurities, confusion, and withdrawal. According to Horowitz (1976), in a trauma situation, discrepant information as a result of loss is stored in one's active memory following the failure to integrate the trauma into the schemata. The discrepant information accounts for the compulsive tendency to repeat the experience through thoughts and to suppress memory of the trauma with intrusive thoughts and denial. As a result of trauma, the resolution of grief will be assessed by the extent bereaved persons confront or suppress the memory.

Cognitive intervention strategies used to help bereaved individuals include providing coping strategies, finding meaning in loss, and encouraging acceptance (Bonanno & Kaltman 1999). The way bereaved persons perceive their losses determines their responses and ability to cope. Therefore, modification of individuals' perceptions will significantly affect their feelings and behaviors. Understandings of bereaved individuals' internal representations of lost relationships provide a strong starting point for helping individuals to move towards cognitive reconstruction and improved coping. The challenge for counselors and therapists is to assist

bereaved individuals to find potential meaning when the bereaved are trying to adapt and cope with loss. In such situations, what matters are the therapeutic relationship and the environment that facilitates catharsis, not the techniques used.

Grief and the bereaved

According to Raphael (1984), fear and anxiety surrounding the impact of death are deeply embedded in human experience, in the “psychological structure of each person” (p. 19). Also, the fear and anxiety surrounding death and dying are motivating forces for human creativity (Bottum, 2007; Raphael, 1984). Grief is a common human response to the experiences of the loss of relationships caused by death and the resistance to change in relationships (Parkes, 1996). The emotional suffering of grief caused by loss is not limited to the natural realm but involves a higher order of mental processes and can include “thought hallucinations, feelings of a change in identity, and defenses against the distressing aspects of grief” (Archer, 1999, p. 7). The bereavement state is the resulting consequence of loss (Raphael, 1984; Wolfelt, 1988). The stress emanating from dealing with the loss of love ones or the anticipation of such loss is a dominant factor in determining individuals’ reactions as well as mental well-being (Archer, 1999, 2008; Lindemann, 1944; McNamara, 2001).

According to Archer (1999), grief is painful and tends to engulf all other painful emotions when a significant loss occurs. But, grief is a natural reaction that has a significant impact on human emotions and physical health (Bonanno, 2001; Cassaret et al., 2001; Jacobs, 1993; Lang, 2007; Stroebe et al., 2007). Archer described grief as “a natural reaction, a psychiatric disorder and a disease process” (p. 1). The description of grief as a natural reaction means that grief is a normal human response to the loss of a significant relationship. In this regard, everyone experiences loss and grief at some point in life; thus, it is common to all human beings,

irrespective of culture and religion. Rosenblatt et al. (1996) and Parkes (1996) believed that grieving is universal and natural.

Although grief is common to all human beings, the way each individual expresses grief varies according to many factors. Grief differs in its intensity and expression (Archer, 1999). Based on clinical observations and data collected from psychiatric samples, Bonanno et al., (2005) pointed out the divergent patterns of bereaved reactions and the contributing factors in the adaptive processes. Bonanno et al. also distinguished the difference between normal grief and abnormal or pathological grief. Some researchers have shown that grief also occurs in infants, social mammals, and birds. Even among animals, there is clear evidence that separation or loss gives rise to physiological stress reactions, which are associated with the suppression of the immune system (Bowlby, 1980; Darwin, 1872; Lorenz, 1963; Worden, 2002).

Bowlby (1980) built his attachment theory on the premise that grief is the psychological distress that comes from losing relationships for the bereaved. Human beings, like other living organisms, adapt to their natural environment with certain psychological dispositions that enable them to survive. The painful experience of grief can motivate individuals to seek reunion. Bowlby (1977) believed that grief is deeply rooted in human need for security and safety. Human need for attachment of relationships starts early in life and develops and continues over the life cycle. In Bowlby's psychoanalytic work with grief, he investigated the nature and origin of pathological grief. He believed that grief evolves as an adaptive reaction to enable individuals to adjust and cope with loss. Bowlby's tenet that grief is a result of the loss provides a framework to understand the impact of loss on bereaved individuals and the factors that contribute to their adaptive coping. Whereas Bowlby saw grief as an adaptive process, Klinger

(1975) described grief more as a deficit reaction that occurs every time an expectation fails to be met and that grief accompanies different types of losses, not only the loss caused by death.

Many researchers have seen the absence of grief as a pathological reaction that usually comes from denial or inhibition of a normal grief reaction for bereaved individuals. According to Bonanno (2008), the absence of conscious grief expression is a maladaptive behavior that should be differentiated from grief denial or resistance which can lead to complicated grief reactions and is focused on the role played by avoidance or resistance to the distressing feelings. Parkes (1964) used the term “resistant reaction” to distinguish three types of grief reactions: chronic grief, inhibited grief, and delayed grief. Bowlby (1980) referred to these forms of grief as disordered forms of mourning. At the two extremes, chronic mourning is on one end and a prolonged absence of conscious grieving at the other end. Bereaved individuals can appear to be coping well, yet are easily irritated, tense, and quick tempered. Bowlby stated that it is not uncommon for many bereaved individuals to avoid conscious grief and become depressed in response to a minor loss. Raphael (1984) highlighted a number of unresolved grief reactions when there is an absence of mourning or grief. He referred to such as signs of psychopathology. When bereaved individuals’ grief is inhibited, they may be perceived as strong and coping with their loss until an activating incident or minor loss occurs.

According to Malkinson and Ellis (2000), bereavement situations present new information and challenges that must be cognitively processed, assimilated, or accommodated. Malkinson and Ellis maintained that cognitions are central and essential to the normal process of loss and grief. In order to achieve grief resolution, information regarding the loss and the consequences of the loss must be experienced and overtly expressed by bereaved individuals. Malkinson and Ellis’ approach presents a more integral framework to understanding

bereavement experiences. Similarly, Bonanno and Kaltman (1999) combined the basic tenets from cognitive stress theory, attachment theory, and trauma theory to suggest a bereavement process that involves interactions and representations of lost relationships to how bereaved individuals make meaning from their loss of loved ones. In grief work, the emphasis is on the importance of helping bereaved persons to detach from their thoughts and feelings of loss, so as to cope. Grief work involves an active process of confronting memories associated with the thoughts of the loss of loved ones. The underlying assumption is that repression of these memories is at the root of pathological grief.

Stages and models of grief.

Stage theories, under the influence of Freudian theory, focus on explaining the stages or phases bereaved individuals go through to adjust to loss and grief; however, among the proponents of stage theories, there is no agreement on the number of stages. The common agreement is that stages are not static nor linear (Conry, 1977; Kubler-Ross, 1969; Rubin, 1997; Stroebe, 2002; Worden, 2002). Goodall, Drage, and Bell (2003) introduced the idea of a “grief wheel,” which explains the stages in the grieving process as not clear-cut, but rather as interlinked. Minuchin (1974) suggested that the boundaries within the stages of the grieving process are permeable. Various stage theories attracted much criticism from professionals in the field for not taking into account the socio-cultural context and learning processes of bereaved individuals (Baer, 1970; Booham, McGuiness, & Trew, 1993; Spates, 2002).

Darwin’s (1872) initial description of the two phases of grieving a loss, distress and sadness, were among the early stage theories. In line with Darwin’s stage theory, Bowlby, (1969) and Parkes (1970) described three stages based on young children’s reactions to separation. Bowlby (1980) later developed the three stages into four stages of the adult grieving

process. Bowlby presented his theory based on studies of widows and widowers. The first stage is numbness and disbelief, often interrupted by outbursts of anger. The second stage is yearning and searching, accompanied by anxiety and intermittent periods of anger. The third stage is disorganization and despair, accompanied by feelings of depression and apathy. Finally, the fourth stage is the period of reorganization, which is the stage of recovery from the loss. Bowlby's stage theory dominated thinking about the course of grief for two decades.

Of the diverse reactions to the stages or phases of grieving, the most widely quoted theories are those of Bowlby (1980) and Kubler-Ross (1969). Kubler-Ross' stage theory of grief was innovative when her work raised the awareness of medical professionals, counselors, and the public to the different emotions experienced by dying people. Kubler-Ross' stage theory has been popular with many professionals and was initially based on interviews with terminally ill patients who were in anticipation of their own death. Kubler-Ross described people's experiences of coping with the traumatic experiences of death and dying. Her theory has five stages; denial, anger, bargaining, depression, and acceptance, which are self-explanatory except for the bargaining stage, the period between acceptance and rejection of the loss.

James and Gilliland (2005) described Kubler-Ross' first stage as denial and isolation, a typical response and a healthy way of coping with the painful and uncomfortable impact of loss. Denial and isolation give individuals time to generate protections by pulling away temporarily from the pain. During the second stage of anger, acceptance of the painful news leads to the question, "Why me?" This may be accompanied by resentment, envy, and anger – normal reactions to unwanted information. Individuals may have difficulty managing at this stage and it is important to give them a safe place, time, and attention. The anger is not personal and not geared towards the caregiver, though it may seem so at the time. Individuals cry for love and

acceptance. The third stage is bargaining. Individuals at this stage are hoping that there will be a contrary message to their loss. Individuals continue to hope for a better event in the face of the overwhelming evidence to the contrary. At this point, counselors should listen to grieving individuals' underlying behaviors, guilt, appeals, and other hidden emotions. The fourth stage is depression which comes with the acceptance of the reality and the overwhelming evidence of the physical pain and loss. In relation to the fourth stage, James and Gilliland (2005) distinguished two types of depression, reactive and preparatory. Reactive depression is the response to the irreversible loss and preparatory depression is the emotional preparation for grief. Bereaved individuals at this stage need love and care that will not interfere with their grieving. The fifth stage is acceptance. At this last stage, bereaved individuals may finally accept loss with no further resistance. Grieving persons are weak and are willing to reconcile with the reality of accepting the situation. This stage is marked by a quiet and peaceful resignation. It is not a happy phase. Individuals may be a little withdrawn and may need space. What individuals need most is continuous love and support by the simple presence of counselors and other caregivers. In some cases, they may need medication (James & Gilliland, 2005).

Kubler-Ross' (1969) stages are similar to those of Bowlby (1973) and have been very influential in nursing and counseling (Wortman, Silver, & Kessler, 1993). Kubler-Ross' stage model of death was transferred to depicting individuals' grief processes to loss, which probably came from the earlier theories of Darwin (1872), Bowlby (1969) and Parkes (1970). According to Kubler-Ross, her model is a general conceptual framework that may not be applicable to every person. The model is not meant to be used as a linear counseling model. The stages are not all embracing; they were never intended to be. Her model was developed to help "tuck messy emotions into packages" (Kubler-Ross & Kessler, 2005, p. 7). The five stages describe

responses to loss that individuals experience. Kubler-Ross and Kessler believed that each individual is unique and different, with no typical loss responses — “not everyone goes through all of them or goes in a prescribed order” (p. 7).

Kubler-Ross’ work was criticized for a lack of clear observable behavior patterns for each stage. The differentiation of the stages depends on subjective interpretations of individuals’ emotions. Empirical evidence from grieving individuals is more compatible with several intermingled reactions that change over time, without a smooth transition from one to another (Wortman & Silver, 1989). Again, individuals’ emotions may be influenced by other factors that were not controlled for in studies using Kubler-Ross’ stage theory. As stated by Churchill (1979), experiences of every person are unique and instructive. Grieving that accompanies the loss of loved ones teaches the living a lesson about humans’ transient lives (Kubler-Ross & Kessler, 2005; Rando, 1988; Wortman, Silver, & Kessler, 1993).

Feigenberg (1980), a Swedish thematologist, cautioned that these stages should not be used by clinicians as a checklist. Stage theories and models were based on impressions that have neither been verified nor substantiated by subsequent research. Gorman and Southard (1991) described Kubler-Ross’s (1969) stage model as highly impressionistic and humane; the stages were popular and attractive to the general public and provided a framework and opportunity for learning to live with loss. The stages provide a structure and tools to help counselors frame and identify human experiences of grief and loss. The personal account presented by C. S. Lewis (1961) concerning the stages is that “in grief nothing stays put. One keeps on emerging...always recurs. Round and round. Everything repeats, or dare I hope I am on a spiral” (p. 46). Although the stages are popular and widely used, stage theory has received little empirical support. Raphael (1984) and Rando (1986) noted that for both the dying and the bereaved, anticipatory

grief is a process that takes time to unfold and develop. Though there were many critiques of the stage theories, not withstanding Kubler-Ross' (1969), they were popular and attractive to the general public. A book by Kubler-Ross, *On Death and Dying*, is among the most popular works in this area and provided a form of security and confidence to society in the face of the previous silence about death and dying.

The lessons from the stage and model theories are that they are useful tools to help frame and identify normal human reactions to death and grieving. The experience of every dying person is unique, but not isolated. The common suggestion given by many researchers in this area is that the tendency to categorize and control needs to be reduced. The grieving period is an opportunity for individuals to narrate part of their stories without interruption. Stage models were developed to teach caregivers and families how patients feel and what they need (James & Gilliland, 2005). The stage and model theories were developed to assist grieving persons through their unique journeys and to actively listen, identify, and respond to their needs (Ferrini & Ferrini, 2008).

In place of the stage theories, a dual-process model emerged as a widely accepted explanation of the bereavement process. As explained by Stroebe and Schut (1999), loss and restoration are two processes in the bereavement state. The loss-oriented process focuses on the emotional and mental coping processes. The restoration process focuses on dealing with the practical consequences of loss in daily life, such as the changes in status, relationships, and roles. Dillenburg (1992) described the loss and restoration processes as primary and secondary changes which contain emotional pain with difficult situations that require adequate attention for successful coping. The dual-process model is more sensitive to cultural and gender differences, as well as being less prescriptive than stage theories (Dillenburg & Keenan, 2005). A second,

more recent model offered by Ferrini and Ferrini (2008) on normal grief is organized around a four-stage psychological process: (a) numbness-disbelief; (b) separation; (c) distress; depression-mourning; and (d) recovery. Bereavement research has found more empirical support for this model, even while recognizing that grief is not easily simplified but is highly complex (Feilfel, 1977; Ferrini & Ferrini, 2008).

Consequences and emotional reactions to grief

The idea that grief is a complex state in which a range of specific emotions may be expressed is supported by several research studies. Grief is a natural reaction to loss with psychological and physiological consequences. According to the description presented by Darwin (1872/1998), grief consists of an overwhelming aggressive emotional expression, followed by intense distress that may be characterized as despair. This description covers two specific emotional expressions, distress, and sadness. Grief, in this regard, refers to identifiable emotional states that are manifested at different times in response to loss. The emotional states may vary in intensity and duration. Grief may be acutely distressing and functionally impairing (Bowlby, 1980; Darwin, 1872; Stroebe & Schut, 1999).

Bonanno (2008) distinguished the characteristics of emotions from those of grief as follows: (a) emotions happen quickly and end quickly, grief lasts for a longer time, months and years; (b) emotions tend to be a response to an immediate situation, grief tends to be an expression of a persistent awareness of a disruptive event in life; and (c) emotions are mainly unconsidered or spontaneous responses to events, whereas grief typically involves knowledge of the events. Bonanno described grief as emotional pain that is a reaction to loss. According to Archer (1999), grief is the intense distress that accompanies the loss of loved ones through death.

The definition of grief includes diverse psychological and physiological processes; emotion, cognition, social-behavior, and somatic response (Stroebe & Stroebe, 1993).

Rando (1984) distinguished some factors that influence the consequences of grief under three headings: psychological factors, social factors, and physiological factors. The psychological factors refer to the type of the relationship that was lost, the personality of individuals, and the nature of death. The social factors refer to the support system, the socio-economic status, the culture and religion, the knowledge and response to loss and grief, and the other environmental factors. The social and cultural contexts equip individuals with the information needed to address the social, philosophical, and ethical questions raised by the challenges of loss and grief. McNamara (2001) remarked that society influences individuals' reactions to loss and grief. Physiological and physical factors are well established by empirical research and by general consensus among investigators describing the impact of loss and grief (Stroebe et al., 2008). In comparison to the influencing factors to grief that Rando presented, Worden (2002) divided normal grief reactions into four categories; physical, cognitive, emotional, and behavioral. Physical reactions can include tightness in chest and throat, shortness of breath and fatigue. Cognitive reactions can be manifested in the form of disbelief and mental confusion. Emotional reactions can generally be in the form of sadness, guilt, anger, loneliness, numbness, and yearning for the deceased. Behavioral responses can include insomnia, withdrawal, restlessness, crying, and loss of appetite.

Stroebe et al. (2008) presented three consequences of loss and grief: (a) affective, such as depression, despair, dejection, anxiety, guilt, anger, hostility, and loneliness; (b) cognitive, such as preoccupation with thoughts of the deceased, lowered self-esteem, self-reproach, helplessness and hopelessness, and problems with memory and concentration; and (c) physiological and

somatic, such as loss of appetite, sleep disturbances, energy loss and exhaustion, somatic complaints, physical complaints (similar to those the deceased had endured prior to death), drug use, and susceptibility to illness and disease.

Lindemann (1944) believed that there is a connection between grief and individuals' physical and emotional ailments. Anderson (1949) highlighted a wide range of psychiatric disorders that can be triggered by grief and loss in a direct study of 100 patients who were treated for "morbid grief reaction" at a psychiatric unit in England. Some of the symptoms that were present included anxiety states, found in 59% of patients, and manic depression, found in 15% of the patients. Further contributions were made by Kraus and Lilienfeld (1959) and Durkheim (1951) in the area of bereavement and consequences to human health and mortality. Kraus and Lilienfeld explained that there was a higher rate of mortality among young widows and greater susceptibility to common causes of death. In addition, the psychological and social consequences of widowhood may accelerate the death of the surviving partner. Durkheim described the interconnectedness between the social structure and individuals' reactions to grief.

Cathartic Experiences and Grief

Among the ancient philosophers, including Aristotle, the term "catharsis" was used to moderate Plato's claim that poetry makes people hysterical and uncontrolled. In Aristotle's view, poetry provides people with the means of expressing emotions appropriately and with moderation. In this context, catharsis refers to the process of purging the human soul of excessive passions; the anxiety and fear coming from life challenges, such as loss and grieving (Scheff, 1979).

Rosenthal (2000) stated that notable psychoanalysts prefer the word "abreaction" instead of the non-technical term, catharsis. Freud (1963), in his work, *Mourning and Melancholia*,

explained that the purpose of grief therapy is to detach the memories and expectations of the survivors from the dead. Freud (1957) stated that much of psychiatric illness is an expression of pathological grieving. When loved ones cease to exist, individuals become conscious of the loss. The emotional attachment (libido) to loved ones needs to be withdrawn and is very painful and difficult for the bereaved. The pain may be so intense that bereaved individuals may turn away from reality and cling to an object and refuse to accept the loss. A cathartic experience enables the bereaved to gradually withdraw from the attachment and accept the reality of the loss. During the process of catharsis, the consciousness of a lost loved one is intensified and prolonged. The memory of lost loved ones and expectations in which the psychic energy (libido) is centered are brought into focus, and hypercathartics can occur, the mental energy employed to sever the link and liberate the bereaved.

Freud (1963) described the response to death of loved ones from a psychoanalytic perspective and the importance that grief work has in helping bereaved individuals cope. In *Mourning and Melancholia*, Freud expounded on his ideas which helped to shape subsequent understanding of healthy grief and unhealthy grief. Freud collaborated with Joseph Breuer; both worked with individuals to release internalized painful emotions which resulted in relief. They saw catharsis as the emotional release that comes through making the unconscious conscious. Freud believed that individuals' unconscious processes are determined by biological libidinal or psychosexual instincts that may be destructive. Psychoanalyst interventions were developed to help individuals use various techniques such as free association, dream analysis, and catharsis, making the unconscious conscious. Other theorists within the psychoanalytic and attachment framework derived much from *Mourning and Melancholia*, which remained influential throughout the 20th century. In comparison, the Neo-Freudian psychiatrists and psychologists

deemphasized the Freudian psychosexual model of human nature and asserted that other unconscious forces interplay in determining human behavior. Carl Jung introduced the soul and spirit and Alfred Adler emphasized the drive to socialize. Karen Honey, Erich Fromm, and Harry Stack Sullivan focused on individual psychosocial or interpersonal development (Nugent, 2000).

Scheff (1979) sought an empirical explanation of catharsis by conducting an analysis of the social situation in which cathartic experiences occur, such as in counseling, rituals, and drama. Scheff studied the phenomenon of catharsis through many years of research in a mental hospital, reviewing literature on the subject and participating in various forms of psychotherapy and group counseling. In the medical field, catharsis is referred to as an expression of feelings of joy, laughter, sorrow, and fear. In contemporary society, such terms as restoration, renewal, and revitalization may be used to show the effect of catharsis. Scheff defined catharsis as a therapeutic process in which repressed emotions such as anger and fear are discharged by certain kinds of behaviors or expressions such as crying, laughing, or gesturing. He stated that catharsis means to clean, to purify, and to purge. The effects of catharsis include a decrease in tension and the clarification of thought. As described by Scheff, catharsis is a profound therapeutic technique which is capable of generating changes in both participants and observers of situations. Cathartic experiences in psychotherapy, rituals, and drama enable individuals to express thoughts and emotions. According to Scheff, the presence of a cathartic experience in counseling helps to generate some improvement in thought orientation and behavior. In a cathartic situation, such as in group counseling, social interactions involve friendship and support which facilitate sharing of expressions of thoughts and emotions that enable positive changes in thoughts and actions. An

essential process in both psychotherapy and rituals is the emotional discharge of catharsis, which brings relief from painful distress in a time of crisis.

Scheff (1979) proposed a theory of catharsis in which he divided the cathartic process into four phases: (a) stimuli, (b) responses, (c) catharsis, and (d) release of tension. The four phases are for conceptual purposes. The actual process involves a situation where there is a safe environment or opportunity in which individuals are able to balance emotional distress with the reassurance of safety, thereby consciously expressing their emotions without restrictions. These emotions, as described by Scheff, are both somatic content and physical expressions. The somatic content is the internalization of emotions of grief, fear, anger, and joy. The physical expressions are crying, shivering, and laughter. A cathartic experience is distinguished by the detailed and vivid recall of the forgotten or past internalized events. The ability to remember or to illuminate the memory of the original traumatic event is a vital part of catharsis.

Rites and Rituals, Rites of Passage, and Grief

Within the Catholic religion, *rites* are defined as religious activities within the Roman Catholic canon that are performed by a priest specifically in time of burial and funeral ceremonies (Griffin, 1912). *Rituals* are defined as actions prescribed by a particular cultural or a religious community performed mainly for their symbolic value. A ritual may be performed by a single individual, by a group or by the entire community in public or private places (Bell, 1992; Durkheim, 1915). According to Bell (1992), rites and rituals are instruments for social and cultural integration, appropriation, and transformation. Rites and rituals are habitual and routine actions and "...therefore purely formal, secondary, and merely physical expression of logically prior ideas" (p. 19). Rites and rituals are means by which individuals' "perceptions and behavior are socially appropriated or conditioned" (p. 20). Rites and rituals, as expressed in the rites of

passage, occur in all societies and involve symbolic actions and reaffirmation of values in society. Arnold van Gennep (1960), a French anthropologist who studied initiation rites, coined the phrase “rites of passage” to describe the basic changes and transition rituals that mark human experiences from birth, puberty, and marriage, to death. The phrase, rites of passage, has become popular and was further developed by Victor Turner, another prominent anthropologist. According to van Gennep, rites are marked by three phases – beginning, middle and end. These phases represent a separation period, where removal of individual status occurs. At the middle phase, individuals are left without status. The integration period is marked with a new status, a new state of being. Rites of passage help individuals and society to maintain the quality of human relationships and values.

Rites of passage are cultural mechanisms present in various societies to assist individuals through transition stages or crisis periods in order to restore harmony in their lives. Changes, as noted by Metuh (1985), can be ontological, biological, or social. During ontological changes, human beings continue to maintain relationships with others in the universe. Biologically, human beings continue to grow and develop through their life span until death. Sociologically, human beings assume different statuses and roles in different groups. In death, humans relinquish all physiological roles and presence. The physical absence of the dead person, who was the principal actor in the rite of passage (death), is not a reason to allow individuals and communities to terminate abruptly; rather, through the celebration of the rites of passage stability is restored for individuals and communities. The rites of passage for the dead and the bereaved are cultural strategies for dealing with the impact of death and the need to restore harmony. The rites and rituals act as therapeutic interventions to assist bereaved individuals in dealing with the fear, anxiety, stress, and other emotional disturbances caused by death. Rites of passage are part

of the community instrument for communication and for encouraging adaptation and coping at a deeper level. The function of the rites and rituals is to integrate and capture the frightening aspect of death by fitting death into a coherent system of values. Another important function of the rites and rituals is that through the celebration, communities gather together to provide support and guidance for bereaved individuals (Bottum, 2007; Rando, 1988; Rutherford & Carr, 1990; van Gennep, 1960).

Working Through Grief

According to Kastenbaum et al. (2003), pathological grief occurs from ambivalence in relationships with deceased loved ones and a lack of clarity in relationships which “prevents the normal transference of libido from that person to a new object” (p. 31). Kastenbaum et al. stated that the function of psychological grief is to liberate individuals from an attachment and to make way for new relationships. Transition is achieved through a process of grief work which is referred to as adaptive coping. Kastenbaum and Ruth’s (1972) contribution distinguished fear of death from anxiety about death by stating that fear has an object, but anxiety has no object. The fear of death could be the fear of one’s own death or the death of another.

Raphael (1984) stated that the bereaved need comfort and consolation in dealing with their emotional pain. Support provided by family members and the wider society may assist the bereaved towards resolution of loss and prevent degeneration that could lead to morbidity. The expression of grief by talking about what happened, crying, and allowing appropriate emotional release as in formal rituals, funerals, and ceremonies can enhance mastering and integration of the experience (Lindemann, 1944; Lindy et al., 1983). Raphael (1984) noted that help may come through meaning and enhance cognitive mastery. Raphael believed that bereaved individuals will accept the loss with hope and determination. Additional help may be obtained through

interactions with others, shared memories, and feelings about the loss and grief. Other factors have been shown to help the bereaved cope with the loss of the deceased (Maddison & Walker, 1967; Raphael, 1984), which are present in the rites of passage. Coping, according to Stroebe et al. (2008), helps to minimize the symptoms of loss and manage the grief situation effectively. Coping is defined as the cognitive processes and strategies of adapting or managing loss and grief. Coping mechanisms and symptoms are closely related. For example, crying is a symptom as well as a coping mechanism. Crying could serve as an emotional outlet for both symptoms and coping mechanisms could help reduce the stress of grief. Creating a biography of the deceased is another coping mechanism that helps to reduce stress (Raphael, 1984; Stroebe et al., 2007). In the past, coping included grief work, the cognitive process of confronting the memory of the loss and working towards detachment from the loss.

Another factor that assists the bereaved is caring. Caring, as defined by Stroebe et al. (2007), includes providing information for those working with bereaved persons. Information that is provided includes the types of psychological and pharmacological interventions available and the assessment of their effectiveness. Caring extends to providing information about the nature of the bereavement process for both normal and complicated grief processes. Caring using grief counseling focuses on normal grief and the target is to lessen the painful situation within a reasonable time.

Summary

In this chapter, the relevant literature on loss and grief was presented. Literature on the need for a multidisciplinary approach to loss and grief was reviewed with highlights on the death-denial attitude in contemporary society. Also, literature was provided on the changes in contemporary society's attitude toward death and bereavement. Kubler-Ross' stages of grief

were presented, including a critique of the linear stages of grief. Additionally, the definition and explanation of the theory of catharsis was provided. The structure of rites and rituals expressed in rites of passage were reviewed. The review and discussion of the relevant literature provided the basis for understanding bereaved individuals' experiences within the context of death and funeral rites and rituals.

Chapter III

Methodology

Introduction

In this chapter, I provide the context for my research, along with a discussion of the sample and procedures for my investigation, as well as the details for ensuring the trustworthiness of the study. The following topics are considered: (a) purpose and research questions; (b) rationale for the use of qualitative research; (c) phenomenology; (d) role of the researcher; (e) ethical considerations; (f) selection of sites; (g) selection of participants; (h) data collection procedures, including observations, interviews, and documents; (i) trustworthiness; (j) data analysis procedures; and (k) summary.

Purpose and Research Questions

The purpose of this research study was to examine bereaved individuals' experiences of loss and grief following the death of a loved one within the context of Catholic burial and funeral rites and rituals. I explored how bereaved individuals perceive their loss and grief experiences with the following main research question: How do bereaved individuals perceive their grief experiences within the context of Catholic burial and funeral rites and rituals? The secondary research questions were as follows:

1. What are bereaved individuals' grief experiences?
2. What are the factors that impact grief and mourning experiences of bereaved individuals?
3. What is the role of Catholic funeral and burial rites with bereaved individuals during their grieving process?

4. How do bereaved individuals describe the importance of funeral and burial rites and rituals during their grieving process?
5. What are the implications for counseling?

Rationale for the Use of Qualitative Approach

Patton (2002) described qualitative research as naturalistic because there is no attempt to control or manipulate reality in the field of study; rather, the effort is to study a phenomenon in a real world setting. For this study, the bereaved individuals' experiences of loss and grief were investigated within the context of Catholic burial and funeral rites and rituals. Marshall and Rossman (1995) presented three conditions for choosing a qualitative approach. The first is that the study is to explore and describe a complex phenomenon. The second is that the study does not seek to exercise control or manipulate participants. The third is that the research is historical or contemporary. Following Marshall and Rossman's suggestions, I interviewed participants within their settings. I did not manipulate or interfere with participants' descriptions of their loss and grief experiences. This study is both historical and contemporary because the participants talked about their perceptions of their past loss and grief experiences as well as their present condition. Participants' descriptions included the changes that occurred as a result of their loss and experiences within the context of Catholic burial and funeral rites.

A major aspect of a qualitative approach is to explore and describe participants' understanding and interpretations of their experiences (Marshall & Rossman, 2006). I sought to understand the meaning bereaved individuals attached to their loss and grief experiences. Qualitative research was the most appropriate method to apply to understand in detail bereaved individuals' descriptions and interpretations of their loss and grief experiences. I examined how

and under what circumstances bereaved individuals process loss and grief experiences within the context of Catholic burial and funeral rites and rituals.

A qualitative research approach facilitated the flexibility required for exploring and describing the loss and grief experiences and the impact of Catholic rites and rituals. Denzin and Lincoln (2003a) described qualitative research as a field of inquiry that “crosscuts disciplines, fields, and subject matters” (p. 3). In qualitative research, the researcher becomes creative, struggles to connect ideas and learns how to borrow from many different disciplines. A qualitative research approach provided a better opportunity to describe and explore human experiences of loss and grief in detail. I have employed multiple perspectives to provide more detailed information about the bereaved individuals’ perceptions of their loss and grief experiences.

Phenomenology

Phenomenology is rooted in the philosophical ideas of Edmund Husserl (1859-1938) who argued that the objectivism of science presents an inadequate view of the world. In line with the philosophical tradition, Merleau-Ponty (1962) drew attention to human perceptions and challenged the tenets of empiricism and rationalism. According to Creswell (1998), a phenomenological study focuses on “the meaning or essence of human experience and the intentionality of consciousness” (p. 53). As described by Patton (2002), a phenomenological study is concerned with the essence of reality. A phenomenological approach, according to Patton, focuses on how ordinary people perceive reality. Employing a phenomenological approach in my study has helped to answer the research questions about participants’ experiences; how the bereaved individuals “describe it, feel about it, judge it, remember it, make sense of it, and talk about it with others” (Patton, 2002, p. 104). Phenomenological strategies

operate within the framework that reality is individually and socially constructed. Individuals construct meaning and purpose to make sense of their experiences, and transform experiences into consciousness and shared meaning.

The term “ethnomethodology,” as described by Creswell (1998), draws attention to how individuals make meaning of everyday life experiences. Phenomenological research is interested in how individuals consciously develop meaning from social interactions. Phenomenological strategies provide information about the nature of individuals’ experiences (Creswell, 1998; Gay & Airasian, 2003). I have utilized phenomenological strategies to explore and understand participants’ loss and grief experiences within the context of Catholic burial and funeral rites.

Role of the Researcher

According to Maxwell (2005), the three main components to what the qualitative researcher will do are to establish a research relationship with participants, to select the site and the participants, and to determine how to gather data. The researcher’s role as described by Glesne (1999) is defined and clearly based on the relationship with participants. Patton (2002) reinforced the same idea that the role and interest of the researcher and his or her relationship with participants are among the most important aspects of qualitative research. In my research, I started by gaining access, creating and structuring my research relationships to facilitate participation. I established communication with the bereaved participants by telephone calls and visits. I provided information about the research topic, the interview procedure, the recording process, and my desire to learn from the participants’ experiences. Once this introduction process was completed, I thanked the participants and arranged a time and place suitable for the interviews.

Gaining access refers to the process of building relationships and obtaining consents to conduct a research study in a particular setting (Feldman, Bell, & Berger, 2003). I maintained a good relationship with the participants and the community leaders who were the “gatekeepers” at the research site by visiting the site and meeting with each participant. I explained my interest in conducting a research study in the parish. I described the nature of the research and the level of involvement that was expected of each participant. I answered any questions and concerns that emerged. My research relationship was important for obtaining information about the bereaved individuals’ loss and grief experiences. My research relationship facilitated the research process. I entered the setting with the clear goal to learn from the bereaved participants about their loss and grief experiences within the context of Catholic burial and funeral rites and rituals. The bereaved participants were the teachers, the “experiential experts of the phenomenon” (Rudestam & Newton, 2001, p. 92). The bereaved participants, through their descriptions and explanations, shared their perceptions of loss and grief and the influence of the burial and funeral rites. I observed and explored, as well as made decisions about their perceptions of their loss and grief experiences.

Ethical Considerations

The participants were protected from harm by my adhering to the standard guidelines stipulated by The Committee for the Protection of Human Subjects in Research that is overseen by the Institutional Reviewed Board (IRB) at the University of New Orleans. Glesne (1999) outlined five basic principles of the IRB requirements as follows: (a) participants must be in a position to make an informed decision about participating; (b) participants have the freedom to withdraw without penalty at any time; (c) risks to participants must be significantly reduced or

eliminated; (d) benefits to participants, society, or both must outweigh all potential risks; and (e) the researcher must be qualified to conduct the research study.

To ensure confidentiality, I took steps to safeguard the interests of the participants. I used pseudonyms for participants' names. I have buttressed the above-mentioned principles with the use of an informed consent (see Appendix A). I carefully explained to each participant the details of the consent form, the purpose of the study, the risks, and the freedom not to participate. I was aware of the power differential between myself as the researcher and the participants. As Glesne (1999) suggested, a qualitative researcher needs to understand the vulnerable position of the participants in the power equation in order to avoid exploiting participants. In the present research, participants were members of the Catholic Church. Since I am a priest, and a researcher, I ensured that participants were treated with dignity and respect. I acknowledged and expressed gratitude to individual participants for contributing to the research.

Selection of Sites

According to Glesne (1999), the criteria for the selection of sites are important because the researcher cannot reach everyone everywhere. This research study was conducted in Nigeria, Africa. The locations were Our Lady of Lords Church parish of Enugu, located in an urban area, and St. George's Catholic parish of Oraifite, located in a rural area. The rationale for selecting the locations and the Catholic burial and funeral rites context was that I am well acquainted with the locations and I anticipated the availability of abundant, in-depth information for the study of human experiences of loss and grief.

The context, as defined by Ammerman, Carrol, Dudley, and McKinney (1998) is "the time and space network location of human action" (p. 43). I believe that the context in my study was not limited to the actual celebration of the burial and funeral rites. The context embraced the

entire life of the community: the time and season, the family system, the culture, the religion, and politics of the people. Edmonson and Irby (2008) suggested that the description of the context is important for a better understanding of human experiences; in this case, experiences of loss and grief. The Catholic religious institution, Bottum (2007) noted, is among the longest lasting human institutions, grounded in history and in the life of its members. I knew there was strong potential for obtaining abundant information. Because I chose an urban and a semi-urban area, I expected that I would have a better opportunity to build rapport and to obtain information.

Selection of Participants

The researcher, as Glesne (1999) and Patton (2002) stated, needs a strategy to identify and select participants for the study because, in qualitative inquiry, no attempt is made to randomly select a large, statistically representative sample for generalization. Instead, I combined purposeful sampling and convenient sampling. Ritchie and Lewis (2003) defined purposeful sampling as a qualitative research strategy for selection of participants for a study based on particular features or characteristics, which enables “detailed exploration and understanding of the central themes and puzzles the researcher wishes to study” (p. 78). The strength of purposeful sampling, as Patton (2002) stated, is in selecting “information-rich cases for study in depth” (p. 230). The information-rich cases in this research were bereaved individuals who had experienced loss and grief, who had participated in burial and funeral rites, and who were willing to share their perceptions.

Gaining access requires identifying those who can facilitate the process of learning the art of developing and sustaining research relationships (Feldman, Bell, & Berger, 2003). I identified potential participants through key community leaders, namely the church pastor and the catechist, who are the “gatekeepers.” I approached a pastor and a catechist of each parish and

asked for four names from each gatekeeper, totaling 16 possible participants who were capable of sharing their experiences without risk of harm. I contacted each of the 16 potential participants by telephone to set up appointments and to meet with each person individually (see Appendix B). I selected each participant based on the following criteria: (a) was 21 years or older; (b) had participated in Catholic burial and funeral rites; (c) was willing to share his or her perceptions; and (d) had experienced loss and grief for at least 1 year but for not more than 5 years. The process of contacting participants continued until the sufficient number of participants were selected based on the four criteria for participant selection. I applied the same sampling strategy for both parish sites to select participants until the saturation point of data collection was attained. VandeCreek et al. (1994) stated that qualitative research is not concerned with numbers but with depth. The saturation point was when I arrived at a full understanding of the experiences beyond which more material was repetitive and confirmative of information already obtained.

My aim was to select a minimum of 10 adult participants from the total list of 16 names that I received. I selected five participants from each of the parishes. I selected two adult males and three adult females in the first church parish, and I reversed the number to three adult males and two adult females in the second church parish. My end total was five females and five males. The bereaved individuals were selected to show some level of diversity including variation in age, socio-demographic characteristics, and type of death suffered by the loved one. The variation in the characteristics of bereaved participants provided more detailed descriptions for a better understanding of their grief experiences.

Data Collection Procedures

Maxwell (2005) stated that in qualitative research, the researcher is the main instrument and the means through which the information will be collected and analyzed. I used observations, interviews, and documents to gather information about participants' loss and grief within the context of Catholic burial and funeral rites and rituals.

Observations.

VandeCreek et al. (1994) described observations as the richest of the qualitative sources. Observations allow the researcher to obtain immediate behaviors associated with loss and grief within the context of the Catholic burial and funeral rites and rituals' setting. In order to learn and understand from the perspectives of the bereaved individuals, I observed and participated in two Catholic burial and funeral rites and rituals. I observed bereaved individuals who had lost a loved one and their participation in Catholic burial and funeral rites and rituals. I observed individuals' behaviors, expressions, and reactions within the context of the Catholic burial and funeral settings, as well as the different aspects of the rites and rituals, the objects, the gestures, and the words expressed in the rites and rituals. I checked for inconsistencies and disparities that were present and either contradicted or confirmed the data collected in participant interviews and documents. The data collected from the context of observations were taken in the form of field notes and audio and video recordings. As a native of Africa, I had the advantage of intuitive awareness of the settings and meaning of the expressions. I recognized the risks of taking things for granted. However, I sought to understand more about the physical settings, the relationships among people, and the conversations and interactions. I am aware that what people say and believe may sometimes contradict their actual behaviors. I observed individuals' actions,

interactions, and their focus of interest. I found an abundance of information about human experiences of loss and grief within the context of Catholic burial and funeral rites and rituals.

Interviews.

In this research study, interviews were the essential method of gathering information from participants. Interviews, as Gay and Airasian (2003) described, are de-contextual. Interviews went beyond the superficial issues and provided in-depth information. Weiss (1994) stated that interviews give the researcher access to learn from the experiences of others. I used interviews to collect information about the bereaved individuals' perceptions of loss and grief within the context of rites and rituals. Interviews can be structured or unstructured. Patton (2002) described structured interviews as a more formal, orderly process to obtain information that the researcher cannot see or access.

Ritchie and Lewis (2003) distinguished between unstructured and semi-structured interviews. Unstructured interviews, as Ritchie and Lewis noted, involve the use of a broad agenda that provides the issues to be explored, but the order of the wording and ways of proceeding vary from one interview to another. In semi-structured interviews, the researcher asks the same key questions, probes for more information, but the probing is more limited than in unstructured interviews. According to Ritchie and Lewis, there are different models of semi-structured interviews and different terms used for semi-structured interviews. For example, VandeCreek et al. (1994) noted that between focused interviews and the semi-structured interviews are conversational interviews. The designs, as Patton (2002) noted, differ in the extent to which interview questions are predetermined. According to Patton, informal conversational interviews depend on "spontaneous generation of questions" (p. 342). The standardized interviews depend on a set of questions for each interview with limited flexibility in

probing. Patton pointed out that the contrasts between strategies are by no means mutually exclusive. I integrated the essentials of conversational interviews into the semi-structured interviews. As Mishler (1986) stated, in conversational interviews, the meaning of the experiences is jointly constructed. I used open-ended and preset questions. I probed for detailed personal and affective information about participants' experiences that are not easily available through structured interviews. I provided "support and engagement that the focused interview lack" and enhanced the "confinement and predefinition" of semi-structured interviews (VandeCreek et al., 1994, p. 101). For my research, semi-structured interviews were used to provide the opportunity for exploration of the context and meaning of human experiences of loss and grief within the context of Catholic burial and funeral rites.

The duration for each interview was approximately 1 hour. I used a tape recorder to record each interview. I translated and transcribed each interview as required. The semi-structured interview protocol included demographic information and possible participant interview questions (see Appendix C). The demographic information for my research included pseudonyms, age, gender, geography, occupation, education, marital status, cause of death of the loved one, description of relationship with the lost loved one, religiosity, and health status. The interview questions were open-ended and uniform for each participant (see Appendix D). For example, questions asked included:

1. How would you describe your relationship with your loved one before your loss?
2. How would you describe the impact of your loss and grief?
3. What were your preparation and roles in the burial and funeral rites?
4. What were the dominant feelings and thoughts expressed in the rituals?
5. How were your expectations satisfied or not satisfied?

6. What specifically did you find helpful or unhelpful in dealing with your loss and grief?
7. What suggestions will you give to pastorals and counselors?

Following these interview questions, I asked follow-up questions. I also asked the participants at the end of each interview if there was any further information to be added. I thanked the participants at the end of each interview, and reiterated the agreement of the informed consent, confidentiality, and the assurance of security of the audiotapes as well as the transcriptions. Upon completion of each interview, I took 15 minutes to make field notes about observations, impressions, and other vital information.

Documents.

Documents, as described by VandeCreek et al. (1994) are social, cultural, and religious artifacts that have been “embedded with human purpose and meaning” (p. 108). Documents are expressions of experiences that have already taken place. In this research, documents included communication objects (i.e., photos, pictures, videos, letters, poems, and significant stories), which contained personal reflections, feelings, and memories that provided insights into bereaved individuals’ loss and grief experiences. Edmonson and Irby (2008) stated that documents vary from personal to legal records and may include items such as diaries, letters, and self-reporting materials presented by the bereaved individuals. The documents I gathered have provided information about the bereaved individuals’ loss and grief experiences; their feelings, thoughts, and perceptions within the context of the burial and funeral rites. Documents are excellent sources of support for confirming information from observations and interviews.

Trustworthiness

I maintained trustworthiness in this research by adhering to the following strategies provided by Creswell (1998), Edmonson and Irby (2008), Lincoln and Guba (1985), and

Krefting (1991). According to Lincoln and Guba, trustworthiness is a qualitative research equivalent of reliability and validity. For this research, trustworthiness required accurate representation of the bereaved individuals' perceptions of their loss and grief experiences. I maintained rigor in this research by the quality of my observations and fairness or balance in presenting the bereaved participants' perspectives of their loss and grieving experiences. I applied Lincoln and Guba's recommendations for establishing trustworthiness by using observations, interviews, and documents. In addition, summaries of initial data analysis were presented to participants for verification after the initial analysis of the interview.

Lincoln and Guba (1985) held that a study is applicable in the sense that the findings could potentially be transferred onto other similar contexts. In qualitative research, applicability means transferability or generalizability. Krefting (1991) stated that generalizability may not be a strong focus in qualitative research. However, according to Creswell (2003), detailed descriptions of the context provide detailed information that will enable readers to compare and transfer information because of shared characteristics. For this research, my intention was to explore and gain a deeper understanding of bereaved participants' experiences of loss and grief within the Catholic burial and funeral rites and rituals.

An additional means of establishing trustworthiness, according to Krefting (1991), is through triangulation. Data triangulation, as described by Krefting, is using multiple data sources to increase the degree of trustworthiness. According to Patton (2002), the logic of triangulation is based on the idea that each method reveals an aspect of reality. Therefore, using multiple methods of data collection, different data sources within the same method, and engaging different analysts to review the findings and interpret the data from different perspectives enhanced trustworthiness. There is no single method that is ever sufficient. Triangulation

provides diverse ways of looking at a phenomenon and increases credibility. For this research, I remained open to feedback from the two church pastors, the two catechists, and the participants. The methods of triangulation as described by Denzin (1978) were used in this study and involved combining multiple sources; such as observations, interviews, and documents for corroboration.

Denzin and Lincoln (2003b) stated that the qualitative researcher's strategies of inquiry are comprised of "a bundle of skills, assumptions, and practices that the researcher employs as he or she moves from paradigm to the empirical world" (p. 36). The qualitative researcher is aware that the personal self is strongly connected to the researcher-self and it is this open recognition and acceptance of biases, or reflexivity that distinguishes qualitative research. As Creswell (1998) suggested, I acknowledged my role as a qualitative researcher, the basic assumptions of qualitative research, the nature of knowledge, the value-laden aspects of all inquiry, the importance of the close relationship between the researcher and participants, and the personal approach to writing narrative. My assumptions and biases included: (1) human experiences and expressions of loss and grief are unique and make sense to those who live them, (2) understanding of the experiences of loss and grief confronting the bereaved is indispensable for counselors and others to better help the bereaved, (3) acceptance of the reality of loss and grief caused by death is the starting point for learning to cope and to adapt, (4) rites and rituals in time of loss and grief are therapeutic, and (5) experiences of loss and grief can be consciously expressed and normalized.

Verification, as Creswell (1998) stated, is a continuous process in qualitative research aimed at establishing trustworthiness. In phenomenological studies, verification occurs all through the data collection and analysis. Creswell also stated that in qualitative research, the quality of the question and the environments are important for validity. The environment needs to elicit the required information and needs to be favorable for the participants to fully express

their perceptions. Also, Creswell and Miller (2000) noted that verification can be established through prolonged engagement and persistent observation in the field by building trust, learning the culture, and checking and correcting misinformation. The trustworthiness of my research has relied on the accomplishment of the above measures.

Data Analysis Procedures

Glesne (1999) defined data analysis as the process of organizing and storing data for “meaning-finding interpretations” (p. 132). In qualitative data analysis the coding, categorizing, and theme-searching require that the researcher carefully consider the data and imagine how the final write-up will appear. Data analysis, as Ritchie and Lewis (2003) noted, is the process of “deciding upon the themes or concepts under which the data will be labeled, sorted, and compared” (p. 221). Although, there are no commonly accepted approaches to data analysis, Creswell (1998) presented three data analysis strategies, advocated by Bogdan and Biklen (1992), Miles and Huberman (1994), and Wolcott (1994). The first strategy is reading through the information (i.e., interview transcripts, observation field notes, notes about documents) to get a sense of the data as a whole. The second strategy is developing codes or forming categories from the transcripts, observation field notes, and notes from documents. The third strategy is creating a display of the information in the form of diagrams, tables, or graphs for visualization (Creswell, 1998). I employed the three strategies when analyzing my data.

My data analysis was started as soon as the first interview was completed, translated, and transcribed. Glesne (1999) suggested that data analysis, when conducted simultaneously with data collection, enables the researcher to “focus and shape the study as it proceeds” (p. 130). As described by Patton (2002), the early stages of data collection will be “generative and emerging while the later stages bring closure” (p. 436). The later stages will tend to confirm the data

already analyzed, thus reaching the saturation point. The distinction between data collection and data analysis, as Creswell (1998) noted, is fluid. Miles and Huberman (1994) recommended early data analysis, to help reflect on the “existing data and [for] generating strategies for collecting new, often better, data” (p. 50). Data collection and data analysis for this study were performed simultaneously.

As Patton (2002) noted, transcriptions are a point of transition between data collection and data analysis. I read, organized, and summarized the interview transcripts and the notes from the observations and relevant documents. Creswell (1998) recommended that at this point the researcher should “get a sense of the whole data” (p. 140). I examined my translations of the words and statements used by participants. I obtained feedback on the initial summaries of transcripts by taking the information back to the participants for verification. Glesne (1999) noted that the initial data process will help to clear up any ambiguity that may emerge and will help maintain focus in the immediate data collection process.

I developed preliminary coding schemes to keep track of useful information. In qualitative research, coding is the central task and a progressive process (Glesne, 1999). Coding, as described by Miles and Huberman (1994), is used to retrieve information from the data and to reorganize analytic files. Coding involves differentiating and combining the data retrieved and the reflections made about the information (VandeCreek et al., 1994). I facilitated the data analysis process with a code book to keep track of the emerging structure of the analysis. As Glesne suggested, a code book will help to organize analytic files according to the developing headings. The headings may be pre-selected “by generic categories such as interview questions” (1999, p. 131), or by other emerging themes. Richie and Lewis (2003) argued that indexing, rather than coding, will more accurately show exactly which theme or concept is tagged.

Indexing indicates the particular section, “phrase, sentence, and paragraph in fine detail” of the text (p. 224). For the most thorough approach, I used coding and indexing to facilitate the data analysis.

The second step in data analysis is category formation. Creswell (1998) described category formation as the heart of qualitative research. Data analysis is the process of searching through the data for themes. The process, as Creswell explained, “consists of moving from reading and memoing...to the describing and classifying” (p. 144). As Maxwell (2005) explained, in qualitative research, the goal of coding is to split the data and rearrange them into categories. The categories enhance comparison and development of themes. According to Maxwell, a further form of data analysis “involves organizing the data into broader themes and issues” (p. 96). I organized the participants’ descriptions of their loss and grief experiences into categories. The categories represented the significant elements of the loss and grief experiences under study. Ritchie and Lewis (2003) explained that the data process involves attributing meaning to the original data and a clear documentation of the process to avoid alienation of the data from the source. I followed the steps of the preceding analysis for all transcriptions, and notes from observations and documents.

The third step in data analysis is the display of the information in the form of diagrams, tables, or graphs for visualization. Data interpretation, as Lincoln and Guba (1985) explained, is making sense of the data. As Creswell (1998) suggested, at this point in the analysis I stepped back to form “a larger meaning of what is happening” (p. 145), namely, the loss and grief experiences within the context of ritual. The display information, as Glesne (1999) noted, assisted me in drawing conclusions and developing further insights and meanings.

Summary

In this chapter, I have presented the research questions and the rationale for using a qualitative research approach. I reviewed the phenomenological strategies as they apply to the main approach of my study. I discussed my role as the researcher, the procedures for gaining access, and the criteria for the selection of participants and the sites. Purposive sampling was described as a method to select 10 participants who had experienced grief and loss within the context of Catholic burial and funeral rites. I described the method of collecting, analyzing, and establishing trustworthiness of the data.

Chapter IV

Results

Introduction

In this study, I explored 10 bereaved individuals' perceptions of their loss and grief experiences within Catholic religious burial and funeral rites and rituals vis-à-vis the context for counseling. The factors that either enhanced or hindered grieving and mourning experiences were considered in this study. This chapter is organized into five sections. The first section profiles participants' demographics with the pseudonym chosen by each participant for the study. The second section covers the procedures for development of themes and participants' quotes from the resulting themes. The third section is a cross analysis of major themes including participant quotes to illuminate their perceptions of loss and grief experiences within the rites and rituals context. The fourth section is the interpretations of the major themes in relation to the research questions. The fifth section is the summary.

Participants' Demographics

In this section, the demographics are presented of all 10 bereaved participants who ranged in ages from 36 to 96. There were five females and five males. Five participants were from an urban community and five from rural community. The range of time since the loss of a loved one was one to four years.

The first participant was Lycia, a 52-year-old widow born and raised in Nigeria, Africa, living in an urban community. She is the manager of her late husband's trading company, was married for 26 years and has six children. Her husband died four years ago from a terminal illness. Lycia has practiced the Catholic religion all her life and her late husband converted to the Catholic faith before his death. She participated in both Catholic and Anglican burial and

funeral rites and rituals at the time of her loss. Lycia earned a master's degree in education and is now pursuing a doctoral degree. She said that she had no desire to marry again. She wants to spend the rest of her life as a widow with her children and grandchildren.

The second participant was Ariel, a 61-year-old male, born and raised in Nigeria, Africa living in an urban community. He retired as a lecturer of fine arts at a university. He is now living in a rural community and privately employed in a small-scale fishing farm. He has been married for 32 years and has six children. His mother died three years ago following a brief illness at the age of 78. He has been a practicing Catholic all his life and participated in the Catholic burial and funeral rites. Presently, he is living with his wife and his father. Ariel reported that since his mother's death, he has assumed additional responsibility of caring for his father.

Malia, was the third participant, was a 72-year-old widow born and raised in Nigeria, Africa, living in an urban community. She is the manager of her late husband's filling station and has a national certificate in education (NCE). Her first daughter died three years ago from a brief illness at the age of 48. Malia was devastated by the loss. She is a practicing Catholic and so was her daughter. Malia participated in the Catholic burial and funeral rites and rituals for her daughter's interment. Malia said that she wants to spend the rest of her life as a widow with limited friends and her children, grandchildren and great grandchildren.

The fourth participant, Ezra, was a 75-year-old male born and raised in Nigeria, Africa, in an urban community. He has been married for 51 years and has four children. Ezra is a retired contractor and a catechist. Ezra lost his mother two years ago. She died naturally without any known illness at the age of 114 years. Ezra has been a practicing Catholic all his life. His late mother was an Anglican. He made an effort to convert his mother to the Catholic religion,

but did not succeed. Ezra said that he was shocked by the news of his mother's death, but when he was told that she died peacefully he accepted her death and has now adapted to his loss.

The fifth participant was Ogeh, a 38-year-old, single woman. She was born and raised in Nigeria, Africa, in a rural community. She has a high school certificate and is engaged in small scale trading. Ogeh lost her parents three years ago, both within the same week. Ogeh stated that she never imagined or anticipated the losses in the way they happened. Her father died at the age of 86 and her mother died at the age of 78. Her mother had a terminal illness. Ogeh missed her father; however, the most painful death was of her mother because of her suffering. Ogeh participated in the rites and rituals.

The sixth participant was Eunice, a 36-year-old married woman, born and raised in Nigeria, Africa, living in a rural community. She has a high school certificate and is engaged in small scale sewing enterprise. Eunice lost her oldest brother. He died at the age of 53 after a brief illness. Eunice said that she was devastated by her loss. Eunice is a practicing Catholic and participated in the Catholic burial and funeral rites and rituals for her brother.

Anna, the seventh participant, was 42 years old, married with six children. Anna was born and raised in Nigeria, Africa, living in a rural community. Anna has a bachelor's degree in education. She is a high school principal. She reported that she lost her oldest brother more than a year ago to a terminal illness. She said that she was devastated by her loss at that time. Anna is a practicing Catholic and participated in the Catholic burial and funeral rites for her brother.

Obi, the eighth participant was a 96-year-old widower who lost his wife three years ago. He was born and raised in Nigeria, Africa and is a resident in a rural community. He had a standard six certificate and worked as an automobile technician. He was married for 62 years

and had 11 children and many grandchildren and great grandchildren. He reported that he is ready for his own death. Obi has been a practicing Catholic all his life.

The ninth participant was Usown, a 57-year-old male, born and raised in Nigeria, Africa, living in a rural community. He is married with four children. Usown completed high school and works in the local government headquarters. His step-sister's death two years ago due to a brief illness was unanticipated. Usown has been a practicing Catholic all his life. His step-sister was a widow with four children. He had a good relationship with his sister and they grew up together. Usown said that he participated in the Catholic burial and funeral rites and rituals.

The final and tenth participant was Okon. He is a 58-year-old widower, born and raised in Nigeria, Africa, living in an urban parish. Okon was married for 15 years with seven children. His wife died three years ago at the age of 45. Okon reported that she was sick for 10 years and had been in the hospital many times for treatment for a terminal illness. Okon had a primary education and a job at the university as an unskilled laborer. Okon reported that the death of his wife occurred at the same time as the death of his brother. He decided to bury his brother first because it was much easier and less expensive to bury a man than a woman.

Table 1

Participants' Demographics

Name	Age	Community	Gender	Education	Occupation	Relationship	Cause of Death	Years
Lycia	52	Urban	Female	MA	Manager	Husband	Terminal Illness	4
Ariel	61	Urban	Male	MA	Lecturer	Mother	Age	3
Malia	72	Urban	Female	NCE	Manager	Daughter	Brief Illness	2
Ezra	75	Urban	Male	SS	Contractor	Mother	Age	3
Ogeh	38	Rural	Female	HS	Trader	Mother & Father	Terminal Illness	4
Eunice	36	Rural	Female	HS	Designer	Brother	Brief Illness	3
Anna	42	Rural	Female	BA	Teacher	Brother	Terminal Illness	1
Obi	96	Rural	Male	SS	Retired	Wife	Age	3
Usown	57	Rural	Male	HS	Trader	Step-Sister	Brief Illness	3
Okon	58	Urban	Male	SS	Genitor	Wife & Brother	Terminal Illness	2

Note: Education = BA - Bachelors Degree, HS - High School Diploma, MA – Master’s Degree, NCE - National Certificate of Education, SS - Standard Six Certificate. Note: Years = Number of years from the time of loss.

Participant Theme Analysis

All units of information for the bereaved participants’ loss and grief experiences within the rites and rituals context were coded according to the descriptive terms derived from the data. Ritchie and Lewis (2003) described data analysis as process of “deciding upon the themes or concepts under which the data will be labeled sorted, and compared” (p. 221). The first step I took was to review each of the interview transcriptions, funeral brochures, observations, documents, and pictures of participants’ experiences within the rites and rituals context. Second, I coded the data to identify the patterns, ideas, concepts, and categories. I combined related ideas and significant statements used by participants which resulted in themes. Themes were derived from the content of each category to capture the essence of each participant’s descriptions and meaning of their perceptions of loss and grief experiences within the religious context. I used

the data to analyze each participant's responses one at a time then organized the resulting themes into major themes common among all participants.

Lycia's seven themes.

Lycia reported that since her husband's death she has assumed additional responsibility as a single parent with minimal support from family and friends. She was emotional and tearful as she described her experience which I included in seven themes from her interviews. She talked about her feelings of abandonment by close relatives, her loneliness, and the conflict and struggle with her relatives for her husband's wealth; however she reported that support was provided by her priests and parishioners. "The church members and societies were fully involved. Our parish priests ...supported me with prayers and guidance." Lycia used her religious beliefs and practices to assist her in her accommodating her loss and grief. She reported that the religious rites and rituals played a positive role in her grieving process. Initially, she was in denial, resistant, and unwilling to accept her impending loss, but eventually she acknowledged and accepted the reality of her loss and consequences. Lycia's seven themes are; loss of relationship, religious rites and rituals, family and community support, family frictions, belief system, ongoing traumatization and counseling.

Ariel's eight themes.

Ariel's acceptance of his loss enhanced his ability to accept and adapt to his loss, which was reflected in eight themes included in his interview. Ariel said, "Yes, I anticipated and it made the difference... I prepared and was ready for the shock." He reported that since his mother's death he has moved to live with his father. Ariel has now assumed additional responsibility as the first son in addition to his own nuclear family. He stated that it was the wish of his mother that he take care of his father when she was gone. He described his experience

with flattened affect. He talked about the demands and expectations to plan and conduct a befitting burial and funeral for his mother. He described the stress emanating from the preparations; the cost, conflicts and distractions from his loss and grief. He described his ruminating thoughts at his mother's dying bed, what she said to him and the restlessness he now feels with her physical absence. Ariel noted that despite the difficulties and financial burden he encountered while preparing for the burial and funeral, the religious rites and rituals played a positive role in his grieving process. He said that the death of his mother was anticipated and that she merited a befitting burial and funeral service, which he believed she received. He also talked about the support he received from his family and community. Ariel's eight themes are; loss of relationship, time and nature of death, religious rites and rituals, family and community support, positive memories, finding meaning, financial stressors, and counseling.

Malia's eight themes.

Malia reported that she was traumatized by the loss of her daughter and had not recovered fully from the impact, which was reflected in eight themes. Malia said, she [daughter] "didn't prepare for it, neither did I." She ruminates every time there is an activating event or a reminder about her loss and she consciously makes an effort to avoid certain occasions, places, things, and people that reopen her experience. Malia said that her daughter was her other self and that they had a very close relationship. She compared her present experience of loss with her previous experience of losing her husband, which helps her. She reported that despite her challenges, the religious rites and rituals and her belief in God played an important part in her capacity to adapt and cope with her loss. Malia maintained that death is permanent and irreversible. She said, "I know God has a purpose for taking her. I didn't know she will die before me... when you look around you will see who you are better than." Malia's eight themes

are; loss of relationship, time and nature of death, religious rites and rituals, family frictions, belief system, finding meaning, ongoing traumatization, and counseling.

Ezra's five themes.

Ezra described the death of his mother as sudden. He said, "I was surprised when I got the news and I asked why I wasn't told she was sick before she died... She got the title "Ezinne" or devout mother in her Church. I stayed with her almost a year. She does not want to join Catholic Church. She said that she started with Anglican and wants to finish there." The information gathered from Ezra was integrated to support the five themes reflected in his interview. Despite the fact that his mother had lived for more than a century, it was still difficult for him to accept the news. He knew that her death would come soon, considering her age, but he was resistant and in denial but later relieved with the explanation of how she died. Ezra described his reactions; his emotional pain and specifically his anger in the early stages after her death. "After her death my senior brother said there is no need for crying. She passed peacefully... When I got the explanation, I was still shocked but, I was no longer angry, but I would have wanted to see her alive." Ezra reported that the religious rites and rituals and the strong support from family and community contributed positively to his grieving process. Ezra's five themes are; loss of relationship, time and nature of death, religious rites and rituals, family and community support, and counseling.

Ogeh's seven themes.

Ogeh reported that "...some deaths are natural. Some are not painful, though the people are missed." However, the loss of her parents was "...devastating and she is still with the grief and pain." Her seven themes were reinforced by her significant interview statements. She said that she feels less secure and restless, but she has made some progress in accepting and adapting

to her losses. She told her story rationally with flattened affect. She took care of her father at the hospital till he died and was helping to prepare for his burial when her mother died. She did not anticipate her [mother] death, and losing both in the same week was traumatic. She said she took an active part in the burial and funeral services for both parents. She said that the gap created by the loss and separation may never be bridged. Ogeh reported that the religious rites and rituals and the family support helped to bring some closure, but not completely. She explained that bereaved individuals need help before the burial and funeral and during and after the celebration. However, she believed, many who came to the burial and funeral services were there for entertaining, not for consoling the bereaved. She stated that at the end of the rites and rituals, the bereaved are on their own; there is no continuous care, follow up visits, or counseling. Ogeh's seven themes are; loss of relationship, time and nature of death, religious rites and rituals, family and community support, positive memories, finding meaning, and counseling.

Eunice's five themes.

Five themes were supported by Eunice's interview statements and from relevant information gathered from observations and documents. She reported that since her brother's death, the family unity and peace have been disrupted and there is no direction for the family. She has assumed more responsibility to care for her aging mother and to keep their family united. Her brother was like a father in the family; providing support, protection and direction. Eunice described her loss as painful and irreversible. Although she anticipated his death, she dreamed about him it [his death] and continued to caution her brother about his death before he died. However, she took courage from the positive memories of him, the words shared by people and the testimonies about his life. Eunice noted that participation in the religious rites and rituals helped her to accept her loss and to cope by providing her with the opportunity to

have closure and to initiate gradual recovery. “What I remember most that helped me was the word shared by the preacher. The preacher said that, he is burying the truth today, but the truth will rise ...my brother ...stood for the truth.” She said, “I am proud of him... I took courage from the words, the testimonies.... My prayer partner said that the people will testify on his behalf and it happened.... The *Umunakwa* village spoke in his favor; about his honesty. His body was allowed to pass through the village center as a mark of respect, which I cherished... He did not suffer or die in vain.” She was encouraged by her prayer partner, extended family members, and the positive information shared about her brother. Eunice’ five themes are; loss of relationship, religious rites and rituals, family and community support, positive memories, and finding meaning.

Anna’s six themes.

Anna reported that her brother’s death was a traumatic experience. He was like a father to her. Six themes showed Anna’s assumptive world of loss and grief. She said that she was not pleased by the attitude of her brother’s wife who she felt did not treat her brother well and made life difficult for him. Anna reported that her brother paid for her school and took care of her since the death of their father. She narrated her story with intense emotion. The religious rites and rituals, explanations and symbolic actions within the rites and rituals and the social support were important aspects that helped her to acknowledge and adapt to her loss. Anna was satisfied and relieved that her brother had a befitting burial and funeral service. She reiterated the need for follow up pastoral care and counseling to help the bereaved to deal with the consequences of the loss and separation. She said, “...The bereaved are often deep in thought so it is good to be available to them, to talk to them, to help them get over the challenge... to help to reduce the tension and family conflicts that often emerge...” She said, “My suggestion to those who grieve

and mourn is that to cry is ok, but crying will not restore the person. Be confident that the person lived a fulfilled life and that the person is going to a better life.” Initially she was unwilling to accept the reality, but gradually she readjusted her thoughts and with the understanding that her brother is not suffering and could be relieved by death, she accepted her loss. Additionally, she recognized that the loss caused by death is universal and it is beneficial for the bereaved to accept the reality of death. Anna’ six themes are; loss of relationship, religious rites and rituals, family and community support, family frictions, financial stressors, and counseling.

Obi’s six themes.

Six themes were supported by Obi’s interview statements and from relevant information, observations and documents. Obi stated that the loss of his wife made him dependent on others now that he is advanced in age. He has people around him to assist him, but he lost the companionship he had with his wife. He took an active part in his wife’s burial and funeral rites and rituals. He seemed vulnerable and did not want to focus on the emotional pain and consequences of his loss. He recognized that death is inevitable and awaits every one. Obi also said that living an exemplary life that others can emulate is vital. “What is important is how the person lived their earthly life, the good examples they left behind.” He noted that what is important is to take things as they emerge, to be patient and to trust in God. Obi explained that it is positive memories that helped him in his time of loss and grief. The religious rites and rituals also played a role in his grieving process. He talked about the teachings, encouragement and support provided by the priests and parishioners during the burial and funeral services. However, he reflected on the extravagant expenses for the food and drinks that accompanied the rites and rituals. He said that the bereaved who cannot afford such cost should be able to

eliminate the cost. Obi's six themes are; loss of relationship, religious rites and rituals, family and community support, belief system, positive memories, and financial stressors.

Usown's six themes.

Six themes were reinforced by Usown's significant interview statements, observations and documents. According to Usown, the death of his sister was not anticipated. Her death was painful and brought unexpected emotional pain and fear as well as an added responsibility on the family. Usown said that he had a good relationship with his sister and worked closely with her to keep the family together. He was hurt by her death and by the responsibilities of raising her children, who are now orphans. Usown talked about his feelings and thoughts about the cost of burial and funeral rites. He said that the rites and rituals are necessary for closure, but he lamented about the financial burden that the entertainment placed on bereaved individuals and families and that financial help is limited. He also said that although he participated in the burial and funeral rites and rituals, he did not receive much consolation from the celebration. He said, "The burial and funeral rites and rituals is just a tradition. According to the belief, without the burial and funeral rites and rituals, the dead will be visiting the living. He narrated a case about "Ezimuo Oguego" who refused to follow the tradition and was afflicted with dumbness and later death. He said that the rituals of bringing the Ada, the first daughter, to the house have been modified by the Church practice. He said, "It is easy and helpful to bury people as quick as possible rather than the long waiting.... The lack of burial and funeral brings some disturbance to the family... The planning and the cost was much, paying for her debt.... I prefer burying the dead as soon possible, within 24 hours. It helps to forget. It may be difficult because of the relationship but with time it goes away when the needs are met ..., when the memories are great to be remembered." Usown reported that the church helped with the funeral mass but the church

members did not help much. Usown's six themes are; loss of relationship, time and nature of death, religious rites and rituals, family and community support, financial stressors, and counseling.

Okon's five themes

Five themes were reflected by Okon's significant interview statements. According to Okon, the death of his wife was destabilizing and traumatic. Okon said that he felt like giving up himself; however, his courage allowed him to live knowing that he has to take care of his family as his wife expected. He appeared strong emotionally and courageous. He said that he felt the presence of his late wife. He believed she came to him especially when he felt depressed to encourage him to continue his effort and not to give up. "I am sad... but I was consoled by her presence. She came twice in the mist of angels. She said she had suffered enough and I should let go. The way I saw my wife after the burial and funeral was good for me. I will tell all who suffer to take heart, to hold on and live well." Okon said that his wife was sick for a long time and that her death was a relief from the suffering, though he was not willing to let her go. He also lost his brother within the same time period. It was devastating to confront both losses. However, with the support of his priest and the community he survived. He believed that the religious rites and rituals played an important role in helping him accept his loss and the consequences of the deaths. "The church tried a lot; the different society in the church came, even while she was sick the priest came few times to pray and to say mass." He said that he was rejuvenated and motivated to accommodate his loss and separation. Okon's five themes are; loss of relationship, religious rites and rituals, family and community support, belief system, financial stressors, and continuous bond.

Theme Cross-Analysis: Major Themes

The interviews with participants provided me the opportunity to identify the common themes that appeared frequently from participants' transcripts and related documents. The findings included a total of 63 themes for all 10 participants, which revealed repeated patterns, ideas and categories reinforced by the interview transcripts, observations, and documents, family pictures and stories, video recordings and the bereaved family brochures, which included the life history of the deceased.

I reviewed all 10 participants' 63 themes and collapsed the themes into 12 major themes. One theme, continuous bond, reflected one participant's experience (Okon), which I did not include in the cross analysis. The 11 remaining major themes based on the cross analysis included: (1) loss of relationship; (2) time and nature of death, (3) religious rites and rituals, (4) family and community support, (5) family frictions, (6) belief system, (7) positive memories, (8) finding meaning, (9) financial stressors, (10) ongoing traumatization, and (11) counseling. Table 2 is provided, which includes a listing of the 11 major themes and the number of times participants experienced each major theme.

Loss of relationship.

The first major theme, loss of relationship, captured and described all 10 bereaved individuals' themes and descriptions of their experiences of losing a close relationship. Lycia commented on issues related to the first major theme when she described her resistance to anticipated loss, separation, and acknowledgement of her loss and pain to losing her husband. She stated, "I anticipated it. It wasn't hidden, but I was unprepared ... I had hope for at least longer period up to years..." My "...experience was devastating; see the whole world crumbling... At that time it was as if the world has ended. I was disturbed, overwhelmed,

disappointment and unsettled. I was alone. I cry a lot each day, even today, I cried (tearful).”

Lycia’s worldview, self-identity and roles in society were also impacted. She said,

being a widow is challenging and difficult ... Just because you are a widow it is not easy you can’t take away your life. ...you know forever, you will not be seeing him, you will be left alone abandoned by friends, brother, blood relations. When the man is alive everybody is around, but once he is gone you are all alone. I was alone in the hospital no one to hold me.... You cannot believe what is happening. I am all by myself.

Ariel’s reaction to the separation and pain in the loss of his mother seemed more controlled than the reaction of Lycia. He said, “Yes, I anticipated and it made the difference... I prepared and was ready for the shock. I was not supposed, but I have to get ready. She [his mother] also prepared for her death and wanted her children to be ready. She wanted and expected it.” Malia described her emotional pain as an experience of loss and separation to her daughter. “When I see people close to me, I do cry and shout, but I take heart as well. I never expected that she [daughter] will die [cried]. It was like a film for me..... My real concern is with her children.” Similar to Malia, Ezra said his experience of loss from his mother was a “...surprise when I got the news and I asked why I wasn’t told she [mother] was sick, before she died.”

Ogeh described her separation and loss of her mother and father when she said, “All the relationship and care gone. ...Managed one but both are too much. I still feel it. I will say if my mother is alive now it will be different. ...I am close to both. ...I will like them to live forever to show love and care to them. The most painful in all this is the moral support I got from them. ...I am still single. I feel that people respect you because of them. ...But, now they think I am alone.” Eunice described her reaction to her loss of her brother when she said, “I was always

afraid that he will one day pass away... I dream about it. On the day he died ...I watched him but got frightened. ... I love him. ... If he is here, I will have peace. ...I may have forgotten some, but it is still painful.”

Anna reacted by resisting her experience of loss and separation of her brother by denying and avoiding the loss. She said, “I anticipated his death, he talked about it ...but, I resisted that thought. I told him no. I scolded him about it.He went into coma and died.” Anna said, “When they called me that he is in coma, I cried. It took me some time to get over it... Sorrow gradually went away after his burial and the shock faded away when the reality set in....”

Similarly, Obi’s loss of his wife and grief experience was reflected when he said, “You will not endure all one day. One needs to take care as they come up.” Usown reacted with shock and disbelief to his loss and separation from his step-sister. “I did not anticipate her death, when I got the news I couldn’t get myself. I was confused. I had good relationship with my step sister.” And, Okon’s reaction to separation and loss of his wife and brother was sadness, at the point of giving up, though externally he did not show it. He said, “I was about to give up, but now I am strong. I did not cry, but whenever I remembered I was sad.” He said, “I have not remarried and will not again. We had good commitment.”

Time and nature of death.

The major theme; time and nature of death, appeared frequently in five of the bereaved participants’ themes of their experiences. Interview data from Ariel, Malia, Ezra, Ogeh, and Usown revealed that the intensity of grief varies with the individual’s history and personal characteristics, the time and circumstances of the death, the type of death, and the nature and strength of the relationship. Every individual’s experiences of loss are unique.

Ariel describes death as a natural occurrence in life. He said that the time and nature of death, whether it was anticipated or unanticipated impacts bereaved grief experiences. Ariel's attitude was that "...death should not be a punishment... I don't think there was much pain except that I was not ready for her to be in a prolong comma and pain... What is life if such a good person should go through suffering and death?" Malia's reaction was denial, resistance and disbelief to the time and nature of her daughter's death. Her loss was unanticipated and unexpected. She said,

I wanted to go to Lagos [her residence] on Monday. I didn't know that she is gone. She didn't prepare for it, neither did I. She was sick and we were all expecting it will get better until I was told she is in oxygen. She is my daughter, the closest we talked about family problem. ...She is a care free person... Not long the priest came to me.

Malia believed loss and grief depends on the type of death and nature of the relationship. She believed that death can come as a relief. She said, "...there is a day that I felt the pain the grief. I was in a very bad mood. The daughter wedded recently. They thought I will come but I didn't. I did not feel like going, they will be reminding me of the loss. Though all want me to go... There are occasions that activate the pain though not with the same intensity."

Malia's loss of her daughter whom she expected to live until old age was different from Ezra's loss of his mother who was 114 years old. Ezra's reaction to the major theme of time and nature of death was to the unexpected news and his response when he got the explanation of his mother's death. Ezra said, "She passed peacefully. ...I would have wanted to see her alive." He reported his brother said "there is no need for crying. At her age they anticipated her death. It is painful when death comes unprepared, when the person is not matured, and had a lot of dependants to care for." He believed reactions are different when loss is unanticipated, when

people die at a young age without accomplishing all that is expected of them in life. Ogeh's reaction to her unexpected loss and the circumstances surrounding the loss of both of her parents was,

Some deaths are natural. Some are not painful, though the people are missed. It is a blow to me. I was grieving for one and the other occurred. It seemed like in a movie and unreal... It was shocking to me. The most painful is mother. ...She suffered a lot... But, for my father there was a lot of caring. ...My mother is different. She is always with pain from cancer. ...had she lived her normal life that will be different.

Usown's reaction to the time and nature of the loss of his relationship with his step-sister showed the challenges that accompany unexpected death. He said, "It is more painful when people die young, but not much with people who die at old age. I was worried about the children, how they will be cared for. ...It may be difficult because of the relationship, but with time it goes away when the needs are met, when the substitutes are available."

Religious rites and rituals.

Timeframe of rites and rituals.

A document source used in the present study was the *Order of Christian Funerals (OCF, 1998)*, the documented procedures for Catholic burial and funeral rites, with provisions for adaptation and accommodation according to local diocesan customs. An additional source was the local church document, *SYNOD ACTA*, (2006). The overall framework for the burial and funeral rites as prescribed in the *OCF* and described by participants were the following: (a) time for vigil and related rites and prayers at the home of the deceased, (b) time for transfer of the body to the church for a funeral mass and the rites of final commendation, and (c) time for the committal rites at the grave site. Six participants; Ariel, Anna, Malia, Ogeh, Eunice and Lycia

provided descriptors of how the role of religious rites and rituals assisted with their readjustment to reality, confrontation and expression of pain, use of coping strategies and practice of ritual symbols.

In the first phase of the timeframe, participants' descriptions of their initial phase of their loss of loved ones revealed that their loss was accompanied by lots of planning and activities spreading the news and making arrangements for the religious rites and rituals. Participants contacted the priest and local community leaders for the funeral date and to clear any obstruction that could delay the burial, such as unpaid dues and debts by the deceased or any of the bereaved family members. Chijioke (personal communication, September, 21, 2012), a native of the community, remarked that the family home at this point is usually overflowing with people. He stated, "...there is mixed feelings of grief for the loss and joy of family and friends around." The day before the burial and funeral rites and rituals, the body is brought from the mortuary in a procession to the compound of the family. At the first stop, either at the family home or at the church, a multiple gun salute is sounded to welcome the people and the deceased, marking the beginning of the celebration. The grave is prepared at the family home, referred to in Africa as the compound. Burying in a public cemetery is not a common practice in Eastern Nigeria. However, in exceptional cases, a loved one can be buried outside the family compound. Participants described that at this time in the presence of the deceased body, they were able to confront the reality of death, express their loss and separation from the deceased and initiate the process of readjustment. At this point in the process, the deceased body lies in state in the family parlor or other designated place within the family home for community members to view. The reception at the family compound is linked with prayer by the priest, catechist or a recognized church leader followed by a vigil.

The body of the deceased is an important and dominant symbol at the burial and funeral service. As described in the *OCF*, the vigil for the deceased is normally at the beginning of the funeral rites, where the community gathers for prayers and condolences. The duration of the vigil is usually between two to three hours and the remaining time till dawn is spent with the bereaved family and community, in social sharing, prayers, reflections, and words of remembrance about the deceased person as well as music, singing, dancing and entertainment. Participants reported that at this time in the framework there is a gradual shift from a focus on the deceased and the bereaved family to a focus on the celebration and entertainment.

The second part of the timeframe described in the *OCF* is the funeral mass, the central part of a Catholic funeral, which includes rites of the reception of the body; celebration of the liturgy of the word; homily, intercession prayer, prayer of consecration, reception of communion and the final commendation and committal rites. The funeral mass is on the burial day and is held either at the church or at the home, with the body of the deceased present. An offertory collection is typical and participants reported that they walked up to the altar and placed their gifts, which was accompanied with singing and music. As written in the *OCF*, music helps the community to express convictions and feelings that words alone may not convey. The mass continues until the rites of final commendation.

During the third portion of the timeframe at the grave site, the deceased body is incensed again at the rites of commendation and committal, which concludes the funeral and burial rites and rituals. The rites for final commendation assist the community in expressing the honor they hold for their deceased family and community member before the body is buried. All participants described the impact that the viewing of the body, prayers, and words of comfort from the priest and community had on the participants. For example, Malia said “I was surprise

especially when I saw her lying in state. I cried. Before then it was difficult to accept.” Similarly, Anna said that “the bereaved takes consolation from peoples’ talk....” Chijioke (personal communication, September 21, 2012) commented that “...religious rites and rituals help to calm the bereaved... and to have hope.” Chijioke noted that hymns are selected to express the thoughts and feelings of the participants. Participants hoped that there is an extra-terrestrial world, a life-after, a resting place and that their prayers helped to acknowledge their loss and to know that death is not the end of life.

Participants’ descriptions of rites and rituals.

The role of rites and rituals was repeated in several ways in the themes of all 10 participants. For example, Lycia reacted to a theme of traditional practices of dominant ritual symbols with private and public prayer, vigil, wake-keeping, and social sharing. She said,

It was the members of the Christian Women Organizations rather than the Umuada Women Group – married daughters of the family that handled the ritual in my case. However, they used a razor blade instead of a scissors or clipper for shaving my hair. It was painful and bleeding, to the extent that it was difficult to pull out the white scarf on my head because the blood have attach the scarf to my skull. They have to put some water to soak it before pulling it out, it was a painful experience... I was asked not to eat from the public meal. I got my own pot and cook separately. Eating from the general food from the funeral will make the spirit of the late husband to be coming back. It is for the same belief that the hair was shaved to finally terminate the relationship.

Lycia also described the role of ritual strategies, bible vigil, sharing the word and preaching as follows, “...in the homily the priest said to me ...you will not cry yourself to stupor... like a Christian, stand firm because the road is not easy.” Lycia described other rituals she participated

in. “I didn’t know where to start. I went straight to the church and prayed before the Blessed Sacrament. I said God, I know you are. All I ask is for you to give me the strength ...The priest prayed and sprinkled holy water around me.”

Ariel’s readjustment to his reality showed his preoccupation with preparations for the befitting burial and funeral rites and rituals. He stated, “Getting everything ready helped to give her [mother] a benefiting burial and funeral as required by tradition and her wish. The shock is not only for her death, but getting things ready.” Ariel said, “I joined in the planning. I made sure that things are done to the taste of her expectation, that the people are accommodated and well provided for.” Malia continued to reinforce the enabling environment provided by the rituals by confronting and accommodating her loss and grief. She said, “I look up to God. If God didn’t allow, it will not happen. But when I meditated, I said may be God has a purpose.”

Ezra described the rites and ritual strategies he experienced. “What I did was to book mass for her immediately. I booked novena mass... During her burial, my parishioners came. The priest and knights, ladies... all came. ...I was the first knight and the burial and funeral rites were the first with all Christians’ denominations attending.” Ezra also said, “...stories and sharing about her during the funeral, the words from the preacher about my mother, her life and the importance of living exemplary life were encouraging...” Ogeh’s ritual coping strategies were described,

...as a Christian, the Bible said it is ok ...about the burial and funeral rites. The burial and funeral are just rituals to let them go on. The rest is to show that they accomplished their responsibility. I prepared according to the church rites and the tradition of the people. From the time of death, I informed the priest, took the body to the mortuary. Then calling people and got informing about what to do.

Eunice described the role of the ritual strategies when she declared that, "...The choir volunteered. Zonal members were present, mainly the women. The men were not many, but some were there. I went to mortuary to help bring him [brother] back. I did the reading at church. The parish priest and the people all tried. They came for the burial and funeral." Eunice also reported, "I pray about it till he died. I will encourage anyone who is grieving to pray... My prayer partners helped me. I have a prayer partner who came and who joined me in prayer. He said that his people will testify on his behalf and it happened." Another sober experience for Eunice was at the family home when family and friends came together before going to the mortuary to bring back her brother's remains. Eunice described how many volunteers wanted to go, but few were elected because strong people were needed to help lift the body and that there was a 12 to 20 gun salute to welcome the remains followed by a short reception.

Anna's theme included descriptions of how the religious coping strategies impacted her ability to confront and express her emotional pain. She said that "the readings, and the celebrations help to get over the grief, the preacher did well. The rain disrupted the homily....but it helps me to give him a befitting burial. The consolation is to help people understand the situation and the change. The situation will improve with time and pray." Obi described the role that rites and rituals played in impacting the loss of his wife and his grieving experiences. "The church helps in controlling people by organizing zones, helps to settle family conflict and assist people in need." Usown described the role of religion when he stated,

The church helped with the mass. The church members did not help much. We have *Umunakwa* problem. They ostracize us. We organized ourselves and continue to function as we should... There is no need for too much planning and entertainment. Let

the societies pray and let the gift be presented. It is easy and helpful to bury people as quick as possible as it was in the past rather than the long waiting.

Usown also believed that the “absence of burial and funeral brings some disturbance to the family... The burial and funeral rites and ritual did not help; ... just a tradition. According to the belief, without the burial and funeral rites, the dead will be visiting the living. Okon reported that the religious strategies of “wake-keeping, the attendant was great...The vigil took place here [urban town] and in my home [village], there were three priests... did very well. My brother’s burial was great too.”

Family and community support.

The major theme, family and community support, was described by nine (all except Malia) of the participants’ themes as distractions and reclaiming a sense of control from the loss. The community support described by Lycia was that the priests and church people from the congregation were very helpful and encouraging to her in the preparation of her husband’s funeral. According to her, there were many priests, parishioners and members of the community that were present and involved. Ariel believed family and community support provides distractions and better alternatives to negative thoughts and feelings and engenders positive and constructive thinking. Ariel said,

I was happy that what she expected of us were all done.... Like using the white coffin, use the *APPAMA* group. Invite the priests and nuns. She will be happy that the bishops were present in both wake and burial day. All were involved and contributed helpfully... though the loss was irreversible.

Ezra recalled that the support he received from people in the zones was good. He said that everyone took an active part and helped. “During her burial, my parishioners at home came.

The priest, the ladies and knights..., all came. The people at home were happy to see others from *Enugu* [an urban town]. I was the first knight and to see the ecumenical spirit.” For Ogeh, the social and family support reinforced the challenges of dealing with the consequences of loss caused by death and the need for support after the internment and funeral service. Ogeh described the emptiness she felt after the burial. “It is like I was dead myself. But, with the help of the family, I started to get back with life. The church did not help personally. They only attended the burial and funeral services. The family and extended family were more helpful.” She remarked that many of those who attended came for their own entertainment, not to console and comfort the bereaved. The social sharing and community support also provided the changes that occurred in Eunice’s feelings, thoughts and actions. She recalled,

I did not want to get too involved. I was still scared... I was encouraged by the *Ezuneri* [a village] people from my husband’s place. ... The *Umunakwa* [a village] kindred spoke in his favor, about his honesty. His body was allowed to pass through the village hall [recognition given by the extended families that make up the village], which I cherished. I like the gesture it was consoling for me.

For social sharing and community support, Anna said that it “was great The church people came and they participated. The people who came were happy and well entertained. The next day I have to go to put on the *mourning cloth*, (i.e. a uniform used by all the bereaved family members to begin the mourning process which is the external expression of grief by the bereaved family). I felt the pain. ...The people also helped by talking and consoling us. I received some calls too. ...”

Obi believed that the priest and parishioners should “...help people, especially the sick, getting them to hospital for treatment, helping the people to receive the sacraments.” A similar

view regarding the church authorities was presented by Usown. He said, "...the church helped with the mass, the church members did not help much." Okon said that the ongoing social and community support should focus on the need for continuous visitation for the sick and the bereaved individuals. "The church should continue to visit. The different society in the church came and even while she [wife] was sick the priest came few times to pray and to say mass."

Family frictions.

The major theme, family frictions, was described within themes by three participants; Lycia, Malia, and Anna. Lycia experienced family and social conflict when she described her "...struggle for my husband's things, but by the grace of God we conquered them. By the time my husband's people came, they were not happy. They were questioning everybody. But, I was ready. I told them that my son is man enough to handle his father's funeral. All we need is the permission; the Catholic and the Anglican were ready." The family conflict intensified Malia's emotional pain. She said,

The extended family was disunited and everyone is on his or her own. They did not come to the funeral as a result...the people are saying that she [her daughter] was killed by the people [husband's family]. The mother in-law threatened before my daughter's death that she will take some negative steps... The husband's mother is the one suspected.

My son-in-law said that someone is responsible.... My son in-law suspected the brothers.

In the case of Malia, the conflict came from the rivalry among the brothers and the disagreement and suspicion between the mother-in-law and Malia's daughter. The family was disunited and experienced a major source of stress. Family conflicts were described by Anna. "The wife was not helpful. She did not care for him. She attends *Odozi obodo* Church. She reported that she is still involved in that church with all their stories and mythical beliefs;

however, nothing is clear, all the family withdrew from her. The family is divided because of her beliefs. I quarreled with her because she didn't really care for my brother."

Belief system.

The major theme; belief system, appeared in four of the bereaved participants' (Lycia, Malia, Obi, Okon) themes and descriptions of their experiences. Lycia's belief system, expressed in her religiosity was described as providing some structure. She said, "I didn't know where to start. ...you know forever, you will not be seeing him, you will be left alone abandoned by friends, brother, ...when the man is alive everybody is around but once he is gone you are all alone... I cry when I kneel down I will say God you are the only one I can trust." According to Malia, "I know God has a purpose for taking her. I didn't know she will die before me. But I look up to God. If God didn't allow, it will not happen. ...I will say that God is the one who knows." Obi's belief system was similar to Malia when he described his value of patience and trust in God. He said, "There is nothing as important as patience and trust in God. Trusting self is not all perfect. Doing what is pleasing to people and letting go of some things is better. Life is short, but it is longer when you check yourself. You check things." Okon believed in the continuous presence of his wife. He said, "She said that she had suffered and that I have suffered. It is better for her to go."

Positive memories.

The major theme; positive memories, appeared in four of the bereaved participants' (Ariel, Ogeh, Eunice, Obi) descriptions of their experiences. Ariel reported on his positive memories of his mother by the good examples his mother showed as Ariel's source of consolation. According to him, "many people bear witnesses to her good life. The Lord had been good to her as she said... I keeping this in mind ...what they said gave me some

encouragement.” Ogeh described her positive memories as, “My father was a peaceful person. He is a man of good merit. What they said about him was encouraging.” Ogeh commented, “My father, want people to be around.... He is a man of good merit. ...The former parish priest wrote his own comments about him. He said that he was a cheerful person and keeps to himself. He kept his family together. He was friendly to the family. He stayed with my mother. The two were calm and unassuming... I took consolation from the positive memories.”

The positive memories and the word shared was what Eunice said as, “What I remember most that helped me was the word shared by the preacher or pastor. The preacher said that ...he is burying the truth today, but the truth will rise. That my brother is a good person. He stood for the truth. He was willing to pay the prize for the truth. I am proud of him. I took courage from the words, the testimonies, what people shared about his live and commitment.” For positive memories, Obi said that “What is important is how the person lived their earthly life. The good examples they left behind.”

Finding meaning.

The major theme, finding meaning, appeared in three of the bereaved participants’ (Ariel, Malia, Ogeh) themes and descriptions of their experiences. For Ariel’s cognitive reaction and keeping the loved one alive, he commented, “She [mother] guilds the weak and focus more on helping... She lived a good life and I was consoled that God will keep her safe because of the way she lived her life. Many people bear witnesses to her good life.”

The accommodation through consolations and comparison showed how Malia accepted and adapted to her loss through social sharing and comparison with other bereaved individuals’ descriptions of their experiences. Malia said, “Though, I know we are all unique. But ...all I do

is to take consolation from comparison and to say God works in His own way and when you look around, you will see who you are better than.” Malia commented,

I am encouraged by my friend who loss her husband. She never cried, but the concern is whether she had stopped grieving. She has five children, lived with her husband for 23 years. The husband was sick for 20 years... They lived three years before all the illness started and for the rest of the time they moved from one hospital to another till he died. But, she kept praying till God said it was enough. Her husband was a quiet man. He came from a family of 14 but he was the only one left till he died at the age of 55.

Ogeh said, “I said that they have done their own part let me see if I can do my own part. I will encourage people to accept death as a reality of life. Take consolation from one another.”

Financial stressors.

The major theme, financial stressors, appeared frequently in six of the bereaved individuals’ (Ariel, Eunice, Anna, Obi, Usown, Okon) descriptions of their experiences. Interview data from participants and reports from documents, which included Bishop Okeke’s (2006) *Post-Synodal Pastoral Exhortation* showed that the high cost of burial and funeral rites and rituals demands serious attention to check any unnecessary and exaggerated cost which places additional burden on the bereaved individuals and families. Ossai and Anoruo (2012) investigation reported in the Saturday Tribunal on May 5th that burial ceremonies among the Igbo people of Nigeria-Africa are usually a very colorful and communal fanfare. The average 6x4 casket costs about 70,000 Naira (\$500). The morgue charges a minimum of 10,000 Naira (\$100 with certificate of death) for two weeks before the additional charges. The families are expected to make arrangements for food and drinks, traditional dance as well as a live musical band to entertain the guests, depending on the financial strength of the family. In some cases

these costs are beyond the reach of average families. Ngo (personal communication, September 24, 2012), a religious Catholic who lost her mother four years ago, noted that additional expenses of the families comes from paying the debts owed to the community and church by the deceased and members of the extended family. Ngo reported that families usually have to borrow money or sell properties, especially land to pay all of the expenses.

For financial burden, Ariel drew attention to the cost of entertainment during the burial and funeral and the expectations and demands that are expected for an elaborate celebration. Ariel stated, “What I don’t like is the attitude of people to the celebration; the excessive food and drink. The traditional aspect of it. They should cut down expenses, or extravagant spending; people don’t have to be in debt after the loss and funeral celebration. People will die and people will be buried; however, the bereaved cannot mortgage themselves for the dead.”

For financial stressors, Eunice said, “The cost was high. The entertainment is expensive. I will like the community to take out the drinking and the feeding. It puts a lot of financial burden on the bereaved.” Anna referenced the financial stressors when she stated that “Everybody contributed financially to help ...It took a lot financially, the family helped.” But when, “the family cannot afford the cost. There will be need to cut down the cost.” Obi agreed that the “cost of funeral is not from the religious ritual. It is from people. What is required in the ritual is internment, prayer and mass, which is not costly. ...Stop the elaborate entertainment. There is no rule about it. It is the people that are doing it. I don’t want anybody to give me anything at funerals.” For the financial burden on the bereaved, Usown further explained that,

The planning and the cost was much, paying for her debt and her relatives. Also, planning for the entertainment is a burden to the bereaved. The time and money spent is a lot of burden for the bereaved. I prefer burying the dead as soon possible, within 24

hours. All the celebrations and entertainment should be eliminated to help the bereaved reduced the cost and stress. There is no need to borrow for burial and funeral rituals.

Since all must die, let all take consolation from the fact...

Reducing the financial burden was also agreed by Okon. "I hope something needed to be done to cut down; not to keeping the body for too long, reduce entertainment, and other unnecessary expenses... give and take in human relationship, no exploitation ...peace and love."

Ongoing traumatization.

The major theme; ongoing traumatization, appeared in two of the bereaved participants' (Lycia, Malia) themes and descriptions of their experiences. The experience of ongoing traumatization was reflected by Lycia when she stated, "I thought it will soon pass but it was difficult.Every day something came up. After that I went home and we continue another round of crying." Ongoing traumatization for Malia was reflected when she said,

There is never a time I will overcome it. But, I try to forget. My heart beat when I remember that. But, I cannot forget. I tried. It helps to talk to the children, and make jokes with them. There is a day that I felt the pain the grief. I was in a very bad mood. My granddaughter wedded recently. I didn't feel like going because they will be reminding me of the loss. Though all want me to go; however, it went well. I am close to them. They took me as their mother. ...I do not think I will recover completely. ...things come up and I remembered, events, anniversaries, the children and friends, in such occasions I feel the loss."

Counseling.

The major theme, counseling, appeared frequently in seven of the bereaved (Lycia, Ariel, Malia, Ezra, Ogeh, Anna, Usown) themes and descriptions of their experiences. Although Lycia

did not seek the help of a professional counselor apart from the care she received from the parish ministers, she supported counseling by her comment of, “Yes, I will recommend counseling for people who grieve. It helps me when I am confused. I sometimes talk to the priest. The priest will see it in another way, in a spiritual way.” However, Ariel felt, “After the ritual there was no need for further counseling because [his mother] “...prepared our minds for it. I anticipated and it made the difference... I prepared and was ready.”

Malia recommended, “...counseling for people who grieve. It helps...many people talk with me, pray, gave me example of worst cases.” She suggested that since professional counselors are not readily available, talking with people who care may suffice. According to Malia, “Many people talked to me. Some gave ... gave me example of worst cases.” For care and counseling intervention, Ezra said, “there may be need for continuous visitation and support. The parish priest and people need to visit and to console the bereaved individuals and family.”

Ogeh responded to the idea of counseling by saying,

I have nothing else to say about counseling. I have not attended but I know about it. I counsel myself, to hold on and with... It may be right or wrong. But, I am going on with it. ... I know that I need help...person going through this experience needs help...Talking with others and having someone to listen is important. It is not enough abandon the bereaved after the burial and funeral or to live it to time.... It will be very helpful to pay adequate attention to the bereaved.

Anna recognized the need for counseling. “The bereaved are often deep in thought so it is good to be available to them, to talk to them, to help them get over the challenge. So it is good to help to reduce the tension and family conflicts that often emerge.”

Table 2

Participants' 11 Major Themes

Major Themes	Theme Total	Lycia (7)	Ariel (8)	Malia (8)	Ezra (5)	Ogeh (7)	Eunice (5)	Anna (6)	Obi (6)	Usown (6)	Okon (5)
1. Loss of relationship	10	X	X	X	X	X	X	X	X	X	X
2. Time and nature of death	5		X	X	X	X				X	
3. Religious rites and rituals	10	X	X	X	X	X	X	X	X	X	X
4. Family and community support	9	X	X		X	X	X	X	X	X	X
5. Family frictions	3	X		X				X			
6. Belief System	4	X		X					X		X
7. Positive memories	4		X			X	X		X		
8. Finding meaning	3		X	X		X					
9. Financial stressors	6		X				X	X	X	X	X
10. Ongoing traumatization	2	X		X							
11. Counseling	7	X	X	X	X	X		X		X	

Interpretations of the Research Questions Using the Major Themes

Eleven major themes were developed to address the research questions in my study. The main research question was: How do bereaved individuals perceive their grief experiences within the context of Catholic burial and funeral rites? Three areas provided a framework for the 11 major themes; bereaved participants' grief experiences, bereaved participants' experiences of rites and rituals, and implications for counseling (see Figure 1).

Bereaved participants' grief experiences.

In the first area, two research questions were addressed; what are bereaved individuals' grief experiences and what are the factors that impact grief and mourning experiences of bereaved individuals? I called the first area bereaved participants' grief experiences, which included 7 of the 11 major themes; loss of relationship, family and community support, financial

stressors, time and nature of death, positive memories, belief system and family frictions. Loss of relationship was an overarching major theme that emerged from the responses of all 10 participants. Participants reported that their grief experiences were stressful events and associated with suffering. They acknowledged that the loss of their relationships with loved ones created new challenges in their identities, roles, and responsibilities. Participants described the impact of the loss as shock, disbelief, confusion, distress, anger, and aggression. One example was when Lycia reported that since her husband's death she has assumed a new status as a widow with additional roles and responsibilities to support herself and her family. Lycia described her experience as "...the world has ended... I didn't know where to start...."

Family and community support emerged as another strong major theme for nine participants. Families and communities came together and supported each other by assisting in planning for the burial and funeral services and celebrations. For instance, Ariel pointed out that the support from his family and community helped to reduce the stress he experienced during the planning and celebration for the burial and funeral, unlike in Malia's case, where the family was not supportive but argumentative. Malia acknowledged that the support received from the church community; priest, parishioners, and members of religious association were important. Lycia said that initially she was unwilling to accept the impending loss; she was in denial, but she gradually adjusted with the support and encouragement from others. Eunice reported that support and encouragement played a major role in helping her to reintegrate into her community. At first, she did not want to get too involved; she was withdrawn and scared but with encouragement and support from others, she gradually got involved. Similarly, Ezra recalled that the support he received from people in his small Christian families was encouraging.

Another strong major theme, financial stressors, impacted six participants. Burial and funeral services involved a lot of financial expenses for the preparation and commitment of the body and for the funeral celebration. Participants reported that providing funds for the preparations and entertainment for the burial and funeral were a significant source of stress. For example, Ariel noted that social expectations and demands for an elaborate celebration placed an additional financial burden on the bereaved individuals and families. Ariel said, “What I don’t like is the attitude of people to the celebration; the excessive food and drink.” Similarly, Eunice reported that among her concerns during the planning period was the “. . . cost of the burial. The cost was high. The entertainment was expensive.” She said, “I will like the community to take out the drinking and the feeding. It puts a lot of financial burden on the bereaved.” Anna’s experience was that the finances were a significant source of stress when “. . . the family cannot afford the cost, there will be need to cut down the cost.”

Time and nature of death was a strong major theme that impacted four bereaved participants’ grieving experiences. Bereaved participants’ and families’ acceptance of their loss were impacted by the timeliness of their loss and the circumstances surrounding their loss. Participants reported that they had a difficult time adjusting to their loss due to the moment in time of the death and the circumstances surrounding the death; such as age, cause of death, whether the loss was anticipated or unanticipated, and personal characteristics. For example, Ezra’s grief reaction was less intense, though he said that initially he was shocked because he did not anticipate his mother’s death at that time. He accepted the loss and was consoled by the explanation that his late mother passed away quietly and had lived the fullness of her life. In contrast, Malia’s loss of the relationship with her daughter was much more painful, sudden and difficult. Malia said that her loss was unanticipated and that she will never recover completely.

Malia's emotional reaction was more severe than Ezra, due to the time and nature of death. Ariel was relieved that his mother did not go through severe pain and suffering. Usown said that, "It is more painful when people die young, but not much with people who die at old age." Usown pointed out that at the time he lost his sister, his concern was for her children.

Positive memories was another major theme that affected four bereaved participants. Participants acknowledged that finding positive memories and interpretations of the events surrounding the loss of their relationships were important in their grieving process. For example, Obi said that "What is important is how the person lived their earthly life. The good examples they left behind." Positive memories of the life stories of the departed loved ones facilitated participants' feelings of confidence and motivation in adjustment to the new reality of their lives without their loved ones. Eunice said, "I took courage from the words, the testimonies, what people shared about his life and commitment." Ogeh recalled her positive image of her father from the comments made by people in the community. She said, "My father, want people to be around... He is a man of good merit. ...he was a cheerful person and keeps to himself....calm and unassuming... I took consolation from the positive memories." For Eunice, "What I remember most that helped me was... my brother is a good person. He stood for the truth. He was willing to pay the price for the truth. I am proud of him. I took courage from the words, the testimonies, what people shared about his life and commitment."

Belief system, another major theme reported by three of the participants was a significant part of their grief experiences. Bereaved participants' conscious and unconscious belief systems triggered their emotional reactions to their loss of their relationships. For example, Malia expected that she would be the first to die, so the death of her daughter was devastating for her. Her loss contradicted her paradigmatic assumptions and was a shattering

experience for Malia. In contrast, Ariel's belief system that "death should not be a punishment" was better assimilated regarding his mother's illness and resulting death. He was content that his mother did not go through a lot of pain and suffering in the dying process.

Family friction was the last major theme for three participants. Participants reported that dealing with family conflicts while seeking to adjust to their loss was stressful. For instance, Lycia said, "what did not help was the bad relations [family members], bad friends that made things worse, evil minded people. The struggle for my husband's things." For Malia, the family friction was a long standing rivalry among the brothers, the divisiveness of the mother-in-law and the suspicion about the cause of her daughter's death. The lack of clarity was additional burden to her grief and mourning experiences. Anna's intense distress came from her perception that her sister in-law did not care for her brother as she expected. She said, "All the family withdrew from her. The family is divided because of her beliefs. I disagreed with her because she didn't really care for my brother."

Bereaved participants' experiences of rites and rituals.

In the second area, two of the research questions were addressed; what is the role of Catholic funeral and burial rites and the importance of funeral and burial rites and rituals during bereaved individuals' grieving process? I called the second area bereaved participants' experiences of the rites and rituals, which included two major themes; religious rites and rituals and finding meaning. For all 10 participants, burial and funeral rites provided the context, structure and social network for bereaved participants to confront the reality of death, to stimulate grief expression and to initiate their transition through their grieving processes. Participants acknowledged that within the religious context multiple social avenues allowed them to share and express their feelings and thoughts symbolically. Participants reported that the

activities of Catholic funeral and burial rites; such as the wake-keeping, viewing of the body, homily and mass, and final commendation and committal were all avenues to channel their thoughts and feelings, manage their emotions, provide direction and closure, develop role reorganization, and catharsis. For example, Lycia said, “I didn’t know where to start. I went straight to the church and prayed ...” She said the rites and ritual activities helped her during her grief and mourning period to readjust to the challenges of her new situations.

For three participants, regarding the importance of Catholic rites and rituals, finding meaning was another major theme that influenced the bereaved individuals’ grieving process. Participants acknowledged that the context of the rites and rituals provided multiple explanations and meaning about death and the related grief and loss that affected their feelings, thoughts and behaviors. Their spiritual and religious experiences coupled with the devotional and educational value in the rites and rituals enabled the bereaved to dedicate time and effort to confront the reality of their loss and find meaning in their loss. For instance, Ogeh accepted and adapted to the unexpected loss and the circumstances surrounding the loss of both parents by connecting and understanding her loss through a broader Christian framework and explanation of death and life. She said, “They [parents] have done their own part, let me see if I can do my own part. I will encourage people to accept death as a reality of life.” According to Malia, “...all I do is to take consolation ... when you look around, you will see who you are better than.” And, for Ariel, he believed his mother lived a good life so he was consoled that “God will keep her safe because of the way she lived her life. Many people bear witnesses to her good life.”

Implications for counseling.

The third area which addressed the last research question; what are the implications for counseling, included five major themes: counseling, family and community support, financial

stressors, family frictions, and ongoing traumatization. The major theme of counseling was highlighted by seven participants. Participants described their grieving process as a time of rebuilding the broken human bond and reintegration into life. Participants reported that although support services such as condolence visits from individuals and designated community members brought some relief, additional counseling services to deal with the mental and physical health consequences were needed. Additionally, participants reported that there were no follow-up services for bereaved individuals and families at the end of the religious rites and rituals.

Participants acknowledged the need for counseling to address the bereaved individuals' and families' concerns that were often neglected within the rites and rituals celebration. Participants believed that counseling services could help bereaved individuals understand, develop an explanation, and give meaning to their loss. For example, Lycia recommended counseling for people who were grieving. Lycia said that the support provided by the priest, parishioners, and friends helped her during the transition period. She said, "I sometimes talk to the priest. The priest will see it in another way, in a spiritual way." Another example was when Malia said that, "Many people talked to me... gave me example of worst cases." According to Malia, sharing her thoughts and feelings was helpful. Similarly, Ezra said, "... there may be need for continuous visitation and support....the priest visits to encourage people... people need to visit and to console the bereaved individuals and family."

The second major theme of family and community support was reflected by nine participants. Participants recognized that the support provided by family and community in time of their grief and grieving process was very helpful, encouraging and comforting. For example, Ariel believed that family and community support provided better alternatives to negative thoughts and feelings and engenders positive and constructive thinking. Ogeh said that the

support she received from the family helped, in her words, “I started to get back with life.” Ogeh reported that “The church did not help personally. They only attended the burial and funeral. The family and extended family were more helpful.” Similarly, Usown said that “...the church helped with the mass, the church members did not help much.”

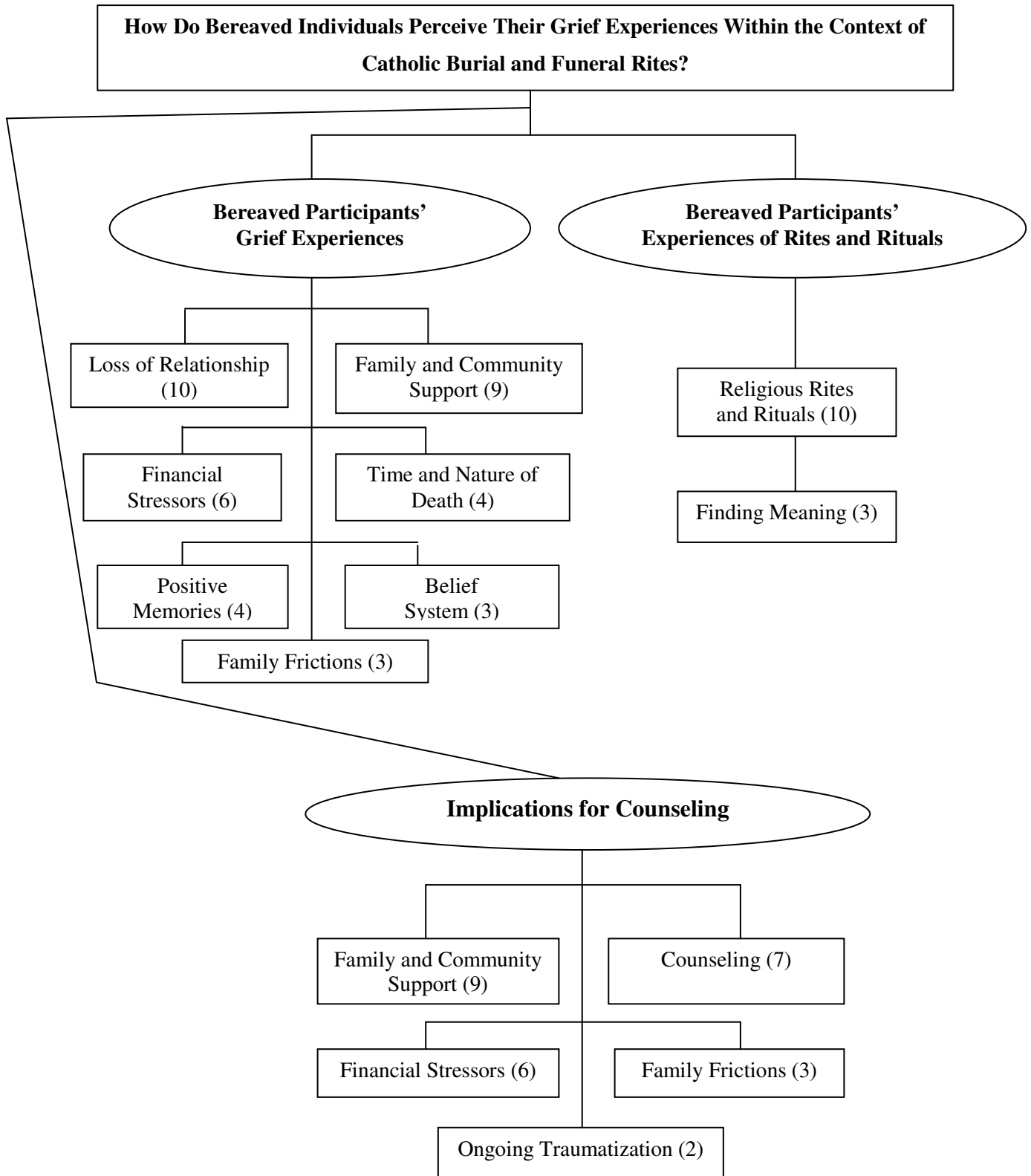
For the third major theme, financial stressors, six participants reported that stresses from raising the funds for the cost of the burial and funeral were real sources of stress and that the majority of bereaved participants and families may need counseling services to help manage the stressors and prevent additional financial burden that derailed the grief resolution process. Counselors could help bereaved participants to examine the presenting problem and could make referral.

The fourth major theme that may require the attention of counselors, raised by three participants, was family conflicts. Bereaved participants’ efforts to accommodate their loss of relationships are often made more stressful and complicated by family conflicts. Participants reported that burial and funeral services involved a lot of planning and exchange of ideas and services; about role reorganization and financial expenses. The additional burden of the bereaved individuals and families may require counseling. Anna remarked that counseling helped to reduce the family conflicts that often occur among grieving individuals and families.

The fifth major theme, ongoing traumatization, was reflected by two participants, who may require the attention of the counselors. Participants acknowledged that the loss caused by death is irreversible and that there may never be complete recovery. The experience of loss and grief stretched participants beyond their normal capacity. Some bereaved participants expressed surprise that their feelings never stopped emerging whenever there was an activating event. In fact, for some of the participants, the interview triggered their painful loss and grief. Anna said

that she was “. . . often deep in thought so it is good [support services] to be available to them... to help them get over their challenges.”

Figure 1 Thematic Presentation of 11 Major Themes



Summary

In this chapter, I presented the findings of the bereaved individuals' perceptions of their loss and grief experiences within the context of religious rites and rituals. Participants' responses were reduced through the use of coding and categorization of themes. In all, 63 themes were derived from the analysis, which were reduced to 11 major themes through cross-analysis. Participants reported loss of relationship was a dominant preoccupation in their transition through the grieving process. The additional themes that impacted bereaved individuals' grieving experiences included; time and nature of death, religious rites and rituals, family and community support, family frictions, financial stressors, positive memories, belief system, finding meaning, ongoing traumatization, and counseling. Three areas provided a framework for the 11 major themes; bereaved participants' grief experiences, bereaved participants' experiences of rites and rituals, and implications for counseling.

Chapter V

Discussion

In the current chapter, I summarize and discuss the findings in relation to the relevant literature. Additionally, I provide suggestions for future research. I also discuss the limitations of the study and draw conclusions.

Summary of Findings

The focus of this study was to learn from bereaved individuals their perspectives about loss and grief; specifically, the factors that impacted their experiences. A phenomenological approach was used to explore 10 bereaved individuals' experiences of loss and grief within the context of Catholic rites and rituals. The 10 participants were selected using purposeful and convenience sampling. All participants were from urban and rural church parishes in Nigeria, Africa; practicing Catholics; ages 21 and older; and participated in Catholic burial and funeral rites and rituals as a result of the death and loss of an individual.

Using a cross-analysis approach, I identified 63 themes, which I reduced to 11 major themes: (1) loss of relationship; (2) time and nature of death, (3) religious rites and rituals, (4) family and community support, (5) family frictions, (6) belief system, (7) positive memories, (8) finding meaning, (9) financial stressors, (10) ongoing traumatization, and (11) counseling. To depict a framework for the 11 major themes, I used three areas: a) bereaved participants' grief experiences, b) bereaved participants' experiences of rites and rituals, and c) implications for counseling. I used the three areas as a focus to answer the five research questions. The first and second research questions regarding bereaved participants' grief experiences were reflected in 7 of the 11 major themes: loss of relationship, family and community support, financial stressors, time and nature of death, positive memories, belief system and family frictions. The third and

fourth research questions regarding participants' experiences within the context of Catholic rites and rituals were reflected in 2 of the 11 major themes: religious rites and rituals and finding meaning. The fifth research question regarding implications for counseling was reflected in 5 of the 11 major themes: family and community support, counseling, financial stressors, family frictions, and ongoing traumatization. Three of the 11 major themes (i.e. family and community support, financial stressors, and family frictions) overlapped across two of the three areas (i.e. bereaved participants' grief experiences and implications for counselling; see Figure 2).

Discussion of Findings

Bereaved participants' grief experiences.

Bereaved participants' varied experiences were based on the perceptions of the quality and functions of the loss of their relationships and the situations surrounding their losses; family and community support, financial stressors, time and nature of death, positive memories, belief system and family frictions. Participants pointed out that the loss of a significant relationship was a disruptive experience with physical, psychological and spiritual components, which supported Stroebe et al.'s (2007) definition of grief as an emotional reaction to the loss of a relationship through death incorporating diverse psychological (cognitive, social-behavioral) and physical (physiological-somatic) components.

The loss of participants' relationships and the consequences that occurred as a result of their loss created new challenges in participants' identities, roles, and responsibilities. For example, Lycia said that the loss of her relationship created new challenges as a widow, with additional roles and responsibilities to support herself and her family. Ariel reported that because of his mother's death he moved to live with his father, assuming additional roles and responsibilities to care for his father. Eunice said that the loss of her brother has taken a lot from

her peace and security. The findings of this study concurred with Bowlby's (1980) theoretical idea that grief is a reaction to separation and is rooted in human affectionate bonding followed by long interactions and reciprocal relationships. Bowlby's (1980) attachment theory points to the link between the need that is met in human relationships and the grief reactions that follow the loss of relationships. Bowlby (1980) and Parkes (1996) suggested that grieving is a process, a sequence of reactions to a loss of an attachment figure and the consequences that occur.

Support generated in a time of loss and grief helped the bereaved individuals and families in this study to confront and accommodate the reality of their loss and grief and readjustment. Participants' experiences consisted of the consequences they also experienced as a result of the loss of their relationships. In this study, participants acknowledged that the support received in planning for the burial and funeral services and celebrations helped to relieve their distress and provided assistance. For example, Lycia relied on her support to deal with her loss which she said was sudden, devastating and overwhelming. Usown's initial reaction was shock and disbelief. He said that the support he received helped him to transform his situation. The findings of this study concurred with several authors' view of the role of support in the process of confronting and adjusting to the impact of loss and grief (Ano & Vasconcelles, 2005; Archer, 2008; Bonanno, Boerner & Wortman, 2005; Hays & Hendrix, 2008; Koenigh, McCullough, & Larson, 2001; Parkes, 1996; Rando, 1988; Raphael, 1984; Stroebe et al., 2007; Stroebe et al., 2008; Zisook, Schuchter, & Schuckit, 1985). In this study, grief experiences impacted not only the bereaved individuals but their families, friends, and communities who were connected in the network of their relationships. Turner (1967) suggested that an individual's loss is the loss of others in the human network. According to Stroebe et al., (2008) support received from family and community helps to reestablish order and continuity for bereaved individuals. In a

functional family context, grieving experiences can be a process whereby bereaved individuals' well-being, self-capacity, and resources are strengthened; psychological needs are balanced, and schemas are adjusted through family social, cultural, and religious constructed interventions. The individual's and families' functions can be enhanced (Stroebe et al., 2008).

Financial stressors were a major factor that impacted participants' loss and grief experiences. Participants revealed that the cost of the burial and funeral services was a significant source of stress, especially when bereaved individuals and families could not afford the cost. Financial constraints caused by the planning and conducting the burial and funeral rites and rituals were an additional burden for bereaved individuals and families. For example, Eunice reported that among her concerns during the planning period was the "... cost of the burial." Anna's experience was that the finances were a significant source of stress when "...the family cannot afford the cost, there will be need to cut down the cost." For Ariel, social expectations and demands for an elaborate celebration created an additional financial burden. The literature confirmed that bereaved individuals and families are impacted by the stress emanating from planning and raising funds for the cost of burial and funeral services (Rando, 1988; Raphael, 1984; Stroebe et al., 2007; Stroebe et al., 2008). Stroebe et al., (2008) highlighted that, in addition to physical and psychological health consequences of bereavement, the concern for economic cost exists.

Bereaved participants' grief experiences were impacted by the time and nature of the death of their loved ones. Participants acknowledged that the time and the circumstances surrounding their loss impacted their grief and mourning experiences. For example, Usown said that, "It is more painful when people die young, but not much with people who die at old age." Usown pointed out that at the time he lost his sister, his concern was for her children. Ezra's

grief reaction was less intense than other participants, although he said that initially he was shocked because he did not anticipate his mother's death at that time; his reaction was less intense because of her age. In contrast, Malia's loss of the relationship with her daughter was described as much more painful, sudden and difficult. Malia said that her loss was unanticipated and that she will never recover completely. Ariel was relieved that his mother did not go through severe pain and suffering. The findings of this study concurred with Rando's (1988) idea that grief experiences can be impacted by the overall acceptability of the loss based on certain markers such as age, cause of death, whether the loss was anticipated or unanticipated and personal characteristics. According to the literature, loss and grief experiences vary for each bereaved individual according to different influencing factors such as the time and nature of death (Helsing & Szklo, 1981, as cited in Archer 1999; Parkes, Benjamin, & Fitzgerald, 1969; Rando, 1988; Stroebe et al., 2008; Young, Benjamin, & Wallis, 1963).

Positive memories of life stories of the departed loved ones can motivate bereaved individuals and facilitate adjustment to the new reality of their lives without their loved ones. In this study, participants' reports revealed that positive memories and interpretations of events surrounding the loss of their relationships and consequences of their loss influenced participants' grief and grieving process. For example, Ogeh recalled a positive memory of her father from the comments made by people in the community. She said, "My father, want people to be around... He is a man of good merit. ...he was a cheerful person..." For Eunice, positive testimonies about her brother's life history helped her grief experiences. Eunice said, "I took courage from the words, the testimonies, what people shared about his life and commitment." The literature indicated that positive memories can help sustain renewed interest and motivate an individual to reengage in efforts to confront and adjust the ongoing stressors (Bonanno & Kaltman 1999;

Stroebe et al., 2008). The main focus in grief and the grieving process is on the cognitive processes of confronting the reality of loss, the events surrounding the loss, the memories of the loss and the finding of meaning to accommodate the loss and consequences (Archer, 2008; Dillenburger & Keenan, 2005; Gill & Neimeyer, 2006; Stroebe et al., 2008). Freud (1967) suggested that the grieving process is to detach the memories and expectations of the survivors from the lost loved ones.

Bereaved participants' conscious and unconscious belief systems triggered their emotional reactions to their loss of their relationships and influenced their choice of coping resources. Participants' reports revealed that their belief systems could facilitate acceptance and adaptation to loss and grief. For example, Malia said in the death of her daughter, "I didn't know she will die before me..." Malia expected that she would be the first to die, so the death of her daughter was devastating for her. Her loss contradicted her paradigmatic assumptions and was a shattering experience for her. In contrast, Ariel's believed that "death should not be a punishment." He was content that his mother did not go through a lot of pain and suffering during the dying process. The findings of this study were consistent with bereavement literature in that bereaved individuals' internal representations and perceptions about attachment figures and the consequences of the loss of relationships impacted their grief and grieving experiences (Archer, 1999; Lindemann, 1944; McNamara, 2001; Rando, 1988; Raphael, 1984; Stroebe et al., 2008). Grief is deeply rooted in bereaved individuals' perceptions of the quality and function of the loss of their relationships and consequences that occur.

Participants acknowledged that dealing with family conflicts while seeking to adjust to their loss constituted an additional burden and hindrance to their grief and grieving process. For example, Lycia reported, "what did not help were the bad relations [family members], bad

friends that made things worse, evil minded people.” For Malia, the family friction which included a lack of support, divisiveness, and suspicions about the cause of her daughter’s death, were additional sources of distress. Anna’s intense distress came from her perception that “All the ... family is divided because of her [sister-in-law] beliefs. I disagreed with her because she didn’t really care for my brother.” The literature indicated that a degree of conflict is tolerable for families to remain functional and can be a vital resource for growth. By contrast, when family conflicts become destructive and chaotic members resist sharing and planning the capacity to offer and receive support is inhibited (Archer, 2008; Dillenburg & Keenan, 2005; Gill & Neimeyer, 2006; Stroebe et al., (2008). Stroebe et al. (2008) explained that “grief that is shared can begin to be healed, and the family is the most natural and generally available social group to permit this sharing” (p. 506).

Bereaved participants’ experiences of rites and rituals.

Bereaved participants experiences within the context of Catholic religious rites and rituals highlighted two major themes: religious rites and rituals, and finding meaning. Participants’ reports revealed that the context of burial and funeral rites and rituals provided structure and a social network to manage their emotions, and to initiate closure and role reorganization. Multiple activities allowed participants to channel their thoughts and feelings, to confront the reality of death, and to initiate the grieving process. For example, Lycia said, “I didn’t know where to start. I went straight to the church and prayed ...” Another example was when Malia said “... I was surprise especially when I saw her lying in state. I cried. Before then it was difficult to accept.” Similarly, Eunice reported that the role of different groups helped her. She said that “...the choir volunteered..., the zoned members where present...” The literature suggested that rites and rituals facilitate social sharing, support network and transformation

(Boadt, Dombeck & Rutherford, 1987; Buttum, 2007; Freud, 1967; Gorman & Southard, 1999; Rando, 1988; Raphael, 1984).

Several authors emphasized that the grieving process within the context of rites and rituals involved an active process of confronting the reality of loss and the internalized memories associated with an individual's thoughts and feelings (Bell, 1992; Bottum, 2007; Boadt, Dombeck & Rutherford, 1987; Buttum, 2007; Freud, 1967; Rando, 1988). In this study, opportunities were available for expression of grief, death education, interpretation and explanation of the loss. The literature indicated that rites and rituals include a religious and philosophical perspective that influences bereaved individuals' understanding of their loss (Boadt, Dombeck, and Rutherford, 1988; Raphael, 1984; Rando, 1988). The findings of this study are consistent with the literature that suggests that rites and rituals have the potential to inaugurate a gradual process of growth and transformation (Bell, 1992; Bottum, 2007; Freud, 1967; Rando, 1988; Rutherford & Carr, 1990; van Gennep, 1960).

Participants revealed that within the context of burial and funeral services multiple explanations and meaning about death impacted their feelings, thoughts and behaviors. Participants attributed meaning to their existential crisis of the loss of their relationships, which began their process of relabeling, reinterpretation, and transforming of the crisis situation. For example, Malia said, "I know we are all unique. But ...all I do is to take consolation from comparison and to say God works in His own way and when you look around, you will see who you are better than." For Ariel said, "She [mother] lived a good life and I was consoled that God will keep her safe because of the way she lived her life." The literature indicated that the context of rites and rituals are laden with meaning, explanations, and understanding of human life and death, which enable bereaved individuals to gradually detach and find meaning and

accept their loss (Bell, 1992; Bottum, 2007; Breitbart et al., 2004; Frankl, 1961; Freud, 1967; Rando, 1988; Rutherford & Carr, 1990; van Gennep, 1960).

According to the literature, the context of rites and rituals provided opportunities for new interpretation and meaning (Bell, 1992; Boadt, Dombeck & Rutherford, 1988; Rando, 1988). Also, the grieving process within the context of rites and rituals involves the whole person; psychological, social, physical and spiritual components. Activities within rites and rituals such as prayers, music, entertainment, food, drinks, and dance allow individuals' schemas to be exposed to social, cultural, and religious constructed interventions (Bottum, 2007; Frankl, 1961; Rando, 1988; van Gennep, 1960). The findings of this study were in agreement with Raphael (1984) that assignment of meaning and enhanced cognitive mastery assists bereaved individuals in accepting a loss through better explanation, understanding, and hope. The literature has shown that expression of grief by talking about what happened, crying, and allowing appropriate emotional release in rites and rituals ceremonies can enhance mastering and integration of the experience (Lindemann, 1944; Lindy et al., 1983).

Implications for counseling.

The findings of this study provided implications for counselors and others providing services for bereaved individuals and families. Implications included the following themes: family and community support, counseling, financial stressors, family frictions, and ongoing traumatization. In this study, participants recognized the need for counseling to encourage family and community support, address financial stressors, examine family frictions, and deal with ongoing traumatization. Participants highlighted that bereavement is a complex state, influenced by multiple dimensions; physical, emotional, cognitive, behavioral and spiritual components. Participants believed that the inclusion of counseling to complement the rites and

rituals process can help bereaved individuals and families in their grieving process. For example, Ogeh said, "... person going through this experience needs help... Talking with others and having someone to listen is important. It is not enough to abandon the bereaved after the burial and funeral services..." Another example was when Anna recognized the need for counseling. She said, that the "bereaved is often deep in thought so it is good to be available to them, to talk to them, to help them get over the challenge. So it is good to help to reduce the tension and family conflicts that often emerge."

The findings of this study are in agreement with Rando's (1988) and Stroebe et al.'s (2007) recommendation that counseling can assist bereaved individuals and families to deal adequately with their loss and the consequences that occur. For example, Lycia said, "Yes, I will recommend counseling for people who grieve." The literature emphasized that counseling can complement other forms of coping and care interventions to validate emotional distress and assist in readjust to life and the consequences that follow (Rando, 1988; Raphael, 1984; Stroebe et al., 2007; Stroebe et al., 2008; Webb, 2005). Raphael (1984) suggested that bereaved individuals need comfort and consolation in dealing with their emotional pain. He believed that counseling can help bereaved individuals to understand, develop an explanation, and give meaning to accommodate their loss.

Participants indicated that family and community support impacted their grieving process. For example, Malia reported that sharing her thoughts and feelings were helpful. Similarly, Ezra pointed out that "people need to visit and console" bereaved individuals and families. According to Lycia, "The church members and societies were fully involved. Our parish priests ...supported me with prayers and guidance." The finding of this study concurred with Stroebe et al.'s (2008) assertion that it is important that bereaved individuals and families

share their grief in mutual support and help each other to accept the loss and readjust. Stroebe et al. explained that grief is a result of the loss of a relationship and that the most important relationships are generally found in families. Grieving is a process of rebuilding shattered views of self, others, and the world (Bonanno, 2008; Horowitz, 1976; Stroebe et al., 2008).

Participants reported that financial stressors involved in planning and conducting burial and funeral services need to be carefully assessed to reduce the burden on bereaved individuals and families. For example, Ariel said, "... people don't have to be in debt after burial and funeral celebration." Ariel was against the social expectations and demands for an elaborate celebration. Similarly, Eunice said, "The cost was high. The entertainment is expensive. I will like the community to take out the drinking and the feeding." Okon said "I hope something needed to be done to cut down; not to keeping the body for too long, reduce entertainment, and other unnecessary expenses..." Stroebe et al. (2008) argued for an intervention program to help the bereaved individuals and families lower cost. The literature indicated that high costs of funeral services have persisted despite the call from policy makers for reduction in spending (Okeke, 2006; Ossai & Anoruo, 2012).

Family conflict was an additional concern that could require counseling. Participants acknowledged that their efforts to confront and accommodate their loss were often made more stressful and complicated by family conflicts. Lycia experienced family conflict when she described her "...struggle for my husband's things..." Malia remarked about the disunity that occurred with her extended family. She said "... everyone is on his or her own. They did not come to the funeral as a result... The people are saying that she [her daughter] was killed by the people [husband's family]. Anna complained that her sister-in-law "...did not care for him [her late brother]. The family withdrew from her.." Family conflicts tend to obstruct normal family

interaction and support. The literature indicated that there will always be the need for individual counseling and group support to assist bereaved individuals and families to deal with family conflicts. Functional families tend to be supportive and conflict resolving, while dysfunctional families tend to be hostile and sullen (Neimeyer, 1998; Rosenthal, 2000; Stroebe et al., 2008).

Additionally, participants revealed that the loss caused by death is irreversible and that there may never be a complete recovery. Participants recognized that the impact of loss and grief stretches beyond their normal capacity and that there is an ongoing traumatization. For example, Lycia said, “I thought it will soon pass but it was difficult.Every day something came up... I went home and we continue another round of crying.” According to Malia, “There is never a time I will overcome it. But, I try to forget. ...I cannot forget.” The finding of this study was in agreement with Stroebe et al.’s (2007) comment that bereaved individuals’ grief experiences “may be perpetuated in a cognitive – affective loop that can be addressed usefully and, it is hoped, altered in intervention.” (p. 20). Horowitz (1976) explained that in a traumatic situation, discrepant information as a result of loss is stored in one’s active memory following the failure to integrate the trauma into the schemata. The discrepant information accounts for the compulsive tendency to repeat the experience through intrusive thoughts and actions that are sometimes persistent and could require further intervention. Bonanno (2008) distinguished grief from emotion by pointing out that grief lasts for a longer time, months and years; grief tends to be a persistent awareness of a disruptive event in life typically involving knowledge of the events. Several authors highlighted that the symptoms of grief and mourning includes rumination, intrusive thoughts, avoidant behaviors, yearnings, feeling alone and lack of interest in personal activities (Bowlby, 1980; Freud, 1967; Lindemann, 1944; Stroebe et al., 2007).

Suggestions for Future Research

The present study provided information about participants' perceptions of their loss and grief experiences that is often taken for granted and has limited research. In the present study, I highlighted 11 major themes about grief and grieving experiences in a contemporary Catholic community in Nigeria, Africa. According to Stroebe et al. (2008), new themes identified and issues raised in a research study, reflect the important contribution of the researcher and the need for further investigation.

In future research, several possible directions for investigation could be addressed. First, researchers could examine the responses of bereaved individuals who have not participated in religious rites and rituals following the loss of their loved ones to explore how these participants' experiences compare with those who participated in burial and funeral rites and rituals. Stroebe et al. (2008) suggested that a more finely grained analysis of the definition of grief work and the cognitive tasks of meaning making and the phenomenon of counterfactual thinking are required to capture the complexity and multidimensions of grief and grieving process. According to Stroebe et al. (2008), a new line of research is necessary to analyze the underlying cognitive processes that influence the bereavement process.

Second, as family frictions and financial constraints are a major source of stress and suffering for bereaved persons, researchers could explore the genesis of these stressors and the reasons for their persistence. Efforts to cut down costs of burial and funeral ceremonies have yielded little result. Avenues that could assist in how individuals and families could cope with these stressors in a time of vulnerability are needed. Additionally, research would be important to find out the long-term impact of the financial cost of funeral and burial ceremonies on the bereaved persons and families.

Third, researchers could use quantitative research methods to complement qualitative insights; to examine differences between male and female experiences of grief and grieving as well as to investigate the influence of education, socio-economic levels and cultural perceptions of loss. Finally, future research could explore the use of personal rituals in helping bereaved individuals to understand and to reconstruct meaning to readjust their lives. Stroebe et al. (2007) pointed out that making sense of death is a collaborative process of social cognition, not just an individual's task of understanding the changes from loss. Research could be conducted on what factors that could assist individuals to find new meaning and explanations to their loss. It might be worthwhile to investigate which counseling interventions are most effective with individuals who are grieving. Stroebe et al. (2007) noted that cognitive behavioral therapy is associated with more improvement in bereavement situations. Future research also could investigate across counselors' preparation programs the infusion of trauma competences of counselors specific to the grieving process.

Limitations

According to Rosenthal (2000), knowledge about grief is not culture free. Cultures create, influence, shape, limit, and define individuals' grieving experiences. It is important to recognize the strong connection between grief and culture, and to acknowledge that my personal and cultural assumptions and biases could have influenced the results of this study. Thus, I recognized a limitation of this study was that my role as a priest, a counselor, and a student may have influenced reception and interpretations. I acknowledged my personal and cultural assumptions and biases; the shared belief and value system in which I have been socialized. Another limitation of this study was that despite the ease of access in building rapport and gathering information from participants, I recognized the tendency for participants to provide

information based on what was expected. Additionally, in order to limit the risk of reopening painful emotions, some participants tended to resist certain questions and to limit information shared. Another limitation that occurred in my research was the obstacles that occurred because of the location. In Africa, research obstacles that occurred were the lack of adequate library sources to compare information and the limited technical resources for gathering and storing information. I also had problems with irregular power supply and access to internet facilities, which delayed the gathering and storing of data and may have impacted this study.

Conclusions

This study was designed to explore bereaved individuals' grief experiences within the context of Catholic rites and rituals and to draw implications for counselors and counselor educators. My research findings highlighted the factors that impacted bereaved individuals' experiences; such as loss, support, stressors, memories, beliefs and frictions. The context of rites and rituals helped the bereaved individuals confront their loss and find meaning. The findings of the current study reflected the need for counseling and care interventions to complement the cultural and religious rites and rituals services. Counseling offered in time of loss and grief could play an important part in facilitating the grieving process and preventing bereaved persons from experiencing further physical and mental health issues. Counseling could help bereaved individuals and families to enhance family and community support and to address financial stressors and family frictions and reduce ongoing traumatization. One suggestion for counselor educators, counselors, and others providing services for bereaved persons and families is to consider the importance of understanding bereaved participants' grief and grieving experiences and the factors that impact their experiences. Finally, information revealed by these findings

could be considered when developing ideas for teaching skills and competencies and in providing services for bereaved individuals, families and communities.

References

- Ammerman, N. T., Carroll, J. W., Dudley, C. S., & McKinney, W. (Eds.). (1998). *Studying congregation: A new handbook*. Nashville, TN: Abingdon Press.
- Anderson, C. (1949). Aspects of pathological grief and mourning. *International Journal of Psychoanalysis*, 30, 48-55.
- Ano, G. G., & Vasconcelles, E. B. (2005). Religious coping and psychological adjustment to stress: A meta-analysis. *Journal of Clinical Psychology*, 61, 461-480.
- Archer, J. (1999). *The nature of grief: The evolution and psychology of reactions to loss*. Retrieved from <http://www.questia.com/PM.qst?a=o&d=107692017>
- Archer, J. (2008). Theories of grief: Past, present, and future perspectives. In M. S. Stroebe, R. O. Hanson, H. Schut, & W. Stroebe (Eds.). *Handbook of bereavement research: Advances in theory and intervention* (pp. 45-85). Washington, DC: American Psychological Association.
- Aries, P. (1975). The reversal of death: Changes in attitude towards death in western societies. In D. E. Stannard (Ed.). *Death in America* (pp. 134-158). Philadelphia, PA: University of Pennsylvania Press.
- Attig, T. (1996). *How we grieve: Relearning the world*. New York, NY: Oxford University Press.
- Baer, D. M. (1970). An age-irrelevant concept of development. *Merrill-Palmer Quarterly of Behavior and Development*, 16, 238-245.
- Bell, C. (1992). *Ritual theory, ritual practice*. New York, NY: Oxford University Press. Retrieved from <http://www.questia.com/PM.qst?a=o&d=91883071>

- Boadt, L. M., Dombeck, H., & Rutherford, R. (1988). *The rites of death and dying*. Collegeville, MN: The Liturgical Press.
- Bogdan, R., & Biklen, S. (1992). *Qualitative research for educational leadership*. Needham Heights, MA: Allyn & Bacon.
- Bonanno, G. A., (2008). Grief and emotion: A social-functional perspectives. In M. S. Stroebe, R. O. Hanson, H. Schut, & W. Stroebe (Eds.). *Handbook of bereavement research: Consequences, coping and care* (pp. 493-515). Washington, DC: American Psychological Association.
- Bonanno, G., Boerner, K., & Wortman, C. B. (2005). Resilient or at risk?: A four-year study of older adults who initially showed high or low distress following conjugal loss. *Journal of Gerontology: Psychological Science, 60*, 67-73.
- Bonanno, G. A., & Kaltman, S. (1999). The self-regulation of grief: Towards an integrative perspective on bereavement. *Psychological Bulletin, 125*, 760-776.
- Booham, M., McGuinness, C., & Trew, K. (1993/ September). Individual differences in adaptation to widowhood. The Psychological Society of Ireland, 24th Annual Conference, Sligo. *The Irish Psychologist, 4*, 37.
- Bottum, J. (2007). Death & politics: First things. *A Monthly Journal of Religion and Public Life*. Retrieved from <http://www.questia.com/PM.qst?a=o&d=5021655657>
- Bowlby, J. (1969). *Attachment and loss: Attachment (Vol. I)*. New York, NY: Basic Books.
- Bowlby, J. (1973). *Attachment and loss: Separation, anxiety, and anger (Vol. II)*. New York, NY: Basic Books.
- Bowlby, J. (1977). The making and breaking of affectional bonds, I & II. *British Journal of Psychiatry, 130*, 201-210; 421-431.

- Bowlby, J. (1980). *Attachment and loss: Loss, sadness, and depression (Vol. III)*. New York, NY: Basic Books.
- Breitbart, W., Gibson, C., Poppito, S. R., & Berg, A. (2004). Psychotherapeutic interventions at the end of life: A focus on meaning and spirituality. *Canadian Journal of Psychiatry, 49*, 366-372.
- Caillois, R. (1951). *Essay on contemporary sociology. (Quatre Essais D'Sociologie Contemporaine)*. Paris, FR: Perrin.
- Cassaret, D., Kutner, J. S, & Abraham, J. (2001). Life after death: A practical approach to grief and bereavement. *Annals of Internal Medicine, 134* (3), 208-215.
- Churchill, L. R. (1979). The human experience of dying: The moral primacy of stories over stages. *Sounding, 62*, 24-37.
- Conry, R. C. (1977). Widows and widowhood. *New York State Journal of Medicine, 77*, 357-370.
- Corr, C. A. (1992). A task-based approach to coping with dying. *Omega: The Journal of Death and Dying 24*, 81-94.
- Council for Accreditation of Counseling and Related Educational Programs. (2008). *Standards*. Retrieved from <http://www.Cacrep.org/2009standards.html>
- Creswell, J. W. (1998). *Qualitative inquiry and research design: Choosing among five traditions*. Thousand Oaks, CA: Sage Publications.
- Creswell, J. W. (2003). *Research design: Qualitative, quantitative, and mixed method approaches* (2nd Ed.). Thousand Oaks, CA: Sage Publications.
- Creswell, J. W., & Miller, D. L. (2000). Determining validity in qualitative inquiry. *Theory Into Practice, 39*, 124-131.

- Darwin, C. (1872). *The expression of emotions in man and animals*. London, UK: Murray.
- Denzin, N. K. (1978). *The research act: A theoretical introduction to sociological methods*. New York, NY: McGraw-Hill.
- Denzin, N. K., & Lincoln, Y. S. (2003a). *Collection of and interpretation of qualitative materials*. New Delhi, India: Sage Publications.
- Denzin, N. K., & Lincoln, Y. S. (2003b). *Strategies of qualitative inquiry*. New Delhi, India: Sage Publications.
- Dillenburg, K. (1992). *Violent bereavement: Widows in Northern Ireland*. Avebury, UK: Ashgate Publication Ltd.
- Dillenburg, K., & Keenan, M. (2005). Bereavement: AD.I.S.C. analysis. *Behavior and Social Issues, 14*, 92-112.
- Doka, K. J., & Davideson, J. D. (1998). *Living with grief: Who are we, how we grieve*. Cheverly, MD: Page Productions.
- Durkheim, E. (1915). *The elementary forms of the religious life*. London, UK: Unwin.
- Durkheim, E. (1951). *Suicide: A study of sociology*. New York, NY: The Free Press.
- Edmonds, S., & Hooker, K. (1992). Perceived changes in life meaning following bereavement. *Omega: The Journal of Death and Dying, 25*, 307-318.
- Edmonson, S., & Irby, B. (2008). *Ten tips for producing a top qualitative research study*. Boston, MA: Pearson Education.
- Feifel, H. (1977). *New meaning of death*. New York, NY: McGraw-Hill.
- Feigenberg, L. (1980). *Terminal care: Friendship contract with dying cancer patients*. H. Patrick (Trans.). New York, NY: Brunner/Mazel.

- Feldman, M. S., Bell, J., & Berger, M. T. (2003). *Gaining access: A practical and theoretical guide for qualitative researchers*. Walnut Creek, CA: Altamira Press.
- Ferrini, A. F., & Ferrini, R. L. (2008). *Health in the later years*. New York, NY: McGraw-Hill.
- Fleming, S. & Robinson, P. (2001). Grief and cognitive-behavioral therapy: The reconstruction of meaning. In M. Stroebe, R. O. Hansson, W. Stroebe, & H. Schut (Eds.). *Handbook of bereavement research: Consequences, coping and care* (pp. 647-670). Washington, DC: American Psychological Association.
- Fraley, R., & Shaver, P. R. (1999). Loss and bereavement: Attachment theory and recent controversies concerning “grief work” and the nature of detachment. In J. Cassidy & R. Shaver (Eds.). *Handbook of attachment theory and clinical application* (pp. 735-759). New York, NY: Guilford Press.
- Frankl, V. E. (1988). *The will to meaning: Foundation and applications of logotherapy*. New York, NY: Meridian, Peguin Books Ltd.
- Frankl, V. E. (1997). *Man's search for ultimate meaning* (Revised ed.). Retrieved from <http://www.questia.com/PM.qst?a=o&d=6621702>
- Frankl, V. E. (2004). *On the theory and therapy of mental disorders: An introduction to logotherapy and existential analysis*. J. M. Dubois (Trans). New York, NY: Brunner-Routledge. Retrieved from <http://www.questia.com/PM.qst?a=o&d=108475476>
- Freud, S. (1957). Mourning and melancholia. In J. Strachey (Ed. & Trans.). *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 14, pp. 152-170). London: Hogarth Press. (Original work published 1917)

- Freud, S. (1963). Mourning and melancholia. In J. Strachey (Ed. & Trans.). *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 14, pp. 237-260). New York, NY: Basic Books. (Original work published 1917)
- Fromm, E. (1970). *The crisis of psychoanalysis, essays on Freud, Marx and social psychology*. New York, NY: Holt, Rinehart and Winston.
- Gamino, L. A., & Ritter, R. H. (2009). *Ethical practice in grief counseling*. New York, NY: Springer Publishing Company, LLC.
- Gay, L. R., & Airasian, P. (2003). *Education research: Competencies for analysis and application*. New York, NY: Pearson Education.
- Gill, J., & Neimeyer, R. A. (2006). Loss, grief, and the search for significance: Towards a model of meaning reconstruction in bereavement. *Journal of Constructivist Psychology, 19*, 31-65.
- Glesne, C. (1999). *Becoming a qualitative researcher: An introduction* (2nd ed.). New York, NY: Addison Wesley Longman.
- Golsworthy, R., & Colye, A. (2001). Practitioners' accounts of religious and spiritual dimensions in bereavement therapy. *Counselling Psychology Quarterly, 14*, 183-202.
- Gorman, G. E., & Southard, S. (Eds.). (1991). *Death and dying: A bibliographical survey*. West Port, CT: Greenwood Press.
- Goodall, A., Drage, T., & Bell, G. (2003). *The grief wheel: Making sense of the symptoms of grief*. Retrieved from http://www.kuringgai.net/thegrief_wheel.htm
- Greally, H. (1993). Bereavement research: Emerging trends. The Psychological Society of Ireland, 24 Annual Conferences, Sligo, Ireland: *The Irish Psychologist, 4*, 29.

- Griffin, P. (1912). *Rites*. In *The Catholic Encyclopedia*. New York, NY: Robert Appleton Company. Retrieved June 9, 2012 from New Advent:
<http://www.newadvent.org/cathen/13064b.htm>
- Hays, J., & Hendrix, C. C. (2008). The role of religion in bereavement. In M. S. Stroebe, R. O. Hanson, H. Schut, & W. Stroebe (Eds.). *Handbook of bereavement research and practice* (pp. 327-347). Washington, DC: American Psychological Association.
- Heidegger, M. (1927). *The basic problem of phenomenology by Albert Hofstadter*.
Bloomington, IN: Indiana University Press.
- Henderson, J. L. (1990). The cultural unconscious: Shadow and self. *Selected papers in analytical psychology* (pp. 103-13). Wilmette, IL: Chiron Publications.
- Henderson, J. L., & Maud, O. (1963). *The journey of the soul: The wisdom of the serpent*. New York, NY: George Braziller.
- Henschen, K. P., & Heil, J. (1992). A retrospective study of the effect of an athlete's death on teammates outcomes of career counseling. *Omega: Journal of Death and Dying*, 25, 217-223.
- Hickman, M. W. (2002). *Healing after loss*. New York, NY: Harper Collins Publications, Inc.
- Hockey, J., Katz, J., & Saml, N. (Eds.). (2001). *Grief, mourning, and death ritual*. Retrieved from <http://www.questia.com/PM.qst?a=o&d=114584654>
- Hogan, N., Morse, J. M., & Tason, M.C. (1996). Towards an experiential theory of bereavement *Omega, Journal of Death and Dying*, 33, 45-65.
- Holmes, T. S., & Holmes, T. H. (1970). Short-term instructions into the life-style routine. *Journal of Psychosomatic Research*, 14, 121-132.

- Horowitz, M. A. (1976). *Stress response syndromes*. New York, NY: Jason Aronson.
- Humphrey, K. M. (2009). *Counseling strategies for loss and grief*. Alexandria, VA: American Counseling Association.
- Irwin, M., & Pike, J. (1993). Bereavement, depressive symptoms and immune function. In M. S. Stroebe, R. O. Hanson, H. Schut, & W. Stroebe (Eds.). *Handbook of bereavement research and practice* (pp. 175-195). Washington, DC: American Psychological Association.
- James, R., & Gilliland, B. (2005). *Crisis intervention strategies*. Belmont, CA: Thompson Brooks Co.
- Janoff-Bulman, J. R. (1992). *Shattered assumptions: Towards a new psychology of trauma*. New York, NY: Free Press.
- Janoff-Bulman, R. & Berg, M. (1998). Disillusionment and the creation of values. In J. H. Harvey (Ed.), *Perspectives on loss* (pp. 35-47). New York: Brunner/Mazel.
- Jung, C. G., & von Franz, M. L. (1964). *Man and his symbols*. New York, NY: Doubleday.
- Kardiner, A. (1941). *The traumatic neuroses of war*. New York, NY: Hoeber.
- Kastenbaum, R. & Ruth, A. (1972). *The psychology of death*. New York, NY: Springer Publication Co.
- Kastenbaum, R., Doka, K. L., Beder, J., Scwab, R., Farbero, N. L., et al. (2003). Grief. In R. Kastenbaum (Ed). *Macmillan encyclopedia of death and dying* (pp. 349-394). New York, NY: Thomson & Gale.
- Kavanaugh, R. E. (1972). *Facing death*. Baltimore, MAD: Penguin Books.
- Kierkegaard, S. (1983). Kierkegaard's the concept of dread. Lowrie, W. (Trans.). Princeton, NJ: Princeton University Press. Retrieved from Questia database: <http://www.questia.com>.

- Klinger, E. (1975). Consequences of commitment to and disengagement from incentives. *Psychological Review*, 82, 1-25.
- Koenig, H. G., George, L. K., & Titus, P. (2004). Religion, spirituality, and health in medically ill hospitalized older patients. *Journal of American Geriatrics Society*, 52, 554-562.
- Koenig, H. G., McCullough, M. E., & Larson, D. B. (2001). *Handbook of religion and health*. Retrieved from <http://www.questia.com/PM.qst?a=o&d=106205934>
- Kraus, A. S., & Lilienfeld, A. M. (1959). Some epidemiological aspects of the high mortality rate in the young widowed group. *Journal of Chronic Diseases*, 10, 207-217.
- Krefting, L. (1991). Rigor in qualitative research: The assessment of trustworthiness. *The American Journal of Occupational Therapy*, 45, 214-222.
- Kubler-Ross, E. (1969). *On death and dying*. New York, NY: Macmillan.
- Kubler-Ross, E., & Kessler, D. (2005). *On grief and grieving: Finding the meaning of grief through the five stages of loss*. New York, NY: Scribner.
- Lang, M. (2007). *Healing from post-traumatic stress*. New York, NY: McGraw-Hill.
- Lazare, A. (1979). Unresolved grief. In A. Lazare (Ed.). *Outpatient psychiatry: Diagnosis and treatment* (pp. 498-512). Baltimore, MD: Williams & Wilkins.
- Lewis, C. S. (1961). *A grief observed*. London, UK: Faber & Faber.
- Lincoln, Y. S., & Guba, E.G. (1985). *Naturalistic inquiry*. Beverly Hills, CA: Sage Publications.
- Lindemann, E. (1944). Symptomatology and management of acute grief. *American Journal of Psychiatry*, 101, 141-148.
- Lindy, J. D., Green, B. L., Grace, M., & Titchener, J. (1983). Psychotherapy with survivors of the Beverly Hills supper club fire. *American Journal of Psychotherapy*, 37(4), 593-610.
- Lorenz, K. (1963). *On aggression*. London: Methuen: Williams & Wilkins.

- Maddison, D., & Walker, W. L. (1967). Factors affecting the outcome of conjugal bereavement. *British Journal of Psychiatry, 19*, 73-76.
- Malkinson, R., & Ellis, A. (2000). The application of rational emotive behavior therapy (REBT) in traumatic and nontraumatic loss. In R. Malkinson, S. Rubin, & E. Witztum (Eds.). *Traumatic and nontraumatic bereavement: Clinical theory and applications* (pp.173-95). Madison, CT: Psychosocial Press.
- Marshall, C., & Rossman, G. B. (1995). *Designing qualitative research* (2nd ed.). Thousand Oaks, CA: Sage Publications.
- Marshall, C., & Rossman, G. B. (2006). *Designing qualitative research*. Thousand Oaks, CA: Sage Publications.
- Maslow, A. (1970). *Motivation and personality*. New York, NY: Harper & Row.
- Maxwell, J. (2005). *Qualitative research design: Interactive approach (Vol. 41)*. (2nd ed.). Thousand Oaks, CA: Sage Publications.
- McNamara, B. (2001). *Fragile lives: Death, dying and care*. Retrieved from: <http://www.questia.com>
- Merleau-Ponty, M. (1962). *Phenomenology of perception*. C. Smith, C. (Trans.). New York, NY: Routledge & Kegan Paul.
- Metuh, I. E. (1985). *African religions in western conceptual schemes: The problem of interpretation*. Nigeria, Africa: Claverianum Press.
- Miles, C. A., & Huberman, A. M. (1994). *Qualitative data analysis*. Thousand Oaks, CA: Sage Publications.

- Middleton, W., Raphael, B., Burnett, P., & Martinek, N. (1998). A longitudinal study comparing bereavement phenomenology in recently bereaved spouses, adult children and parents. *Australian and New Zealand Journal of Psychiatry*, 32, 235-241.
- Minuchin, S. (1974). *Families and family therapy*. London, UK: Tavistock Publications.
- Mishler, E. G. (1986). *Research interview: Context and narrative*. Cambridge, MA: Harvard University Press.
- Muller, E., & Thomson, C. (2003). The experience of grief after bereavement. *Journal of Mental Health Counseling*, 25(3), 183.
- Neimeyer, R. (1998). *The lessons of loss: A guide to coping*. Raleigh, NC: McGraw- Hill.
- Neimeyer, R. A. (2004). Research on grief and bereavement: Evolution and revolution. *Death Studies*, 28, 489-490.
- Nugent, F. A. (2000). *Introduction to the profession of counseling*. Englewood Cliffs, NJ: Prentice- Hall.
- O'Brien, E. M., (2008). *Spirituality of nursing: Standing on holy ground* (3rd ed.). London, UK: Jones and Bartlett Publishers, Inc.
- Okeke, H. P., (2006). *The Message of eternal life: Post-synodal exhortation* (First synod of the Catholic diocese of Nnewi). Nnewi, Nigeria: KathCom Publishers; Catholic Communication Publishing Division.
- Order of Christian Funerals. (1998). *International commission on English in the liturgy*. New Jersey: Catholic Book Publishing Co.
- Parkes, C. M. (1964). Effects of bereavement on physical and mental health: A study of the case of records of widows. *British Medical Journal*, 2, 274-279.

- Parkes, C. M. (1970). *The first year of bereavement: A longitudinal study of reaction of London widows to the death of their husbands*. *Psychology of women*. New York, NY: Harper & Row.
- Parkes, C. M. (1996). *Bereavement: Studies of grief in adult life* (3rd ed.). London, UK: Routledge.
- Parkes, C. M., Benjamin, B., & Fitzgerald, R. G. (1969). Broken heart: A statistical study of increased mortality among widowers. *British Medical Journal*, *1*, 740-743.
- Parkes, C. M., & Weiss, R. (1983). *Recovery from bereavement*. New York, NY: Basic Books.
- Patton, M. Q. (2002). *Qualitative research & evaluations methods* (3rd ed.). Thousand Oaks, CA: Sage Publications.
- Rando, T. A. (1984). *Grief, dying, and death: Clinical interventions for caregivers*. Champaign, IL: Research Press.
- Rando, T. A. (Ed.). (1986). *Loss and anticipatory grief*. Lexington, MA: Lexington Books.
- Rando, T. A. (1988). *How to go on living when someone you love dies*. New York, NY: Lexington Books.
- Raphael, B. (1984). *The anatomy of bereavement: A handbook for the caring profession*. London, UK: Hutchinson & Co. Ltd.
- Reiss, M. A. (2010). *Lessons in loss and living: Hope and guidance for confronting serious illness and grief*. New York, NY: HarperCollins Publications Inc.
- Ritchie, J., & Lewis, J. (2003). *Qualitative research practice: A guide for social science students and researchers*. London: Sage Publications.
- Rogers, M. P. & Reich, P. (1988). On the health consequences of bereavement. *New England Journal of Medicine*, *319*, 510-511.

- Rosenthal, B. S. (2000). Exposure to community violence in adolescence: Trauma symptoms. *Adolescence, 35*, 138, 271-228.
- Rubin, S. (1997). Persisting effects of loss: A model of mourning. *Series in Clinical & Community Psychology: Stress & Anxiety, 8*, 275-282.
- Rudestam, K. E., & Newton, R. R. (2001). *Surviving your dissertation: A comprehensive guide to content and process* (2nd ed.). Thousand Oaks, CA: Sage Publications.
- Rutherford, R., & Carr, T. (1990). *The death of a Christian: The order of Christian funeral*. Collegeville, MN: A Pueblo Book.
- Saldana, J. (2009). *The Coding manual for qualitative researchers*. India, New Delhi: Sage Publications Inc.
- Scheff, T. J. (1979). *Emotion, the social bond, and human reality: Part/whole analysis*. Cambridge, UK: Cambridge University Press,
- Seligman, L. (2001). *System strategies and skills of counseling and psychotherapy* (3rd ed.). New York, NY: Merrill Prentice Hall.
- Silverman, P., & Klass, D. (1996). Introduction: What's the problem? In D. Klass, P. Silverman, & S. Nickman (Eds.), *Continuing bonds: New understandings of grief* (pp. 3-27). Washington, DC: Taylor & Francis.
- Spates, C. R. (2002, August). *Posttraumatic stress disorder: A behavior analytic interpretation of the disorder and its treatment*. Annual Convention of the Japan Association for Behavior Analysis.
- Stroebe, M. S. (2002). Paving the way: From early attachment theory to contemporary research *Mortality, 7*, 127-138.

- Stroebe, M. S., Hansson, O., Schut, & Stroebe, W. (2008). Bereavement research: Contemporary perspectives. In M Strobe, R. O. Hansson, H. Schut, & W. Stroebe (Eds.). *Handbook of bereavement research and practice: Advances in theory and intervention* (pp. 3-25). Washington, DC: American Psychology Association.
- Stroebe, M. S., Hansson, O. R., Stroebe, W., & Schut, H. (2007). Introduction: Concepts and issues in contemporary research on bereavement. In M. S. Stroebe, R. O. Hansson, W. Stroebe, & H. Schut (Eds.). *Handbook of bereavement research: Consequences, coping and care* (pp. 3-45). Washington, DC: American Psychological Association.
- Stroebe, M. S., & Schut, H. (1999). The dual process model of coping with bereavement: Rationale and description. *Death Studies, 23*, 197-224.
- Stroebe, W., & Schut, H. (2007). Risk factors in bereavement outcome: A methodological and empirical review. In M. Stroebe, R. O. Hansson, W. Stroebe, & H. Schut (Eds.). *Handbook of bereavement research: Consequences, coping and care* (pp. 349-371). Washington, DC: American Psychological Association
- Stroebe, M. S., & Stroebe, W. (1993). The mortality of bereavement: A review. In M. S. Stroebe, W. Stroebe, & R. O. Hansson (Eds.). *Handbook of bereavement: Theory, research and intervention* (pp. 175-195). New York, NY: Cambridge University Press.
- SYNOD ACTA, (2006). *Living the Faith in the Family of God on Mission in Catholic Diocese of Nnewi*. Nigeria: KathCom Publishers; Catholic Communication Publishing Division.
- Tesch, R. (1990). *Qualitative research*. New York, NY: Falmer Press.
- Tillich, P. (1952). *The courage to be*. New Haven, CN: Yale University Press.
- Thompson, S.C., & Janigian, A. S. (1988). Life schemes: A framework for understanding the search for meaning. *Journal of Social and Clinical Psychology, 7*, 260-280.

- Turner, V. (1967). *The Ritual Process: Structure and Anti-Structure*. New Jersey: Aldine Transaction, A Division of Transaction Publications.
- VandeCreek, L., Bender, H., & Jordan, M. (1994). *Research in pastoral care and counselling: Quantitative and qualitative approaches*. Decatur, GA: Journal of Pastoral Care Publications, Inc.
- Van Gennep, A. (1960). *Rites of passage*. B.V. Monika, & L.C. Babrielle (Trans.). Chicago, IL: University of Chicago Press.
- Walsh, E., Buchanan, A., & Fahy, T. (2002). Violence and schizophrenia: Examining the evidence. *British Journal of Psychiatry*, 181, 490-495.
- Walter, T. (1996). *A new model of grief therapy*. New York, NY: Springer.
- Walter, T. (1998). A sociology of grief. *Mortality*, 3, 83-87.
- Webb, D. W. (2005). *The soul of counseling: A new model for understanding human experience*. Atascadero, CA: Impact Publishers.
- Weiss, R. S. (1994). *Learning from a stranger: The art and method of qualitative interview studies*. New York, NY: Simon & Schuster, Inc.
- Weiss, R. S. (2008). Grief, bond, and relationships. In M. Stroebe, R. O. Hansson, W. Stroebe, & H. Schut (Eds.). *Handbook of bereavement research: Consequences, coping and care* (pp. 47-62). Washington, DC: American Psychological Association.
- Wolcott, H. F. (1994). *Transforming qualitative data: Description, analysis, and interpretation*. Thousand Oaks, CA: Sage Publication.
- Wolfelt, A. D. (1988). *Death and grief: A guide for clergy*. Munice, IN: Accelerated Development Publishers.

- Worden, J. W. (2002). *Grief counseling and therapy: A handbook of mental health practitioners*. New York, NY: Springer Publishing Co.
- Wortman, C. B., & Silver, R. C. (1989). The myths of coping with loss. *Journal of Consulting and Clinical Psychology, 57*, 349-357.
- Wortman, C. B., Silver, R. C., & Kessler, R. C. (1993). The meaning of loss and adjustment to bereavement. In M. S. Stroebe, W. Stoebe, & R. O. Hansson (Eds.). *Handbook of bereavement: Theory, research and intervention* (pp. 349-366). New York, NY: Cambridge University Press.
- Wuthnow, R., Christiano, K., & Kuzlowski, J. (1980). Religion and bereavement: A conceptual framework. *Journal for the Scientific Study of Religion, 19*, 408-422.
- Young, M., Benjamin, B., & Wallis, C. (1963). The mortality of widowers. *Lancet, 2*, 454.
- Zisook, S., Schuchter, S. R., & Schuckit, M. (1985). Factors in the persistence of unresolved grief among psychiatric outpatients. *Psychosomatics, 26*, 497-503.

Appendices

Appendix A

Letter of Consent for Adult

Dear Participant:

I am a doctoral student under the direction of Dr. Zarus E. P. Watson, Principal Investigator and Associate Professor in the Department of Education Leadership, Counseling, and Foundation, College of Education at the University of New Orleans. I am conducting a research study for the purpose of exploring and understanding the experience of loss and grief from the perspectives of the bereaved individuals, entitled: *Perceptions of Loss and Grief Experiences within Burial and Funeral Ritual Contexts*. This study is about your experiences of loss and grief. There are limited studies about the personal experience of loss and grief within the context of burial and funeral rites, from bereaved individuals' perspectives. Research like this will provide counselor educators and professionals assisting the bereaved individuals with better knowledge of what the bereaved experienced and how to provide better service in pastoral care counseling.

Your participation in this research will involve a 60 minute audiotape interview regarding your perceptions of the experience of loss and grief within Catholic rites and rituals. I will translate and transcribe the audiotape.

In agreeing to participate in this study, you understand that there are no known physical or psychological risks associated with participation in this study. However, in interview research, where an individual recalls his or her experiences of loss and grief and, possible emotional distress may occur because of painful memories of your loss or reenactment of the event of the burial and funeral rites you participated in. In case such experiences emerge and there is need for intervention you will be referred to your pastor for pastoral care and counseling for your specific needs.

There will be no direct benefits to you for participating in this study; however, the findings may benefit pastoral care and counseling in your Church parish, and training programs for those assisting the bereaved individuals and families. All information collected will be kept strictly confidential and no information will be made open. All documentation related to this study will be stored by me under pseudonym for three years before all the records will be destroyed. All interviews are confidential and pseudonyms are given to participants. Participation in this study is voluntary. Refusal or withdrawal will not result in a penalty or loss of benefits of any kind. Your consent can be withdrawn at any time without consequence. You have a right to refuse to participate or discontinue your participation at any time.

If you have any questions about your rights as a participant in this research, or if you feel you have been placed at risk, please contact Dr. Ann O'Hanlon at the University of New Orleans (504) 280-6501.

Sincerely,

Hyacinth Okafor
Doctoral Student and Research Interviewer

By signing below you are giving consent to participate in the above study. Also, you are giving consent for this interview to be audiotape and transcribed.

Participant's Signature

Printed Name

Date

Interviewer Signature

Hyacinth C. Okafor, C.M., MA, NCC

Date

Appendix B

Participants Protocol - Section 1 –First Contact

Appendix B

Participants Protocol - Section 1 –First Contact

Hello, my name is Hyacinth Okafor. Your Pastor/Catechist gave me your name as a person who may be willing to participant in my research project regarding your experiences of loss and grief within the context of the Catholic rites.

If the potential participants answered “no” to any of the questions listed below, I will thank the person and explain that the research will require that anyone selected will answer yes to all the questions. I will continue with the names in the list, and I will contact the Church Pastor /Catechist for additional possible participants in case I need more names. (The initial contact by phone or visit will be used to qualify a potential participant in the criteria presented below. If the potential participant does not meet the criteria, he or she will not qualify for the study).

1. Your experiences of loss and grief are more than one year and within five years?

Yes_____ No_____

2. You have learned to cope with your loss and can talk about your experience with less distress and pain?

Yes_____ No_____

3. You are more than 21 years?

Yes_____ No_____

4. You participated in the Catholic burial and funeral rites in time of your loss and grief of your loved one?

Yes_____ No_____

5. You are willing to participate in my research study?

Yes_____ No_____

Now, let’s agree on when and where we can meet for the interview. I will suggest that we have the interview in a quiet place. These are the meeting places:

Parish office_____ Seminary Library_____ Your home_____

Are you available on any of the following dates? (i.e. Available dates for Hyacinth Okafor will be listed)

Date/Time 1_____ Date /Time 2 _____ Date/Time 3_____

Date /Time 4 _____ Date/Time 5_____

At this point, I will explain the informed consent and complete the form with the participant. If the first contact is by phone, I will conduct the informed consent at the time of the interview.

Appendix C

Demographic Information - Section 2 - Second Contact

Appendix C

Demographic Information - Section 2 - Second Contact

Thank you for your willingness to complete this form and be interviewed. The information that you will provide will help me to have a better picture of your community settings and to increase awareness and understanding of your experiences of loss and grief within the context of Catholic burial and funeral rites.

Chosen Pseudonym: _____

Phone number: _____

Age: _____ Gender: _____ Education Level: _____

Occupation: _____

Religiosity: (refers to dedication and practicing Catholic religion by participating fully in parish activities)

Relationship with the loss loved one: _____

Number of years since your loss: _____

Health status (self appraisal: excellent; good; average; not so good) _____

Cause of Death _____

Other: _____

Signature: _____ Date _____

Appendix D

Guide for Semi-structured Interviews

Appendix D

Guide for Semi-structured Interviews

Interview questions are as follows:

1. What was the nature of your relationship before the loss?
2. Did you anticipate or prepare for the loss?
3. What happened when it occurred?
4. How would you describe the impact of the loss?
5. How would you describe the burial and funeral rites?
6. What were your preparation and roles in the burial and funeral rites?
7. What were the high points, the key objects, gestures and words expressed?
8. Who were the participants and what were their roles?
9. What were the dominant feelings and thoughts expressed in the ritual?
10. How were your thoughts and feelings expressed?
11. How were your expectations satisfied or not satisfied?
12. What specifically did you find helpful or unhelpful in dealing with your grief?
13. Did the ritual help you and your family adapt to your loss?
14. What help did you seek for your grief after the burial and funeral rites?
15. What guidance will you give to any one going through grief?
16. What suggestions do you have for pastoral care and counselors?

Appendix E
IRB Approval Letter

Appendix E

IRB Approval Letter

***University Committee for the Protection
of Human Subjects in Research
University of New Orleans***

Campus Correspondence

Principal Investigator: Zarus E. P. Watson
Co-Investigator: Roxane L. Dufrene, Hyacinth Okafor
Date: August 25, 2011
Protocol Title: "Perceptions of Loss and Grief Experiences Within Religious Burial and Funeral Rituals: Context for Counseling"
IRB#: 05Aug11

The IRB has deemed that the research and procedures described in this protocol application are exempt from federal regulations under 45 CFR 46.101 category 2, due to the fact that any disclosure of the human subjects' responses outside the research would not reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation.

Exempt protocols do not have an expiration date; however, if there are any changes made to this protocol that may cause it to be no longer exempt from CFR 46, the IRB requires another standard application from the investigator(s) which should provide the same information that is in this application with changes that may have changed the exempt status.

If an adverse, unforeseen event occurs (e.g., physical, social, or emotional harm), you are required to inform the IRB as soon as possible after the event.

Best wishes on your project.
Sincerely,

Robert D. Laird, Ph.D., Chair
UNO Committee for the Protection of Human Subjects in Research

Vita

Hyacinth C. Okafor was born in Jos, Plateau State in Nigeria, Africa. Hyacinth attended Bigard Memorial Major Seminary (Affiliated to Pontifical Urban University, Rome). In 1984, he earned a bachelor's degree in philosophy and in 1989 a second bachelor's degree in theology. In 1995, he obtained his first master's degree in pastoral studies from All Hallows College Dublin and in 2003 a second master's degree in Mental Health Counseling from Xavier University of Louisiana. In 2004, he joined the University of New Orleans graduate program to pursue a Ph.D. in Counselor Education. Hyacinth is a Catholic priest and a National Certified Counselor (NCC), an Approved Clinical Evaluator (ACE) and a Licensed Professional Counselor (LPC).