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The intersectionality of culture, religion, patriarchy and widowhood among the Shona people in Zimbabwe Implications on theology of caring

Noleen Chinyerere war zwischen März und Juni 2025 als Fellow an der Evangelisch-Theologischen Fakultät der Universität in Münster. Wir haben in dieser Zeit intensiv an folgendem Text als Beitrag für die ZPTh gearbeitet. (Traugott Roser)

Abstract

As ethnographic research in Practical Theology, this article discusses traumatic experiences encountered by Shona women as they strive to survive in the midst of pandemics like HIV/AIDS as primary caregivers. It exposes how culture, religion, patriarchy and widowhood as the quadrants of intersectionality exacerbate Shona women's vulnerability to pandemics. Coerced sex and lack of decision-making power on property rights makes women to bear the full burden of care while risking their health. As de facto caregivers, cultural dictates abrogate a married woman from leaving her infected husband even if he is infected by HIV /AIDS. Women who are infected may face traumatic rejection, discrimination, stigma, marginalization and shame in return for their toiling as caregivers. Their plight becomes worse when they become widows which is the main focus of this study. The research is a launching pad to shun the unjustified generalization of patriarchal ideologies that leave women at risk. Trauma theory is used as a theoretical framework. The research recommends the church to be a beacon of hope to widows through a ministry of 'being there' for them.

Dieser Artikel befasst sich als ethnografische Forschung in der Praktischen Theologie mit den traumatischen Erfahrungen von Shona-Frauen in ihrem Kampf ums Überleben als Care-Personen im Kontext von Pandemien wie HIV/AIDS. Er zeigt auf, wie Kultur, Religion, Patriarchat und Witwenschaft als Quadranten der Intersektionalität die Vulnerabilität von Shona-Frauen verstärken. Erzwungener Sex und fehlende Entscheidungsbefugnis über Eigentumsrechte zwingen Frauen, die volle Last der Care-Arbeit zu tragen und gleichzeitig ihre Gesundheit zu riskieren. Als De-facto-Pflegepersonen verbieten kulturelle Vorschriften verheirateten Frauen, ihren infizierten Ehemann zu verlassen, selbst wenn dieser mit HIV/AIDS infiziert ist. Infizierte Frauen können traumatische Ablehnung, Diskriminierung, Stigmatisierung, Ausgrenzung und Scham erfahren. Ihre Lage verschlimmert sich, wenn sie Witwe werden – was der Schwerpunkt dieser Studie ist. Die Forschung ist ein Ausgangspunkt, um der ungerechtfertigten Verbreitung patriarchaler Ideologien, die Frauen gefährden, Einhalt zu gebieten. Die Traumatheorie dient als theoretischer Rahmen. Die Studie empfiehlt, dass die Kirchen den Witwen durch ihre seelsorgliche und Bildungs-Unterstützung ein Leuchtfeuer der Hoffnung sein sollten.

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1. Introduction

In traditional patriarchal societies, marriage can become a death trap to women who may be exposed to pandemics like HIV/AIDS under the banner of a theology of care and as primary caregivers. Some Shona women in Zimbabwe may be compelled by their feelings of responsibilities towards looking after their infected husbands while exposing themselves to be vulnerable to infectious diseases as faithful caregivers. This research questions why women continue to be submissive to husbands and remain vulnerable in the name of culture which can supresses their right to say 'no' even if they are aware of the promiscuous behaviours of their husbands. Some of them may be frustrated, accused, ashamed, traumatized and emotionally wounded while continuing to carry heavy emotive wounds from shame to guilt. This research calls for an effective pastoral care to women who may suffer due to unpardonable generalization that suggests that married men may not be challenged, i.e. men commands and women must obey.

1.1 Motivation of the study

This research builds on my doctoral thesis where I demonstrated the problematic effects of the fact that churches, like many other communities, may be viewed as a 'couples' world'. As an ordained and married female minister, I am concerned about widows after observing the double blow that some of them may face as married women when they become widows. As a practical theologian, I am compelled to build my pastoral care and counselling from the perspective of the stigma that may be attached to the widowhood status. This research aims to create a pedagogical space for boys, girls, married men and women as well as the community to be aware that care-giving is not confined to women and girls but men and boys are also expected to be care-givers. The inclusion of boys and girls is a point of departure to help them deconstruct the African cultural belief which positions females as care-givers while exempting male counterparts. Chireshe in Manyonganise and Gunda (2025, 145) challenged the harmful ways of 'being a man' which is often justified by religious and cultural grounds that female counterparts are care-givers. The fact that there are widowhood rituals that expose women to be vulnerable to pandemics as victims of circumstances and the fact that some of the widowhood cleansing rituals target women more than men has necessitated the urgency of this research.

1.2 Research methodology and approaches to the study

This research is qualitative because it is a product of the interviews that I conducted with a focus group of widows during my fieldwork among the Shona people as an insider. To address the limitations of interview-based research and researcher bias, this study employed reader response analysis, drawing on findings from previous scholarship on this topic.

As an ethnographer, I became embedded in the Shona community in order to find out what is expected from a married or widowed woman when her husband is not feeling well or after her husband dies. Literature from different African contexts have been consulted to analyse the social and cultural perspectives from different African societies and beyond. The fieldwork research was utilized to find out the intersectionality of the quadrants (culture, religion, patriarchy and widowhood) among the Shona people in Zimbabwe and the implications of theology of caring.

1.3 Theoretical Framework

This research explores Judith Herman's work on Trauma Theory and Recovery (TTR) (1992). Depending on circumstance, the death of a husband can be one of the traumatic experiences that a married woman endures in the rest of her life. The English dictionary defines trauma as "very severe shock or very upsetting experience, which may cause psychological damage, […] an experience that produces psychological injury or pain (Collins 2025). It is a painful and stressful experience which may be terrifying, shocking, distressing and sometimes difficult to accept reality. It is experienced when one has lost something valuable and then fails to cope, which may result in confusion, sorrow, inability to change the situation and sometimes sadness, guilt and shame. Jones (2009) argues that trauma leaves the traumatized person in terror, misery, depression, shame, defencelessness and sometimes interior pain. According to Chinyerere (2023, 40), trauma theory assesses and tries to comprehend the way in which hurtful experiences and post traumatic experiences are processed towards healing and recovery. According to Nkala (2008, 81), a widow lamented that, "I have lost many relatives before, but losing a husband hit me in a new and more painful and traumatic way. One cannot get used to death because it comes as a shock and seems sudden". This widow was complaining that the unfortunate part of grieving is that those who come to comfort a widow end up saying, "Please, do not cry, do not cry!" yet "If you do not cry, the pain eats you up" (Ibid). This is a community inflicted grief that may retraumatize a widow which may also haunt her and cause further agony, brokenness and devastation. Trauma theory is applicable in this research because grief is an interior wound and an experience of deprivation (Collins 2007, 411). The fact that the death of a loved one causes an internalized hopelessness, fear, shock, numbness, stress, anxiety, anguish and sorrow calls for the need for a therapeutic pastoral care to foster recovery from grief. According to Herman (1992) trauma tears apart a complex system of self-protection that normally functions in a fundamental way; this may in certain cases lead to Post Traumatic Stress Disorder (PTSD). Mujinga (2012, 75) indicated that death of a loved one causes psychological trauma. Although he is not addressing the death of a husband, his contribution on the traumatic effect of death qualifies TTR as relevant to my research. According to Moyo (2007, iv), certain widowhood rituals expose women to an HIV infection and in case of Christian widows, some of the rituals discords with their

Christian faith. Herman (2015, 42) stressed that when a person is powerless with no power to resist oppression, that person may go in a state of surrender because the system of self-defence may be weakened. According to Herman (Ibid), trauma may even extend to PSTD that may also damage the health of a traumatized person. Against this background, widowhood status sometimes exposes a widowed woman to trauma associated chronic diseases like high blood pressure or other illnesses associated with depression. All these traumatic experiences that widows experience are expressions of male domination in that they traumatize women, while widowers are not restricted to any care-giving roles, nor to widowhood rituals after the death of a wife (Chinyerere 2023). In this research, working with TTR is justified because most of the interviews that I conducted during fieldwork research indicated that the demise of a husband seems to be among the traumatic experiences that a married woman can undergo. Trauma theory reveals that when a widow loses a husband, she faces social, cultural, theological, economical, psychological, sexual, and emotional, spiritual, physical and cognitive trauma. Mwoyo (2007, iv) also observed that African widows experience emotional and spiritual traumas that are induced by cultural, psycho-social factors and are further worsened by oppressive circumstances that even makes the mourning process and its aftermath extremely difficult. The main objective of this research is to offer a trauma sensitive caring for widows which may help pastoral caregivers to know that pastoral care is a holistic concern for the whole being which is soul, mind, body and spirit.

1.4 The concept of practical theology

Magezi (2019, 131) defines practical theology as a theological task with a pastoral focus on the expression of pastoral care and ecclesial care as a practical ministry. This incorporates prayer as a tool to acknowledge limitations of humanity and the omnipresence of the all-powerful and omniscient God who is the source of hope to both the caregiver and the one in need of pastoral care. Practical Theology involves pastoral visitations, one on one witnessing, ministry of 'being there', Bible study, praise and worship, ritual performances and all Christian processions that are done in all rites of passages from birth to death. My own definition for Practical Theology is that it is a contextual theology rooted from where the pain is in order to address contemporary traumatic situations that may befall communities in everyday life realities. It is a theological endeavour that advocates for applicable solutions (*praxis*) to untie oppressive system that may be ignored by Christian theology which may pacify humanity to suffer in silence in the name of religion. Magezi (2019, 130) added that practical theology in Africa is a theological approach that seeks to understand, communicate and live out a life of faith within a context where the individual exists within struggles arising from the African geographical location. I can safely say, Practical Theology can be shortly defined as the praxis and theory of the missional church in action because it is a theology which demands a compassionate ministry which is sensitive to life issues. In the tradition of

Schleiermacher, the founder of Practical Theology as a discipline, Practical Theology is not the praxis but the theory of praxis.

1.5 The concept of pastoral care

Pastoral care has proven to be a global challenge because every community has its own traumatic challenges that invite pastoral care through ministry of being there for those in sorrow and even for those in their joyful moments. According to Clebsch and Jaecle (1967:4), "Pastoral care consists of helping acts done by representative Christian persons, directed toward the healing, sustaining, guiding and reconciling of troubled persons whose troubles arise in the context of ultimate meanings and concerns". In my own hypothesis the above definition reminds us that pastoral care is a commitment offered by the church to the hopeless and wounded souls in order to facilitate hope through encouraging the broken-hearted to know that sorrowful moments may happen but God will be always there for them (Jeremiah 29,11). While the term pastoral care comes from the Latin word *cura animarum* which is translated as curing of souls in English (cf. John McNeill in Lartey 2003, 23), pastoral care is centred on *agape* love based in God's love for humanity (John 3,16 and 1 John 4,19–20). These working definitions necessitate the unfolding of this research as a review of praxis. Without compassion, unconditional love and empathy, pastoral care will remain a theory. The concept of 'pastoral care' is based in the biblical text where the Psalmist affirms that, *"The Lord is my Shepherd; I shall not want. He makes me to lie down in green pastures; He leads me besides the still waters; He restores my soul; He guides me along right paths, bringing honour to His name …*" (Psalms 23,1–6, Revised Standard Version [RSV]). One can read the whole chapter to understand the fact that pastoral care is referred to as the shepherding of the flock.

Pastoral care is a demonstration of the love of God to humanity, cascaded by the Christian community to believers and non-believers through pastoral care, counselling, guiding, earnest prayers. The concept of pastoral care has many discourses but each concept may be applicable to any situation because pastoral care is contextual and it needs a creative pastoral caregiver who is sensitive to diversity in order to apply situational ethics. This calls for a critical need for the entire church to take pastoral care ministry seriously for it to be a therapeutic community.

1.6 Intersectionality of religion, culture, patriarchy and widowhood (Quadrants)

According to Kartzow and Maseno (2010, 1) intersectionality is a conceptual tool that is used to analyse how cultural and social factors are intertwined. Intersectionality theory is attributed to Kimberle Crenshaw who designated that intersectionality denotes multiple forms of exclusion and how people face marginalisation (Ibid). This also qualifies the view that culture, religion and widowhood and patriarchy are inseparable

because culture manifests itself behind religion where widowhood rituals are inevitable. Crenshaw was referring to race and gender as intertwined but Kartzow and Maseno have gone further to highlight other marginalized situations such as illness, ethnicity, sexuality, class, and economical status. In this research, intersectionality is a perspective which reveals the complexity of widowhood in the socio-cultural milieu (Kartzow & Maseno 2010). Widowhood is affected by religion, culture and patriarchy (quadrants) which makes them to be inseparable and the word quadrants will be used interchangeably to refer to these four factors above.

This research focuses on two religions, Christianity and African traditional religion. Bourdillon (1990, 6) defines religion as an ideology that involves gods or a High God and spirits where beliefs are formulated. (African) culture cannot be separated from religion and patriarchy. A pastoral caregiver is expected to be sensitive to cultural practices, norms and values of a particular set up. Chitando and Chitando (2005, 22) define patriarchy as a system that privileges men in all spheres of life while leaving African women breathless. I define 'patriarchy' as a male supremacy syndrome that inferiorizes women. Chinyerere (2023, 5) defines a widow as a woman who has lost her husband through death and never remarry yet she remains the wife of the deceased. These quadrants ought to be discussed in order to highlight their intersectionality when it comes to their impact on a specific type of a theology of care among the Shona people. The problems and the oppressive traditional practices that dehumanize women as they become widows are interconnected and interdependent on each other hence their intersectionality which denotes that they may not be understood in isolation to each other.

2 The African concept of care among the Shona people and its traumatizing effects

The traditional concept of care-giving among the Shona people is attributed to women who may be culturally expected to be caregivers to the whole family. This care concept sometimes exposes women to be vulnerable to infectious diseases in the name of caring. The focal point of this research is on married women as they expose themselves to take care of their husbands from illness until death. Phiri (2003, 15) alluded that

> "[while] wives take care of their sick husbands until they die, they are most unlikely to get quality care themselves when they become sick due to poverty because they may have no financial or social support from their in-laws unless they have their own children and relatives".

This is a cause for concern because in my ethnographical research I have observed that most married men refuse to be caregivers to their bedridden wives among the Shona people. In most cases, when a married woman is not feeling well, the husband will either return her to her family and promise to take her back when she is fit. In contrasts,

when a husband is sick, a married woman is expected to take care of him. This even applies in cases where a husband has rejected her for many years, then finally comes back as a bedridden person sometimes infected by HIV/AIDS or other sexually transmitted diseases. In Chitando and Chirongoma (2012, 95) Shoko stated that, a married woman is considered as property of her husband and the husband's actions may not be challenged. According to Shoko, this patriarchal attitude gives more freedom to men to decide on whether they want to have many sexual partners or whether to use protection in sexual encounters or not. Some of the women may also be exposed to sexually transmitted diseases because African culture prohibits a woman to refuse her husband or to use protection. Shona women who value marriage are not free to refuse sex even if they are aware that their husbands are promiscuous. There is also a tendency that when a married man is fit while the wife will be no longer fit for sexual pleasure, the husband is free to look for alternatives outside the marriage vows.

In the context described in this paper, theology of care is a concept of unconditional love demonstrated by prioritizing the loved one's wellbeing over one's own safety, even at personal risk. Nevil (2023, 1) expressed that in most cases, women are the ones who bear the primary burden and responsibility for care in families, communities, in social workplaces and beyond. This also denotes self-sacrificing tasks, practical engagement and voluntary commitment to to care for bedridden people, even when doing so may be life-threatening or dangerous. This research has a concern of why women may be seen as primary care-givers. This invites the church to extend its ministry to widowed women as the focus group of this study under investigation. According to Chinyerere (2023) corrective measures on education on gender-justice and gender equality is a cause for a critical concern in order to safeguard the dignity of women in Zimbabwe as they become widows. This will help the church to transform pastoral care for women in Zimbabwe.

2.1 Demands of 'care' for the spouse during times of severe/incurable illness

Caretaking without compromise is a traditional way to test a married woman to demonstrate her true love to her husband even when she risks her own health, while men may not be culturally expected to reciprocate. The Shona people encourage a married woman to accept her sick husband and to accommodate him even if it means exposing herself to sexually transmitted infection (Chinyerere 2023, 1). Culturally there is a belief that when a sick man desires intimate contact with his wife, the wife must not refuse because it is seen as a sign that the men is still able to perform his marital duties. According to Shoko in Chitando and Chirongoma (2012, 92) elderly men and women in the Shona culture assess a sick man's health by asking the wife whether he remains sexually active, which poses a life-threatening risk to the health of a married women. Failure to adhere to the dictates of this cultural expectation will attract a penalty of

paying a goat to the relatives of the husband if the husband dies with this unresolved wish.

2.2 Demands at the time of death and forced rituals of grief

2.2.1 A widow is expected to sit behind the lower part of the deceased body until burial

According to Edet (1992) the death of a husband launches a period of captivity and hostility to the widowed woman. Traditionally, a widow is anticipated to sit in the house where her deceased husband's body will be laid without compromise and failure to accept this sitting arrangement is a taboo among the Shona people (Chinyerere 2023, 12). In comparison, widowers have nothing to do with their deceased wife's bodies because nothing is expected from them. The mother of the deceased husband, moreover, is expected to sit behind the head of her deceased son as a sign of showing motherhood and to show that she is the one who gave birth to her deceased son (Chinyerere 2023, 13). This is a cultural norm among the Shona people in Zimbabwe. Using gender spectacles, it is only women who are exposed to the body of the deceased person even when a woman dies.

2.2.2 Spreading oil on the face of the deceased husband as a sign of a last respect

A widow is also expected to spread the oil on the dead body as a final mark of respect to her husband as she was responsible for ensuring that her husband bathed during his lifetime (Chinyerere 2023, 13). These rituals have a caregiving component, yet they may also expose a widow to pandemics as occured during the COVID-19 pandemic. Some married men died from COVID-19 without being diagnosed at a health centre, and in caring for them, some married women became unknowingly infected. These widows had no choice because Shona elders were reminding them that failure to be there besides the husband's body may show signs that she was not caring for him. During funerals, women are always at the forefront to an extent of being forced to perform widowhood rituals when a husband dies. Cultural expectations expose women to be vulnerable to pandemics in the name of trying to be loving and caring women in the spirit of theology of care.

2.3 Rituals that retraumatize African widows beyond burial

2.3.1 Widow inheritance

According to Chinyerere (2023, 164), another factor that exposes widows to pandemics is the traditional practice of widow inheritance where a widow is expected to be inherited by the deceased husband's brother or a nephew in other cases. Biri (2013, 7) revealed that according to the Shona customs, widowed women are viewed as helpless

and in need of support and a widow maybe expected to be inherited and taken care of by her late husband's brother. Widows without independent means may accept inheritance because of financial dependency. They hope that the inheritor will be able to fend for them, yet in most cases they will be robbed of what they accumulated with their deceased husbands (ibid). In the Shona culture, when a husband dies, the widow may be expected to be inherited by the brother of the deceased husband as a way of keeping the deceased name active and to look after the widowed woman and her children. The motive of widow inheritance is to protect a widow and to take care of her but in other cases a widow may not be free to agree to mutual terms of sexual relations if she has no means for survival. This may also impose her to HIV and AIDS if she may be negative while the inheritor may be positive. Sometimes the inheritor may be HIV-negative while the widow is HIV-positive; this may expose the inheritor's wife if the inheritor is already married (Chinyerere 2023, 117). The major concern of this study is that, cultural deconstruction must help women to reject those cultural practices that undermines and threatens their health.

2.3.2 Widowhood cleansing ritual

According to Saguti (2016, 11), widow cleansing is a ritual that demands a widow to have sexual intercourse with the deceased husband's brother in order to appease the spirit of the deceased husband to rest in peace in the world of the dead. Saguti reveals that the spirit of a deceased husband can still identify the widow as his wife (Ibid). Shona people have a belief that a deceased husband's spirit may even interfere with any affair between the widow and any man which also intensifies widows to adhere to sexual cleansing rituals that expose them to be vulnerable to sexually transmitted infections (Chinyerere 2023). This was echoed by Harma (2016, 19) who revealed that customarily, there is a sexual cleansing ritual where some of the African widows are required to have sex with a relative as a way of being cleansed from the bad omen that is associated with the death of a husband. This may also expose widows to sexually transmitted diseases through cleansing rituals because, culturally, women lack the power to negotiate or insist on condom use. Chitando and Hadebe (2009, 62) quoted a widow: "My brother in-law gave me two choices either to be cleansed and later on be placed under a guardian relationship or to go away and lose all the property". Widows are obliged to risk their lives and their health by being inherited in order to protect the disposal of their properties by their in-law. This stems from the widespread belief that death is associated with a bad omen; hence, sexual cleansing rituals are believed to free a widow from the deceased husband's spirit (Bourdillon 1990, 44). This leaves more women vulnerable to sexually transmitted diseases such as HIV and AIDS, as married women are typically confined to the private sphere while men operate more freely in the public domain (Proverbs 31,10–31). Edet (1992) stressed that, cultural practices

impose heavier burdens and widowhood ritual that are harmful on widows while widowers are set free to perform any widowhood ritual and to remarry without restrictions**.**

Harma (2016, 19) stressed that, these hazardous cultural practices are still practiced in the Sub-Saharan countries. These countries include Zimbabwe, Angola, Botswana, Democratic Republic of Congo, Cote d'Ivoire, Nigeria, Rwanda, Senegal, Swaziland, Tanzania, Ghana, Kenya, Malawi, Uganda and Zambia. The main challenge is that sexual cleansing rituals may not give an opportunity to use protective measures because rituals and cultural practices may not be validated if performed using any protection (Ibid). Mwangi quoted a woman:

> "After the death of my husband due to HIV/AIDS, everybody rejected me, my children included. I could not bear all the pain, so I left my home and took refuge at the house of my sister whom I felt could understand my suffering. When I got infected, I was given a plastic cup and a plastic plate and was to sleep in a room next to animals. Her entire family rejected me. My suffering became unbearable and I began to contemplate suicide" (Mwangi 2014, 14).

According to previous research, even in the 21st century, some widows refuse inheritance due to fear of HIV/AIDS, while others continue to accept inheritance because of financial constraints. There is need for clear teachings and guidance to help widows to say no to unprotected sex and to break the barrier of being silenced because of threats that may be imposed to them in the name of culture.

3 Pastoral praxis: from toxic preaching to a ministry of "being there" and "being with"

3.1 Implications of a problematic theology of care for toxic preaching

The preaching of the Gospel may also become toxic to some of the Shona Christian widows who sit in the pews every Sunday listening to preachers on pulpits deliver empty messages exhorting them to rejoice in God, while not considering the pain of God's people**.** Practical Theology, as it is conceptualized here, has a mandate to assess whether our theological orientation is transformative and therapeutic in addressing challenges widows face, using preaching as a healing ritual for the traumatized and bereaved.

> "A preacher came while the body of my deceased husband was lying in the house and told me to forget what had happened. This added to my pain, how can I forget my husband whom I lost last night in a fatal car accident? I felt I could not be a true Christian because the pain of my loss would not go away simply because someone has preached and told me to forget the loss while the corpse of my beloved husband was still lying before me" (Guillebaud in Chinyerere 2023, 9).

Practical Theology ought to teach preachers to be sensitive to traumatic situations like death in order to heal the wounded soul of those in bereavement. If preaching fails to be relevant to grief ministry, the church will end up having smiling faces with wounded souls in order to detach themselves from their traumatic experiences in the name of religion. Gräb and Charbonnier (2009, 217) encourage the church's theology to be practical in regard to women to reduce the number of members who leave the church because of lack of pastoral care which fails to be accountable for the people's hope in post-traumatic situations (PTS).

3.2 Towards 'a ministry of being there'

According to Willows et al. (2004, 71), pastoral care and ministry of being there are extensions of our deep commitment to love others as God loves us. Theology of care is only possible when the church extends its ministry to the wounded and bereaved, making pastoral care and practical theology inseparable and a genuine expression of God's love to widows. This is because the initial shock, numbness, and disbelief gradually give way to the longer process of walking through grief (Buttler 2004, 70). It is believed that 96% of successful pastoral care is just showing up or being there (Buttler 2004, 26). After the burial, all support systems like friends, relatives and church members disappear from the scene, yet this is the time when grieving widows need companions to be with them in their healing journey. "It is like a long hospital stay after a surgery," the widow will now have much time alone to worry and uncertainly contemplate the future with no one to share her fears (Ibid). She will discover a lonely path as mourners begin to withdraw after the funeral. The church now has its best opportunity to be an intentional witness to the healing power of the faith community because pastoral care begins with dialogue. According to Lawrence (2015, 2), the role of the church is to facilitate and foster the ministry of presence, where God is ready and able to meet them at their point of need (Matthew 11,28).

Chinyerere (2023, 7) stressed that the church must become the companion along the route of recovery as it represents the family of faith and God's tangible presence to a traumatized widow who may be asking the existence of God during bereavement. This is because the ministry of presence has both the physical and the emotional supportive components of being there when it matters most (Paget & McCormack 2006, 1). Manning in Chinyerere (2023, 42) quoted a bereaved widow who was in confusion during the mourning period. Despite those devastating moments, the widow testified: "It is not real until you see the body, now it was all just a dream but now I know it is real. I must face it. I do not remember anything that happened, except the church service that was held". One may say that if the widow was asked on what was preached, she was not going to remember everything but what was important to her was that the church was there for her and with her during bereavement.

Collins (2007, 471) stated that "a sermon cannot take away the pain from the bereaving widow, sit with her, honour her feelings and accompany her on her journey without rushing her along". Giving continual, in-depth support to the widow will help the widow to heal from the shock. The implications of theology of care mean the church itself and the pastor also must make it clear that they are available for the widow in season and out of season. Nolan (2012, ii) revealed that connecting with people during their struggles as caregivers helps them restore their self-worth. It also helps the caregiver to understand the context of those in need of help because some traumatized people may either turn to religious faith while others may turn away. What they want is someone who can understand them and listen to their stories without prejudice. Pastoral care is only effective when the pastoral caregiver is present to share emotional burdens and encourage the bereaved through prayer, music, preaching, or simply by being present (Paget & McCormack 2006, 1).

A ministry of "being there" for the widow is very critical because "[i]t helps the bereaved to walk through grief and resume normal activities once again" (Collins 2007, 477). If the church fails to be present, the widow may turn to the most readily available sources of help, which may be imposed on her by non-Christian family members and African traditionalists. These will divert the widow's faith to any direction that may be contrary to the Christian faith. Buttler (2004, 96) divided the pastoral response to the traumatized, wounded and bereaved widows into three categories which are: What to be**,** what to do and planting the spiritual seeds of hope. On what to be, Buttler encouraged the church to be there for the widow, on what to do the pastoral giver (church) is expected to listen to the widows' traumatic stories, to take actionable help and to have compassion in order to necessitate the healing process. Hence the view that every traumatized victim may want to be with those who understand their journey and the ministry of presence must provide a conducive environment for widows to open up, be listened to and feel at home. MacCurdy (2007, 192) alluded that ministry of being there means that there must be people who are only there to hold your hands and not to quote anyone or any Bible verse but people who will be only there for social, psychological and emotional support. This is because theology of care calls the church to be undefiled because pure and undefiled religion before God the Father is to care for the orphans and widows in their distress and to keep oneself unstained from the world (James 1,27).

3.3. A call to Steve Nolan's concept of a model of the ministry of being there

This study finds it worthy to sum up the concept of ministry of presence by acknowledging the work of Steve Nolan (2012). The author was focusing on the Chaplain's presence in the context of a dying person (Palliative Care) but I became interested in his four models of the concept of being present which are: evocative presence where the

one in need of pastoral care may have a positive attitude or a negative perception, accompanying presence, comforting presence and hopeful presence.

3.3.1 Evocative presence

For Nolan (2012, 36), evocative presence varies from one person to another because of the perception of the one in need of pastoral care towards the pastoral care-giver. Nolan gives an example: a person in need of pastoral care may assume that because a chaplain represents God—whom one cannot approach, who is distant and judgmental—the chaplain may also be distant and judgmental. This contradiction can result in negative transference onto the pastoral counselor, yet the counselor's presence must remain genuine and consistent. At times the one in need of pastoral care can positively think that the Chaplain represents God and since God loves and accepts everyone, therefore the chaplain can also accept her or him (Ibid). This may be complicated but pastoral care calls chaplains to be there for all in all circumstances. A pastoral caregiver's presence is a demonstration of the Omnipresent God who will be with His people at all times. Those in grief may not acknowledge the presence of a pastoral caregiver but this must not affect his or her ministry of presence.

3.3.2 Accompanying presence

According to Nolan (2012, 61), accompanying presence calls spiritual caregivers to be present for the patient in order to engage in a therapeutic process of 'being with' in a compassionate I-*Thou* relationship. Nolan quotes a chaplain who once said, "Sometimes I feel I don't know what I'm doing and I don't know what I can do. All I can is to go and be there". Accompanying presence helps a widowed woman to know that they are loved bringing emotional support and social support to her because she will be aware that she is not alone but there are those whose silence and physical presence may help her to cope with trauma during bereavement.

3.3.3 Comforting presence

Mujinga (2012, 2) stressed that the church must not be a visitor during times of trouble but a tabernacle among the devastated as Jesus could have done to those wounded souls during his earthly ministry. In other words, a pastoral caregiver's primary purpose is to comfort those in bereavement or traumatic situations. Some spiritual leaders conflate comforting with evangelism—motivating listeners to confess sins, repent, and commit to Jesus. However, comforting should not be confused with crusade preaching, where preachers may criticize hearers to encourage repentance. Being there – and there alone – for her and being with her – and nothing else – with comforting words. A ministry of presence may be more effective to comfort the wounded souls.

3.3.4 Hopeful presence

Masango (2005, 6) stressed that the most effective therapeutic activity in pastoral care is the assurance that exudes from human love with such words as 'I am with you, I am here for you and I care for you'. Masango added that during traumatic experience and suffering, the greatest need for that person is the presence of God's people who care about and understand the situation. This alone gives hope to those widows during bereavement because they will know that they are not alone in their struggles. Pastoral caregivers must know that their presence is to foster hope to the hopeless souls during difficult times as conduits of hope in a fragmented world. According to Schlauch in Lartey (2007, 122) hopeful presence means that the church becomes the healing community through exhortation which means coming alongside to help, to give social and emotional support and encouraging which is *paraklesis*.

4 Recommendations for a way forward

Practical theology starts with mindful attention to the needs of the afflicted – in our case traumatized Shona widows, but it aims for a strategy of pastoral care. The following recommendations aim for an informed and just praxis in action:

- Premarital counselling for men and women to help them understand that caring for and supporting each other during illness and at the funeral of one's spouse is a shared responsibility. This will help to address a cultural belief that restricts women to be care-givers while men are not restricted to become care-givers.
- A call for pastoral counselling workshops to equip practical theologians and church members to be a caring and therapeutic community to wounded souls during bereavement and beyond.
- Educating both men and women to reject cultural practices that expose women to pandemics in the name of caring.
- To empower women and girls through education in order to help them to say 'no' and to educate them to safeguard their health by consulting community health care facilities before exposing themselves to health risks in the name of being a good wife.
- Couples' fellowships addressing how married couples can support each other: husbands caring for bedridden wives and vice versa. Marriage requires reciprocity because unilateral caregiving fails when needs arise. Just as a bird with one wing cannot fly, a one-sided marriage cannot thrive; therefore, compassionate love, solidarity, and empathy are essential.
- The church must make sure that preachers and theologians have workshops which may make them more sensible to life situations in order to help them to come up with a word of hope to avoid toxic theology that retraumatizes bereaved souls.

- African men are called to move from toxic masculinity to transformative and redemptive masculinities which are life-affirming. There is a need to educate men and women, boys and girls to advocate for change and a holistic approach to challenge the unchallenged cultural beliefs in order to have life-affirming masculinities.
- A call to avoid the 'real man' mentality if it exposes women to pandemics in the name of being 'real'. Shona people need to avoid promoting a system that does not challenge patriarchal ideologies that expose women to be vulnerable to pandemics; a message that calls women to be subservient must also call men to be responsible to promote the sanctity of life.
- There is need for women empowerment through education and income generating projects so that those who will be economically stable can refuse to be inherited while poor widows may give in to be inherited in fear of becoming destitute after the death of their husbands.
- The church is called to have a paradigm shift from Orthodoxy to Orthopraxis. Orthodoxy is a fixed teaching of truths, but without praxis or practical application it is meaningless. Orthopraxis is a practical teaching, because religion is dynamic and not static.
- Grief ministry through pastoral care, pastoral counselling and ministry of presence need to be taken seriously.

5 Conclusion

This study examined the intersectionality of culture, religion, patriarchy and widowhood among the Shona people in Zimbabwe while using other African contexts to show that Zimbabwe may be used as an example for what may be happening elsewhere in Africa and beyond. Drawing on ethnographic methodology from my doctoral thesis at the University of Pretoria, South Africa, this study explores the implications of a theology of care by examining the traumatic experiences widows face while enduring pandemics such as HIV/AIDS. The study shows how the quadrants of intersectionality are intertwined because it is normally *culture* that influences *religion* to impose widowhood *rituals* that may dehumanize women as they become widows in an African *patriarchal society*. The study revealed that women as primary caregivers are at risk during pandemics because of gender roles that are socially constructed as they expose them to be overall caregivers among the Shona people. I have discovered that, culturally, women have no power or even the right to say 'no' to unprotected intimacy, which threatens their health even when they are aware of their husbands' infidelity. This also exposes women HIV/AIDS because when some of these women become widows they will be inherited by the brothers of their deceased husbands if they are not economically stable and empowered to make their own choices. The study reveals that, traditionally, women are not allowed to leave their husbands. To make matters worse a married

woman is not allowed to refuse sexual intimacy with her husband using protection because it will be an issue according to the African culture. A widow may be inherited by an infected inheritor while she will be positive or she may be negative and be infected because widowhood cleansing rituals must be without any protective barrier in order to be effective. This research has discovered that men are not restricted because there is a Shona saying which stresses that "A man cannot be without a wife", allowing men to remarry while widows are 'inherited'. This is dangerous masculinization, which may cause men to be promiscuous while women are expected to stick to one partner. The church's ministry of being there was recommended as essential to holistic pastoral care for bereaved widows. Nolan's four models of counselling are an effective concept for pastoral care and counselling to bereaved widows and are applicable to any traumatic situation encountered in everyday life.

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