

**The Catholic Church and COVID-19: A Critical Appraisal of How Our Lady of Good  
Health Parish in the Archdiocese of Durban Operated during the Lockdown  
Restrictions**

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**This thesis is submitted in partial fulfilment of the requirement for the degree of  
Master of Theology, in the School of Religion, Philosophy and Classics, University of  
KwaZulu-Natal, Pietermaritzburg, South Africa**

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**College of Humanities**

## **DECLARATION**

I, Gino David Bembele, declare that

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2. This thesis has not been submitted for any degree or examination at any other university.
3. This thesis does not contain other persons' data, pictures, graphs, or other information unless specifically acknowledged as being sourced from other persons.
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## **DEDICATION**

This thesis is dedicated to my spiritual, family the congregation of the missionaries of Mariannhill (CMM) who, even during all the challenges I faced in this journey, always encouraged me not to give up. Secondly, it is dedicated to all the faithful of Our Lady of Good Health Parish both those I knew by name and those I did not know who perished because of COVID -19 between 2020 and 2021. This thesis is an academic work but also a prayer for those who might have been wedged up in a similar situation. May God reward you for what you have done well, and may He forgive you for what you have failed to do, and grant you Eternal rest.

## **ACKNOWLEDGEMENTS**

Firstly, I wish to express my candid gratitude to the almighty God who has always been my help and strength in all moments of this academic journey. What would I be without you by my side? All glory and praise are yours. Secondly, I wish to extend my gratitude to my supervisor Professor Simangaliso Kumalo and my co-supervisor Professor Herbert Moyo. Without their direction and guidance, this work would not have been a success. You pushed me to think not only critically but also to think as a student of Contextual Theology. For that, I will forever be grateful. May blessings come upon you like rain on the earth.

Lastly, I wish to express my frank gratitude to the faithful of Our Lady of Good Health Parish and their parish Priests both the former and the present, Fathers Fernando Basilio Chilequene CMM and Silvester Namale CMM, for affording me permission to conduct this study at your parish and engaging some of you. To those of you who participated in this study by way of interviews, my sincere gratitude. Your time taken to answer the interviews did not go unnoticed. Graces are coming your way.

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## **ABSTRACT**

This study is a critical assessment of how the Catholic Church in the Archdiocese of Durban has navigated through COVID-19. The researcher selected Our Lady of Good Health Parish in the Archdiocese Durban to see how it responded to the pandemic from the time of its discovery in March 2020 to the time restrictions were lifted in April 2021. This study argues that Our Lady of Good Health Parish responded appropriately to the pandemic by implementing all the regulations that were promulgated by the government and the Catholic Church itself. The research followed a qualitative approach, and data was collected through interviews from 12 respondents from Our Lady of Good Health Parish. The primary data was analysed thematically. The study found that there were both positive and negative consequences that arose because of COVID-19, most of the congregants had been impacted and had to alter their church routine. There was a huge decrease in the attendance levels at the Catholic Church, the Parish had implemented social distancing measures, there was a loss of the essence of the church, there was an online church sermon trend adopted and sacraments could not be replaced with phones or online services. The study recommends that the Parish must identify workable and practical strategies to enhance the return of the faithful to the Church, involve its faithful and many other stakeholders of interest in the making of plans for how they can go forward as a church, must observe and learn from other congregations, and must ensure that they take the COVID-19 epidemic as a lesson that would inform other crises in the future. The research recommends that studies must be carried out to help the faithful on how to deal with the negative consequences of not physically attending church during pandemics such as Covid-19. Such studies would provide ways of promoting church attendance after the pandemic since several faithful still find it difficult to return to church.

## **LIST OF ACRONYMS**

CMM: Congregation of the Missionaries of Mariannhill

COVID-19: Coronavirus Disease of 2019

MERS: Middle East Respiratory Syndrome

NICD: National Institute for Communicable Diseases

PCR: Polymerase Chain Reaction

SACBC: South African Catholic Bishops' Conference

SAHPRA: The South African Health Products Regulatory Authority

SARS: Severe Acute Respiratory Syndrome

USA: United States of America

WHO: World Health Organisation

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## **CHAPTER ONE**

### **GENERAL INTRODUCTION AND BACKGROUND TO THE STUDY**

#### **1. Introduction**

The Catholic Church like any other church around the world felt the challenges that resulted from the spread of the COVID-19 pandemic and the regulations that were imposed to control its transmission from one person to the next. When the virus was discovered in Wuhan and began to spread around the world, many countries began to impose restrictions to curb it. Public gatherings of any sort were discouraged. The Catholic Church gatherings for worship were not excluded from the ban. The head of the Catholic Church, Pope Francis ordered the whole church to respect and adhere to the regulations published by the World Health Organization (WHO), different countries, different episcopal conferences, and dioceses. Each diocese was to adapt the regulations to its context. The Archdiocese of Durban appropriated the regulations for the whole Archdiocese and shared them with all the parishes. Our Lady of Good Health Parish appropriated the regulations to its context and began to apply them.

What was evident was that the banning of public and church gatherings disrupted the life, faith, and routine of the Church. Many people, including members of the church, succumbed to the virus, others were infected and came back to the church after they had recovered. A substantial number of the Catholic faithful found refuge in the online services that were offered by different pastors from different churches. Those services and homilies sustained their faith while others lost their faith in God. On the other hand, some faithful specially those who are more conservatives resolved to stay away from Church as they could not accept service without the Holy Eucharist. The Catholic Church itself adopted and recommended online services as a legitimate way to worship. Unfortunately, some faithful got stuck in this way of worship and even after restrictions were lifted found it difficult to return to the church and be physically present with others.

This research sought to explore how the Catholic Church in the Archdiocese of Durban ministered to its people in the context of continued physical distancing and lockdown without endangering their lives. Inspired by Richard Osmer's (2008) model of practical theology interpretation, this research's aim is to contribute to the already existing knowledge of the Catholic Church and COVID-19. This is done by proposing some possible ways in which the Catholic Church in the Archdiocese of Durban could have applied to continue practicing amid physical distancing and lockdown. The study concludes that there are both positive and

negative consequences that arose because of COVID-19, most of the faithful had been impacted and had to alter their church routine. In addition, there was a huge decrease in the attendance levels at the Catholic Church as a result of the social distancing measures which were implemented. There was a loss of the essence of the church in the sense that, the church sacraments could not be replaced with phones or online services.

## **1.2. Background of the Research Problem**

According to the International Journal of Epidemiology (2020:2), the novel Coronavirus Disease of 2019 (COVID-19) was first identified in Wuhan, China, in December 2019 among a cluster of patients that presented with an unidentified form of viral pneumonia with a shared history of visiting the Huanan seafood market. Patients were assessed for viral pneumonia through the ascertainment and testing of bronchoalveolar-lavage fluid utilizing whole genome sequencing, cell cultures, and polymerase chain reaction (PCR) (Peeri, 2020:2). The virus was isolated from biologic samples and identified as genus beta coronavirus, placing it alongside severe acute respiratory syndrome (SARS) and Middle East Respiratory Syndrome (MERS) (Peeri, 2020:2). By the time the article was written, the number of persons infected by the virus had surpassed 67 091 and Chinese authorities had reported 1527 deaths from the virus, most in Hubei, the provincial epicenter of the outbreak. Within a very short space of time, over 25 countries had confirmed cases to date, including countries such as Asia, Europe, North America, and the Middle East. The virus spread internationally within a month of the first identification and could be transmitted via close human-to-human contact (Peeri, 2020:2).

According to the National Institute for Communicable Diseases (NICD) article (2020:1), a division of National Health Laboratory Services, South Africa was not spared. On the 5th of March 2020, the then South-African minister of health Doctor Zweli Mkhize made an official announcement of the first locally confirmed Coronavirus Disease of 2019 (COVID-19) case in South Africa. A 38-year-old male who had a traveling history to Italy with his wife tested positive for COVID-19 at Hilton Hospital in Pietermaritzburg, KwaZulu Natal Province. The couple was part of a group of 10 people who had arrived in South Africa on the 21st of March 2020 (NICD 2020:1).

Science had proven that COVID-19 could and did spread even more rapidly in large gatherings where physical distancing, hygiene, wearing of masks, and regular washing of

hands were compromised (Jaja, 2020:2). The World Health Organization (WHO) declared COVID-19 as a Public Health Emergency of International Concern as of 11 February 2020. Thereafter the WHO published guidelines and regulations to help the countries and the world to curb the spread of COVID-19. Part of the regulations was to ban large gatherings, including church gatherings (McIntosh, 2019:1). Leaders of the countries took decisions to lockdown their countries to minimize the spread of the virus (McIntosh 2019:1). The decisions were informed by the Epidemiological evidence which showed that extensive physical distancing, isolation, and quarantine coupled with hygiene were effective ways of reducing the spread of the COVID-19 (McIntosh 2019:1). The virus knew and respected no Church environment, pastors, and services. The spreading of the virus resulted in ill health and so many deaths.

Following the above arguments and signs of positive cases registered in the country, the South African government through the president of the country, Cyril Ramaphosa announced the national lockdown on Monday the 23rd of March 2020, to help curb the spread of COVID-19. The announcement included the suspension of gatherings of any nature, including religious ones (SAnews.gov.za, 2020). In turn, the Catholic Church in South Africa through the president of the South African Bishops' Conference (SACBC), Bishop Sithembele Sipuka, issued a document to all the priests and churches in South Africa to adhere to the regulations announced by President and to close the churches with immediate effect. No public celebration was allowed except for funeral services with 50 people per service and observing all preventive measures (SACBC, 2020). In addition, each diocese issued a document to its priests reinforcing the one that came from the SACBC.

The Archdiocese of Durban for instance issued the document entitled 'Procedures during the National Lockdown to prevent the spread of COVID-19, to all priests of the Archdiocese of Durban (Napier, 2020:1).' From the time of the first announcement of the lockdown to the time when restrictions were lifted in April 2022, several closings and reopening of churches had taken place following the tightening or relaxation of the regulations. These different moments were accompanied by diverse documents such as Guidelines for the easing of the COVID-19 National Lockdown for Parishes within the Archdiocese of Durban (Williams, 2020); Procedures during the National Lockdown to prevent the spread of COVID-19, to all priests of the Archdiocese of Durban (Napier, 2020:1); To all Priests in the Archdiocese of Durban. Instructions to reduce the spread of COVID -19 (Coronavirus) in parishes (Napier,

2021). These documents were directed to all the priests and parishes within the Archdiocese of Durban, giving guidelines on how to proceed with the celebrations, while safeguarding the lives of the faithful from infection by COVID-19.

One of the main elements of being a Church is the gathering and sharing of the body and blood of Christ aspects, which were compromised by lockdown regulations and the real threat of infection by COVID-19. The fact that the COVID- 19 pandemic thrives in large gatherings, physical or close contact among others, the core element of being a church, which is communion through gatherings is seen as a driver for the spread of COVID-19. In the whole Archdiocese of Durban gatherings for the celebration of the mass had been permitted up to the acceptable number of people as per the level of lockdown at a given time. However, greetings with hugs, kisses, and handshakes as a sign of peace practiced by the Catholics during the celebration of mass, and reception of the Holy Communion under both species: Body and Blood, was suspended (Napier, 2021).

The researcher also acknowledges the progress that science made in finding vaccines and that several people have already been vaccinated. However, the faithful are still asked to observe physical distancing during celebrations, to limit the chances of being infected or infecting others. How could the Church continue practicing under such circumstances that took away the basics of being church? This is a very theological question that many theologians and church leaders around the world have been grappling with.

The Our Lady of Good Health Parish in Durban felt the pinch of the COVID-19 pandemic. Gathering for mass and other services is the central element of the Catholic Church. The very element posed threat to its members as gatherings and physical contact could have been a source for the spread of coronavirus and possible deaths of church members. In South Africa gatherings were banned as a way of minimizing the spread of the pandemic Even with the discovery of the vaccine or after the lockdown had been lifted these measures remained in place to avoid contamination of any other form of a pandemic that could arise in the future. Some scholars such as Marco (2020) and Wang (2021) argued that COVID-19 was not going anywhere any time soon. Thus, the Our Lady of Good Health Parish in the Archdiocese of Durban had to figure out how to continue practicing in those circumstances of physical distancing and lockdown.

### **1.3. Research question and Objectives**

#### **1.3.1. Key Research Question**

What were the challenges of conducting church worship services at Our Lady of Good Health Parish in the Archdiocese of Durban in the context of physical distancing necessitated by the COVID-19 lockdown safety protocols?

#### **1.3.2. Research Sub-Questions**

1. How have the physical distancing regulations affected worship services at Our Lady of Good Health Parish Catholic Church in the Archdiocese of Durban?
2. Has the level of church attendance returned to its pre-Covid-19 level at Our Lady of Good Health Parish?
3. How did Our Lady of Good Health Parish cope with challenges associated with the COVID-19 restrictions?
4. What are the new ways of being church developed during the COVID-19 lockdown restrictions?

#### **1.3.3. Objectives**

1. To describe how the physical distancing regulations have affected worship attendance in the Catholic Church.
2. To find out if the level of church attendance has returned to its pre-Covid at Our Lady of Good Health Parish.
3. To find out How Our Lady of Good Health Parish coped with challenges associated with the COVID-19 restrictions.
4. To find out what are the new ways of being church developed during the COVID-19 lockdown restrictions.

### **1.4. Location of the Study**

This research was based in KwaZulu-Natal at Our Lady of Good Health Parish in the Archdiocese of Durban. The choice of the geographical location of this research was motivated by the personal experiences that the researcher had while serving as a deacon and then as an assistant priest at Our Lady of Good Health Parish within the Archdiocese of Durban. The research encompassed the period from the first identification of the pandemic in March 2020 in Hilton Hospital in the Province of Kwazulu-Natal in South Africa through the moment of the closure and re-opening of the churches, to the time South Africa lifted the



lockdown restrictions in, April 2022. This shows that the phenomenon being studied is not a static one but a moving one. The study was carried out within a population that is mixed with several classes of people. The congregation itself is made up of two communities of isiZulu-speaking and English-speaking. The English-speaking community consists of mostly Indians. It includes people from different racial backgrounds and economic statuses. Evidently, it was affected by the pandemic and the restrictions, but they were able to survive the storm. This was seen by the support that Our Lady of Good Health Parish through the parishioners gave to the disadvantaged people in the North-dele area and beyond. Food parcels were brought to the parish by individuals and families to be distributed to the needy on a selected day. The target population was made up of people that have been in the church for a long time.

### **1.5. Theoretical Framework upon which the study was constructed**

#### **1.5.1. Pastoral Care Framework**

Pastoral care is viewed as positive actions portraying concern, empathy, compassion, kindness, and love that are shown by the church (Moyo, 2015). Pastoral care is relevant for this study since the COVID-19 pandemic introduced challenges to a society that required the intervention of the church. Thus, one of the most feasible ways was through pastoral care and its core tenets like counseling that would serve to induce moral healing. The theory recognizes that there are several challenges that were introduced by the pandemic. Therefore, the theoretical framework was used to ask several questions from the participants and provide feasible answers and guidance in terms of how to address the harsh realities that were being faced.

### **1.6. Research Methodology**

#### **1.6.1. Research Approach**

This research uses a mixed-method kind of research, thus applying both the qualitative and the quantitative methods. However, the quantitative method will only be used in chapter five with graphs to explain how the qualitative method was used in chapter four. The research itself will be conducted qualitatively. This means that the qualitative non-empirical research approach will be employed for this study. Various scholars have given different definitions of quantitative research. The Wikipedia Encyclopaedia, defines it as numerical representation and manipulation of observations for the purpose of describing and explaining the phenomena that those observations reflect. Furthermore, it is used in a wide variety of natural and social sciences, including physics, biology, psychology, sociology and geology

(Wikipedia Encyclopaedia, 2005). For Cohen (1980), quantitative research is defined as social research that employs empirical methods and empirical statements. These empirical statements are typically expressed in numerical terms. Another clear and concise definition is given by Creswell (2017) who states that quantitative research is a type of research that is explaining phenomena by collecting numerical data that are analyzed applying mathematical based methods, statistics to be precise.

Qualitative study is that which systematically seeks to answer the research questions by turning its attention to the description and interpretation of concepts or theories used in the study (Hancock *et al* 2009:6). Furthermore, Viorela (2017:4) defines non-empirical research as that which is based on ‘reflection, personal observation, and authority/experience that are just as valuable for knowledge acquisition as empirical data.’ The research employed this tool of qualitative non-empirical research approach in the interview data responses which is used in this research. The primary and secondary data are the interview responses and the documents selected in the literature review. To achieve the study objectives, set out by the researcher for this study, the document analysis methodology was employed. This methodology ‘document analysis’ is defined by Gross (2018:546) as a ‘form of qualitative research that uses a systematic process to analyse the evidence while answering a specific research question.’ The researcher found this appropriate to this research. Hence, the motivation for its selection and application in this research. This approach was relevant for this study because it was used to find the perspectives and viewpoints of the participants through their lived experiences as they navigated their way through the COVID-19 pandemic at Our Lady of Good Health Parish.

The application of document analysis methodology was done by way of employing the thematic analysis method. Bryman (2012:579) describes the process of thematic analysis as a search for themes in the text which is being examined. Caulfield (2020:3) argues that this process is done by identifying common themes, ideas, and topics that pop up frequently. This research examined the interview responses to identify common themes, topics, and ideas that run through the different interview response scripts of the respondents.

The researcher was conscious of the fact that there was a danger of approaching the text in examination with already perceived themes that one expects to find or generate from the text or interview scripts. The researcher was equally conscious of the fact that doing so would be

forcing the scripts or interviewees to answer the research question/s. Using such an approach would compromise the integrity of the research and objectivity would be compromised as well. According to Caulfield (2020:6), this form of approach is called the deductive approach. The researcher saw the difference between the two approaches and was not impressed with the deductive approach. Hence, the researcher employed the inductive approach which allows the data itself to generate the themes and avoid subjectivity (Caulfield 2020:6).

### **1.6.2. Research design**

This study used the exploratory research design. Swedberg (2020:17) defines exploratory research design as that which consists of an attempt to discover something new and interesting, by making one's way through the research topic. Doing this type of research was risky since it is not possible to know in advance if something novel will come out of the whole research (Swedberg, 2020:17). To get an answer to the research question one must wait until one is well into the research process. Furthermore, Swedberg (2020:17) states that exploratory research, as defined here, is the soul of good research. One of the characteristics of exploratory research as identified by Swedberg (2020:17), when he states that it becomes broad and hard to handle. A researcher should keep focused and attentive to the emerging themes from the data. The proposal by Swedbur provided guidance for the researcher in this research. Researchers use the exploratory research design to find out more about the phenomenon that is unknown or barely investigated (Stokes and Wall, 2017). The researcher found the exploratory research design to be suitable for this study because it assisted in exploring the Catholic Church gatherings and the COVID-19 pandemic, with a focus on the case study.

### **1.6.3. Research Strategy**

The commonly used strategies in research include surveys, case studies, focus groups, and interviews (Albers, 2017). This research used interviews research-based strategy. This involved the posing of a range of questions to the participants so that they can provide information about the phenomenon being studied (Oltmann, 2016). This strategy was suitable for this study because it is able to uncover how Our Lady of Good Health Parish in Durban operated during the Lockdown Restrictions in the period between March 2020 to April 2022.

#### **1.6.4. Target Population and sampling**

The target population in this research was the religious leaders, and some members of Our Lady of Good Health Parish in the Archdiocese of Durban. The total number of this target population is 357 as per the 2019 parish survey. Part of this population is 1 priest and 2 permanent deacons known as the clergy.

#### **1.6.5. Sampling**

Sampling is a strategic system that uses small numbers of participants in research so that it can acquire general knowledge about its entirety (Creswell and Creswell, 2017). This research used non-probability purposive sampling. According to Ayhan (2011:1) in purposive sampling, the participants are selected by the researcher subjectively. The selection is based on the judgment of the researcher. Respondents are not selected randomly but by using the judgment of the interviewers. Consequently, there is an unknown probability of inclusion for any selected sample unit. In this research, the selection was done by the researcher through the assistance of the priest in charge of Our lady of Good Health. This was so because the priest knew well who among the parishioners could give an objective response to the interview questions.

The researcher selected 12 participants from a total population of 357. The researcher preferred this method because the parish priest knows the participants better. He was in a position that allowed him to make a good selection of participants that would have the necessary information for the study. Thus, this was a positive factor in choosing the participants. However, the researcher was much aware that there were weaknesses to this choice as there was a possibility that the parish priest could choose participants that would provide information that he wanted them to. Thus, this could compromise the findings or results of the study. Aware of the benefit of the outcome of this research, the priest would not compromise its integrity by choosing participants that would provide information that he wanted them to.

Social research indicates that for a qualitative study, saturation is reached when a researcher interviews at least 12 respondents for a study (Kothari, 2017). Based on the saturation argument above, the researcher decided to use 12 respondents for the study. The researcher chose the 12 participants which he divided into two groups of 6 people which constitute the parish, namely: the parish priest, the deacons, women, men, youth, and adults. The age

difference indicated in their answers to the questionnaires clarified the argument. The researcher was also aware of the fact that the different participants were affected differently and so their answers would vary and enrich the research.

The researcher was aware that the participants were directly affected by the pandemic and the restrictions that came with it. The interviews would remind them of the past experiences of the hardships endured during the different levels of lockdown, and they could break down. Hence, the researcher went with the interview schedule and the participants answered them in the presence of the researcher. This was done from a point of empathy, not to influence the answers and ensure that emotional support was present. Equally, the researcher organized a Counsellor who was also a priest and was always available in case a situation arose and the participants required counseling. The researcher had direct access to the counselor through his emails, WhatsApp, and direct call. The participants had direct access to the counselor whenever needed. The participants signed the consent forms.

#### **1.6.6. Research instrument**

According to Roberts & Stone (2003:70), the research instrument is one's tool for data collection and serves as a mechanism for gathering data about the phenomena being investigated. Hence, finding and evaluating the appropriateness of the research instrument is very fundamental for the researcher. Furthermore, it is advantageous to be as descriptive as possible about the phenomenon in the study (Roberts & Stone, 2003:70). The study used an interview guide as a research instrument. The interview guide was made up of 5 sections. Section A prompted the participants of the study to outline their biographical details. The biographical details assisted the researcher in identifying the age, gender, and academic qualifications of the participants. In as much as the respondents were from the same parish, they were impacted by COVID-19 differently. Thus, the differences in age, gender, and academic qualifications of the respondents provided the researcher with broad data provided by different categories of respondents. Section B enquired about the impact of COVID-19 on worship attendance in the Catholic Church in the Archdiocese of Durban. Section C sought to find the effects of physical distancing on the life of the Catholic Church in the Our Lady of Good Health Parish in the Archdiocese of Durban, in relation to the celebrations of mass and other sacraments. Section D investigated how in the past the Catholic Church responded to pandemics such as Cholera, Spanish flu, HIV, and AIDS. Finally, Section E investigated the

methods that were put in place by the Our Lady of Good Health Parish in the Archdiocese of Durban to be able to function amidst the COVID-19 lockdown.

#### **1.6.7. Data Analysis**

This study used thematic analysis in the evaluation of its data, organizing the data that has been collected based on its recurring themes (Kothari, 2017). To analyze the data, the researcher brought the data, literature review, and theoretical framework into dialogue. This process was carried out to find the relationship between the data and the literature review, and also between the data and the theoretical framework. To find the relationship, the researcher asked the questions: does the data agree or disagree with the literature? Does the theory confirm or negate the data? The themes were discussed and compared with the secondary data in the study. The thematic analysis ensured that the study provides an account of what it meant to be and to do church in the context of physical distancing and lockdown during COVID-19 and its aftereffects.

#### **1.6.8. Ethical considerations**

The researcher made sure that the privacy and confidentiality principles of the participants were observed. As indicated in the methodology above, there was no harm or threat of harm to the participants. Hence, the necessary steps were taken by the researcher to ensure that the participant's privacy and confidentiality were safeguarded. Consent was acquired from the participants and authority to conduct the study was acquired from the Our Lady of Good Health Parish Archdiocese of Durban and the UKZN ethics committee. Pseudo-names were used to safeguard the names of the participants. The researcher was present when the participants answered the interview schedules not to interfere with the responses but to assist in case of emergency.

#### **1.7. Validity, Reliability, and Rigour**

This study is qualitative in nature. Therefore, it assessed the data collected based on the element of reliability. Reliability applies in terms of trustworthiness (Brooks and King, 2017:91). The sub-elements include dependability, credibility, transferability, and confirmability. This study made sure that its data was reliable by making sure that the ethical considerations were explained to the participants, and this assured them that they would not be harmed, or exposed to anyone and permission has been required, meaning they could be able to provide any type of information without the fear of being harmed. In addition, the

study made sure that all the appropriate steps outlined by the methodology were strictly complied with. Finally, the researcher compared the findings of the study with the secondary data that was relevant to this study.

### **1.8. Anticipated Problems/Limitations**

The study used two types of sources for data: primary and secondary, interviews and documents, journal articles, and books that are relevant to the study. Firstly, this would be a problem because there may be a lack of substantiated answers to some of the questions that the study poses. Secondly, the information that would be found may be biased or from a subjective perspective of the researcher's secondary data that would be analyzed. These challenges were addressed by the researcher through the selection of the most reliable sources of data (participants) that have integrity and by following a strict comparative analysis that conducted a deep comparison of the secondary data acquired.

### **1.9. Outline of Chapters**

Chapter 1- General introduction

Chapter 2- Literature on COVID-19 and its impact on churches

Chapter 3- Theoretical Framework upon which the research was built upon

Chapter 4 - Research methodology

Chapter 5- Presentation of the research findings and analysis

Chapter 6-Conclusions and recommendations

## **CHAPTER TWO: LITERATURE REVIEW**

### **2.1. Introduction**

The previous chapter presented the background of the study, the theoretical framework, and the roadmap for the study, known as methodology. This chapter presents the literature review that is relevant to this study. The literature review is specifically based on the themes presented in the data presentation and analysis. This is done to ensure that the secondary data that is available could substantiate the study. It is essential to conduct a study on church gatherings as a source that contributes to the spread of COVID-19. This is because church gatherings are an important part of the church concept (Harvest Baptist Church, 2020). There are several key elements that contribute to the aspect of what a church is and one of the most vital one is gathering to share the word of God and its sacraments. This important aspect has been extremely affected because of the COVID-19 pandemic. This is because of the social bans that have been implemented across the globe. COVID-19 spreads at a fast pace where there are large numbers of people and increased chances of physical or close contact (Curley, 2020). Therefore, church gatherings would contribute so much to the spread of COVID-19.

In addition, there are so many practices that are involved within the Catholic Church for example hugging, handshakes, and many more. These have a high likelihood of increasing the possibility of COVID-19 transmission. To add to this, the disruptions that have been introduced by the pandemic brought about a major risk to religious leaders (Greene, Bloomfield, and Billings, 2020). This is because religious leaders are faced with the threat of coming across moral injury and psychological trauma. The religious leaders may feel morally guilty for being incapable of providing guidance and support for their congregants when they are in dire need of that (Osei-Tutu, Kenin, Affram, Kusi, Adams, and Dzokoto, 2021). Furthermore, the roles and responsibilities of religious leaders would seem to be reduced or eroded because of the restrictions that have been imposed across the globe for the purpose of addressing the COVID-19 epidemic. Therefore, it is necessary to assess the impact of the COVID-19 pandemic and indicate how the Catholic Church can continue to minister to its faithful without endangering their lives.

This chapter is divided into the following sub-topics: the general background of the Coronavirus disease of 2019 (COVID-19); the impact of the coronavirus on worship attendance; the impact of COVID-19 on Catholic Church attendance; the way the Catholic



Church has responded to the pandemics in the Past; and, the methods that have been put in place by the Catholic Church to be able to function amidst the COVID-19 lockdown.

## **2.2. General Background of the Coronavirus Disease of 2019**

### **2.2.1. Global Scale**

A few months after its identification as indicated in the background, COVID-19 spread to so many other countries across the globe within a few weeks of being discovered in Wuhan (Liu, Kuo, and Shih, 2020). There were cases that started being reported in the Continents of Asia, Europe, and North America as early as December 2019 and January 2020. The virus eventually made its way across the entire globe. COVID-19 spread at a quick pace because it can be transmitted through human-to-human contact (Shereen, Khan, Kazmi, Bashir, and Siddique, 2020). As of 18 August 2021, there were 209, 629, 565 reported COVID-19 cases, 4, 399, 288 deaths, and 187 884 885 recoveries at the global level (Worldometer, 2021).

It had been argued that there were many potential benefits to vaccination against COVID-19 (MU Health Care, 2021). It had equally been pointed out that receiving a vaccination against COVID-19 ensures that the recipient neither gets seriously ill nor transmits the virus to others. There are 3 main vaccines that have been made to ensure that people across the globe are able to counter COVID-19 (CDC, 2021). These vaccines include Pfizer-BioNTech, Moderna, and Johnson and Johnson's Janssen. As of 13 August 2021, 31.8% of the global population had received at least a single shot of the COVID-19 vaccine and 23.9% had undergone a complete vaccination dosage (Our World in Data, 2021). There were a total of 4.8 billion doses that were administered globally, and 34.54 million every day.

### **2.2.2. South Africa**

The president of South Africa, Cyril Ramaphosa, made an official announcement that indicated that the country was going to go on national lockdown (SAnews, 2020). This announcement was made on the 23rd of March 2020. The purpose of this national lockdown was to assist in addressing the spread of the virus. The president indicated that there would be a suspension of all gatherings in the country (SAnews, 2020). This meant that social, religious, or gatherings of any other nature were prohibited. There were several levels of the lockdown that were imposed in South Africa (Stiegler and Bouchard, 2020). Each of these levels had its own specifications and implications for the people living in the country.

As of the 30th of August 2021, there were 16,426,011 official COVID-19 tests carried out in South Africa (SACoronavirus, 2021). Out of these tests, there were 2,770,575 positive cases, 2,533,956 recoveries, and 81,830 deaths (Worldometer b, 2021). The South African Health Products Regulatory Authority (SAHPRA) has indicated that the people in the country will be vaccinated with vaccines namely Johnson and Johnson, Pfizer, and AstraZeneca (SACoronavirus b, 2021). There have been 12,289,478 vaccines administered in South Africa (SACoronavirus, 2021).

### **2.3. The Impact of the Coronavirus on Worship attendance**

The COVID-19 pandemic has affected religious attendance at a global scale, especially where physical distancing has not been observed (Jaja, 2020:2). This is in a situation where there is a lack of social distancing, personal hygienic measures, and other protective sanitary tools and equipment. Therefore, mass gatherings increase the risk of infection and the spread of the virus. The WHO further provided detailed guidelines and regulations to the nations in the world pertaining to how they could reduce or stop the spread of the pandemic (2020:2).

The WHO emphasized that it was important for countries to ensure that they discourage or stop large gatherings of people (Morrison, 2021). Church gatherings fell into this category. This suggestion prompted leaders at all levels in so many global states to adopt this strategy for addressing the pandemic (Osei-Tutu et al., 2021). The WHO based its judgment on epidemiological evidence that outlined that the appropriate measures of social distancing, isolation and quarantining, and following hygienic practices are important for addressing the rapid spread of COVID-19. However, religious leaders realized that the ban that was introduced in their countries meant that they would be restricted in the conduct of their duties and responsibilities (Greene et al., 2020). This was because their duties were mainly based on physical contact basis. The ban on social gatherings meant that religious leaders or other representatives could not be able to visit the sick faithful, and conduct face-to-face religious activities for example holy communion, mass public prayers, weddings, or funerals.

#### **2.3.1. The Impact on the General Church Attendance**

The impact of the COVID-19 pandemic on church attendance can be categorized into positive and negative consequences (Osei-Tutu et al., 2021). The consequences were associated with general principles of psychological trauma and disaster response (Greene et

al., 2020). These consequences affected both the religious leaders and their congregants. The negative consequences are discussed below:

#### **2.3.1.1. Spiritual Slacking**

The COVID-19 pandemic led to a suspension of physical religious gatherings (Durmuş and Durar, 2021). This changed the usual routine that the leaders and their congregants were happy with and used to. This brought about difficulties for religious leaders in being able to prepare or deliver sermons to their congregants. It was shown in the Osei-Tutu et al., (2021) study that the aspect of prayer and preaching had been affected. It was argued that there was little excitement and a reduced level of preparedness in the church leaders because of the absence of physical contact with the congregants (Osei-Tutu et al., 2021). In addition, the religious leaders themselves benefited through growth in their faith because as they prepare sermons for their congregants, they were also in the process of learning (Greene et al., 2020). However, because of the COVID-19 pandemic, they were forced to adjust to a new routine that made it difficult to carry out their functions effectively. There was a lack of social comparison and support from their congregants (Wildman, Bulbulia, Sosis, and Schjoedt, 2020). These factors generally ensure that the effectiveness of religious leaders is enhanced. Religious leaders get excited and energized by the presence of their congregants during the delivery of sermons (Rias, Rosyad, Chipojola, Wiratama, Safitri, Weng, Yang, and Tsai, 2021). Therefore, the physical absence of the congregants meant that they get bored and had low morale in the process.

#### **2.3.1.2. Loss of Fellowship**

The lack of physical gatherings resulted in the loss of fellowship (Morrison, 2021). Furthermore, Morrison argues that the loss of fellowship weakens the religious system. So many religious groups struggled to transition from the face-to-face system to virtual arrangements (Rias et al., 2021). This resulted in the loss of social benefits that could be acquired from the physical interactions between religious leaders and their congregants. The physical interactions of religious leaders with their congregants or the congregants with each other help to strengthen the aspects of community and fellowship (Wildman et al., 2020). The absence of the physical aspect contributes to despair because of loneliness and the lack of support. Wildman's argument is true in relation to the experience of worship during the peak of COVID- 19 at Our Lady of Good Health Parish.

#### **2.3.1.3. Disturbance of the Normal Religious Routine**

The COVID-19 pandemic brought about disruptions in the daily routines of people across the globe (Norman and Reiss, 2020). This included routine religious gatherings. The COVID-19 pandemic came as a new phenomenon that had not been experienced in the world and people were affected because they did not know how to respond to it. Religious leaders and their congregants tried to maintain their routine practices but could not manage them because of the banning of social gatherings (Martínez-Torrón, 2021). Religious leaders and their congregants were affected in terms of the way they could discharge their duties and carry out their responsibilities (Byrne and Nuzum, 2020). Activities like dressing in a certain manner to go to the place of worship or visiting members of a congregation, carrying out rituals, gestures, or touching became disallowed. This resulted in so much frustration and other negative emotional consequences and low levels of productivity in so many religious activities.

#### **2.3.1.4. Pandemic Anxiety**

Pandemic anxiety can be defined as the fear that people possess because of the chance of being infected by a pandemic (Woon, Abdullah, Sidi, Mansor & Jaafar, 2021). Rajkumar and Tandon, (2020) postulate that COVID-19 has created a fearful environment among people throughout the world, and this is due to its highly infectious nature. The reality of fear, anxiety and nervousness has even prompted some people to commit suicide (Goyal et al., 2020). The psychological fear for instance as argued by Barkur & Vibha, (2020), exists because of the non-availability of any precise and dedicated treatment in the absence of any vaccine for this precarious virus. The only solution to this deadly virus was social distancing and nationwide lockdown. The observance of these protocols generated anxiety and emotional distress (Barkur & Vibha 2020).

#### **2.3.1.5. Financial Stress**

The financial stress that occurs because of a pandemic refers to the loss or reduction in income that is experienced by religious leaders or their congregants (Osei-Tutu et al., 2021). Many religious organizations provide their leaders and other employees with remuneration for the services that they provide (Rias et al., 2021). Furthermore, Rias et al (2021) argue that most of these people do not have any other forms of employment or sources of income. Therefore, they rely on their jobs that are connected to religious activities. It follows that the banning of religious gatherings had financial implications for these stakeholders. This is

because so many religious establishments would not be operational and would not be able to generate any finances that would be used to remunerate them. The congregants involved may have been employed in so many institutions that possibly closed or operated at a lower level (Wildman et al., 2020). This meant that they lost their jobs, or their salaries or wages were reduced. This brought about stress to these people in terms of their normal budgets and livelihoods that they would fail to maintain. However, there were positive consequences that have been associated with the church because of the COVID-19 pandemic. These are discussed below:

#### **2.3.1.6. Increased Faith**

The Pew Research Center (2021) says that the increase in the faith of people can be defined as the rise in participation and engagement in several aspects of religious beliefs and practices. The bans that were implemented across the globe indicated that regular church attendance was restricted. This would naturally imply that there would be challenges in the growth of religious beliefs and practices. On the contrary, the time that spiritual leaders and their congregants had, provided them the chance to grow in faith through devotion and prayer.

#### **2.3.1.7. Increased Family Time**

Family time can be defined as the period that people spend with their spouses, children, and many other loved ones in their homes (Vanderhout, Birken, Wong, Kelleher, Weir, and Maguire, 2020). Furthermore, they argue that daily routines that are influenced by duties and responsibilities make it difficult for people to have enough time, or any at all to spend with their families (2020). However, the bans that were introduced allowed some people to spend more time with their families (Safefood, 2020). Safefood is aware that some people were locked away from their homes and families, and for that reason, they could not enjoy that benefit of quality time with their families (Safefood, 2020). He is equally aware that not all who spent time with their families developed strong bonds. Mahlangu (2022), agrees with Safefood and speaks of violence against women and children in South Africa during the lockdown.

### **2.4. The Way the Catholic Church has responded to Pandemics in the Past**

In as much as the Catholic Church has faced challenges regarding pandemics in the past, it has tried to uphold scientific knowledge and endeavored to strike a balance with faith.

However, there are some instances where the Catholic Church has shown in the past that they were more dependent on prayer as a solution to pandemics and not practical methods of treatment (Cacciatore, 2021).

#### **2.4.1. Cholera**

A starting point of reference includes the Cholera outbreak in 1832 in the United States of America (USA) (Cacciatore, 2021). He further argues that the religious groups and the government of the country advised the citizens to gather so that they would pray for the healing of the state (Cacciatore, 2021). Big countries like the United Kingdom and France similarly adopted this approach. The general concept that was being presented included that Cholera was a disease for sinners and the poor. The Church did not pay attention to the threat that was present that the gathering of people would mean that the disease would spread easily (Cacciatore, 2021).

#### **2.4.2. HIV-AIDS**

Vitiello (1993) postulates that the Catholic Church has shown so many ways of addressing the HIV-AIDS pandemic ever since it originated (Vitiello, 1993). Furthermore, he states that the Catholic Church established conservative moral teachings and values that address issues of sexual practices and marital relationships. The Church leaders ensured that they would not only provide church-related HIV-AIDS services but social and pastoral aspects that served as an important dimension in the battle against the virus. A point of reference is the Caritas Internationalis (Vitiello, 1993:18). This organ of the Catholic Church served as a humanitarian facet that provided sponsorships for educational and awareness campaigns. These initiatives also catered to other entities like political, and social leaders and other professionals from many states across the globe (Vitiello, 1993). The Catholic Church made sure that this was carried out in concurrence with the provision of basic medical and social facilities and resources (Vitiello, 1993). These were, for example, food, medicines, tools, and many other things that the beneficiaries sought. In addition, the Catholic Church took up the responsibility of assisting people who were dying to come to terms with and face the truths about HIV-AIDS (Vitiello, 1993).

#### **2.4.3. The 1918 “Spanish Flu”**

The influenza pandemic that occurred between the years 1918 and 1919 was devastating and caused the death of over 50 million people (Little, 2020b). The virus was first recognized in

the United States of America and then in France in 1918 (Tsoucalas, Kousoulis, and Sgantzios, 2016:24). This flu strain was deadly as compared to others and caused the death of most people between the ages of 20 to 40 (Little, 2020b). In Europe, this virus spread quickly in countries like France, Spain, and Italy in the First World War period (Martini, Gazzaniga, Bragazzi and Barberis, 2019:64). In addition, the virus brought about devastating socioeconomic consequences throughout the globe (2019:64). There was confusion in terms of what the cause of the virus was since it was believed that it originated from Pfeiffer's bacillus (Martini et al., 2019:64). Various laboratories across the globe were uncertain of the etiology of the infection (Tsoucalas et al., 2016:24). The first public preventative measure was taken in August 1918 where it was imposed that communities across the globe must be notified of suspected cases and have a surveillance system (Martini et al., 2019:64). This system involved finding suspected cases and voluntary and mandatory quarantine or isolation of the people in their communities. This helped to slow down the spread of the virus. Samples were gathered from infected soldiers and young people and Virological and bacteriological analyses were conducted (Martini et al., 2019:64). These helped in figuring out a way of dealing with the virus.

The Catholic Church responded to this pandemic by firstly closing its Churches across (Whiting, 2020). They then erected hospitals and religious centers that helped people that were infected and affected by the Spanish Flu (Connolly, 2020). There was danger faced by the Church and its delegates that were working to curb the Spanish flu in the Catholic hospitals, monasteries, and makeshift centers (Connolly, 2020). By the time the pandemic burned itself out, there were a serious number of delegates that had died from it.

#### **2.4.4. The SARS Outbreak**

In 2003 there was a global disease outbreak called SARS (CDC, 2013). Initially, it had no name, origin, or cure. SARS is an extremely contagious respiratory sickness that comes with fever, headaches, body pains, and dry cough (Britannica, The Editors of Encyclopaedia, 2020). Patients with this illness may eventually struggle to breathe. Public health scientists from all over the world failed to understand or contain the crisis. Doctors in the Guangdong province in China were the ones who came across the first cases of the virus (Little, 2020a). The WHO began investigating and confirmed outbreaks of the virus in Southeast Asia (CDC, 2013). The virus had pneumonic symptoms. The WHO found that the virus was spread and became rapidly fatal. The months that followed saw 8,096 people from 26 nations were

infected with SARS and 774 of them died (Little, 2020a). There was slow reporting of the virus, and this led to its rapid spread across the globe. This was because the health practitioners from the Guangdong province in China believed it was mere pneumonia (Little, 2020a).

#### **2.4.5. The MERS Outbreak**

The first official case of MERS occurred in Jeddah Saudi Arabia on June 13, 2012 (Al-Osail & Al-Wazzah, 2017: 3). The outbreak led to the ill-health of many health practitioners who had been in contact with the infected people. The scientists that studied MERS found that it was a zoonotic disease that is usually found in animals (United States Department of Labour, 2022). The disease had the capability of affecting human beings. The MERS was passed on from one person to another through air droplets (CDC, 2019). Therefore, health practitioners informed people to isolate themselves and use personal protective equipment. However, the MERS spread to other parts of Saudi Arabia like Makka, Riyadh, and AlHassa (Al-Osail & Al-Wazzah, 2017: 3). There were so many deaths in communities and hospitals to the point that some of the latter were forced to close. The patients that were at high risk included the ones that had underlying chronic illnesses like renal failure, congestive heart failure, and diabetes. The MERS spread to other countries like Qatar, Bahrain, Kuwait, Jordan, and Tunisia (Al-Osail & Al-Wazzah, 2017: 3). The WHO made an official report on 7 December 2015 that stated that the MERS had been identified in 26 nations across the globe (United States Department of Labour, 2022). There were a total of 1621 official cases and 584 deaths (CDC, 2019).

#### **2.4.6. Point of View about the Catholic Church and pandemics**

An argument can be put across that the Catholic Church has shown a failure to completely observe protocols in times of pandemics. For example, the Catholic Church in the Diocese of Ruteng, Manggarai in Indonesia did not stop its gathering to celebrate the ordination of Monsignor Siprianus Hormat (Widyawat and Lon, 2020). The celebration continued despite the WHO clearly indicating, a few days before, that COVID-19 was a deadly pandemic and had to be contained (Widyawat and Lon, 2020). The event had a total gathering of about four thousand people from across Indonesia (Widyawat and Lon, 2020). There were different categories of people that attended, ranging from Bishops, government officials, and the lay faithful of the church (Widyawat and Lon, 2020). So many entities and organizations voiced their concern over this action and the Diocese of Ruteng was labeled as being stubborn.



People across the world called the Church fatalistic, ignorant, and irresponsible because it looked like there was no care for the health and safety of the people that attended and those that they would meet afterward (Widyawat and Lon, 2020). This ceremony proceeded despite the Pope of the Catholic Church making an official announcement for the suspension of gatherings because of the epidemic (Widyawat and Lon, 2020). The Catholic Church Diocese of Ruteng argued that it made sure that it complied with safety protocols and procedures that ensured that people that attended the ceremony were not at risk (Widyawat and Lon, 2020). However, this was questionable.

## **2.5. The Methods that were put in place by the Catholic Church to be able to function amidst the COVID-19 Lockdown**

Many religious groups, denominations, and organizations were forced to respond to the COVID-19 pandemic so that they could keep their congregants safe and somehow continue operating despite being able to gather (Mayaki, 2020). There have been many different global responses that have been shown by the Catholic Church. Most of the Catholic Diocese across the globe were closed and could not gather for worship at the beginning of the lockdowns that were implemented (Robinson, 2020). However, as time passed and means of staying healthy and promoting safety were available, some churches started to gather for worship.

The Catholic Diocese of Rome ensured that it avoided close contact with its faithful (Robinson, 2020). The Church emphasized the necessity of ensuring that acts such as handholding, touching, kissing, or sharing of communion were not allowed. These types of practices were observed in many other platforms that are not religious. The Diocese of Rome showed innovation and embraced technological solutions to the COVID-19 pandemic (Robinson, 2020). The Diocese started live-streaming Pope Francis' daily mass and Sunday sermon. Some of the parishes under the Diocese of Rome offered drive-through confessions. These measures ensured that the congregants continued their Church activities despite being unable to gather.

The Roman Catholic Church in Ghana implemented rules of ensuring that congregants keep a minimum of a meter from each other and avoid physical contact at the Church (Diseko, 2020). The Parishes in Ghana encouraged its Priests to make sure that they placed the Holy Communion in the faithful's hands and not mouths as per custom. They also no longer provided wine (the Blood of Christ) in a single chalice. In addition, the Parishes ensured that

they no longer shook hands as a sign of peace but merely prayed for any faithful that they had sat close to in Church.

The Archdiocese of Detroit emphasized to its faithful that they should continue to wear face coverings and practice social distancing regardless of being vaccinated (Archdiocese of Detroit, 2021). The idea was to make sure that there was a reduction in exposure to COVID-19. The Archdiocese of Detroit asked its Parishes and members to be technical and innovative in the fight to remain safe and healthy against the virus. This included practical measures like having a specified area where social distancing would be adhered to, wearing protective gear, use of signage, having a designated space for the choir, and sanitization of their Parishes (Archdiocese of Detroit, 2021).

The diocese of England and Wales encouraged its faithful to observe the regulations from the Public Health England and HM Government Places of Worship Task Force (CBCEW, 2020). The Church recommended actions that were outlined as being good practices. These included paying attention and checking the prevailing conditions, news, and developments about the COVID-19 pandemic, social distancing and managing the capacity of its Parishes, wearing protective gear, and usage of sanitizers.

The Catholic Archdiocese of Melbourne followed similar actions against the COVID-19 epidemic (Catholic Archdiocese of Melbourne, 2021). These included the encouragement of its Parishes and faithful to adhere to the curfews that were instituted by the government, wearing protective gear, and restricting the number of people in attendance for activities like weddings, funerals, and many others.

## **2.6. The level of church attendance during the lockdowns as compared to pre-COVID-19 levels**

Mahiya and Murisi (2022) pointed out that the COVID-19 crisis redefined human interaction and brought unprecedented patterns of life to global communities. These affected the religious practices that were forced to follow or adopt new safety and preventative protocols so that they could continue to worship. The COVID-19 pandemic has forced congregants to not attend church activities (Strong, 2022). There were so many reasons that people across the world refrained from going to church before, during, and after the heights of COVID-19.

According to Wood (2021), some of the reasons included COVID-19 hesitancy, inertia, weak attachment, church switching, no value-added, and no Jesus. In terms of COVID-19 hesitancy, congregants across the world were afraid of exposing themselves to the virus that was wreaking havoc (Wood, 2021). Congregants faced the consequences of inertia by being disrupted from their usual practice of going to church. There were so many congregants that had a weak attachment to the church and the disruption caused by COVID-19 resulted in them going further away from their commitment to going to church (Strong, 2022). There were so many people that were going to a particular church but switched to another because they perceive the new one as being safer, and closer to where they stayed, they gave moved or got attached to it during the COVID-19 crisis (Wood, 2021). So many congregants started feeling that they were not receiving any value from attending a particular church and they altogether stopped going there or switched to another. Finally, some of the people did not really know Jesus as their Lord and Savior and were not encouraged to continue to go to church (Strong, 2022).

Many faith leaders are continuously asking their congregants to go back to their churches, but the numbers have not gone up (Nortey, 2022). This is despite the fact that the COVID-19 pandemic has been managed to a large extent through the vaccinations that have been administered and the safety protocols that have been implemented successfully on a global scale (Nortey, 2022). These low attendances have continued to be seen in various church activities like baptisms, weddings, and funerals (Kelley, 2022). There are so many churches that have adopted and are taking tentative steps to ensure that they restore the pre-COVID-19 church routines (Dallas, 2022). Strong (2022) argues that church leaders have opened their doors, but it seems as if some of the congregants are not ready to return. The COVID-19 pandemic came across as a period of sinking or swimming for so many churchgoers (Gosselin, 2022). Church attendance is continuing to be affected because of the pandemic-related budgets that most cannot afford and membership challenges (Dallas, 2022).

In South Africa, the levels of attendance had improved but had not reached similar ones in comparison to the pre-COVID-19 pandemic (Stoltz, 2022). However, congregants are slowly returning to the churches and there could be a much better attendance by the end of 2022.

## **2.7. The COVID-19 restrictions have accelerated the trend towards online worship (individualism) to the detriment of church-based worship.**

Strong (2022) argues that churches that have implemented a hybrid worship model that involves meeting members in person or using online facilities have seen the most growth or constant numbers in membership. This has been compared to the system that was and continued to be adopted at the workplace and in schools at a global scale. Kelley (2022) agrees with this and points out that most churches at the global scale have realized that it has become necessary during and post-COVID-19 to change how congregants and people, in general, are engaged. Stoltz (2022) argues that the lockdowns that were implemented the world over forced churches to start broadcasting their services and church activities so that they could continue to reach and engage people.

The online attendance of most churches has grown exponentially (Kelley, 2022). However, it was difficult to identify if all the attendees were actual members of the church or basic one-time visitors. This was a difficult thing to assess for most churches that had basic online systems that could not identify their members through logging in or other forms of recognition. Kelley (2022) emphasizes that it is important to ensure that the system cements the fact that it is Bible-centric, and that the gospel has not changed despite the use of new, modern, or innovative practices. The COVID-19 pandemic had forced so many people to adopt online worship over the past 2 years because of factors such as career shifts, the creation of new relationship dynamics, and relocation (Kelley, 2022). These dynamics introduced both positive and negative consequences to the church on a global scale. On the positive side of things, the online platform served as a catalyst for some people who ordinarily never went to church to explore and resulted to benefit from the process (Kelley, 2022). The benefit could be seen through the support that was provided that enabled so many people to navigate through the height of the difficult COVID-19 crisis.

There had been so many African churches that had adopted the use of online church services successfully (Mahiya and Mursi, 2022). This helped and has continued to ensure that congregants did not lose faith and support from their church leaders. People in countries like the USA had embraced the virtual attendance of church services (Nortey, 2022). In Zimbabwe, there were so many churches that had implemented the online system to ensure that they connect with their members continuously and at the same time attract the youth

(Mahiya and Mursi, 2022). Most of the global churches realized that millennials would be more enticed to be involved in activities that were online-based (Gosselin, 2022). South African churches had shown a big shift towards the use of online services to continue ministering and engaging their congregants (Stoltz, 2022). That had been a welcome shift and had managed to cater to churchgoers and other people who would not have otherwise had that type of access.

### **2.8. The possibility of the Catholics replacing their sacraments with their church services on their phones or computers**

Catholic faithful and people on a global scale had adopted the use of modern technologies like cell phones, tablets, computers, and other devices to access church services or activities (Norman, 2022). People and the faithful could access church services or activities as they occurred or later, at a time of their choice. This meant that the faithful who would not have managed to attend a service or activity physically could be able to access the at a time of their choice. This has become convenient and improved church engagement, support, and attendance on a virtual basis. This helped and has continued to ensure that congregants from different churches do not lose faith and support from their church leaders (Mahiya and Mursi, 2022).

In Zimbabwe, there were so many churches that had implemented the online system to ensure that they connected with their members continuously and at the same time attracted the youth using modern technologies (Mahiya and Mursi, 2022). There were so many congregants and people in South Africa that had embraced the use of digital facilities to access church services and activities (Stoltz, 2022). This indicated that the use of these technologies could be able to cater to the lack of physical attendants. The positive side of this system was that technological advancements enticed the youth and the modern generation. There was a need of using familiar features that the youth were acquainted with and interested in or find them where they usually spend most of their time (Gosselin, 2022). Youths, and people in general, spend so much time on social media platforms. However, the negative aspect is that some people, like those in rural areas or that, cannot afford to purchase or have enough financial resources to afford them, would be excluded (Mahiya and Mursi, 2022).

## **2.9. Conclusion**

This chapter presented the literature review that is relevant to this study. The literature review is specifically based on the objectives of the study. This was done to ensure that the secondary data that was available would substantiate the study. It is essential to conduct a study on church gatherings as a source that contributes to the spread of COVID-19. This is because church gatherings are an important part of the church concept. The literature review managed to provide insight pertaining to the general experiences that have been introduced by the COVID-19 pandemic to the public and the church. The literature review provided general responses to the research objectives. However, the secondary data does not have enough information pertaining to the local experiences and especially the target area of the study. The next chapter provides the research methodology that is used in the study.

## **CHAPTER THREE**

### **THEORETICAL FRAMEWORK**

#### **3.1. Introduction**

The previous chapter presented the literature review of the study. The secondary data was directly based on the research objectives. The secondary data that was used was derived from journal articles, textbooks, and reputable online sources. This section presents a detailed account of the pastoral care theoretical framework. Pastoral care is viewed as positive actions portraying concern, empathy, compassion, kindness, and love that are shown by the church (Moyo, 2015). Pastoral care was relevant for this study since the COVID-19 pandemic introduced challenges to a society that required the intervention of the church. Thus, one of the most feasible ways was through pastoral care and its core tenets like counselling that would serve to induce moral healing. The theory recognizes that there are several challenges that were introduced by the pandemic. Therefore, the theoretical framework was used to ask several questions from the participants and provide feasible answers and guidance in terms of how to address the harsh realities that were being faced.

#### **3.2 Pastoral care**

The theoretical framework that was used in the study was pastoral care. Moyo (2015) explains that pastoral care considers human wholeness. Human wholeness is considered because health in the bible is looked at from the point of life and salvation. However, the way the term is used in spiritual healing may sometimes appear to be much narrow (Moyo, 2014). It may appear to be narrow because it may encompass faith, divine, miraculous, or charismatic healing. Even though this is the case, spiritual healing entails wholeness and a comprehensive understanding of the soul (Moyo, 2015). The concept of the soul, *nephesh*, outlines life in terms of an experience that incorporates the presence of God within a cultural system and network where human beings socially interact.

##### **3.2.1 Defining and understanding Pastoral care**

Pastoral care is viewed as positive actions portraying concern, empathy, compassion, kindness, and love that are shown by the church (Moyo, 2015). Pastoral care is usually portrayed by pastors towards people that are found in unfortunate circumstances. The unfortunate circumstances may include illnesses, being affected by dark spirits, or death. Pastoral care is the way the church responds to human needs. Human beings may be faced

with so many different problems or challenges like suffering and the feeling of not being whole, for instance through moral injury (Moyo, 2014). There are people that are faced with pathological spiritual, psychological, and moral wounds that may emanate from war atrocities. People that have problems or challenges of this nature require pastoral care for healing and sustenance (Moyo, 2014).

Barbara McClure (2012:269) gives a comprehensive, yet a simple definition of Pastoral Care theory by first taking the readers back to its origins. McClure says that the term *pastoral* in ‘pastoral care’ comes from Latin *Pastorem* which means Shepherd, tending to the needs of the vulnerable. McClure (:269) further explains that in the early history of the Church, Christians leader took on the role and identity of shepherds, careering for the members of their congregation as a shepherd tends his sheep. Similarly, the term care comes from the same pastoring and explains further the term pastoral as an attentive concern for another. These two terms fit together and they indicate various responses of a person or persons motivated by God’s love for another or others. McClure (:269) clarifies that, although pastoral care is linked to Christianity it is not limited only to it. Pastoral care has extended beyond Christian tradition; it grew out of exigencies of congregational life. McClure’s understanding and definition of pastoral care theory fits well with that of Moyo, and the two exhibit similar orientation to life.

Schleiermacher as quoted by Meyer (1970), also known as founder of the pastoral care theology is in agreement with Moyo. For him, pastoral care and counselling theory and practice should be congruent with the purpose and nature of the Christian community. Pastoral care’s nature is that of love. Since the purpose of the community is to make men (sic) more completely human spiritually, humanly, psychologically and morally, the community demonstrate this within and outside its members. Schleiermacher (1970) further says that this love works to recreate individuals as well as the society. This love is the driving force for social action which demands justice for all. Such a driving force for social action is what the COVID-19 situation called for, especially during the hardest times of lockdown.

Ute Lemgruber (2022:3) also conquers with moyo however, in the article *Vulnerance of Pastoral Care*, shows the dangers that are associated with pastoral care theory. Lemgruber argues that in the name of pastoral care many people are being hurt and abused every day (2022:3). Furthermore, Lemgruber states that approximately three-quarters of all cases of abuse occur or begin in the context of pastoral care or spiritual counselling (2022:3). Often,



theories of pastoral care do not address this danger and tend to idealize the practice of pastoral care. In contrast, it is necessary to recognize a specific power to victimize due to the theological and structural power differential in pastoral relationships.

With that said, pastoral care was relevant to this study because there was a need of showing concern, empathy, compassion, kindness, and love that is shown by the church to the churchgoers and community during and after the COVID-19 pandemic. COVID-19 brought about unfortunate circumstances for people from across the globe. There were so many people that fell ill and died, some were grieving the sick and those that had died, some were alone, had no source of income, and went hungry and many other problems. These challenges bring about suffering and the sense of people not feeling whole. People that experienced the challenges because of the COVID-19 pandemic were faced with pathological spiritual, psychological, and moral wounds. Therefore, it was necessary for the church, to use pastoral care, to assist in the healing and sustenance processes.

Moral repair and moral healing involve the situation where a person that is a victim of a negatively challenging problem is helped to deal with its consequences (Moyo, 2015). The idea of moral repair is to restore the person to the positive condition that he or she was in before the moral injury occurred. In a situation where moral injury stems from self-guilt, the absolution of a victim and being accepted may come from the fact that the community understands and welcomes him back to their favour (Moyo, 2014). Healing results in human beings feeling what is termed human wholeness.

The world requires moral repair and moral healing because of the COVID-19 pandemic. The world and many communities were faced with the negative challenges of the COVID-19 pandemic. Thus, pastoral care is necessary to assist in returning the people back to the positive situation they were in before the introduction of the epidemic. Pastoral care was necessary to go further and ensure that society was in a better position in terms of how it was even before the pandemic started. Pastoral care is used to ensure that human beings are healed and feel whole again. The COVID-19 crisis affected the feeling of the wholeness of so many people. Thus, it was necessary for the Catholic Church to ensure that it can minister to its faithful and assist in making them whole again and deal with the negative consequences of the COVID-19 crisis.

Pastoral care is an important sub-discipline of practical theology (Moyo, 2015). Pastoral care used to be referred to as shepherding, poimenics, and soul care. Pastoral care and counseling have always been focused on healing, guiding, sustaining, and liberating. Moyo (2014) points out that pastoral care is part of the ministry of the church in terms of shepherding and empowering the church members. The shepherding and empowering are extended towards the community with regard to the realities that are being experienced by people within them. Thus, the objective of pastoral care is to promote the growth and well-being of the people that are found in society.

In essence, pastoral care is an aspect that the church must ensure it provides to its congregants and the community. Pastoral care is essential in terms of the COVID-19 pandemic since people have been faced with harsh realities. The people in the society were faced with challenges in terms of their growth in many aspects and well-being. Thus, they require counseling with the key focus of healing, guiding, sustaining, and liberating.

Another essential element of pastoral care that must be offered by the church is pastoral counseling (Moyo, 2014). Counseling that is offered through pastoral care cannot be given a single definition because the definition is influenced by theoretical orientation. The counseling that occurs under pastoral care is significant when it is rooted within the cultural worldview of the client (Moyo, 2015). Counseling that is provided under pastoral care involves a transformational learning-oriented process. Thus, there is an interactive process that occurs on a continuous basis between a counselor and a counselee (Moyo, 2014). The aim of the continuous interaction is to ensure that the counselee is reintegrated so that he or she can be able to cope with the situation that he or she is faced with. Ultimately, counseling ensures that people are provided with coping mechanisms.

The global society was faced with the challenges of the COVID-19 pandemic and required counseling from the church that is offered through pastoral care. The congregants and people in the society had to be asked about the problems they faced. There were similar and different challenges that the people in the society came across caused by the pandemic. That was the case with the faithful at Our Lady of Good Health Parish in the archdiocese of Durban. The counseling that was involved was an interactive activity that continues over a long period. This would ensure that the pastors that are offering the counseling can be able to do that over

an extended period. Thus, society would be empowered with a coping mechanism that would assist them to withstand the COVID-19 pandemic.

### **3.3 Conclusion**

This section presented a detailed account of the pastoral care theoretical framework that was chosen and used in this study. Pastoral care is viewed as positive actions portraying concern, empathy, compassion, kindness, and love that are shown by the church (Moyo, 2015). Pastoral care was relevant for this study since the COVID-19 pandemic introduced challenges to a society that required the intervention of the church. Thus, one of the most feasible ways was through pastoral care and its core tenets like counseling that would serve to induce moral healing. The theory recognizes that there are several challenges that were introduced by the pandemic. Therefore, the theoretical framework was used to ask several questions from the participants and provide feasible answers and guidance in terms of how to address the harsh realities that were being faced. The chapter that follows presents the research methodology that was followed in the study.

## **CHAPTER FOUR**

### **RESEARCH METHODOLOGY**

#### **4.1 Introduction**

In the previous chapter the researcher presented the theoretical framework which is pastoral care. This section presents the full account of the research methodology that this study used. The chapter presents the research approach, design, strategy, philosophy, target population and sampling, research instrument, pilot study, data quality control, data analysis and ethical considerations. The researcher indicates the reasons for choosing each aspect of the research methodology and how they would be useful in fulfilling its objectives. Thus, the aim of this chapter is to present the methodological processes that were followed and how they assist in the achievement of the objectives of the study.

#### **4.2 Research Approach**

This is the full roadmap of the way research will be done (Privitera, 2018). Social research follows the qualitative, quantitative, and mixed research methods (Kothari, 2017). The qualitative research method is used to find the perspectives, behaviours, opinions of its participants through their lived experiences, and it is descriptive in nature (Creswell and Creswell, 2017). This approach is made up of small samples of not more than 100. This type of study is usually carried out to be developed into a big scale study.

The researcher used the mixed method research, with more emphasis on qualitative research approach. This is because, the qualitative research was only applied in chapter five with the use of graphs for the purpose of illustration. Big part of this research is qualitative in nature. This approach was selected since it enabled the investigation of the Catholic Church and COVID-19 through a critical appraisal of how the Our Lady of Good Health Parish in Durban navigated its way through during the Lockdown Restrictions. The period of the study is from the time of the identification of the first case of COVID 19 in March 2020 until the time when the state of disaster was lifted in South Africa in April 2022.

#### **4.3 Research Design**

This is the complete plan, structure and strategy used in research (Kothari, 2017). The research design can be divided into exploratory, explanatory, and descriptive (Creswell and

Creswell, 2017). Researchers use the exploratory research design to find out more about phenomenon that is unknown or barely investigated (Stokes and Wall, 2017).

The exploratory research design was selected for this research since it is suitable in the exploring the Catholic Church and COVID-19 through a critical appraisal of how the Our Lady of Good Health Parish in Durban Operated during the Lockdown Restrictions.

#### **4.4 Research Strategy**

This outlines the entire plan that would be used in research (Connell, Carlton, Grundy, Buck, Keetharuth, Ricketts, Barkham, Robotham, Rose and Brazier, 2018). This study followed the interview research strategy because it was qualitative. This strategy was appropriate for the researcher to be able to gather information from participants pertaining to the Catholic Church and COVID-19 through a critical appraisal of how the Our Lady of Good Health Parish in Durban operated during the Lockdown restrictions.

#### **4.5 Research Philosophy**

This research adopted the positivist research philosophy. The researcher followed this philosophy because the most appropriate manner of approaching and understanding the Catholic Church and COVID-19 through a critical appraisal of how the Our Lady of Good Health Parish in Durban Operated during the Lockdown Restrictions is from an objective point of view.

#### **4.6 Target Population and Sampling**

##### **4.6.1 Target Population**

This includes the sum of the people, objects or things that has the phenomenon that is being investigated (Kothari, 2017). The target population in this research was the religious leaders, stakeholders, and members from Our Lady of Good Health Parish in the Archdiocese of Durban. The researcher classified the population into 6 groups namely: the priests, the Deacons, the congregants which are divided into gender (male and female) young and adults.

#### **4.6.2 Kinds of Sampling**

Sampling is a strategic system that uses small numbers of participants in research so that it can acquire the general knowledge about its entirety (Creswell and Creswell, 2017). This system is essential in a study because it is easy to carry out, ensures that big populations that would have otherwise been difficult to study are studied. Sampling is divided into probability and non-probability sampling (Wiśniowski, Sakshaug, Ruiz and Blom, 2020). Probability sampling includes the process of making sure that the participants in the sample have similar opportunities of being selected (Bhardwaj, 2019).

Non-probability sampling is a system where the participants that have been targeted are not awarded the same chance or no chance of being selected (Stokes and Wall, 2017).

Non-probability sampling is divided into:

- Convenience or accidental sampling: the process of selecting a sample by paying attention to being easily attainable or accessible (Bhardwaj, 2019).
- Purposive sampling: the process of selecting a sample with regards to the judgement or deliberation of the researcher (Turner, 2020).
- Expert sampling: the process of selecting a sample with regards to the skills or expertise that it has (Wiśniowski et al., 2020).
- Snowball sampling: the process of selecting a sample that has the phenomenon being sought after and that sample assists the researcher to identify other participants with similar attributes or characteristics (Kothari, 2017).

This research used the non-probability purposive sampling. This was because the researcher relied on his judgement and deliberation that the religious leaders, stakeholders, and members from Our Lady of Good Health Parish in Durban would provide the responses to the questions and objectives in the study.

#### **4.6.3 Sample Size**

The sample size pertains to the sum of the chosen participants that a researcher uses in conducting a study (Kothari, 2017). The total number of this target population is 1000 as per 2019 Our Lady of Good Health Parish survey. The researcher divided the population into 6 groups as per the structure of the parish namely: the priests, deacons, men, and women, young and adults.

This is a qualitative study and it used 12 respondents. The 12 respondents were selected through non-probability purposive sampling from the total number of the religious leaders, stakeholders, and members from Our Lady of Good Health Parish in Durban. The sample that was selected was enough to achieve the objectives of the study, which was to investigate the Catholic Church and COVID-19 through a critical appraisal of how Our Lady of Good Health Parish in Durban Operated during the Lockdown Restrictions.

#### **4.7 Research Instrument**

This is the mechanism that serves the purpose of gathering the information from the participants of a study (Creswell and Creswell, 2017). This tool is formulated strictly on the research objectives that have been explicitly indicated. This was a qualitative study and the instrument that was used was an interview schedule. An interview schedule is based on the idea of acquiring the opinions, characteristics, perspectives, behaviour of the participants in a study (Rossman and Rallis, 2016). The tool is made up of several questions that the respondents provide answers to strictly from their point of view, based on their experience on an issue.

The interview guide was made up of 5 sections. Section A prompted the respondents of the study to outline their biographical details. Section B sought to describe how the physical distancing regulations have affected the worship attendance in the Catholic Church. Section C sought to find out if the current level of church attendance has returned to their pre-COVID-19 levels at the Our Lady of Good Health. Section D investigated if the COVID-19 restrictions have accelerated the trend towards online worship (an individualism) to the detriment of church-based worship. Finally, Section E explored the possibility of the Catholic Church congregants replacing their sacraments with their church services on their phones or computers.

#### **4.8 Pilot Study**

This is a practice construction of a study that is carried out before the actual study is done (Connell et al., 2018). This trial run of the research is necessary because it ensures that any problems or challenges that may occur because of how the study has been organised are addressed. This stage of the study assesses the methodology that has been adopted and pays attention to the activities involving the participants of the study. This is a qualitative study. Therefore, there were 2 pilot study participants that were required for this stage. The

researcher explained the significance of this stage to the pilot study respondents. The researcher made sure that he administered the interview guide that was created to acquire data from the participants of the main study. The researcher observed all the ethical considerations in the process of administering the interview guide. The researcher took the interview schedule questions to the participants and was present as the respondents were answering the questions not to influence the outcome but to respond to any eventuality in case one broke down. That was because the questions could remind them of the fresh and tough experience of Covid 19.

Furthermore, the researcher also had a counsellor in place to respond to any emergency that could rise because of the interview. The pilot study respondents were encouraged to indicate if they found any problems or challenges with any of the activities that were involved. At the end of the exercise, the pilot study respondents indicated that there were no issues with the study. However, they explained that the researcher must give more time to the participants to ensure that they respond to the queries without any pressure. The researcher was observing the entire process and taking down notes.

#### **4.9 Data Quality Control**

Data quality control is an essential element that ensures that the data that is collected by a study is reliable (O'Leary, 2017). Trustworthiness is the core element in a qualitative study that indicates how reliable data that is collected from participants is (Paradis, O'Brien and Nimmon, 2016). Trustworthiness is composed of the elements below:

- **Dependability:** this is the attributes or characteristics that the data possesses can stand the test of time (Bernard, 2017). The study sought to ensure that it was dependable. This was done by strictly adhering to the methodology of the study and informing the participants of their ethical considerations so that they would feel safe and secure to divulge information.
- **Credibility:** this is the attributes or characteristics that the data that is gathered shows in terms of being truthful and accurate (O'Leary, 2017). The study sought to ensure that the data was credible. This was done by strictly adhering to the methodology of the study and informing the participants of their ethical considerations so that they would feel safe and secure to divulge information.



- **Transferability:** this is the attributes or characteristics that the data that is gathered is capable of being transferred to another setting and result into similar findings (Paradis et al., 2016). The study sought to ensure that the data was transferable. This was done by strictly adhering to the methodology of the study and informing the participants of their ethical considerations so that they would feel safe and secure to divulge information.
- **Confirmability:** this is the attributes or characteristics that the data that is gathered can be confirmed by other studies that adopted similar research formulations (O'Leary, 2017). The study sought to ensure that the data was transferable. This was done by strictly adhering to the methodology of the study and informing the participants of their ethical considerations so that they would feel safe and secure to divulge information.

#### **4.10 Data Analysis**

Data analysis is the part of a study that involves the evaluation and discussion of the data that has been gathered by a study (Creswell and Creswell, 2017). The primary data is compared with the secondary data in the study. The researcher presents the data in a way that can be easily understood by everyone. This study used the thematic analysis in the evaluation of its data. The thematic analysis is a process where the information that has been collected in organised form based on its recurring themes (Kothari, 2017). The themes are the similarities that are found in the data pertaining to the characteristics or attributes of the phenomenon in the study. The themes are discussed and compared with the secondary data in a study. Discussing the data using the thematic analysis was appropriate for the achievement of the study objectives. The thematic analysis ensured that the study provided an account about what it means to be and to operate in the church in the context of social distancing and lockdown during COVID-19 and its aftereffects.

This study also followed the Richard Osmer's model of practical theology interpretation (Osmer, 2008). Osmer wrote a book, titled *Practical Theology: An Introduction* in 2008, which aims at assisting religious leaders with means of engaging in the practical interpretation of various aspects that they come across as they minister. The book illustrates that there are four main tasks that can be able to serve as a roadmap for the religious leaders as they come across all kinds of phenomenon. According to Osmer (2008) these include:

1. The descriptive-empirical task which asks, what is going on?
2. The interpretative task which asks, why is it going on?
3. The normative task which asks, what ought to be going on?
4. The pragmatic task which asks, how might we respond?

The descriptive empirical task serves the purpose of finding out what is happening (Osmer, 2008). This analysis aims at finding out about the situation that exists, its context and all its episodes that may or have occurred. This can be observed through disciplines such as sociology and theology in terms of phenomenon that can be seen and understood by human beings. The descriptive task goes deep to find out what is happening at the individual, family, and congregational level.

The interpretative task is used by researchers to discover and present the reasons why phenomenon appears the way it does (Osmer, 2008). In this approach, the issues that are a part of the episodes, situations, and context are analysed and several theories that derive from arts and sciences are drawn so that there is a deeper understanding of the situation.

The fourth task studies the what ought to be happening (Osmer, 2008). This approach aims at finding out what God's will could be in terms of the realities that exist in the present. Osmer considers this task as some form of prophetic discernment. This approach is three pronged and is made up of: (a) theological interpretation, (b) ethical reflection, and (c) good practice.

The pragmatic task seeks to indicate the servant leadership of religious leaders or congregants (Osmer, 2008).

#### **4.11 Ethical Considerations**

The ethical considerations in a study are the basic elements that are guided by principles and values that must be adhered to by a researcher to make sure that human rights or ethics are not infringed upon (Jensen and Laurie, 2016). There are several ethical considerations that must be observed in every research.

Firstly, beneficence, which requires that research must be of general benefit and not only to the researcher (Stokes and Wall, 2017). This study will benefit the public because it will provide an account about what it means to be and to operate in the church in the context of social distancing and lockdown during COVID-19 and its aftereffects. In as much as it

focuses on the Catholic Church, it will also apply to other churches and the religious field in general.

The second ethical consideration is that a researcher must acquire complete and voluntary consent from the participants of a study (Kothari, 2017). This element requires the researcher to make sure that the participants become part of a study without being forced. The participants must be willing to join the study without any coercion. The researcher must inform the participants of this requirement in the process of carrying out the study. The researcher explained this element to the study participants and ensured that they gave their consent out of free will. The researcher ensured that the participants filled and signed the consent forms that showed that they were choosing to be a part of the study on their own.

The third element is that the researcher must make sure that the participants in the study are kept private and the data gathered is confidential (Creswell and Creswell, 2017). The participants' identities and any other personal information must not be exposed to anyone else during or after the study. The data that the researcher gathers must not be given to anyone else during or after the study. All these details must be safeguarded by the researcher and the promoters of the study. The researcher hid the identities of the participants. The researcher gave them alternate names, for example 'Participant 6' or 'Participant 9.' This protected their true identities from the readers of this thesis. In addition, the data that the participants provided to the researcher was kept in his computer that is safeguarded by a password. This data was and will not be given to anyone else.

The fourth element requires the researcher to make sure that the participants are sheltered from any form of harm or threat of harm (Silverman, 2016). This entails that the participants must not be placed in danger because they chose to be a part of the study. The researcher must take all measures to make sure that if the participants are threatened during or after the study, they are replaced in the safe position they were in before being involved in it. This study ensured that its participants are alerted of this principle and are kept safe and secure. The researcher was steadfast and ensured that no form of harm occurred to the participants.

The final element is that the researcher is required to acquire permission to conduct the research (Stokes and Wall, 2017). The permission must be acquired from the authority that a researcher seeks to acquire the participants from. Authority must also be attained from the institution or authority that a researcher is affiliated to while carrying out the study. The researcher acquired permission from the authority of the Archdiocese of Durban, to be able to

use participants from Our Lady of Good Health Parish within the archdiocese of Durban. The chancellor of the diocese granted that permission to the researcher to choose and use any parish within the archdiocese. The researcher also acquired permission from the Ethics committee at the University of KwaZulu Natal.

#### **4.12 Conclusion**

This section presented the full account of the research methodology that this study used. The chosen aspects of the study were explained and justified in terms of why they were chosen and how they would be useful in fulfilling its objectives. The section that came after this presented the primary findings from the sample size and discussed them thematically and using Richard Osmer's model of practical theology interpretation.

## **CHAPTER FIVE: PRESENTATION OF THE RESEARCH FINDINGS AND ANALYSIS**

### **5.1 Introduction**

The previous chapter provided the research methodology that was used for this study. This section builds on that methodology and indicated the data that was collected and analyzed and discussed it. This chapter presents the response rate, the biographical details of the participants of the study, and a discussion and analysis of the data collected based on its research objectives. The primary data was collected using the interview schedule and thematically analyzed.

### **5.2 Response Rate**

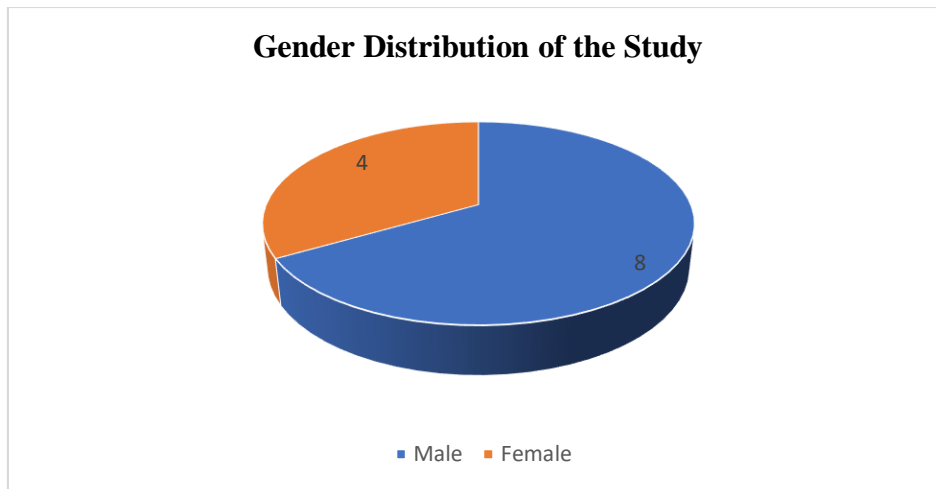
This study used the qualitative research approach. The researcher sent out interview schedules to the target population which includes the religious leaders, lay faithful, and members of Our Lady of Good Health Parish in the Archdiocese of Durban. The researcher sent out 12 interview schedules to that target population. The researcher acquired a total number of 12 interview guides that were fully responded to by the participants of the study. Therefore, there was a 100% response rate in this study. This factor was important because it ensured that the study had more chances of achieving its objectives.

### **5.3 Demographic Profile of Participants**

#### **5.3.1 Participants' Gender Distribution**

The gender distribution that makes up the sample size of a study is important because a good balance promotes the trustworthiness of the data that is uncovered (Rich-Edwards, Kaiser, Chen, Manson, and Goldstein, 2018). This is because a good balance in the gender of the sample size influences widespread opinions, behaviors, and lived experiences of the participants in a study. Figure 5.1 below depicts the gender distribution of the study:

**Figure 5.1: Gender Distribution of the Stud**

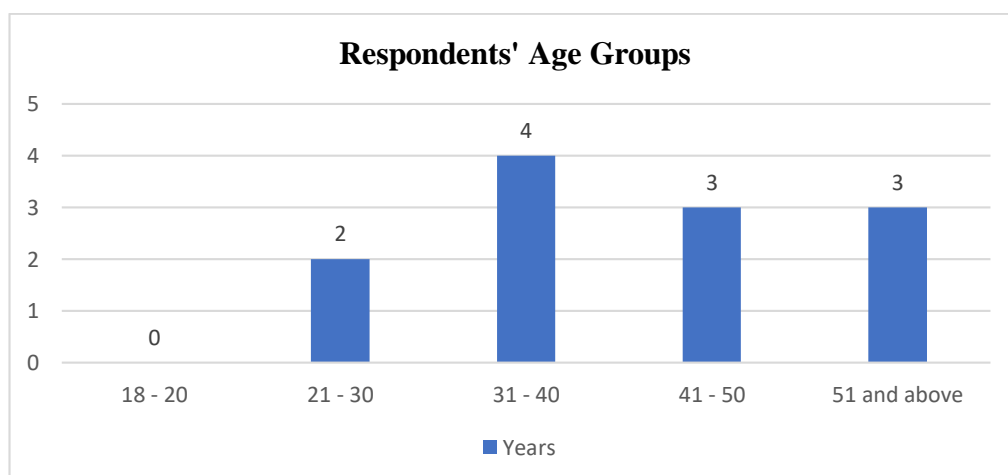


**Figure 5.1** above shows that there were 8 male participants and 4 female participants in this study. This sample size was a good balance based on the requirements of gender distribution. Therefore, the sample size was suitable for the achievement of the objectives of this research.

### 5.3.2 Participants' Age Groups

The participants in a sample of a study must have a balanced or even distribution in terms of their age groups (Pickering, 2017). This factor is influential to the results of a study since the opinions, behaviors, and lived experiences of the participants in a study are usually different because of the age group that they fall into. This entails that to acquire a general truth about the phenomenon being investigated, it is important to have a sample size with a good age group balance. Figure 5.2 below depicts the respondents' age groups for the study:

**Figure 5.2: Participants' Age Groups**



**Figure 5.2** above shows that there were no participants in the 18 to 20 age group. There were 2 participants in the 21 to 30 age group. There were 4 participants in the 31 to 40 age group. There were 3 participants in the 41 to 50 age group. There were 3 participants in the 51 and above age group. This sample size was a good representation of the general population. This was because at least all the age groups were represented by the selected sample size of the study. Therefore, the sample size had a good chance of attaining the objectives of the study.

### 5.3.3 Participant's Educational Qualification

The participant's educational aspects may influence the achievement of a study's results (Kalaiselvan, Maheswari, and Narayanamoorthy, 2017). This is usually because educated participants that are involved in a study have a higher chance of being able to understand the purpose of a study and provide the necessary data that is being sought (Kalaiselvan et al., 2017). However, it must be emphasized that the educational status of the participants in a study does not indicate the level of intelligence or mean that the chosen sample would achieve the objectives of the study. Therefore, as much as it is important to access a sample size with a good educational background, an uneducated sample size may still achieve satisfactory results. Figure 4.3 below depicts the participant's educational qualifications:

**Figure 5.3: Participants' Educational Qualification**

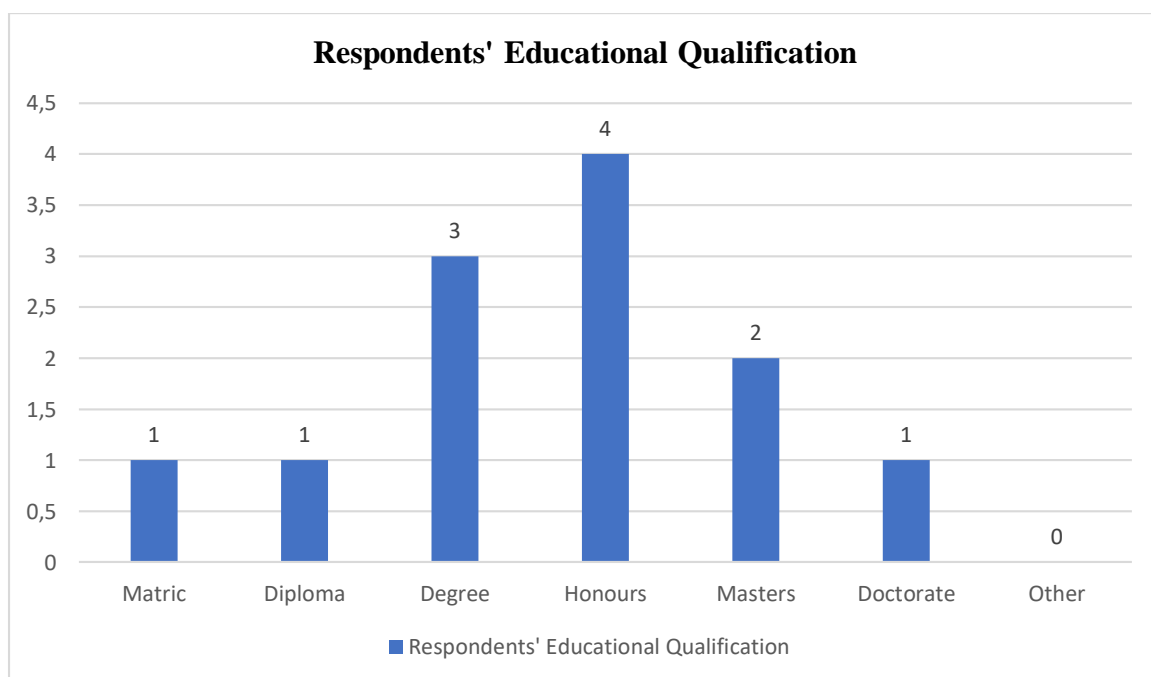


Figure 5.3 above shows that there was 1 participant with a matric certificate. There was 1 participant with a diploma. 3 participants had a bachelor's degree. There were 4 participants with honors degrees. There were 2 participants with master's degrees. There was 1 participant with a doctorate. The educational qualifications of the sample size were well spread across several aspects of achievements. The sample size was adequate because it could understand the questions posed and respond to them most appropriately. Therefore, it had a good chance of attaining the objectives of the study.

#### **5.3.4 Participant's Number of Years associated with Our Lady of Good Health Catholic Church**

The experience sample size that has been chosen for a study based on the phenomenon being investigated is important (Pickering, 2017). This is because the sample size must have adequate information about the phenomenon so that the data that can be acquired must ensure that the study's objectives are realized. Generally, the more experienced or exposed to the phenomenon that the sample size is, the more likely it is to provide the most suitable information. Figure 4.4 below indicates the participant's number of years associated with Our Lady of Good Health Catholic Church:

**Figure 5.4: Participant's number of years associated with Our Lady of Good Health Catholic Church**

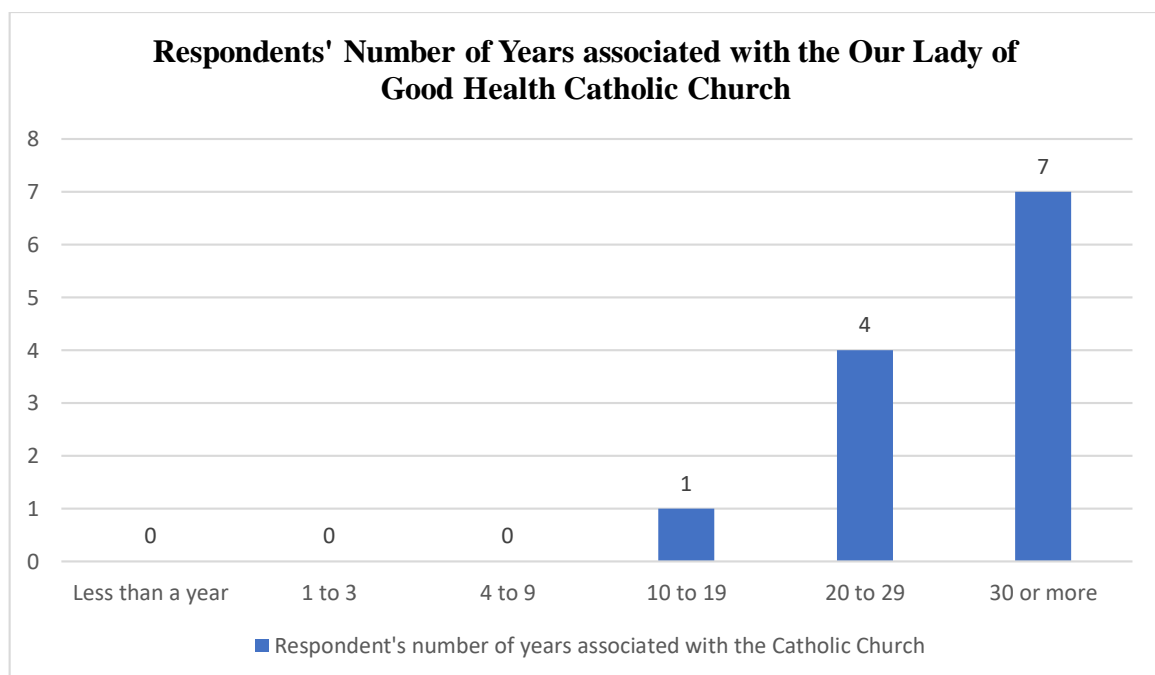




Figure 5.4 above shows that there were no participants with less than a year of experience being associated with the Catholic Church, and there were none as well in the 1 to 3 and 4 to 9. There was 1 participant that was associated with the Catholic Church for 10 to 19 years. 4 participants were associated with the Catholic Church for 20 to 29 years. Finally, 7 participants were associated with the Catholic Church for 30 or more years. It was essential for the study to use a sample size that was knowledgeable of the Catholic Church. This sample size was made up of participants that were highly acquainted with what has happened in the past and the present about the Catholic Church. Therefore, this was a good representation of the sample and lead to satisfying the objectives of the study.

#### 5.4 Presentation and Discussion of Primary Data from Participants

##### **5.4.1 Objective 1: To describe how the physical distancing regulations have affected worship attendance in the Catholic Church**

###### **Theme 1: Positive and negative consequences**

The study asked its respondents if they had experienced any positive or negative consequences in terms of worship attendance because of COVID-19 at Our Lady of Good Health Catholic Church in Durban. The participants of the study indicated that there were both positive and negative consequences that arose because of COVID-19. However, most of the consequences were negative up until solutions for them were formulated and implemented.

Participant 1 stated that:

*‘My experience with Covid19 has been generally negative. The subsequent lockdown regulations prevented any form of gatherings, including mass attendance. This also happened at the time of major celebrations in the Church calendar, including the Easter of 2020 and subsequent feast days. With fellow parishioners and family contracting the virus and being pronounced sick and therefore infectious, this prevented us as members of the church from providing the necessary emotional and spiritual support which is for us another critical part of the life of the church. Friends and families had to bury their loved ones without the support of fellow parishioners and the usual rites that are performed in such instances.’*

Participant 2 pointed out that:

*‘The positive consequence was the extra care for the well-being of one another, being extremely happy to see the survival of your Church mate, be it you knew or did not know that*

*person before. The negative consequence was whereby you were disallowed to sit next to another, the social- distancing, huge dropping of the number of attendees, especially the elders, and the not shaking of hands when offering peace to one another.'*

Participant 6 said:

*'Negative consequences included a reduced number of worship attendees due to fears and insecurity triggered by COVID-19. Restrictions also meant a limited number of worshippers. Positive consequences entailed the realization and appreciation of a worshipping community.'*

Participant 10 stated that:

*'Difficulties when numbers are limited. Once allowed to go to mass again some were frightened. Most returned within six months. However, for many, because mass for Catholics is not just words but sacrament, the deep desire to receive communion brought them back.'*

The data that was collected from the participants of the study agrees with the literature review that was presented. The literature review provided that the impact of the COVID-19 pandemic on church attendance can be categorized into positive and negative consequences (Osei-Tutu, Kenin, Affram, Kusi, Adams, and Dzokoto, 2021). The consequences are associated with general principles of psychological trauma and disaster response (Greene, Bloomfeld, and Billings, 2020). The negative consequences include spiritual slacking, loss of fellowship, disturbance of the normal religious routine, pandemic anxiety, and financial stress (Durmuş and Durar, 2021; Morrison, 2021; Norman and Reiss, 2020; Woon, Abdullah, Sidi, Mansor and Jaafar, 2021; Osei-Tutu et al., 2021). The positive consequences include increased faith, relief or reduced stress, and increased family time (Pew Research Center, 2021; Alnazly, Khraisat, Al-Bashaireh and Bryant, 2021; Vanderhout, Birken, Wong, Kelleher, Weir and Maguire, 2020).

This finding correlates with Richard Osmer's model of practical theological interpretation that aims at assisting religious leaders with means of engaging in the practical interpretation of various aspects that they come across as they minister (Osmer, 2008). The descriptive empirical task serves the purpose of finding out what is happening (Osmer, 2008). This analysis aims at finding out about the situation that exists, its context, and all its episodes that may or have occurred. In this case, finding the positive and negative consequences would

assist the Our Lady of Good Health Catholic Church and other churches or organizations in addressing or approaching their faithful about the COVID-19 pandemic.

The Pastoral care framework was relevant for this study since it asks questions about the consequences that the congregants came across because of COVID-19. The findings show both positive and negative consequences. Thus, the pastoral care framework becomes important in ensuring that the positive consequences are enhanced, and the negative ones are reduced or eliminated. The pastoral care framework through moral healing and counseling ensures that the congregants are offered a transformational learning-oriented process (Moyo, 2015). Thus, there is an interactive process that occurs continuously between the church and the congregants. The continuous interaction aims to ensure that the counselee is reintegrated so that he or she can be able to cope with the situation that he or she is faced with. This entails that the congregants would be able to face the negative consequences of COVID-19 and overcome them.

## **Theme 2: Alteration of the normal routine**

The research enquired from its participants about their response to the impact on worship attendance because of COVID-19. The data that was collected from the respondents of the study indicated that most of them had been impacted and had to alter their routines so that they could adapt to the new normal under the COVID-19 regulations implemented by the government, communities, public places, and their own families.

Participant 4 said:

*'My response to the impact on worship attendance because of Covid-19, has been first of all to encourage the faithful to keep the faith and to rediscover the Christian identity of our faith as an ever-building relationship with Jesus Christ, through the life of prayer wherever someone may find himself or herself. What is important in our Christian life? And when worship attendance is not possible, with physical contact with other members of the Christian community, our faith in Jesus Christ and our relationship with him is still the key foundation of our Christian life. To help do this, during the effective social distancing, imposed by the COVID-19 regulations, social media were encouraged to be used to allow the faithful, at least to have virtual contact. The worship attendance was reassumed through Zoom, WhatsApp messages, Facebook, and Youtube.'*

Participant 8 pointed out that:

*‘Ensuring I arrive at church about 30 minutes earlier than I usually would. This was to ensure that I will arrive before capacity is reached and to do all the checks that needed to be done before entering the church.’*

Participant 6 expressed that:

*‘The Parish increased the number of Holy Masses. Small Christian communities/zones were created. Priests recorded reflections and circulated them on social networks where the faithful accessed them. Parishioners were encouraged to pray together in families.’*

The findings of the primary study agree with what the literature review indicated in this study. The COVID-19 pandemic affected religious attendance on a global scale. Scientific research has shown that the COVID-19 virus has a high chance of spreading in big gatherings (Jaja, 2020). This is in a situation where there is a lack of social distancing, personal hygienic measures, and other protective sanitary tools and equipment. Therefore, mass gatherings increase the risk of infection and the spread of the virus. The WHO emphasized that it was important for countries to ensure that they discourage or stop large gatherings of people (Morrison, 2021). Church gatherings fell into this category. This suggestion prompted leaders at all levels in so many global states to adopt this strategy for addressing the pandemic (Osei-Tutu et al., 2021). In the end, there were so many changes that were made in the churches. These ranged from banning services, or reduction in the number of services or people that could attend church-related programs.

This finding can be interpreted based on Richard Osmer’s model of practical theology interpretation based on the interpretative empirical task. The interpretative task is used by researchers to discover and present the reasons why a phenomenon appears the way it does (Osmer, 2008). In this approach, the issues that are a part of the episodes, situations, and context are analyzed and several theories, which derive from arts and sciences, are drawn so that there is a deeper understanding of the situation. This is because there was an alteration of the normal routine in the Our Lady of Good Health Catholic Church and others. After all, that was the only way that it could continue to operate while preventing and reducing the spread of COVID-19.

The pastoral care framework is interactive and allows the church to engage in a conversation with society or its congregants (Moyo, 2015). Thus, the researcher can ask the participants about the impact on worship attendance because of COVID-19. The pastoral care framework is applicable since it enables the researcher to uncover that the normal church routine was disrupted by the pandemic. In response to this, the appropriate remedies that would ensure moral healing and human wholeness can be applied so that the disruption does not affect the church. The appropriate counseling activities based on pastoral care can be applied and the congregants would be afforded the necessary coping mechanism amidst the disruption.

### **Theme 3: Reduction in the church attendance numbers**

The study asked its participants about the impact of COVID-19 on attendance at Our Lady of Good Health Parish. Most of the participants of the study pointed out that there was a big decrease in attendance levels at the Catholic Church. However, these numbers started to increase and continued as the Lockdown restrictions were lifted, more safety and health measures were formulated and implemented, and people were vaccinated.

Participant 2:

*'The number of attendances has extremely dropped, and that has negatively affected the collection, for the aid of well-being of the Church and priests.'*

Participant 5 said:

*'A significant reduction in the attendance of members. This also meant that the services were not as lively as they usually were. There was a sense that this is not normal. It should be added that the numbers have improved as the restrictions have been relaxed.'*

Participant 11 pointed out that:

*'The COVID-19 pandemic has impacted the church in various ways, including the cancellation of mass services. People were not able to attend mass, especially those who were at high risk. When the church re-opened it was hard for people to come to church the attendance was very poor. We thank God we are now recovering.'*

The primary information confirms what the secondary data in this research indicated. The COVID-19 pandemic resulted in a stop in physical religious gatherings (Durmuş and Durar, 2021). However, eventually, congregants were allowed to go to fellowship but under strict regulations and provisions (Osei-Tutu et al., 2021). Even though congregants were being

allowed to worship as the new regulations and lockdown levels were being imposed, there were still low numbers of them that attended church activities.

This finding was interpreted based on Richard Osmer's model of practical theology interpretation based on the interpretative empirical task. Osmer uses this tool to identify and clarify a phenomenon is the way it appears (Osmer, 2008). In this approach, the issues that are a part of the episodes, situations, and context are analyzed and several theories that derive from arts and sciences are drawn so that there is a deeper understanding of the situation. This was because there was a reduction in the Church attendance numbers in the Our Lady of Good Health Catholic Church because of the Lockdown restrictions and the safety and health measures that were implemented due to the COVID-19 epidemic.

The pastoral care framework assesses the challenges and reasons that the church or society is faced by asking questions directly to the people involved (Moyo, 2015). The pastoral framework was applicable because, through the inquisition, it was uncovered that the congregants' numbers of church attendance were reduced. The reasons for the reduction in number can be easily found through the interaction between the church leaders and the congregants. Several negative consequences emanate from the fact that the number of congregants' numbers at church reduce. These may include loss of spirituality, lack of support and guidance, and many more. These challenges can lead to pathological spiritual, psychological, and moral wounds (Moyo, 2015). Thus, the church leaders can be able to identify these problems and constructively address the challenges. This process would promote the moral healing and coping mechanism of the congregants.

#### **Theme 4: Parishes practice social distancing**

The study sought to find out from its respondents if their Church or Parish practices physical or social distancing. The study asked them to indicate when they had practiced this aspect and whether it was important to do so. Most of the respondents indicated that Our Lady of Good Health Parish had been practicing social distancing since the beginning of the COVID-19 pandemic. The general agreement was that social distancing assists in the prevention and reduction of the spread of the COVID-19 pandemic.

Participant 1 expressed that:

*'Our parish is practicing physical distancing, and this was introduced when the country went to level 3 which was the first phase that allowed fifty (50) people to attend mass. Physical*

*distancing is important as this disease is contagious and our parish had lost several parishioners through COVID-19.'*

Participant 4 said:

*'Yes, my Church (parish) does practice physical distancing. This has been practiced since the very beginning of the Coronavirus pandemic, in obedience to the government of South Africa and the Archdiocese of Durban's regulations and protocols, regard to COVID-19. It has been noticed moreover the importance to practice social distancing, as a way to protect oneself and others.'*

Participant 10 answered:

*'Yes, we have done this from the moment we were allowed mass again. We are still trying to adhere to social distancing.'*

The primary data that was found from the participants in this study agrees with its literature review. There have been many different global responses that have been shown by the Catholic Church (Robinson, 2020). Most of the Catholic Diocese across the globe were closed and could not gather for worship at the beginning of the lockdowns that were implemented (Robinson, 2020). However, as time passed and means of staying healthy and promoting safety were available, some churches started to gather for worship. These included aspects of physical and social distancing in Our Lady of Good Health Parish.

The researcher applied Osmer's interpretative empirical task model of practical theology to further subject the findings (Osmer, 2008). In this approach, the issues that are a part of the episodes, situations, and context are analyzed and several theories, that derive from arts and sciences, are drawn so that there is a deeper understanding of the situation. The primary findings indicate that Our Lady of Good Health Parish practiced social distancing because it assisted in the prevention and reduction of the spread of the COVID-19 pandemic.

The pastoral care framework ensures that the church leaders provide the appropriate responses to the situations that the congregants are faced with. (Moyo, 2015). The pastoral framework is used to ask the necessary questions of the congregants and it uncovers the realities that they are faced with. In this case, it was found that churches and parishes practice social distancing. This was an appropriate response to the COVID-19 pandemic. Therefore,



the pastoral framework through its tenets ensures that it can continue to cater to the congregants and society even though social distancing is being practiced. The new practices might bring about so many new and negative consequences to the congregants and community. The framework also ensures that there is continuous communication. Thereby, the congregants and society can be supported and guided throughout the challenging occurrence.

### **Theme 5: Social distancing measures implemented**

The research sought to find out from its participants the physical distancing measures implemented at their Parish. The study indicated that if they did not have any measures, they must make suggestions on viable ones. Most of the respondents indicated that there were social distancing measures that were implemented at Our Lady of Good Health Parish. These included clear markings and indications of the spaces that must be between the congregants at the Church premises to reduce physical contact.

Participant 1 said:

*'Firstly, clear markings to ensure a 1.5m distance between parishioners were introduced on the pews. This was to ensure that there is no physical contact between parishioners. Physical distancing marks were also introduced for offertory and communion. The holy water at church entrances was removed and replaced with sanitizing sprays. Temperature readings and attendance registers were taken for each service. Reflections were shared on different social media platforms for those who cannot attend. The number of people attending was adjusted following the various lockdown levels. The usual sign of peace which is celebrated through the shaking of hands was discontinued and people have to wave at one another. There was no singing, only recordings if church hymns were used.'*

Participant 6 pointed out that:

*'The Parish ensured that Parishioners maintained at least 1.5 meters in our church. Families are encouraged to sit together to reduce the risk of infecting families.'*

Participant 9 expressed that:

*'Parishioners sit at a 1.5m distance from each other. No physical touch during the sign of peace, Collection boxes are placed at a designated place and attendants put in their contributions. We also encourage them to do E-giving (Electronical giving).'*



The primary data that was collected from the sample size of this study resonates with the literature review of the social distancing measures implemented in most Churches across the globe. The Diocese of Rome ensured that it avoided close contact with its congregants (Robinson, 2020). The Church emphasized the necessity of ensuring that acts such as handholding, touching, kissing, or sharing of communion were not allowed. The Roman Catholic Church in Ghana implemented rules of ensuring that congregants keep a minimum of a meter from each other and avoid physical contact at the Church (Diseko, 2020). The Archdiocese of Detroit emphasized to its faithful that they must continue to wear face coverings and practice social distancing regardless of being vaccinated (Archdiocese of Detroit, 2021).

This finding correlates with Richard Osmer's model of practical theology interpretation based on the descriptive empirical task. The descriptive empirical task serves the purpose of finding out what is happening (Osmer, 2008). This analysis aims at finding out about the situation that exists, its context, and all its episodes that may or have occurred. In this case, the social distancing measures, such as clear markings and indications of the spaces that must be between the congregants at the Church premises, were implemented because the Our Lady of Good Health Catholic Church sought to prevent or reduce the spread of the COVID-19 pandemic.

The pastoral care framework is applied in this instance in the same way as indicated in Theme 4. The pastoral care framework ensures that the church leaders provide the appropriate responses to the situations that the congregants are faced with. (Moyo, 2015). The pastoral framework is used to ask the necessary questions of the congregants and it uncovers the realities that they are faced with. In this case, it was found that churches and parishes had implemented social distancing measures implemented. This was an appropriate response to the COVID-19 pandemic. These measures may serve to be frustrating and difficult to welcome by the congregants. Therefore, the pastoral framework through its tenets ensures that it can continue to cater to the congregants and society even though social distancing is being practiced. The new practices might bring about so many new and negative consequences to the congregants and community. Thus, the framework through its interactive processes is relevant since it ensures that there is continuous communication. Thereby, the congregants and society can be supported and guided throughout the challenging occurrence.

### **Theme 6: Loss of the essence of the church because of social distancing**

The study asked its respondents to indicate the positive or negative effects of physical distancing at their Churches or Parishes. The respondents indicated that there were positive and negative consequences that occurred because of physical distancing at Our Lady of Good Health Parish. However, the negative consequences outweighed the positive aspects. The respondents indicated that there was a loss of the concept or essence of what the church is. This meant that the gathering and coming together aspect was eliminated because of the social distancing. Some of the positive aspects included that there were minimal murmurings, chatting and disturbances amongst the faithful during church services and there was no spreading of COVID-19.

Participant 1:

*'The church became too small to accommodate us hence some people had to be turned back and this further alienated people from attending mass. Gates will be locked once the required number is inside the church. Receiving communion became a strange phenomenon as masks had to be worn at all times. Some people preferred not to take communion at all. Receiving the blood was prohibited by the Archdiocese on health grounds. Catechism and other faith formation activities had to be abandoned.'*

Participant 6:

*'Human beings are social beings. Handshakes and hugs are some of the ways people relate and show care, concern, and peace. However, physical distancing could not allow Parishioners to express their concern and peace in this manner.'*

Participant 7:

*'Has had a negative impact as number allowed in the church has decreased which meant fewer people allowed in mass.'*

The findings from the participants of the study agree with the secondary data that was used. Religious leaders and their congregants tried to maintain their routine practices but could not manage them because of the banning of social gatherings (Martínez-Torrón, 2021). Religious leaders and their congregants were affected in terms of the way they could discharge their duties and carry out their responsibilities (Byrne and Nuzum, 2020). Restriction of what and how to dress and practice of certain ritual such as touching, kissing, hugging among others, frustrated the worshipers. This introduced so much frustration and other negative emotional consequences and low levels of productivity in so many religious activities.

This finding was analysed based on Richard Osmer's model of practical theology interpretation based on the interpretative empirical task. The interpretative task is used by researchers to discover and present the reasons why a phenomenon appears the way it does (Osmer, 2008). Applying this approach, helped with the issues that are a part of the episodes, situations, and context to have a deeper understanding of the situation. The primary findings indicate that there was a loss of the essence of the church because of social distancing. However, on a positive note, there were minimal murmurings, chatting and disturbances amongst the faithful during church services and there was no spreading of COVID-19.

The pastoral care framework was relevant in this study since through its queries (Moyo, 2015) towards the participants it was uncovered that there was a loss of the essence of the church because of social distancing. The loss of the essence of the church brings about challenging consequences for the congregants. For example, low levels of spirituality, lack of support and brotherhood or sisterhood, and many more. Thus, pastoral care becomes important because the congregants require active support and guidance and many other benefits that come from being part of the church. The provision of pastoral care ensures that the congregants and society are whole because there would be moral healing and coping mechanisms provided to the congregants.

### **Theme 7: Not aware of pandemics in the past**

The study asked its respondents if they were aware of any epidemics that have been experienced by the Catholic Church in the past. Most of the respondents indicated unawareness of any pandemics that had occurred in the past.

Participant 3:

*'None in my lifetime.'*

Participant 9:

*'No, I am not aware of any.'*

Participant 11:

*'No am not aware of any. I have never experienced any epidemics.'*

This finding did not necessarily disagree with what was found in the study but merely showed that most faithful were not informed about past pandemics. This is because the

Catholic Church has been at the center of addressing many different pandemics in the past (Cacciatore, 2021). According to Cacciatore (2021), a starting point of reference includes the Cholera outbreak in 1832 in the United States of America (USA). The Catholic Church has shown so many ways of addressing the HIV/AIDS pandemic ever since it originated (Vitulo, 1993). This indicates that the Catholic Church has been involved with pandemics in the past. Richard Osmer's model of practical theology interpretation based on the interpretative empirical task was used to analyse the findings of this study (Osmer, 2008). The respondents in the study were not aware of pandemics that may have occurred in the past because of a lack of information about pandemics. However, the Catholic Church has been at the center of addressing many different pandemics in the past.

### **Theme 8: Responded by using all the available resources**

The study asked its participants how Our Lady of Good Health Parish responded to pandemics in the past. It further asked them to suggest how they would if they were not sure about their Catholic Church being involved with addressing any pandemics in the past. Most of the participants were not aware of any epidemics that the Catholic Church was involved with in the past or how they addressed them. However, they based their responses on the way that Our Lady of Good Health Parish responded to the COVID-19 pandemic.

Participant 1 pointed out that:

*'Based on my experience with COVID-19, the Church took essential steps in protecting the priests as well as parishioners. The use of social media platforms to provide spiritual guidance and support, especially during the first major lockdown proved to be a haven for panic-stricken individuals. The church should adopt technological-driven ways of addressing and meeting the spiritual needs of the faithful. The church needs to revisit the possibility of hearing confessions remotely either through telephone or audio-visual engagements. Unfortunately, other sacraments still require physical contact through the laying of hands.'*

Participant 4 said:

*'In the past, the Catholic Church responded to the pandemics by her solidarity, trying to assist those who were affected by pandemics. Even today, the Catholic Church is responding to pandemics by mobilizing its members to assist in different ways the victims of the COVID-19 pandemics. With many initiatives, such as collecting food purchase and clothing to help those who are in need.'*

Participant 6 stated that:

*'The Catholic Church should seek guidance from the scientific community and medical fraternity. The church must continue to adhere to safety and health protocols. While it is vital to comply with regulations, the spiritual and mental side must not be neglected.'*

Participant 8 explained that:

*'It followed the advice of experts in the health profession and scientists. It closed the churches if necessary.'*

The primary data indicated some of how Our Lady of Good Health Parish responded to the COVID-19 pandemic. This was mainly because the participants were unaware of any other pandemics that involved the Catholic Church. However, the Catholic Church has shown many ways of responding to pandemics, for example, the HIV/AIDS pandemic (Vitillo, 1993). The Church established conservative moral teachings and values that address issues of sexual practices and marital relationships. The Church leaders ensured that they would not only provide church-related HIV/AIDS services but social and pastoral aspects that served as an important dimension in the battle against the virus. A point of reference is the Caritas Internationalis (Vitillo, 1993:18). This organ of the Catholic Church served as a humanitarian facet that provided sponsorships for educational and awareness campaigns. These initiatives also catered to other entities like political, and social leaders and other professionals from many states across the globe (Vitillo, 1993). The Catholic Church made sure that this was carried out in concurrence with the provision of basic medical and social facilities and resources. These were, for example, food, medicines, tools, and many other things that the beneficiaries sought. In addition, the Catholic Church took up the responsibility of assisting people that were dying to come to terms with and face the truths about HIV/AIDS.

This finding was analyzed based on Richard Osmer's model of practical theology interpretation based on the normative task. The normative task addresses the situation that ought to be going on (Osmer, 2008). This approach aims at finding out what God's will could be in terms of the realities that exist in the present. Osmer considers this task as some form of prophetic discernment. This approach is three-pronged and is made up of (a) theological interpretation, (b) ethical reflection, and (c) good practice. The situation that ought to be going on is that Our Lady of Good Health Parish must respond to the COVID-19 pandemic

by using all the available resources and stakeholders. This aspect indicates theological interpretation, ethical reflection, and good practice.

The church had the responsibility of making sure that its congregants are looked after in the right manner. This is an important aspect that is represented by the pastoral care framework, in terms of ensuring that the church is made whole (Moyo, 2015). The finding outlines that the church responded by using all the available resources and stakeholders. Thus, these responses show that the church took all the appropriate measures that were in its power. However, in addition to these measures, it is necessary to implement a pastoral care framework for the congregants. This is because the congregants require continuous interaction with the church for several daily aspects of their spiritual livelihood.

### **Theme 9: The Church responded appropriately to the COVID-19 pandemic**

The research enquired from its participants about the way Our Lady of Good Health Church responded to the COVID-19 epidemic. It further asked them to indicate if that response was appropriate or if there were other aspects that it should have considered or done. Most of the respondents indicated the measures that were formulated and implemented by their Parish. The respondents expressed that the responses to the COVID-19 pandemic were appropriate.

Participant 1 pointed out that:

*'I think the measures implemented by the Church were sufficient in addressing the requirements for safe handling of the pandemic and minimizing possible infections. These included insisting on wearing of masks, constant sanitizing of hands and pews, physical distance marking on the pews and for offertory and adherence to stipulated numbers inside buildings.'*

Participant 4 said:

*'About COVID-19, nobody was prepared. What I can say about this, is that my Church responded positively to the COVID-19 epidemic in two ways: spiritual and material. In the first point, the Church prayed for the end of the pandemic within itself and organized prayers on an ecumenical level as well. Concerning the materials, during the lockdowns, the Catholic Church mobilized funds in South Africa for our brothers and sisters to be helped and as well outside the Country to help those who are in need during the lockdowns.'*

Participant 5 expressed that:

*‘Yes. There was a clear line of communication. Furthermore, the church made it possible for us to worship online when the churches were closed. The measures put in place once they reopened were effective and fair.’*

The primary data that was collected in this research agrees with its secondary data. The Catholic Church in South Africa responded to the announcement that was made by Cyril Ramaphosa about the banning of gatherings (Mayaki, 2020). The president of the South African Catholic Bishops’ Conference (SACBC), Bishop Sithembele Siphuka announced that all the branches of the Catholic Church in South Africa must observe the lockdown restrictions. This meant that the churches had to stop all their activities that involved public gatherings. The Roman Catholic Church was informed that public celebrations were no longer accepted apart from funerals that could be attended by a maximum of 50 people (SACBC, 2020). The Catholic Church encouraged all its churches in South Africa to ensure that they provide documents to their congregants about the way the lockdown must be adhered to and reduce or avoid the spread of COVID-19. The Catholic Church emphasized the need for its congregants to wear face coverings and protective gear, practice social distancing regardless of being vaccinated, pay attention to their health, and check the prevailing conditions, news, and developments about the COVID-19 pandemic, manage the capacity of its Parishes, and usage of sanitizers (Archdiocese of Detroit, 2021; CBCEW, 2020).

This finding was analyzed based on Richard Osmer’s model of practical theology interpretation based on the normative task, which speaks to what out to be going on (Osmer, 2008). This approach aims at finding out what God’s will could be in terms of the realities that exist in the present. Osmer considers this task as some form of prophetic discernment. This approach is three-pronged and is made up of (a) theological interpretation, (b) ethical reflection, and (c) good practice. The primary study indicated that what was supposed to have been the appropriate response was what the Our Lady of Good Health Parish followed in this study. Different measures were taken by the Parish that reflected aspects of theological interpretation, ethical reflection, and good practice. These included adhering to the lockdown and safety and health regulations through wearing face coverings and protective gear, practicing social distancing regardless of being vaccinated, paying attention to their health, and checking the prevailing conditions, news, and developments about the COVID-19



pandemic, managing the capacity of the Parish, usage of sanitizers, providing sermons and support through social media, video or conference calling, websites and many more.

### **Theme 10: Catholic Church continued to operate following Lockdown Regulations imposed by the Government**

The research asked its participants if the Our Lady of Good Health Parish continued to fellowship during the several COVID-19 lockdown stages and how they managed to do so. Most of the respondents indicated that the Parish had initially closed at the beginning of the lockdown. However, it started to re-open and allow small numbers of people to follow the government regulations regarding safety and health measures against COVID-19.

Participant 1 said:

*‘The fellowship sessions were allowed in line with in-house regulations associated with the government-imposed lockdowns. Firstly, only 50 people were allowed under lockdown level 3 and the Church opened its doors and also complied with the maximums set for indoor gatherings. With further adjustments allowing 100 and more again the church was in full compliance. To date, our parish fully observes the measures that are necessary to curb the spread and impact of Covid19. These include encouraging people to vaccinate.*

Participant 5 expressed that:

*‘While the regulations did not permit the opening of churches, we arranged for online fellowship between the members and parish priest. Once they opened we adhered to all social distancing and sanitization requirements which made it as safe as possible for us to worship in person.’*

Participant 8 said:

*‘Yes, the church continued to worship during the hard lockdown through online church platforms through Zoom and WhatsApp, the church web page.’*

The findings from the primary data agree with the literature review in this study. The Catholic Church in South Africa responded to the announcement that was made by Cyril Ramaphosa about the banning of gatherings (Mayaki, 2020). The president of the South African Catholic Bishops’ Conference (SACBC), Bishop Sithembele Siphuka announced that all the branches of the Catholic Church in South Africa must observe the lockdown restrictions. This meant that the churches had to stop all their activities that involved public gatherings. The Roman Catholic Church was informed that public celebrations were no



longer accepted apart from funerals that could be attended by a maximum of 50 people (SACBC, 2020). The Catholic Church encouraged all its churches in South Africa to ensure that they provide documents to their faithful about the way the lockdown must be adhered to and reduce or avoid the spread of COVID-19.

This finding was analyzed based on Richard Osmer's model of practical theology interpretation based on the pragmatic task. The pragmatic task seeks to indicate the servant leadership of religious leaders or congregants (Osmer, 2008). The primary findings indicate that the Our Lady of Good Health Parish continued to operate following lockdown regulations imposed by the government. This points out the fact that the religious leaders of the Parish were aware that they were servants of their Congregants and had to make it possible for the Church to continue providing its services. This was done by the Parish by adhering to the government regulations regarding the safety and health measures against COVID-19.

The pastoral care framework was applicable because there was a challenging circumstance that occurred, affected the normal routine of the congregants, and promoted aspects of moral injury (Moyo, 2015). The finding showed that the Catholic Church continued to operate following Lockdown Regulations imposed by the Government. The lockdown regulations that were imposed were difficult to handle and get used to. Thus, the pastoral care framework becomes essential to be applied to the congregants because they would need more attention from the church with the effects of the COVID-19 pandemic at large. The congregants and society would require more support, guidance, and encouragement. This would be provided through the tenets of pastoral care like counseling.

**Theme 11: General and common health and safety measures against COVID-19 were followed at Our Lady of Good Health Catholic Church**

The researcher asked the participants to indicate the methods that were put in place for their Parish to continue to gather or fellowship during the several stages of the lockdown. Most of the participants indicated that the general and common health and safety measures against COVID-19 were followed by the Church during the several stages of the lockdown.

Participant 1 said:

*'Physical distancing markings were introduced, and sanitizing spots were provided. Sanitizing sprays were provided in pews, and wearing masks was compulsory. Singing was completely prohibited during the hard lockdowns and allowed but controlled during the adjusted level 1 lockdown.'*

Participant 6 outlined:

*'Screening every parishioner, properly wearing masks and sanitizing, no shaking or hugging during the sign of peace, practicing social distancing, and only a priest distributes holy communion and not both species.'*

Participant 9 expressed that:

*'Clean the church before we reopened; put posters inside the church and outside about protocols; sanitize the church after each gathering; ventilation was very good; place hand sanitizer at each bench.'*

The president of the SACBC, Bishop Sithembale Siphuka announced that all the branches of the Catholic Church in South Africa must observe the lockdown restrictions. This meant that the churches had to stop all their activities that involved public gatherings. The Roman Catholic Church was informed that public celebrations were no longer accepted apart from funerals that could be attended by a maximum of 50 people (SACBC, 2020). The Catholic Church encouraged all its churches in South Africa to ensure that they provide documents to their faithful about the way the lockdown must be adhered to and reduce or avoid the spread of COVID-19. The Catholic Church emphasized the need for its congregants to wear face coverings and protective gear, practice social distancing regardless of being vaccinated, pay attention to their health, and check the prevailing conditions, news, and developments about the COVID-19 pandemic, manage the capacity of its Parishes, and usage of sanitizers (Archdiocese of Detroit, 2021; CBCEW, 2020).

This finding was analyzed based on Richard Osmer's model of practical theology interpretation based on the pragmatic task. The pragmatic task seeks to indicate the servant leadership of religious leaders or congregants (Osmer, 2008). The primary findings indicate that the Parish followed the general and common health and safety measures against the COVID-19 pandemic. This is because the leaders of the Catholic Church realized that for

them to continue being servants, they had to adhere to the COVID-19 health and safety measures that had been stipulated.

The church had the responsibility of making sure that its congregants are looked after in the right manner. This is an important aspect that is represented by the pastoral care framework, in terms of ensuring that the church is made whole (Moyo, 2015). The finding outlines that the general and common health and safety measures against COVID-19 were followed by Our Lady of Good Health Catholic Church. Thus, these responses show that the church took all the necessary measures that were in its power. However, in addition to these measures, it is necessary to implement a pastoral care framework for the congregants. This is because the congregants require continuous interaction with the church for several daily aspects of their spiritual livelihood.

#### **Theme 12: The methods implemented to ensure the safety and health of the faithful against COVID-19 at Our Lady of Good Health Parish were effective**

The study enquired from its respondents if the methods that were implemented were effective. It further asked them what suggestions they would make if they were not effective. Most of the respondents indicated that they were happy with the safety and health measures that were formulated by various stakeholders in and out of South Africa and implemented. These measures were believed to have reduced and prevented the spread of COVID-19.

Participant 1 said:

*‘These methods, in my opinion, were and are effective as we have seen a decrease in the number of infections and actual deaths in our parish. Also, attendance of mass is improving as people appreciate the strict measures taken by the Church to protect parishioners from this pandemic.’*

Participant 5 expressed that:

*‘The measures were extremely effective. I am not aware of instances of Covid that could be traced back to the church. A massive achievement has given the variety of members who were attending mass during the epidemic.’*

Participant 6 stated that:

*'The methods have been effective. Church gatherings at the Parish have not been super spreader events. So, if every parishioner continues to strictly adhere to health protocol, then every parishioner will continue to feel safe. The risk will be reduced.'*

The primary data that was collected resonates with what the secondary data indicated in this study. Many religious groups, denominations, and organizations were forced to respond to the COVID-19 pandemic so that they could keep their congregants safe and somehow continue operating despite being able to gather (Mayaki, 2020). There have been many different global responses that have been shown by the Catholic Church. Most of the Catholic Diocese across the globe were closed and could not gather for worship at the beginning of the lockdowns that were implemented (Robinson, 2020). The preventative measures that were implemented helped Catholic Churches and Parishes across the globe to minimize and avoid the spreading of COVID-19 (Diseko, 2020). Therefore, the health and safety measures were effective and appropriate.

The methods of implementation's outcome were examined based on Richard Osmer's model of practical theology interpretation. The normative task addresses the situation that ought to be going on, aims at finding out what God's will could be in terms of the realities that exist in the present (Osmer, 2008). Osmer considers this task as some form of prophetic discernment. This approach is three-pronged and is made up of (a) theological interpretation, (b) ethical reflection, and (c) good practice. The primary data points out that the methods implemented to ensure the safety and health of congregants against COVID-19 in the Catholic Church were effective. This indicates that the Our Lady of Good Health Church was aware that to address the problem, it had to base its approach on theological interpretation, ethical reflection, and good practice. These were seen through the implementation of the safety and health measures that were formulated by various stakeholders in and out of South Africa.

The application of the pastoral care framework was like the way it was indicated in Theme 11 above. The church had the responsibility of making sure that its congregants are looked after in the right manner. This is an important aspect that is represented by the pastoral care framework, in terms of ensuring that the church is made whole (Moyo, 2015). The finding outlines that the methods implemented to ensure the safety and health of congregants against COVID-19 at Our Lady of Good Health Parish were effective. Thus, these responses show

that the church took all the necessary measures that were in its power. However, in addition to these measures, it is necessary to implement a pastoral care framework for the congregants. This is because the congregants require continuous interaction with the church for several daily aspects of their spiritual livelihood.

#### **5.4.2 Objective 2: To find out if the level of church attendance during the lockdowns had returned to its pre-COVID-19 level at Our Lady of Good Health Parish.**

##### **Theme 13: Level of Church attendance lower than pre-COVID-19**

The study sought to find out from its participants if the current level of church attendance returned to its pre-COVID-19 level at Our Lady of Good Health Parish. Most of the participants in the study indicated that the levels of congregants' Church attendance had not returned to the pre-COVID-19. However, most of them believed that the numbers were increasing. This meant that eventually, other Congregants would re-join the Parish.

Participant 1 said:

*'Not yet back to that standard which it was before covid. This can be easily seen because of empty benches in the church on Sundays and other days when we have celebrations of the Eucharist. Another point is that when we meet some of those who do not come to church, they claim that they are afraid of the coronavirus for it is still there. Especially the elderly and those with undelaying diseases.'*

Participant 3 explained that:

*'The current level of church attendance has not gone back to its pre-covid but running back weeks by weeks it gets better and better each time we gather to worship. People seem to be getting over their fears and coming back to church.'*

The primary findings of the study agreed with what the secondary data indicated. In South Africa, the current levels of attendance have improved but have not reached similar ones in comparison to the pre-COVID-19 pandemic (Stoltz, 2022). However, congregants are slowly returning to the churches and there should be a much better attendance by the end of 2022.

According to Osmer (2008), the interpretative task was observed in this instance. This task seeks to find out why a particular phenomenon is happening. In this case, the question was

why was there a low number of faithful returning to Church post-COVID-19. According to Wood (2021), some of the reasons were COVID-19 hesitancy, inertia, weak attachment, church switching, no value-added, and no Jesus. In terms of COVID-19 hesitancy, congregants across the world were afraid of exposing themselves to the virus that was wreaking havoc. Therefore, Our Lady of Good Health Parish must look at these factors and decide how they can be addressed. This would ensure that it promotes Church attendance post-COVID-19.

The pastoral care framework applied to the study. The finding shows that the level of church attendance was lower than pre-COVID-19. This entails that the faithful were affected by the consequences of the epidemic. The pastoral care framework seeks to ask questions to the people that are facing challenges so that they can become aware of how to address them (Moyo, 2015). The pastoral care framework goes further and provides continuous interaction between the church and the faithful. One of the most valid reasons for the low levels of church attendance was that the congregants had been faced with consequences of moral injury because of COVID-19. Thus, they needed some closer guidance, support, and encouragement in their spirituality so that they can become whole again. The congregants possibly could not cope and required the church to be there for them. This would be provided in terms of the tenets of pastoral care. The framework ensures that there is a continuous interaction between the church and the congregants. Ultimately, the faithful would be morally healed and be given a better coping mechanism. The congregants would be encouraged and would be able to overcome the challenges and return to church.

#### **5.4.3 Objective 3: To find out how Our Lady of Good Health Parish coped with the challenges associated with the COVID-19 restrictions**

##### **Theme 14: Acceleration towards the trend of online worship**

The study sought to find out if the COVID-19 restrictions accelerated the trend toward online worship (individualism) to the detriment of church-based worship. The participants largely agreed with the notion that the Our Lady of Good Health church had embraced online worship more because of the COVID-19 restrictions. However, some of them indicated that initially, the Parish had embraced it but it slowly started to reduce as the restrictions were minimized and the faithful started to be allowed to physically attend Church.

Participant 2 stated:

*'Yes, it has. The shift to online communication on platforms such as Zoom, WhatsApp, Podcast, Facebook, etc. Has also introduced some new efficiencies. When we were on hard lockdown or on particular levels where we were not able to host church gathering we used to do online mass. We were communicating via social media platforms. That accelerated the trend towards online worship.'*

Participant 5 pointed out that:

*'I think that the restrictions have not accelerated any trend towards online worship or individualism because even during those days of the hard lockdown it was just two or three weeks that people attended as they were desperate and thereafter it died a natural death because we did not feel comfortable with it. It was and is out of what we are used to, to come together as a community.'*

Participant 10 said:

*'We did when Churches were allowed to open again, following protocols and limiting numbers. We sent reflections out daily during times when churches were not allowed to open via WhatsApp and email and by making the mass available on video via YouTube.'*

The primary findings agreed with the literature that the researcher in the study found. South African churches have shown a big shift towards the use of online services to continue ministering and engaging their congregants (Stoltz, 2022). This has been a welcome shift and has managed to cater to churchgoers and other people that would not have otherwise had that type of access.

According to Osmer (2008), the descriptive-empirical task asks, what is going on in a particular situation. In this instance, there was a shift from traditional or physical church attendance practices to online systems. The Osmer (2008) approach, in terms of the interpretative task, asks, why is it going on? The study indicated that this was happening in response to the COVID-19 restrictions that did not allow Congregants to physically attend Church for health and safety measures against the crisis. The Osmer (2008) approach further enquires what ought to be going on in terms of the normative task. The findings of the study outline that what usually happened was the traditional or physical church attendance. Finally, Osmer (2008), based on the pragmatic task approach asks what must the response be. The



study indicated that the response was in what was happening. There was the necessity of continuing with church activities at the Our Lady of Good Health Parish. However, the Church was not allowed to have physical attendance of its congregants. Therefore, the most viable option was to conduct masses or other Church activities through the use of online systems.

The pastoral care framework was applicable in this study. The finding showed that there was an acceleration in the trend of online worship. The trend is an innovative way of ensuring that the church interacts with its congregant. However, the interaction did not accommodate the way sacraments were offered. The pastoral care framework seeks to find the challenges that people come across concerning spirituality and how they can be addressed (Moyo, 2015). The provision of church sermons through the online worship trend affects the appropriate attention that the congregants require. Thus, the pastoral framework becomes important since it recognizes this challenge and ensures that attention is provided. The pastoral care framework asks the people affected about the problems they are facing and how they can help them. In addition, pastoral care finds ways of ensuring that there is continuous guidance, support, and encouragement provided to the congregants and society. In the end, the congregants receive the attention that they lack because of the way that the sermons are being offered because of COVID-19.

#### **5.4.4 Objective 4: To find out what are the new ways of being church birthed during the COVID -19 lockdown restrictions**

##### **Theme 15: Sacraments cannot be replaced by using phones or computers**

The study sought to find out if the Catholics could replace their sacraments with a church service on their phones or computers. The participants largely indicated that the sacraments could not be replaced with phones or computers. This was because physical attendance as the Church has its proceedings was an important aspect of the Catholic Church's sacraments.

Participant 2 said:

*'Absolutely no. we need the presence of the body and blood of Christ to be there and we cannot have it online. No matter how beautifully a minister can preach the Word of God, for a catholic faithful if there is no Eucharist celebrated one fills that something is missing, the Body and Blood of Christ. That celebration is incomplete. We are a sacramental church and just praise and worship as other churches do.'*



Participant 3 explained that:

*'I do not think so. That time of the hard lockdown was just an emergency we were allowed to do whatever it felt convenient for the people to hold on to. But otherwise, we are a communal church. Being alone at home and trying to worship deprives you of the communal aspect. Also, where would one receive the Holy Communion if one does not go to church? One cannot replace the sacraments with a church service on his or her phone or laptop.'*

Participant 4 said:

*'What should be clear at the very beginning is that as Catholics we are a sacramental church and so we cannot be without sacraments. Hence, whenever we gather for celebrations there are two distinct but inseparable moments: the liturgy of the word and the liturgy of the Eucharist. We are not just a community of praise and worship. Therefore, a catholic faithful cannot replace the sacraments with the church service on his or her phone or laptop. That celebration would be incomplete.'*

The primary findings of the study disagreed with the secondary findings on this aspect. The literature review that was found showed that Churches across the globe had adopted full use of devices like cell phones, tablets, computers, and others. Congregants and people on a global scale have adopted the use of modern technologies like cell phones, tablets, computers, and other devices to access church services or activities (Gosselin, 2022). People and congregants can access church services or activities as they occur or later on, at a time of their choosing. This means that faithful that does not manage to attend a service or activity physically can be able to access them at a time of their choosing. This has become convenient and improved church engagement, support, and attendance on a virtual basis. This helped and has continued to ensure that the faithful do not lose faith and support from their church leaders (Mahiya and Murisi, 2022).

In the application of the Osmer (2008) model, the descriptive-empirical task asks what is going on. In this case, there was an exchange of the Catholic sacraments with cell phones, tablets, computers, and other devices. Thereafter, Osmer's (2008) interpretative task asks, why was this going on? The findings of the study outline that this was because Our Lady of Good Health Parish was not allowed to have physical gatherings because of the lockdown restrictions and therefore, opted to use cell phones, tablets, computers, or other devices. Further, the normative task of the Osmer (2008) model asks what ought to be going on. The

Our Lady of Good Health Parish ought to have its sacraments shared with the physical presence of its congregants. Finally, the pragmatic task of the Osmer (2008) model asks, how should the issue or challenge be addressed. The primary data indicated that Our Lady of Good Health Parish realized that initially, it had no choice but to use the digital systems for their masses regardless of them not being appropriate and achieving the purpose of the sacraments. However, as time went by and the lockdown restrictions were being eased, it emphasized the need of returning to the traditional system. This is because the sacraments are best offered to the Catholic faithful through their physical attendance.

The pastoral care framework was applicable in a similar way to Theme 14. The finding showed that Sacraments cannot be replaced by using phones or computers. The trend is an innovative way of ensuring that the church interacts with its faithful. However, the interaction did not accommodate the way sacraments were offered. Sacraments are required to be offered through the physical presence of the church leaders and members. The pastoral care framework seeks to find the challenges that people come across concerning spirituality and how they can be addressed (Moyo, 2015). The provision of church sermons through the online worship trend affects the appropriate attention that the congregants require. Thus, the pastoral framework becomes important since it recognizes this challenge and ensures that attention is provided. The pastoral care framework asks the people affected about the problems they are facing and how they can help them. In addition, pastoral care finds ways of ensuring that there is continuous guidance, support, and encouragement provided to the catholic faithful and society. In the end, the faithful receive the attention that they lack because of the way that the sermons are being offered because of COVID-19.

## **5.5 Conclusion**

This chapter presented and analyzed the findings from the primary study. The section used the thematic and Osmer's model of analysis in the process of discussing the primary data that was acquired. Was also applied the Pastoral Care Framework. The next chapter provides the conclusions and recommendations based on the findings of the study. The next chapter also included further areas of study on the phenomenon under this study.

## **CHAPTER SIX:**

### **CONCLUSIONS AND RECOMMENDATIONS**

#### **6.1 Introduction**

The previous Chapter presented the results and data analysis. This Chapter built on the results and data analysis and outlined the conclusions and recommendations that were found. The conclusions and recommendations were based on the research objectives. All the research objectives were presented, and conclusions were made from the primary and secondary findings that were uncovered. The Chapter also provided the areas for further studies that the researcher believed must be carried out.

#### **6.2 Recommendations**

The recommendations of this study were based on primary and secondary findings. The recommendations that were made include:

- Our Lady of Good Health Parish must identify workable and practical strategies for enhancing the return of the faithful to the Church. This is because quite a number of the faithful have not returned to church yet. The strategies must not only be theoretical but ones that are appropriate in accordance with the needs of their faithful. These should include home visits by the parish priest and the deacons; communion services in the small Christian communities and zones by the priest, deacons, and the extraordinary ministers of Communion.
- This will ensure that the faithful are encouraged to come back, and many other new members can be motivated as well.
- Our Lady of Good Health parish must involve its faithful and many other stakeholders of interest in the making of plans for how they can go forward as a church. The Church must not only pay attention to its leaders only for the solution. This is because all the stakeholders of the Church were affected by the epidemic, and they may have had all sorts of experiences. Therefore, the consolidation of all these experiences would lead to the most appropriate response and indicate the way forward for the Church to operate satisfactorily for all its stakeholders and community in its entirety.
- The leaders, faithful, and all the stakeholders of interest of Our Lady of Good Health parish must understand that the responses or ways of avoiding and preventing risk in their Church because of COVID-19 are not of universal application. This means that the strategies that they must adopt to continue operating as a Church are not a size

fits. The Our Lady of Good Health Parish must adopt the strategies that are applicable to the parish and not just follow everything that other people are doing or applying to their organizations. Yes, there are rules handed down from the Vatican, bishops' conference, and dioceses pertaining the Covid 19 but those are to be particularized if they are to be effective at the parish level. Our Lady of Good Health Parish must be strategic in its plans of continuing to operate.

- However, despite the recommendation made above, Our Lady of Good Health Parish must observe and learn from other churches. The Church must see what other Churches are doing in continuing to operate after the COVID-19 pandemic. The Church must then choose the most suitable strategies and apply them to the appropriate areas in its chain of values. This would ensure that Our Lady of Good Health Parish is successful in its operation now and in the future.
- The Our Lady of Good Health Parish must ensure that they take the COVID-19 epidemic as a lesson learned. This means that they must take all the experiences and how they and other entities at a global scale went through and responded to the pandemic. This will enable Our Lady of Good Health Parish to plan for future crises for there are possibilities of other epidemics. This means that they can be aware that a crisis can occur at any time, and they can respond to it in the right manner.
- Our Lady of Good Health Parish must keep a record of all the key events that ensued worldwide and at the Church. This is necessary because this information will become important if other crises happen in the future. Furthermore, could be that most of those who experienced Covid 19 will no longer be there or remember how they handled the situation. In such a case, the parish would not be able to know the appropriate responses from the inappropriate ones. In addition, this information would become important for future generations in responding to other crises and for the sake of having knowledge of the history of the Church.

### **6.3 Areas for Further Studies**

The areas for further studies for this research were influenced by the findings and recommendations made. Studies must be carried out to help people (faithful) how to deal with the negative consequences of not physically attending church during the pandemic. These types of studies must consider the way the positive consequences introduced to the Church through COVID-19 can be promoted to ensure that people can benefit more from this

occurrence. In addition, the studies may look at how to address the negative consequences on a practical basis. This entails that these studies must not merely be theory-based but should be practically conducted considering all the contextual aspects of its participants in their daily livelihoods.

Studies must be carried out that will provide ways of promoting church attendance after the pandemic since some faithful still find it difficult to return to church. These studies must look at the reasons why people are not attending church gatherings as much as they used to. These studies must be done on a practical basis and not from a theoretical perspective. This is because there are so many reasons why the faithful have failed to return to the church after the pandemic. Therefore, these reasons cannot be made to be universal for all but assessed based on the reality of the faithful on a much wider scale. However, the limitation would be that such studies would require so many resources and time to carry out.

#### **6.4 Conclusion**

This Chapter outlined the conclusions and recommendations that were found. The conclusions and recommendations were based on the research objectives. All the research objectives were presented, and conclusions were made from the primary and secondary findings that were uncovered. The Chapter also provided the areas for further studies that the researcher believed must be carried out.

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