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The Role of Family Obligations in Mental Health Problems among the Consecrated Religious Women in Western Deanery, Archdiocese of Nairobi, Kenya

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ABSTRACT

The mental health state of consecrated women shows a complicated relationship between family responsibilities. Members of some families find supportive emotional connections with their families, while others experience increased stress and disagreements from such connections. These women face mental health challenges when they try to match their religious obligations to their familial duties. The study aimed to explore the role of family obligations in mental health problems among the consecrated religious women in Western Deanery, Archdiocese of Nairobi, Kenya. The study utilized a phenomenological research design. Through purpose sampling, the study utilized a sample size of 15 participants who were consecrated religious women and actively involved in ministry. The qualitative data was collected using Interview Guide. The data was then systematically analyzed and organized using thematic analysis. The results showed that the role of family obligation in mental health among consecrated religious women is emotional strain from unmet family expectations and role confusion and family dependency. The study recommends psycho-spiritual formation sessions designed to help women effectively manage familial expectations, navigate feelings of guilt, and establish healthy emotional and financial boundaries. Also, create pastoral programs aimed at engaging families, which assist relatives in comprehending religious life and its inherent limitations, thereby reducing unrealistic expectations. Foster the development of open communication and conflict resolution skills, enabling consecrated women to skillfully navigate family dynamics without experiencing excessive emotional distress.

Key Words: Roles, Family obligations, mental health problems, consecrated religious women, Nairobi

INTRODUCTION

The mental health state of consecrated women shows a complicated relationship between family responsibilities. Members of some families find supportive emotional connections with their families, while others experience increased stress and disagreements from such connections. These women face mental health challenges when they try to match their religious obligations to their familial duties. Different studies show how various family-related duties impact the psychological health of consecrated women. Close family connections establish emotional foundation points for these women. A tight family relationship protects consecrated women from difficult situations because it helps them navigate their adversities while remaining connected to their community.

The research conducted by Lee et al. (2019), establishes that significant family support decreases the possibility of depression and anxiety development. Family members through emotional support enable religious women to combat mental distress caused by their diverse duties. Family members provide emotional backing to the respective religious women through conversations, physical visits and positive motivational words. Research by Oxhandler et al. (2021), indicates that people who receive continuous family support develop enhanced resilience levels when experiencing stressful situations. Religious women need such support especially with the challenging ministry obligations that they face in the discharge of their duties. Confiding in family members provides consecrated women with an emotional buffer that protects them from experiencing loneliness and avoiding burnout.

Families support consecrated women in religious vocations through various ways thus creating positive mental health benefits (Bucumi, 2023). By offering support family members help consecrated women remain committed to their religious commitment and they build resilience in periods of uncertainty. Studies show that family support for religious vocation produces substantial psychological advantages for consecrated women (Jaksicova et al., 2021). The external support from family members grant consecrated women confidence to face religious and ministerial struggles. Family support helps consecrated women build confidence while strengthening their mental health positively. Consecrated women who receive enduring family support from their relatives tend to develop enhanced emotional satisfaction and spiritual fulfillment (Cook, 2020). Family connections create both supportive bases and major stress factors that affect consecrated women's well-being. Family expectations and their demand for financial assistance alongside social expectations tend to generate psychological pressure which affects the mental wellness of consecrated women.

Some families commonly expect consecrated women to serve as behavioral models for their community. Society's heightened standards toward consecrated women causes enormous stress and feelings of inadequacy that triggers self-doubt and emotional distress. Numerous religious women experience weighty pressure from family members due to unattainable behavioral and choice-making standards and leadership expectations (Kolassa et al., 2021). When consecrated women experience personal challenges, they encounter psychological distress because family members put moral and spiritual expectations upon them. Religious women face social pressure by trying to upholding a perfect image of spirituality which causes them to hide mental health struggles thus, elevating their probability of psychological breakdown. The research by Hvidt and AssingHvidt (2019) revealed that consecrated women feel distress and experience guilt because they think they are not meeting familial expectations. Some families accept their daughters to go into religious life which leads to broken relationships between relatives along with emotional distress.

People who have dedicated their lives to religious vocation struggle continually with emotional distress due to opposition from some family members (Hvidt & Assing, 2019). Their family's failure to fully accept their daughters'decision of joining religious life creates internal stress that further leads to anxiety along with depression symptoms. The unwillingness of some family membersin accepting the religious vocation of their daughters usually lead to both emotional separation and rejection after individuals choose this path of service. A study by Garssen et al. (2020), showed that emotional distress because of family opposition toward religious commitments affected 38% of consecrated women. Family disputes that stem from disagreements about inheritance distributions and marriage expectations together with personal goals become major factors in prolonged tension. Stress arises in consecrated women when they cannot meet their traditional family responsibilities especially in patriarchal or communal societies which places strong value on the continuity and survival of the family.

Women who have dedicated their lives to religious service and also bear the responsibility of being the primary financial providers often face amplified stress and anxiety. This is largely due to the challenging balance they must strike between meeting their spiritual duties and ensuring their families' financial stability (Tesfaye et al., 2021). Furthermore, the small allowances usually given by religious organizations present considerable obstacles, making it tough for these women to cover the financial needs of those who depend on them. In numerous cultures, there's an expectation for people to financially support their elderly parents and help their siblings with things like education and other necessities. McGe (2022), highlight that African religious women often experience financial difficulties because of these family expectations to provide financial aid. When these women don't have enough resources, these demands frequently trigger feelings of guilt, worry, and frustration. For women in consecrated religious life, the conflict between their religious promises which often include a vow of simplicity or poverty and the actual needs of their families can lead to long-term emotional suffering. Salami et al. (2022) also points out those financial strains can significantly contribute to burnout and signs of depression among those in religious vocations. Tackling this issue requires a careful approach that respects religious duties while still offering practical help to families, ensuring that the individuals' mental health isn't negatively affected.

The studies conducted so far leaves no doubt that family duties have a considerable impact on the mental well-being of consecrated women within the Western Deanery of the Nairobi Archdiocese. Nevertheless, current studies highlight a noticeable lack of qualitative information examining precisely how these family responsibilities influence the emotional and psychological states of these women. The study aimed to explore the role of family obligations in mental health problems among the consecrated religious women in Western Deanery, Archdiocese of Nairobi, Kenya.

METHODOLOGY

This study adopted a phenomenological research design. This design was considered suitable for delving into and comprehending the lived experiences of consecrated women in the Nairobi Archdiocese, particularly concerning their mental health. This study was carried out in Western Deanery of the Catholic Archdiocese of Nairobi, Kenya. The Deanery encompasses numerous active parishes situated in both urban and peri-urban locations, specifically including Regina Caeli (Karen), St. Michael's Parish (Langata), Christ the King Parish (Kibera), Our Lady of Guadalupe Parish (Adams Arcade), Sacred Heart Parish (Dagoretti), St. John Evangelist (Langata), and Mary Queen of Apostles Parish (Dagoretti/Kikuyu). These parishes cater to diverse socioeconomic communities and are host to various religious congregations of consecrated women who are actively involved in ministries such as education, youth formation, healthcare, spiritual direction, and pastoral outreach.

Through purposive sampling, a sample size of 15 consecrated religious women was selected to participate in the study. This study employed semi-structured Interview Guide featuring open-ended questions to gather in-depth qualitative insights from consecrated women. This method is particularly well-suited for a phenomenological or exploratory study, as it aims to capture the subtleties of human experiences. The interview questions were crafted based on themes from the literature review and tailored to the study's specific research questions. The semi-structured format also offered flexibility, allowing the interviewer to delve deeper into participants' responses to collect rich, contextualized data. After getting informed consent from the participants face to face interviews were conducted for approximately 60 minutes for each participant. With the participants' permission, all interviews were audio-recorded using a secure digital recorder to guarantee the accurate capture of data. Additionally, brief field notes were made to document non-verbal cues and contextual observations that provided further insight into the verbal data. The recordings were later transcribed word-for-word to prepare the data for thematic analysis. Participants were consistently assured of confidentiality, and pseudonyms were used to protect their identities in all transcripts and subsequent reporting. The collected data was analyzed using thematic analysis.

RESULTS AND DISCUSSION

This section highlights the finding from the interviews conducted involving 15 consecrated women at the Western Deanery of Nairobi Archdiocese. The data collected from the 15 participantswas organized through thematic analysis.

Demographic of the Participants

Table 1 presents the demographic characteristics of the consecrated women who participated in this study. It includes information on each participant's age, educational background, number of years in religious life, and current role within their congregation or ministry. These details provide essential context for interpreting the participants' responses, highlighting the diversity of experiences, responsibilities, and stages of vocational life represented in the sample.

Table 1: Demographic Information of Participants

No.	Age	Educational Background	Years in Religious Life	Current Role in Religious Life
1	41	Bachelors	18	Manages congregation's online communications
2	57	Masters	35	Novice Mistress
3	45	Advanced Diploma	22	Rescue Centre Coordinator
4	34	Bachelors	10	Youth Chaplain And Catechist
5	60	Diploma	39	Health Coordinator
6	52	Bachelors	30	High School Principal; Spiritual Formation
7	23	O-Level	1	Novice; Student
8	35	Diploma	2	Student
9	60	PhD	37	Lecturer
10	79	Masters	54	Bursar
11	68	Masters	35	Lecturer
12	46	Diploma	24	Works In Agriculture And Youth Ministry
13	40	Bachelors	15	Student
14	35	Undergraduate	6	Student
15	49	Bachelors	23	Congregational Leadership

Table 1 presented the demographic profile of the 15 consecrated women who participated in the study. The participants vary in age from 23 to 79 years, representing a diverse generational spread within religious life. Educational backgrounds range from O-Level to PhD, with most having attained tertiary qualifications, reflecting a high level of academic preparation among the respondents. The years spent in religious life span from 1 year (a Novice) to 54 years, indicating a mix of early-stage, mid-career, and veteran members of consecrated life. In terms of ministry roles, the participants serve in a wide range of apostolate, including digital communication, youth and catechetical ministry, health care, education, community formation, social outreach, and leadership. This diversity in roles contributes to the richness of the data, as it captures how mental health is influenced across different apostolic experiences and stages of religious commitment.

Role of Family obligations to Mental Health Problems among the consecrated religious women in Western Deanery, Archdiocese of Nairobi, Kenya

This section delves into the outcomes of family responsibilities on the mental well-being of consecrated women. Although these women have dedicated their lives to spiritual service, their relationships with their families of origin remain deeply important. The findings indicate that emotional distress, conflicting roles, and unfulfilled expectations frequently stem from these familial bonds, leading to internal conflict that impacts their psychological, spiritual, and physical health. The subsequent themes outline the most commonly reported experiences shared by the participants.

${\bf Emotional\ Strain\ from\ Unmet\ Family\ Expectations}$

The demands placed on consecrated women by their familiesranging from emotional support and physical availability to material aidcan create considerable mental health difficulties. Even while embracing a life of religious dedication, numerous individuals report feeling emotionally drained when they fall short of these expectations. This often results in feelings of guilt, anxiety, and inner turmoil. Participant 3, who is involved in traumasensitive ministry work, particularly captures this struggle: "Guilt arises when I can't be present during family emergencies, adding emotional strain." (Participant 3). This sense of guilt arises from the apparent clash between her religious duties and her heartfelt longing to be there for her immediate

family. Not being able to physically support them during difficult times leaves her feeling emotionally uneasy and like she is falling short. Participant 6, who serves in a leadership role at a school, carries a comparable weight: "They sometimes burden me emotionally—especially when I can't help practically. I feel guilty and stretched thin between my vocation and family needs." (Participant 6).

Juggling the demands of family and career often feels like an internal battle. Even without overt requests for help, the subtle pressure to always do more can lead to constant emotional exhaustion. Participant 12 highlights the unseen toll of these responsibilities: "When I can't fulfill them, I feel drained. I overthink, and I may be unable to pray. My mind is not in the chapel even if I'm physically present." (Participant 12). Unmet family expectations take a toll not only on emotional well-being but also on spiritual focus. This mental preoccupation makes it challenging for her to maintain a sense of inner balance, even in environments designed for rest and renewal. Participant 13 goes on to explain the dual role she navigates as both a religious sister and a family mediator: "At times, I feel torn between my commitment to my religious community and my biological family's needs. Without proper balance and prayer, this can affect my focus in studies and disturb my inner peace." (Participant 13).

This highlights the intensified pressure that emerges when academic duties, religious commitments, and family responsibilities intersect. The feeling of being "torn in two" is a common experience. Likewise, Participant 15 expresses the distress of being physically unavailable: "When big issues arise and I'm far away, I feel limited in helping them... I feel bad that I can't be there in person." (Participant 15). This illustrates how the physical separation from loved ones can weigh heavily on one's emotions, particularly during times of crisis. While the role of a religious sister might not always involve direct, day-to-day family involvement, the emotional impact of her absence is undeniably present. Together, these accounts highlight a recurring dynamic: the psychological strain experienced when one feels unable to fulfill familial obligations often results in feelings of guilt, sorrow, and a distraction from spiritual focus.

Participants reported emotional strain aligns with findings from numerous studies that underscore the intricate emotional dynamic of family in the lives of consecrated women. Hvidt and AssingHvidt (2019) note that many consecrated women encounter distress and guilt when they sense they are failing to meet familial expectations, especially during periods of illness or crisis. This guilt, a recurring theme in the current study, often culminates in emotional exhaustion and internal discord.

Kolassaet al. (2021) highlight how religious women often grapple with strong societal and familial expectations to embody both moral perfection and spiritual leadership. The women involved in their study reported feeling caught between their dedication to religious life and their emotional and social duties to their families. This internal conflict often led to feelings of inadequacy and guilt, mirroring the findings of Arshinoff (2023). Arshinoff (2023), observed that emotional turmoil stemming from family opposition and unmet expectations significantly impact many religious women. These overlapping results underscore that, even when family ties are based on love, they can become a primary source of psychological strain for consecrated women, especially when the needs of their families conflict with the boundaries of their religious vocations.

Role Confusion and Family Dependency

Several participants also indicated that they assumed informal responsibilities within their families, such as serving as a source of spiritual guidance, resolving conflicts, or addressing problems. Although these roles were rooted in respect and confidence, they often led to emotional strain and ambiguity in boundaries. Participant 1 provides a clear demonstration of this role ambiguity: "Expected to provide tech support, advice, and emotional encouragement... Feels emotionally burdened and overwhelmed by being the 'problem-solver." (Participant 1). Her responsibilities go beyond providing spiritual guidance, encompassing practical and emotional tasks as well. Consequently, she often feels like the family's automatic point of contact for a wide range of needs. This constant expectation drains her emotional reserves and leaves her feeling overburdened by others' reliance on her. Participant 11, who holds dual roles as a lecturer and community vicar, similarly underscores her function as a mediator: "Offering spiritual support and acting as a peacemaker among siblings... Family conflicts affect me emotionally." (Participant 11).

It can be incredibly draining to serve as the family's emotional anchor, especially when disagreements keep popping up and one sibling feels like it is their job to keep things calm. Participant 13 really drives this point home, showing just how intense this pressure is through all the different roles she juggles: "My family expects me to be a source of spiritual guidance, emotional support, and at times, even financial advice. I help them bring reconciliation when there is disunity." (Participant 13). Juggling spiritual, emotional, and practical duties can be quite challenging, especially when personal boundaries aren't upheld. This often results in a confusing sense of self—feeling torn between being a devoted woman of faith and a caretaker for the family. Participant 2, despite being more reserved, still shows signs of emotional strain: "I feel burdened, especially when I cannot be present during times of family illness." (Participant 2).

Even in situations where a person's physical presence is not strictly necessary, there can still be a strong emotional expectation to be available. The sister's absence can feel like a letdown, even though she has valid reasons for being elsewhere. These scenarios highlight how women in religious vocations frequently find themselves juggling dual roles, serving both their faith community and their familywhich are often difficult to reconcile. When families develop a high level of emotional reliance, it can result in significant internal strain and weakened personal boundaries.

The experiences of individuals feeling overburdened, acting as counselors, problem-solvers, and emotional pillars for their families well-documented in existing literature. Research by Bucumi (2023), supports the idea that family support is beneficial, provided it is balanced and does not intrude excessively. However, when families place undue responsibilities, such as financial obligations, spiritual guidance, or emotional regulation, on consecrated women, it often results in role confusion and significant psychological distress. Furthermore, the financial dependency highlighted by certain participants aligns with the research of Tesfaye et al. (2021). Their study contends that the dual demands of religious duties and providing for one's family can trigger anxiety and enduring psychological strain, particularly when religious organizations offer scant financial remuneration.

Arshinoff (2023), corroborate this, noting that African religious women frequently grapple with fulfilling familial expectations concerning education, inheritance, or basic financial assistance. The internal tension between vows of simplicity and external family obligations frequently surfaced as a persistent source of guilt and emotional suffering in the participants' accounts, closely mirroring the phenomenon of burnout stemming from financial strain in religious life, as described by Salami et al. (2022). These intersecting pressures amplify the mental burden carried by consecrated women, ultimately contributing to profound emotional exhaustion and unclear personal boundaries.

CONCLUSION

The demands of family responsibilities weigh heavily on women who have taken religious vows, especially when the anticipated standards for caregiving, financial assistance, and serving as role models seem unattainable. These pressures often lead to inner turmoil, feelings of guilt, and, in certain instances, a sense of detachment, all of which can ultimately impact their psychological health and their ability to find peace in their chosen path.

RECOMMENDATIONS

The study recommends psycho-spiritual formation sessions designed to help women effectively manage familial expectations, navigate feelings of guilt, and establish healthy emotional and financial boundaries. Also, create pastoral programs aimed at engaging families, which will assist relatives in comprehending religious life and its inherent limitations, thereby reducing unrealistic expectations. Foster the development of open communication and conflict resolution skills, enabling consecrated women to skillfully navigate family dynamics without experiencing excessive emotional distress.

REFERENCES

Arshinoff, R., Roldan, C., &Balboni, T. (2023). Spirituality and spiritual distress in neurologic illness. Neuropalliative Care, Part II, 221-234. https://doi.org/10.1016/b978-0-12-824535-4.00004-5

Bucumi, G. (2023). Recognition and denial of Indigenous religious rights in east and Central Africa. *International Perspective on Indigenous Religious Rights*, 220-234. https://doi.org/10.1163/97890045247330_013

Cook, C. C. (2020). Spirituality, religion & mental health: Exploring the boundaries. Mental Health, Religion & Culture, 23(5), 363-374. https://doi.org/10.1080/13674676.2020.1774525

Garssen, B., Visser, A., & Pool, G. (2020). Does spirituality or religion positively affect mental health? Meta-analysis of longitudinal studies. The International Journal for the Psychology of Religion, 31(1), 4-20. https://doi.org/10.1080/10508619.2020.1729570

Hvidt, N. C., & AssingHvidt, E. (2019). Religiousness, spirituality and health in secular society: Need for spiritual care in health care? *Spirituality, Religiousness and Health*, 133-152. https://doi.org/10.1007/978-3-030-21221-6_9

Jaksicova, D., Novak, L., Husek, V., Tavel, P., & Malinakova, K. (2021). Czech and Slovak members of religious institutes: Their health in comparison to the general population. International Journal of Environmental Research and Public Health, 18(19), 9944. https://doi.org/10.3390/ijerph18199944

Kolassa, I., Illek, S., Wilker, S., Karabatsiakis, A., & Elbert, T. (2021). Neurobiological findings in post-traumatic stress disorder. *Evidence Based Treatments for Trauma-Related Psychological Disorders*, 63-86. https://doi.org/10.1007/978-3-319-07109-1_4

Lee, S. Y., Park, C. L., & Hale, A. E. (2019). Relations of trauma exposure with current religiousness and spirituality. *Mental Health, Religion & Culture*, 19(6), 493-505. https://doi.org/10.1080/13674676.2016.1207161

McGee, P. (2022). Happiness and health. Religious and Non-Religious Perspectives on Happiness and Wellbeing, 50-65. https://doi.org/10.4324/9781003045540-4

Oxhandler, H. K., Pargament, K. I., Pearce, M. J., Vieten, C., & Moffatt, K. M. (2021). Current mental health clients' attitudes regarding religion and spirituality in treatment: A national survey. Religions, 12(6), 371. https://doi.org/10.3390/rel12060371

Salami, B., Idi, Y., Anyieth, Y., Cyuzuzo, L., Denga, B., Alaazi, D., &Okeke-Ihejirika, P. (2022). Factors that contribute to the mental health of Black youth. *Canadian Medical Association Journal*, 194(41), E1404-E1410. https://doi.org/10.1503/cmaj.212142

Tesfaye, Y., Agenagnew, L., Anand, S., Tucho, G. T., Birhanu, Z., Ahmed, G., Getnet, M., &Yitbarek, K. (2021). Knowledge of the community regarding mental health problems: A cross-sectional study. *BMC Psychology*, 9(1). https://doi.org/10.1186/s40359-021-00607-5