

Factors Hindering Churches from Giving Holistic Grief-and-Bereavement Care and Support

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Abstract

Grief and bereavement care remain very critical for bereaved individuals. The church has a biblical mandate to bear one another's burdens: "Share each other's burdens, and in this way obey the law of Christ" (Gal 6:2, NLT). The church's grief-and-bereavement care and support are insufficient and inconsistent, frequently neglecting to meet the emotional, spiritual, and practical needs of the bereaved, including timely counseling, support groups, and resources for coping with loss. This article seeks to assess the underlying factors that hinder the church from providing holistic grief and bereavement care and support at Christ Is The Answer Ministries (CITAM) Clay-City Church in Nairobi, Kenya. The obstacles to holistic grief care and support typically include limited resources and inequitable assistance, inadequate training for carers, unclear policies intended to direct bereavement care, and socio-cultural impediments. The church needs to strategically reframe its policies and plans to address these barriers and provide holistic care to the bereaved. Moreover, there is a great need for the bereaved members to be facilitated to accept the loss, validate the grief, cope with the grief process without breaking, and adapt to the life changes after loss, through healing and restoration. The study is guided by the Grief theories and the Pastoral Circle (Social Analysis) framework. A qualitative phenomenological design was used to capture the lived experiences of bereaved members and the church leaders. Data were collected through in-depth interviews with purposively selected participants, including recently bereaved congregants, departmental leaders, elders, and a pastor. The research found that CITAM Clay-City church provides immediate bereavement care and support to its members. However, several factors hindering the church were uncovered, including social capital dependency, resource constraints, congregational barriers, institutional policy inconsistency, socio-cultural barriers, and theological tensions. The study recommends more structured and sustained pastoral care programs, including strengthening church policies, expanding counseling services, enhancing post-burial follow-up, and promoting theological teachings on lamentation and grief to improve the church's ministry toward grieving families.

Keywords: Grief and Bereavement Care, Care and Support in Churches, Grief and Healing



Introduction

Death is an inevitable crisis and a universal human experience that can result in distress and disorientation of various dimensions. Afolabi states that “death is like an unavoidable ‘gravitational’ force tending to drag human beings into the ‘ethereal’ world without prior consent.”¹ This emphasizes that the grief due to death is hard to evade since the affected individuals are not asked to consent to it. When a family is bereaved in an African setting, Mbiti states that the community is duty-bound to bereavement care and support.² In addition, Collins explains that the Luo community included extended family, clan, and friends in the responsibility of offering bereavement care to the grieving family.³ In Mbiti’s view, this is a shared African cosmology of Ubuntu⁴. This worldview is replicated in the church’s role in grief and bereavement care, as a Diakonia ideology that mandates the church to reach out to all people created in God’s image, render unconditional service to the needy, and effect social changes that restore, reform, and transform.⁵ The bereaved members need unconditional grief-and-bereavement care, restoration, and transformation.

Maina posits that the norm of visiting with the bereaved, mourning and weeping with the grieving, and supporting the bereaved members is by the Apostle Paul’s admonition to Galatian churches, “Share each other’s burdens, and in this way obey the law of Christ” (Gal 6:2 NLT).⁶ Ngewa explores this verse and states that, “a burden is any hardship, whether physical, emotional, mental, moral, or spiritual.”⁷ Some burdens, especially the demise of a beloved, are quite heavy, and some bereaved people can deteriorate due to the inability to bear the grief and suffering. The bereaved people must be offered not only physical and material support but also emotional, mental, and spiritual support, such as counseling and healing prayers. Wanjohi notes that Anglican Church of Kenya (ACK) congregations are taught and encouraged to support grieving members by visiting to console them, providing material and financial support, offering supportive fellowship, attending burials, providing pastoral care, and following up after the burial.⁸ Wanjohi further notes

¹ Oladayo Afolabi, *Death, Grief, and Family Dynamics: The Impact of Family Member’s Death and Delayed Grief Resolution on the Family System* (2014), 1.

² John S. Mbiti, *African Religions & Philosophy*, (Heinemann, 1990), 113.

³ Francis A. Collins, “Death and the Family in Kenya” (London: International Anglican Family Network, 2009), 3, https://www.anglicancommunion.org/media/55799/death_in_the_family.pdf. Accessed on March 17, 2023

⁴ Mbiti, *African Religions and Philosophy*, 141.

⁵ J. N. Kanyua Mugambi and Laurenti Magesa, *The Church in African Christianity: Innovative Essays in Ecclesiology*, The African Christianity Series (Nairobi: Acton Press, 1998), 108.

⁶ Alice W. Maina, “The Church and Bereavement: A Study of Presbyterian Church of East Africa, Milimani South Presbytery, Nairobi County” (2017), 2.

⁷ Samuel Ngewa, “Galatians,” in *Africa Bible Commentary: A One-Volume Commentary Written by 70 African Scholars*, ed. Tokunboh Adeyemo, vol. 36 (Nairobi: WordAlive, 2007), 1450.

⁸ Florence Njoki Wanjohi, “The Ministry of the Church in Supporting Bereaved Families: The Case of Anglican Church of Kenya, Diocese of Kirinyaga, Kirinyaga County” (PhD diss., Kenyatta University, 2013), 5–6.



that some ACK churches still face many challenges, including inadequate finances, large congregations that need pastoral care, insufficient numbers of pastoral caregivers, and a lack of continuous bereavement care. Whenever the grief and bereavement care is inadequate or poorly administered, the bereaved church member struggles with grief and may prolong the process of grief. Spilling argues that when congregations provide poor pastoral support, some bereaved people may feel ineffectively attended to during difficult times and leave their current local congregations for other denominations.⁹ They abandon the church and question its entire mission.

Statement of the Problem

The church's care and support for the bereaved members is a biblical mandate. The holy scripture urges the church to show compassion, empathy, comfort, and love to bereaved members. Jesus Christ modeled restorative empathy as an exemplary model of grief and bereavement care. He joined the deeply grieving families, and he comforted them—Mary and Martha when their brother, Lazarus, died (John 11:19–35)—and mourned at Jairus' home when his daughter died (Matthew 9:23–24). Jesus also engaged the funeral procession when the only son of a hopeless widow in the village of Nain died (Luke 7:11-15). Jesus not only mourned with the grieving families but also comforted them and reinstated their joy and peace upon resurrecting their deceased loved ones. The Lord God embodies love (1 John 4:7-8), is the Father of compassion, and the God of all comfort (2 Corinthians 1:3-7). Unfortunately, the church appears to confuse and equate grief-and-bereavement care with merely funeral services and burial ceremonies, neglecting to acknowledge the continuous emotional support and community engagement that bereaved families require throughout their healing journey. This reduces the bereavement care into a rapid response to the emotional effects of grief, and support towards interment, after which care and support reduce drastically or cease. In its effort to fulfill its biblical obligation to provide holistic bereavement care and support, the church faces various hindrances. The bereaved members are therefore not effectively attended to nor aided to accept loss, cope with grief, and adapt to a new normal without their loved ones. The results of unattended grief are unceasing struggle with grief, lack of the strength to cope with the grief crisis, prolonged grief process, reduced interest in church matters, reduced commitments to Christian faith, and loss of hope of living. This situation is critical as it can potentially lead to mental health conditions, social and economic crises, such as unpredictable deprivation of basic needs due to funeral poverty.

⁹ Anna Spilling, *“The Role of the Church in Supporting People Who Are Bereaved: A Cross-Cultural Comparison between Norway and Kenya”* (Master's Thesis, 2011), 55.



Literature Review

Grief and Bereavement Care in a Church Setting

According to Hays and Hendrix, religion plays a key role in bereavement, and the bereaved individuals who seek significance or cognitive constructs of the mourning through religion frequently use Christianity as both a goal and a technique of coping with loss.¹⁰ Coping with loss is linked to spiritual “belonging” through congregational prayer, vicarious participation through religious media, humanitarian activity, and burial customs. Mourning practices and meaning-making in Christianity vary depending on the bereaved’s setting and cultural customs. Theological, liturgical, and social aspects all impact a person’s coping mechanisms.

Pastoral care and counseling are bereavement care and interventions carried out by pastors, delegated clergy, church leaders, and volunteer members of the church. However, Ann Spilling argues that the congregations frequently provide poor pastoral support, which is why some bereaved people leave their current congregations for other denominations.¹¹ Grieving people frequently leave local churches due to a lack of support during difficult times. They abandon the church and question its entire mission. Grieving folks may struggle to return to their place of worship after losing somebody they care about, whenever they feel that they were not effectively attended to. Jeffreys argues that testimonies of miracles and answered prayers often make bereaved individuals feel forsaken and failed by God for not responding to their pleas.¹² In this way, pastors should use caution while ministering to mourning families, showing them love, comfort, and tangible support, so they understand the unconditional affection of God and the assurance of new life in Christ. Tautges observed that ministers are frequently incompetent and unprepared when it comes to assisting believers in dealing with their bereavement.¹³ Michael agreed with Tautges’ statement that pastors lack the necessary skills to minister to people in mourning properly. Michael’s book, *A Necessary Loss: Essential Tools for Leadership in Bereavement Ministry*, criticizes seminaries for failing to prepare students for realistic ministry challenges, such as living with loss.¹⁴ Charles Jr clarified that a pastor’s responsibility is to offer a wide range of counsel and care to bereaved people, families, and religious groups.¹⁵ He stresses that the clergy have a greater

¹⁰ Judith C. Hays and Cristina C. Hendrix, “The Role of Religion in Bereavement” (2008), 327–348.

¹¹ Spilling, “The Role of the Church in Supporting People Who Are Bereaved.”55.

¹² J. Shep Jeffreys, *Helping Grieving People—When Tears Are Not Enough: A Handbook for Care Providers* (New York: Routledge, 2005).

¹³ Paul Tautges, *Comfort the Grieving: Ministering God's Grace in Times of Loss* (Grand Rapids: Zondervan, 2015), 33.

¹⁴ Larry J. Michael, *A Necessary Grief: Essential Tools for Leadership in Bereavement Ministry* (Grand Rapids: Kregel, 2015), 16.

¹⁵ H. B. Charles Jr., *On Pastoring: A Short Guide to Living, Leading, and Ministering as a Pastor* (Chicago: Moody, 2016).



ability to demonstrate care and compassion and to help mourning people comprehend grief in the appropriate sense of Christian language and imagery. Worden asserts that an ordained minister has a duty to assist a grieving individual in resolving unresolved concerns, such as embracing death.¹⁶ Proponents of the “phases of grief” theory see a pastor’s role as helping people navigate each step of the grieving process to prevent prolonged suffering.

Hindrances to Responding to Grief and Bereavement in the Early Church

The hindrances to bereavement care can be traced back to the early church, when the apostles had insufficient time to distribute aid to the increasing number of poor widows (Acts 6:1–3); instead, they prioritized prayer and preaching the gospel. They also had constrained budgets to cater to the needy widows, and the church leadership needed appropriate criteria of absence of family caretakers, age, and lifestyle to select those widows whose needs could be adequately and equitably met with the limited resources (1 Tim 5:3–14). The early church fathers posed profound theological and doctrinal obstacles that suppressed public expressions of grief as a demonstration of Christian maturity and eternal hope.¹⁷ Mourning was stigmatized as excessive weeping in bereavement was rebuked since it was viewed as a lack of faith in the resurrection cited in 1 Thessalonians 4:13. Hence, mourning was for those who have no hope, the faithless. In the context of epidemic and persecution, St. Cyprian of Carthage (c. 210–258 AD) perceived death as a “summons” to Christ.¹⁸ He contended that mourning for individuals “liberated” by death was a contradiction of faith. He claimed that the soldier of Christ expects divine favors and is undaunted by life’s adversities. Christ foretold these events, and they are manifesting; likewise, the benefits will follow. He asserted that his worries, sadness, and despair toward death signified a “deficiency of hope and faith.” Cyprian believed that grieving obstructed the eschatological joy that ought to characterize a believer’s perspective on life’s end. This idea was a significant impediment to the grieving process, since authentic grief was unduly repressed, hindering individuals from thoroughly processing their feelings and achieving healing following loss.

Pastoral care providers should approach stress and grief with the same fortitude as a good shepherd who sacrifices his entire existence for his sheep. The boldness of integrity, as previously stated, is characterized by an inner fullness of connection with God and man, as well as a persistent,

¹⁶ J. William Worden, *Grief Counseling and Grief Therapy: A Handbook for the Mental Health Practitioner* (New York: Springer, 2008), 86.

¹⁷ Terrance Klein, “When We Lose Loved Ones, They Do Not Lose Us,” *America Magazine*, November 4, 2020, <https://www.americamagazine.org/faith/2020/11/04/catholic-homily-32nd-sunday-readings-gospel/>. Accessed April 12, 2026.

¹⁸ Cyprian, *On the Mortality* 20, in *Ante-Nicene Fathers*, vol. 5, ed. Alexander Roberts and James Donaldson (Buffalo, NY: Christian Literature, 1886), 474.



indomitable love.¹⁹ It is therefore important that pastoral teams should be fully dedicated to the calling to administer bereavement care with sacrificial love, knowing well that they are serving the Lord. Wanjohi found that the clergy in ACK had challenges in discharging their pastoral duties during bereavements due to very large congregations, which kept them ever busy. She also found that some pastors inadequately relate to the bereaved members who needed pastoral care; instead, they place their confidence in liturgical roles and ritualistic ministrations.²⁰ She intimates that, like many churches, ACK had financial constraints and could not afford to financially support her bereaved families except with congregants' voluntary offerings. The congregants' response to bereavement is likely influenced to a great extent by the level of relationship they had with the departed and also the bereaved members. Nominal members who remain passive in the church ministries face such setbacks. These phenomena call on pastors and the entire church leadership to fulfill their duty to advocate for the needy and grieving families, regardless of underlying factors. Thus, all bereaved members should at least feel helped and valued, even though there could be many challenges to bereavement care. Wanjohi further intimates that the church leadership (a church council member) lacked proper training to deal with grief and bereavement. She asserts, "a church council member recounted how a young widow, recently bereaved of her husband, erupted into a bitter lament when the member attempted to console her by suggesting that she was still young enough to remarry."²¹ The church congregation and its leaders should be properly trained to handle grieving individuals. This deliberate action will help the caregivers to allow and encourage the bereaved members to freely express their own grief emotions without judging them, as well as avoiding using dismissive platitudes such as 'let grief go, it was God's will,' when attending to grieving families.

Culture and religious beliefs affect how people deal with grief and loss. According to Pond, the degree of grief is determined by a socially constructed context rather than innate impulses.²² In certain cultures, people can show their sorrow in public, yet in others, it is considered a sign of frailty. Cultural and spiritual convictions influence how people express their grief. In Western society, for example, Christians have a responsibility to control their emotions, be secure in their environment, and show bravery even while they are grieving.²³ In other words, people have to conceal their feelings in public. Although they may want to cry, culture and religion compel

¹⁹ Ngoy Nadine Ilunga, "A Study of Support for the Bereaved in the Local Congregation" (Master's Thesis, Liberty University, John W. Rawlings School of Divinity, 2021).

²⁰ Wanjohi, "Ministry of the Church in Supporting Bereaved Families," 29.

²¹ Wanjohi, "Ministry of the Church in Supporting Bereaved Families," 105.

²² Pond, "A Study of Childhood Grief and the Church's Response," 56.

²³ Ilunga, "A Study of Support for the Bereaved in the Local Congregation."



individuals to remain silent in public.²⁴ Those who have lost a loved one may struggle to communicate their emotions.

Church congregants usually express their grief discreetly. It means one must suffer in quiet to be a Christian. Pastors talk about how Christians conceal their pain to stay Christians. It is advised for Christians to manage their emotions. Paul declares in 1st Thessalonians 4:13-18, that the Christians no longer have any excuse to grieve like other people who have no hope; “Brothers and sisters, we do not want you to be uninformed about those who sleep in death, so that you do not grieve like the rest of mankind, who have no hope” (vv.13, NIV). Many people find it difficult to cry or show their feelings in public because of this statement. Although one might feel like crying, the words resound and resonate in their minds to be courageous because Christians don’t weep like others (the pagans) who do not have faith nor hope in Christ. However, when taken literally, the Apostle Paul’s statement could do more harm than good to Christians who are grieving. According to Mbaabu, it is becoming less acceptable in society to express mourning outside of memorial services.²⁵ While the bereaved members understand that they should grieve, Christians believe that it is permissible to repress their feelings. Many people like to keep their feelings private. The risk is that long-term suppression of feelings could prove harmful and make it easier to get over stress, grief, and depression. According to Vroegop, grief is not a sign of a lack of faith and hope; it is a response to the pain of loss.²⁶ From a theological viewpoint, practical theology enables bereaved individuals to express their grief, which is why lamentation is found in the biblical books and addressed in many Psalms, including Psalms 10, 13, 22, and 77. The church congregation should be taught about grief and bereavement to understand every phase of mourning, so that they may adjust their responses to reflect true feelings rather than false ones. The researcher sought to establish the factors that CITAM Clay-City church confronts in its grief-and-bereavement care and support efforts.

Theoretical and Conceptual Frameworks

The Grief Models

The researcher considers the five theories or models of grief, including the Elisabeth Kubler-Ross Grief-Stage Model, Bowlby’s Attachment Model and Parkes’ Psychosocial Model, Dennis Klass’ Continuing Bond Theory, and Worden’s Task of Mourning Theory. By examining different stages

²⁴ Ohentse Hamilton Gabobonwe, “The Challenge to Pastoral Caregivers in the Event of Sudden Death” (PhD diss., University of Pretoria, 2011).

²⁵ Kellyjoy Kathomi Mbaabu, “Evaluation of Effectiveness of Pastoral Care Programmes on Grief Management among Widows in ACK Diocese of Embu, Kenya” (PhD diss., Karatina University, 2022).

²⁶ Mark Vroegop, *Dark Clouds, Deep Mercy: Discovering the Grace of Lament* (Wheaton, IL: Crossway, 2019), 25–85.



of the grief process, the researcher seeks to align Christian faith-based bereavement care with established theories/models of grief, identify the initiatives the church takes or ought to take at each critical stage of the proposed models, and identify gaps therein.

The Pastoral Circle (Social Analysis Theory)

This framework, also known as the Pastoral Spiral, was postulated by Joe Halland and Peter Henriot S.J. It is a tool that helps people or groups examine all the elements of a social situation and the moral principles that apply to it, enabling them to make “prudent judgments.” Maria Cimperman further developed this theory, proposing four distinct phases for analyzing research findings: experience, social analysis, faith reflection, and action.²⁷

Step 1: Insertion (Immersion) - What is happening here? The inquirer focused on the lived experiences of bereaved members and the nature of grief and bereavement care. The researcher examined these experiences through participants’ responses and narratives. Step 2: Social analysis - Why is this phenomenon occurring? The researcher identifies various contributing factors: the underlying or root causes, values, and effects associated with grief and bereavement, as well as obstacles and interventions highlighted in both the existing literature and interviews with bereaved church members and their leaders. The interview data are coded to generate themes, particularly the factors that hinder grief and bereavement care and support within the church. Step 3: Theological/Faith Reflection - What does it mean? The researcher reflects theologically on each identified factor and offers judgments. It indicates that biblical teachings and wise counsel should be central to grief counseling and bereavement care. Consequently, the church should consider Scriptural teachings, commands, and traditions, actively implementing them in grief and bereavement care to achieve a holistic impact on the lives of bereaved members. Step 4: Pastoral Response - How should we respond? The researcher, acting on these judgments, has made several recommendations to church leadership that may help overcome challenges and enhance grief and bereavement care for its members. The researcher directs attention to church elders, departmental leaders, pastors, and the general congregation, urging them to adopt an effective plan for bereavement care and deliberately implement it, being prepared and willing to provide holistic, transformative interventions in response to the grief and bereavement experienced by members. The pastoral circle is a tool that helps people or groups examine all the elements of a social situation and the moral principles that apply to it, enabling them to make “prudent judgments.” The pastoral cycle is depicted as a circular process with four distinct phases.

²⁷ Maria Cimperman, *Social Analysis for the 21st Century* (New York: Orbis Books, 2015), 67.



Research Methodology

Research Method and Design

This inquiry used the qualitative method as the researcher sought to describe, focus on, and understand the participants' everyday human experiences related to death, grief, and bereavement care.²⁸ The researcher adopted a phenomenological research design for this research, seeking to describe, focus on, and understand the participants' narrated experiences related to death, grief, and bereavement care and support. The researcher focused on the respondents' multiple perspectives on the subject while recognizing the divergence in their responses. The researcher accessed the real-life experiences, perceptions, and thoughts of all the participants regarding the role of the church in bereavement.

Sampling Technique and Sample Size

In phenomenological research, a sample is a representative group of “people who have experienced the same phenomenon.”²⁹ For this study, the researcher adopted a purposive sampling technique. He used non-probability sampling to intentionally select bereaved laity respondents, relevant departmental leaders, elders, and the pastor. Different authors have proposed varying, and most appropriately, small and purposive sample sizes to allow for in-depth insights and rich descriptions of the phenomenon. Dukes (1984) suggests 3-10 people.³⁰ Riemen (1986) suggested 10, whereas Creswell and Poth (2016) suggested a sample size of 20-30 participants.³¹ The researcher adopted Creswell's proposal of a sample size of 25 respondents for this study. The number comprises males and females aged 18-60 who have recently been bereaved, leaders of church departments, and the clergy (elders and pastors). Thus, 25 adult respondents were distributed as follows: 8 females and 8 males who were recently bereaved; 5 departmental leaders; 3 Church elders; and 1 Pastor. The bereaved participants were assigned codes (R1-R16), while the clergy/leaders were coded (LC1-LC9).

Data Collection

In this phenomenological study, the researcher is an important ‘key research instrument.’⁹⁸ To complete this study, the researcher interviewed the participants while observing their behavior, settings, and any other aspects that may help him understand the respondents' experiences on the subject matter. The researcher conducted one-on-one interviews at a safe location, ensuring limited

²⁸ John W. Creswell, *Qualitative Inquiry and Research Design: Choosing Among Five Approaches*, 3rd ed. (Los Angeles: SAGE, 2013), 76.

²⁹ Creswell, *Qualitative Inquiry and Research Design*, 155.

³⁰ Sheree Dukes, “Phenomenological Methodology in the Human Sciences,” *Journal of Religion and Health* 23, no. 3 (1984): 197–203.

³¹ Creswell, *Qualitative Inquiry and Research Design*, 125-128.



interference and confidentiality. The participants were free to control whatever information they felt uneasy about sharing. There were two sets of questionnaires, one for the bereaved members and another for the church leaders, with different questions to triangulate findings and reduce bias, ensure completeness, and cross-verify findings. The researcher mainly used open-ended questions, allowing the participants to express their experiences, opinions, and thoughts freely. However, the researcher sparingly and strategically used closed-ended questions as a follow-up and a guide to a deeper inquiry into the phenomenon.³² During the interview, the researcher recorded the sessions using electronic media and wrote short notes of the answers and observations.

Data Processing and Analysis

The collected data were transcribed verbatim into computer files. The researcher recorded significant statements and expressed thoughts and opinions derived from the transcribed data, grouped them into larger “units of meaning,” and referred to these as codes. The codes were subsequently classified and consolidated into themes. According to Creswell, themes are “broad units of information that consist of several codes aggregated to form a common idea.”³³ After identifying the themes, the researcher analyzed them, and their reported patterns were recorded. Further analysis was conducted to identify any inconsistencies in responses to questions and areas requiring follow-up. Additionally, the datasets were coded according to different research themes, enabling further data analysis and inference.

Results and Discussion

Results

This study examined the factors hindering holistic grief and bereavement care and support at CITAM Clay-Clay Church. After interviewing 16 bereaved members and 9 church leaders, the following findings were presented thematically based on the participants’ responses. See the table below.

Theme	Code	Description	Frequency (n=16)
Immediate Spiritual Support	Prayer Support	Pastors/members prayed via calls, services, and hospital visits	14
	Burial Presence	The pastoral team attended/presided at the burial	10
	Intercessory Mobilization	Church-wide prayer mobilization	6

³² John W. Creswell, *Qualitative Inquiry and Research Design: Choosing Among Five Approaches*, 4th ed. (Thousand Oaks, CA: SAGE, 2018), 76.

³³ Creswell, 186.



Small Group Support	Safari Group Visitation	Home visits and fellowship support	9
	Ministry Group Involvement	Women, MCCG, care ministry support	6
Financial Support	Financial Assistance Provided	The church offered monetary support	7
	Financial Inadequacy	Support insufficient/minimal	5
	Inequitable Distribution	Leaders/active members prioritized	4
Post-Burial Care Gap	Lack of Follow-up	No visits/calls after burial	6
	Emotional Abandonment	Felt alone after the burial	5
Counselling & Healing	No Counseling Initiated	The church did not initiate counseling.	5
	Need for Structured Debriefing	Annual healing insufficient	3
	Need for Professional Training	Counselors require grief training	3
Structural/Policy Concerns	Over-Reliance on Safari Groups	Care burden is left to small groups.	3
	Lack of Clear Policy	Need a structured bereavement framework	6
	Ministry Workload Relief Needed	Bereaved leaders are not relieved	1
Faith & Spiritual Crisis	Crisis of Faith	Grief linked to theological/biblical doubt	1

Table 1.1 shows the frequency of bereaved participants' responses.

First, immediate spiritual support was widely reported. Most bereaved participants (14/16) received prayer support through phone calls, hospital visits, and church services. Ten respondents indicated that pastoral representatives attended burial ceremonies, while six noted that intercessory prayer was mobilized at the congregational level. The respondents R1, R4, R10, R13, and R14 reported emotional and social abandonment after the burial, which they claimed to have been the most critical moment of deep-seated grief.

Second, a small group (Safari group) support emerged as the primary structure of care. 9 bereaved respondents reported receiving visitation and fellowship support from their groups, while 6 received assistance from ministry groups such as care ministries, women's fellowship, and youth ministries. However, 4 respondents highlighted disparities in support due to varying group capacity and relational closeness. Church leaders affirmed this; respondents LC1, LC3, and LC6 noted that



bereaved individuals who perceived favoritism based on social capital and passive participation in church often permanently withdrew, particularly nominal members. According to respondents LC1, LC2, and LC6, some bereaved members remained connected and began to heal. At the same time, LC5 and LC7 reported that others felt sidelined and socially disconnected, perceiving themselves as less valued and less strongly supported. In particular, respondents R9, R10, R12, and R13 shared that the senior pastor or his deputy attended the burial ceremony, accompanied by some church members, to preside over the event.

Third, financial support was inconsistently experienced. While 13 respondents acknowledged receiving some financial assistance from the church office and relational contributions from members of small ministry units, such as safari groups. Nine respondents perceived the pastoral office's bereavement kitty as inadequate. 5 explicitly cited insufficiency, and 4 reported an inequitable distribution, particularly favoring active members and leaders. For instance, Church leaders and active members received priority in the church's financial support for bereavement, according to respondents R12, R15, and R16. Respondents R1, R4, R8, R12, R15, and R16 detailed their financial struggles to settle medical bills, mortuary costs, and burial logistics, which intensified their grief by denying them time to undergo the grieving process. The leaders observed that multiple concurrent bereavement cases often deplete the bereavement financial kitty. According to respondents LC1, LC3, LC5, and LC6, the church van sometimes lacks fuel to transport congregation representatives to distant burial ceremonies due to the depletion of the budgeted kitty.

Fourth, a significant post-burial care gap was identified. 6 respondents reported no follow-up after burial, and 5 described feelings of emotional abandonment during the post-burial period. Respondents R7, R11, and R12 indicated that the care and compassion ministry organized healing and restoration services (debriefing sessions) once or twice a year, which they felt were insufficient in a mega-church where bereavement occurred frequently. Respondents LC4 and LC7 believed that directing individuals to healing and restoration services after grieving for over six months could be counterproductive and potentially lead to relapses of grief.

Fifth, counseling and healing services were underutilized. Only 3 respondents received post-burial counseling. 5 reported that the church did not initiate counseling, while 3 emphasized the need for structured debriefing sessions and trained counselors. Respondents R1, R5, R7, and R10 noted that the ministry primarily offered pre-burial support, with only occasional follow-ups. Respondent R11 mentioned that the ministry facilitated a counseling referral, while R12 remarked, "Counselors came immediately when the bad news broke. "Despite the counseling department providing free professional services, only 3 out of 16 bereaved members chose to engage in post-



burial counseling. Respondents R1, R4, R10, and R14 indicated that they sought counseling services privately outside the church, citing concerns over privacy and a perceived laxity among church counselors as their main reasons for avoiding the counseling ministry. Respondent R1 expressed that ministry leaders showed little deliberate concern for the mental health of bereaved members, particularly those suffering from prolonged grief. “The counselors only contacted me over the phone before the funeral,” R1 explained. “After the burial, no one really checked on us again,” stated respondent R4. Respondents R15 and R16 reported losing interest in the fellowship and partially isolating themselves due to the church’s lack of post-burial follow-up. Respondent R12 noted that volunteer carers in the care and compassion ministry, as well as those in the counseling ministry, received minimal training before offering support to the bereaved. Church leaders (respondents LC1, LC2, LC5, and LC8) expressed concerns about the low enrolment of active carers in the care ministry. Participant LC1 highlighted that most of the carers were elderly volunteers, who could be prone to fatigue.

Sixth, structural and policy concerns emerged. 6 respondents indicated the absence of clear bereavement care policies. Some leaders affirmed the existence of firm guidelines; others, such as LC1, LC3, LC5, and LC8, affirmed the existence of firm policies, while LC2, LC4, LC6, LC7, and LC9 acknowledged unclear or unwritten frameworks. While 3 noted over-reliance on small groups. Leaders also highlighted limited caregiver capacity and inconsistent follow-up mechanisms. The leaders (Respondents LC1-LC9) provided inconsistent responses regarding the training of bereavement carers.

Seventh, socio-cultural and faith-related challenges were reported. Some participants described cultural pressure to suppress grief, gender-based emotional restrictions, and exposure to dismissive grief-related statements. One respondent reported experiencing a crisis of faith linked to bereavement. Respondent R12 stated, “Be strong! They kept telling me to be strong for the sake of my children.” Respondent R1 recounted being reprimanded for mourning, as it was perceived that their departed loved ones had lived long enough and needed rest. R11 expressed frustration over the trivializing comments directed at her grief, stating, “She was old and fully lived her days.” Respondent R10 shared her experience of facing the risk of public shame, as society views mental health issues and suicide-related deaths through a cultural and moralistic lens. She mentioned feeling shame and guilt, suffering from a social stigma crisis, despite being a counselor. Some respondents reported masculine emotional restrictions regarding grief; for instance, “men do not cry” (R14, R15) and “I didn’t cry because my culture does not allow men to cry openly” (R14). Respondents R10 and R12 indicated that they never accepted death nor validated their grief over an extended period. R12 kept her husband’s death a secret for more than 24 hours while praying



with the family, hoping for a possible resurrection. R10, four years after her son's death, still harbors the desire to miraculously meet him on her way home, believing he is somewhere conducting his research studies. R1, R2, R11, and LC1 indicated that bereaved members felt angered and insulted by the grief platitudes expressed by visiting mourners and even well-meaning carers. They encountered clichés such as, “God has a reason for this suffering, and it is well,” “Don't question God; he is happy doing good and when doing bad,” and “Don't mourn like unbelievers do!” Respondent LC1 expressed concern that unless beliefs linking the questioning of grief or lamenting with weak faith, along with the use of ineffective spiritual clichés, are addressed, people may be deterred from expressing their true feelings of grief. Overall, the findings indicate that while immediate support mechanisms are present, long-term, structured, and equitable bereavement care remains limited.

Discussion

The findings reveal a significant gap between the church's theological mandate for holistic care and its practical implementation. While CITAM Clay-City demonstrates strength in providing immediate spiritual and communal support, the predominance of short-term, funeral-centered care indicates a reactive rather than sustained pastoral model.

Factors that Hinder Grief-and-Bereavement Care

Small-Group Ecclesiology and Social Capital Dependency

CITAM church has broken down its large congregation into intimate, manageable small basic communities referred to as safari groups. A safari group is a weekly neighborhood fellowship gathering (akin to a home cell) and a discipleship cog for the entire church. A safari group consists of 8-15 members. The safari group leaders and their members are the first responders to grief, providing relational proximity of the member to the main congregation. The bereaved member is supposed to immediately inform the safari group leader about the death of a loved one. Then the safari group leader should immediately disseminate that information to the mainstream ministry leaders and pastoral team. Thus, the safari group members are to mobilize both emotional and financial support for their bereaved members.

It can be inferred that in the CITAM church, safari groups function as the primary pastoral units. This model reflects a communitarian ecclesiology in accordance with Lartey's description.³⁴ The reliance on Safari groups reflects a relational and decentralized ecclesiology, consistent with communal African and Christian care traditions. However, this model inadvertently introduces

³⁴ Emmanuel Y. Lartey, *Pastoral Theology in an Intercultural World* (Cleveland: Pilgrim Press, 2003), 61-66, 117-124.



inequality, as care becomes dependent on social capital and group capacity. Members with stronger relational ties receive more robust support, while less active members risk marginalization. This confirms concerns in existing literature about inequitable pastoral care in large congregations. This corresponds to what Osmer describes as “relational mediation of grace.”³⁵ This means that grief-and-bereavement care seems unintentionally stratified by visibility and level of participation. According to respondents R13 and LC5, this practice occurs unintentionally and has the potential to discriminate against some bereaved congregants, thereby casting a negative light on the church’s unity. According to respondents LC1, LC3, and LC6, these aspects of bereavement care create perceived favoritism, not necessarily intentional, but structurally embedded. They noted that those bereaved individuals who perceived favoritism based on social capital and passive participation in church often ended up permanently withdrawing, particularly the nominal members. Long-term bereavement experiences reveal more complexity. While many members reintegrate successfully, others withdraw socially, feel unsupported, experience unmet expectations, perceive favoritism, and even struggle with unresolved grief.

To overcome this barrier, generosity and compassion among Christians should be encouraged at all times, and most especially when some are suffering. The law of Christ dictates that acts of mercy must cut across social strata, ethnic backgrounds, and any other barriers (Galatians 6:2, 10), thus helping fellow members in the house of faith to bear one another’s burdens. The church congregation ought to show empathy and help their bereaved fellow members unconditionally, whether they know them well or are closely related to them. The church should borrow from Christ’s teaching about the Good Samaritan, who defied the restrictions of his social class and the prevailing cultural prohibitions to serve the wounded Jew (Luke 10:25–37). Adesina and Alamu argue that “Jesus’ teaching in Luke 14:12–15 redefines hospitality as an inclusive, self-giving practice at the heart of authentic discipleship.”³⁶ By inviting all His followers to embrace them and be kind and hospitable to those who cannot reciprocate their kindness, Jesus challenges prevailing social classes, hierarchies, and transactional relationships, offering a transformative model for addressing suffering and exclusion among believers, especially within the church.

Volunteer Caregivers’ Sustainability

The care and visitation ministry is one of the key departments that mostly handles grief and bereavement care and support in CITAM Clay-City Church. 6 out of 16 bereaved respondents

³⁵ Richard R. Osmer, *Practical Theology: An Introduction* (Grand Rapids: Eerdmans, 2008), 176–181.

³⁶ S. A. Adesina and A. A. Alamu, “Intersection of Discipleship and Hospitality in Luke 14:12–15 and Its Relevance for Addressing Suffering in Africa,” *IRASS Journal of Arts, Humanities and Social Sciences* 2, no. 9 (2025): 9–16.



stated that they received care and support from the Care and Compassion ministry, alongside women's ministry, men's fellowship, youth ministry, and other groups. However, the ministry's effectiveness depends heavily on a small number of committed individuals. This overreliance compromises long-term resilience. According to respondent R12, volunteer carers in the care and compassion ministry, as well as in the counseling ministry, received minimal training before offering support to the bereaved. The leaders provided inconsistent responses regarding the training of bereavement carers. The respondents LC2, LC4, and LC7 indicated that there was no meaningful training for the caregivers, and if there were, it would produce better results in performing the care duties. Respondents LC1, LC2, LC5, and LC8 expressed concerns about the low enrolment of active carers in the care ministry. Participant LC1 highlighted that most of the carers were elderly volunteers, who could be prone to fatigue. At the same time, LC5 felt comfortable working with older people for their full commitment, compared to the younger generation, who enroll but are often busy in their careers when bereavement duties are needed. The church leaders felt that multiple concurrent bereavements strain the caregivers' capacity. They normally experience continuous emotional fatigue and burnout risks, which threaten long-term care quality. This is so unfortunate and unexpected for a mega church, since the large congregation would translate into a proportionate number of ministry workers and people of all ages, per se.

There should be an unceasing clarion call for more volunteers to provide bereavement care. Following the example of Jesus' Lament for more workers/harvesters to match the work/harvest in the Lord's vineyard, Matthew 9:37–38 NIV: 'The harvest is plentiful, but the workers are few. Ask the Lord of the harvest, therefore, to send out workers into his harvest field' (NIV). The church acknowledges that there is a limited number of willing younger volunteers and that burnout is affecting the vulnerable elderly team; it needs action rather than just encouraging prayers. The volunteer team must be encouraged, motivated, and supported just like the Apostle Paul encouraged the church in 1 Corinthians 15:58 (ESV): "Therefore, my beloved brothers, be steadfast, immovable, always abounding in the work of the Lord, knowing that in the Lord your labour is not in vain." Even though the number shrinks, the church leadership should keep encouraging them to remain dedicated, "*Never be lacking in zeal, but keep their spiritual fervour and serving the Lord*" (Romans 12:11, NIV). Let each using the gift they have received from God to serve one another, as good stewards of God's varied grace (1 Peter 4:10). The church ought to unceasingly urge the congregants to listen to God's voice calling them to service and heed the Isaiah's model of immediate availability without hesitation, found in Isaiah 6:8. "Then I heard the voice of the Lord saying, 'Whom shall I send? And who will go for us?' And I said, 'Here am I. Send me!' (NIV). Caregivers need encouragement and support, not to grow weary of the work nor



give up in God’s work (Galatians 6:9), but hold on to the sure motivation, the ultimate crown of glory given by the Master Rewarder (Hebrews 6:10).

Resource Constraints

The issue of resource constraints further compounded the hindrances. Financial constraints, insufficient bereavement funds, and logistical challenges limit the church’s ability to provide meaningful support. These findings align with broader observations that urban mega-church contexts struggle to balance scale and personalized care. According to Steinke, urban congregations often struggle with intimacy and equitable care because of their size and mobility.³⁷ Bereaved participants emphasized deficiencies and disparities within small groupings regarding resources and assistance. Church leaders noted the disparities in membership sizes and financial capabilities among safari groups when financial assistance was necessary. For instance, Respondents R12, R15, and R16 indicated that church leaders and active members were prioritized for the church’s financial assistance in grief situations. Respondents R1, R4, R8, R12, R15, and R16 articulated their financial difficulties in addressing medical expenses, mortuary fees, and burial arrangements, which exacerbated their sorrow by impeding their capacities to engage in the grieving process. The leaders noted that numerous simultaneous grief situations frequently exhaust the bereavement fund. Respondents LC1, LC3, LC5, and LC6 indicated that the church vehicle occasionally lacks fuel to carry congregation representatives to remote funeral ceremonies due to budgetary constraints. The bereavement kitty help (Ksh 2,000–5,000 per bereavement) is deemed inadequate for present-day burial and hospital expenses, seeming more symbolic than impactful. The leaders addressed their dissatisfaction with the financial office over personal monetary expenses incurred during bereavements. The office’s rigorous bureaucratic reimbursement protocols obstruct the leaders’ caregiving efforts. “Which public bus, matatu, or boda-boda provides Electronic Tax Register (ETR) receipts necessary for the church’s reimbursement claims?” enquired a leader.

The leadership needs to be more strategic and intentionally empower small congregational units to facilitate ease of management, fellowship, discipleship, and pastoral care that can reach every member. When congregants truly love and support one another, their lives become compelling evidence of their faith in God. The Bible asserts that the gospel has the power to transform lives in a visibly evident manner, according to Romans 1:16 and Philemon 6-7. Christians are called to demonstrate transformed lives through acts of kindness, compassion, and material and financial support for the grieving, as mandated by scripture. The church’s experiences

³⁷ Peter L. Steinke, *Congregational Leadership in Anxious Times* (Herndon, VA: Alban Institute, 2006), 44–47.



of loss and death present the congregation and its leaders with a distinctive opportunity to offer vulnerable individuals and their families the Christian hope articulated in the gospel. The pastoral staff, along with the entire congregation, should reflect the comforting and healing power of Christ to those in mourning through coordinated practical care and support (material and financial), spiritual support, and a steadfast presence. Therefore, the church has a cardinal duty to seek the welfare of all its members by providing financial and logistical assistance, including revising its budget and increasing the bereavement kitty.

Funeral-centered Care and Limited Follow-up

The bereaved respondents indicated that the church provided them with immediate support following their losses. Six out of sixteen bereaved individuals indicated that prompt or immediate bereavement care responses were highly significant in addressing their recent grief following the loss of their loved ones. Nevertheless, the care and support were brief, temporary, concluding at the gravesite. The participants R1, R4, R10, R13, and R14 experienced emotional and social abandonment following the burial, the most pivotal moment of profound mourning. Respondents R7, R11, and R12 noted that the care and compassion ministry conducted healing and restoration services (debriefing sessions) once or twice annually, which they deemed inadequate for a mega-church where grief was common. Respondents LC4 and LC7 contended that directing individuals to healing and restoration services after six months of grieving could be counterproductive and may result in grief relapses, as they believed individuals might not be prepared to engage in such services until they have adequately processed their emotions.

In most cases, both the pastoral team and the counseling department lacked pre- and post-burial follow-up structures; hence, bereavement pastoral care was perceived as funeral-centered. These developments reflect an institutional emphasis on crisis response rather than on long-term accompaniment. The absence of structured follow-up demonstrates a gap between theological commitment to *koinonia* and practical implementation. In some cases, there was over-reliance on the clergy, especially the head of the care and compassion department and the pastor in charge, who were expected to provide rapid responses to multiple bereavements reported and to travel with the bereaved members to burial ceremonies. This indicates gaps in the care and compassion ministry leadership structures, which are explained by limited staffing and low volunteer numbers, given the elderly congregation.

There should be a strategy for both rapid response to grief and long-term post-burial bereavement care. Post-burial care and support are essential since this is the stage of grief when emotional and psychological challenges intensify. During this stage, friends and general mourners



leave the space, causing the bereaved to be in isolation as the reality of loss and absence of the deceased sets in. Some bereaved members can easily suffer a complicated grief condition. Genesis 50 shows that the Jews mourned Jacob for months. In Acts 9:39–43, the Apostle Peter visited the grieving widows in the upper room, where they were weeping and showing the clothing Tabitha had made. These demonstrate a formal, prolonged period of communal grief and bereavement care and support. There is a need to create social and economic support networks to aid widows and widowers in resolving practical challenges after the loss of a spouse, including meeting children's basic needs and funding their education through scholarships in the church-owned schools. Grief often leads to financial difficulties, increased financial obligations, and an isolated social life. The church could address this need by instituting support groups, mentorship initiatives, and faith-based assistance programs. During the adjustment period, congregation members may assist with childcare, financial support, and counsel, and domestic tasks. This care and support adhere to the scriptural mandate stated in James 1:27; to support widows, widowers, orphans, and the most vulnerable members of society.

Ineffective Counseling Structures and Debriefing Sessions

The study also exposes ineffective counseling structures, despite the availability of cost-free professional services, very few bereaved members sought them. For instance, respondent R11 mentioned that the ministry facilitated a counseling referral. At the same time, R12 remarked, "Counselors came immediately when the bad news broke, while respondents R1, R4, R10, and R14 indicated that they sought counseling services privately outside the church, citing concerns over privacy and a perceived laxity among church counselors as their main reasons for avoiding the counseling ministry. Respondent R1 expressed that ministry leaders showed little deliberate concern for the mental health of bereaved members, particularly those suffering from prolonged grief. "The counselors only contacted me over the phone before the funeral," R1 explained. "After the burial, no one really checked on us again," stated respondent R4. The low utilization of the counseling ministry suggests issues of trust, accessibility, and proactive engagement. This supports scholarly concerns that pastoral caregivers often lack adequate training and preparedness to address complex grief dynamics.³⁸ Respondents R7, R11, and R12 indicated that the care and compassion ministry organized healing and restoration services (debriefing sessions) once or twice a year, which they felt were insufficient in a mega-church where bereavement occurred frequently. Respondents LC4 and LC7 believed that directing individuals to healing and restoration services

³⁸ Larry J. Michael, *A Necessary Grief: Essential Tools for Leadership in Bereavement Ministry* (Grand Rapids: Kregel, 2015), 16.



after grieving for over six months could be counterproductive and potentially lead to relapses of grief. The church leadership should reevaluate its strategies to plan for more debriefing sessions, at least quarterly, to meet the needs of the bereaved without causing relapses of grief.

Policy Inadequacy and Leadership Inconsistency

Policy ambiguity and leadership inconsistency undermine the effectiveness of bereavement care. For instance, some leaders affirmed the existence of firm guidelines; leaders such as LC1, LC3, LC5, and LC8 affirmed the existence of firm policies, while LC2, LC4, LC6, LC7, and LC9 acknowledged unclear or unwritten frameworks. The bereaved respondents R1, R2, R4, R6, R9, R13, R14, R15, and R16 said they had rarely heard of or attended the healing and restoration service. R3, R5, R11, R12, R13 said the service was organized once a year, while R7, R8, R10 said it was held twice or thrice a year. Some bereaved respondents stated that they never received any funds from the church bereavement kitty, including R2, R4, R6, R14, and R15.

However, follow-up mechanisms vary depending on the level of small-group engagement and the initiative of leadership. The data suggest that short-term pastoral presence is strong, but long-term accompaniment is uneven. The policy ambiguity suggested that the church's bereavement care policies exist only on paper and that their implementation lacks uniformity. The absence of clear frameworks leads to uneven implementation, reinforcing perceptions of favoritism and exclusion. Structured policies are therefore essential for accountability and equitable care delivery. The church needs to establish solid policies to guide bereavement care and support, as well as policies for training and resource mobilization, to ensure that grief management and bereavement intervention are effective.

Socio-Cultural Barriers and Theological Tensions

Socio-cultural and theological factors also play a significant role. Cultural norms that discourage emotional expression, alongside theological misconceptions that equate grief with weak faith, suppress authentic mourning. This aligns with the literature emphasizing the importance of lament as a legitimate and necessary expression of faith.³⁹ Without addressing these tensions, bereaved individuals may internalize grief, leading to complicated or prolonged mourning.

While the cultural perspective of the bereaved individuals may be challenging to overlook, carers should counsel them on the perils of repressing grief. The church community needs sensitization that social stigma around the grief journey may worsen it. These aspects reflect culturally reinforced emotional suppression, which may inhibit authentic lament and complicate

³⁹ Mark Vroegop, *Dark Clouds, Deep Mercy: Discovering the Grace of Lament* (Wheaton, IL: Crossway, 2019), 25–85.



grief processing. Improper theology and weak biblical foundations of death and grief can be detrimental to effective bereavement care and healing. For instance, respondents R10 and R12 indicated that they never accepted death nor validated their grief over an extended period. R12 kept her husband's death a secret for more than 24 hours while praying with the family, hoping for a possible resurrection. R10, four years after her son's death, still harbours the desire to miraculously meet him on her way home, believing he is somewhere conducting his research studies. According to R1, R2, R11, and LC1, bereaved members felt angered and insulted by the grief platitudes expressed by visiting mourners and even well-meaning carers. They encountered clichés such as, "God has a reason for this suffering, and it is well," "Don't question God; he is happy doing good and when doing bad," and "Don't mourn like unbelievers do!" Respondent LC1 expressed concern that unless beliefs linking the questioning of grief or lamenting with weak faith, along with the use of ineffective spiritual clichés, are addressed, people may be deterred from expressing their true feelings of grief. Further, the CITAM Clay City leadership could be very adaptive but also uneven in cultural literacy. The church must establish cultural awareness training and encourage deliberate efforts to counsel grieving members while observing gender sensitivity. Church care providers must adopt a strategic approach to deliver gender-sensitive care, enabling the expression of masculinist emotions such as weeping without fear of censure or guilt. The church must consider cultural sensitivity to address bereavements effectively. Gender-sensitive programs that provide safe and comfortable avenues for private male grief expression, as well as communal female support groups, need to be established. The church needs to invest heavily in Christian education and discipleship so that the entire congregation can be taught to lament. The pastoral office ought to introduce expositional sermons on grief, lament, and bereavement interventions, especially using the Psalms of Lament. The Christian education department should introduce a Bible study curriculum focused on the theology of lament, designed for group study.

Economic Burden of Bereavement

In many cases, the expenditures for funeral services and burial rites are too high for the families who have lost someone. Yet, modern society has unintentionally hyped funerals and tried to match current fashions, making burial planning a significant event and a quite expensive affair for the family and the community. This aspect increases the financial burdens in addition to medical bills, leading to serious funeral poverty. For instance, according to respondents R14 and R16, the high costs of burial, medical bills, and resultant financial crisis interfered with grief trauma. Respondents R8, R11, R13, and R16 elaborated on their interrupted grieving process due to demanding financial responsibilities and struggles to meet them. To pay for these expensive



charges of burial ceremonies, the bereaved family sometimes runs out of money and even goes into debt. This finding resonates with Keya's argument that African cultural beliefs and rituals are central to healing after death, sadness, and loss.⁴⁰ This is regardless of the cost burdens the events pose to the bereaved family. The diaconal duty of the church in bereavement is outlined by Hove, who opines that the church should assume a diaconal role during funerals and seeks methods to enhance the well-being of mourners rather than simply comforting.⁴¹ Hove agrees with Baloyi's caution that church gatherings must not exhaust the bereaved's resources, resulting in additional distress after a burial.⁴² The church must identify ways to provide financial and material assistance, as funerals often arise unexpectedly and impose significant expenses that strain the bereaved family's finances. This may include offering fundraising initiatives or connecting families with community resources to alleviate these financial burdens. Additionally, the church ought to advise against hyped funeral events and exaggerating burial costs, in a bid to free the bereaved families from funeral poverty.

In response, the study underscores the need for a paradigm shift toward an integrated pastoral care model. This includes strengthening caregiver training, expanding financial and logistical support, institutionalizing follow-up mechanisms, and promoting theological education on grief and lament. The church must move beyond episodic care toward continuous accompaniment that addresses emotional, spiritual, social, and practical needs. Ultimately, effective bereavement care requires intentional structures, inclusive practices, and a renewed commitment to embodying Christ-like compassion. By aligning practice with theology, the church can become a transformative community that facilitates healing, restores hope, and supports its members throughout the entire grief journey.

Conclusion

This study affirms that grief and bereavement are universal and deeply disruptive human experiences that demand holistic, compassionate, and sustained care. The African communal worldview of Ubuntu and the biblical mandate of Christian diakonia both emphasize shared responsibility in supporting the bereaved. The church, therefore, is not merely a ritual institution but a healing community called to embody Christ's compassion through presence, empathy, and

⁴⁰ Benjamin Shikwati Keya, "Towards an Integrated Pastoral Care Model for Bereavement Healing among Abaluyia" (PhD diss., North-West University, 2010), 73.

⁴¹ Rabson Hove, "The Role of the Church in Postcolonial African Burial Rituals in Collins Chabane Municipality: A Pastoral Perspective," *Religions* 15, no. 9 (2024): 1104, 14.

⁴² Magezi E. Baloyi, "Distance No Impediment for Funerals: Death as a Uniting Ritual for African People—A Pastoral Study," *Verbum et Ecclesia* 35, no. 1 (2014): 1–7.



transformative care. Many insights from the literature review further highlight that religion plays a central role in meaning-making during grief. Yet, inadequate pastoral support, lack of training, and theological misinterpretations have often weakened the church's effectiveness in this ministry.

The findings from CITAM Clay-City Church reflect this tension between theology and practice. While immediate spiritual and communal support is commendable, bereavement care remains largely funeral-centered, with minimal structured follow-up. Factors such as reliance on small groups, resource constraints, policy ambiguity, ineffective counseling, and socio-cultural barriers contribute to inequitable and inconsistent care. Moreover, theological tensions and harmful grief clichés suppress authentic emotional expression, hindering healing. This study calls for a paradigm shift toward an integrated and sustained pastoral care model. The church must invest in caregiver training, clear policies, continuous counseling, and theological education on lament. By embracing long-term accompaniment and inclusive care, the church can bridge existing gaps and truly become a redemptive community that restores hope, nurtures healing, and faithfully lives out its divine mandate to care for the bereaved.

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