

Understanding and Supporting Grief: Faith-Based and Cultural Approaches to Pastoral Care in Lagos State, Nigeria

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Abstract

Objective: This paper explores the universality of grief, its causes, and its profound impact on individuals' emotional, physical, social, and spiritual well-being. It emphasizes the responsibility of church members, alongside clergy, to provide care, counselling, and support to those experiencing grief, utilizing guidance, nurturing, education, and empowerment. The paper also draws on biblical examples and the Kübler-Ross model of grief stages to highlight practical ways to help grievers cope and heal within a religious community. **Methods:** This study assessed the experience of grief and pastoral care in selected Pentecostal churches in Lagos State, with a focus on identifying and addressing unethical practices among pastors and improving the support provided to grievers. A descriptive survey method was used, with a self-developed questionnaire distributed to 3,000 Christians across three Senatorial Districts in Lagos State. A total of 2,694 completed questionnaires (89.8%) were analyzed. Additionally, interviews were conducted with ten pastors and ten church members. Data were analyzed using frequency counts, percentages, and qualitative analysis for interview results. **Results:** The findings revealed that most respondents recognized grief as a response to loss, with 78.3% acknowledging that grievers may act violently towards religious matters, and 84.4% agreeing that grief could lead to post-traumatic stress. Pastoral care was seen as essential for healing, with 94.6% of respondents agreeing it offers holistic healing, and 94.8% confirming that the Bible is a key tool for grief management. However, some pastors were found to exploit grievers through unethical practices, such as financial extortion and sexual exploitation. **Conclusion:** Grief is a natural and unavoidable experience, and proper pastoral care is crucial for healing. The study recommends better training for pastors, strict discipline for unethical behavior, and ensuring that grief-stricken individuals receive care grounded in biblical principles to support their restoration.

Keywords

Grief, Grief Practices, Traditional African Beliefs, Regional Challenges, Theological Support, Cultural Adaptation, Grieving Process, Lagos State, Nigeria, Pastoral Care, Religious Communities

1. Introduction

Grief is a worldwide human experience which at each stage of life becomes evident that no known emotional immunity can stop. Reactions, responses and working through grief are part of life's greatest challenges. Grief is seen from the experiences of loss, particularly loss of a job, health, loved ones, position. Each of these misfortunes can be considered from sociological, philosophical, psychological, medical, and theological perspectives. The one that deals with the theological view can best be experienced in the ecclesiastical context with its attendant pastoral dynamics. Most often, humans spend a just-right part of life obtaining things that enrich their personal lives. Such things include acquaintances, spouses, youngsters, houses, jobs, and varied materials. These items grow to be sources of grief in future for once one loses any of them. Thus, the loss becomes insufferable, and the groundwork of human life becomes shaken. Consequently, deep despair creeps in. The above may be rightly used to describe grief situations (Oke, 2010). Grief can be overwhelming and thereby touch other aspects of the life of the griever. Grief is a universal phenomenon in human life as human beings pass through various challenges in life that often result in grief. As such, human beings experience grief because of difficulties in and of life like sickness, disasters of many kinds, dismissal from work, death, divorce, and many others (Graham, 1987). In the same vein, Larson (1985: 162) affirms that "the removal of anyone or anything that has 2 emotional values to an individual will precipitate a grief reaction". He affirms that event of grief often leaves victims Feeling powerless and dejected, occasionally experiencing cognitive deficits, and at other times withdrawn socially. Hence, grief is a common and indispensable worldwide human experience in life.

The stages of growth that human beings usually pass through in life have their attendant grief situations. Some of these human developmental stages are childhood period, adolescence, youthful age, adulthood, ageing, menopause in women and death. Each has its occurrence of grief. During these stages, one may not be able to manage some demanding situations that could lead to grieving in life. Most people do not find it easy to go through some of the stages listed above. The stressful situations that arise during each stage could lead to grief, which would warrant a response from the person going through such a phase in life. There are many people with different life challenges. As a result of life's challenges and problems, most people are sorrowful, grieved, and depressed. Grievers often find it difficult to accept the reality of their losses. Christians are not also excluded from the stings of grief as they also suffer grief situations.

A resultant effect of grief in some Christians sometimes leads to the changing of churches (parishes), religions, residences, friends, and several other preferences. During grief, some people struggle to manage their crisis and thereby strive to cope with their situations even though it is unpleasant. On the contrary, some could not bear the emotional trauma of grief. So, the people grieving consequently require counsellors and care from other people to assist them through the grief period. They seek counsel and help from various means and primarily through their 3 religious leaders. Christians in grief situations preferably opt for pastoral care, hoping that it would be sufficient for them in such a traumatic and pathetic period. During the traumatic and pathetic period, majority of Christians move to Pentecostal churches in search of solutions to their grief situation. Pentecostalism emphasizes the role of the Holy Spirit in Christianity and highlights individual encounters with God. Spiritual gifts, such as speaking in tongues, prophesying, and healing, are evidence of direct interaction with God. This form of Christianity is known for its dynamic and lively expression. Pentecostals believe that God can, and He does work miracles. Miracle-working, particularly healing miracles, seems to be the strongest Pentecostal aspect of church development for which people join the new movements, and it is one of the main causes for the triumphs of Pentecostal ministries in current culture, especially in Nigeria. Although it is only one facet of the Pentecostal tradition, performing miracles is frequently the center of Pentecostal activity (Onah & Diara, 2014). Ogbe (2019), in a recent study, finds that the percentage of practicing Christians in Nigeria is between 40% and 49.3 %. Asserting further that out of this number, 74% are Protestants (including Pentecostals) and 25 % Roman Catholic, while the other denominations share the other percentages, Pentecostals constitute 3 in 10 Nigerians. Pentecostalism is one of the fastest-growing Christian movements in the world; it is a powerful force to reckon with in Nigeria, and African countries. Their catchment areas are cities and urban areas like Lagos State where there is more concentration of the rich and upwardly mobile youths. Some well [1]-known African Pentecostal churches have their “operational room” in Lagos State, 4 Nigeria. Churches like The Redeemed Christian Church of God (RCCG) plan to “plant” churches within five minutes of walking distance of every town and city in developing countries and five minutes of driving distance of every town and city in developed countries (Kitause & Achunike, 2015). In Nigeria and around the world, Pentecostalism is now a significant social and religious force (McCain, 2013). Today, especially in Nigeria, the chase of material wealth appears to be the main element supporting the growth of Pentecostalism.

Another element that helps Pentecostal churches thrive is the congregation’s social welfare in pastoral care. It has been observed that some Pentecostal pastors are indeed exceptionally good in some aspects of pastoral care. New members and/or converts who attend a Pentecostal church are welcomed by a visitation team; giving personal attention and care to them. The new members are thereafter informed of what to do for the betterment of their social condition (Onah & Diara, 2014). Pentecostal churches are now the fastest-growing Christian movement.

Hence, they bear a larger burden of providing pastoral care for Christians. Pentecostal churches have penetrated most Nigerian households via television, schools, friends, Nigerian movies, public advertisement, business, healing ministry, social media, and so forth (Kitause & Achunike, 2015; Adesoji, 2016). In summary, the pursuit of worldly success, pastoral care, and a focus on the works of the Holy Spirit are just a few of the many elements that have contributed to the Pentecostal churches in Nigeria's rapid development and advancement (Onah & Diara, 2014).

The leadership ambition of some pastors and focus on some aspects of pastoral care has created grief situations and added to the grief situation of some griever. The problem arises from the fact that some pastors and counsellors lack a proper understanding of grief situations and counselling techniques, while some have their selfish motives for helping the griever. Some ministers and ministries are enriched through their selfish gains; using unethical and ungodly methods like payment for prayers to extort money from griever who come to them for assistance. People in churches are going through grief situations, and some seek help to recover from grief. Hence, holistic pastoral care response in grief situations is an indispensable necessity in churches today to reduce the devastating effects of grief on the griever. There is a need for a theological appraisal of grief and pastoral care among Christians, especially among Pentecostal churches and people in general.

1.1. Aim and Objectives

The aim of this research is to:

- 1) To explore the perception of Christians in Pentecostal churches in Lagos State on grief and pastoral care.
- 2) To investigate the causes of grief among Christians in selected Pentecostal churches in Lagos State, Nigeria.
- 3) To examine the responses of members in selected Pentecostal churches in Lagos State to grief situations and pastoral care.
- 4) To assess the effects of pastoral care on individuals who are grieving in selected Pentecostal churches in Lagos State, Nigeria.
- 5) To explore theological foundations for pastoral care that will enhance healing during moments of grief.

The church today is populated by individuals facing crises of distinct types and intensities. One significant human concern requiring the church's attention is the bereavement experienced by its members. Unfortunately, many churches have inadequately addressed or have neglected the issue of mourning within their congregations. Those in mourning often struggle to navigate life after a loss, primarily due to a lack of proper guidance and support from caregivers, particularly the clergy, who are responsible for providing both spiritual and emotional assistance. The absence of effective pastoral care can hinder the healing process, highlighting the critical need for churches to offer comprehensive support to those experiencing bereavement. This underscores the importance of the present research.

2. Theoretical Review and Empirical Literature Review

2.1. Literature Review

This chapter elucidates the theories of grief that underpin this research, along with themes pertinent to grief and pastoral care. The topics are elucidated in a chronological and logical manner, emphasizing the types, causes, and repercussions of grief to provide comprehensive understanding of the topic. Grief is a worldwide human experience which at each stage of life becomes evident that no known emotional immunity can stop. Reactions, responses and working through grief are part of life's greatest challenges. Grief is seen from the experiences of loss, particularly loss of a job, health, loved ones, position. Each of these misfortunes can be considered from sociological, philosophical, psychological, medical, and theological perspectives. The one that deals with the theological view can best be experienced in the ecclesiastical context with its attendant pastoral dynamics. Most often, humans spend a just-right part of life obtaining things that enrich their personal lives. Such things include acquaintances, spouses, youngsters, houses, jobs, and dissimilar materials. These items grow to be sources of grief in future for once one loses any of them. Thus, the loss becomes insufferable, and the groundwork of human life becomes shaken.

Consequently, deep despair creeps in. The above may be rightly used to describe grief situations (Oke, 2010). Grief can be overwhelming and thereby touch other aspects of the life of the griever. Larson (1985: 162) affirms that "the removal of anyone or anything that has emotional value to an individual will precipitate a grief reaction". He affirms that event of grief often leaves victims feeling powerless and dejected, occasionally experiencing cognitive deficits, and at other times withdrawn socially. Hence, grief is a common and indispensable worldwide human experience in life.

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Christians are not also excluded from the stings of grief as they also suffer grief situations. A resultant effect of grief in some Christians sometimes leads to the changing of churches (parishes), religions, residences, friends, and several other preferences. During grief, some people struggle to manage their crisis and thereby strive to cope with their situations even though it is unpleasant. On the contrary, some could not bear the emotional trauma of grief. So, the people grieving

consequently require help, counselling, and care from other people to assist them through the grief period. They seek counsel and help from various means and primarily through their religious settings.

The church today is filled with people faced with crises of diverse kinds and magnitude. One of such complex human challenges of life which requires the attention of the church and which some churches and their members have not been able to do enough or have neglected is the grief situations among their fellow members. Grievors often find it difficult to cope with life after experiencing a loss. This is because they have not been properly guided and catered for by caregivers, especially by certain fellow members whom they have been considered closely related to them who are meant to care for them.

Many parishioners today have unspoken anxieties that affect their minds, hearts, and other aspects of their lives. Many people who have experienced loss are also passing through stages of grief. Someone cheerful in personality could suddenly become depressed, bitter, and sorrowful due to the loss of a person or material thing. It seems that some pastors and church members from whom help and counsel are being sought by grievors do not have adequate knowledge about the concept of grief and how to handle it. They lack the skills to help on how to cope with grief. Some do not even know how best to respond to those grieving. This, however, leads the grievors to experience complications such as depression and even suicide in some cases. This section subsequently analyzed previous studies on sorrow and pastoral care.

2.2. Models of Grief

Grief is a universal but intricate feeling that individuals confront in reaction to loss, such as the demise of a loved one. Despite its commonality, sadness remains little comprehended, and the appropriate manner of grieving is still ambiguous. Grieving is an intensely individualized process, rendering it challenging to anticipate how one will manage during grief. Various models have been presented over time to enhance the understanding of sorrow, yet these models have evolved with advancements in the area (Rothaupt & Becker, 2007). In 1917, Sigmund Freud made one of the initial contributions to the comprehension of grief by introducing the notion of “grief work”, which perceives mourning as a process of disengaging emotional energy from the deceased. Freud’s psychoanalytic perspective has since been elaborated upon. Bowlby’s (1969) attachment theory enhanced grief models by positing that the grieving individual initially seeks to preserve a connection with the deceased and relinquishes this relationship when it becomes evident that it can no longer be sustained. The contemporary perspective, as highlighted by Klass, Silverman, and Nickman (1996), asserts that sustaining a bond with the deceased is a beneficial component of mourning, in contrast to Freud’s prior focus on detachment. The mourning models established by Kubler-Ross, Worden, and Stroebe and Schut are considered basic in contemporary discourse. Kübler-Ross (1969) identified five stages of grief: denial, anger, bargaining, depression, and

acceptance. Worden (1991) delineated four tasks of grief, focusing on actions like acknowledging the reality of the loss and adapting to life in the deceased's absence. Stroebe and Schut's (1999) Dual Process Model posits an oscillation between confronting the loss (loss-oriented stressors) and adjusting to life post-loss (restoration-oriented stressors), indicating that grief necessitates a balance between mourning and progression. These theories have established essential frameworks for comprehending the grieving process, presenting both descriptive stages and practical activities, while emphasizing that grief is neither linear nor uniform. Each model enhances the comprehension of how grief is experienced, managed, and resolved.

Kubler-Ross's Stages of Grief

Broom (2004) presents Elisabeth Kubler-Ross' five stages of grief in simple terms. Elisabeth Kubler-Ross was a Swiss psychiatrist and a scholar who introduced the Stages of Grief as a model in 1969. Her work with terminally ill patients inspired the model. Kubler-Ross postulates series of emotional ideas from her experiences with terminally ill patients, as well as her experiences with people concerning the death of their loved ones or the loss of something dear to them. These emotional experiences are called the five stages of grief which are denial, anger, bargaining, depression, and acceptance. Kubler-Ross believes "human grief is as individual as human lives". By this, she meant that the experience of grief is personal, and reactions vary from one person to another. Hence, there is no typical response to a loss. The structure that makes up one's learning to live with a loss includes the five stages. Tools exist to aid in framing and identifying what someone may be feeling, but they do not mark points on a grieving person's linear timeline. This implies that only some progress through each level or in the designated order. The idea is that by understanding these stages and the geography of grieving, everyone will be better prepared to deal with loss and life (QuinStreet, n. d.). The stages are explained below:

Stage 1—Denial

Denial is the deliberate or unwilful rejection of knowledge, truth, facts, and considerations related to a lost scenario, and it is an entirely normal defense mechanism. It is usually temporary until it is replaced by partial acceptance (Kellehear, 2009). While coping with a catastrophic shift that can be disregarded, some people may become trapped in this stage. Although it is difficult to ignore or postpone death indefinitely, denial is nevertheless a stage and a potential coping mechanism for sorrow.

This first stage of grief helps anyone going through a season of loss to survive the loss or losses. In this stage, the world becomes meaningless and overwhelming. Life makes no sense. One may be in shock and wondering how they would go on in life. In hopelessness, the mind keeps agitating about why he or she should go on to the next thing in life. Such a person tries to find a way to deny the incident ever took place to simply get through each day. Denying reality enables coping and ensures survival. Nature uses this method to only allow what can be handled.

As a result, one avoids those who serve as a reminder of reality.

Although it may sound strange, denial is helpful, according to [Feldman \(2017\)](#), even though some psychologists have long believed denial is intrinsically bad. Studies demonstrate that this is not the case. With reference to [Janoff-Bulman \(1992\)](#), [Feldman \(2017\)](#) affirms that a school of thought among psychologists and experts in psychological trauma have observed that denial can be healthy in moderate amounts. It is the brain's way of "dozing" itself. Just as medicine is good for one, fully facing the reality that a loved one has died is good for one. [Feldman \(2017\)](#) further expatriates that Janoff-Bulman holds that denial is the brain's way of preventing someone from experiencing too much sadness before they are ready; however, it does not support denying reality. In other words, the brain instinctively provides "denial breaks" to someone who is grieving. These breaks allow one to unwind, refocus, and prepare for the challenging emotions one will unavoidably experience. As a person accepts the reality of the loss and starts asking questions, one is unknowingly beginning the healing process. A person becomes stronger, and the denial is beginning to fade. Therefore, as questions are raised, all the feelings they deny begin to surface ([Dickinson, n. d.](#)).

Stage 2—Anger

Feelings of hatred, anger, envy, and resentment replace the initial stage of denial when it is no longer possible to sustain it. As opposed to the stage of denial, this stage is extremely tough to handle because the family, caregiver, or clergyman are the targets of the enraged individual who is grieving. This is because grief-induced anger is unpredictable and manifests in all ways ([Chapman, 2013](#)). Anger can manifest in diverse ways. Individuals experiencing emotional distress may become furious with others, especially those close to them and with themselves. Understanding this makes it easier to remain impartial and non-judgmental when confronted with a griever's rage.

However, when the individual understands that denial cannot continue, they feel frustrated, especially proximate persons. Anyone going through this phase could have the following psychological reactions: "Why me?" "How can this happen to me?" "Who is to blame?" "It's not fair!" "Why would this happen?" ([Santrock, 2007](#)). Anger knows no bounds. It can encompass not just an individual's friends, pastors, doctors, relatives, oneself, and the deceased but God. Beneath anger lies pain that is individualistic. It is innate now of grief to feel deserted and abandoned. Anger is just an indication of the intensity of one's love for the loss of a person. Anger is strength and it can be an anchor, giving temporary structure to the vacuum of loss. [Allen \(2012\)](#) claims that grief at first feels like being lost at sea with no connection to anything. The anger becomes a bridge over the open sea which serves as a connection between the griever and others around him. Anger is something to hold onto, and a griever feels better from a connection made from the strength of anger than nothing. Consequently, anger is just another indication of the intensity of one's love for the loss.

Stage 3—Bargaining

The third stage of grief is when an individual has hope in ways through which

continued grief situation is avoided. The bargaining stage is less well known but equally helpful to griever. It is for a brief period. If one cannot deal with the sad event in the first phase and becomes enraged with others and God, one may be able to reach some form of agreement in the second phase, delaying the inevitable from occurring (Kellehear, 2009). The bargain for a longer life is typically asked for in exchange for a changed way of life. Individuals experiencing less severe trauma can haggle or try to reach a compromise (Santrock, 2007). It is an attempt to postpone grief. At this stage of grief, there are certain statements of commitment and negotiations with strong agreement that may be uttered by the grieving people. A reward for “good behavior” or a self-imposed “deadline” must be included, as well as an implied promise. Such statements include “I would give anything to have him back” or “If only he comes back to life, I promise to be a better person!” In a situation whereby there is a break-up in a relationship, the partner left behind may plead with a departing partner that the stimulus that provoked the breakup shall not be repeated. The partner, especially those who do not want the breakup would plead and promise to change. Furthermore, such a person would want forgiveness from the other partner to make the relationship work one more time. This may equally apply to a case of termination or dismissal from one’s place of work. Alternatively, such people may attempt to renegotiate the terms of the relationship. According to Kellehear (2009), people occasionally try to negotiate with their pain, doing anything they can to avoid feeling the pain of this loss. The individual continues to dwell on the past while attempting to deal with the pain or guilt.

Stage 4—Depression

During the fourth stage, a person begins to understand the certainty of things and why things had to or will happen in a specific way. For example, a dying person begins to understand the certainty of death and its inevitability. The griever’s numbness and stoicism, his anger and rage will soon be replaced with a sense of great loss (Kellehear, 2009). The person may go silent, avoid visits, and spend time sobbing and grieving. The griever can cut themselves off from love and affection during this period. It is not advised to make any attempts to cheer up someone who is going through this stage. Grieving must be processed during this crucial time. Following negotiating, the sensation of emptiness immediately comes to mind. One can never fully comprehend the depths of grief. This depression phase will never end. It is critical to realize that this kind of depression may not indicate a mental disorder; it is the proper reaction to a significant loss. So many questions flood into one’s mind, such as “why go on at all?” or “why am I alive?” Following a loss, especially with the passing of a loved one, depression is a common and acceptable reaction. It is one of the many essential steps to be taken if grieving is a healing process (Kessler, n. d.).

Stage 5—Acceptance

In this last stage, it is not resigned or hopelessly giving up. It is feeling a sense of “what is the use” or “I just cannot fight it any longer” (Doka, 2016). Acceptance

is often confused with the notion of being “all right” or “okay” with what has happened. This is not the case. Acceptance is not to be mistaken for a happy stage. Most people do not ever feel okay or all right about the loss of a loved one. In the view of Kessler (n. d.), Kubler-Ross’s last stage of grief is a moment where a grieved person just accepts the reality that the loved one is physically gone and recognizes that this new reality is the permanent reality. This means that the situation has been forever changed, and the grieved person must readjust. Also, he or she must learn to reorganize roles and re-assign them appropriately.

In the case of a dying person, he or she begins to come to terms with his/her mortality. Although this stage differs depending on the person’s circumstances, it is a sign of some emotional objectivity and detachment. Individuals dying may reach this stage much earlier than those they leave behind. Finding acceptance may just be simply put as an inner tussle to have more good days than bad ones. As one begins to live again and enjoy life, it often feels as if one is betraying the deceased. One can never replace what has been lost, but new connections can be made, new meaningful relationships, and new inter-dependencies. One begins to live again. This will be impossible until grief has been given its time. Then one can invest in new relationships.

Kübler-Ross (1982) claims that the stages of grief do not necessarily come in a specific order nor are all stages experienced by grievers. She states, however, that a person always experiences at least two of the stages. Furthermore, according to Kubler-Ross, people frequently go through several stages at once, going back and forth between them before finally getting to the end of them. Women, according to her, are often more than men to go through all five stages. But according to the Kubler-Ross hypothesis, some people suffer from losing a loved one until the end of their lives. Some psychologists believe that the harder a person fights death, the more likely they stay in the denial stage. This means that healing for some people is to accept the reality of death instead of confronting it.

2.3. Causes of Grief

The cause of grief is not restricted to the death of a person alone (Switzer, 2000). Grieving is a response to a significant loss—either temporary or irrevocable (Viorst, 1998). The definition of grief from Viorst above interprets that grief can be caused by the loss of a loved one, loss of possessions, loss of a job, or some other life-changing loss. Grief can also be sorrow over something that someone has done or failed to do. Also, people can grieve because of the misfortunes of others. Loss can be expected or unexpected and might lead to grief. Grief either expected or unexpected can indeed be traced to death but not limited to it. Losing an intimate relationship due to divorce or separation is typical in the modern world. Although it happens frequently, relationship loss causes much emotional pain and can lead to sadness, anxiety, and grief (Albert, 2001). The health of a person, family, friends, and other forms of relationship can cause one to grieve, especially if it is a terminal or incurable illness accompanied by lifestyle changes for an individual

and their family. It could be cancer, advanced lung or heart disease, some neurological diseases, and some infectious diseases. Even illnesses that are not regarded as terminal can also cause one to grieve, such as skin issues or hormonal imbalance. One can experience grief during a health outbreak, epidemic, or pandemic especially during the period in which there is no cure and it results in the death of the individual who contracted the disease or if one has to live with complications; this was seen during the most recent pandemic which was COVID-19. One can experience grief because of his/her responsibilities at work. It could be the working hours or conditions of service, or the person is in a different line of work, which is not what is desired by the person. Little or no job security can be a cause of grief; and when one is dismissed from work or retires, it can also cause grief. This could affect his or her financial security. The financial status of a person can be a cause of grief; it could be that one has a minor mortgage or loan, major mortgage or even the foreclosure of mortgage or loan. Grief necessitates relearning the world by putting one's life back together after a loss or problem and accepting the sorrow and suffering that came with the destruction it produced. According to Attig (1996), a person might transition over time from being in their suffering (i.e., immersed in it) to feeling pain (experiencing some residual pain and sadness). The assertion of Attig above means that grief can become complicated if the griever cannot move on with his or her life and get healed from the pain.

2.4. Effects of Grievs on People

Individuals undergo a spectrum of adverse emotions during the grieving process, with these experiences varying from person to person. Grievers are affected in multiple aspects and all dimensions of life. Emotions will be experienced, physical responses may be seen, relationships can be impacted, beliefs may be questioned, and cognitive patterns might deviate from the normative. Collins (2007) elucidates that mourning influences both an individual's emotions and cognitive processes around distressing events. Over time, the feelings associated with mourning often diminish; however, they may resurface with heightened intensity at unexpected moments. The grief reaction may be triggered by an anniversary or a reminder of the loss when individuals are not permitted to grieve immediately, which can be very unpleasant.

The ramifications of mourning extend beyond just emotional responses. Grief can impact the body. Stress may be regarded as because of loss. The act of grieving can induce significant stress and difficulties for an individual. Consequently, stress can produce various adverse impacts on the human body. Stress is the body's reaction to a change that requires physical, mental, or emotional adaptation. Any circumstance or cognition that induces irritation, anger, agitation, or anxiety can result in stress. Collins (2007) asserts that the demise of loved ones or any substantial loss might obstruct the grieving process. Occasionally, particularly when the loss is minimal, individuals may circumvent the obstruction and proceed expeditiously. However, one is more compelled to reassess their religious

beliefs, values, and life goals. It is widely acknowledged that individuals seek solace in their religious convictions during times of hardship. Individuals in mourning may start to question their belief systems, scrutinizing spiritual principles, experiencing a loss of faith, and becoming disillusioned with religion, clergy, and congregants. Individuals may start to feel anger or betrayal towards God or a spiritual entity and become fixated on their experienced loss. Many folks often display incredulity when confronted with a grief-inducing incident. The griever similarly transfers aggression to the preacher or even to God.

Archer (1999) posits that mourning involves intricate psychological processes, including defenses against emotional aspects, intrusive thoughts, hallucinations, and feelings of identity transformation. Psychological domains that elucidate mental processes are essential for a comprehensive understanding of human grief. The psychological effects of grief arise from its causes, impacting the psyche of the bereaved individuals. The essential function of a gradual transformation in an individual's identity over time in the context of mourning can be more comprehensively appreciated from this viewpoint. This is built upon and originates from the more particular reactions to loss, the fluctuating intensity of emotions, the motivations to act, and the urges to respond swiftly. Descriptions of sorrow are enriched by highlighting features such as separation anxiety and despair, alongside a progressive transformation in identity (Archer, 1999).

Collins (2007) asserts that an occurrence prompting grief can constitute a significant social disruption. The social ramifications of sorrow compel individuals to confront new time commitments and adjust to altered roles. Consequently, to mitigate social tensions and disruptions, mourners frequently isolate themselves and engage in activities to evade confronting their fears. Grief induces discomfort and alters one's social standing. Moreover, individuals in mourning may start to contemplate in unfamiliar or unsettling manners. They will cease to derive pleasure from the activities they engaged in before the bereavement. Individuals may encounter both acute and prolonged consequences from grief. The incapacity to attend work or school and the disinterest in participating in social events exemplify short-term effects. The severity of long-term repercussions may vary according to the type of loss incurred.

Grief influences an individual's cognitive processes. The energy of grief creates a conflict between the need to preserve the past and the reality of the present, manifesting cognitively and in many observable behaviors (Gross, 2016). Worden (1996) posits that fixation may sometimes present as troubling thoughts or images of the deceased in suffering or demise. Cognitive impacts generate fictitious actions, contemplative assumptions, and distortions that may be unsettling to the brain. Bailey and Koltz (2012) suggest that the death of a loved one may induce a change in behavior. This determines whether the death is unexpected or expected, necessitating an adjustment to cope with the loss. Grief may manifest through sleep disturbances or atypical sleeping patterns. This may encompass either insomnia or an incessant desire to sleep. It may also encompass alterations in appetite and the bereaved displaying absent-mindedness, such as frequent forgetfulness

and disengagement during conversations.

2.5. Perceptions of Biblical Grief

Grief pervades various phases of human existence. The Bible asserts that mourning is unavoidable and an essential experience in human life. Ecclesiastes chapter three concisely articulates that many times and seasons are designated for different events in human existence, including periods of sorrow. Consequently, the Bible contains countless references and instances from the Old Testament to the New Testament. Upon receiving the tragic message from his sons in Genesis 37:31-34 that his favored child, as noted in Genesis 37:3-4, was deceased, Jacob immediately commenced grieving and was profoundly sorrowful. Jacob's expression of grieving and loss was both theatrical and symbolic, serving as a manifestation of traditional mourning practices. He donned tattered garments that visibly conveyed his grief. Jacob, however, extended his period of mourning beyond the traditional duration and opted to persist in his sorrowful state until his death. Jacob expressed his anticipation of reuniting with his son Joseph in Sheol.

Naomi was another biblical figure whose mourning was similarly intense. She bore two sons with her husband, who departed from Bethlehem to Moab in pursuit of better opportunities. Regrettably, she lost everything in the country of the Moabites, losing her husband and children, leaving her with no grandchildren save for a daughter-in-law who insisted on accompanying her. The bereaved widow returned to her rural residence in her advanced years. Her profound anguish became synonymous with her identity.

Now, Naomi instructed everyone to cease referring to her as Naomi, a name associated with pleasantness or contentment, and instead to call her Mara, signifying bitterness, as she believed her existence epitomized bitterness rather than joy (Ruth 1:20-21). She believes the depth of her grief has transformed her identity, resulting in a new one. Hannah experienced profound grief in the Bible as well. She was embittered by her childlessness, as she was deemed barren (1 Samuel 1:1ff). The slave she entrusted to her husband for procreation betrayed her, causing her significant distress. This resulted in Hannah experiencing profound anguish. Her moment of sadness was effectively managed by expressing her thoughts to God in prayer, even during her sorrow and profound suffering, prior to receiving an answer to her pleas. Job's sense of bereavement was authentic, pragmatic, and visceral. It is among the most evocative narratives in the Bible. The man, formerly lucky and affluent, fell into great poverty and lost all his possessions. His grief, however, encompassed various phases in which he experienced both decline and resurgence until he achieved complete restoration. A significant declaration from Job, as noted in Job 1:21, states, "the Lord gave, and the Lord has taken away; Blessed be the name of the Lord". This assertion vividly illustrates his trust and faith in God as the ultimate owner of all he possesses. David, regarded as a prominent figure of his era, mourned profoundly upon the death of his companion Jonathan. He expressed sorrow, stating, "I am troubled for you, my brother

Jonathan; you have been exceedingly agreeable to me” (2 Samuel 1:26, NKJV).

His remarks reflect the condition of his heart, revealing a profound sense of loss for a cherished individual. It also delineated the profundity of their relationship and his subsequent sorrow. The martyrdom of Stephen in the New Testament was marked by profound sorrow. Following Stephen’s sad death by stoning, those who interred him mourned his loss (Acts 8:2). Jesus, the focal point of the New Testament and the entire Christian Bible, experienced and navigated periods of grief during his lifetime. He mourned and empathized with the bereaved. In Luke 7, Jesus and his followers encounter a funeral procession in the town of Nain, where the child of a widow is to be interred. He was profoundly affected by the desolate circumstances of the bereaved mother and felt compassion for her (Lk. 7:13).

He subsequently halted the internment and revived the infant. On another occasion, Jesus wept profoundly at the death of Lazarus, who was his companion, and he was much stirred in his spirit and exceedingly afflicted (John 11:33). Consequently, he articulated his sorrow and grieved (John 1:35) as he witnessed the grief of others. Upon receiving news of John the Baptist’s death, Jesus retreated to a solitary location (Matt. 14:13). He visited a secluded location imbued with profound emotional significance related to the Prophet, who was also his cousin. Moreover, he was not only embittered by the death of his cousin but also by the cruel and unjust circumstances surrounding it. Significantly, Jesus retreated to a solitary location during that hour of mourning to engage in prayer (John 11:41-42).

2.6. Research Gap

Despite recognized grief theories and the crucial role of pastoral care in addressing loss, a gap persists in comprehending how theologically grounded pastoral care can be particularly customized to alleviate grief and offer effective support to mourning church members. Although some Pentecostal churches highlight the significance of spiritual care for their congregants, there is a lack of thorough examination on the integration of theological foundations into pastoral care practices, particularly in relation to grieving. This gap underscores a vital research domain, as an enhanced comprehension and application of theologically informed pastoral care could significantly improve the healing process for individuals experiencing grief, thereby fostering both personal recovery and the overall development and well-being of the church community.

3. Method Methodology

This study utilized a phenomenological research methodology alongside a descriptive survey research design. The phenomenological technique was selected as it is most suitable for examining the perceptions and experiences of individuals undergoing sorrow, together with the pastoral care procedures in Pentecostal congregations. The objective was to comprehend the perceptions and experiences of

mourning among members of Pentecostal churches in Lagos State, as well as their views and reactions to the pastoral care provided during these periods.

3.1. Study Population

The study population comprised Christians from Lagos State, Nigeria, specifically members and clergy from four notable Pentecostal churches: Christ Apostolic Church (CAC), Mountain of Fire and Miracles Ministries (MFM), Living Faith Church (Winners Chapel), and The Redeemed Christian Church of God (RCCG). Lagos State was chosen due to its status as a metropolitan city with a heterogeneous population, including a broad spectrum of social and cultural origins. Moreover, some chosen churches possess substantial congregations with a notable presence in the state.

3.2. Sample and Sampling Technique

A random sampling method was employed to guarantee a representative sample of the target population. The sample comprised pastors and congregants from four churches, totaling 750 respondents from each of the three Senatorial districts in Lagos State. 3,000 surveys were disseminated. The participant selection from each district sought to encompass varied viewpoints throughout the state.

3.3. Instrument

The primary research instruments used for data collection were a self-developed questionnaire and structured interviews. The questionnaire included demographic information and perceptions of grief and pastoral care, using a four-point Likert scale: Strongly Agree (SA), Agree (A), Disagree (D), and Strongly Disagree (SD). In addition to the questionnaires, 20 in-depth structured interviews were conducted with 10 pastors and 10 church members to gather qualitative insights on grief and pastoral care practices.

3.4. Data Collection

The questionnaires were handed to members and pastors of four selected churches across Lagos State's three Senatorial districts. 2,737 were retrieved out of the surveys recovered, 2,694 were valid for analysis, with 43 being invalid due to incomplete or unclear responses. Structured interviews were also done with ten pastors and ten members who had personally experienced sorrow.

3.5. Data Analysis

Data collected from the questionnaires were quantitatively analyzed using frequency counts and percentages. The responses were analyzed using the formula:

Percentage = $\frac{TN}{N} \times 100$ Where "N" represents the number of respondents for each specific item, and "TN" represents the total number of respondents for that item.

The findings were presented in tables to show the distribution of responses across the four Likert scale categories. The qualitative data from the interviews were analyzed thematically to provide deeper insights into pastoral care practices and the grieving process in the selected Pentecostal churches. This method of data analysis allowed for both descriptive and quantitative representation of the results, offering a comprehensive understanding of the research questions.

Table 1 Source: Field Survey.

Table 1 displays sampled respondents' questionnaire distribution and return by location. The return percentage is 89.8%, with 2694 surveys returned out of 3000 issued. The remaining 306 questionnaires (10.2%) were not returned.

Table 1. Distribution and return of questionnaire by location of senatorial district. (N = 3000)

| LOCATION | NUMBER DISTRIBUTED | NUMBER RETURNED | %OF RETURNED | NUMBER NOT RETURNED |
|----------|--------------------|-----------------|--------------|---------------------|
| CENTRAL | 1000 | 946 | 94.6 | 54 |
| EAST | 1000 | 779 | 77.9 | 221 |
| WEST | 1000 | 969 | 96.9 | 31 |
| TOTAL | 3000 | 2694 | 89.8 | 306 |

Table 2 Source: Field Survey.

Table 2 reports the distribution and return of the questionnaire among sampled respondents by denomination. Each denomination received 750 questionnaire copies. Out of 3000 questionnaires issued, 2694 were returned, showing an 89.8% return rate. However, 306 questionnaires (10.2%) were not returned.

Table 2. Distribution and return of questionnaire by denomination. (N = 3000)

| DENOMINATION | NUMBER DISTRIBUTED | NUMBER RETURNED | %OF RETURNED | NUMBER NOT RETURNED | %OF NUMBER NOT RETURNED |
|--|--------------------|-----------------|--------------|---------------------|-------------------------|
| CHRIST APOSTOLIC CHURCH | 750 | 667 | 88.9 | 83 | 11.1 |
| MOUNTAIN OF FIRE AND MIRACLES MINISTRIES | 750 | 654 | 87.2 | 96 | 12.8 |
| THE LIVING FAITH CHURCH | 750 | 697 | 92.9 | 53 | 7.1 |
| THE REDEEMED CHRISTAIN CHURCH OF GOD | 750 | 676 | 90.1 | 74 | 9.9 |
| TOTAL | 3000 | 2694 | 89.8 | 306 | 10.2 |

Table 3 Source: Field Survey.

Table 3 displays the location dispersion of sampled respondents. The chart indicates that 36.0% of responders were from the West senatorial district. 35.1% were from the Central senatorial district and 28.9% from the East district in Lagos State.

Table 3. Distribution of respondents by location in Lagos State senatorial districts. (N = 2694)

| LOCATION | N | % |
|--------------|-------------|--------------|
| CENTRAL | 946 | 35.1 |
| EAST | 779 | 28.9 |
| WEST | 969 | 36.0 |
| TOTAL | 2694 | 100.0 |

Source: Field Survey.

Table 4 above shows the distribution of sampled respondents by gender. The table shows that majority of the respondents were females (55.0%). 45.0 % were males

Table 4. Distribution of respondents by gender. (N = 2694)

| GENDER | N | % |
|--------------|-------------|--------------|
| MALE | 1213 | 45.0 |
| FEMALE | 1481 | 55.0 |
| TOTAL | 2694 | 100.0 |

Source: Field Survey.

Table 5 shows the age distribution of responders. The chart indicates that 31.4% of respondents were aged 20 - 29. 29.9% were aged 30 - 39, 23.5% 40 - 49, 10.8% 50 - 59, and 4.4% 60+.

Table 5. Distribution of respondents by age. (N = 2694)

| AGE | N | % |
|---------------|-------------|--------------|
| 20 - 29 years | 847 | 31.4 |
| 30 -39 years | 805 | 29.9 |
| 40 - 49 years | 632 | 23.5 |
| 50 - 59 years | 291 | 10.8 |
| 60 and above | 119 | 4.4 |
| Total | 2694 | 100.0 |

Source: Field Survey.

The distribution of sampled respondents by educational credentials is shown in **Table 6**. Most responses were HND/B.Sc. graduates (45.1%), NCE/OND graduates (20.8%), and Secondary School Leavers (20.0%). PhD-holders made up 1.1% of replies.

Table 6. Distribution of respondents by academic qualifications. (N = 2694)

| QUQLIFICATIONS | N | % |
|----------------|------|------|
| JSSC | 101 | 3.8 |
| SSSC | 539 | 20.0 |
| NCE/OND | 560 | 20.8 |
| HND/B.SC | 1216 | 45.1 |

Continued

| | | |
|---------|-----|-----|
| MA/M.SC | 239 | 8.9 |
| Ph. D | 30 | 1.1 |
| OTHERS | 9 | 0.3 |
| TOTAL | 119 | 4.4 |

Source: Field Survey.

Table 7 illustrates the marital status distribution of respondents. The data indicates that 56.2% of respondents are married, making them the majority. 36.5% are unmarried, 4.7% divorced, 2.6% widowed.

Table 7. Distribution of respondent by marital status. (N = 2694)

| STATUS | N | % |
|---------------|------|-------|
| SINGLE | 983 | 36.5 |
| MARRIED | 1515 | 56.2 |
| DIVORCED | 126 | 4.7 |
| WIDOW/WIDOWER | 70 | 2.6 |
| TOTAL | 2694 | 100.0 |

Table 8 Source: Field Survey.

The occupation distribution of respondents is shown in **Table 8**. According to the table, 38.4% were employed, 33.9% self-employed, 13.9% students, 5.5% clergy, 3.9% retired, 3.3% unemployed, and 1.1% others.

Table 8. Distribution of respondents by occupation. (N = 2694)

| STATUS | N | % |
|---------------|------|-------|
| EMPLOYED | 1035 | 38.4 |
| SELF EMPLOYED | 914 | 33.9 |
| CLERGY | 147 | 5.5 |
| UNEMPLOYED | 90 | 3.3 |
| STUDENTS | 375 | 13.9 |
| RETIRED | 104 | 3.9 |
| OTHERS | 29 | 1.1 |
| TOTAL | 2694 | 100.0 |

Table 9 Source: Field Survey.

Table 9 displays the distribution of responders by denomination. The table displays 25.8% at The Living Faith Church, 25.1% at The Redeemed Christian Church of God, 24.8% at Christ Apostolic Church, and 24.3% at Mountain of Fire and Miracles Ministries.

Table 9. Distribution and return of questionnaire by denomination. (N = 2694)

| STATUS | N | % |
|--|-----|------|
| CHRIST APOSTOLIC CHURCH | 667 | 24.8 |
| MOUNTAIN OF FIRE AND MIRACLES MINISTRIES | 654 | 24.3 |
| THE LIVING FAITH CHURCH | 697 | 25.8 |

Continued

| | | |
|--------------------------------------|------|-------|
| THE REDEEMED CHRISTAIN CHURCH OF GOD | 676 | 25.1 |
| TOTAL | 2694 | 100.0 |

Table 10 Source: Field Survey.

Table 10 displays the distribution of responders by their tenure in the Church. The table indicates that 29.8% spent 11 - 20 years in the Church, 28.4% spent 6 - 10 years, 21.2% spent 0 - 5 years, and 20.6% spent 21+ years.

Table 10. Distribution of respondents by number of years in Church. (N = 2694)

| STATUS | N | % |
|---------------|------|-------|
| 0 - 5 years | 571 | 21.2 |
| 6 - 10 years | 765 | 28.4 |
| 11 - 20 years | 802 | 29.8 |
| 21-years | 556 | 20.6 |
| Total | 2694 | 100.0 |

Table 11 Source: Field Survey.

Table 11 displays the distribution of respondents by Church leadership years. The table reveals that 40.9% led the Church for 6 - 10 years. They predominated. The least represented are Church leaders with 21 or more years of service. They were 8.6% of the population.

Table 11. Distribution of respondents by the number of years they have been leading in the Church. (N = 2694)

| STATUS | N | % |
|-------------------|------|-------|
| 0 - 5 years | 875 | 32.5 |
| 6 - 10 years | 1101 | 40.9 |
| 11 - 20 years | 468 | 18.0 |
| 21years and above | 232 | 8.6 |
| TOTAL | 2694 | 100.0 |

Table 12 Source: Field Survey.

Table 12 displays the distribution of responders by Church position. The table shows that 38.1% were others, which might be titles not listed in the questionnaire. About 18.1% were Sunday school instructors, 15.3% were Unit Heads, 14.6% were Departmental Heads, 8.7% were Pastors, and 5.2% were Deacons or Deaconesses.

Table 12. Distribution of respondents by position in the Church. (N = 2694)

| STATUS | N | % |
|-----------------------|-----|------|
| SUNDAY SCHOOL TEACHER | 489 | 18.1 |
| UNIT HEAD | 411 | 15.3 |
| DEPARTMENT HEAD | 393 | 14.6 |
| DEACON/DEACONESS | 139 | 5.2 |
| PATORS | 235 | 8.7 |

Continued

| | | |
|--------|------|-------|
| OTHERS | 1027 | 38.1 |
| TOTAL | 2694 | 100.0 |

4. Results

This section analyzes the obtained data to address the research objectives provided in the introduction.

Research Question One: What are the perceptions of Christians in the selected Pentecostal churches regarding grief?

Table 13 above presents seven measures utilized to assess the perceptions of Christians in selected Pentecostal congregations in Nigeria regarding grief.

Table 13. The perceptions of Christian in the selected Pentecostal Churches about grief.

| ITEM | SA | A | D | SD | MEAN | STANDARD DEVIATION |
|--|-----------------|-----------------|----------------|----------------|------|--------------------|
| Grief is when a bad thing happens to a person. | 1350 (50.1%) | 1174 (43.6%) | 91 (3.4%) | 79 (2.9%) | 3.41 | 0.697 |
| Grief can occur when one loses something of great value. | 1530 (56.8%) | 1032 (38.3%) | 60 (2.2%) | 72 (2.7%) | 3.49 | 0.675 |
| Grief is a human challenge that is common to all. | 1080 (40.0%) | 1211 (45.0%) | 207 (7.7%) | 196 (7.3%) | 3.18 | 0.859 |
| Grief is not necessarily an evil occurrence | 800 (29.7%) | 1189 (44.1%) | 377 (14.0%) | 238 (12.2%) | 2.91 | 0.957 |
| Grief is evil and borne out of sin | 707 (26.2%) | 866 (32.1%) | 605 (22.5%) | 516 (19.2%) | 2.65 | 1.065 |
| Grief can be overcome | 1445 (53.6%) | 944 (35.0%) | 131 (4.9%) | 174 (6.5%) | 3.36 | 0.846 |
| Grief is an affliction and it satanic | 931 (34.6%) | 1032 (38.3%) | 397 (14.7%) | 334 (12.4%) | 2.96 | 0.993 |

Research Question Two: What are the causes of grief among Christians in the designated Pentecostal churches in Lagos State?

Table 14 utilized ten (10) elements to assess the reasons of grief among Christians in the selected Pentecostal Churches in Lagos State. The average score for all items exceeds the 2.50 threshold for statement acceptance on a four-point Likert scale. The values span from 3.18 (standard deviation 0.824) to 3.48 (standard deviation 0.704). The findings indicated that the respondents concurred that Christians in Lagos State are cognizant of the causes of grief.

Table 14. The causes of grief among Christians in the selected Pentecostal Churches.

| ITEM | SA | A | D | SD | MEAN | STANDARD DEVIATION |
|--------------------------------------|-----------------|-----------------|--------------|--------------|------|--------------------|
| Death of a loved one lead to grief | 1518 (56.3%) | 1032 (38.3%) | 50 (1.9%) | 94 (3.5%) | 3.48 | 0.704 |
| Loss of properties can lead to grief | 1281 (47.5%) | 1245 (46.2%) | 72 (2.7%) | 96 (3.6%) | 3.38 | 0.709 |

Continued

| | | | | | | |
|---|-----------------|------------------|---------------|---------------|------|-------|
| Physical handicap or mental retardation of a loved one can cause perpetual sorrow and unhappiness | 1141 (42.3%) | 1363 (50.6%) | 86 (3.2%) | 104 (3.9%) | 3.31 | 0.715 |
| Problem of childlessness of a couple can result in a grief | 1102 (37.9%) | 1297 (48.2%) | 143 (5.3%) | 152 (5.6%) | 3.24 | 0.793 |
| Irreconcilable differences among couples that lead to divorce can cause grief | 1020 (37.9%) | 1383 (49.36%) | 164 (6.1%) | 172 (6.4%) | 3.19 | 0.812 |
| Marital separation and conjugal infelicity can result in grief | 995 (36.9%) | 1366 (50.7%) | 166 (6.2%) | 167 (6.2%) | 3.18 | 0.803 |
| Poverty and unmet expectation could lead to grief | 1013 (37.6%) | 1321 (49.0%) | 181 (6.7%) | 179 (6.7%) | 3.18 | 0.824 |
| Both natural and human tragedy could lead to grief | 1091 (40.5%) | 1319 (49.0%) | 135 (5.0%) | 149 (5.5%) | 3.24 | 0.785 |
| Terminal illness causes prolonged stress for family members of the sick | 1104 (40.5%) | 1316 (48.8%) | 139 (5.2%) | 135 (5.0%) | 3.6 | 0.772 |
| Spiritual attack and demonic manipulations could lead to grief | 1148 (42.6%) | 1210 (44.9%) | 171 (6.4%) | 165 (6.1%) | 3.24 | 0.823 |

Research Question Three: In what manner do members of Selected Pentecostal Churches react to grief situations?

Table 15 shows the results of an assessment of the reactions of members of chosen Pentecostal congregations in Lagos State to situations involving mourning using seven questions. On a four-point Likert scale, the average score for all items is higher than the statement acceptance criterion of 2.50. Within this range, we find values between 2.76 (SD = 1.019) and 3.12 (SD = 0.839). Responses to scenarios involving loss might vary, and the findings show that the respondents are aware of this.

Table 15. The responses of selected Pentecostal Churches to grief situation.

| ITEM | SA | A | D | SD | MEAN | SATNDARD DEVIATION |
|--|-----------------|-----------------|----------------|----------------|------|--------------------|
| Grief does not necessarily lead to fear, depression, loneliness and emptiness | 802 (29.8%) | 1012 (37.6%) | 488 (18.1%) | 392 (14.5%) | 2.83 | 1.015 |
| The grieving persons often display outburst of emotions | 890 (33.0%) | 1360 (50.5%) | 202 (7.5%) | 242 (9.0%) | 3.08 | 0.871 |
| The grieving persons can often act violently to things about God, prayer or counsel | 781 (34.4%) | 1328 (49.3%) | 316 (11.7%) | 269 (10.0%) | 2.97 | 0.898 |
| Grief can lead to post-traumatic stress or withdrawal | 927 (34.4%) | 1374 (51.0%) | 188 (7.0%) | 205 (7.6%) | 3.12 | 0.839 |
| A grieving person can be involved in destructive acts or even suicidal attempt | 1016 (37.7%) | 1150 (42.7%) | 304 (11.3%) | 224 (8.3%) | 3.10 | 0.902 |
| Grief does not necessarily affect a person in all ramifications of life (physically, emotionally, spiritually, psychologically and socially) | 740 (27.5%) | 992 (36.8%) | 546 (20.3%) | 416 (15.4%) | 2.76 | 1.019 |
| Expression of despondency is sometimes expressed | 731 (27.1%) | 15.9 (57.9%) | 197 (7.3%) | 207 (7.7%) | 3.04 | 0.806 |

Research Question Four: What are the effects of pastoral care on individuals experiencing grief in selected Pentecostal churches in Lagos State?

Table 16 Eight items were employed to assess the impact of pastoral care on individuals experiencing grief in the designated Pentecostal congregations in Lagos State. Many respondents affirmed the validity of the eight items. The average score for all items exceeds the 2.50 threshold for the endorsement of a statement on a four-point Likert scale. The values span from 2.58 (standard deviation 1.032) to 3.46 (standard deviation 0.714). The data indicate that the respondents concur that pastoral care positively influences individuals who are grieving.

Table 16. The effect of pastoral care on people who are grieving in the selected Pentecostal Churches.

| ITEMS | SA | A | D | SD | MEAN | STANDARD DEVIATION |
|---|-----------------|-----------------|----------------|----------------|------|--------------------|
| Pastoral care brings assurance of healing; both physically and spiritually | 1475 (54.8%) | 1073 (39.8%) | 57 (2.1%) | 89 (3.3%) | 3.46 | 0.699 |
| Pastoral care builds the faith of the grieving persons in God | 1485 (55.1%) | 1057 (39.2%) | 52 (2.0%) | 100 (3.7%) | 3.46 | 0.714 |
| Pastoral care can be a form of discomfort sometimes. | 546 (20.3%) | 1030 (38.3%) | 559 (20.7%) | 559 (20.7%) | 2.58 | 1.032 |
| Pastoral care can make griever optimistic | 852 (31.6%) | 1408 (52.3%) | 212 (7.9%) | 222 (8.2%) | 3.07 | 0.848 |
| Unmanaged Pastoral care can lead to psychotic disorder | 737 (27.4%) | 1242 (46.1%) | 354 (13.1%) | 361 (13.4%) | 2.87 | 0.962 |
| Pastoral care can prepare griever for unforeseen circumstances and issues in the future | 871 (32.3%) | 1355 (50.3%) | 238 (8.8%) | 230 (8.6%) | 3.06 | 0.866 |
| Pastoral care can create awareness for self-reliance | 930 (34.5%) | 1465 (54.4%) | 152 (5.6%) | 147 (5.5%) | 3.18 | 0.767 |
| Pastoral care can lead to dependance of the grieving persons on the pastor | 778 (28.9%) | 1194 (44.3%) | 430 (16.0%) | 292 (10.8%) | 2.91 | 0.935 |

Research Question Five: What are the theological foundations of pastoral care that facilitate healing during periods of grief?

Table 17 eight (8) items were utilized to determine key theological foundations for Pastoral Care that will facilitate healing during periods of grieving. The average score for all items exceeds the 2.50 threshold for the acceptance of a statement on a four-point Likert scale. The values span from 3.42 (standard deviation 0.747) to 3.67 (standard deviation 0.637). The respondents agreed that theological foundations are essential in Pastoral Care.

Table 17. The theological bases for Pastoral Care that will promote healing in moments of Grief.

| ITEMS | SA | A | D | SD | MEAN | STANDARD DEVIATION |
|---|-----------------|----------------|--------------|--------------|------|--------------------|
| Pastoral care should be done within the scope of the Bible | 1611 (59.8%) | 927 (34.4%) | 83 (3.1%) | 73 (2.7%) | 3.51 | 0.689 |
| The Bible should be the yardstick for those going through grief | 1656 (61.5%) | 879 (32.6%) | 68 (2.5%) | 91 (3.4%) | 3.52 | 0.709 |

Continued

| | | | | | | |
|--|-----------------|-----------------|--------------|---------------|------|-------|
| The Bible is a manual for pastoral care and grief management | 1580 (58.6%) | 975 (36.2%) | 69 (2.6%) | 70 (2.6%) | 3.51 | 0.676 |
| The Bible offers practical suggestions on grief experiences | 1534 (57.0%) | 997 (37.0%) | 55 (2.0%) | 108 (4.0%) | 3.47 | 0.728 |
| People in a grief situation should not behave like those who have no hope as recorded in the Bible | 1449 (53.8%) | 1049 (38.9%) | 83 (3.1%) | 113 (4.2%) | 3.42 | 0.747 |
| The Word of God is life and leads to transformation | 1959 (72.7%) | 630 (23.4%) | 29 (1.1%) | 76 (2.8%) | 3.66 | 0.644 |
| The Word of God leads to a positive changes, heals and comforts | 1947 (72.3%) | 648 (24.0%) | 19 (0.7%) | 80 (3.0%) | 3.66 | 0.647 |
| The Word of God delivers and restores hope and lost fortunes. | 1983 (73.6%) | 603 (22.4%) | 38 (1.4%) | 70 (2.6%) | 3.67 | 0.637 |

5. Discussion

The chosen Pentecostal Churches recognize that individuals in grieving require pastoral support. Thus, the research indicates that individuals who have undergone grieving recognize the necessity of pastoral care to facilitate healing for those in mourning. They concurred that mourning is a universal human issue that can be surmounted. Many respondents indicated that sadness is not inherently malevolent but may be perceived as such and stem from sin, contingent upon the griever's perceptions, behaviors, and experiences.

5.1. Helping the Grievers

Caregiving plays a pivotal role in man and the environment; this cannot be over-emphasized. The positivism of the functions is often identified as a means of growth and development in society. [Odunlami \(2017\)](#) affirms that caring is of significant impact and thereby contributing to the growth and development through which a nation and the world at large achieves huge miles lane. Some of these caring towards grieving members include the following:

5.1.1. Guiding

[Ngong \(2002\)](#) states that "guiding can be explained as the function of assisting perplexed persons to make confident choices between an alternative course of thought and action especially when such choice is viewed as affecting the present and future state of the soul" (p. 64). [Hiltner \(1952\)](#) and [Ngong \(2002\)](#) confirm that guiding is helping to find a good path when help has been sought. It can be deduced from the above beliefs that the area people require guidance is vast. Hence, the caregiver must be acquainted with his task to give a proper guide to grievers. The skillfulness of the caregiver in rendering guidance to the griever would aid care to be effective.

5.1.2. Nurturing

Nurture means striving to give tender care and protection to humans, animals, or plants. According to [Clinebell \(1989\)](#) and [Ogundipe \(2014\)](#), nurturing enables one

to realize their God-given potential during the difficulties of life. Nurturing a grieving member involves teaching the word of God to address human problems. The effect of ideal caregiving often results in growth as the caregiver nurtures the griever and provides a guide toward development.

5.1.3. Empowering

Empowerment would afford grievers the enablement to advance and grow to maturity; to function independently without waiting for any assistance from any other persons. Empowering, according to [Ogundipe \(2014\)](#), connotes the ability to equip or strengthen the problem-laden with frantic measures that would physically, emotionally, psychologically, and socially brace them up to face life challenges squarely. From this view, caring is a veritable source where grievers in the church could regain or develop the strength to overcome difficult moments.

5.1.4. Educating

It is essential to teach and guide grieving church members, particularly during challenging times. The statement above thereby explains another important way by which grieving members could be helped. Thus, education and care, especially through counselling, become intertwined. For sustenance and progressive coping with pressures of problems, education would be of much help to the counselees during counselling sessions ([Ogundipe, 2014](#)). In the light of grief, adequate counselling that educates gives the grieving members some needful information about the challenge being faced and possible coping mechanism(s).

5.1.5. Healing

[Ogundipe \(2014\)](#) re-affirms the thought of [Clebsch and Jackle \(1967\)](#) in his statement that caregiving response to a grief situation should aspire toward healing. According to [Ogundipe \(2014\)](#), he reveals that in most cases, counselees are wounded or hurt when they are unfairly treated regarding issues that they considered significant. Grievers are hurt due to trauma, consequently, when such arises, it may lead to an impairment that is deteriorating or weakening, or a disability or an inefficiency on the part of the griever. The best that can be done to redeem such a situation is the helping function, which aims to restore individuals to wholeness and help them move beyond their previous condition by overcoming any impairments. [Clebsch and Jackle \(1967\)](#) explicate that the ministry of a Christian in healing is to assist the weak in becoming whole again, with the understanding that this wholeness also results in increased spiritual insight and well-being. In some cases, there will be manifestations of physical ailments and spiritual imbalance. Hence, spiritual healing is required as an important part of the healing process.

5.1.6. Supporting

[Collins \(2007\)](#) believes that grievers are often unable to meet their goals, solve their problems, and work effectively, except when they receive adequate support. This implies that the stress of crisis and trauma which grievers have been through might overwhelm them and thereby prevent them from thinking and acting well.

Ayandokun (2010) supports Collins (2007) as she states that the act of support would exist and become effectual to the client by providing hope for the client. She asserts further that the counsellor is expected to reassure the client and help to reduce the clients' intense feelings. From the foregoing, it is affirmed that the function of a caregiver includes supporting the griever so they can achieve their personal goals and healing. Naturally, a griever may be doubtful of healing and ways to actualize his/her dream owing to the circumstance he/she might be found at such time. Hence, the caregiver gives support and assures the griever the possibility of actualizing his/her dreams despite the present condition.

5.1.7. Self-actualization

Self-actualization has been recognized as one vital role of a caregiver done ideally. Self-actualization can include partner acquisition, parenting, utilizing & developing talents & abilities, and pursuing goals. Some griever need great statements from people who speak with them; they need understanding, reassurance, and contact with sensitive individuals who care enough to listen to them and help them journey through acceptance of the loss. In this case, self-actualization involves acceptance and seeking the purpose of experience.

5.1.8. Sustaining

The term; sustain simply means "to provide somebody with nourishment or the necessities of life" (Kemp, 1970, p. 44). As a result, "sustenance" refers to the someone assisting a griever in enduring and transcending a scenario to either recover from a state that seems unlikely or impossible or restore the former condition. Kemp (1970) states that sometimes, in the realm of the physical and spiritual, healing might not be as anticipated, hence, sustaining is another approach that is aimed at achieving healing.

5.1.9. Reconciling

Reconciling happens when two or more people pass through a period of dispute or strain in relationships. Reconciling includes listening, advice-giving and more. The modes of the ministry of guiding can be categorized along a continuum from advising at one end to listening and reflecting at the other. The context of grief dictates the type of advice that will be given; in the context of death, the advice may be centered on issues like funeral expenses, family discussion, and the way to go for support. Listening is one of the important skills in helping the members to cope with grief moments toward achieving reconciliation. So, the caregiver should know when to stop giving advice and start listening.

5.2. Members Role in Bereavement Situation

5.2.1. Information

Although, Ayankeye (2013) avers that information shared in counselling sessions should not be disclosed by the counselor without the permission of the counselee. This helps to retain trust, especially in the counselee. Yet, members would play a pivotal role in the attempt to help their fellow members in grief moments by

intimating the pastoral leadership on the need to attend to someone within their parish. This is because the pastoral leadership may not be abreast of the situation that befalls the person or not having comprehensive information about the situation to provide needed help. Thus, there must be a balance in the attempt to keep the matter a secret and sharing the information with the required counselor.

5.2.2. Avoid Discouragements

It is unethical to judge or blame the counselors in the presence of the grieving person. It would be wrong as well to play a “blame game” towards someone in grief moments as well. Members will contribute towards helping their fellow members by avoiding utterances that could discourage the ideal process of healing and restoration. This therefore means that the members must be cautious of what they say to either the counselor or the counselee in the process of healing.

5.2.3. Counseling Skills Acquisition

Ayankeye (2013) holds that since a counselor does not use magic to get to the root of a problem certain skills of counselling may be learnt passionately to develop into a competent caregiver. However, acquisition of these counselling skills is not limited to the pastors or formal professional counsellors alone; members may need to be trained and at least possess basic skills towards counselling others. This will aid church to attend to grieving members adequately and enough assistance to support pastoral leadership.

5.2.4. Provision of Resources

Movements from one place to another, as well as supply of basic needs, may be challenging for people in grief moments or even a pastoral caregiver who should provide succor for the one in grief periods. Sometimes, there may be a need for financial, material or any kind of resources to aid the task of a pastoral counselor. Fellow church members of a grieving person would need to support either the counselor, or the grieving person to give a lever for smooth intervention as the need may call for it.

5.2.5. Care and Counselling

The task of pastoral care and counselors is inexhaustible and vague. It therefore requires consistent recruitment and collaborations for its effectiveness. Therefore, there could be a need on occasions for members to serve as counselors and thereby give care to their fellow grieving members. This will enhance quick response and effectiveness.

6. Conclusion

This study chose multiple Pentecostal churches in Lagos State to provide a theological examination of grieving experiences and pastoral care within those congregations. The aim is to provide suggestions for enhancing the pastoral care services offered by these churches to their parishioners.

This illustrates the variety of perspectives on grieving and pastoral care,

highlighting the origins of sorrow, personal reactions to loss, and the impact of pastoral care on the bereaved.

A phenomenological and descriptive survey methodology was utilized in the study. The study participants were Christians living in Lagos State, Nigeria. The target demographic comprises members and clergy sourced from Christ Apostolic Church (CAC), Mountain of Fire and Miracles Ministries (MFM), Living Faith Church (Winners Chapel), and The Redeemed Christian Church of God (RCCG). The results demonstrate that Pentecostal Christians have a precise understanding of grief, perceiving it as a reaction to the loss of something of significant worth. They suggest that bereaved individuals may display violence in their responses to issues related to God, such as prayer or the seeking of guidance. Grieving individuals are susceptible to post-traumatic stress disorder or withdrawal symptoms. Pentecostal Christians claim that pastoral care promotes holistic healing by assisting the bereaved in maintaining an optimistic outlook. Moreover, findings suggest that pastoral care might foster a reliance on the pastor among bereaved individuals.

In Lagos State, Pentecostal Christians consider the Bible a guide for pastoral care and bereavement support. The interviews disclosed that pastors receive training in pastoral care. This program intends to educate pastors on aiding the bereaved in attaining healing, deliverance, and restoration. Consequently, certain interviewed individuals believe that pastoral care has a beneficial effect, while others suggest it may negatively harm mourners, particularly when grievors are exploited, or the caregiver acts unethically. They contend that churches may assist the bereaved by providing Biblically based counseling, financial assistance, and inclusive environments to improve accessibility for those in grief. Moreover, they assert that pastors and congregants must fulfill their obligations in a manner that promotes holistic healing for the bereaved, and that disciplinary actions should be enforced against pastors who fail to perform their duties to prevent unethical behavior among caregivers. The endeavors of pastoral care and counselors are both boundless and nebulous.

Furthermore, to ensure effectiveness, continuous recruitment and collaboration are essential. The prior discussions have illustrated that the sensation of grief is inevitable in human existence. While the probability of its occurrence differs across individuals, it is unattainable to entirely avert it. Although the causes of an individual's sadness may differ, it is certain that everyone will encounter a phase of grieving at some stage in their lives. This guarantee indicates that members must acquire the requisite skills and be prepared to understand and support their fellow members in their local parishes. The obligation to provide counseling and care can no longer be solely entrusted to the clerics. Members are obligated to engage in shared responsibilities of care and counseling to offer appropriate support to others, especially those experiencing the grieving process.

In addition, the function that pastors have in the provision of grief care is another major result. There is a lack of standardized grief counseling programs that

are culturally relevant in many churches in Lagos, even though pastors in Lagos are frequently trained to provide individuals with spiritual assistance. Because certain Pentecostal churches do not have consistent pastoral training programs that are specifically geared toward bereavement counseling, the pastoral care that is provided to those congregations is not always competent or constant. Additionally, even though pastoral care is generally seen favorably, the research also discovered that there are situations in which it can be detrimental. This is particularly the case when pastors engage in exploitative activities or disregard their pastoral responsibilities. When it comes to the management of sorrow, the complex socio-cultural landscape of Lagos State poses a one-of-a-kind set of problems for pastoral care. Both the bereaved and pastoral caregivers are confronted with challenges that are exacerbated by economic demands. These pressures include the high expense of funeral rites, social stigmas that surround death, and the emotional toll that is placed on mourning families. In addition, the excessive reliance on pastors for both spiritual and financial support places an excessive amount of pressure on the clergy, which in turn restricts the church's ability to provide complete care.

As a result of these challenges, pastoral care must be modified so that it may cater to the spiritual as well as the practical requirements of the community that is grieving. The cultural propensity to approach grieving in a social sense, in which members of extended family and the larger community play a substantial role in the mourning process, is another difficulty that needs to be overcome. On the other hand, in the context of Pentecostalism, where pastoral care is frequently extremely individualized and centered on the pastor, this community aspect of grieving may be missed. It is also necessary for pastoral care to develop to incorporate not only the individual who has suffered a loss but also the community that surrounds them. This will ensure that the mourning process is a communal experience that is supported by the larger church body. The intricate socio-cultural environment of Lagos State poses distinct obstacles for pastoral care in grief treatment. Economic constraints, such as the exorbitant expenses of burial services, societal stigmas associated with death, and the emotional burden on mourning families, exacerbate the challenges encountered by both the bereaved and pastoral caregivers.

The excessive dependence on pastors for spiritual and material assistance imposes significant strain on the clergy, constraining the church's ability to provide holistic care. These issues necessitate the adaptation of pastoral care to address the spiritual and practical needs of the bereaved community. A further problem is the cultural inclination to perceive grief collectively, wherein extended family and the wider community significantly influence the mourning process. In the Pentecostal environment, characterized by individualized and pastor-centric pastoral care, the social dimension of grieving may be neglected. Pastoral care must grow to encompass not only the individual bereaved but also the surrounding community, ensuring that the grieving process is a collective experience supported by the broader church body.

7. Recommendation

Some Pentecostal pastors and Christians worry about helping to grieve heal without exploiting them. However, pastoral care for grieving can be improved. Grieving people can and should get constructive and holistic care from Pentecostal congregations. The following suggestions are for Pentecostal pastors, church leaders, and members to better support the grieving.

1) Pentecostal pastors, both active and in training, and church leaders should learn about pastoral care's theological foundations in their church handbook, manual, curriculum, and syllabus, as well as in theological institutions. Each denomination should have monthly or quarterly pastoral care programs for all types of loss and grief, as well as courses, conferences, and seminars. Pastors, grief counselors, and mental health professionals may speak. They should study Christian theology in secular higher institutions to learn biblical interpretation and grieving and pastoral care.

2) Each denomination should reaffirm theologically informed Pastoral Care at their Leadership Forum. Pastor and Church Leader leadership must be assessed. This will provide clergy who care for mourning proper accountability through suggestion boxes and quarterly anonymous feedback forms to evaluate pastors and church authorities. Pastors and church leaders with bad reputations and reports should be investigated and punished for mistreating mourners. Termination, demotion, wage decrease, and public admission of misbehavior may deter others.

3) Pentecostal pastors and church leaders must be monitored, instructed, and supervised to ensure that they are really converted by the Word of God before ministering to the bereaved. A Pastors' Ethical Monitoring and Evaluation Committee could check and monitor them when caring for grievers.

4) Pentecostal pastors and church leaders should know when and where to refer congregants to psychologists and psychiatrists and urge them to do so. Additionally, they may consider opening a medical diagnostic facility with these personnel. This would help the pastor or church leader care for the member. This will help provide bereaved people with timely and appropriate support.

5) Churches, theological institutions, hospitals, and NGOs should encourage faith-based counseling and fight mourning-related extortion.

6) Pentecostal pastors and leaders should offer specific teachings for church members or tragic cases. This will help church members recognize the healing, solace, and transformation in the Bible, especially amid grief. Pentecostals should learn more about biblical grief and how to avoid becoming caught up in it and exploited by pastors and others amid mourning. Simulations, dramatized content, or testimonies from bereaved people can help explain the hazards of mishandled sorrow and aid recovery.

7) The Welfare, Evangelism, and Mission, Medical Committee, and Departments of Pentecostal churches should include pastoral care. To comfort mourners, churches should provide an endowment fund or economic empowerment

program. This will help them recover.

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The author declares no conflicts of interest regarding the publication of this paper.

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