Mental Health Challenges Associated with Grief Among African Missionaries in Karen, Langata Sub County, Kenya

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DOI: https://doi.org/10.47772/IJRISS.2026.100800463

Received: 15 August 2026; Accepted: 20 August 2026; Published: 08 September 2026

ABSTRACT

Grief is a universal human experience whose psychological expression and consequences are influenced by cultural and social contexts. African missionaries serving outside their home countries may experience bereavement while being unable to participate physically in family funerals and communal mourning rituals because of geographical distances, pastoral responsibilities, institutional obligations, and financial constraints. Despite the communal nature of African mourning, limited empirical research has examined the mental health challenges associated with grief among African missionaries. This study determined the mental health challenges associated with grief among African missionaries residing in Karen, Langata Sub-County, Kenya. A convergent parallel mixed methods design was employed. The target population comprised 1,102 African missionaries. A quantitative sample of 285 participants was selected using multistage stratified random sampling, and 276 valid questionnaires were included in the final quantitative analysis. 16 participants were purposively selected for qualitative interviews. Quantitative data were collected using the Patient Health Questionnaire 9 (PHQ 9), the Prolonged Grief Disorder Scale Revised (PG 13 R), and a researcher-developed six item Grief-Related Disruptions Scale (GRDS). Qualitative data were collected through semi-structured interviews. Descriptive statistics, Pearson correlation, and simple linear regression were used to analyze quantitative data, while qualitative data were analyzed thematically. Grief-related disruptions had a statistically significant positive relationship with prolonged grief symptoms ($r = .306$, $p < .001$). A weak negative statistically significant relationship was observed between grief-related disruptions and depressive symptoms ($r = -.120$, $p = .046$). Simple linear regression indicated that grief-related disruptions accounted for 9.4% of the variance in prolonged grief symptoms. Qualitative findings revealed persistent emotional pain, yearning, sleep disturbance, concentration difficulties, guilt, cultural disconnection, and continuation of ministry despite emotional suffering. The findings highlight the importance of culturally responsive psychological and pastoral approaches to bereavement among African missionaries.

Keywords: Grief, Prolonged Grief Disorder, Depression, African missionaries, Communal mourning, Mental health

INTRODUCTION

Grief is a universal human response to the death of a loved one, yet its expression and consequences are profoundly shaped by cultural beliefs and social contexts. Although grief is a natural reaction to loss, unresolved grief may adversely affect psychological well-being, particularly when individuals are prevented from participating in culturally meaningful mourning practices (Asatsa et al., 2025). In African societies, bereavement extends beyond an individual emotional experience to a communal process characterized by funeral participation, ritual observances, collective support, storytelling, and shared mourning (Khosa-Nkatini, 2023).

These communal practices facilitate emotional healing, reinforce social identity, and provide opportunities for meaning-making following loss (Mabunda & Ross, 2023).

Mental health has increasingly become a major concern in grief research because bereavement may trigger psychological disorders when the grieving process is disrupted. The World Health Organization (WHO) defines mental health as a state of well-being that enables individuals to cope effectively with the normal stresses of life, work productively, and contribute meaningfully to their communities (World Health Organization, 2025). However, unresolved grief has been associated with adverse psychological outcomes, including depression, prolonged grief disorder (PGD), anxiety, impaired functioning, and other stress-related conditions (World Health Organization, 2023). Contemporary studies have similarly shown that prolonged grief is characterized by persistent yearning for the deceased, emotional pain, sleep disturbances, impaired concentration, and difficulty adapting to life after loss (Komischke et al., 2021; Treml et al., 2022; Robinson et al., 2024).

The relationship between grief and mental health has been documented across different regions of the world. Research in Germany found that losing a spouse or child and being unprepared for death significantly increased the likelihood of developing prolonged grief disorder (Treml et al., 2022). Other European studies have demonstrated strong associations between grief and depression, while prolonged grief disorder has now been formally recognized in both the DSM-5-TR and the ICD-11 because of its significant psychological and functional consequences (Moreira et al., 2023; Komischke et al., 2021).

Within Africa, communal mourning occupies a central place in the grieving process (Asatsa et al., 2025). Funeral rituals are not merely cultural ceremonies but constitute important psychosocial mechanisms through which families and communities express solidarity, preserve cultural identity, and promote emotional healing (Fusheini & Victor, 2025). Participation in communal mourning has been associated with healthier grief adjustment, whereas absence from these rituals may generate feelings of guilt, cultural disconnection, unresolved grief, and psychological distress (Asatsa et al., 2025; Khosa-Nkatini, 2022; Samuel et al., 2020). African bereavement practices therefore demonstrate that grief is simultaneously emotional, relational, cultural, and spiritual.

African missionaries represent a unique population whose bereavement experiences are often complicated by their missionary vocation. While serving outside their home countries, they may lose parents, siblings, or other close relatives but be unable to attend funerals because of congregational obligations, pastoral responsibilities, geographical distance, financial limitations, or immigration restrictions. Missionary care literature acknowledges that absence from family funerals is a common reality among missionaries and may contribute to unresolved grief, loneliness, ambiguous loss, and emotional distress (Koteskey, n.d.; Mauger, 2023). Furthermore, African missionaries experience an additional burden because their cultural identity is deeply rooted in communal participation during bereavement. Consequently, inability to participate in traditional mourning rituals may create tension between fidelity to missionary vocation and fulfillment of cultural expectations (Asatsa et al., 2025).

Despite growing evidence linking grief with adverse mental health outcomes, empirical studies focusing specifically on African missionaries remain scarce. Existing literature has largely concentrated on widows, children, adolescents, migrants, caregivers, and other bereaved populations, leaving the grief experiences of African missionaries substantially underexplored. This gap is particularly important because missionaries experience unique institutional and cultural circumstances that distinguish their bereavement from that of the general population. The absence of empirical evidence limits the development of culturally responsive psychological interventions and pastoral support programs for missionaries experiencing bereavement.

In light of this, the present study sought to determine the mental health challenges associated with grief among African missionaries residing in Karen, Langata Sub County, Kenya. Specifically, the study examined depression and prolonged grief disorder using the Patient Health Questionnaire-9 (PHQ-9) and the Prolonged Grief Disorder Scale-Revised (PG-13-R), while exploring the lived psychological experiences of bereaved missionaries. Guided by the Dual Process Model of Coping with Bereavement and Relational Cultural Theory, the study contributes empirical evidence on the psychological implications of disrupted communal mourning and provides a foundation for culturally appropriate bereavement interventions among African missionaries

LITERATURE REVIEW

Mental health challenges associated with grief have received increasing scholarly attention because bereavement extends beyond emotional suffering to affect psychological functioning, social relationships, and overall well-being. Although grief is a universal experience, the severity and manifestation of its psychological consequences vary according to cultural beliefs, social support systems, and opportunities for meaningful mourning. The present review synthesizes empirical literature on mental health challenges associated with grief, with particular emphasis on prolonged grief disorder, depression, and the influence of communal mourning within the African context. It also identifies the existing research gap that necessitated the present study.

The World Health Organization recognizes mental health as an essential component of overall health and defines it as a state of well-being that enables individuals to cope effectively with life's stresses, realize their abilities, work productively, and contribute to their communities. WHO further acknowledges that unresolved grief may predispose bereaved individuals to prolonged grief disorder, depression, and other stress-related mental health conditions (World Health Organization, 2023). Consequently, bereavement is no longer viewed solely as an emotional response but as a public mental health concern requiring timely psychological intervention.

Empirical evidence from North America consistently demonstrates the relationship between grief and adverse mental health outcomes. Rheingold et al. (2024), in a survey involving 2,034 adults in the United States, reported that among bereaved respondents, 20% met the criteria for prolonged grief disorder, 34% experienced post-traumatic stress disorder, and 30% met the criteria for major depressive disorder. These findings suggest that bereavement frequently coexists with other psychological disorders, thereby increasing the complexity of clinical management. Similarly, Slomski (2021) observed that bereavement among adolescents was associated with heightened levels of depression, anxiety, trauma, and suicidal ideation, particularly following the COVID-19 pandemic. Likewise, Caycho Rodríguez et al. (2021) established that dysfunctional grief among bereaved individuals in Peru was significantly associated with anxiety, depression, and suicidal thoughts. Collectively, these studies demonstrate that unresolved grief constitutes a significant predictor of psychological distress across diverse populations.

European studies have similarly documented the association between grief and mental health disorders. Djelantik et al. (2021) demonstrated that prolonged grief significantly predicted persistent depressive symptoms, anxiety, and severe grief reactions. Furthermore, longitudinal research conducted among bereaved individuals in Sweden revealed that losing a close family member substantially increased the risk of developing psychiatric disorders for more than two decades, with the highest vulnerability occurring during the first year following bereavement (Chen et al., 2024). These findings reinforce the long-term psychological impact of unresolved grief and underscore the importance of early identification and intervention.

Within Africa, grief is experienced within a predominantly communal and relational framework, making the disruption of mourning rituals particularly consequential for psychological well-being. African mourning practices emphasize collective participation, emotional expression, ritual performance, and family solidarity. Asatsa et al. (2025) observed that individuals who actively participated in communal mourning rituals reported healthier grief adjustment than those who were unable to engage in such practices. Likewise, Khosa-Nkatini (2022) reported that disruption of African burial rituals generated profound emotional pain because these rituals provide psychological closure and reinforce communal identity. Bereaved people who were excluded from culturally meaningful rituals frequently experienced guilt, unresolved grief, loneliness, and diminished emotional well-being (Calabria & Cheswick, 2023).

The unique experiences of missionaries further complicate the relationship between grief and mental health. Missionary care literature indicates that missionaries often encounter experience ambiguous loss, as they remain geographically separated from their families while fulfilling pastoral responsibilities. Koteskey (n.d.) observed that financial limitations, geographical distance, and time constraints frequently prevent missionaries from attending family funerals, thereby increasing their vulnerability to unresolved grief. Similarly, Mauger (2023) noted that missionaries often experience loneliness, emotional isolation, and unresolved bereavement because of prolonged absence from their families. These experiences become particularly significant among African

missionaries whose cultural identity strongly emphasizes communal mourning and family participation during bereavement.

Although considerable literature has examined grief among widows, children, caregivers, migrants, and the general bereaved population, empirical studies focusing specifically on African missionaries remain scarce. Existing studies have rarely investigated how institutional obligations, congregational regulations, and inability

to participate in communal mourning influence psychological outcomes among missionaries. Consequently, there remains limited evidence regarding the prevalence of prolonged grief disorder and depressive symptoms within this population despite their unique vulnerability to ritual deprivation and relational disconnection.

The reviewed literature therefore demonstrates a consistent relationship between grief and adverse mental health outcomes across different populations and cultural settings. However, the available evidence also reveals a significant gap concerning African missionaries who experience bereavement while serving away from home. Most previous studies have concentrated on general bereaved populations without considering the combined influence of missionary vocation, institutional constraints, cultural expectations, and disrupted communal mourning. The present study sought to address this gap by examining the mental health challenges associated with grief among African missionaries residing in Karen, Langata Sub County, Kenya, thereby contributing context-specific evidence to bereavement and mental health literature

MATERIALS AND METHODS

Research Design

This study employed a convergent parallel mixed-methods research design to examine the coping strategies adopted by bereaved African missionaries residing in Karen, Langata Sub County, Kenya. Since neither the quantitative nor qualitative approach alone could answer the research question, the mixed-method approach was adopted (Taherdoost, 2022). The design was selected because it enabled the simultaneous collection and analysis of quantitative and qualitative data, thereby providing both statistical evidence and rich descriptions of the lived experiences of grief and coping (Creswell & Plano Clark, 2023). The design was particularly appropriate because grief is both a measurable psychological phenomenon and a deeply personal and culturally embedded experience (Leavy, 2023).

Study Population, Sample and Sampling

The study was conducted among African missionaries residing in Karen, Langata Sub County, Kenya. The target population comprised 1,102 missionaries drawn from male and female religious congregations and representing diverse African nationalities, including Ghana, Nigeria, Kenya, Tanzania, Namibia, Uganda, Malawi, Gabon, Togo, and Ethiopia.

Using Cochran's sample size determination procedure, a quantitative sample of 285 participants was obtained. Quantitative participants were selected through multistage stratified random sampling to ensure representation of different missionary congregations. Of the 285 questionnaires administered, 276 were valid and included in the final quantitative analysis, while nine questionnaires were not completed and were excluded. This yielded a valid quantitative response rate of 96.8%.

For the qualitative strand, 16 participants were purposively selected based on their direct experience of bereavement while serving on mission and their willingness to describe their experiences. All 16 participants completed the semi-structured interviews. The final analytical sample therefore consisted of 276 quantitative participants and 16 qualitative participants.

Participant Eligibility

Participants were eligible if they were African Catholic missionaries residing in Karen, Langata Sub County, and had experienced the death of a loved one while serving in mission. Participants in the qualitative strand were

selected based on their direct experience of bereavement and their ability and willingness to describe the psychological and emotional experiences associated with the loss.

Data Collection Instruments

Quantitative data were collected using a structured questionnaire containing sections on demographic characteristics, grief experiences, grief related disruptions, and mental health outcomes. The Patient Health Questionnaire 9 (PHQ 9) was used to assess depressive symptoms, while the Prolonged Grief Disorder Scale Revised (PG 13 R) was used to assess prolonged grief symptoms.

Qualitative data were collected using a semi-structured interview guide. The interviews explored participants' experiences following bereavement, including emotional well-being, psychological functioning, concentration, changes in mental health, and experiences associated with physical absence from family and communal mourning.

Grief-Related Disruptions Scale

The researcher developed the Grief-Related Disruptions Scale because the established grief measures used in the study did not specifically capture the contextual disruptions experienced by African missionaries who were unable to participate in communal mourning practices. The GRDS consisted of six items addressing grief related disruptions associated with bereavement while on mission, physical distance from family, perceived lack of understanding of the loss, guilt associated with absence, anticipatory experiences surrounding loss, and disconnection from family and communal mourning.

Each item was rated on a five-point Likert scale: **5 = strongly agree, 4 = agree, 3 = neutral, 2 = disagree, and 1 = strongly disagree**. Higher scores represented greater endorsement of grief-related disruption experiences. The items were developed from the study objectives, literature concerning grief, communal mourning, cultural expectations, and missionary bereavement. Content validity was assessed through expert review by specialists in counselling psychology and research methodology. The instrument was also pretested before the main data collection.

Reliability

The internal consistency of the established psychometric instruments was acceptable. The PHQ 9 obtained a Cronbach alpha coefficient of 0.79, while the PG 13 R obtained 0.80. The GRDS produced an alpha coefficient of 0.65 during the pretest and 0.70 in the main study. The increase in the GRDS reliability coefficient following the pretest indicated improved internal consistency in the main study and supported its use as a contextual measure of grief related disruptions.

Qualitative Trustworthiness

Trustworthiness of the qualitative findings was enhanced through attention to credibility, transferability, dependability, and confirmability. Credibility was strengthened by interviewing participants who had direct experiences of bereavement while serving on mission and by using probing questions to obtain detailed accounts. The qualitative findings were also considered alongside the quantitative findings during the integration of the mixed-methods results.

Transferability was supported by providing a clear description of the missionary context, study population, sampling process, and participants' experiences. Dependability was enhanced through the consistent use of the semi structured interview guide and systematic application of thematic analysis. Confirmability was promoted by grounding the themes in participants' accounts and using participants' descriptions to demonstrate the connection between the data and the resulting themes.

Data Analysis

Quantitative data were coded, cleaned, and analyzed using the Statistical Package for the Social Sciences (SPSS). Descriptive statistics, including frequencies and percentages, were used to summarize responses on depressive

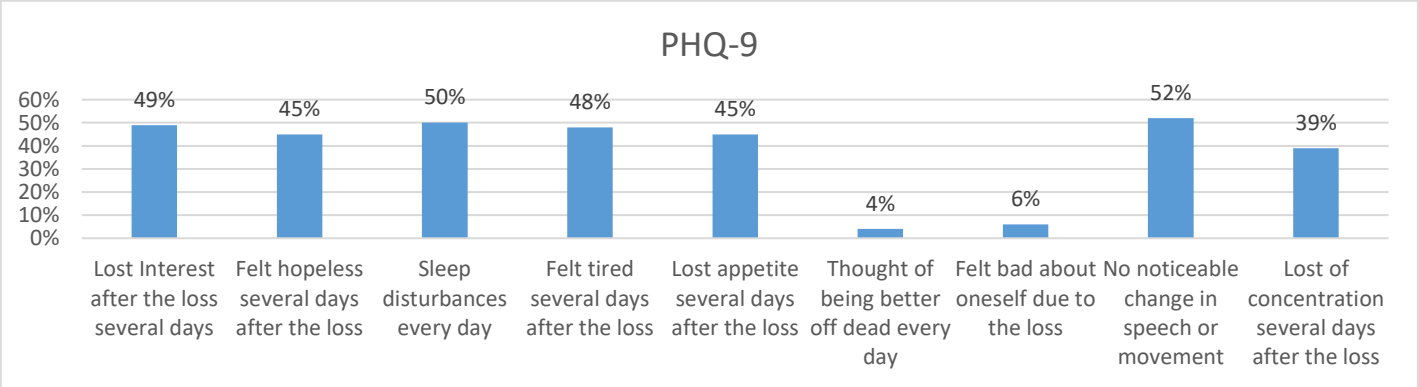
and prolonged grief symptoms. Pearson's correlation coefficient was used to examine the relationship between grief related disruptions and prolonged grief symptoms and between grief related disruptions and depressive symptoms. Simple linear regression was used to examine whether grief related disruptions statistically predicted prolonged grief symptoms. Statistical significance was assessed at $p < .05$.

Qualitative interview data were analyzed using thematic analysis following Braun and Clarke's approach. Interview transcripts were reviewed, coded, and organized into themes and subthemes reflecting participants' psychological experiences following bereavement. Quantitative and qualitative findings were subsequently integrated during interpretation.

RESULTS

Depression among African Missionaries

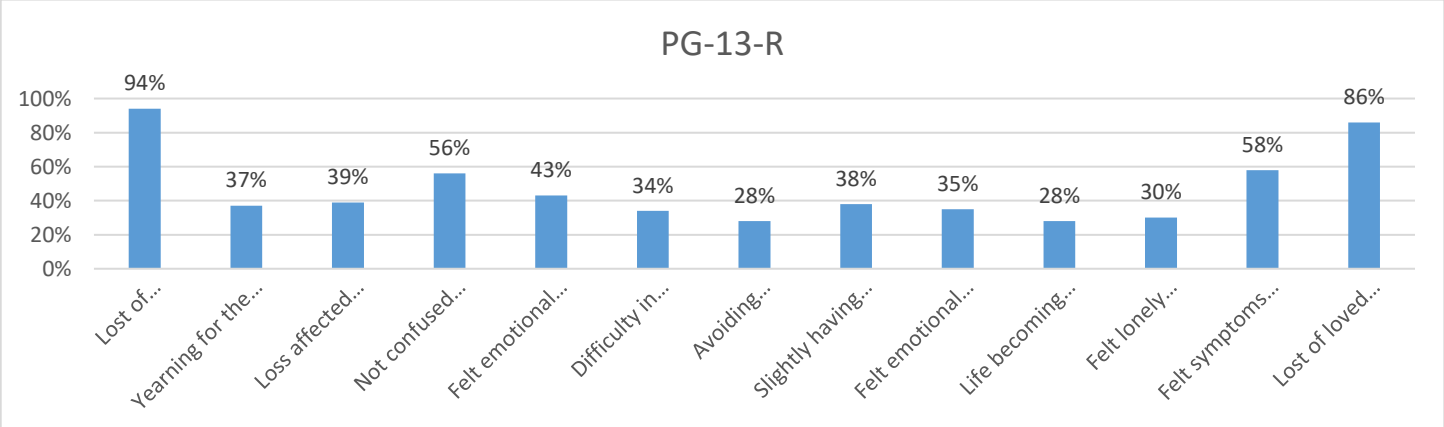
Figure 1: PHQ-9



Depressive symptoms were assessed using the Patient Health Questionnaire-9 (PHQ 9) as shown in Figure 1. The findings revealed that although some respondents experienced depressive symptoms following the death of loved ones, the majority did not meet the threshold for severe depression. Nevertheless, several respondents reported symptoms including sadness, diminished interest in activities, sleep disturbances, fatigue, poor concentration, and feelings of hopelessness. These findings indicate that bereavement affected the psychological well-being of many missionaries, although the severity of depressive symptoms varied among individuals.

Prolonged Grief Disorder among African Missionaries

Figure 2: PG-13-R



The PG-13-R findings demonstrated the presence of several prolonged grief symptoms among participants. These included persistent yearning for the deceased, emotional pain, difficulty accepting the death, difficulty re engaging with life, emotional detachment, loneliness, and impairment in functioning. The findings indicate that some missionaries continued to experience significant grief related difficulties after the death of loved ones. The

reported time since loss ranged from one to five years among the relevant participants, providing an important temporal context for understanding the persistence of grief-related symptoms.

Relationship Between Grief-Related Disruptions and Prolonged Grief Disorder

Table 1: Correlation Between Grief-Related Disruptions and Prolonged Grief Disorder

		Prolonged Grief Disorder	Grief Related Disruptions
Prolonged Grief Disorder	Pearson Correlation	1	.306**
	Sig. (2-tailed)		.000
	N	276	276
Grief-Related Disruptions	Pearson Correlation	.306**	1
	Sig. (2-tailed)	.000	
	N	276	276
**. Correlation is significant at the 0.01 level (2-tailed).			

Pearson's correlation analysis revealed a statistically significant positive relationship between grief related disruptions and prolonged grief symptoms, **r = .306, p < .001, N = 276**.

The positive direction indicates that higher levels of grief-related disruption were associated with higher levels of prolonged grief symptoms. The magnitude of the relationship was moderate. The finding therefore demonstrates an association between the two variables but does not establish that grief-related disruptions caused prolonged grief disorder.

Regression Analysis

Table 2: Model Summary of Linear Regression

Model Summary				
Model	**R**	**R Square**	**Adjusted R Square**	**Std. Error of the Estimate**
1	.306[a]	0.094	0.09	7.02001
a. Predictors: (Constant), Grief-Related Disruptions				

Table 3: Coefficients of Linear Regression

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	95.0% Confidence Interval for B	
		B	Std. Error	Beta			Lower Bound	Upper Bound
1	(Constant)	31.309	1.505		20.806	0	28.346	34.272
	Grief Related Disruptions	0.672	0.126	0.306	5.313	0	0.423	0.921
a. Dependent Variable: Prolonged Grief Disorder								

Simple linear regression was conducted to examine whether grief-related disruptions statistically predicted prolonged grief symptoms in tables 2 and 3. The model yielded an R^2 of .094, indicating that grief-related disruptions accounted for approximately 9.4% of the variance in prolonged grief symptoms.

The regression coefficient for grief-related disruptions was statistically significant. However, approximately 90.6% of the variance in prolonged grief symptoms remained unexplained by the model, indicating that other factors not included in the analysis also contributed to differences in prolonged grief symptoms.

Correlation between Grief-Related Disruptions and Depression

Table 4: Correlation Between Grief-Related Disruptions and Depression

		Depression	Grief-Related Disruptions
Depression	Pearson Correlation	1	-.120*
	Sig. (2-tailed)		.046
	N	276	276
Grief-Related Disruptions	Pearson Correlation	-.120*	1
	Sig. (2-tailed)	.046	
	N	276	276
*. Correlation is significant at the 0.05 level (2-tailed).			

Pearson's correlation analysis revealed a weak negative statistically significant relationship between grief related disruptions and depressive symptoms, **r = −.120, p = .046, N = 276**.

The magnitude of the relationship was very small. The finding indicates that higher grief-related disruption scores were weakly associated with lower depressive symptom scores. Given the small effect size, grief-related disruptions alone provide limited explanation for differences in depressive symptoms among the participants.

Qualitative Findings

The qualitative interviews generated five major themes concerning the psychological experiences of bereaved African missionaries.

Persistent Emotional Pain

Participants described enduring sadness and recurring emotional distress following the death of loved ones. Physical absence from family and inability to participate directly in mourning were described as factors that made the loss difficult to process.

Persistent Yearning and Longing

Participants described continuing thoughts about deceased relatives, longing for their presence, and recurring memories associated with the loss. Some participants also expressed regret concerning their inability to be physically present during funeral ceremonies.

Sleep Disturbance and Poor Concentration

Participants reported difficulties sleeping, intrusive thoughts concerning the deceased, reduced concentration during prayer and ministry, and reduced productivity in pastoral responsibilities.

Guilt and Cultural Disconnection

Participants described guilt associated with not fulfilling perceived cultural obligations during family funerals. Some also reported feeling disconnected from their families and communities because of their physical absence from communal mourning.

Continuing Ministry Despite Emotional Suffering

Participants indicated that missionary responsibilities often required them to resume pastoral activities despite continuing emotional pain. This sometimes limit opportunities for emotional expression and processing of grief.

DISCUSSION

The present study examined the mental health challenges associated with grief among African missionaries residing in Karen, Langata Sub County, Kenya. The findings demonstrate that prolonged grief symptoms were an important psychological experience within the study population, while depressive symptoms varied among participants. The quantitative and qualitative findings together provide evidence of emotional, psychological, relational, and cultural dimensions of bereavement among missionaries serving away from their communities of origin.

The statistically significant positive relationship between grief-related disruptions and prolonged grief symptoms indicates that participants reporting greater disruption associated with bereavement also tended to report higher levels of prolonged grief symptoms. The finding is consistent with the broader literature linking unresolved or complicated grief experiences with adverse psychological outcomes (World Health Organization, 2023; Komischke et al., 2021; Treml et al., 2022). Robinson et al. (2024) similarly identified persistent yearning and difficulty moving on among bereaved populations in Ghana, Kenya, and Nigeria.

The present finding also corresponds with research concerning the cultural significance of communal mourning. Asatsa et al. (2025) found healthier grief adjustment among individuals who participated in communal mourning rituals, while Khosa Nkatini (2022) demonstrated the emotional significance of African mourning practices. The current findings extend this literature by showing that among African missionaries, physical separation from family and inability to participate in culturally meaningful mourning may be associated with persistent grief symptoms.

The regression analysis showed that grief related disruptions accounted for 9.4% of the variance in prolonged grief symptoms. Although statistically meaningful, this result also demonstrates that most variation in prolonged grief symptoms was attributable to factors beyond the GRDS measure. Consequently, the findings should not be interpreted as demonstrating that disrupted mourning is the sole or primary cause of prolonged grief.

The weak negative relationship between grief-related disruptions and depressive symptoms was an unexpected finding. Although statistically significant, the magnitude of the association was very small. This result differs from studies that have reported positive relationships between bereavement and depressive symptoms (Moreira et al., 2023; Djelantik et al., 2021).

Several possible explanations may be considered, although they were not directly tested in the present study. Depressive symptoms may be influenced by factors such as social support, spiritual resources, interpersonal relationships, previous psychological experiences, and the wider circumstances of missionary life. The religious community and spiritual practices may potentially provide resources for emotional adjustment; however, the present study did not statistically test their role as protective or moderating factors. Therefore, such explanations should be considered tentative and require further empirical investigation.

The qualitative findings provide important context for understanding the quantitative results. Participants described persistent emotional pain, yearning, sleep disturbance, concentration difficulties, guilt, cultural disconnection, and continuation of ministry despite emotional suffering. These experiences correspond with observations by Mauger (2023) concerning ambiguous loss and emotional isolation in missionary life and with Koteskey (n.d.) concerning geographical distance and missionary responsibilities that may prevent attendance at family funerals.

The findings further reinforce the cultural significance of communal mourning. Previous research has demonstrated that funeral participation promotes emotional healing, reinforces social identity, and supports communal relationships (Khosa Nkatini, 2023; Fusheini & Victor, 2025; Mphephu et al., 2025). Participants in the present study described absence from communal mourning as involving not merely physical absence from a funeral but also a perceived inability to fulfil cultural and relational expectations.

The findings can also be understood through the Dual Process Model of Coping with Bereavement (Stroebe & Schut, 2010). The model proposes movement between loss-oriented and restoration-oriented processes. For

African missionaries who remain physically distant from their families, opportunities for culturally meaningful loss-oriented engagement may be constrained. The present findings are consistent with this theoretical possibility, although the study did not directly measure oscillation between the two processes.

The findings are also consistent with Relational Cultural Theory (Jordan, 2017), which emphasizes the importance of meaningful relationships and connection for psychological well-being. Participants' descriptions of cultural disconnection, loneliness, and inability to participate in communal mourning highlight the relational dimensions of bereavement. Again, the theory provides an interpretive framework rather than evidence of a causal mechanism.

Overall, the mixed-methods findings suggest that grief among African missionaries is not solely an individual psychological experience. It is embedded within cultural, relational, spiritual, and institutional contexts. The quantitative findings establish measurable associations between grief-related disruptions and prolonged grief symptoms, while the qualitative findings illuminate how those experiences are lived by African missionaries.

CONCLUSION

The study concludes that bereavement among African missionaries residing in Karen, Langata Sub County, is associated with important psychological experiences, particularly prolonged grief symptoms. Grief-related disruptions were positively and significantly associated with prolonged grief symptoms, although the relationship was moderate rather than strong.

The study also established a weak negative association between grief-related disruptions and depressive symptoms. Given the very small magnitude of this relationship, grief-related disruptions alone provide limited explanation for differences in depressive symptoms among the participants.

The qualitative findings further demonstrated persistent emotional pain, yearning, sleep disturbance, concentration difficulties, guilt, cultural disconnection, and continuation of missionary responsibilities despite emotional suffering. These findings highlight the importance of recognizing cultural and relational dimensions when providing psychological and pastoral support to bereaved African missionaries.

RECOMMENDATIONS

Recommendations for Practice

Catholic religious congregations should establish structured bereavement support programs for missionaries who experience the death of close family members while serving away from home. Such programs should integrate professional psychological counselling, grief debriefing, peer support, and spiritual accompaniment to facilitate healthy grief processing and reduce the risk of prolonged grief symptoms.

Missionary formation programs should also incorporate grief and bereavement education to equip missionaries with culturally sensitive coping skills before and during missionary assignments. The training should address common grief reactions, emotional regulation, resilience, meaning making, and appropriate use of psychological and spiritual support.

Recommendations for Policy

Religious institutes should develop clear bereavement policies that provide reasonable provisions for missionaries who lose close family members while serving away from home. Where circumstances permit, such policies should facilitate physical participation in funeral rites; where travel is not feasible, congregations should facilitate virtual participation or culturally meaningful alternative mourning practices.

Recommendations for Theory

The findings suggest the need for greater consideration of cultural and relational dimensions when applying existing theories of grief to African missionary populations. The Dual Process Model and Relational Cultural

Theory provide useful frameworks for understanding grief and relational disruption; however, their application in the African missionary context should give greater attention to communal mourning practices, cultural identity, and the consequences of being physically absent from family rituals.

Recommendations for Future Research

Future studies should employ longitudinal designs to examine how grief and mental health outcomes change over time following bereavement. Such studies could provide greater insight into the development and persistence of prolonged grief symptoms.

Further research should investigate culturally specific dimensions of missionary grief, particularly the psychological significance of participation or non-participation in communal funeral rituals. Research should also examine the potential roles of spirituality, social support, community life, and missionary service duration in explaining differences in depressive and prolonged grief symptoms.

Future studies could also evaluate structured bereavement interventions designed specifically for missionaries serving away from their communities of origin.

ETHICAL APPROVAL

Ethical approval for this study was obtained from the Catholic University of Eastern Africa prior to data collection. Research authorization permit was also obtained from the National Commission for Science, Technology and Innovation (NACOSTI) and permission was sought from the leadership of the participating religious congregations. Participation was voluntary, informed consent was obtained from all participants, and confidentiality, anonymity, and the right to withdraw from the study at any stage were guaranteed throughout the research process.

CONFLICT OF INTEREST

The authors declare that there is no conflict of interest regarding the publication of this manuscript.

DATA AVAILABILITY STATEMENT

The data supporting the findings of this study are available from the corresponding author upon reasonable request. The datasets are not publicly available because they contain information that could compromise participant confidentiality and violate the ethical conditions under which the study was conducted.

ACKNOWLEDGEMENTS

The authors express sincere gratitude to the Catholic University of Eastern Africa for academic guidance throughout the study. Appreciation is also extended to the leadership of the participating religious congregations and to all African missionaries who generously shared their experiences and made this research possible.

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