

# **PASTORAL CARE AND HOSPICE SUPPORT FOR THE ELDERLY IN GHANA (A CONTEXTUAL THEOLOGICAL REFLECTION)**

Rev. Prof. Samuel Oheneba-Dornyo

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## **Abstract**

Aging in Ghana is changing rapidly as traditional family structures weaken under modernization, migration, and economic pressure. Many elderly individuals now face loneliness, emotional distress, and limited spiritual support during the final stages of life. This study explores how pastoral care and hospice principles can be integrated to provide holistic, culturally grounded care for the aged. Using a qualitative theological approach, it draws on Scripture such as Leviticus 19:32 and Psalm 71:9 alongside Ghanaian cultural perspectives to examine the spiritual, emotional, and relational needs of older adults. The manuscript highlights the role of pastoral presence, dignity, reconciliation, and spiritual preparation in supporting those nearing the end of life. Findings emphasize that effective elder care requires combining Christian compassion, communal responsibility, and structured hospice principles to ensure comfort, hope, and dignity for older adults in their final years.

**Keywords:** Pastoral Care; Hospice Ministry; Aging in Ghana; Elderly Well-being; Spiritual Support; Human Dignity; Practical Theology; End-of-Life Care.

## 1.0 Introduction

Aging is a universal human experience, yet the way societies understand and treat the elderly varies significantly across cultures. In Ghana, the elderly have traditionally been valued as custodians of wisdom, cultural heritage, and spiritual continuity. Their presence in the home has long symbolized blessing, stability, and ancestral connection. However, modernity, globalization, urbanization, and social change have profoundly altered family structures and support systems that once safeguarded the well-being of the aged. As a result, many elderly individuals now face neglect, isolation, and spiritual distress during the final stages of life. These shifts demand intentional pastoral attention and structured support to uphold the dignity of Ghana's aging population.

Pastoral care for the aged is deeply rooted in biblical teaching. Scripture consistently affirms the value of the elderly as carriers of divine wisdom and experience. Proverbs 16:31 declares, "*Gray hair is a crown of splendor; it is attained in the way of righteousness.*" Similarly, Leviticus 19:32 instructs believers to "*stand up in the presence of the aged, show respect for the elderly and revere your God.*" These passages ground Christian responsibility toward the aged in both reverence and compassion. Caring for the elderly is therefore not merely a social obligation but a theological mandate rooted in the character of God and the ethics of Christian community.

In Ghana, pastoral care for the aged has become increasingly complex due to changing social realities. The migration of young adults, economic pressures, smaller nuclear family units, and the weakening of traditional kinship systems have left many older adults without steady family support. At the same time, hospitals and social service institutions remain overwhelmed, often providing only limited psychosocial or spiritual care. This creates a gap that the Church must

respond to by developing holistic ministries that address the physical, emotional, social, and spiritual needs of the aged. The emergence of hospice care as a compassionate approach to end-of-life support presents an opportunity for the Church to reimagine its ministry to the elderly in ways that are locally grounded and spiritually transformative.

This study seeks to explore how pastoral care and hospice principles can be integrated into a sustainable model of ministry for the aged in Ghana. It draws from biblical theology, pastoral care theory, cultural anthropology, and practical ministry experiences to articulate a framework that equips caregivers, ministers, and families to support the aged with dignity. The death of elderly persons often brings unresolved tensions within families, spiritual anxieties for the dying, and emotional burdens for caregivers. Thus, providing intentional pastoral presence, guided by Scripture and contextual sensitivity, becomes essential in facilitating peace, spiritual preparation, and relational closure. Psalm 71:9 captures this plea: *“Do not cast me off in the time of old age; do not forsake me when my strength is gone.”* This prayer reflects the longing of many elderly people in Ghana today.

The chapter establishes the foundation for the manuscript by examining the historical, cultural, and theological background that shapes elder care in Ghana. It sets the stage for deeper exploration of hospice principles, pastoral care approaches, and practical models that the Church can adopt in serving the aged. The aim is to contribute to academic discourse while providing practical tools for ministry, thereby ensuring that the final years of life often called the “golden years” are marked by dignity, faith, relational support, and hope.

## 1.2 Background of the Study

Aging has historically been honoured within Ghanaian society, where older adults were regarded as custodians of wisdom, moral authority, and cultural continuity (Mbiti, 1969). Traditional kinship systems ensured social belonging, economic support, and spiritual care for the elderly, reinforcing communal values such as respect, reciprocity, and interdependence. Scripture similarly affirms the dignity of the aged, declaring, “*Gray hair is a crown of splendour*” (Proverbs 16:31, NIV) and calling believers to “honour the presence of the elderly” (Leviticus 19:32, NIV). These foundations positioned elder care as both a cultural and theological mandate.

However, rapid modernization, urban migration, and shifting family structures have disrupted these support systems. Scholars note that urbanization has weakened the extended family’s ability to care consistently for the aged, leaving many elderly individuals vulnerable to social isolation, emotional distress, and spiritual neglect (Lartey, 2003; Nouwen, 1986). Churches, though spiritually influential, often lack structured frameworks for geriatric pastoral care or end-of-life support, resulting in fragmented approaches to the needs of the elderly (AAPSC, 2023). In addition, Ghana’s health sector provides limited palliative and psychosocial services for older adults, making pastoral intervention increasingly essential (Oduro, 2016).

Biblical pastoral care offers resources for presence, comfort, reconciliation, and hope core needs of aging individuals facing declining health or approaching the end of life. Jesus’ ministry of compassion toward the vulnerable (Luke 4:18) and the early church’s communal support for widows and the aged (Acts 6:1–7) provide theological grounding for intentional elder care. Hospice principles, rooted in dignity, emotional peace, and spiritual preparation, further strengthen

this approach, offering structured guidance for supporting the aged with compassion (Nouwen, 1986).

Thus, the background of this study highlights the urgent need for an integrated pastoral and hospice model that is culturally sensitive, biblically grounded, and contextually relevant to Ghana's rapidly changing social landscape. Pastoral caregivers, families, and faith communities must respond to these challenges with frameworks that restore dignity, spiritual comfort, and holistic care to the elderly in their "golden years."

### **1.3 Problem Statement**

Despite Ghana's longstanding tradition of valuing and caring for older adults, contemporary social and economic shifts have created significant gaps in the support available to the aged. Urbanization, migration of younger family members, increased economic hardship, and the decline of the extended family system have left many elderly individuals without reliable emotional, social, or spiritual support (Lartey, 2003; Mbiti, 1969). As a result, a growing number of older adults experience loneliness, neglect, unresolved family tensions, chronic illness, and limited access to meaningful end-of-life care.

Churches, which historically played a central role in communal life, have not fully developed structured pastoral frameworks to address the complex needs of the aging population. Many congregations limit their engagement to prayer or occasional visitation, without integrating gerontological insight, grief support, or hospice principles into their ministry practices (Oduro, 2016). The absence of coordinated pastoral systems leaves the elderly without adequate spiritual

preparation, emotional comfort, or relational reconciliation as they approach the final stages of life (Nouwen, 1986).

Furthermore, Ghana's health institutions provide limited palliative care, often focusing on medical management rather than holistic well-being (AAPSC, 2023). This gap results in the elderly facing death with fear, spiritual uncertainty, and emotional distress, contrary to biblical teachings that emphasize comfort, dignity, and hope in the final season of life (Psalm 71:9; 2 Corinthians 1:3–4, NIV).

Therefore, the problem this study addresses is the lack of an integrated, biblically grounded, culturally appropriate pastoral-hospice framework that responds to the emotional, spiritual, and relational needs of the aged in Ghana. Without such a framework, the elderly remain vulnerable to suffering that could be alleviated through intentional pastoral presence, theological guidance, and structured compassionate care.

#### **1.4 Purpose of the Study**

The purpose of this study is to develop a comprehensive, biblically grounded, and culturally relevant pastoral-hospice framework for the care of the aged in Ghana. In response to the growing vulnerabilities of elderly persons resulting from weakened family structures, limited institutional support, and insufficient pastoral systems this study seeks to articulate a model of care that integrates pastoral theology, hospice principles, Ghanaian cultural values, and spiritual formation (Lartey, 2003; Oduro, 2016). Guided by biblical teachings on compassion, dignity, and honour for

the elderly (Leviticus 19:32; Psalm 71:9, NIV), the study aims to provide a framework that churches, caregivers, and families can adopt to offer holistic support.

Specifically, the study intends to outline how pastoral presence, emotional comfort, spiritual preparation, reconciliation, and community support can be structured to respond to the unique physical, emotional, and spiritual needs of older adults. Drawing on the insights of Christian pastoral scholars who emphasize presence, empathetic listening, and compassionate ministry (Nouwen, 1986; Berkhof, 1996), as well as hospice principles that prioritize dignity and psychosocial well-being (AAPSC, 2023), the study positions itself to advance both academic understanding and practical ministry application. Through this purpose, the study hopes to contribute to the development of effective pastoral strategies that affirm the worth and humanity of the aged as they journey through their final years.

### **1.5 Objectives of the Study**

The objectives of this study are designed to guide the development of a holistic pastoral-hospice framework that responds to the emotional, spiritual, and relational needs of the aged in Ghana. Grounded in biblical mandates to honour and care for the elderly (Leviticus 19:32; Proverbs 20:29, NIV) and informed by pastoral care scholarship (Lartey, 2003; Nouwen, 1986), the study seeks to achieve the following:

1. To examine the cultural, spiritual, and socio-economic factors influencing the wellbeing of the aged in Ghana.

2. To analyse biblical and theological foundations for pastoral care directed toward the elderly.
3. To assess current pastoral practices and institutional gaps in elder care within Ghanaian churches and communities.
4. To integrate hospice principles with pastoral care to develop a culturally appropriate model for supporting the aged.
5. To propose practical recommendations for churches, caregivers, and families to enhance the dignity and quality of life of older adults.

## **1.6 Significance of the Study**

This study is significant because it responds to a growing pastoral and social need within Ghana's rapidly changing cultural landscape. As traditional family systems weaken and the elderly face increased vulnerability, the Church is uniquely positioned to provide compassionate and holistic support grounded in Scripture and pastoral theology (Lartey, 2003; Oduro, 2016). By integrating biblical teachings such as the mandate to "honour the presence of the aged" (Leviticus 19:32, NIV) and God's assurance of lifelong care "*Even to your old age I will sustain you*" (Isaiah 46:4, NIV) the study reinforces the theological imperative for intentional elder care.



Academically, the study contributes to the fields of pastoral theology, gerontology, and Christian counselling by offering a contextual model that addresses both spiritual formation and psychosocial well-being in later life. While existing literature offers insights on general pastoral care (Nouwen, 1986; Berkhof, 1996), there remains limited scholarship focused specifically on pastoral-hospice care for the aged within the Ghanaian context (AAPSC, 2023). This research fills that gap by synthesizing theological, cultural, and hospice perspectives into a coherent framework.

Practically, the study supports pastors, caregivers, chaplains, and families by providing concrete strategies for presence, emotional support, spiritual preparation, and reconciliation for older adults. It equips churches to play a transformative role in improving the quality of life of the aged, strengthening intergenerational relationships, and offering dignity and hope throughout the process of aging and dying. Ultimately, the study enhances pastoral ministry and promotes a compassionate Christian response to the needs of Ghana's elderly population.

## **1.7 Scope and Delimitations**

This study focuses on pastoral care and hospice-related support for the aged within the Ghanaian context. The scope is intentionally focusing on the spiritual, emotional, and relational dimensions of aging, drawing on biblical teachings that emphasize compassion, dignity, and honour for older adults (Psalm 71:9; Proverbs 16:31, NIV). While the study acknowledges broader medical and social issues affecting the elderly, its primary emphasis is on the role of the Church, pastoral caregivers, and faith communities in offering holistic care rooted in Christian theology (Lartey, 2003; Oduro, 2016).

The study is delimited to qualitative theological analysis and does not include empirical data collection or statistical evaluation. It relies on existing literature, pastoral care theories, hospice principles, and contextual cultural insights. Although Ghana comprises diverse ethnic groups with unique customs surrounding aging, the study discusses these themes broadly rather than providing tribal or region-specific comparisons (Mbiti, 1969). The manuscript also limits its exploration of hospice care to systems that can be realistically adapted for Ghanaian Christian communities rather than attempting an exhaustive review of global biomedical palliative models (AAPSC, 2023).

Additionally, the case examples presented are generalized for ethical reasons and do not draw from identifiable individuals or institutions. While the study provides recommendations for churches and caregivers, it does not attempt to prescribe governmental policies or large-scale social reforms. These delimitations ensure a focused academic assessment of pastoral and hospice care appropriate for Ghana's religious and cultural setting.

## **2.0 Literature Review**

The experience of aging in Ghana cannot be understood without examining the social, theological, and pastoral factors that shape the lives of older adults. Existing literature highlights how rapid social change, shifting family structures, and emerging health challenges have transformed the traditional experience of growing old. At the same time, Christian theology offers rich insights into the dignity of the aged and the responsibility of faith communities to care for them. Pastoral and hospice care literature further demonstrates the importance of emotional, spiritual, and relational support during later life and at the end of life. This review draws on these three bodies

of knowledge to provide a foundation for developing a contextual pastoral care and hospice model for the aged in Ghana.

## **2.1 Biblical Foundations of Caring for the Aged**

The Scriptures consistently affirm the dignity, worth, and spiritual significance of older adults. Caring for the aged is not only a moral duty but a theological mandate rooted in God's character and the communal ethos of the Christian faith. Leviticus 19:32 commands, "*Stand up in the presence of the aged, show respect for the elderly and revere your God*" (NIV), linking respect for the elderly directly with reverence for God. In Proverbs 16:31, aging is described as a badge of honour "*Gray hair is a crown of splendour.*" These verses reveal that elder care is intertwined with the biblical call to compassion, honour, and covenant loyalty.

The ministry of Jesus further reinforces this orientation. Christ consistently modelled compassion toward the vulnerable, the sick, and those marginalized by society (Luke 4:18). Early Christian communities extended this ethic by supporting widows and the aged, embedding caregiving within the ministry of the Church (Acts 6:1–7). Pastoral scholars such as Nouwen (1986) argue that presence, compassion, and accompaniment are core components of Christian care, especially as individuals approach the end of life. Berkhof (1996) similarly emphasizes the theological importance of human dignity as a reflection of the *imago Dei*, which remains intact throughout the aging process.

Together, these biblical and theological foundations establish a strong basis for intentional pastoral ministry to the aged one that affirms their value, attends to their vulnerabilities, and supports them spiritually, emotionally, and relationally.

## **2.2 Theology of Aging and Human Dignity.**

Christian theology provides a foundational lens for understanding the value and meaning of aging. Central to this perspective is the doctrine of imago Dei, which affirms that every human being regardless of physical strength, economic productivity, or social status bears the image of God. This means that dignity does not diminish with age; rather, the later years of life remain a sacred part of the human journey in which God continues to be present and active. Scripture consistently portrays older adults as bearers of memory, wisdom, and spiritual depth, demonstrating that the elderly holds an essential place within the community of faith.

However, contemporary society often assigns worth based on productivity, mobility, or economic contribution. As a result, many older adults internalize feelings of insignificance when they can no longer fulfill roles they once held. Theology challenges this narrative by emphasizing that worth is rooted not in what individuals can do, but in who they are before God. Aging becomes an invitation to deeper reflection, spiritual intimacy, and relational wisdom. Pastoral theology therefore calls the Church to honor the lives, stories, and spiritual journeys of older adults, ensuring they experience continued belonging within the community.

A theology of aging provides an essential foundation for pastoral care and hospice ministry. It guides caregivers to affirm the spiritual identity of the elderly, to accompany them through

emotional struggles, and to help them rediscover the meaning and purpose of their lives. By grounding pastoral care in this theological framework, ministry to the aged becomes not merely support for declining bodies but a sacred act of recognizing God's enduring presence and love in every season of life.

### **2.3 Pastoral and Hospice Care as Ministry to the Elderly.**

Pastoral care plays an essential role in supporting the elderly by providing emotional presence, spiritual companionship, and relational connection. For many older adults in Ghana, the Church remains one of the few consistent spaces where they feel seen, remembered, and valued. However, pastoral engagement with the aged is often informal and dependent on the personal initiative of individual ministers rather than a structured ministry framework. Without intentional pastoral systems, many elderly individuals navigate their later years without steady spiritual guidance, relational support, or emotional accompaniment.

Hospice care further extends pastoral ministry by attending to the unique needs of individuals approaching the end of life. While medical care focuses on physical symptoms, hospice ministry offers comfort, meaning, and spiritual peace during the final stages of life. In Ghana, hospice services remain limited and underdeveloped, leaving families without adequate guidance on how to provide emotional or spiritual support to their loved ones. Pastoral caregivers can bridge this gap by offering presence, prayer, Scripture reading, forgiveness rituals, life-review conversations, and assurance of God's nearness. Such care helps both the elderly, and their families experience closure, peace, and strengthened faith during difficult transitions.

Integrating pastoral care and hospice ministry requires a holistic understanding of the elderly person's emotional history, spiritual needs, and relational context. Ministry to the aged becomes a theological imperative rooted in compassion, justice, and the recognition of human dignity. By developing structured pastoral and hospice practices, the Church can become a community where older adults experience love, meaning, and belonging throughout their final season of life.

## **2.4 Cultural Conceptions of Aging in Ghana**

Aging in Ghana is traditionally embedded within communalism, reverence for ancestry, and collective responsibility. Elders are considered custodians of wisdom, moral authority, and cultural memory (Mbiti, 1969). Within many communities, older adults historically held advisory roles and were central in transmitting values and traditions to younger generations. Family structures—particularly the extended family were instrumental in ensuring social, emotional, and economic support for the aged (Oduro, 2016).

However, modernization, migration, and urbanization have begun eroding these cultural patterns. Younger family members increasingly migrate to urban centres or abroad, leaving older relatives without stable support systems (Okyere, 2022). As Lartey (2003) notes, these shifts have weakened communal bonds and reduced the relational presence traditionally afforded to the elderly. Reduced household size, changing economic pressures, and shifts in values have further contributed to the marginalization of older adults.

Culturally, aging is still associated with blessing and honour, yet the practical realities often do not reflect this ideal. The gap between traditional values and contemporary structures has created new

psychosocial burdens for the aged, making them vulnerable to loneliness, anxiety, and neglect. These challenges highlight the need for pastoral and communal interventions that restore dignity and connectedness within Ghanaian elder care.

## **2.5 Pastoral Care and Gerontology**

Pastoral care plays a central role in supporting individuals across the lifespan, including the elderly who face complex spiritual and emotional transitions. Gerontology highlights that aging involves changes in physical health, social roles, and personal identity, often accompanied by grief, diminishing independence, and existential questions (Walsh, 2006). These concerns require sensitive spiritual care, rooted in empathy, presence, and theological grounding (Nouwen, 1986).

Pastoral theologians emphasize that care for the aged must incorporate listening, companionship, prayer, and support for meaning making as older adults confront mortality and life review (Berkhof, 1996; Louw, 2000). Lartey (2003) highlights the intercultural aspect of pastoral care, noting that pastoral responses must align with the cultural values, expectations, and spiritual narratives of the community. For Ghana, where spirituality and communal living shape identity, pastoral care must attend to cultural dynamics such as respect, lineage, and collective belonging.

The elderly often grapple with spiritual questions assurance of salvation, forgiveness, reconciliation with family, and preparation for death. Pastoral care provides space for addressing these concerns through Scripture, prayer, rituals of confession, and compassionate presence. This approach complements gerontological insights by addressing the emotional and existential dimensions of aging that medicine alone cannot resolve.

## **2.6 Hospice Care in African Contexts**

Hospice care the provision of comfort, emotional support, and spiritual preparation at the end of life has gained attention in African pastoral settings. In the Ghanaian context, hospice principles resonate with existing cultural practices of caregiving, communal solidarity, and spiritual accompaniment (AAPSC, 2023). However, formal hospice structures remain underdeveloped, leaving many elderly individuals without adequate support during their final days.

Nouwen (1986) emphasizes that end-of-life care requires deep compassion, presence, and the affirmation of human dignity. Hospice principles such as pain management, emotional peace, relational reconciliation, and spiritual readiness align naturally with Christian pastoral ministry (Oduro, 2016). African models of hospice care often stress communal involvement, family participation, and spiritual rituals such as prayer, worship, anointing, and Scripture reading (Nwachuku & Ugwueye, 2011).

Yet challenges persist limited training for caregivers, lack of institutional resources, and cultural reluctance to discuss death openly. These barriers highlight the need for a contextualized pastoral-hospice model that integrates African values, Christian theology, and practical caregiving skills.

## **2.7 Challenges in Elderly Care in Ghana**

The elderly in Ghana face a range of psychosocial, spiritual, and economic challenges that require holistic pastoral intervention. Key issues identified in literature include:



- **Social isolation** due to migration and weakened family ties (Okyere, 2022).
- **Emotional distress**, including anxiety, depression, and fear of abandonment.
- **Economic vulnerability** from limited income and lack of social protection (Oduro, 2016).
- **Spiritual uncertainty** surrounding death, forgiveness, and unresolved conflicts (Nouwen, 1986).
- **Lack of trained pastoral caregivers** equipped to offer specialized support (AAPSC, 2023).

These challenges are compounded by cultural silence around end-of-life discussions and limited access to palliative care services. As a result, many elderly individuals suffer alone, without the comfort, reconciliation, or spiritual preparation that Scripture and pastoral tradition emphasize: *“Do not cast me off in the time of old age”* (Psalm 71:9, NIV).

## **2.8 Theoretical Framework**

This study is grounded in two primary frameworks:

### **1. Pastoral Theological Framework**

Drawing from Lartey’s (2003) intercultural pastoral care model and Nouwen’s (1986) theology of presence, this perspective emphasizes compassion, dignity, relationality, and spiritual accompaniment.

### **2. Hospice/Palliative Care Theory**

Hospice principles emphasize holistic care physical comfort, psychosocial support, relational healing, and spiritual preparation (AAPSC, 2023; Walsh, 2006).

Integrating these frameworks allows for a comprehensive model that addresses the elderly person's experience as a spiritual, emotional, relational, and cultural being reflecting the biblical call to shepherd those nearing the final transition of life (Isaiah 46:4).

### **3.0 Methodology**

This study adopts a qualitative, pastoral–theological approach to explore the experiences and spiritual needs of the aged in Ghana and to develop a contextual pastoral and hospice care model. Because the focus of the research is not on statistical measurement but on understanding meaning, identity, and spiritual experience, a qualitative and interpretive design is most appropriate. The study draws on biblical interpretation, theological literature, pastoral care theory, and existing scholarship on aging in the Ghanaian context to examine how the Church can respond meaningfully to the emotional and spiritual challenges faced by older adults.

Rather than collecting field data, the study uses a reflective and analytical method grounded in practical theology. This approach allows for the examination of lived experiences, cultural realities, and ministry practices through a theological lens. By integrating insights from Christian anthropology, African communal ethics, and hospice literature, the methodology supports the development of a model of care that is both spiritually grounded and culturally relevant. The aim is to generate a framework that guides pastors, churches, and caregivers in providing compassionate and theologically informed support for the aged.

### **3.1 Research Design**

This study adopts a qualitative pastoral–theological research design, which is appropriate for exploring spiritual experience, human meaning, and ministry practice. Rather than collecting quantitative data, the design focuses on interpreting theological texts, pastoral literature, cultural perspectives on aging, and the lived realities of older adults in Ghana. This approach allows the researcher to draw connections between Christian theology, African communal values, and contemporary pastoral challenges.

The design follows a descriptive and interpretive model, examining how Scripture, tradition, and pastoral care theory inform a holistic understanding of aging and end-of-life needs. Through reflective analysis, the study identifies themes related to dignity, belonging, emotional well-being, and spiritual accompaniment. These insights are then synthesized to develop a contextual pastoral care and hospice model that can guide churches, caregivers, and ministry practitioners.

### **3.2 Sources of data**

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### **3.3 Data analysis**

The study employs an interpretive analytical approach that is characteristic of practical theology and qualitative pastoral research. The focus of the analysis is not on numerical patterns but on uncovering themes, meanings, and theological insights within the selected sources. Biblical texts, pastoral care literature, and cultural studies on aging are examined through thematic analysis to identify key concepts related to dignity, belonging, emotional well-being, and spiritual accompaniment.

The analysis proceeds by reading the selected texts reflectively, paying attention to how theological ideas intersect with the lived experiences of the aged in Ghana. Themes emerging from Scripture are placed in dialogue with insights from practical theology, African communal values, and hospice literature. This interpretive process allows for the synthesis of spiritual, emotional, and relational perspectives, forming a coherent foundation for the development of a pastoral care and hospice model.

The goal of the analysis is to integrate theological reflection with practical caregiving concerns, producing a framework that is both spiritually grounded and contextually relevant to the realities of aging in Ghana.

### **3.4 Theological Reflection Approach**

The study employs a theological reflection approach that integrates Scripture, pastoral theology, and the lived realities of aging within the Ghanaian context. The purpose of this reflective method is to interpret the experiences of the aged through a Christian understanding of human dignity, compassion, and spiritual accompaniment. This approach draws on the conviction that spiritual care is most effective when it emerges from a deep engagement with both theological sources and the human stories present in pastoral ministry (*Puchalski, 2021*).

The reflection process begins with interpreting biblical themes such as God's faithfulness in old age, the call to honor the elderly, and the value of companionship at the end of life. These theological insights are then placed in dialogue with contemporary understandings of spiritual care, which emphasize presence, listening, emotional support, and relational attention (*Batstone et al., 2020; Best et al., 2022*). By reading Scripture alongside pastoral care literature, the study identifies core principles such as dignity, belonging, and spiritual continuity principles that guide meaningful ministry to the aged.

Theological reflection also incorporates insights from hospice and end-of-life literature, especially regarding the spiritual needs of individuals approaching death. Research shows that spiritual care enhances well-being, reduces fear, and fosters meaning for people in the final stages of life (*Kang*

*et al., 2021; Chahrour et al., 2021*). These findings help to illuminate how pastoral caregivers can offer comfort, prayer, reconciliation, and life-review conversations that support emotional and spiritual peace.

Finally, the approach considers the social and relational challenges that many elderly individuals face, including loneliness, caregiver strain, and declining family support. Studies on caregivers and aging reveal the emotional burdens and disconnection experienced by older adults in shifting social systems (*Chu et al., 2022*). Theological reflection helps to situate these challenges within a broader pastoral response that emphasizes compassion, presence, and restoration of dignity.

Through this integrative process, the theological reflection approach provides a rich foundation for developing a contextual pastoral and hospice care model that is spiritually grounded, culturally sensitive, and responsive to the realities of aging in Ghana.

### **3.5 Pastoral and Hospice Care Model for the Aged in Ghana**

This section presents a contextual pastoral and hospice care model designed to address the spiritual, emotional, and relational needs of the aged in Ghana. The model integrates Christian theology, African communal values, and contemporary insights from palliative and spiritual care research. It responds to the growing gap in structured pastoral support for older adults, many of whom experience loneliness, emotional distress, and existential concerns in the final stages of life (*Chu et al., 2022; Scheinfeld et al., 2022*).

#### **3.5.1 Ministry of Presence**

At the heart of pastoral care is the ministry of presence being physically and emotionally available to the aged. Research shows that spiritual and pastoral presence significantly reduces fear, anxiety, and feelings of abandonment among those nearing the end of life (*Batstone et al., 2020; McCurry et al., 2021*). In the Ghanaian context, where many elderly individuals live without regular companionship due to weakened family structures, consistent pastoral visitation restores a sense of belonging and affirms their worth.

### ***3.5.2 Spiritual Companionship and Narrative Listening***

Elderly individuals often wrestle with questions of meaning, identity, unresolved memories, and their relationship with God. Narrative listening allows pastoral caregivers to help older adults reflect on their life stories, reframe painful experiences, and recognize God's presence throughout their journey. Studies in spiritual care emphasize that listening is one of the most powerful interventions, improving emotional well-being and existential comfort (*Best et al., 2022; Puchalski, 2021*). In Ghanaian spirituality, storytelling is communal and healing, making narrative-based pastoral support especially effective.

### ***3.5.3 Dignity-Preserving Care***

Dignity therapy and similar end-of-life spiritual interventions help the aged understand their value beyond physical decline (*Cuevas et al., 2021*). Many elderly individuals struggle with feelings of uselessness, abandonment, or shame when they can no longer contribute economically or socially. Pastoral care rooted in the *imago Dei* affirms that dignity does not diminish with age. Practices such as blessing rituals, affirmational conversations, and life review strengthen dignity and peace.

### ***3.5.4 Emotional and Relational Support***

Many caregivers in Ghana experience stress, fatigue, and trauma, particularly in contexts where health infrastructure is limited. The emotional burden of caregiving can reduce the quality of support elderly individuals receive. Research highlights the psychological toll on families caring for older relatives, especially during health crises such as COVID-19 (*Chu et al., 2022*). Pastoral caregivers can relieve this burden through prayer support, counseling, mediation, and providing families with frameworks for compassionate care.

### ***3.5.5 Integrating Hospice Principles into Church Ministry***

Hospice care emphasizes comfort, emotional peace, pain management, and spiritual preparation for death. Although hospice services in Ghana remain underdeveloped, churches can still embody core hospice principles in their ministry to the aged. This includes preparing older adults for a peaceful transition through practices such as prayer, words of assurance, opportunities for reconciliation, and reading of Scripture that strengthens hope. In addition, churches can support families by offering counseling that helps them process feelings of guilt, fear, or unresolved tension that often surface during end-of-life care.

Pastoral caregivers can also guide both the elderly person and their loved ones through forgiveness rituals and moments of relational closure, enabling healing and emotional release during the final stages of life. Studies show that spiritual support in hospice significantly improves well-being and reduces end-of-life distress (*Kang et al., 2021; Chahrour et al., 2021*).

### ***3.5.6 Rituals of Hope, Forgiveness, and Transition***

End-of-life spiritual rituals such as anointing, communion, confession, blessing, and reading of comforting Scripture reinforce God's presence and promise of eternal life. Research highlights



that spiritual rituals at the end of life strengthen meaning, reduce fear, and promote emotional closure (*Kukla et al., 2022; Lormans et al., 2021*). Within Ghanaian Christianity, these rituals also reaffirm communal belonging and spiritual identity.

### ***3.5.7 Church-Based Support Systems***

A sustainable pastoral care system requires intentional structural support within the church. This may involve establishing a dedicated visitation committee, equipping lay caregivers with training in spiritual support, forming intercessory teams that consistently pray for and engage with the elderly, and collaborating with community health workers to ensure that pastoral and medical needs are addressed in a coordinated way. Such structures strengthen the continuity of care and ensure that ministry to the aged is not dependent solely on the availability of the pastor. Research highlights that coordinated spiritual care systems within healthcare and community settings significantly enhance the quality of end-of-life support and improve overall spiritual well-being among vulnerable populations (*Antoine et al., 2021; Cadge et al., 2021*).

### ***3.5.8 Summary of the Model***

The model presents a holistic pastoral approach that integrates several key elements, including the ministry of presence, deep and attentive listening, the preservation of personal dignity, emotional and relational support, the adoption of hospice-informed practices, rituals that cultivate hope and spiritual assurance, and structured church-based systems for sustained care. Together, these components form a cohesive framework that aligns with best practices identified in contemporary spiritual care research while remaining firmly rooted in Ghanaian cultural values and Christian theological convictions. Through this integration, the model offers a practical and contextually

relevant pathway for churches to accompany the aged with compassion, spiritual depth, and relational strength.

### **3.6 Practical Implications**

The pastoral and hospice care model developed in this study offers several practical implications for churches, caregivers, and ministry practitioners working with the aged in Ghana. First, the model emphasizes the need for consistent pastoral presence. Regular visitation and relational engagement help counteract loneliness and emotional isolation, challenges widely reported among older adults whose family support systems have weakened (*Chu et al., 2022*). Churches must therefore adopt structured visitation schedules rather than relying on spontaneous or irregular pastoral contact.

Second, the model highlights the importance of narrative listening as a core spiritual intervention. By allowing the aged to share their life stories memories, regrets, hopes, and faith pastoral caregivers help them make meaning of their lives and experience emotional release. Research shows that such relational listening improves well-being and enhances spiritual peace during the final phase of life (*Best et al., 2022; Puchalski, 2021*).

A third implication concerns the preservation of dignity. Churches and caregivers must commit to viewing the elderly not through the lens of their physical decline but through the theological reality that they remain bearers of God's image. Practices such as life-review conversations, blessing rituals, and affirmational prayers help reinforce dignity, identity, and purpose (*Cuevas et al., 2021*).

Fourth, the model encourages churches to integrate simple hospice principles into their pastoral routines even when formal hospice services are unavailable. Prayer, reassurance, forgiveness rituals, and spiritual preparation for death can greatly reduce anxiety and existential fear for the aged and their families (*Kang et al., 2021; Chahrour et al., 2021*). Training pastors and lay leaders in basic hospice-informed care can strengthen the spiritual support provided at the end of life.

Finally, the model stresses the importance of building sustainable support structures within congregations. Establishing dedicated visitation committees, training lay caregivers, and partnering with community health workers ensures that pastoral care is not dependent solely on the pastor but becomes a shared ministry of the church body (*Antoine et al., 2021; Cadge et al., 2021*). Such structures help churches respond more effectively to the growing needs created by demographic shifts and the rising number of elderly persons requiring emotional and spiritual support.

Together, these practical implications demonstrate that intentional, structured, and theologically grounded pastoral care can significantly enhance the well-being of the aged in Ghana, offering them companionship, peace, and spiritual strength during the final stage of life.

## **4.0 Findings**

### **4.1 Overview of Findings**

The findings from the literature, theological reflection, and contextual analysis reveal that caring for the aged in Ghana requires a holistic and spiritually grounded approach. Aging is not only a physical or social experience but a deeply emotional and spiritual journey. Scripture affirms the unique needs of older adults, declaring, “*Do not cast me off in the time of old age*” (Psalm 71:9,

NIV). The analysis highlights that many elderly individuals in Ghana face significant emotional, spiritual, and relational challenges due to weakened family structures, cultural transitions, and limited pastoral support (Oduro, 2016; Okyere, 2022).

#### **4.2 Cultural Findings: Changing Social Structures and Elder Vulnerability**

The findings show that Ghana's traditional extended family which once served as the primary support system for the aged has been destabilized by urbanization, migration, and economic strain. As Mbiti (1969) and Larney (2003) observe, communal cohesion is central to African identity, yet contemporary shifts have weakened this network, leaving many elderly individuals isolated.

Key cultural findings include:

**Erosion of extended family roles:** Younger adults migrate for work, leaving elderly relatives without consistent support.

**Reduced communal engagement:** Elders who once held advisory roles are now often marginalized.

**Changing economic realities:** Financial support for the aged is increasingly unstable, contributing to stress and neglect.

These findings highlight the urgent need for faith communities to fill the relational and emotional gap traditionally upheld by family systems.

### 4.3 Spiritual Findings: Deep Desire for Assurance, Hope, and Presence

Spiritually, older adults experience a heightened need for assurance, reconciliation, and hope. Many grapple with questions of salvation, past mistakes, unresolved family conflicts, and fear of death. Nouwen (1986) emphasizes that spiritual presence embodied through compassion, listening, and prayer is essential for providing peace in the later stages of life.

Key spiritual findings:

**Fear of abandonment:** Many elders express concerns that God and family may forget them echoing David's plea in Psalm 71:18.

**Longing for spiritual preparation:** Older adults desire pastoral guidance as they prepare to meet God (Isaiah 46:4).

**Need for reconciliation:** Family conflicts often remain unresolved, intensifying emotional distress.

These findings affirm the biblical mandate for pastors and caregivers to offer comfort, reassurance, and spiritual grounding.

### 4.4 Emotional and Psychological Findings

Emotionally, the elderly frequently struggle with loneliness, grief, depression, and anxiety. The weakening of community ties has deepened emotional distress among older adults, who often internalize their suffering due to cultural reluctance to express vulnerability (Walsh, 2006).

Findings include:

**Loneliness and abandonment** due to limited social interaction.

**Grief and loss** associated with the death of peers, declining health, and reduced independence.

**Anxiety about death** and the unknown, intensified by lack of pastoral accompaniment.

These emotional challenges reinforce the importance of a pastoral-hospice approach that offers presence, empathy, and reassurance.

#### **4.5 Practical and Institutional Findings**

The findings reveal a significant gap in Ghana's institutional capacity to provide structured elder care. Existing health systems focus primarily on clinical needs, offering limited psychosocial or spiritual support (AAPSC, 2023). Churches, though spiritually influential, often lack organized ministries specifically for the aged.

Institutional gaps include:

**Scarcity of trained pastoral caregivers** specializing in elder care.

**Lack of hospice structures** that integrate faith, culture, and medical support.

**Inconsistent visitation ministries** resulting in unmet spiritual and emotional needs.

These findings make it clear that churches must adopt a more intentional, structured approach to elder care, informed by both theology and practical pastoral strategies.

#### **4.6 Summary of Key Findings**

The study reveals that:

**Ghanaian elders face increasing vulnerability** due to socio-cultural change.

**Spiritual preparation and pastoral presence** are crucial for emotional and existential well-being.

**Loneliness, grief, and fear of death** are significant emotional challenges requiring pastoral intervention.

**Churches lack structured frameworks** for pastoral-hospice care.

**An integrated pastoral-hospice model** is essential to restore dignity, hope, and holistic care for the aged.

### **5.0 Discussion**

#### **5.1 Theological and Cultural Interpretation of the Findings**

The findings of this study reveal a significant tension between biblical teachings on honouring the aged and the current realities faced by elderly individuals in Ghana. Scripture presents aging as a season of dignity and divine companionship. Proverbs 16:31 affirms that “grey hair is a crown of splendour,” while Leviticus 19:32 commands believers to honour the elderly as an act of reverence toward God. Yet many Ghanaian elders experience neglect, loneliness, and spiritual uncertainty despite these theological ideals. The erosion of the extended family system traditionally the primary source of care and emotional support has intensified their vulnerability. As Mbiti (1969) and Lartey (2003) note, African identity has historically been rooted in communal belonging, but modern socio-economic pressures have weakened these relational structures. Consequently, the elderly often find themselves disconnected from the very networks that once affirmed their worth and provided daily support.

## **5.2 Emotional and Psychological Implications**

The emotional experiences of older adults in Ghana reflect complex layers of loneliness, grief, and anxiety. These psychological burdens arise not only from declining health or the death of peers but also from diminished family engagement and social visibility. Walsh (2006) observes that emotional suppression is common among elders who feel burdened by cultural expectations that discourage expressing personal struggles. The findings show that many older adults internalize their grief and fears, resulting in heightened emotional distress. Without consistent pastoral presence or supportive community structures, these emotional difficulties often remain unaddressed, weakening the elder’s sense of meaning and personal identity. The ministry of Jesus,



who embodied compassion for the vulnerable (Luke 4:18), provides a theological foundation for pastoral caregivers to respond with empathy, presence, and assurance.

### **5.3 Spiritual Interpretation and Pastoral Needs**

Spiritually, the elderly demonstrate a deep longing for assurance, reconciliation, and preparation for life's final transition. The findings show that many elders grapple with questions of salvation, unresolved past conflicts, and fears surrounding death. These spiritual struggles are particularly intense in Ghana, where individuals often interpret personal suffering and aging through a religious lens. Nouwen (1986) emphasizes that spiritual presence especially at the end of life is central to helping individuals discover peace and meaning. Scripture offers reassurance for this season, notably in Isaiah 46:4, where God promises to sustain His people even in old age. Pastoral care becomes crucial in mediating such scriptural promises, helping elders navigate spiritual anxiety, affirm forgiveness, and find comfort in God's enduring presence. The study highlights the need for pastors to engage deeply with older adults, offering not only prayer but also opportunities for confession, reconciliation, and spiritual reflection.

### **5.4 Institutional Gaps and the Need for Structured Elder Care**

The findings reveal a striking gap in institutional support for the aged in Ghana. While healthcare facilities focus primarily on clinical needs, they often overlook psychosocial and spiritual concerns essential to holistic elder care (AAPSC, 2023). Churches, though spiritually influential, frequently

lack organized ministries dedicated to serving the elderly. Pastoral visitation is irregular, and many congregations have no established programs for grief support, end-of-life preparation, or sustained emotional care (Oduro, 2016). This lack of structured ministry contributes to the emotional and spiritual distress experienced by the aged. Given the Church's central role in Ghanaian communal life, these findings point to an urgent need for intentional pastoral frameworks that equip caregivers and congregations to support the elderly consistently and compassionately.

### **5.5 Integrating Hospice Principles into Ghanaian Pastoral Care**

The findings strongly support the integration of hospice principles into pastoral ministry as an appropriate and culturally grounded approach to elder care. Hospice values such as dignity, comfort, emotional peace, and spiritual preparation align seamlessly with Christian theology and African communal ethics (Nwachuku & Ugwueye, 2011). Nouwen's (1986) theology of presence resonates with hospice practice by emphasizing compassionate accompaniment as individuals approach death. When applied in the Ghanaian context, hospice-informed pastoral care addresses not only physical decline but also the spiritual and emotional needs that define the aging experience. This integration provides a model that respects cultural values of family, community, and spirituality while also offering structured methods for addressing fear, unresolved conflict, and existential concerns.

### **5.6 Implications for Pastoral Ministry and Community Engagement**

The combined findings of this study suggest that pastoral ministry to the aged in Ghana must adopt a holistic framework rooted in biblical compassion, cultural sensitivity, and practical caregiving. The Church is uniquely positioned to bridge the widening gap left by weakened family structures and limited institutional resources. Pastoral caregivers who engage intentionally with older adults through consistent visitation, prayer, listening, reconciliation, and spiritual encouragement become living expressions of God's promise to comfort and sustain His people. By adopting an integrated pastoral-hospice approach, faith communities can restore dignity, provide meaning, and foster hope in the lives of older adults. This model ensures that the golden years are not marked by abandonment or despair but by spiritual depth, relational warmth, and the assurance of God's abiding presence.

## **6.0 Conclusion**

The findings and discussion presented in this study illuminate the profound challenges and opportunities involved in caring for the aged within the Ghanaian context. Aging is revealed not merely as a biological progression, but as a deeply spiritual, emotional, and relational journey that demands intentional, compassionate, and biblically grounded responses. Scripture consistently affirms the dignity of the elderly, reminding the faith community to honour those in their later years and to uphold their worth as bearers of God's image (Leviticus 19:32; Proverbs 16:31). Yet the realities disclosed in this study demonstrate that many older adults in Ghana experience isolation, spiritual anxiety, and emotional vulnerability due to weakened family systems, economic pressures, and limited institutional support.

The study concludes that a holistic model of pastoral and hospice care is essential to address the multilayered needs of the aged. The erosion of the extended family system once the backbone of elder support has left significant relational and emotional gaps that neither the health sector nor existing church structures currently fill adequately (Mbiti, 1969; Oduro, 2016). The elderly increasingly struggle with loneliness, grief, and spiritual uncertainty, highlighting the need for a ministerial approach that integrates emotional presence, theological reflection, and practical support.

Pastoral theology offers rich resources for this work. The ministry of presence emphasized by Nouwen (1986), the cultural sensitivity advocated by Lartey (2003), and the theological grounding provided by Berkhof (1996) and Louw (2000) together form a robust foundation for elder care. Pastoral caregivers, guided by these principles, play a crucial role in helping older adults process unresolved spiritual questions, fears surrounding death, and grief from accumulated losses. Through prayer, listening, Scripture reading, reconciliation, and sacramental ministry, pastoral caregivers embody Christ's compassion and provide a tangible expression of God's enduring faithfulness: *"Even to your old age... I will sustain you"* (Isaiah 46:4).

The study also concludes that integrating hospice principles into pastoral care provides a culturally compatible and holistic framework for addressing the full spectrum of needs experienced by the aged. Hospice values such as dignity, comfort, emotional peace, and spiritual readiness complement Christian doctrines of hope, compassion, and the sacredness of human life (Nwachuku & Ugwueye, 2011). When contextualized for Ghana, this integrated pastoral-hospice approach ensures that the final years of life are marked by relational warmth, spiritual preparation, and an atmosphere of peace rather than fear or abandonment.

Ultimately, the conclusion of this study affirms that the Church in Ghana holds a unique and indispensable role in restoring dignity and hope to the aged. By developing structured ministries, training caregivers, and intentionally engaging with older adults, the Church can bridge existing gaps and offer care that is deeply rooted in biblical truth and cultural understanding. Such ministry not only enhances the well-being of the elderly but also reflects the heart of Christ, who consistently drew near to the vulnerable and affirmed their worth.

In summary, caring for the aged in Ghana requires a deliberate and holistic approach that integrates theology, culture, compassion, and structured pastoral practice. When pastoral caregivers, families, and congregations embrace this mission, they help ensure that the golden years are lived not in isolation or fear, but in dignity, comfort, and the abiding assurance of God's presence.

## **7.0 Recommendations**

Building on the findings and conclusions of this study, several recommendations are proposed to strengthen pastoral and hospice care for the aged in Ghana. These recommendations address individuals, churches, theological institutions, and national systems, ensuring that elderly persons receive holistic care that reflects biblical compassion, cultural relevance, and professional integrity.

### **7.1 Strengthening Church-Based Elder Care Ministries**

Churches should establish fully developed elder-care ministries that go beyond occasional visitation. Such ministries must include trained volunteers, scheduled home visits, spiritual formation programs, and support groups for both the aged and caregivers. As Scripture teaches, *“Religion that is pure and faultless... is to care for widows”* (James 1:27), underscoring the church’s responsibility to provide consistent pastoral presence. Congregations should create systems where every elderly member is known, contacted, and spiritually nurtured.

## **7.2 Training Pastoral Caregivers in Geriatric and Hospice Competencies**

Pastors and lay caregivers must receive training in geriatric pastoral care, emotional support, and basic hospice principles. This includes skills in listening, grief care, family mediation, and spiritual preparation for death. Training programs can draw from established theological resources (Lartey, 2003; Nouwen, 1986) and integrate cultural considerations unique to Ghana’s communal setting. Such training will enable caregivers to respond to emotional needs with sensitivity and theological depth.

## **7.3 Developing Hospice Ministries within Faith Communities**

Churches and Christian institutions are encouraged to develop small-scale hospice ministries either home-based or congregation-based that focus on comfort, dignity, and spiritual preparation. Hospice care aligns with biblical principles of compassion and the call to accompany believers in their final journey (Psalm 23:4). These ministries should collaborate with health professionals to provide integrated care addressing physical pain, emotional distress, and spiritual concerns.

#### **7.4 Rebuilding Family Support Structures**

Families should be encouraged through teaching and pastoral guidance to reclaim their biblical and cultural responsibility to support aging parents (Exodus 20:12). Churches can organize family education workshops that address conflict resolution, caregiving responsibilities, and emotional support. Creating intergenerational programs will strengthen bonds between youth and elders, promoting cultural continuity and mutual respect.

#### **7.5 Integrating Counselling and Spiritual Care**

Pastoral caregivers should incorporate structured counselling approaches to address emotional concerns such as grief, anxiety, depression, and fear of death. Models by Nouwen (1986), Walsh (2006), and Louw (2000) can inform such approaches. Incorporating Scripture, prayer, reconciliation rituals, and spiritual direction will help older adults find meaning, peace, and emotional regulation. This integrated approach prevents the neglect of psychological needs while maintaining strong theological foundations.

#### **7.6 Advocacy and Institutional Partnerships**

Churches should partner with hospitals, social welfare agencies, and local government to advocate for elder-friendly policies and accessible care. National health and social services lack sufficient elder-care programs, creating a gap the Church can help fill (AAPSC, 2023). Such partnerships can lead to community outreach programs, caregiver support services, mobile clinics, and public education on aging.

## **7.7 Establishing Theological and Pastoral Research Centres**

Theological seminaries and Christian universities should develop research initiatives focused on aging, pastoral counselling, and hospice care in African contexts. These centres can generate local knowledge, train pastoral caregivers, and produce culturally relevant curricula. Scholars such as Lartey (2003), Oduro (2016), and Okyere (2022) highlight the need for African-centred pastoral frameworks rooted in lived realities.

## **7.8 Encouraging Spiritual Preparation in the Latter Years**

Pastoral care ministries must intentionally support the elderly in preparing spiritually for death. This includes teaching on eternity, guiding reconciliation processes, resolving guilt, and helping individuals cultivate peace with God and others. Scripture affirms God's sustaining presence in old age: *"I will carry you... I will rescue you"* (Isaiah 46:4). Encouraging spiritual readiness brings emotional comfort, reduces fear, and deepens faith.

## **7.9 Developing Community-Based Elder Centres**

Churches and NGOs should establish community elder centres where retired adults can interact socially, receive pastoral support, participate in worship gatherings, engage in light physical activities, and access mental health support. Such centres restore dignity, reduce loneliness, and strengthen community bonds.



## **7.10 Implementing Regular Evaluation and Follow-Up Systems**

Church-based elder care programs should include monitoring tools, feedback systems, and regular assessments to ensure consistent support. Evaluations help identify emerging needs such as cognitive decline, increased isolation, or financial hardship. Systematic follow-up reflects Christ-like shepherding by ensuring no elderly person “falls through the cracks” of congregational care (Ezekiel 34:4).

## **7.11 Summary of Recommendations**

These recommendations together affirm a holistic pastoral-hospice vision grounded in biblical compassion, African relational values, and practical caregiving strategies. Implementing them will promote dignity, comfort, emotional well-being, and spiritual renewal for the aged ensuring that their final years are marked not by neglect or fear, but by peace, honour, and hope.

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