

The necessity of an empirical study to determine if church congregations function as a family



Authors:

Rika L. Roeland¹
Gert Breed¹
Rudy Denton¹

Affiliations:

¹Department of Practical Theology, Faculty of Theology, North-West University, Potchefstroom, South Africa

Corresponding author:

Gert Breed,
gert.breed@nwu.ac.za

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Scripture's reference to believers as the 'family of God' may indicate that believers should mutually care for one another like members of a caring family do, and not merely that members are part of a 'spiritual' family. From this perspective, the article investigated the extent of mutual care within congregations. The increasing need for pastoral care, within and outside church congregations, reveals the need for mutual care between members. The necessity for empirical studies within church congregations were revealed by the differences in the intensity of the answers by the participants. Without knowledge about the experiences of church members, leaders of church congregations may overlook potential needs of their members. A quantitative empirical study was done through an anonymous online survey with church members, pastoral counsellors, and pastors and ministers from various denominations who completed the survey, according to their experiences within their individual church congregation. The concepts of fellowship (*koinōnia*), service (*diakonia*), care, and family were used in the survey to determine the experiences of mutual care between members of the church congregation. The deficiency of mutual care between members of the congregation may motivate leaders to intentionally develop relationships through fellowship (*koinōnia*) to foster mutual care between members, and intentionally develop members to serve (*diakonia*) one another and their community.

Contribution: This article contributes to an interdisciplinary discussion between pastoral theology, practical theology, and systematic theology from a Reformed perspective with a focus on the practical participation of members of the church congregation in pastoral care as the 'family of God'.

Keywords: Pastoral care; empirical study; church members; family of God; koinonia; diakonia.

Introduction

Life struggles may be overcome through the mutual care between the imperfect members of the family of God. Life brings many daily challenges to people, including members of the church congregation. Believers are still human beings who face pressures of life just like all people (Bosman 2018:224) but by realising that all people journey from brokenness to healing and reconciliation, church congregations become true to being church (Thesnaar 2010:272). Mutual care, therefore, becomes possible when church members address the daily needs of others while they are still on their own journey to healing and reconciliation.

Believers are not meant to overcome the challenges of life by themselves but were placed within a family where members depend on the mutual care and support of one another to overcome these challenges. Members of the family of God are called to imitate their Father (Eph 5:1), who provides, protects, and comforts His children, by providing the same care between one another (Magezi 2007:100). Family members, therefore, mutually care for one another by imitating the care they received, so that every member can overcome the challenges that life brings.

The pastoral aspect of mutual care includes financial and physical support but focuses also on 'soul' care between members of the church congregation. Because *cura animarum* describes the caring for the whole person who belongs to God (Louw 2016:58), caregiving starts when attention is paid to another person's physical, mental, or emotional needs with the aim to be helpful to the person (Adams 2017:765). Mutual care between members of the church congregation will therefore consider the needs of the whole person as precious to God.

As a pastoral function, mutual care (especially 'soul' care) between members of the congregation occurs within the relationships of fellowship (*koinōnia*), through serving (*diakonia*) one another

like members of a caring family do. The concepts for this study are therefore, *koinōnia*, *diakonia*, care, and family (as adopted child, Body of Christ, and Bride of Christ). With the origin of fellowship in the *koinōnia* between the Father, the Son, and the Holy Spirit (Breed & Semanya 2015:6), fellowship (*koinōnia*) between members of the church congregation is essential for the development of caring relationships, through which members may find healing and growth.

Not only is every member of the church congregation called to serve (*diakonia*) one another with mutual care, but when mutual love is realised by the *diakonia*, communion (*koinōnia*) is built (Breed 2021:271). The realisation that Jesus is present with the person who struggles, creates sincere relationships which contributes to human dignity (Ries & Hendriks 2013:5). This means that when *diakonia* is fully functioning within a church congregation, it will contribute to the functioning of *koinōnia*, but also that *diakonia* will increase when *koinōnia* is functioning fully.

The final concepts of care and family will investigate the experience of a caring family by determining the extent of care received, the willingness to care for one another, and the presences of the characteristics of a caring family, such as trust and dependence.

An empirical case study on followership was conducted by Engelbrecht and Schoeman (2020:1) who found that transformation occurred when members of the church congregation gained an understanding of their identity in Christ (Engelbrecht & Schoeman 2020:9). The case study confirms the study of Nel and Schoeman (2019:5), that 'discipleship is about relational "learning" of how to live life in a Christlike way' and the requirement to 'be church' is an understanding of the nature, identity, calling, and mission of the church (Dreyer 2015:5). The quest of this article is to contribute to the transformation of the church congregation with the nature of a caring family, as part of the family of God. The development of mutual care starts within the relationships of the community (*koinōnia*), and develops through mutual service (*diakonia*), by understanding that members are part of the caring family of God. A higher extent of the variables of the concepts of *koinōnia*, *diakonia*, care, and family will indicate a higher level of functioning as a caring family.

The paradigm of the family of God is therefore used to describe the mutual care between members that is to be evident within church congregations, because the way the church understands itself according to the Word and how it understands the authority of Scripture, impacts the way the church participates in the world (Van Wyk 2017:2).

However, the author is aware that this metaphor does not discuss the complete nature of the church, but employs the metaphor to gain a biblical understanding of church congregations and their practices (Vorster 2014:138) and does not claim that this metaphor is the only way to describe

church congregations (Dreyer 2016:44). In this study, the characteristics of mutual care within a caring family expand the understanding of the mutual care that ought to be evident within church congregations, as the family of God.

The perspective that the church is spiritual, comes from the understanding that the church is invisible in the sense that her spiritual essence cannot be discerned by the physical eye (Berkhof 1949:26). Whereas the invisible church is as God sees it, the visible church is how believers on earth see it (Grudem 1994:855, 856). This article focuses on the visible church that consists of all persons who confess the true religion and is the family of God (Eph 2:19; WCF 1647:61), because the family of God can bring healing and wholeness to God's beloved children through mutual care (Abraham 2018:41). The implication is that the visible church cannot be ignored 'as if it is enough just to be "Christian"' (Dreyer 2015:4).

A quantitative empirical study was completed by inviting MyFiladelfia Biblical Institute and Filadelfia Ministries of South Africa to partake in the study, as their students and members complied with the characteristics of members of a church congregation needed to conduct the study.

The article continues with the research methods and design of the study. The results will lead to a discussion, whereafter the implications of the study will be addressed.

Research methods and design

A quantitative empirical study was done through an anonymous online survey, distributed through a monthly circulated email to 3040 students and members affiliated with MyFiladelfia Biblical Institute and Filadelfia Ministries of South Africa, who authorised the study. MyFiladelfia Biblical Institute and Filadelfia Ministries were invited to participate in the study, as their students and members complied with the characteristics of members within church congregations, namely church members, pastoral counsellors, and pastors and ministers.

The participants of the study voluntarily partook in the study and had equal access to the survey. The anonymity of students was protected to encourage participation and reliability. The participants were requested to complete the survey according to their individual experiences as church members, pastoral counsellors, and pastors and ministers within their specific church congregations.

Church members may be described by the word *laity* (*people*), which refers to baptised members without any formal theological training, or who do not hold any formal office in the church congregation (Goetting 2012:16, 17). Pastors and ministers are participants who were ordained (properly called) for service (Goetting 2012:24) and pastoral counsellors received professional counselling training. Both pastors and ministers as well as pastoral counsellors therefore received training to care for others.

From the possible sample size of 3040, 33 church members, 35 pastoral counsellors, and 11 pastors and ministers participated in the online survey, to determine the respondent rate at 2.6%.

An extent scale survey compiled on Google forms was used to collect the data for the study. The time frame given to participants for the completion of the survey, was 4 weeks, while the survey itself took less than 30 min to complete.

The data were measured through an ordinal-level measurement (not at all, to some extent, to a moderate extent, to a great extent, to a very great extent). On the lowest level (1) 'not at all', was selected by the participant if the statement was not true from the perspective of the participant. The highest level (5) 'to a very great extent', was selected when the participant strongly agreed with the statement.

Participants completed the survey by selecting the option that best described their current experiences within their individual church congregations. Reliability was increased with two or more questions that measured an aspect of a variable, by standardising instructions, and by eliminating any unclear items from the survey.

The independent variables for the concept of *koinōnia* were the experience of God's love, mercy, and acceptance. The lack of these variables therefore influenced the extent of *koinōnia* experienced within church congregations.

The concept of *diakonia* was influenced by the independent variables of obedience to God, demonstration of faith, ministry to the needy, and the equipment of one another. The absence of these variables may result in a failure to reveal the presence and love of God and hinder mutual care between members of the church congregation.

The concept of care is depended on the variables of loving the needy, and by having compassion, empathy, and concern for those who suffer. When these variables are lacking in a church congregation, mutual care may be hindered, and hope may not be instilled in the person who suffers.

The independent variables for the concept of family were close relationships, mutual responsibility, loyalty, mutual trust, commitment, and accountability. Without the experiences of safety within caring relationships, mutual care is deterrent.

Data were analysed with the IBM Statistical Package for the Social Sciences (SPSS) Version 26, Release 20.0. Frequencies and percentages were reported for all categorical variables. Standard deviations were reported for the concepts of *koinōnia*, *diakonia*, care, and family.

Cronbach's alpha was computed for set items to evaluate the internal consistency of grouped items. All grouped items, with a reliability coefficient above 0.7, were considered

acceptable in this study. Additionally, the average inter-item correlation was computed. Therefore, the reliability of the concepts used in the study was achieved (cf. Table 1).

Results

The determination of the extent to which church congregations mutually care for one another, similarly to a caring family, depended on the key elements of the concepts of *koinōnia*, *diakonia*, care, and family. The results indicated that to a moderate extent, the concepts were experienced by participants within church congregations.

The sample size ($n = 79$) and the high percentage of similarity of answers on the survey (51.9% of participants answered [3] to a moderate extent), necessitate a breakdown of the concepts into variables and an investigation into participant groups to clarify results.

The variable of 'mutual support' within the concepts seem to indicate a relationship between concepts (cf. Table 2). The participants revealed that comfort and support of others were visible within their church congregations, and that they reached out and were committed to others.

However, Table 2 and Figure 1 seems to indicate a contradiction of the variable of 'mutual support' when participants indicated that to a moderate extent ($M = 3.3$; $SD = 1.2$) the members who struggle need professional care.

The same comparison was made with the variable of 'mutual dependence' (see Table 3). Participants indicated a lack of experiencing mutual dependence upon one another, as they did not feel safe to share their concerns (Question 42; $M = 2.7$; $SD = 1.3$), did not trust one another when they needed help (Question 46; $M = 3.1$; $SD = 1.2$) and did not feel that they could ask for help from their fellow members (Question 47; $M = 3.1$; $SD = 1.2$). Table 3 confirmed that church members were the least likely to have confidence to depend on fellow members of the congregation.

However, participants stated that they were willing to seek advice from their fellow members to a great extent ($M = 3.4$; $SD = 1.1$). The contradiction becomes more visible when compared between groups (see Figure 2). The participant

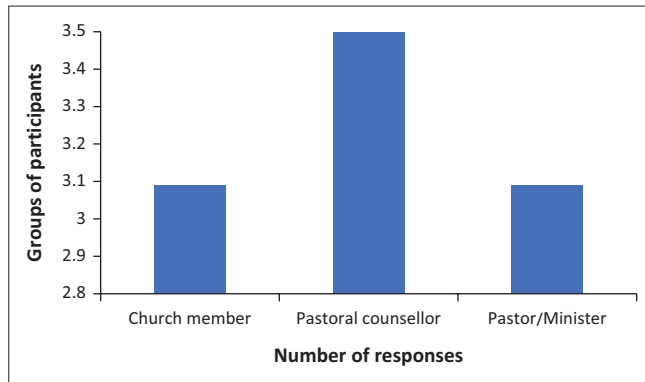
TABLE 1: Reliability of concepts.

Concept	Reliability	Inter-item correlation		
		Mean	Minimum	Maximum
<i>Koinōnia</i>	0.92	0.64	0.54	0.76
Extent of <i>koinōnia</i>	0.82	0.27	-0.08	0.76
<i>Diakonia</i>	0.80	0.25	-0.45	0.76
Extent of <i>diakonia</i>	0.92	0.61	0.41	0.76
Care	0.79	0.22	-0.40	0.83
Extent of care	0.84	0.53	0.27	0.84
Family	0.93	0.50	-0.07	0.88
Extent of family	0.93	0.61	0.29	0.88

TABLE 2: Relationship of 'mutual support' between concepts.

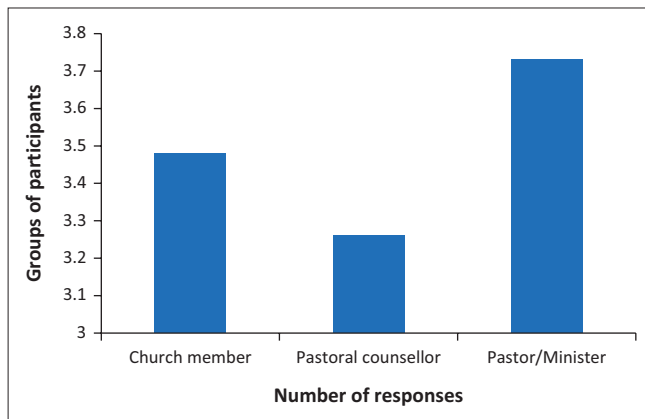
Concept	<i>Koinōnia</i>		<i>Diakonia</i>		Care		Family	
	Q11 Comfort others		Q22 Support others		Q28 Reach out to others		Q50 Commitment to others	
Question	M	SD	M	SD	M	SD	M	SD
Church Member	3.39	1.06	3.42	1.25	3.09	1.26	2.94	1.08
Pastoral Counsellor	3.30	1.26	3.26	1.15	3.69	0.93	3.17	1.24
Pastor or Minister	3.45	0.90	3.64	1.03	4.00	0.89	3.00	0.89

Q, question; M, mean; SD, standard deviation.

**FIGURE 1:** Participant groups' responses on the question 'Those who struggle, need professional care'.**TABLE 3:** The experience of mutual dependence.

Question	Q42: I feel safe to share doubts, faults, and mistakes.		Q46: I can trust members when I need help.		Q47: I can ask for help.	
	M	SD	M	SD	M	SD
Church member	2.39	1.27	2.82	1.13	2.88	1.19
Pastoral counsellor	2.86	1.35	3.26	1.22	3.29	1.23
Pastor or Minister	2.82	1.17	3.27	0.91	3.00	1.27

Q, question; M, mean; SD, standard deviation.

**FIGURE 2:** Participant groups' response on the question 'I am willing to seek advice'.

group who was the least willing to seek advice from fellow members were the pastoral counsellors.

Table 4 gives a summary of the descriptive statistics that revealed there is a difference between the understanding of the concept of *koinōnia*, *diakonia*, care, and family and the extent to which these concepts are experienced when sample groups were compared.

The mean scores were calculated for grouped items, and compared between church members, pastoral counsellors,

and pastors and ministers using a one-way Analysis of Variance (ANOVA). The *p*-values were only reported for the sake of completeness due to the nature of the sample. Cohen's *d* was calculated to determine the practical differences between standardised means. The guideline values followed were that an effect size of 0.2 indicated a small or practical non-significant difference, an effect size of 0.5 indicated a medium effect or practically visible difference, and 0.8 or larger indicated a large effect or practical significant difference.

The descriptive statistics revealed that participants understood the concepts of *koinōnia*, *diakonia*, care and family and they experienced these concepts within their church congregations. There is, however, a practical visible difference between the church members' understanding of the concept of *diakonia* and that of pastoral counsellors, pastors and ministers. Similarly, the understanding and the experience of care for church members moderately differed from the results of pastors and ministers.

Limitations of study

The sample size is a limitation of the study. Even though access was granted to 3040 possible participants, only 79 took part in the study. This makes the sample size too small to be representative of the whole population of members of the church congregation. Furthermore, the study did not investigate whether pastors and ministers were aware that the perception of church members on the mutual care within church congregations were less than the perception of pastors and ministers.

The study can therefore be significantly improved with a larger sample size to represent the whole population of members of the church congregation. Additionally, a study that investigates the awareness of pastors and ministers of the experiences of their members as well as their responses, may contribute to this study.

The strength of the study is found in its reliability of the correlation of concepts. The assessment of the same variables within the concepts and across concepts, further clarified the extent of the experience and the relationships between concepts.

Discussion

The purpose of the study was to investigate the extent of mutual care within a church congregation and the results

TABLE 4: Descriptive statistics.

Concept	Category	n	Minimum	Maximum	Mean	Std. Deviation	Welch p	Effect size	
								Counsellor	Pastor or Minister
<i>Koinōnia</i>	Church member	33	2.38	5.00	3.61	0.66	0.801	0.16	0.13
	Counsellor	34	2.69	5.00	3.71	0.64	-	-	0.03
	Pastor	11	3.15	4.54	3.69	0.50	-	-	-
	Total	78	2.38	5.00	3.67	0.62	-	-	-
Extent of <i>koinonia</i>	Church member	33	1.71	5.00	3.22	0.86	0.861	0.02	0.17
	Counsellor	34	1.71	5.00	3.24	0.98	-	-	0.15
	Pastor	11	2.00	4.43	3.38	0.82	-	-	-
	Total	78	1.71	5.00	3.25	0.90	-	-	-
Diakonia	Church member	33	2.31	4.62	3.53	0.64	0.201	0.02	0.52
	Counsellor	35	2.54	4.77	3.54	0.58	-	-	0.50
	Pastor	11	3.00	4.54	3.84	0.49	-	-	-
	Total	79	2.31	4.77	3.58	0.60	-	-	-
Extent of diakonia	Church member	33	1.57	4.86	3.32	0.92	0.456	0.07	0.42
	Counsellor	35	1.86	5.00	3.38	0.92	-	-	0.35
	Pastor	11	2.29	5.00	3.70	0.84	-	-	-
	Total	79	1.57	5.00	3.40	0.91	-	-	-
Care	Church member	33	2.46	4.69	3.61	0.52	0.339	0.20	0.51
	Counsellor	35	2.92	4.54	3.71	0.51	-	-	0.30
	Pastor	11	3.00	4.46	3.87	0.50	-	-	-
	Total	79	2.46	4.69	3.69	0.51	-	-	-
Extent of care	Church member	33	2.00	5.00	3.60	0.80	0.246	0.20	0.65
	Counsellor	35	2.40	5.00	3.75	0.75	-	-	0.45
	Pastor	11	2.60	5.00	4.11	0.86	-	-	-
	Total	79	2.00	5.00	3.74	0.80	-	-	-
Family	Church member	33	1.31	4.62	3.20	0.81	0.595	0.18	0.28
	Counsellor	35	1.85	5.00	3.35	0.90	-	-	0.10
	Pastor	11	2.15	4.38	3.43	0.64	-	-	-
	Total	79	1.31	5.00	3.30	0.82	-	-	-
Extent of family	Church member	33	1.00	4.75	2.92	0.90	0.490	0.23	0.30
	Counsellor	35	1.50	5.00	3.14	1.02	-	-	0.07
	Pastor	11	1.88	4.25	3.20	0.69	-	-	-
	Total	79	1.00	5.00	3.06	0.93	-	-	-

n, number of participants that responded; Std, standard.

found that participants moderately experienced mutual care within their congregations.

The concept of *koinōnia* investigated the experience of relationships within congregations because members within the church congregation experience *koinōnia* when they participate together 'in a common person or thing' (Breed 2021:270). Vibrant interpersonal relationships and the experience of a deep, abiding bond of solidarity and intimacy between believers characterises true *koinōnia* (Grenz 2014:50; Oldewage 2014:48). This means that authentic relationships develop as members within the congregation participate together with one another.

Relationships between members of the church congregation form when they walk alongside one another, teach one

another, celebrate with one another, and share life together through fellowshiping, worshipping, studying, and serving together (Domske 2017:102). This may motivate leaders to intentionally create opportunities to cultivate relationships for the enhancement of *koinōnia* within their church congregations.

The study reveals that many participants wanted a close relationship with other members of the congregation (M = 3.2; SD = 1.2), but some (30.4%) indicated that they enjoy spending time with other members of the church congregation to a moderate extent, while others do only to some extent (30.4%). The result may indicate a hesitancy between actively participating in close relationships and the experience of close relationships within church congregations.

Many participants indicated that to some extent they did not experience God's love within their congregations (35.9%). This result may reveal that there is a lack of deep, intimate relationships between members of the church congregation. However, it is through these relationships that God is made visible, not only to one another but to the world (Jn 13:34–35). Importantly, the results do indicate a desire for close relationships which may be built upon by leaders, by providing opportunities and necessary training to develop these relationships.

When leaders invest in their members to build relationships through teaching and helping, members of church congregations are joined together as a family (Domske 2017:103). Furthermore, the cultivation of mutual connection creates a sense of belonging and acceptance when leaders give members an opportunity to fulfil their purpose in life (Bosman 2018:101). With close mutual communion within the church congregation as the Kingdom way of life (Breed 2021:271), purposeful cultivation of relationships within church congregations is a necessity.

Relationships within *koinōnia* form the basis for participation of mutual care between members of church congregations. A friend looks to the interest of the other and demonstrates concern for another (Phlp 2:1–2) during times of distress (Thompson 2006:37). Similarly, to a friend extending care to another, mutual care between members of the church congregation extends care to the person who goes through difficulties.

Church congregations are a collection of broken, flawed, and damaged people who are brought together by Christ and made new in Christ through his body (Domske 2017:109–110). However, transformation of a person occurs when there is another one who is willing to listen to their stories, share a meal with them and place importance on their insights and concerns (Heurtz 2010:80). Mutual care therefore entails a willingness of attending to others regardless of whether the caregiver self is completely healed in all areas of life.

Even though most participants indicated that their church congregations need them to serve (51.3%) and that they are equipped to serve (59.2%), some participants indicated to a moderate extent that they are neither needed to serve (18.4%), nor equipped to serve (15.8%). The results indicated that many members experience that their contribution to serving others is not needed, but also that they lack the necessary skills to serve one another.

Furthermore, participants stated on the one hand that to a great extent they know how to support those who suffer biblically (37.2%), but on the other hand, they have a moderate view that those who struggle need professional counselling (26.9%). The discrepancy may indicate that participants experience a lack of confidence to support one another, but also that care is best left to those with professional training to do so. The intensity difference of pastoral

counsellors, compared to church members, pastors and ministers, may, however, be based upon their vocation as professional pastoral counsellors.

These discrepancies between the ability to serve and the referral to professionals may indicate an uncertainty of what serving within a church congregation may entail. Members of the church congregation may experience what Ries and Hendriks (2013:2) call a 'big mistake' in that the call to *diakonia* is viewed as a separate function of the church congregation and is therefore detached from *koinōnia*. Importantly, when every member of the church congregation does not participate in *diakonia*, mutual love and unity are threatened (Breed 2020:272).

The call to imitate the love of God by loving and caring for one another (2 Cor 1:4) is a call to every member of the church congregation. The church is called to be a compassionate community of God, which requires that members of the church congregation share in the discomfort and pain of one another by being with the member who is in distress (Zylla 2017:1, 6). As pastoral care becomes possible when members of church congregations entrust one another with their burdens and afflictions (Hunsinger 2009:348), every member, not only the ordained or the professional, is called to pastorally care for one another with love, compassion, and availability.

Members of the church congregation are uniquely qualified to mutually care for one another. The competency to counsel one another comes from the comfort they received from God which empowers members of the congregation to comfort one another (Kellemen 2015:87, 88). The healed wounds of the past can bring a growing perspective on the needs of others and how to address this need (Du Plessis & Breed 2020:5). Furthermore, every believer has access to the Holy Spirit as Comforter (*parakletos*) (Kellemen 2015:89) who empowers members to mutually care for one another. When members of church congregations understand this reality, they may become more confident to mutually care for one another.

While participants indicated that, to a great extent, they reach out to those who experience difficulties (31.6%), many indicated that, to some extent, they have neither the time (32.1%) nor the training (32.1%) to become involved in caring for others. The willingness to care for others is a positive result of the study. Leaders may build on this willingness, with opportunities to develop skills to care for one another. Time restrictions may indicate a conflict of priority and a lack of understanding of what may be needed to care for one another.

Mutual care within congregations impacts the spiritual growth of all members within the church congregation. The church congregation can neither grow nor mature without members who speak the truth to one another when they are knocked down, or when sin captures their heart (Bigney & Viars 2015:6). As the opposite to the broken world, God's Kingdom is offering hope for the poor, the vulnerable, and those who suffer (Vorster 2014:163), This requires that every member of the church congregation fulfil their individual

calling as agents of hope through comfort and compassion, in pastoral caregiving (Louw 2016:32, 52). Mutual care between members is therefore neglected to the peril of the church congregation.

Mutual care between members of a family is based on dependence, loyalty, love, compassion, and trust. Family members' capacity to admit their feelings openly and freely depend on trust (1 Jn 4:16) and commitment (Balswick & Balswick 2014:18; Potgieter 2015:2). Being aware that believers live in the 'already but not yet' reality encourages members to work toward the fullness of what a family can be (Abraham 2018:42), by offering unconditional love between members that establishes the security that leads to deeper levels of intimacy (Balswick & Balswick 2014:18). When members of the church congregations become aware that they are part of a family, a special interaction occurs within authentic relationships where one member gives money, food, or shelter, while another gives a story, availability, a smile, or a tear (Ries & Hendriks 2013:5). Authentic relationships based upon dependence, build loyalty, love, compassion, and trust, resulting in good works of various kinds between members of the church congregation.

The lack of the experience of 'being' family was mostly indicated by church members who indicated a lack of the key elements of dependence, trust, loyalty, and commitment. With these key elements lacking, church congregations cannot heal or grow into spiritual maturity. When members speak the truth to one another (Eph 4:14–15) the entire church congregation grows and moves from spiritual gullibility to mature discernment (Carson & Tautges 2015:75). With a responsibility to spiritual growth, leaders may need to seriously consider developing authentic relationships based on a caring family within their church congregations.

The life of the member, inside and outside the church congregations, is a witness to the world. Without a loving communion (1 Jn 4:20) and service of members of the church congregation, the gospel is not really communicated, and God is not really shown to the world (1 Jn 4:5–7; Nel 2015:133). Only when God's character and ways are reflected by the members of the church congregation can others be attracted to God (Wright 2010:136). When God's character is reflected in the mutual care between members, their witness will grow beyond the confines of the church congregation.

Implications and recommendations

The article revealed the following implications for church congregations who seek to develop mutual care within *koinōnia*, through *diakonia* between members, who are part of the caring family of God:

- The concepts of *koinōnia* and care impact one another. Without the offering and receiving of friendship, barriers between people cannot be broken down and possibilities for healing and reconciliation cannot be created (Heuertz 2010:30). When relationships between members of the church congregation deepen, the concern of the individual

becomes the concern of the Body (Domske 2017:103). The desire for close relationships may encourage leaders to develop relationships within church congregations as they are necessary for actively participating in mutual care.

- The concepts of *diakonia* and *koinōnia* impact one another. When support and the promotion of projects (as a form of *diakonia*) occur separate from community relationships, relationship building (as a form of *koinōnia*) remains underdeveloped or breaks down (Ries & Hendriks 2013:2). Importantly, the participation of church members within *koinōnia* strengthens the church congregation through their *diakonia*, that unites and builds up the Body of Christ (Breed 2020:271). The willingness of participants to serve may motivate leaders to develop, train, and provide opportunities for all members of the church congregation to serve.
- The concepts of care and *diakonia* impact one another. Instead of merely an event, caring is a way of living (Bosman 2018:23). This implicates that compassion must be action-oriented to relieve pain and need (Vorster 2015:5). When mutual care between members becomes visible to those outside the church congregation, members are not only healed but they become living witnesses to the world (Pt 2 1:4). The positive result of the willingness to care may encourage leaders to develop the caring skills of their members and provide opportunities to serve one another with mutual care.
- The concepts of family and care impact one another. The family of God bore the spiritual, physical, and financial burdens of the less fortunate brothers and sisters (Ac 4:34) in a similar way that a biological family cares for their own (Viola 2008:102). When believers live as the family of God, brothers and sisters become known to the point where affection is instinctively shown to one another (Th 1 5:26; Viola 2008:105). Mutual care therefore expresses the reality of the new life in Christ, as it reveals God's love, compassion, and care to one another. With the importance of mutual care leading to healthy congregations and spiritual growth, leaders are recommended to address the calling of every member to care for one another and encourage, lead, and train their members to fulfil their calling.

The implication for church leaders is that mutual care between members may not occur without the optimum functioning of *koinōnia* and *diakonia*, which occurs within a church congregation that care for one another like caring family members do. Leaders may need to address this by re-evaluating their ministry model, to enable members to grow towards living as a caring family and remove any stumbling blocks to mutual care.

Recommendations for future research

An empirical study may investigate whether pastors and ministers are aware of the differences between their

perceptions and that of church members. Furthermore, future research may focus on the challenges of the pastors and ministers in cultivating mutual care within fellowship (*koinōnia*) through service (*diakonia*).

Conclusion

This article investigated whether members of a church congregation experienced the mutual care that should be evident within a caring family. Like the members of a caring family depend on one another for mutual care and support, members of the family of God are called to mutually care for and support one another.

While the family of God is often regarded as a 'spiritual' family with reference to the invisible church, the family of God should represent the Kingdom of God on earth. This indicates that mutual care between believers must be visible and serve to be a witness of God's Kingdom as it reflects His love, care, and compassion to one another. The world will only be interested in the claims of the Christian about God when the world sees the visible evidence of a very different way of living (Wright 2010:132).

The necessity of an empirical study on the functioning of a church congregation was revealed by the intensity of the differences between the experiences of church members, pastors and ministers. An awareness of the experiences of members of the church congregation may reveal areas that should be addressed by leaders.

This article addresses the relief to the increasing need for pastoral care, by encouraging mutual care between members of the church congregation. While professional pastoral care will not be replaced, the responsibility to care for one another, may relieve the burden placed upon only a few members of the church congregation.

The recommendation of this article is, that leaders should re-evaluate their ministry model to empower members of the church congregation to grow towards living as a caring family participating in the mutual care between members. The article further suggests that the foundation of mutual care begins within relationships and grows as these relationships deepen. A focus on the development of relationships may therefore be of great value to leaders.

With the positive result of the participants' willingness to care and serve, leaders may be motivated to equip their members, provide opportunities for their members to serve one another, and encourage mutual care within their church congregation.

Of importance is that when members of the church congregation live out their calling to love and care for one another, healed members may reach out to those outside of the congregations and positively impact and attract the world around them.

In today's world, the visible displaying of mutual care between members of the church congregation may shine as a beacon of hope to the world.

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Authors' contributions

R.L.R wrote the draft and applied modifications after review, changed the structure and logical flow according to G.B.'s review and recommendations. G.B. advised on the drafts and was responsible for the structural shaping and also wrote certain parts of the research article. R.D. helped with the structural shaping and also wrote certain parts of the research article.

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Data availability

The data that support the findings of this study are available from the corresponding author, G.B., upon reasonable request.

Disclaimer

The views and opinions expressed in this article are those of the authors and are the product of professional research. It does not necessarily reflect the official policy or position of any affiliated institution, funder, agency, or that of the publisher. The authors are responsible for this article's results, findings, and content.

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