

Full Length Research Paper

Loss and grief counseling as a coping mechanism of widowhood: A comparative study of widowers and widows in Meru County Kenya

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Widowhood has been on increase globally and Kenya as nation is not exceptional. The state of widowhood globally has been made worse during this period of Corona Virus Disease which started in Wuhan in China in December 2019 (WHO, 2019). Losing a spouse through death is quite emotive and may affect the bereaved persons' psychosocial wellbeing as well as coping mechanism. In Meru community of Kenya, few researches have been done on counselling as a coping mechanism of widowhood. The study's main purpose was to determine how loss and grief counselling is used as a coping mechanism by comparing widowers and widows in Meru County Kenya. A descriptive survey was employed in the study where ex post facto's causal-comparative research design was appropriately used. A total population of 80,332 widowed persons in Meru County was targeted. For comparison purposes, a total sample size of 384 respondents was used; half from each gender. Questionnaires and Focus Group Discussions were used to collect data from respondents based on gender. Both descriptive and inferential statistics were employed. Widows sought for loss and grief counselling more at 61% than widowers at 47 % and from FGDs more than 70% and less than 20% respectively. From t-test results there was a statistically significant difference which favored widows than widowers in seeking for counselling services. In conclusion, the study findings may assist the widows and widowers to seek timely loss and grief counselling services as a positive coping mechanism.

Key words: Widowhood, loss and grief counselling, coping mechanism, psychosocial wellbeing, widow/widowers.

INTRODUCTION

People from diverse cultures react to various losses in a variety of ways as well as experiencing grief differently. Behavioral and emotional responses to loss include many symptoms such as sadness, preoccupation with many thoughts and activities which may lead to depression,

anxiety or numbness portrayed by the trauma survivor (Magnuson and Enright, 2008). A grieving widow or widower might show strong feelings or no feelings interchangeably hence showing how differently people cope with loss and grief. Many people experience pain

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and apply different coping mechanisms during the COVID-19 pandemic. Grief is a normal reaction to loss during or after a misfortune or other painful experience that people encounter. Grief can happen in response to loss of life, and to drastic changes to daily routines and ways of life that usually bring us comfort and a feeling of stability prompting them to use various coping mechanisms which vary with gender, age, duration, situation and environment (Center for Disease Control, 2019). Stroebe and Schut (1999) published their two process model of coping with bereavement. The model proposes that there are two effective ways of coping with bereavement which include loss-oriented and restoration-oriented processes. The model notes that clients interject between the two processes until one reaches a stable state of calmness in life. This model may be useful to widows and widowers since they experience mixed emotions after spousal death. Loss and grief counselling is the process of helping the widowed men and women going through the five psychological bereavement stages successfully. This is by seeking services from a service provider who is empathetic, warm and understanding. The process of dying and death itself are the most complex facts of human being to face among many life challenges (Axelrod, 2018). The widowed person must be prepared for good and bad days as they reorganize their lives especially during the early stages of recovery from loss of loved spouse. The loss and grief counselor should use the skill of empathy to assist the bereaved person go through the ventilation process successfully in order to replace negative emotions with positive ones. The widowed person can be helped to replace desperate situations with hopeful ones in future. In order to live harmoniously the widowed person is helped to deal with guilt feelings of by forgiving, fearfulness with courage and finally acceptance which results to a person's calm state. It is beneficial to assist the bereaved person find substitute for the loss of spouse experienced since it is a positive coping strategy (Appel and Papaikonomou, 2013). The grieving person should be helped to live a fully satisfying life by being productive and a fulfilling life that is really worthwhile a (Appel and Papaikonomou, 2013). Grief being the deepest human emotion impacts on psychosocial life of a person. This is made manifest in deep sorrow as a result of spousal separation, loss of loved one, natural disaster such as earthquakes and floods, miscarriage, job loss at whichever level, emptiness and hopelessness or denial those widows and widowers experience (Ng'eno and Chebogut 2010). The study proposes that, though it is normal for the client to feel guilty and since guilt is self-imposed, it requires to be put into a proper perspective by the client coping positively. This means that the client should not ignore the positive dimensions of the relationship with the deceased. The clients can also share the hurting feeling with others who have suffered spousal losses before for psychosocial support. It is important to talk about

such loss with friends, relatives, counsellors and other service providers which have a cathartic effect. A support group may be an excellent source of guidance, security and trust working through a person's grief with others. This support also helps combat the loneliness that is prevented following the loss of a loved one instead of using negative coping mechanisms which can lead to depression such as drug and substance abuse (Limann, 2003).

A United States survey revealed that when people are in a crisis, 42% seek pastor's counselling, 31% go to a psychologist, psychiatric or marriage counselor, whereas 29% go to their family doctor (Urassa, 2001). Death, as a form of crisis makes a person unable to solve problems and as a result experiences anxiety, guilt, restlessness, and disturbances life. However, bereaved persons experiencing pathological grief can be helped in the path towards psychotherapy healing. The client should acknowledge their grief and seek counselling as a healing process since it is a positive coping mechanism. The major role of mental service provider during loss helps the bereaved to remain focused. The therapist should finally help them by using listening skill until they understand themselves clearly and solve their own problems in life. The therapist's challenge is to listen to the bereaved client and assist him or her deal with grief as come to a consensus. The other greatest challenge is on the part of the person who has experienced loss and their ability to express feelings after loss of loved ones (Malkinson, 2010). The stages of mourning and grief are universal and are experienced by widowed persons in differently depending on their cultural background and the duration lived with the deceased. Mourning occurs in response to a widowed person loss of a loved one (Wolfelt, 2003). There are five stages of normal grief according to Elisabeth Kubler-Ross (1969) book "On Death and Dying" (Axelrod, 2018). The first stage is Denial and Isolation which forms the first reaction after one learns of a death of loved one. The person enters denial stage of the reality and has wishful thoughts that it is not true. There are overwhelming and mixed emotions that the grieved person experiences. The second stage is anger where the person become furious with self or God. They have wishful thoughts that one could have put effort to stop the death of the loved one. Hatred to God, self and others develops and if this prolongs it causes psychological injury to the person. The third stage is bargaining where the person argues with and question self, others and God. The person prefers the loss to be for others and not them. In the case of widows and widowers they express the hurting feelings to self, others or even God; they always belief that somebody or something could have stopped the spousal loss. The fourth stage is depression, where the person in grief is saddened by the loss of spouse. The client manifests feelings of helplessness and becomes more vulnerable to life challenges. This is where they arrive at a consensus

with self or God in an attempt to procrastinate the inevitable without success. However, this is a weaker defense mechanism to protect them from the pain due to self-blame (Urassa, 2001). The final stage is acceptance of reality that death has occurred and is irreversible. This brings healing to the person in grief and is a stage marked with calmness and feelings of normalcy. Therefore, coping with such a loss is an individual decision and require counselling services as a positive coping mechanism (Axelrod).

Globally, widowers cope by remarriage, career advancement and engaging in businesses, while widows mostly use religion, support groups and counselling as a coping mechanism (Wolfelt, 2003). Men discover their loneliness more than women after spousal death since they used to live with parents before living with a marriage partner. The loss creates a vacuum in their lives with sudden impact (Wolfelt, 2003). This becomes more complex especially for those married for a longer period or have growing healthy families. In such cases, being alone after spousal death is a big challenge and some people turn to getting a pet, write in a journal about death, praying and meditation, use relaxation techniques and exercises as coping mechanisms (Wolfelt, 2003). In South Africa, many communities experience multiple trauma, mostly family murders, community and domestic violence (Statistics South Africa, 2014). Rosenblatt and Nkosi (2007) on prolonged isolation and suffering of widows in South Africa from Southern Cape Town communities as well as the difficulties of this occurrence in a transitional society found that the widows were discriminated and some joined support groups based on race to cope with widowhood. Rashe (2008) studied women experiencing intimate partner violence with little recourse to help and their coping mechanisms. Rashe (2008) further found out that widows seek for support but left out widowers which this paper covered. However, literatures on widowhood from a Western worldview do not consider gender issues in widowhood as in Africa. Western view loss, grief or trauma as an individual experience; which can be dealt with in isolation and regular life resumes after it has been appropriately addressed without considering African cultures which are communal in nature (Breen and O'Connor, 2007). Therefore, to fill this gap, this paper compared widows and widowers in seeking loss and grief counseling services as widowhood coping mechanism.

The widow or widower may genuinely feel blameworthy and cope through projection. This is a weak defense mechanism because their self-blaming thoughts and blame to others are unrealistic since they are overly harsh on themselves and others. They stretch their imaginations to believe they would have or others may have prevented death. They feel guilty as if they had intentionally brought themselves or others harm or to the deceased, which is rarely the case. However, all people feel guilty during a time of loss. What widowed persons

do is to get a support system to help them sort out these feelings by minimizing the unrealistic guilt. Seeking counselling services can help to separate realistic from unrealistic guilt by asking questions during the recoil stage, where many widowed persons are not prepared for the negative feelings that are experienced. As a result, some widowed persons do not seek for counselling services in order to cope with their state of widowhood and that has diverse challenges such as depressive episodes, isolation and low self-esteem. Researches done showed that generally, men do not seek for counselling services like women. This is worsened by Meru cultural expectations that men should be brave, hardy and ready to face any challenge including death, unlike women who are viewed as weaker sex. That is why this study was conducted to establish whether differences existed in seeking for loss and grief counselling services by widows and widowers in Meru County of Kenya.

METHODOLOGY

Research design

The approach of this study was a descriptive survey where causal-comparative research design of *Ex post facto* was used. Comparison between widows and widowers were done to find out how they used loss and grief counselling as a coping mechanism of widowhood in Meru County, Kenya.

Sample size

The researcher adopted simple random sampling to sample four sub-counties from the eight sub-counties in Meru County, Kenya. According to Ogula (1998), a sample size of 384 is acceptable for a descriptive research population of 100,000. Sample size of 384 was selected from a targeted population of 80,332. Out of the selected 384 widowed persons, widows were 192 and widowers, 192. From 192 widows and widowers respectively, 48 were sampled in each case in every sub-county using purposive sampling method.

Data collection instrument and procedures

The study used questionnaires and Focus Group Discussions for data collection. The questionnaire items were both open and closed-ended. The detailed information from the respondents was gathered using Focus Group Discussions (FGDs). This was by probing further on loss and grief counselling services as a coping mechanism used by widowed. The information collected was recorded in a reference list to assist the researcher in data analysis. This was done after receiving consent from the respondents.

Data analysis

Loss and grief counselling as a widowhood coping mechanism was expounded to establish existing differences in seeking for counselling services by widows and widowers. The data collected using questionnaires and Focus Group Discussions was descriptively and inferentially analyzed. Descriptive statistics included percentages, frequencies and means. The t-test from

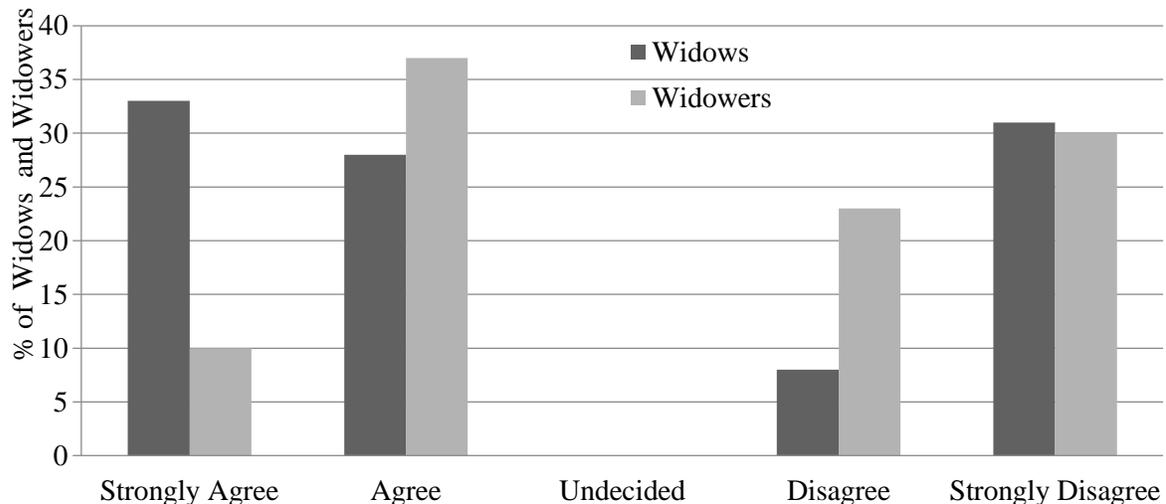


Figure 1. Loss and grief counselling services as a widowhood coping mechanism.

Table 1. Comparison of loss and grief Counselling as Widowhood Coping Mechanism.

Category	N	Mean	t-value	Df	p-value
Widows	192	3.24	26.50*	1	0.000
Widowers	192	1.69			

*denotes significance at $\alpha = 0.05$.

inferential statistics was included to enable the researcher to compare means of widows and widowers. T-test is a statistical tool used in comparing the mean of two groups (Mugenda and Mugenda, 1999). Loss and grief counselling as coping mechanism based on gender was established. The significance level of $\alpha = 0.05$ was accepted. Data collected was entered and analyzed using SPSS version 17. SPSS software is a comprehensive, integrated collection of tools used in managing, analysis and displaying data (Borg, 1996). The data analysis results were presented using frequency and percentages. From the Focus Group Discussions, some excerpts giving the responses of widows and widowers were presented in summaries, narrations and themes. These gave more detailed information on loss and grief counselling as a coping mechanism of widowhood of widowed persons based on gender.

RESULTS OF THE RESEARCH

Seeking loss and grief counselling by widows and widowers

Loss and grief counselling is the process of helping the widowed men and women to go through all the bereavement stages. Results on Loss and Grief Counselling as a Coping Mechanism for Widowed Persons are presented in Figure 1. As noted in Figure 1, a higher number of widowed women seek counseling services where 33% strongly agreed and 28% agreed; thus, 61% of widows sought counselling services.

Widowed men however, who strongly agreed were 10% and those who agreed were 37% hence 47% of widowers sought counselling services. This could be attributed to widowed men being more introverted than women and as a result they do not share their problems. This is further supported by a higher number of widowers who disagreed (23%) and strongly disagreed (31%) with getting counselling services, unlike widows who disagreed at 8% and strongly Disagreed at 30%. To shed more light, means, SDs and Independent Sample t-test analysis, on counselling as a widowhood coping mechanism was computed as shown in Table 1.

The findings in Table 1 show that there exist differences in mean between widows and widowers joining or seeking loss and grief counselling services as a coping mechanism of widowhood. Widows surpassed the widowers in seeking for these services. The widows' mean was 3.24, while widowers mean was 1.69. This implies that, widows turn to loss and grief counselling as a coping mechanism more than widowers. On the contrary of the main study, widowers coped more by remarriage, career advancement and engaging in businesses, while widows mostly use religion, support groups and loss and grief counselling services as a coping mechanism (Mburugu, 2015) women discover their loneliness more than men after spousal death since they used to live with parents before living with a

marriage partner. The loss creates a vacuum in their lives with sudden impact (Wolfelt, 2003). This becomes more complex especially for those married for a longer period or have growing healthy families. In such cases, being alone after spousal death is a big challenge and some people turn to getting a pet, write in a journal about death, praying and meditation, use relaxation techniques and exercises as coping mechanisms (Wolfelt, 2003). Furthermore, mean scores and standard deviations (SDs) gave substantive differences on loss and grief counselling as coping mechanism. The t-value of $t=26.50$, $P < 0.05$ indicates a statistical significant variance in loss and grief counselling of widows and widowers in Meru County. Majority of widows acknowledge the use of loss and grief counselling services as a major coping mechanism in the Focus Group Discussions held, unlike widowers. This generated a qualitative data as shown in Excerpt 1. (The names used in Excerpt 1 are not real names).

Excerpt 1

Researcher: Do you seek for loss and grief counselling services as a coping mechanism after the loss of your spouse?

Doreen (Widow): That is a big help, having somebody close to tell my problems has made me a better woman. I usually share my problems to a male friend whom I trust and life has changed for better.

Erick (widower): After I joined church life has been positive. I usually share my loss and grief problems with my pastor. I also got to know a female friend closely who has helped me go through bereavement.

Medline (Widow): I suffered a lot when I lost my husband through tragic road accident. I went into denial until after burial. I was referred to a counsellor by my friend who had earlier lost her husband a year before. The counsellor helped me to overcome the grief process successfully by taking me through five stages of denial, anger, bargaining, depression and acceptance. Currently, I now assist other widowed persons in my support group to seek loss and grief counselling services from a qualified counsellor.

Martin (widower): After I lost my wife through child birth of our second born child I was in denial until the child who survived became a teenager. However, I did not seek any counselling services since in my community men are socialized to face any challenge and hardship in life. My son is always my consolation since I see the life of my late wife in him.

From the sampled respondents, Focus Group Discussions revealed that more than 70% of widows expressed the need to have either a counsellor, pastor,

friend, either male or female who they share their loss and grief problems with. Therefore, this made them seek for counselling services from the service providers in order to cope with the new life of widowhood. However, from the FGDs conducted, less than 20% of widowers in Meru County engage in counseling, as these services are believed to be designed majorly for women. Widowers are naturally uncomfortable in conditions where open emotional expression is encouraged as it is not their ideal way to grieve (Murray, 1990). Cultural perception also makes the widowers avoid seeking counselling services, since it is viewed as cowardice act in Meru community. Cross cultural counselling brings sensitive issue when working with clients and especially where western and traditional frameworks meet (Nembahe, 1998). A study by Brown et al. (2000) found out that the background analysis of black women and depression as well as grief assessment through cultural backgrounds brings a new approach; where a rigorous method is applied in group context based on widows and widowers' loss and grief culture.

Conclusion

Differences exist in widowhood coping mechanisms among widowed persons based on gender. Widows cope better in their state of widowhood by seeking for loss and grief counselling services than widowed men. In conclusion women prefer to seek for counseling services by sharing their issues in FGDs more than widowers. The widowers are hesitant to open up their issues. The study further established that young widows prefer counseling services than old widows.

CONFLICT OF INTERESTS

The author has not declared any conflict of interests.

REFERENCES

- Appel D, Papaikonou M (2013). Narratives on death and bereavement from three South African cultures: an exploratory study. *Journal of Psychology in Africa* 23(3):453-458.
- Axelrod J (2018). Five stages of counselling. In: Kubler Ross (1969) *Death and Dying* psychocentral.com.
- Borg WR, Gall M (1996). (4th Ed.) *Educational Research: An introduction*. Newyork: Longman.
- Breen LJ, O' Connor M (2007) The fundamental grief Literature: A Critical Reflection. *Omega- Journal of Death and Dying* 55,199-218.
- Brock AM, O'Sullivan P (1995). From Wife to Widow: Role Transition in the Elderly. *Journal of Psychosocial Nursing and Mental Health Services* 23(12):6-12.
- Brown AC, Brody GH, Stoneman Z (2000). Rural Black women and depression: a contextual analysis. *Journal of Marriage and Family* 62(1):187-198.
- Center for Disease Control (CDC) (2019). Loss and Grief. <https://www.griefandsympathy.com/widowergrief.html>
- Kasiram M, Partab R (2002). Grieving Through Culture and Community: A South African Perspective. *Social Work/Maatskaplike Werk*

- 38(1):39-44.
- Kubler-Ross E.M.D (1969). In Kirwen M C (1999). African Widows. New York: Orbis Books.
- Limann LH (2003). Widowhood Rites and the Rights of Women in Africa: Ugandan Experience Thesis for LLB Degree .Makerere University. Kampala: Uganda.
- Malkinson R (2010) Cognitive –Behavioural Grief Therapy: The ABC Model of Rational-Emotion Therapy.<https://www.bing>.
- Mburugu BM, Veronica KN, Chepchieng MC, Ngari SM (2015). Self-esteem as a Social Effect of Widowed in Meru County Kenya: A Comparative Study of Widows and Widowers. *Journal of Education and Social Policy* 2(5):73-77.
- Mugenda OM, Mugenda AG (2003). *Research Methods; Quantitative and Qualitative Approaches. (Revised Edition)* Nairobi: Acts Press.
- Murray (1990). Report of The 1996 Session of African Commission on Human Peoples Right pp 18, Hum.Rts.L. L pp. 16-19.
- Nembahe M (1998). An investigation of mourning amongst urban Zulus in relation to Worden's model of mourning. Johannesburg: University of the Witwatersrand. (M.A. thesis).
- Ng'eno GK, Chemogut J (2010). Understanding Grief Counseling in the Family Kenya Association of Professional Counsellors, Paper Prepared for the Virtual Conference on Africans Conference Safari Park on 7th – 9th September 2010.
- Ogula AP (1998). *A Handbook on Educational Research*. Nairobi: New Kemit Publishers.
- Ong, AD Bergeman, C, Bisconti TL (2004). The Role of Daily Positive Emotions during Conjugal Bereavement. *Journals of Gerontology: Psychological Sciences* 59B (4):168-176.
- Rashe RZ (2008). Family violence in African communities in the Western Cape: a theological-ethical assessment. Stellenbosch: Stellenbosch University. (M thesis).
- Statistics South Africa (2014) Victims of Crime Survey 2013/14. [Online] Available: <https://www.statssa.gov.za/publications/P0341/P03412013.pdf>.
- Stroebe M, Schut H (1999). The Dual process model of coping with Bereavement: Rationale and description. *Death studies* 23:197-224
- Urassa KL (2001). In Wortman C, Silver RC (1989). The Myths of Coping with Loss. *Journal of Consulting and Clinical Psychology* 53:349-357.
- Wolfelt AD (2003). *Healing a spouses grieving heart:100 Practical Ideas after your husband or wife dies*. North America.