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## HUMANITIES AND SOCIAL SCIENCES REVITALIZATION INNOVATIONS

### LOSS AND GRIEF COUNSELLING AS A COPING MECHANISM OF WIDOWHOOD: A COMPARATIVE STUDY OF WIDOWERS AND WIDOWS IN MERU COUNTY KENYA

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#### ABSTRACT

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.

**Keywords:** Widowhood, loss and grief counselling, coping mechanism, psychosocial wellbeing, widow/ widowers.

#### INTRODUCTION

People respond to loss in an enormous variety of ways. Emotional and behavioral responses to loss might include sadness, preoccupation, yearning, depression ,anxiety or numbness (Magnuson & Enright ,2008). A grieving widow might oscillate between strong feelings and no feelings hence showing how differently people cope with loss and grief. Many people are experiencing grief during the COVID-19 pandemic. Grief is a normal response to loss during or after a disaster or other traumatic event. Grief can happen in response to loss of life, as well as to drastic changes to daily routines and ways of life that usually bring us comfort and a feeling of stability. (Center for Disease Control,2019 ). Stroebe &Schut (1999) published their dual-process model of coping with bereavement . They propose that effective ways of coping with bereavement include both loss-oriented and restoration-oriented process, and that bereaved individuals will oscillate between both processes.Loss and grief counselling is the process of helping the widowed men and women go through bereavement stages by getting services from another person who is empathetic and understanding. Death and the process of dying are perhaps the hardest facts of life for man to face (Axerold, 2018). The widowed person must be prepared for good and bad days as they reorganize their lives especially during the early stages of recovery.

The counselor can help the bereaved to replace despair, with hope, fearfulness with courage and guilt with feelings of forgiveness. It is also paramount to help the mourner find a substitute for the loss he has experienced (Appel, & Papaikonomou, 2013). The grieving person or persons can be assisted and inspired to live and work creatively and meaningfully thereby finding a fulfilling life that is really worthwhile and satisfying (Appel, & Papaikonomou, 2013).

The grieving person or persons can be assisted and inspired to live and work creatively and meaningfully. Grief is the deepest human emotion which is basically manifested in intense sorrow due to either death of a loved one, separation, natural disaster, miscarriage, loss of a job, emptiness or deprivation (Ng'eno & Chebogut 2010). Although it is normal to feel guilty, guilt is self-imposed and requires to be put into a proper perspective. This means not ignoring the positive dimensions of the relationship with the deceased and by sharing their feeling with others. It is important to talk about your loss be it with friends, relatives, or counsellors. Among these lines a support group may be an excellent source of guidance, security and trust working through your grief with others also helps combat the loneliness that is prevented following the loss of a loved one (Limann, 2003).

A survey done one time in the United States it was revealed that when people find themselves in a crisis 42% will seek a pastor, 31% will go to a psychologist, marriage counselor or psychiatric, while 29% will go to their family physician (Urassa, 2001). Death is a form of crisis because a person is unable to solve problems, experiences

anxiety, guilt, restlessness and disturbances in the routine of life. Bereaved person with pathological grief can be helped in journey towards healing by a psychotherapist. This is only possible if the bereaved persons acknowledge their problem and are willing to engage in the healing process. The therapist's job is to help the bereaved persons remain focused on the issue of the loss and help them through active and reflective listening. The greatest challenge on the part of the bereaved persons is their ability to express their feelings while the greatest challenge for the therapist is the ability to listen to the bereaved persons and assist them in dealing with grief (Malkinson (2010).

The stages of mourning and grief are universal and are experienced by widowed persons differentially based on cultural background. Mourning occurs in response to a widowed person loss of a close relationship or to the death of a valued being, both human and animal. There are five stages of normal grief that were first proposed by Elisabeth Kübler-Ross in her 1969 book "*On Death and Dying*." (Axelrod, 2018). These stages include Denial and Isolation which is the first reaction to learning of a death of a loved one and total denial of the reality of the situation. It is a normal reaction to rationalize overwhelming emotions by the widowers and widows. Anger and Bargaining directed at the dying or deceased loved one. The fourth stage is depression which is accompanied by normal reaction to feelings of helplessness and vulnerability by widowed persons. Secretly, they may make a deal with God or other higher power in an attempt to postpone the inevitable but is weaker line of defense to protect them from the painful reality of life (Urassa, 2001). The final stage is acceptance which brings healing. This stage is marked by withdrawal and calm and is not happy times and therefore must be distinguished from depression. Coping with loss is ultimately a deeply personal and singular experience that require counselling services either formally or informally (Axelrod, 2018).

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 find that they are alone for the first time in their lives and go from living with parents to living with a partner without ever having experienced living alone (Wolfelt, 2003). This too can be daunting, especially for those who have spent many years with a partner and growing family. If being alone is a problem some people like to get a pet, write in a journal about death ,pray, use relaxation techniques and exercise (Wolfelt, 2003). South African communities are exposed to multiple traumatic experiences, including ongoing community and domestic violence and family murders (Statistics South Africa, 2014). Rosenblatt and Nkosi (2007) studied the year-long isolation and estrangement of widows in South Africa from communities in southern cape town and the difficulties of this occurring in a transitional society. Rashe (2008) examined the coping mechanisms of women who experienced intimate partner violence with little recourse to help. Rashe (2008) left out widowers which this paper covered. Most of the literature on this topic emanates from a Western worldview and assumes that a loss, grief or trauma is an individual experience which can be dealt with in isolation and regular life resumes after it has been appropriately addressed (Breen & O'Connor, 2007). Therefore, this paper compared widows and widowers seeking loss and grief counselling as a coping mechanism.

## **STUDY OBJECTIVE**

To determine whether there are differences in seeking counselling services by widowed men and women to cope with widowhood in Meru County of Kenya.

## **RESEARCH PROBLEM**

The widow or widower may genuinely feel blameworthy, usually their self-blaming thoughts are unrealistic since they are overly harsh on themselves. They stretch their imaginations to believe they would have prevented death. They feel as guilty as if they had intentionally brought themselves or others harm 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 show 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 loss and grief counselling services by widowed men and women in Meru County.

## **METHODOLOGY**

This section presents a description of research design, location of the study, population of the study, sample size and sampling procedures, instruments, data collection and data analysis procedures.

### **Research Design**

This study was a descriptive survey where *Ex post facto*'s causal-comparative research design was utilized because two groups of widowed persons (widows and widowers) were compared in order to find out how loss and grief counselling as a coping mechanism of widowhood is used. The study was carried out in Meru County Kenya.

### **Sample Size**

The researcher used simple random sampling technique to select four sub-counties from the eight districts in Meru County, Kenya. According to Ogula (1998), a sample size of 384 respondents is acceptable for a descriptive research with a population of 100,000. In this study, the target population is 80, 332 and therefore a sample size of 384 was deemed appropriate. Out of the 384 widowed persons that were selected, 192 were widows and 192 were widowers who were purposively selected. From this number, 48 widowed men and 48 widowed women were sampled in sub-county by use of purposive sampling technique.

### **Instrument And Procedures**

The study utilized questionnaires and Focus Group Discussions to collect data from the respondents. The items in the questionnaires were open and closed-ended. Furthermore, Focus Group Discussions helped to capture the in-depth information by probing further on counselling services as a coping mechanism used by widowed persons. The issues raised were recorded in a recording list for reference and in order to assist the researcher in data analysis.

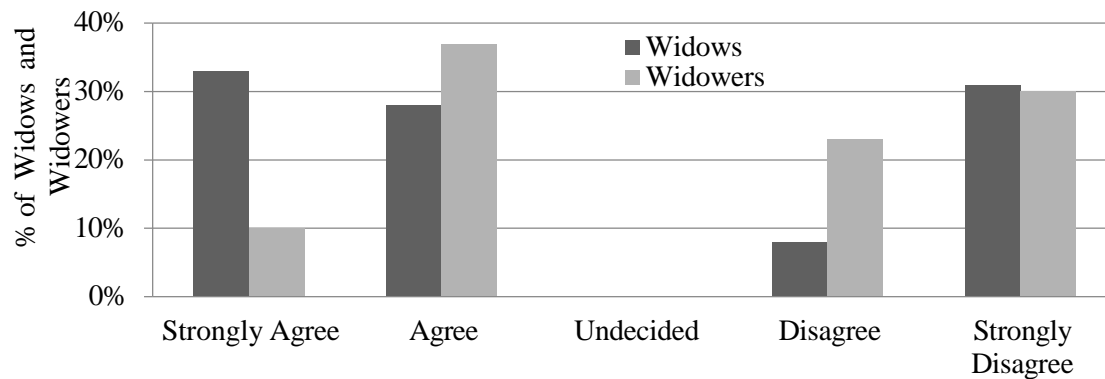
### **Data Analysis**

Loss and grief counselling as a coping mechanism of widowhood was explored to establish whether differences exist in seeking for counselling services by widows and widowers. The data that was collected from using the questionnaires and Focus Group Discussions was analyzed using descriptive and inferential statistics. Descriptive statistics including frequencies and percentages was used and inferential statistics included the t-test to compare means of widows and widowers in Meru County, Kenya. Mugenda and Mugenda (1999) notes that t-test is an ideal statistical tool when comparing the means of two groups. Loss and grief counselling as coping mechanism was established and compared in widowed men and women. The significance level was set at  $\alpha=0.05$  and Statistical Package for Social Sciences (SPSS) version 17 was employed in the entry and analysis of data. According to Borg (1996) SPSS is the commonly used set of computer programme in social science research. The programme is comprehensive, integrated collection of computer programmes for managing, analysis and displaying data. The results of the data were presented in summary using frequency tables and percentages that enhanced clarity and brevity. Furthermore, from the Focus Group Discussions, some excerpts giving the responses of widowed men and women were presented in themes and summaries. These were very useful because they gave more in-depth information about counselling as a coping mechanism of widowhood.

## **RESULTS**

### **Comparison of seeking counselling by Widows and Widowers**

Loss and grief counselling is the process of helping the widowed men and women go through bereavement 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 hence 61% of widows sought counselling services. Widowed men however, who strongly agreed at 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 like them. This is further supported by a higher number of widowers (23%) who disagreed and Strongly 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. Table 1 indicates that some differences existed between widows and widowers joining or seeking counselling services as a coping mechanism of widowhood. Widows outnumbered the widowers in participating in getting these services. The mean for widows was 3.24 whereas that for widowers was 1.69 points. This implies that widows were turning to loss and grief counselling as a coping mechanism more than widowers.



**Figure 1. Loss and Grief Counselling 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  $\alpha= 0.05$

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 find that they are alone for the first time in their lives and go from living with parents to living with a partner without ever having experienced living alone (Wolfelt, 2003). This too can be daunting, especially for those who have spent many years with a partner and growing family. If being alone is a problem some people like to get a pet, write in a journal about death, pray, use relaxation techniques and exercise (Wolfelt, 2003). However, this finding was not sufficient to make a conclusion on the stated hypothesis. Therefore, a look at the mean scores and standard deviations (S.Ds) provided substantive difference. The obtained t-value ( $t=26.50$ ,  $P < 0.05$ ) is indicative of statistically significant differences in loss and grief counselling of widows and widows in Meru County. Many widowed women acknowledged the use of loss and grief counselling services as a major coping mechanism in the Focus Group Discussions held and generated 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 and 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 are not drawn to what they believe to be counselling interventions because they often perceive them as services designed primarily for women. Widowers are typically uncomfortable with environments where the open expression of emotion is encouraged because it is not consistent with their preferred way to grieve (Murray, 1990). Cultural perception also makes the widowers to avoid seeking counselling services since it is viewed as cowardice act in Meru community. Cross-cultural sensitivity is vital when working in a context where Western and traditional frameworks intersect (Nembahe, 1998). The contextual analysis of rural black women and depression and the assessment of needs and group strengths and weaknesses (Brown et al., 2000), as well as assessment of grief through culture and community (Kasiram & Partab, 2002) all form part of a new approach - the use of rigorous methodology within a group context and culture when dealing with loss and grief among widowed men and women.

## CONCLUSION

Differences existed in widowhood coping mechanisms among widowed men and women. Widows coped better than widowers in their state of widowhood by seeking for loss and grief counselling services. In conclusion women preferred counselling services more than widowers. The study further established that young widows were preferring counselling services more than old widows.

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