

Influence of Grief Counseling on Psychological Wellbeing among Widows at Africa Inland
Church, Nairobi Area Church Council, Kenya

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DECLARATION

This is to declare that this thesis is my original work and that it has not been presented in any other university for academic examination.

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DEDICATION

This thesis is dedicated to my beloved husband Alex Mbili, whose unwavering financial support made this endeavor possible. To my cherished children, Tess Kisoo, Ian Mbili, and Bridgitte Mutheu whose nurturing presence fostered an enriching learning environment as I diligently compiled this work. Additionally, I extend this dedication to my lifelong friend, Emma Nelly Mutua who tragically lost her husband at an early juncture in life. May this dedication also encompass the courageous widows navigating the daunting journey of coping with profound loss and grief for their dearly departed loved ones.

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ABSTRACT

The death of a spouse can be extremely unbearable and even psychologically incapacitating. Widows face challenges that deeply affect their psychological wellbeing. The church has remained the best place for most widows to meet. This study investigated the influence of grief counselling on psychological wellbeing among widows at the Africa Inland Church, Nairobi Area Church Council, Kenya. The specific objectives were: to examine grief reaction levels among widows; to investigate the influence of social support networks on grief reaction among widows; to assess the levels psychological wellbeing among widows; to establish the influence of grief counselling on the psychological wellbeing among widows at the Africa Inland Church Nairobi Area Church Council, Kenya. The study used a quantitative research approach and a census sampling technique. The study was informed by the Cognitive Behavioral Theory and the Dual Process Model of Coping with Bereavement. The sample size of the study was 114 widows. The Brief Grief Questionnaire (BGQ), the Multidimensional Scale of Perceived Social Support (MSPSS) and the Psychological Well-being Scale (PWB) were used for data collection. The data was analyzed using SPSS version 25. The findings showed that most ($n = 66, 64.1\%$) of the widows were at high grief reaction level, 22.4% ($n = 31$) of them had moderate grief reaction, 62.2% ($n = 50$) of the participants scored a high level of psychological wellbeing, while $13. \%$ ($n = 28$) of the participants were at low level of psychological wellbeing. The study found that social support networks influenced grief reaction among widows at the Africa Inland Church in Nairobi Area Church Council, Kenya. F - value ($1, 4925.845$) = 2.163 , and $p = .000, \leq 0.05$. The study established that grief counselling influenced the psychological wellbeing among widows (F - value ($1, 5013.255$) = $.208$, $p = .030 \leq 0.05$). The study recommended that the leadership of the Africa Inland Church should work in collaboration with psychologists to formulate programs to reach out to the widows for psycho-education and possible coping strategies with regards to grief reaction.

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ABBREVIATION AND ACRONYMS

AIC:	The Africa Inland Church
BACP:	The British Association for Counseling and Psychotherapy
CABLE:	Coping Assessment for Bereavement and Loss Experiences
CBT:	Cognitive Behavioral Therapy
CG	Complicated Grief
EBM	Evidence-based Mental Reviews
FGD	Focus Group Discussion
ICBGT	Internet-based cognitive-behavioral grief treatment
IG	Intervention Group
KNBS:	The Kenya National Bureau of Statistics
MOOSE:	Meta-analyses of Observational Studies in Epidemiology
NACOSTI	National Commission for Science, Technology & Innovation
PGD	Prolonged Grief Disorder
PTSD	Posttraumatic Stress Disorder
WCG	Waitlist-Control Group

OPERATIONALIZATION OF TERMS

- Bereavement:** According to this study, this means the death/loss of a husband.
- Emotional wellbeing:** This is the ability of widows to maintain positive thoughts and feelings when confronted with challenges.
- Grief Counseling:** This is a form of psychological support and therapy provided to individuals who are experiencing grief and mourning due to the loss of a loved one or significant life change. This is to help individuals navigate the complex emotions, thoughts, and challenges that arise after a loss, and to facilitate the process of healing and adaptation.
- Physical wellbeing:** The ability of a widow to maintain a healthy biological quality of life.
- Psychological wellbeing:** This refers to the state of a person's mental health and the overall quality of their emotional and psychological functioning. It involves how individuals feel about themselves, cope with life's challenges, and experience positive emotions.
- Purpose in life:** This means the ability of a widow to continue living a goal-oriented life and to achieve personal and family goals after bereavement.
- Social relations:** This is a widow's positive interactions with others in the family as well as in the community.

Widow: This is a married woman whose husband has died and she has not remarried.

Widowhood: In this study it refers to the status of an individual, specifically a woman, who has experienced the death of the husband.

CHAPTER ONE

INTRODUCTION

1.1 Introduction

This chapter focused on the study background followed by sections on the statement of the problem as well as the purpose of the study and research objectives. It also incorporates the research significance, scope and delimitations, and assumptions of the study and ends with the chapter summary.

1.2 Background to the Study

Losing a spouse can be extremely difficult to bear and even psychologically incapacitating. Grief is the typical emotional state that follows such a loss (O'Connor, 2019). Widowhood is a stressful event for women, often coinciding with health, financial, and relationship losses. It thus impacts the psychological wellbeing and life satisfaction of widows (Okoro et al., 2021). This is a period of increased stress for many widows since the intimacy built by one's spouse tends to be withdrawn thus leaving the individual in a vulnerable state of grief. The amount and duration of grief varies greatly amongst widows who have experienced a loss. Widowhood may be defined as a state to a spouse who has lost a partner. Diseases, accidents, old age, afflictions and attacks are some of the most common factors responsible for a spouse's death. The psychological effects of a spouse's death are significant. There may be a long period of grieving for widows.

According to Stahl and Schulz (2014), the death of a spouse triggers a chain of changes for the survivor, who must readjust not just to the pain and anguish of losing such a significant person in their life, but also to their altered social status as a widow. When a man and a woman first get married, they both contribute to creating a new social reality based on their combined identities, and when a marriage ends in death, the common social reality and

the unique identities of both partners are shattered. Thus, widows have to start all over, making a new life for themselves by adopting to the social duties associated with widowhood while altering the ones connected to their marriage even in the midst of grief (Stahl & Schulz, 2014).

Grief counselling is a form of psychological support and therapy provided to individuals who experience grief and mourning due to the loss of a loved one leading to significant life changes. Grief has been labelled the "paradigm of reactive depression," which may lead to the increased risk of death, physical and mental illness, and the emergence of social misery. Three main patterns of outcomes have been identified by comparisons across grief studies: common or time-limited functioning disruptions, for example, elevated depression, cognitive disorganization and health problems, lasting from several months to one or two years, "chronic" functioning disruptions lasting several years or longer, and the relative absence of depression and other functioning disruptions (O'Connor, 2019).

Spouses handle grief differently. The spouse left behind may look for new friendship or marriages in an effort to bridge the gap. Some people become more interested in their jobs, children, or grandchildren. Others seek solace in local support groups or through counselling. Women may find it more difficult than men to deal with the emotional difficulties of widowhood. In most cases they have to deal with social stigmas associated with widowhood, the misconception that widows are old and used up, which makes it more difficult for women to remarry later, if they so desire (Streeter, 2019).

Globally, Trevino et al. (2017), carried out a study on bereavement challenges and their relationship to physical and psychological adjustment to loss among widows in the USA. The study showed that bereaved individuals in the sample were primarily female (n = 118, 77.1%), white (n = 105, 69.5%), and Christian (n = 117, 77.0%) with an average age of 52.71 years (SD = 13.12) and 13.61 years (SD = 3.79) of education. The researchers argue

that widows face a range of challenges that deeply affect their psychological wellbeing. Majority of women, the death of a spouse is signified by many losses, such as the loss of their social status, marital home, land, property, dignity, and sometimes their children. The study established the following findings: challenges with connecting with others. ($M = 1.21$, $SD = 0.48$, Cronbach's $\alpha = 0.91$) and “challenges with change” ($M = 1.73$, $SD = 0.79$, Cronbach's $\alpha = 0.85$) were negatively associated with white race and education and positively associated with being the spouse of the patient, “challenges imagining a hopeful future” ($M = 1.61$, $SD = 0.75$, Cronbach's $\alpha = 0.84$) was positively associated with spousal relationship to the deceased and age and negatively associated with education. Challenges with accepting the loss ($M = 2.52$, $SD = 1.17$, Cronbach's $\alpha = 0.82$) was positively associated with spousal relationship and negatively associated with academic site for patient care. These factors together compound the grieving process and contribute to prolonged distress for widows (Cacciatore et al., 2021; Dube, 2022; Peterman, 2012).

In African countries, widows are exposed to a host of negative effects resulting from bereavement. Ajiboye (2016) focused on the predicament of widows in Nigeria, highlighting dehumanizing cultural practices and rites during mourning periods. In some cases, widows are subjected to wife inheritance, deceased husbands' properties taken from them, further exacerbating their psychological issues. In the South-Eastern part of Nigeria, widows go through a painful period of confinement which ranges from 8 days to 4 months, beginning when the husband's death occurred. During this period, the widow is not allowed to leave her room and her hair is completely shaved. She is expected to sit on the floor and wail at the top of her lungs every morning and not allowed to take a bath or change her clothes till the day the body of the deceased is buried.

In Cameroon, Lange (2017) investigated the impact of trauma and grief on the psychological well-being of young Bansa widows. The study found that the number of young

widows in the country was increasing. These women had to adapt to their new roles as single parents and breadwinners, while also fulfilling other community expectations. The study revealed that most of these widows had a higher likelihood of experiencing Post-Traumatic Stress Disorder (PTSD), anxiety, and depression, compounding their grief. Unfortunately, tangible interventions to improve the lives of widows in the country were lacking.

According to the Kenya National Bureau of Statistics report in 2016, Kenya is home to 8 million widows, a number that continues to rise. These women face significant psychological challenges. A study conducted by Miruka et al. (2015), found that widows face challenges within the society due to death of their spouses and this affects them psychologically, socio-economically and spiritually. Muthangya (2019) conducted a study in Nakuru County, which examined the experiences of 20 widows. The study highlighted the psychological issues experienced by women following the death of a spouse. These issues included depressive symptoms, fear for their own lives, regret, and concerns about shouldering family responsibilities. The psychosocial challenges were further exacerbated by social factors such as financial distress, poverty, isolation, conflict, loneliness, and rejection by in-laws. In response to these challenges, women primarily relied on social support, personal support, and as a last resort sought professional counselling services.

Kathomi (2019) in Kirinyaga in Kenya further supported the need to examine the impact of counseling on widows' psychological well-being. The study demonstrated that grief counselling was associated ($p = .000$) with improved emotional well-being among widows. The findings highlighted the importance of quality counselling services in enhancing the psychological well-being of widows. This underscores the importance of exploring the influence of counseling interventions on the psychological well-being of widows.

1.3 Statement of the Problem

The psychological effects of the death of a spouse are significant and such loss comes with deep pain in the life of a widow (Stahl & Schulz, 2014). European studies, such as the one carried out by Ory and Huijts (2015), have also demonstrated the psychological issues faced by widows. Building on social capital theory and using data from 5 rounds of the European Social Survey (N= 119,292 people, 206 regions, 23 countries), the authors tested how marital status composition at the national and regional levels affects the well-being of widows around European countries. The study reported that widows' inability to cope with grief and lack of personal social support contributed to their diminished well-being ($p \leq 0.05$). However, the role of counselling services in mitigating the negative effects of loss and grief was understated.

In Zimbabwe, Dube and Phethlo-Thekisho (2019) shed light on the psychosocial conditions faced by widows in the Binga District. The study revealed that widows of different age groups experienced diverse intrapersonal and psychological challenges, influenced by their education levels and immediate environments. These challenges included mental stress, loss of dignity, isolation, and loneliness. However, there was a dearth of professional and systematic interventions specifically designed to address these challenges.

In Kenya, a substantial population of widows, numbering around 8 million (KNBS, 2016), face notable challenges. Studies documented the existence of social stigma, property dispossession, forced eviction, denial of child custody, accusations of having caused the death of husband and rituals such as wife inheritance and wife cleansing (Kathomi, 2019; Mwangi, 2014; Muthangya, 2019; Mburugu, 2019). The negative experiences that widow face exacerbate emotional and social aspects, which can lead to profound grief, loneliness, depression, anxiety and a sense of vulnerability, thereby impacting the psychological wellbeing of the widows (Dube, 2021).

Existing studies have not adequately explored the influence of grief counseling on the psychological well-being among widows (Cedar, 2015; Kathomi, 2019; Lipson et al., 2019). The limited efforts made by the society to support widows have often been unsatisfactory, and the effectiveness of interventions aimed at improving the psychological well-being of widows requires further investigations (Dube, 2021).

The AIC Church, Nairobi Area Church Council, presents a unique situation as it administers a region that includes sprawling slum areas, notably Kibera and Mukuru Kwa Njenga. Within these slums, widows face a range of vulnerabilities that impact various aspects of their lives. Majority of these women are confronted with distressing incidents of both sexual and physical abuse, all while dealing with the challenges of poverty and health issues, as noted by Okello (2016). Moreover, there was a lack of support structures to provide counselling for widows in these communities. In order to address this gap, this study investigated the influence of grief counselling on psychological wellbeing of widows at the African Inland Church in Nairobi Area Church Council, Kenya.

1.4 Objectives of the Study

This study had one main objective and three specific objectives.

1.5.1 General Objective

The general objective of this study was to investigate the influence of grief counselling on the psychological wellbeing among widows at the Africa Inland Church, in Nairobi Area Church Council, Kenya.

1.5.2 Specific Objectives

The specific objectives of the study were:

- i. To examine grief reaction levels among widows at Africa Inland Church in Nairobi Area Church Council, Kenya.

- ii. To investigate the influence of social support networks on grief reaction among widows at the Africa Inland Church in Nairobi Area Church Council, Kenya.
- iii. To assess the levels psychological wellbeing among widows at Africa Inland Church in Nairobi Area Church Council, Kenya.
- iv. To establish the influence of grief counselling on psychological wellbeing among widows at the Africa Inland Church in Nairobi Area Church Council, Kenya.

1.5 Research questions

- i. What are the grief reaction levels among widows at Africa Inland Church in Nairobi Area Church Council, Kenya?
- ii. What is the influence of social support networks on grief reaction among widows at the Africa Inland Church in Nairobi Area Church Council, Kenya?
- iii. What are the levels of psychological wellbeing among widows at Africa Inland Church in Nairobi Area Church Council, Kenya?
- iv. What is the influence of grief counselling on psychological wellbeing of young widows at the Africa Inland Church in Nairobi Area Church Council, Kenya?

1.6 Significance of the Study

The significance of this study lies in its focus in understanding the influence of grief counselling on the psychological wellbeing of widows at Africa Inland Church, Nairobi Area Church Council, Kenya. The research holds practical implications within this unique context.

Firstly, guidance and counselling practitioners may benefit from the findings of the study. They would gain pertinent information on how to effectively assist widows who might be grappling with the psychological effects of bereavement. By comprehending the influence of grief counselling on widows' mental wellbeing, practitioners could tailor their

interventions to cater to the specific needs of this vulnerable group, providing them with the necessary support during their grieving process.

Secondly, the clergy could also find value in the results of this study. It would equip them with valuable insights on how to best mitigate the negative psychosocial effects of bereavement experienced by widows within their congregations. Armed with empirically proven approaches, they might have the capacity to develop effective strategies to help widows cope with grief and navigate their emotional healing journey.

Moreover, the outcomes of the study might extend benefits to families and members of the community. It might highlight the importance of grief counselling as a means of taking care of widows and shielding them from the potential psychological consequences of bereavement. By creating awareness about the significance of providing support and counselling to widows, families and communities could play a more active role in fostering a nurturing and empathetic environment for those facing the challenges of widowhood.

Additionally, the study might contribute important data on the effect of grief counselling on widows' mental wellbeing. This contribution to the existing body of literature could serve as a valuable resource for academics and researchers seeking to delve further into the study constructs. It could facilitate future research endeavors, allowing scholars to build upon the knowledge generated by this study and explore new avenues of inquiry related to grief counselling and psychological wellbeing among widows.

1.7 Scope and Delimitations

The scope of the research centers on the geographical area and time within which a study is to be undertaken (Mugenda & Mugenda, 2012). Delimitations refer to the study bounds, as determined by the researcher decisions on what to include and omit within the confines of the research (Theofanidis & Fountouki, 2019). The core focus of this study lied in investigating how grief counselling influences psychological wellbeing of widows.

Specifically, the independent variable for this study was grief counseling, while the dependent variable was psychological wellbeing of widows. The study was delimited to widows within the African Inland Church in the Nairobi Area Church Council, Kenya. Only women whose names appeared in the Church registry were included in the study.

1.8 Assumptions

In this study, several assumptions were made to guide the research process. Firstly, it was presumed that the selected participants would have a genuine interest in participating in the study and would provide accurate and truthful depictions of their psychological wellbeing, as their honest input was essential for the research validity. Lastly, the study assumed that external factors or interventions during the research period would not significantly alter the participants' perception potentially invalidating the study findings, thereby ensuring the stability of the research context throughout its duration. These assumptions served as foundational elements in framing the research methodology and interpretation of results.

1.9 Chapter Summary

This chapter presented the study background globally, regionally and locally. The statement of the problem, study purpose, objectives and questions have also been discussed. The significance of the study was also discussed. The chapter further highlighted the scope and delimitations followed by the assumptions of the study respectively. The next chapter focused on the literature review.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter discusses the theoretical foundation of the study. It also provides a review of empirical literature in relation to the objectives of the study. The conceptual framework of the study is outlined and it culminates with the chapter summary.

2.2 Theoretical Literature Review

A theoretical framework could be seen as an appropriate theory which may be used to explain the empirical observation of a study (Mvumbi & Ngumbi, 2015). Thus, in this section, explanation on suitable theory was carried out. The study employed the Cognitive Behavioral Theory (CBT) and the Dual Process Model of Coping with Bereavement theory

2.2.1 Cognitive Behavioral Therapy (CBT)

Cognitive Behavioral Therapy (CBT), developed by Aaron T. Beck in the 1960s, is a widely recognized and extensively studied psychotherapeutic approach rooted in the integration of cognitive and behavioral principles (Beck & Fleming, 2021). The theory proposes that an individual's thoughts, emotions, and behaviors are interconnected and mutually influence one another, forming the foundation for understanding and addressing psychological challenges (Beck, 2019). For example, losing a husband can lead to several cognitive distortions. When emotions become overwhelming during grief, there is the possibility of irrationality among widows that may lead to prolong denial of a spouse's death.

At the core of CBT lies the notion that our cognitive processes, including automatic thoughts, beliefs, and interpretations, play a pivotal role in shaping emotional responses and guiding behavior. These cognitive processes can sometimes become distorted, leading to

maladaptive patterns of thinking and heightened emotional distress. CBT seeks to identify and modify these distortions, offering individuals the tools to recognize and challenge negative thought patterns, replace them with more rational and balanced cognitions, and subsequently experience improved emotional regulation (Beck, 2020).

One of CBT's distinctive features is its collaborative and structured nature. Psychologists and clients work together to set clear treatment goals, develop strategies, and implement interventions tailored to the individual's unique needs. This collaborative process empowers individuals to actively engage in their counselling process and take ownership of their progress. Moreover, CBT is typically time-limited, with a focus on achieving specific outcomes within a predetermined time frame, making it a pragmatic and goal-oriented approach (David et al., 2018).

This study adopted the cognitive behavioral theory, owing to the reason that widows may experience negative thought patterns, such as "I will never be happy again" or "I should have done more for my spouse." CBT helps identify and challenge these distortions, encouraging more balanced thinking. Grief can lead to persistent, unproductive thoughts about the loss. The techniques of CBT promote shifting focus away from these thoughts to more constructive reflections. It was used based on its emphasis on the connection between thoughts, emotions, and behaviors. Widows might feel profound sadness, anger, or guilt. By recognizing how their thoughts influence these feelings, they could start to manage their emotional responses more effectively. Cognitive behavioral theory, helps widows understand and manage their grief by addressing harmful thought patterns, regulating emotions, encouraging healthy behaviors, and promoting social connections, all of which contribute to a more adaptive grieving process. The CBT hardly explained how widows cope with their loss. Thus, this study further utilized the dual process model of coping with bereavement.

2.2.2 The Dual Process Model of Coping with Bereavement

The study was also anchored on the Dual Process Model of Coping with Bereavement first proposed by Stroebe and Schut (1999). The theory proposes that individuals facing bereavement experience two primary coping processes: loss-oriented and restoration-oriented stressors. Loss-oriented stressors involve emotions related to the death of the loved one, such as sadness, yearning, and longing for the deceased (Robinson & Marwit, 2006). In contrast, restoration-oriented stressors pertain to the practical adjustments required to adapt to life without the deceased, including dealing with new responsibilities and identity changes (Keirse, 1995).

Studies based on the dual process model have highlighted the importance of balancing both loss and restoration-oriented coping strategies for healthy bereavement outcomes. Stroebe and Schut (1999) argued that oscillation between these processes is essential for psychological adaptation and effective grief resolution. Engaging in activities that facilitate emotional expression and memory of the deceased (loss-oriented) alongside attending to practical aspects of life (restoration-oriented) was associated with better psychological wellbeing. Bryant et al. (2023), demonstrated that bereaved individuals who reported more frequent shifts between loss- and restoration-oriented copings had lower levels of prolonged grief and depression symptoms. Similarly, Ahn et al. (2023), showed that reliving distressing memories was a core component of treatments for post-traumatic stress disorder (PTSD) and prolonged grief disorder (PGD).

According to Fiore (2021) the Dual Process Model has significant implications for grief counseling and support interventions. Counsellors and therapists could use this model as a guide to help bereaved individuals understand and navigate their coping processes. By acknowledging and validating the oscillation between loss and restoration, interventions

could provide a more holistic approach to grief counseling, encouraging individuals to engage in both emotional expression and practical adjustments.

While the Dual Process Model has been widely embraced in bereavement research and practice, it has also faced criticism. Some scholars argue that the model may not fully capture the diversity of individual grief experiences, as not all bereaved individuals may oscillate between loss- and restoration-oriented coping (Mathieu, Todor, De Leo, & Kőlves, 2022). Additionally, the model's focus on balancing coping processes might overlook the unique cultural variations in grieving practices and beliefs, potentially limiting its cross-cultural applicability. Furthermore, some critics suggest that the model might not adequately address long-term bereavement outcomes and the complexities of grief trajectories over time (Nadurak, 2021).

2.3 Empirical Review

This section reviews empirical literatures that are suitable for the study which are in connection with the objectives of the study. They include; grief reaction levels among widows, influence of social support networks on grief reaction among widows, levels of psychological wellbeing among widows, and influence of grief counseling on psychological wellbeing among widows.

2.3.1 Grief Reaction Levels among Widows

Grief is a natural and universal human response to the loss of a loved one, and it can manifest in various emotional, cognitive, and behavioral ways (Petruzzi, 2023). According to prominent researchers and scholars in the field of bereavement, complicated grief, also known as prolonged grief disorder or pathological grief, represents a more challenging and prolonged response to loss (Bistricean, 2021). Grief reaction is characterized by intense and persistent grief symptoms that do not ease over time and could significantly impair the

individual's ability to function and engage in normal daily activities. Complicated grief is often characterized by symptoms that endure beyond what is considered typical for normal grief (Lundorff et al., 2017).

In Norway, Ringdal et al. (2001), conducted a study which investigated factors affecting grief reactions in close family members to individuals who died of cancer. The sample comprised 183 close family members to patients with advanced cancer who had participated in a cluster-randomized sampling technique. Also, 434 cancer patients were included in the study, 235 in the intervention and 199 in the control group, age above 18 years. The sample included 32 % men and 68 % women. According to the findings of the study, it was reported that widows were at high levels of grief after the death of their partners ($M = 69.21$, $SD = 22.24$). It was also found that the grief reactions levels increased with the respondent's age, especially for respondents above 60 years of age, at month 13 after the death ($M = 67.15$, $SD = 23.33$). Similarly in the USA, Wicochea (2023) established that the grief reaction levels among the bereaved participants were at ($M = 24.73$, $SD = 15.05$), which revealed high levels of grief reaction.

Tomarken et al. (2021), also in the USA examined bereaved widows over a period of 6 months. The researchers measured grief severity, depressive symptoms, anxiety levels, and overall life satisfaction among a sample of widows. The findings revealed that widows experienced the highest levels of grief and psychological distress immediately after their spouse's death. Prolonged grief was found in 12.3% of 56 bereaved adults between 20 and 50 years old who lost their spouse due to cancer. However, over time, there was a gradual improvement in their psychological wellbeing, with a reduction in grief severity and depressive symptoms. The study highlights the resilience of widows in coping with grief and suggests that psychological wellbeing may improve as they adapt to life without their partner. However, the study sample was limited to bereaved adults between the ages of 20 and 50

who lost their spouse due to cancer. This narrow focus on a specific age group and cause of spousal loss might limit the generalizability of the findings to widows in other age ranges or those who experienced spousal loss due to different causes

In Nigeria, Okoro et al. (2021), conducted a study on length of widowhood and stress on life satisfaction of older widows. A sample of one hundred and fifty-five (N = 155) widows (mean age = 57 years) were drawn from the Nsukka metropolis using convenient sampling. The result of the investigation revealed that the majority of Nigerian widows (59.9%) reported experiencing grief reaction at medium levels, (29.85%) experienced grief at low levels, and (10.35%) experienced grief at high levels respectively. The study, therefore, recommended that the society, government, counsellors and other social welfare practitioners may organize awareness programs; seminars at the various communities to educate the people and also introduce intervention strategies aimed at abolishing injurious cultural widowhood practices, legislation against oppressive mourning, and widowhood rites which tend to constitute stress for the widow. The study focused on length of widowhood and stress on life satisfaction of older widows, which left a gap on the present study, and thus, investigated the influence of grief counselling on psychological wellbeing among widows at the Africa Inland Church in Nairobi Area Church Council, Kenya.

In Kenya, Fransisca and Mwalwa (2021) looked at grieving experiences of widows and their psychological wellbeing in Kibwezi East Sub County, Makueni County. The study used cluster sampling with a sample size of 340 widows for quantitative data, eight widows and five key informants from the sampled organizations were also interviewed. It was found that out of the 340 widows, a majority of them at a mean of (M= 4.5082) had a high level of grief reaction. They cited readjustment of roles as the experience that affected them most during their grieving period as compared to (M= 1.8228) who cited stigma as their worst

grieving experience. Though with a small margin, rejection as a grieving experience seemed to affect more widows ($M = 2.5804$) than conflicts ($M = 2.4066$).

2.3.2 Influence of Social Support Networks on Grief Reaction among Widows

The loss of a spouse is a difficult human reality that can be very painful to bear. The death of a spouse is not easily accepted by individuals, especially by women, because they have to bear all the stressors. Social support is hereby very crucial for widows. Stronger psychosocial supports are necessary for grieving spouses in order to enable better coping and adaption in the losses (Awaliah et al. 2023; Muhammad, 2020).

In the USA, Wicochea (2023) carried out a study which investigated grief, depression, and well-being, the role of social support and psychological inflexibility. A total of 210 participants were sampled, consisting of 153 females, 53 males. The average age of the participants was 25.00 years ($SD = 7.41$) having the range from 18 years to 61 years old. The ethnic composition of the sample of the study was 66% Latinx, 14% White, 5.2% African American, 3.8% Asian/Pacific Islander, 8.1% Bi-Cultural as well as 2.9% Other. The author posited that grief was a normal emotional process that individuals experience upon the death of a loved one, and that complicated grief or prolonged grief disorder results when grief becomes prolonged and associated with impairment in functioning.

Based on the outcomes of the study, the multiple regression, moderated-moderation analysis utilizing PROCESS Model 3 with grief reaction level, social support, counselling, psychological inflexibility and their interactions as predictors of the outcome of psychological well-being revealed that the total model accounted for 42.5% of the variance in psychological well-being ($R^2 = .42$; $F(7, 202) = 21.28$, $p < .0001$).

In Indonesia, Awaliah et al. (2023), conducted a study which investigated social support as a protective factor for widows' resilience. The study used a systematic literature review method by reviewing research articles published from 2013-2023, using online databases including Science Direct, Scopus, ResearchGate, Academia, SAGE Pub. Based on review, 10 articles were strongly selected. The outcome of the study revealed that social support networks influenced grief reaction among widows ($p = .001$). It was observed that social support network was an important role which acted as a protective factor for widows' grief as well as coping.

In Nigeria, Mojinyinola (2010) investigated how social support helps in reducing symptoms of emotional feelings associated with bereavement and how it enhances recovery from bereavement. The study was carried out among 250 bereaved persons using the descriptive survey research design of the ex-post-facto type. The study established that social support and grief therapy had a significant impact on symptoms of emotional feelings associated with bereavement ($F = 9.82$, $df = 1/198$, $P < .05$), and also had a significant impact on recovery from bereavement which enhanced their psychological wellbeing ($F = 5.94$, $df = 1/198$, $P < .05$). Thus, the outcome suggests that social support as well as counselling received by the bereaved persons helped them to experience reduced symptoms of emotional feelings associated with bereavement. This study was carried out among bereaved persons, and not specifically the widows. This present study specifically focused on the widows at the Africa Inland Church, Nairobi Area Council, Kenya.

In Kenya Kathomi et al. (2022), examined the difficulties faced by widows in Kenya and the steps taken to assist them cope with the death of their spouses. The five stages of Kubler Ross's coping with death served as the study's framework. The study applied a descriptive survey research technique with 968 widows who were already enrolled in pastoral

care programs, 7 archdeacons overseeing the 7 archdeaconries of the Diocese of Embu, and 1 diocesan bishop as its primary populations. The sample size was 97 responses since systematic random sampling was employed to choose every tenth element, with 10% of the targeted population being considered an appropriate sample size. In order to have an aggregate total of eight representatives of the pastoral care providers in the pastoral care programs for widows in the diocese of ACK Embu, the seven archdeacons and the diocesan bishop were purposefully chosen as core informants. Respondent information was gathered using questionnaires. Data from the key informants were collected using interviewing guides.

The study discovered that the main struggles of widows included lack of resources, social isolation, and culturally generated stigma. The psychological well-being of the widows was not, however, a focus of the study; as a result, there is a research gap that need to be filled by the current study. This study by Kathomi et al. (2022) utilized the qualitative research method while the current study employed the quantitative research method in carrying out its investigation.

2.3.3 Levels of Psychological Wellbeing among Widows

Almost worldwide, widows comprise a significant proportion of all women, ranging from 7% to 16% of all adult women (UN Division for the Advancement of Women, 2000). However, in some countries and regions, their proportion is far higher. In developed countries, widowhood is experienced primarily by elderly women, while in developing countries it also affects younger women, many of them still rearing children. Death of the spouse, or separation (legal or otherwise), appears to affect both the sexes in different ways and the psychological effect of these events is immense (Trivedi et al., 2009).

In Canada, O'Rourke (2004) investigated psychological resilience and the well-being of widowed women. A total of 232 women were recruited for this study over an 18-month

interval. In addition to being widowed, a further inclusion criterion required that participants remained unmarried as it was assumed that the experience of living with a new spouse would affect perceptions of the prior marriage. The average age of these women was 60.62 years (SD = 9.29). On average, they had been married for 25.70 years (SD = 12.17) and had been widowed for 8.59 years (SD = 8.27). It was found that the widows were at low levels of psychological wellbeing (M = 19.53, SD= 6.93), they were at high challenge of life (M = 16.78, SD= 4.28) commitment to living being at (M = 20.40, SD = 4.71).

In Malaysia, Momtaz et al. (2009), conducted a study on Widowhood and psychological well-being among older Malaysians: mediating effect of social network. A total of 1,681 community-dwelling older persons in Malaysia, ranging in the age group of 60–110 years. According to the findings, the mean score for social network was 12.4 (SD=7.18) and for psychological well-being among the widows was high (M = 61.9 (SD=22.90).

In Nigeria, Nwanozie (2023) carried out study on the impact of widowhood on psychological wellbeing and quality of life of spouses in Onitsha, 26 widows between the ages 20-70 years were sampled using the purposive and convenience sampling techniques. Psychological Wellbeing indicated wider experience of poor psychological wellbeing among the widow's sample. Reports indicated that the widows were at high psychological wellbeing (M = 128.00, SD = 20.59). The study recommended that Community and culturally based practices that work against the quality of life and psychological wellbeing of widows in Anambra State, Nigeria need to be eradicated.

In Kenya, Fransisca and Mwalwa (2021) conducted a study on grieving experiences of widows and their psychological wellbeing in Kibwezi East Sub County, Makueni County. Sampling was done using cluster sampling with a sample size of 340 widows for quantitative

data, 8 widows and 5 key informants from the sampled organizations were also interviewed. Psychological wellbeing factors include; autonomy, mastery of the environment, personal growth, positive relationships, purpose in life and self-acceptance. All were examined during the study. It was found that personal growth as a psychological wellbeing factor affected more widows (3.33324) as compared to positive relationship (2.4517). Out of the samples 340 respondents, a mean of 3.2466 showed low psychological wellbeing, whereas 2.6298 of the widows considered self-acceptance. Based on the qualitative findings, some of the widows stated that;

“I don’t play any role. I left his family. But where I am, I am the sole leader and owner of my family. I act as the mother and father of my family. I take up the roles which I can manage and leave those that I can’t manage” (widow 3).

Another widow asserted that:

“I feel am not completely the owner of my husband’s property. His brothers have a lot of say in my land because I can’t sell it even if I wanted to. They own it. What I do is that I take care of it by cultivating it and taking care of the cows that came after. Sometimes I sell the cows to get school fees for my children because I have no other means. I just use what I have (widow 4).

2.3.4 Influence of Grief Counselling on Psychological Wellbeing of Among Widows

Grief counselling possibly gives widows the necessary support as well as coping mechanisms in order to steer the painful and challenging process of losing a spouse. The purpose of grief counselling is to journey with individuals navigate the complex emotions, thoughts, and challenges that arise after a loss, and to facilitate the process of psychological wellbeing.

In the USA, Seiler et al. (2020), conducted a systematic review to look at a number of potential routes connected to grief and health. In order to offer a fresh model for comprehending personal variances in long-term trajectories of adjustment to interpersonal loss, the study used the theory of Social Signal Transduction of Depression. According to the

research, death of a spouse is among the major source of stressful life situations an individual may go through. Bereavement was linked to a greatly elevated danger of morbidity and mortality, specifically in the first few weeks and months after the loss ($p = .000$). The study was based on desk review of extant literature. This implied that the findings might not cast light on the current situation in the Kenyan situation among widows, thus the need for the current study.

Schaan (2013) investigated the relationship between widowhood and depression among senior citizens within a European context. He applied the Social Production Functions theory as a theoretical framework. The study adopted the fixed-effects linear regression models utilizing a subsample of 7,844 participants over 50 years in 11 nations. The findings showed that respondents who experienced widowhood showed increased symptoms of depression as compared to those continuously married. There lacks statistically significant relationship between gender and widowhood ($p = .06$). Frequency of depressive characteristics increased more for bereaved people with greater marital quality at baseline than for individuals with lower marital quality. Although people who were widowed reported caring for their children, the increase in depressive symptoms were less than for widowed non-caregivers. Since the findings by Schaan was focused on European countries. It was a correlational study. These findings may thus not relate to this current study which focused on an African country. The former study did not narrow down to influence of grief counselling on the psychological wellbeing among widows, hence the justification for this current study.

In this cross-cultural study by Garcia et al. (2019), the psychological wellbeing of widows from different cultural backgrounds was compared. The researchers conducted surveys and interviews with widows from various countries, including India, Brazil, and the United States. The study found variations in the levels of psychological wellbeing among

widows from different cultural contexts. Cultural beliefs, social norms, and available support systems were identified as key factors influencing widows' psychological wellbeing. The study emphasized the importance of considering cultural diversity when addressing the psychological needs of widows experiencing grief. While the study acknowledged the role of cultural beliefs and social norms, further research could delve deeper into specific cultural factors and traditions that influenced widows' psychological wellbeing. Understanding the nuances of cultural practices and rituals related to widowhood could provide a more comprehensive understanding of their impact on widows' grief experiences.

Yoon et al. (2021), confirmed and proposed an update on the cultural bereavement structure in an exploration of the past experiences of eleven Ethiopian refugees residing in South Korea. This was also in addition to their importance to cultural bereavement. The findings indicated that refugees suffered an insignificant continuation of living in the past, a sense of shame over the loss of one's culture, various sorts of rage, and worry in respect to their own and their young minors' cultural identities. Strong religious convictions, continued religious practice, casual get-togethers among Ethiopians abroad, and planned communal events offered a remedy for cultural loss. The implications of the findings aimed to guide practitioners in identifying complicated signs of mental distress that are frequently misdiagnosed in terms of their causes, in addition to types and sources of diagnosis. Any revision to the structure for grieving within a culture must also take into account the environment and unique conditions of the displaced person's issues. The former study did not narrow down to loss and grief counselling. It was also undertaken in an Asian country. The findings might thus not be related to grief counselling in Kenya context.

Muthangya (2019) carried a study in order to identify the psychological issues that have an impact on the widows' wellbeing in particular churches in the County of Nakuru,

Kenya. The study used a qualitative technique and a descriptive research design. Entire widows who went to the church services in the chosen congregations were the target demographic. In this regard, Focused group discussions and in-depth individual widow interviews served as the data collection approaches. The information was thematically examined and verbatim presented. The main study conclusions showed that spousal death caused psychological difficulties such as depressed symptoms, dread of taking on family responsibilities, threats, worry for one's own life, and emotions of regret. The main strategies for overcoming psychological issues included raising awareness, using social support networks, using individual support, and taking the initiative to seek out professional and accredited counselling. Although, the survey was similar to the current study, it did not examine the influence of grief counselling on the psychological wellbeing among widows. This means that the findings may not answer all questions under investigation in this current study.

In Kenya, Fransisca and Mwalwa (2021), carried a study on grieving experiences of widows and their psychological wellbeing. The study established that there was a direct relationship between grieving counselling and psychological wellbeing ($p = .006$). According to the study, this could be ascribed to the reality that, widows with a strong will of purpose in life might take the new roles positively and disallow rejection and other forms of negativities from destructing them from focusing on life's purpose which often imply, bringing up the children, providing for the family and purpose to live on. The study was focused on grieving experiences, and it was a correlational study, whereas, this current study specifically concentrated on the influence of grief counselling on the psychological wellbeing among widows, and it utilized the causal research design.

2.4 Research Gap

In the existing literature, there are several gaps related to the influence of grief counselling on the psychological wellbeing of young widows at the Africa Inland Church, Nairobi Area Church Council, Kenya. The empirical review showed that there was a scarcity of studies that specifically focused on the influence of grief counseling on psychological well-being of widows in this particular region (Adebowale, 2015; Mirera, 2016; Molefi & Motalenyane, 2020). Most of the research available had a global or regional focus, did not capture the unique experiences and challenges faced by widows in AIC Church in Nairobi Area Council, Kenya. Existing studies often generalized findings from different populations and age groups, which did not provide insights into the specific needs and experiences of widows at the AIC Church, Nairobi Area Church Council, Kenya.

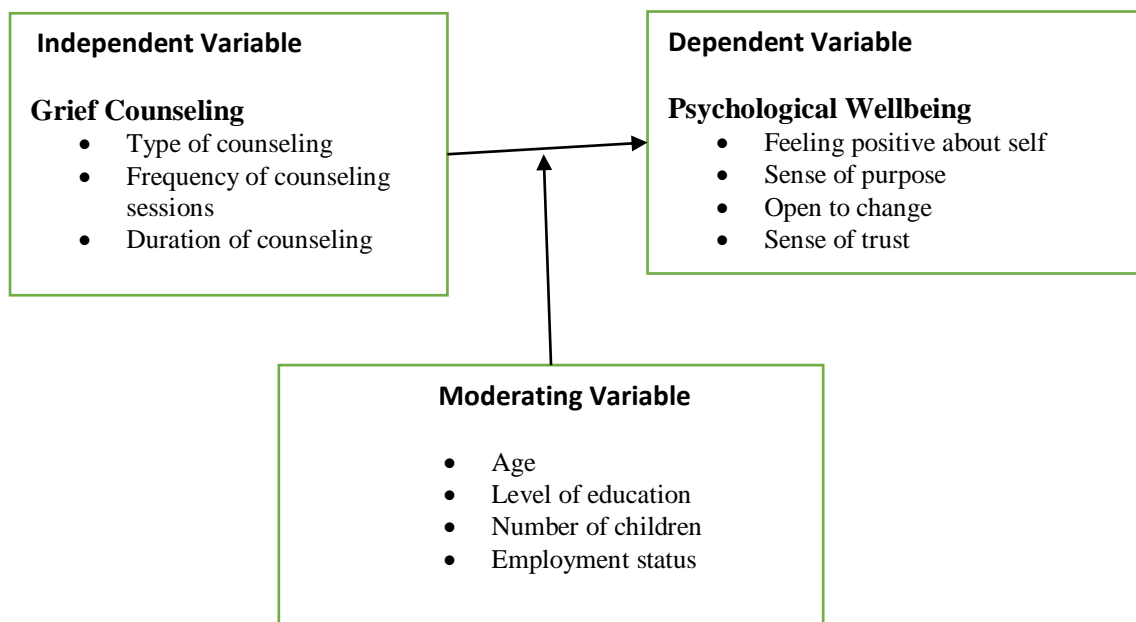
Moreover, there was a dearth of literature that examined the role of the Africa Inland Church in providing support and counselling services to widows at Nairobi Area Church Council. The church's interventions and counselling programs have not been extensively studied in relation to addressing the psychological challenges faced by widows in this specific religious and cultural context. The current research on the influence of grief counseling on the psychological wellbeing of widows at the Africa Inland Church, Nairobi Area Church Council was significant and relevant as it aimed to address the gap.

2.5 Conceptual Framework

A conceptual framework is a diagrammatic representation of variables or constructs used to map and as well guide a research process (Green (2014). This study proposed a possible influence of grief counselling on psychological wellbeing. The conceptual framework for this research was informed by the literature and theory on widowhood. It indicated the influence of independent variable on dependent variable. The independent

variables for the study were grief counseling. The dependent variable was psychological wellbeing and then the moderating variable, as shown in Figure 1.

Figure 1: Conceptual Framework



Source: Researcher (2024)

Figure 1, demonstrated a causal study, in which the independent variable as indicated in the conceptual framework was Grief counseling, while the dependent variable was psychological wellbeing. The dependent variable also had the following indications; Feeling positive about self, sense of purpose, open to change, and a sense of trust. The moderating variables comprised of age, level of education, number of children and employment status, in which might possibly influence grief and psychological wellbeing

2.6 Chapter Summary

This chapter presented the theoretical discourse followed by the empirical literature review. This was done in accordance with the objectives of the study. Furthermore, the emerging research gaps and conceptual framework were articulated respectively. The next chapter focused on the methodology of the study.

CHAPTER THREE

METHODOLOGY.

1.1 Introduction

This chapter demonstrates comprehensive methods that would guide the study. It includes sections on the epistemology of the study, study design, target population, sample determination, sampling technique, data collection methods and analysis of data, the ethical considerations, the envisaged impact of the study, and the chapter summary.

3.2 Epistemology of the Study

Epistemology could be seen as the scientific study of knowledge as well as the foundations of beliefs. It is a set of principles that concentrates on what counts as educational information and how it is attained, separating it from preconceptions, opinions, and then ideologies (Crowther & Lancaster, 2012). This quantitative study adopted the positivist research approach. This research approach had the advantage of revealing universal principles and observable facts that might be tabularized. Positivism was based on the notion that science gives a logical way of discovering empirical truth. This strategy showed a high level of structured data gathering and a big sample size, and it utilized a quantitative means of gathering as well as measuring the data. Collins (2010) argues that positivism believes that factual knowledge is gained through observation and measurement. In this epistemological position, the focus of the study was on the influence of grief counselling on psychological wellbeing among widows at Africa Inland Church, Nairobi Area Church Council, Kenya.

3.3 Research Design

Research design describes the technique that a researcher chooses to combine the various components of the research to resolve the research problem (Trochim, 2006). It allows for the most effective way of measuring the variables and therefore collecting data for analysis. This study employed the quantitative research methods of data collection and analysis and it adopted the causal research design. This design was chosen because the study aimed at examining the influence of grief counseling on psychological wellbeing among widows of Africa Inland Church, Nairobi Area Church Council, Kenya.

3.4 Location of the Study

The research was conducted in Nairobi County, Kenya. Nairobi County is one of the largest 47 Counties of the republic of Kenya. The county borders Narok County to the West, Nakuru County to the East, and Kiambu County to the North. The indigenes of Nairobi County are the Masaai, according to the 2019 Kenya Population and Housing Census estimated to be over 1, 118, 840 persons. However, Nairobi County is occupied by both the indigenes, other Kenyans and foreign nationals. It has an annual growth rate of 5.5%, and a population density of 51 people per km². The main economic activities of the people comprised of pastoralism, livestock herding, tourism as well as agriculture. In addition, Nairobi County has five (5) constituencies which are divided into 25 senatorial wards (Infotrak Index, 2019).

This study focused on the Africa Inland Church, in the Nairobi Area Church Council. The area consists of 9 regions spread across the area of 696.1 km² of the Nairobi County (AIC Report, 2022).

Widows at the AIC Church in Nairobi Area Council, are confronted with a range of vulnerabilities that possibly impact various parts of their lives. Aside the loss of their spouses, many of these widows are challenged with distressing events like sexual and physical abuse,

while dealing with the challenges of poverty and health issues. In addition, there was currently a lack of support structures to provide counselling for widows in AIC communities. Based on that concern, and widows finding themselves in disappointing environment, this study aimed to investigate whether grief counselling influences psychological wellbeing of widows at the African Inland Church in Nairobi Area Council, Kenya.

3.5 Target Population

A target population is the populations on which the researcher has a plan to conduct research in and come up with a conclusion from (Cohen, 2018). In the course of this study, the target population was widows at the African Inland Church in Nairobi Area Church Council, Kenya. This study targeted all the widows (114) within the Africa Inland Church in Nairobi Area Church Council.

3.6 Sampling Design

This section focused on the sampling processes which comprised sampling frame, sampling technique, and sampling size determination respectively.

3.6.1 Sampling Frame

Sampling frame could be seen as the list of the entire population of a researcher's interest from which the sample is chosen (Bryman, 2016). In this study, the sampling frame was drawn from the list of the number of widows in 9 regions of the Africa Inland Church, and the regions are tabulated in Table 1.

Table 1 Sampling frame

Regions of AIC	Number of Widows
Nairobi Central	18
Nairobi East	10
Nairobi Industrial	13
Nairobi South	8
Nairobi North	15
Nairobi West	14
Nairobi South -West	16
Nairobi North-West	10
Embakasi	10
Total	114

Source: African Inland Church (AIC, 2024)

3.6.2 Sampling Techniques

The study adopted the census sampling technique in adopting the regions of the 9 Africa Inland Church. This allowed the researcher to consider all the 9 regionals due to the limited numbers of the participants of Africa Inland Church, of the Nairobi Area Church Council. In this position, the researcher was interested in understanding how grief counseling influenced psychological wellbeing of widows. The study gathered valuable insights that were relevant.

3.6.3 Sample Size Determination

This study made use of census method. Thus, census involves taking the entire population to constitute a sample (Nanjundeswaraswamy & Divakar, 2021). Based on the relatively small size of the population, having 114 widows at the AIC, the study adopted a census method, which took in consideration the entire population of the widows at African Inland Church. This was appropriate for this study as it permitted comprehensive representation of the entire population. Bell et al. (2023) backed this technique and submits that employing a census approach eliminates sampling error and it enhances the accuracy and

reliability of the research outcomes. In this regard, all the 114 widows formed the sample size of this study and were invited to participate in this study.

3.7 Research Instruments

Kumar (2011) stated that appearance of the research instrument, introduction to respondents and instructions for completion are crucial. This study employed standardized questionnaires. The researcher used four sets of research instruments to assess the constructs among the respondents of this study. As a result, the researcher used the Brief Grief Questionnaire (BGQ), the Psychological Well-being (PWB) and the Multidimensional Scale of Perceived Social Support (MSPSS) respectively.

The Brief Grief Questionnaire (BGQ) was developed by Shear et al. (2001). The Brief Grief Questionnaire (BGQ-5) is on a 3-point Likert scale ranging from 0-2, where; 0 = Not at all, 1 = Somewhat 2 = A lot. It gauges symptom severity, aids in identifying prolonged grief, and assesses emotional intensity, providing a comprehensive understanding of an individual's grief experience. To calculate the total score; the responses to all items are summed. Higher total scores indicate more severe grief symptoms, signifying a greater emotional impact related to the loss. The scores range from 0 to 15. Grief reaction levels range from 0 to 3 (Low grief reaction level), 4 to 8 (Moderate grief reaction level), 9 to 15 (High grief reaction level).

The study also used the Psychological Well-Being Scales (PWB), which was developed by (Ryff, 1989). It is 42 items that was utilized to assess psychological well-being among widows. It uses Likert-type questions to measure dimensions like self-acceptance, positive relations, autonomy, and personal growth. To score, negative phrased items (3, 5, 10, 13, 14, 15, 16, 17, 18, 19, 23, 26, 27, 30, 31, 32, 34, 36, 39, and 41) were reversed, where higher scores indicate greater agreement. Then, the questionnaire is divided into six dimensions: Autonomy (items 1, 7, 13, 19, 25, 31, 37), Environmental Mastery (items 2, 8,

14, 20, 26, 32, 38), Personal Growth (items 3, 9, 15, 21, 27, 33, 39), Positive Relations (items 4, 10, 16, 22, 28, 34, 40), Purpose in Life (items 5, 11, 17, 23, 29, 35, 41), and Self-Acceptance (items 6, 12, 18, 24, 30, 36, 42). The adjusted scores within each dimension are summed to assess an individual's psychological well-being across these six key aspects of life. The levels of psychological well-being are scored; 1-90 (low level of psychological well-being), 91-160 (moderate level of psychological well-being), 161-252 (high level of psychological well-being).

The Multidimensional Scale of Perceived Social Support (MSPSS) was developed by Zimet et al (1988), and it is used to measure perceived social support networks. It has 12 items, of a 7-point Likert scale, then scored where; 1 = Very Strongly Disagree, 2 = Disagree, 3 = Mildly Disagree Undecided, 4 = Neutral, and 5 = Mildly Agree, 6 = Strongly Agree, and 7 = Very Strongly Agree. A score going from the mean score of 1 to 2.99 is considered low social support, 3 to 5 could be seen as moderate social support, while 5.1 to 7 could be regarded as high social support.

3.8 Pilot Study

A pilot study was carried out to assess the reliability and validity of the measurement tools that were used in the study. It was carried out in four Africa Inland Churches in Machakos area, Kenya. The pilot study was made up of 10 participants, who were widows. The researcher adhered data collection protocols by seeking authorization from the leadership of the AIC and as well obtained informed consent from the widows. Also, the ethical considerations were observed. Findings from the analysis of the pilot study revealed that the PWB questionnaire, demonstrated a high internal consistency reliability (Cronbach alpha = 0.86), the Brief Grief Questionnaire (BGQ) showed a reliable internal consistency (Cronbach alpha = 0.76), and the Multidimensional Scale of Perceived Social Support (MSPSS), indicated a good internal consistency reliability (Cronbach alpha = 0.87).

3.9 Validity and Reliability of Research Instruments

The degree of accuracy with which test measures what it is intended to measure and that the results obtained actually represent the phenomenon under study is referred to as validity (Mwituria, 2015). To ensure validity in this study, standardized tools with proven validity were used. According to Creswell (2014), reliability refers to whether or not scores on an instrument are internally consistent, stable over time, and whether or not test administration and scoring are consistent.

Brief Grief Questionnaire (BGQ) was used by Ito et al. (2012) among bereaved people from a randomly selected sample of individuals ages 40–79 in Japan (n= 5000) and Tokyo (n=1250). Item-total correlations were high ($r_s > .67$). The internal consistency of the BGQ (Cronbach's $\alpha = .75$), indicating adequate reliability. Regarding the Psychological Well-Being Scales (PWB), the validity and reliability was confirmed in a study carried out by Kállay and Rus (2014) in the USA, and the Cronbach's α was found to be at .70.

The Multidimensional Scale of Perceived Social Support (MSPSS) was used among 137 participants in Canada. The scale was confirmed to be reliable. The internal consistency Cronbach's α was .83 (DiMillo et al., 2017).

3.10 Data Collection Procedures

The researcher first obtained approval from the Tangaza University Institutional Scientific Ethics Committee (ISERC). The researcher applied and obtained authorization from the National Commission for Science, Technology, and Innovation (NACOSTI) so as to carry out research among the participants of this study. A letter of authorization was acquired from the African Inland Church (AIC). After the authorization was granted by the AIC, the researcher further obtained free and informed consent from the participants of this study.

Further, the researcher carried out informative sessions with the participants of the study so as to provide an in-depth overview of the study, its purpose, procedures as well as

the implications. During these sessions, the participants had the opportunity to ask questions and clarify their concerns. The researcher recruited a research assistant with a BA degree who helped distribute and collect the questionnaires. Due to the sensitive nature of this research topic, a professional counselling psychologist was invited for a debrief among the participants.

3. 11 Data Analysis

In this research, quantitative data collected from the participants of this study were analysed with the use of descriptive and inferential statistics. Table 2 demonstrates a detailed quantitative statistical data analysis.

Table 2 Data Analysis

Data analysis of:	Variable type	Purpose of the test	Type of the test
Demographic Characteristics	Categorical	Collect information about demographics Characteristics	Frequencies, percentiles.
Objective One	One Scale	To measure the levels	Descriptive statistical score.
Objective Two	Two scales	Test Influence.	Regression Analysis.
Objective Three	One Scale	To Assess the levels	Descriptive statistical score
Objective four	Two Scales	Test Influence	Regression Analysis

According to Table 2, after the collection of data from the participants. Data analysis was conducted using the Statistical Packages for Social Sciences (SPSS) version 25. Descriptive statistical analysis of this study involved the use of frequencies and percentages and it was used for demographic analysis; while inferential statistical analysis used in this study was the regression analysis. Based on research objective one and objective three, grief reaction levels and levels of psychological wellbeing among widows were analysed and measured using descriptive statistical score so as to measure the levels, and findings were

presented in a summary table respectively. The regression analysis was used to analyse research objectives two and objective four respectively and were shown in summary tables.

3.12 Ethical Considerations

This study focused on the influence of grief counselling on the psychological wellbeing of widows within the Nairobi Area Church Council of the African Inland Church. Several ethical considerations were carefully addressed to protect the rights and welfare of the participants of this study. The researcher obtained clearance from TU-ISERC, the next step was to seek permission from the National Commission of Science, Technology, and Innovation (NACOSTI).

The researcher sought approval for this study from the Tangaza University Institutional Scientific Ethics Review Committee (TU-ISERC). The research further obtained permit from the National Commission for Science, Technology, and Innovation (NACOSTI). NACOSTI is the regulatory body responsible for overseeing research activities in Kenya. Furthermore, as the study involved participants within the Africa Inland Church, Nairobi Area Church Council, the researcher also sought authority from the Church authority to conduct the research. This step was crucial to obtain the church's endorsement and support for the research.

After obtaining all necessary approvals and permits, the researcher visited the study sites to identify potential respondents to explain the research's purpose and sought their voluntary participation. All participants were fully informed about the research process, and the objectives of the study were clearly explained to them. The researcher conducted these interactions with transparency and respect for the potential participants' autonomy and decision-making. This transparency ensured that they understood the purpose of their involvement and what would be expected of them during the research. The participants consented that participating in this study was entirely voluntary, and they were not coerced or

pressured in taking part in the study. They had the freedom to withdraw from the study at any point without providing a reason, ensuring that their participation remained a matter of personal choice.

Confidentiality and anonymity were paramount in safeguarding the privacy of the participants. All data obtained from the participants were handled with strict confidentiality, and any identifying information, such as names or personal details, were replaced with unique codes to protect their identities. This measure ensured that the participants' anonymity was preserved throughout the study, providing the participants with a sense of security and privacy.

Participants were informed of their right to withdraw from the study at any point. They also had the opportunity to ask questions and withhold any private information without fear of repercussions. There was no deception involved, and the research adhered to the ethical principle of non-maleficence, ensuring no harm caused to any of the participants.

Completed questionnaires were securely stored in a locked cabinet in order to prevent unauthorized access. Data generated from the study were securely stored in accordance with the Data Protection Act of 2019, making sure there was easy reference both during and after the study. Coded data was stored on an encrypted, password laptop, ensuring that sensitive data remained protected from breaches or unauthorized access. Finally, all sources of information were properly cited so as to avoid plagiarism and to acknowledge the contributions of other authors. The research also took necessary precautions to protect the physical and emotional well-being of the participants during the study. This was actualized by inviting a profession counselling psychologist to conduct a debrief among the widows who participated in the study.

3.13 Envisaged Impact of the Research

The research was expected to provide empirical evidence of the influence of grief counselling on the psychological wellbeing of widows in the Africa Inland Church, Nairobi Area Church Council, Kenya. This might spur enhanced interest in grief counselling for widows. Government and development actors could be encouraged to strengthen programmatic interventions towards enhancing the psychological wellbeing of widows in this study area.

3.14 Chapter Summary

This chapter articulated the methodology and research designs appropriate for the study. It discussed the epistemology of the study, study design, target population, sample determination, sampling technique, data collection methods and analysis of data, the ethical consideration, the envisaged impact of the study. The next chapter focused on findings and presentations.

CHAPTER FOUR

FINDINGS

4.1 Introduction

This chapter presented the outcomes of the study, beginning with the response rate of the study. It further articulated the demographic characteristics of the participants of the study, the findings of the study in relations to the objectives of the study, and ended with the chapter summary.

4.2 Response Rate

In this section, the response rates of the questionnaires distributed to the participants of this study were presented. Table 3 exhibits the distributions of the questionnaires.

Table 3

Response Rate

Sample Size	Distributed Questionnaires	Returned Questionnaires	Spoiled Questionnaires	Properly filled Questionnaires
114	114	114	2	112

As seen in Table 3, the sample size of participants was 114. Out of the 114 questionnaires that were distributed, 114 were given back to the researcher, and 2 of the questionnaires were spoiled, and hence discarded due to incomplete responses to questions. The remaining 112 questionnaires were properly filled and then used for analysis. For that reason, this study had a 98.2% response rate. Sataloff and Vontela (2021) argue that a questionnaire response rate of 70% and above is sufficient for drawing a conclusion on the area of the study.

4.3 Demographic Characteristics

This section presented the demographic characteristics of the participants of this study. This included; age, education level, number of children, and employment status. The findings are presented in Table 4.

Table 3 Demographic Characteristics of Participants

Age	Frequency	Percentage
26-30 years old	6	5.4%
31-34 years old	12	10.7%
35-39 years old	31	27.7%
40 and above	63	56.3%
Total	112	100
Level of education		
Primary School	1	.9%
Secondary School	26	23.2%
College	54	48.2%
University	31	27.7%
Total	112	100
Number of Children		
1-2 Children	23	20.5
3-4 Children	28	25.0%
5 and above	61	51.5%
Total	112	100%
Employment Status		
Employed	31	27.7%
Self-Employed	39	34.9%
Not Employed	42	37.5%
Total	112	100%

Findings in table 4 revealed that most (n = 63, 56.3%) of the participants were between the ages of 40 and above, while the lowest ages were 26-30 years old, being at 5.4% (n = 6). Most (n = 54, 48.2%) of the participants had attended college, while 0.9% (n = 1) attended primary education. With regards to number of children bore by the participants, it was found that 51.5% (n = 61) of the participants had 5 children and above, while 20.5% (n =

23) had between 1-2 children. Employment status showed that 37.5% (n = 42) were not Employed, while 27.7% (n = 31) were employed.

4. 4 Examining Grief Reaction Levels among Widows at Africa Inland Church in Nairobi Council, Kenya

The first objective of this study was to examine the grief reaction levels among widows at Africa Inland Church in Nairobi Area Church Council. The descriptive statistical analysis was carried out, and data were computed and scored so as to measure the grief reaction levels among widows at Africa Inland Church in Nairobi council. The outcome of the analysis is presented in Table 5.

Table 5

Grief Reaction Levels among Widows

Grief Reaction Levels	Frequency	Percentage
Low	15	13.5%
Moderate	31	22.4%
High	66	64.1%
Total	112	100%

As seen in table 6, the outcome of the analysis indicated that most (n = 66, 64.1%) of the widows had a score of high grief reaction levels, while 13.5% (n = 15) of the widows at Africa Inland Church in Nairobi council were at low grief reaction levels. These findings imply that the widows were still struggling with grief on the death of their spouse.

4.5 Levels Psychological Well-Being among Widows at Africa Inland Church in Nairobi Council, Kenya

The second objective of this study was to assess the level of psychological well-being among widows at Africa Inland Church in Nairobi Area Council, Kenya. The descriptive statistical analysis was conducted and data were computed and scored in order to measure the levels psychological well-being. The findings are presented in table 6.

Table 4 Levels of Psychological Wellbeing

Levels	Frequency	Percentages
Low	28	13.5
Moderate	34	24.3
High	50	62.2
Total	112	100.0%

As observed in Table 6, findings pointed that 62.2% (n = 50) scored a high level of psychological wellbeing, while 13. % (n = 28) of the widows at Africa Inland Church in Nairobi Council, Kenya, were at low levels of psychological wellbeing.

4.6 Investigating the Influence of Social Support Networks on Grief Reaction among Widows at the Africa Inland Church in Nairobi County, Kenya.

The third objective of this study aimed to investigate the influence of social support networks on grief reaction among widows at the Africa Inland Church in Nairobi Area Church Council, Kenya. Regression analysis was performed in order to realize this objective. The results of the analysis are Tabulated in table 7.

Table 7

Influence of Social Support Networks on Grief Reaction Among Widows

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	96.869	1	96.869	2.163	.000 ^b
	Residual	4925.845	110	44.780		
	Total	5022.714	111			

a. Dependent Variable: Grief reaction

b. Predictors: (Constant), social support network

As seen in table 7, findings from the regression analysis showed that, F- value (1, 4925.845) = 2.163, and P value = .000, which is less than 0.05. This further pointed the regression coefficients of the influence of the predictor (social support network) on dependent variable which is grief reaction. Therefore, this outcome revealed that social support networks influenced grief reaction among widows at the Africa Inland Church in Nairobi Area Church Council, Kenya.

4.7 Establishing the Influence of Grief Counselling on Psychological Wellbeing Among Widows at The Africa Nairobi Area Council Inland Church, Kenya.

In the fourth objective of this study, regression analysis was conducted to investigate the influence of grief counseling on the psychological wellbeing among widows at the Africa Inland Church, Nairobi Area Council. The outcomes of this analysis are presented in table 8.

Table 8

Influence of grief counseling on the psychological wellbeing among widows

Model	Sum of Squares	df	Mean Square	F	Sig.	
1	Regression	9.459	1	9.459	.208	.030 ^b
	Residual	5013.255	110	45.575		
	Total	5022.714	111			

a. Dependent Variable: Grief counseling

b. Predictors: (Constant), psychological wellbeing

As seen in table 8, the outcome of the regression analysis revealed that, F- value (1, 5013.255) = .208, and $P = .030 \leq 0.05$. The regression coefficients revealed the influence of the predictor (grief counseling) on dependent variable which is psychological wellbeing. Thus, this analysis demonstrated that grief counseling influenced psychological wellbeing among widows at the Africa Inland Church in Nairobi Area Church Council, Kenya.

4.7.1 Relationship between Demographic Characteristics Grief Reaction among Widows at the Africa Inland Church in Nairobi Area Church Council, Kenya

The Pearson product moment correlation analysis was conducted to investigate the relationship between demographic of age, number of children, employment status and level of education, and grief reaction among widows at the Africa Inland Church in Nairobi County, Kenya. The results of the findings are tabulated in table 9.

Table 9.

Relationship between demographic characteristics and grief reaction

		Age	Grief Reaction
Age	Pearson Correlation	1	.483**
	Sig. (2-tailed)		.000
	N	112	112
Grief Reaction	Pearson Correlation	.483**	1
	Sig. (2-tailed)	.000	
	N	112	112

** . Correlation is significant at the 0.01 level (2-tailed).

		Number of Children	Grief Reaction
Number of Children	Pearson Correlation	1	.205*
	Sig. (2-tailed)		.031
	N	112	112
Grief Reaction	Pearson Correlation	.205*	1
	Sig. (2-tailed)	.031	
	N	112	112

*. Correlation is significant at the 0.05 level (2-tailed).

		Employment Status	Grief Reaction
Employment Status	Pearson Correlation	1	.369**
	Sig. (2-tailed)		.000
	N	112	112
Grief Reaction	Pearson Correlation	.369**	1
	Sig. (2-tailed)	.000	
	N	112	112

** . Correlation is significant at the 0.01 level (2-tailed).

Chi-Square Tests on Level of Education			
	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	251.494 ^a	92	.000
Likelihood Ratio	138.454	92	.001
Linear-by-Linear Association	3.295	1	.070
N of Valid Cases	112		

a. 116 cells (96.7%) have expected count less than 5. The minimum expected count is .01.

As seen in table 9, the Pearson product moment correlation analysis indicated that there was a significant positive relationship ($r = .483$, $p = .000 \leq 0.05$) between age and grief

reaction among widows at the Africa Inland Church in Nairobi County, Kenya. This finding implied a direct relationship, which meant an increase in one variable leading to a corresponding increase in another variable, the higher the age, the higher the grief reaction. The study also found that there was a positive relationship ($r = .205$, $p = .031 \leq 0.05$) between number of children and grief reaction among widows at the Africa Inland Church in Nairobi Area Church Council, Kenya. There was a positive relationship ($r = .369$, $p = .000 \leq 0.05$) between employment status and grief reaction among widows at the Africa Inland Church in Nairobi Area Church Council, Kenya. The Chi-square analysis indicated that there was a statistically significant relationship (Chi-Square value = 251.492, $df = 92$, $p\text{-value} = .000 \leq 0.05$) between levels of education and grief reaction among widows at the Africa Inland Church in Nairobi Area Church Council, Kenya.

CHAPTER FIVE

DISCUSSION

5.1 Introduction

This chapter discussed the findings from the analyzed data. Discussions were carried out in accordance with the objectives of the study, which focused on the grief reaction levels among widows, levels of psychological well-being among widows, influence of social support networks on grief reaction among widows, and influence of grief counselling on psychological wellbeing of widows at Africa Inland Church in Nairobi Area Church Council, Kenya. The discussion of the findings was confirmed with current literatures.

5.2 Grief Reaction Levels among Widows at Africa Inland Church in Nairobi Council, Kenya

The first objective of this study was to examine the grief reaction levels among widows at Africa Inland Church in Nairobi council. It revealed that most ($n = 66$, 64.1%) of the widows had a score of high grief reaction level, while 13.5% ($n = 15$) of the widows at Africa Inland Church in Nairobi council, were at low grief reaction level. This finding demonstrated the possibility that the widows were still struggling with grief on the death of their spouse.

The findings of this study confirmed the findings by Ringdal et al. (2001) in Norway, whose study investigated factors affecting grief reactions in close family members to individuals who had died of cancer. The study reported that widows were at high level of grief after the death their partners ($M = 69.21$, $SD = 22.24$). It was also found that the grief reactions level increased with the respondent's age, especially for respondents above 60 years of age, at month 13 after the death ($M = 67.15$, $SD = 23.33$). The findings of this study also showed similarity with the study by Wicochea (2023) in the USA, establishing the grief reaction levels to be at ($M = 24.73$, $SD = 15.05$)

The finding of this study confirmed the findings by Fransisca and Mwalwa (2021) in Kenya, whose study looked at grieving experiences of widows and their psychological wellbeing. It was found that out of the 340 sampled widows, a majority of the widows at a mean of ($M = 4.5082$) high levels of grief reaction citing readjustment of roles as the experience that affected them most during their grieving period as compared to ($M = 1.8228$) who cited stigma as their worst grieving experience. Though with a small margin, rejection as a grieving experience seemed to affect more widows ($M = 2.5804$) than conflicts ($M = 2.4066$).

The death of a spouse is one of the existential challenges that can be very painful to bear, especially the bereaved partners. This reality of losing one's partner is still a sad phenomenon that some widows struggle to fully understand, and as well come to terms with it. It is quite evident in this study that despite the long duration of their partner's death, some of the widows were still grieving over the death of their husband. Stahl and Schulz (2014) further affirm that the psychological effects of a spouse's death are quite significant. It can be extremely difficult and even incapacitating.

There might be a long period of grieving for widows due to deep emotional connection and the high possibility of attachment. Peterman (2012) also asserts that for numerous widows, the death of a spouse also comes with many other losses, such as the loss of their social status, marital home, land, property, dignity, and, sometimes, their children. The loss of a spouse is one of the most painful experiences in human life. This life loss calls for sufficient support for widows who, possibly, are still experiencing grief due to their loss.

5.3 Influence of Social Support Networks on Grief Reaction among Widows at The Africa Inland Church in Nairobi Area Council, Kenya.

The second objective of this study was to investigate the influence of social support networks on grief reaction among widows at the Africa Inland Church in Nairobi Area Council, Kenya. Findings revealed that social support networks influenced ($P = .000$) grief reaction among widows at the Africa Inland Church in Nairobi County, Kenya.

The outcome of this present study corroborated the study of Awaliah et al. (2023), in Indonesia. The social support that widows need was social support that comes from family and relatives with the availability of sympathy, worry and attention to help widows get through the grieving process and reduce the negative consequence of loss. Therefore, social support networks influenced grief counselling among widows ($p = .001$). It was observed that social support network was an important role which acted as a protective factor for widows' grief and coping.

The findings of this study were supported by the findings of Mojinyinola (2010) in Nigeria. The study established that social support had a significant impact on symptoms of emotional feelings associated with grief ($F = 9.82$, $df = 1/198$, $P < .05$), and also had a significant impact on recovery from bereavement ($F = 5.94$, $df = 1/198$, $P < .05$).

Widowhood is particularly distressing in the face of social disadvantaged. The presence of social support networks may facilitate coping and healing from the painful loss of a husband among the widows. Grief is the process of dealing with death and each widow has a different grieving process as well as duration. The grief process among widows can be anticipated in various ways such as denial, anger, depression and acceptance. Social support is very crucial for widows. Zhou (2014), maintained that social support was a broad concept that described an individual's perception of a network of social resources. It necessitated deep emotional closeness a widow obtained and material benefits one may enjoy from significant

others. It is possible that when widows experience social support, their levels of grief minimize to a greater degree, as they could feel some consolation emanating from the presence of families and friends; having a special person in their lives who cares about their feelings and welfare. Social support networks could help the widows to recover from the grief of loss, and likely improve their psychological well-being. Garcini et al. (2021), affirmed that effective social support networks are integral in alleviating many of the adverse effects of grief, with individual perceptions, social presence, and membership to a cultural/ethnic group playing an important part in the coping process.

The result implied that social support received by the bereaved persons helped them to experience reduced symptoms of emotional feelings associated with bereavement. It is imperative that widows should be given adequate social support to enable them experience reduced symptoms of negative emotions, like anxiety, loneliness, anger, sadness as well as depression.

5.4 Levels of Psychological Well-Being among Widows at Africa Inland Church in Nairobi Area Church Council, Kenya

The third objective of this study was to assess the levels of psychological well-being among widows at Africa Inland Church in Nairobi Area Church Council, Kenya. The results indicated that 62.2% (n = 50) scored a high level of psychological wellbeing, while 13. % (n = 28) of the widows at Africa Inland Church in Nairobi Area Church Council, Kenya, were at low levels of psychological wellbeing.

The findings of the present study were similar with the findings of O'Rourke (2004) in Canada, who investigated psychological resilience and the well-being of widowed women. The findings demonstrated different distributions of the levels of psychological wellbeing among the widows who participated in the study. It was found that the widows were at high commitment to living positively (M = 20.40, SD = 4.71), low levels of psychological

wellbeing ($M = 19.53$, $SD = 6.93$), and they were at high challenge of life ($M = 16.78$, $SD = 4.28$).

This current study findings, confirmed the findings of Momtaz et al. (2009), in Malaysia. The study was on Widowhood and psychological well-being. The reports indicated that psychological well-being among the widows was high ($M = 61.9$ ($SD=22.90$), and that the mean score for social network was 12.4 ($SD=7.18$). This present study corroborated the findings of Nwanozie (2023) in Nigeria, whose study was on the impact of widowhood on psychological wellbeing and quality of life of spouses. These findings imply that some of the widows at Africa inland Church experience psychological wellbeing. It is possible that different factors contributed to this high level of psychological wellbeing. These may include the Christians' spirituality since they belong to the Church, seeing positivity about life despite their loss, being hopeful, social and available support systems as key factors influencing widows' psychological wellbeing.

Based on the current study findings on low level of psychological wellbeing, this possibly suggests that the widows are still on grief reaction. According to Muthangya (2019), the death of a spouse has consistently been identified as among the most stressful of normative life event among widows. Spousal death causes psychological difficulties such as depressed symptoms, dread of taking on family responsibilities, threats, worry for one's own life, and emotions of regret. Many widows live by themselves. They suffer the fear of being alone and loss of self-esteem as women, in addition to the many practical problems related to living alone. They feel the loss of personal contact and human association; therefore, they tend to withdraw and become unresponsive (Fasoranti et al., 2007).are at high psychological wellbeing ($M = 128.00$, $SD = 20.59$). Psychological wellbeing is very crucial for any human to live a meaningful life even in the midst of inevitable life challenges. Widows'

psychological wellbeing is critical, as it may contribute in boosting the view about life despite painful loss among widows.

5.5 Influence of Grief Counselling on Psychological Wellbeing of Widows at Nairobi Area Church Council, Kenya

The fourth objective of this study intended to investigate the influence of grief counselling on psychological wellbeing Among Widows at the Africa Inland Church in Nairobi Area Church Council, Kenya. It was found that grief counselling influenced psychological wellbeing among widows at the Africa Inland Church in Nairobi Area Church Council, Kenya ($P = .030 \leq 0.05$).

The findings of this study corroborated with the study of Wicochea (2023), in the USA, whose study focused on grief, depression, well-being, the role of social support and psychological inflexibility. Results of a multiple regression, moderated-moderation analysis utilizing PROCESS Model 3 with complicated grief, social support and counselling, psychological inflexibility and their interactions as predictors of the outcome of psychological well-being revealed that the total model accounted for 42.5% of the variance in psychological well-being ($R^2 = .42$; $F(7, 202) = 21.28$, $p < .0001$)

This study's findings confirmed the findings by Mojinyinola (2010) in Nigeria, although the study was conducted among the bereaved persons. Based on the findings of the study, it was established that social support and grief therapy had a significant impact on symptoms of emotional feelings associated with bereavement ($F = 9.82$, $df = 1/198$, $P < .05$), and also had a significant impact on recovery from bereavement which enhanced their psychological wellbeing ($F = 5.94$, $df = 1/198$, $P < .05$). The findings of this study were similar with the findings of Fransisca and Mwalwa (2021) in Kenya, whose study was on grieving experiences of widows and their psychological wellbeing. The study established that

there was a direct relationship between grieving counselling and psychological wellbeing ($p = .006$).

Losing a spouse can be awfully difficult to bear and even psychologically draining. Grief is the typical emotional state that follows such a loss. Grief counselling is an intervention to help individuals navigate the complex emotions, thoughts, and challenges that arise after a loss of a loved one. To facilitate the process of healing and adaptation, Dube (2022) affirmed that grief counselling offered widows with the necessary support and coping mechanisms to navigate this challenging process of life. The role of counselling services in mitigating the negative effects of loss and grief was amplified, due to its positive results in widow's journey of emotional healing.

Further, Mburugu (2020) in his investigation further discovered that grief counselling was a tangible coping mechanism for widows faced with loss and grief, pointing that widows do seek counselling services. This suggests that counselling interventions on grief play a critical role in supporting widows as well as addressing their psychological challenges they go through. Thus, the outcome of the current study suggested that social support as well as counselling received by the bereaved persons helped them to experience reduced symptoms of emotional feelings associated with bereavement.

5.6 Chapter Summary

This chapter carried out discussion in accordance with the findings of this study, from the respective objectives of the study. It focused on the grief reaction levels among widows, levels of psychological well-being among widows, influence of social support networks on grief reaction among widows, and the influence of grief counseling on psychological wellbeing among widows at Africa Inland Church in Nairobi council, Kenya. The next chapter focused on the study conclusion.

CHAPTER SIX

SUMMARY, CONCLUSION AND RECOMMENDATIONS

6.1 Introduction

This chapter gave the summary of the findings of this study and the conclusions. It further presented policy recommendations and future research recommendations.

6.2 Summary of Findings

This study investigated the influence of grief counselling on psychological wellbeing among widows at Africa Inland Church, Nairobi Area Church Council, Kenya. The study had a 98.2% response rates.

Findings from the demographic characteristics indicated that most (n = 63, 56.3%) of the participants were between the ages of 40 and above, while the lowest ages were 26-30 years old (n = 6, 5.4%). Most (n = 54, 48.2%) of the participants had attended college, while 0.9% (n = 1) attended primary education. With regards to number of children bore by the participants, it was found that 51.5% (n = 61) of the participants had 5 children and above, while 20.5% (n = 23) had between 1-2 children. Employment status showed that 37.5% (n = 42) were not Employed, while 27.7% (n = 31) were employed.

The first objective of this study indicated that most (n = 66, 64.1%) of the widows had a score of high grief reaction level, while 13.5% (n = 15) of the widows at Africa Inland Church in Nairobi council were at low grief reaction level. The second objective showed that 62.2% (n = 50) scored a high level of psychological wellbeing, while 13. % (n = 28) of the widows at Africa Inland Church in Nairobi Area Council, Kenya, were at low levels of psychological wellbeing.

The third objective of this study found that social support networks influenced grief reaction among widows at the Africa Inland Church in Nairobi Area Church Council, Kenya,

while the fourth objective revealed that grief counselling influenced psychological wellbeing among widows at the Africa Inland Church in Nairobi Area Council, Kenya.

In addition, this study found that there was a positive relationship ($r = .483, p = .000 \leq 0.05$) between age and grief reaction among widows at the Africa Inland Church in Nairobi County, Kenya. There was a positive relationship ($r = .205, p = .031 \leq 0.05$) between number of children and grief reaction among widows at the Africa Inland Church in Nairobi Area Church Council, Kenya. There was a positive relationship ($r = .369, p = .000 \leq 0.05$) between employment status and grief reaction among widows at the Africa Inland Church in Nairobi Area Council, Kenya. There was a statistically significant relationship (Chi-Square value = 251.492, $df = 92, p\text{-value} = .000 \leq 0.05$) between level of education and grief reaction among widows at the Africa Inland Church in Nairobi Area Church Council, Kenya.

6.3 Conclusion

This study concluded that the widows scored high grief reactions. The widows scored a high, moderate, and low levels of psychological wellbeing. The study established that social support networks influenced grief reaction among widows. The study also established that grief counselling influenced psychological wellbeing among widows at the Africa Inland Church in Nairobi Area Church Council, Kenya. Grief counseling played a crucial role in enhancing the psychological well-being of widows. It provided a supportive environment where individuals could process their emotions, share their experiences, and develop coping strategies. Counselling fosters social connections which could alleviate feelings of isolation often experienced by widows. By encouraging open dialogue about grief and loss, providing access to these services was essential for supporting this vulnerable population in their journey toward holistic recovery.

6.4 Recommendations

This study investigated the influence of grief counselling on psychological wellbeing among widows of Africa Inland Church, Nairobi Area Church Council, Kenya. In line with the findings, the study made the following recommendations.

Leadership of Africa Inland Church

The leadership of Africa Inland Church may work in collaboration with counselling psychologists to formulate programs and workshops in order to reach out to the widows to inform and psycho-educate them on some possible coping strategies with regards to grief reaction.

Widows at Africa Inland Church

The widows at Africa Inland Church may make efforts to opening up to trusted family members. They may share about the challenges they go through to trusted persons in their church. This could help lessen the psychological burden they may carry with them.

Counselling psychologists

Counseling psychology practitioners may be invited by the Church leadership to render effective counselling services to widows who may be struggling with grief reaction and low levels of psychological wellbeing.

6.5 Recommendations for Future Research

This study suggests the following areas for future research, and they are presented as follow:

A comparative study may be carried out investigating the influence of grief counseling on psychological wellbeing among widows and widowers.

A similar study may be conducted in another geographical location in Kenya, investigating influence of grief counseling on psychological wellbeing among widows.

A qualitative-phenomenological study may be carried out in order to explore factors contributing to grief reactions among widows.

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APPENDICES

APPENDIX A: Participant Informed Consent Form

Dear Respondent,

My name is Agnes Munuve, a student at Tangaza University. I am conducting a research study on the Influence of Grief Counselling on the Psychological Wellbeing among Widows at the Africa Inland Church, Nairobi Area Church Council, Kenya.

I have a number of questions that I would like you to answer in order to get information for my study only. The information you give will be highly appreciated and shall be treated with confidentiality. Please note that there is no need to put your name on the questionnaires. The exercise is voluntary and no reward or monetary compensation.

Thank you for your co-operation.

Name of the Researcher: Agnes M. Munuve

Signature of the Researcher Date

Statement to be signed by the participant: I confirm that the researcher has explained fully the nature of the project and the range of activities which I will be asked to undertake. I confirm that I have had adequate opportunity to ask questions about this project. I understand that my participation is voluntary and that I may withdraw at any time during the project, without having to give a reason. I agree to take part in this project.

Signature.....Date.....

APPENDIX B: Questionnaire For Participants

SECTION A: Demographic Information

Instructions:

Kindly indicate, by ticking in the brackets the option that best applies to you.

1. Age

18-25 years [] 26-30 years [] 31-35 years [] 36-40 years []

41-45 years [] 46-50 years [] 51- 55 years [] 56 – 60 years []

2. Level of education

Primary [] Secondary [] College [] University [] Other []

3. Employment status

Employed [] Self-Employed [] Not employed []

4. Number of children

1-2 children [] 3-4 children [] 5 children and above []

Section B: Brief Grief Questionnaire

Kindly read these statements carefully and indicate your level of agreement with each one by ticking the most appropriate number. Please respond honestly. 0 = Not at all, 1 = Somewhat, 2 = A lot

N o	Statement	0	1	2
1	How much are you having trouble accepting the death of.....			
2	How much does your grief still interfere with your life?			
3	How much are you having images or thoughts of _____ when he died or other thoughts about the death that really bother you?.			
4	Are there things you used to do when he was alive that you don't feel comfortable doing anymore, that you avoid? Like going somewhere you went with him, or doing things you used to enjoy together? Or avoiding looking at pictures or talking about him? How much are you avoiding these things?			
5	How much are you feeling cut off or distant from other people since he died, even people you used to be close to like family or friends?			

Section C: Grief Counseling

1. Have you sought grief counseling or therapy for your loss before?

- Yes
- No

2. If yes, what type of grief counseling or therapy did you receive? (Check all that apply)

- Individual counseling
- Group counseling
- Online counseling
- Family counseling
- Other (please specify)

3. How often would you prefer to have grief counseling sessions?

- Weekly
- Bi-weekly
- Monthly
- As needed

4. Do you have a specific preference for the duration of each counseling session?

- 30 minutes
- 45 minutes
- 60 minutes
- Other (please specify)

5. How long do you anticipate needing grief counseling or therapy for your current situation?

- Less than a month
- 1 to 3 months
- 3 to 6 months
- 6 months to 1 year
- More than 1 year
- Not sure

6. How long have you been experiencing grief related to your loss?

- Less than a month
- 1 to 3 months
- 3 to 6 months
- 6 months to 1 year
- More than 1 year

Section D: Multidimensional Scale of Perceived Social Support (MSPSS)

Kindly read these statements carefully and indicate your level of agreement with each one by ticking the most appropriate number. Please respond honestly. 1 = Very Strongly Disagree, 2 = Disagree, 3 = mildly disagree 4 = Neutral; 5 = Mildly Agree, 6 = Strongly Agree, 7 = Very Strongly Agree

No.	MSPSS	1	2	3	4	5	6	7
1	There is a special person who is around when I am in need							
2	There is a special person with whom I can share joys and sorrows							
3	My family really tries to help me.							
4	I get the emotional help and support I need from my family.							
5	I have a special person who is a real source of comfort to me.							
6	My friends really try to help me.							
7	can count on my friends when things go wrong							
8	I can talk about my problems with my family							
9	I have friends with whom I can share my joys and sorrows							
10	There is a special person in my life who cares about my feelings							
11	My family is willing to help my make decisions							
12	I can talk about my problems with my friends							

Section E: Psychological Well-Being Scale (PWB)

Kindly read these statements carefully and indicate your level of agreement with each one by ticking the most appropriate number. Please respond honestly. 1 = Strongly disagree, 2 = Disagree; 3 = Slightly disagree, 4 = Slightly agree, 5 = Agree, 6 = Strongly agree

Please indicate your degree of agreement (using a score ranging from 1-6) to the following sentences.

	Statement	Strongly Disagree 1	2	3	4	5	Strongly Agree 6
1	I am not afraid to voice my opinions, even when opposed						
2	In general, I feel I am in charge of the situation in which I live						
3	I am not interested in activities that will expand my horizons.						
4	Most people see me as loving and affectionate						
5	I live life one day at a time and don't really think about the future.						
6	When I look at the story of my life, I am pleased with how things have turned out.						

7	My decisions are not usually influenced by what everyone else is doing.						
8	The demands of everyday life often get me down.						
9	I think it is important to have new experiences that challenge how you think about yourself and the world						
10	Maintaining close relationships has been difficult and frustrating for me.						
11	I have a sense of direction and purpose in life.						
12	In general, I feel confident and positive about myself.						
13	I tend to worry about what other people think of me.						
14	I do not fit very well with the people and the community around me.						
15	When I think about it, I haven't really improved much as a person over the years.						
16	I often feel lonely because I have few close friends with whom to share my concerns.						
17	My daily activities often seem trivial and unimportant to me.						
18	I feel like many of the people I know have gotten more out of life than I have.						
19	I tend to be influenced by people with strong opinions.						
20	I am quite good at managing the many responsibilities of my daily life.						
21	I have the sense that I have developed a lot as a person over time.						
22	I enjoy personal and mutual conversations with family members or friends.						
23	I don't have a good sense of what it is I'm trying to accomplish in life.						
24	I like most aspects of my personality.						
25	I have confidence in my opinions, even if they are contrary to the general consensus.						
26	I often feel overwhelmed by my responsibilities.						
27	I do not enjoy being in new situations that require me to change my old familiar ways of doing things.						
28	People would describe me as a giving person, willing to share my time with others.						
29	I enjoy making plans for the future and working to make them a reality.						
30	In many ways, I feel disappointed about my achievements in life.						
31	It's difficult for me to voice my own opinions on controversial matters.						
32	I have difficulty arranging my life in a way that is satisfying to me.						
33	For me, life has been a continuous process of learning, changing, and growth.						

34	I have not experienced many warm and trusting relationships with others.						
35	Some people wander aimlessly through life, but I am not one of them						
36	My attitude about myself is probably not as positive as most people feel about themselves.						
37	I judge myself by what I think is important, not by the values of what others think is important.						
38	I have been able to build a home and a lifestyle for myself that is much to my liking.						
39	I gave up trying to make big improvements or changes in my life a long time ago.						
40	I know that I can trust my friends, and they know they can trust me.						
41	I sometimes feel as if I've done all there is to do in life.						
42	When I compare myself to friends and acquaintances, it makes me feel good about who I am.						

Appendix C: Ethical Clearance by Tangaza University



TANGAZA UNIVERSITY COLLEGE

The Catholic University of Eastern Africa

DIRECTORATE OF RESEARCH, INNOVATION & EXTENSION

E-mail: dir.rie@tangaza.ac.ke Website: www.tangaza.ac.ke

OUR Ref: DRIE/ISERC2024/01/0003

Date: 12th February 2024

The Commission Secretary,
National Commission for Science, Technology and Innovation
P.O. Box 30623,
Nairobi – Kenya.

Dear Sir/Madam,

Re: Recommendation for Research Permit – Agnes Mueni Munuve

This is to confirm that **Agnes Mueni Munuve** is a PI in a researcher protocol which was submitted to TUC-ISERC for review. The protocol was reviewed and approved for research permit.

Agnes wishes to carry out research under the title *"Influence of grief counselling on psychological wellbeing among young widows of Africa Inland Church, Nairobi Area Church Council, Kenya"*. The findings of the proposed research will contribute vital knowledge on the subject and the field of counselling and spirituality.

I strongly recommend Agnes M. Munuve to the National Commission for Science, Technology and Innovation (NACOSTI) for issuance of a research permit. The permit will enable her to proceed to data collection for the study. Thanking you in advance for your cooperation.

Yours sincerely,

Dr. Daniel M. Kitonga (Ph.D.)
Director, Research, Innovation & Extension
Chairperson, TUC-ISERC

TANGAZA COLLEGE
Catholic University of Eastern Africa
P. O. Box 15055 - 00509
NAIROBI

Appendix D: Letter of Introduction Tangaza University



TANGAZA UNIVERSITY COLLEGE

The Catholic University of Eastern Africa

REF: DRIE/ISERC2024/01/0003

12th February 2024

To: Agnes Mueni Munuve
Reg. No. 19/00856

Dear Agnes,

RE: INFLUENCE OF GRIEF COUNSELING ON PSYCHOLOGICAL WELLBEING AMONG YOUNG WIDOWS OF AFRICA INLAND CHURCH, NAIROBI AREA CHURCH COUNCIL, KENYA

This is to inform you that TUC-ISERC has reviewed and approved your above research proposal. Your application approval number is *TUC-ISERC2024/01/0003*. The approval period is **12th February 2024 – 13th January 2025**. This approval is subject to compliance with the following requirements;

1. Only approved documents including (informed consents, study instruments, MTA) will be used
2. All changes including (amendments, deviations, and violations) are submitted for review and approval by TUC-ISERC.
3. Death and life-threatening problems and serious adverse events or unexpected adverse events whether related or unrelated to the study must be reported to TUC-ISERC within 72 hours of notification.
4. Any changes, anticipated or otherwise that may increase the risks or affected safety or welfare of study participants and others or affect the integrity of the research must be reported to TUC-ISERC within 72 hours
5. Clearance for export of biological specimens must be obtained from relevant institutions.
6. Submission of a request for renewal of approval at least 60 days prior to expiry of the approval period. Attach a comprehensive progress report to support the renewal.
7. Submission of an executive summary report within 90 days upon completion of the study to TUC-ISERC.

Prior to commencing your study, you will be expected to obtain a research license from National Commission for Science, Technology and Innovation (NACOSTI) <https://research-portal.nacosti.go.ke> and also obtain other clearances needed.

Yours sincerely

Dr. Daniel M. Kitonga (Ph.D.)
Chair, TUC - ISERC

TANGAZA COLLEGE
Catholic University of Eastern Africa
P. O. Box 15055 - 00509
NAIROBI

Appendix E; Letter of Permission for Data Collection

Agnes Munuve

P.O BOX 495800100

Nairobi

munuvea20@gmail.com

20/03/2024

The Chairperson

Nairobi Area Church Council

Africa Inland Church

P.O. Box: 30346

Nairobi, Kenya

Dear Sir/Madam,

Re: Permission for Data Collection

My name is Agnes Munuve. I am a student at Tangaza University, currently pursuing masers degree in Counselling Psychology. As part of my academic requirements, I am writing to request your permission to collect data from your church region. The study is on "Influence of Grief Counselling on Psychological Wellbeing among Widows at Africa Inland Church in Nairobi Area Church Council".

Looking forward to your favorable consideration.

Yours sincerely,

Agnes Munuve

APPENDIX F: Letter of Authorization from Africa Inland Church


AFRICA INLAND CHURCH - KENYA

Founded In 1895



PLAINSVIEW LOCAL CHURCH COUNCIL

P.O. Box 30346, 00100 NAIROBI.

21ST March 2024

To whom it may concern,

Sir/Madam,

REF: Agnes M. Munuve

In reference to your request to carry out Data Collection in AIC Nairobi Church Council. I hereby write to permit you that now you can carry on with your exercise which is for the purposes of your study.

I also take this opportunity to wish you all the best as you move in to meet your target group in AIC Nairobi Church Council.

Yours in service to the Lord Jesus Christ






Rev. Dr. Simeon Adera Nguono

-ASST Bishop Nairobi Area Church Council



Preparing God's people for the work of ministry

APPENDIX G: NACOSTI Research License

 REPUBLIC OF KENYA	 NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY & INNOVATION
Ref No: 332671	Date of Issue: 11/March/2024
RESEARCH LICENSE	
	
<p>This is to Certify that Ms.. Agnes Mueni Munuve of Tangaza University College, has been licensed to conduct research as per the provision of the Science, Technology and Innovation Act, 2013 (Rev.2014) in Nairobi on the topic: INFLUENCE OF GRIEF COUNSELLING ON PSYCHOLOGICAL WELLBEING AMONG YOUNG WIDOWS OF AFRICA INLAND CHURCH, NAIROBI AREA CHURCH COUNCIL, KENYA for the period ending : 11/March/2025.</p>	
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See overleaf for conditions	

Appendix H: Permission to use the Psychological Well-Being Scales (PWB)

Psychological Well-being Tool



Agnes Munuve <munuvea20@gmail.com>

Dear Carol Ryff,

Good evening,

My name is Agnes Munuve. A student at Tangaza University, Nairobi, Kenya.

I write this letter to kindly ask for your permission to use your 42 Item tool for measuring psychological wellbeing for my research paper.

Looking forward to your favourable consideration.

Yours faithfully

Agnes
MA Student

Theresa Berrie <berrie@wisc.edu>

, 3:14 PM (23 hours ago)

Greetings,

Thanks for your interest in the well-being scales.

I am responding to your request on behalf of Carol Ryff.

She has asked me to send you the following:

You have her permission to use the scales for research or other non-commercial purposes.

They are attached in the following files:

"Ryff PWB Scales" includes:

- psychometric properties
- scoring instructions
- how to use different lengths of the scales
(see note about the 18-item scale,
which is NOT recommended. It does a bad job
measuring the six dimensions.)

Best wishes for your research,

APPENDIX I: Antiplagiarism Report



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Appendix J: Map of Nairobi

Nairobi City County Map - Constituency Boundary

