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Strategies of addressing spiritual, emotional and material challenges amid widows coping with bereavement in ACK diocese of Embu, Kenya

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ABSTRACT

Grief care refers to the formalized care and support given to a bereaved individual to help him/her cope with the death of a loved one. Despite its critical role, grief care during widowhood remains largely inadequate. For example, many people in Kenya support widows immediately after the death of a husband but leave soon after the burial, despite the loneliness and devastation of the widows. Yet, limited research has examined how widows cope with the challenges associated with the death of their spouses. This paper aims at assessing the challenges that widows in ACK Embu diocese of Kenya undergo and the measures taken to assist them cope with bereavement. The study is guided by the five stages of coping with dying by Kubler Ross. The study targeted 968 widows, 7 Archdeacons and 1 diocesan Bishop. Systematic random sampling was used to select 97 respondents. The 7 Archdeacons and 1 diocesan Bishop were purposively selected as key informants. Data was collected from respondents using questionnaires. Interview guides were used for the key informants. Quantitative data was analyzed descriptively while qualitative data was analyzed thematically. The study found that resource constraints, isolation and culturally induced stigma were among the major challenges faced by widows. Inadequate knowledge on coping with death and grief was a challenge faced by grief caregivers. This paper recommends extra training among grief caregivers for more preparedness to offer the spiritual, emotional and material support needed by widows to effectively cope with grief.

Keywords: Anglican; Bereavement; Depression; Grief; Widow.

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1. Introduction

1.1 Background to the study

Wamai (1996) notes that a widow is a woman who has been bereaved and is physically, emotionally and spiritually stressed. According to Williams and Sturzl (1992), grief is the emotional, physical and spiritual response to loss such as bereavement. Therefore, bereaved widows require three

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aspects of support in grief care namely: emotional, material and spiritual support. However, limited research exists on the adequacy of support given to widows in Kenya.

According to Manala (2015) fear makes widowhood to remain an issue that individuals are cautious to address. This fear is as a result of grief care givers not knowing exactly how to assist the widows hence leaving some of them emotionally unsupported. Miruka et.al. (2015) found out that the concept of grief care has totally been misunderstood by people and some religious care givers usually read and may stick to bible verses as the source of counselling. Furthermore, Kapuma (2011) notes that people's inability to help widows results from ignorance and/or ineptness on how to care for someone in grief.

Spiritual care is usually offered by religious leaders. Ogbuehi (2017) recommends that pastors should intensify pastoral care by visiting and counselling the widows to enable them overcome fear, loneliness and anger. From Kubler Ross model, every stage of grief should be understood and the experiences that play in each stage addressed (Kubler, 2014). However, limited research exists on grief care for widows in Kenya and its effectiveness in assisting widows cope with bereavement.

1.2 Statement of the problem

A widow is a woman who has been bereaved and is physically, emotionally and spiritually stressed. Hence, soon after the death of a male spouse, religious leaders and community members unite to condole with the grieving widow. In condoling with the widows, community members bring material support while religious caregivers read for them bible verses and urge them to accept the will of God. Little attention is given to the psychological and emotional needs of the widow. Furthermore, the support is short-lived as community members resume their normal duties soon after burial of the deceased. Yet, research has established that to effectively cope with bereavement, widows require adequate emotional, material and spiritual support. In view of the limited research on grief care for widows in Kenya, this study assessed the major challenges faced by widows in ACK Embu diocese of Kenya and the strategies of coping with bereavement.

1.3 Objectives of the study

The major objective of this study was to assess the major challenges faced by widows in ACK Embu diocese of Kenya, and the strategies of coping with bereavement. The following specific objectives guided the study:

- i. To analyze the spiritual, emotional and material challenges experienced by widows.
- ii. To examine the grief care strategies put in place to address spiritual, emotional and material challenges faced by widows.
- iii. To assess the effectiveness of grief care offered to widows.
- iv. To formulate an effective grief care programme for widows in ACK Embu diocese.

2. Theoretical framework

This study uses Kubler Ross Model of grief care which was first presented by Swiss psychiatrist Elisabeth Kubler Ross. It is popularly known by the acronym DABDA. It examines five different stages which include denial, anger, bargaining, depression and acceptance. The model is a description of the emotional and psychological responses often faced by terminally ill patients. Although Kubler Ross used the phases to discuss demise, the steps can correspondingly relate to other happenings.

In the first reaction which is denial, it is a stage where individuals believe that there is a mistake and cling to a false, preferable reality. It is only a temporary defense for the individual. When the individual recognizes that denial cannot continue, they may get emotional upset that can result to anger with themselves or those close to them. When denial and anger do not have the intended outcome, there is negotiation for an extended life is made with a higher power in exchange for a reformed lifestyle. When this bargaining does not work the individual inevitably move on usually to the fourth stage known as depression. In this stage, individuals despair at the recognition of their mortality they begin to understand the certainty of death. They may become silent, refuse visitors and spend much of the time mournful and sullen. In the last stage, which is known as acceptance, individuals embrace mortality. It is characterized by a calm and stable condition of emotions.

Therefore, this model involves five stages which advance from a party preferring to embrace on to a momentary insincere actuality. Out of its impermanence, the individual starts to exhibit anger. This changes after the individual develops hope for possibility of a better future. Later, with the recognition of their mortality the individual gets to understand the certainty of death which ultimately leads to a retrospective view and a stable conditions of emotions (Kubler, 2014).

3. Review of literature

3.1 Challenges Widows encounter in response to grief

Every widow handles grief differently. The difference is related to the widow's attachment and dependency on their deceased husband or factors surrounding the death. Furthermore, widows are unique in their personality just as their marriages were. Widows experience a wide range of experiences in relation to various stages of grief. This notwithstanding it is common for grief caregivers to approach the situation in a generalized manner. According to Kubeka (2011) it is important for the church to understand the emotional dynamics that can lead to displaced aggression among widows. The available and expected support system in the grief process varies. Material support diminishes too soon after the burial. Soon after the demise of a husband, the widow acquires commendable care from the structures and networks that she is part of. Shortly after the burial of her husband, support systems become few as people get back to their busy routines (Trivedi et. al, 2009). It is then that a widow suddenly realizes the fact that her husband is really gone making her experience painful and severe emotions as she tries to work through grief. Again, spiritual and emotional support are disregarded as compared to material support yet they are all central to the progress of grief towards acceptance stage.

3.2 Bereavement support and coping strategies

The available support during grief is unique to every widow. This depends on their personality, beliefs and values. Grief care is offered by religious leaders as well as community members. Nyangweso (2017) notes that religion gives support, meaning and hope for the future and comfort. However, grief care in ACK Embu diocese is challenged by some factors. These include inadequate knowledge on grief, culturally induced stigma into the church and resources constraints. Commonly, at the pulpit the subject of death is overlooked. According to Kubeka (2011) it is essential for churches' sensitivity and the in-depth knowledge of where widows actually stand as far as pain, wounds and hurting are concerned. Community members are well positioned to offer material and emotional support to complement the spiritual support. Kathomi et al. (2019) notes that it is essential for the church to adopt structured mechanisms to be used by grief care givers for the widows in the church. So, church leaders have tremendous potential for empowering communities on how to treat widows. Through formulation of a programme that extends even after burial would promote the effectiveness of grief care among widows in ACK Embu diocese.

3.3 Effectiveness of grief care offered

For grief care to be effective, spiritual, emotional as well material support ought to be balanced. It is therefore necessary for grief care givers to deeply understand the characteristics of the process of grief. This process can be complex. Accordingly, Miruka et. al (2015) records that the idea of widow attention has utterly stood misinterpreted by public. Each phase of sorrow ought to be well interpreted and the experiences that present in each stage addressed (Kubler, 2014). If well understood by grief care givers, then the three aspects would be well balanced. Furthermore, handling stigma that results from the cultural beliefs and values would promote grief care effectiveness. Evident suspicion that leads to fear of overindulgence by male grief care givers would end. This will improve the extent of grief care offered. According to Okonda (2017) widows are suspected and/or feared suspicion by married women who formed vigilantes, their grooming would earn them accusation of trying to woo men and sex is generally regarded as illicit and shameful in most African peasant societies.

4. Research methodology

This study was carried out in ACK Embu diocese, Embu County, Kenya. The study adopted the descriptive survey research design and targeted 968 widows already in the pastoral care programmes, 7 Archdeacons heading the 7 Archdeaconries of Embu Diocese and 1 diocesan Bishop. Taking 10 percent of the targeted population as an acceptable sample size, systematic random sampling was used to select every 10th element hence a sample size of 97 respondents. The 7 Archdeacons and the 1 diocesan Bishop were purposively selected as key informants, giving a total of 8 representatives of the pastoral care givers in the pastoral care programmes in the ACK diocese of Embu on grief management for widows. Data was collected from respondents using questionnaires. Interview guides were used in data collection from the key informants. Quantitative data was analyzed descriptively using frequencies and percentages. Data presentation was done in form of tables and graphs. Qualitative data was analyzed using the thematic approach and used to enrich the quantitative results. Ethical considerations of informed consent, confidentiality and anonymity were observed.

4.1 Age distribution of widows in ACK Embu diocese, Kenya

The distribution of respondents' age is presented in table 1. It helped in identifying the age to lay more concentration as per women who are more probable to have lost their husbands. Again, it helped in identifying their life stages. Widows in different life stages may advance certain behaviours even without regard to the process of grief they are going through.

Table 1.

Respondents' age distribution.

Age	25-35	36-45	46-55	56-65	66-75	Above 75	Total number of widows
Number of widows	4	7	29	35	12	10	97
Percentage %	4.1	7.2	29.9	36.1	12.4	10.3	100

As shown in table 1, the study found out that widowhood affected widows at an increasing rate from ages 25 to 65 then at a decreasing rate from age 66 to above 75. This showed widowhood ministry is a necessary issue in the church since most of these widows in such ages have agreeably settled and have been able to already identified a church to belong to.

4.2 Challenges faced by grieving widows in ACK Embu diocese, Kenya

Since every stage of grief is associated with different experiences, the study identified challenges that widows go through spiritually, emotionally and materially. For the stages of grief to be determined, the respondents gave information relevant to each stage. These responses were those relative to the experiences that each of them was going through. Questions on different experiences as per each of the stages of grief were asked. Some of these questions included: What is your mood when you think of or see anyone responsible for your husband's death? How long can you say you took to heal? Have you moved on to another relationship? Did you remain better with the visits of people coming to mourn with you?

Stages of grief	Denial	Anger	Bargaining	Depression	Acceptance	Total
Yes	21	20	31	16	9	97
Yes in percentage (%)	22%	21%	32%	16%	9%	100

As can be seen from Table 2, most widows were in the bargaining stage (32%), followed by those in the denial stage (22%) which was closely followed by anger stage (21%). Acceptance had the least number of widows with (9%) after depression stage with (16%) of the widows. Those in the denial stage had no meaning of life without a husband which was a good reason why they had the challenge of losing hope in life. Consequently, a large number of those in denial stage were affected by anger. Anger was seen to be closely related with the inability to face the reality of the fact of the loss of one's

husband leading to misplaced anger to the widow's themselves, their relatives, friends, colleagues at work and children.

The bargaining stage has its negative and positive side. There are those that bargaining stage affected them positively by providing them with short term peace as they reflect of how life would be better if only their husband would come back to life. That imagined peace though temporary, was beneficial to their healing since it can be used as strength to hold on to make things be the way they would be if the husband was alive.

On the other hand, there are those that agreed to be affected by the negative side of the bargaining stage hence resulting to blaming themselves. Negative past experiences caused blame and made it difficult for the widow to focus on the present positive things over the faults that cause burdens in their hearts. Many of them continued to remain silent while trying to heal the wound from the loss of their husband. Due to the struggle within different stages of grief, a very small percentage had reached the ultimate stage of acceptance.

It was found out that once a once married woman becomes a widow, she begins to be perceived as a sexualized being. This stigma results in former friends avoiding the widow for she is thought to be a threat to those who are still in their marriages.

In denial stage, widows faced the challenge of refusing to accept that her husband is actually dead, believing that a mistake was made and were it avoided her late husband would still be alive. Since they cannot bring their husbands to life again they end up being frustrated. These kind of experiences brought the widow to anger stage since they led to the widow having trouble with the anger with themselves or misplaced to those close to them. Consequently, other widows resulted to loneliness and withdrawal. They had trouble opening up and remained silent while trying to progress through the stages of grief. They therefore had a difficulty find value in themselves without a husband. Owing depression stage, widows had a challenge handling despair. Widows therefore had a challenge remaining calm or embracing mortality and a retrospective view activated by emotional stability.

4.3 Grief Care strategies for Widows in ACK Embu Diocese, Kenya

(i) Clergy Support

The following data was collected to find out the extent of support that was given to widows in ACK Embu diocese. Spiritual, material and emotional support were analyzed. The three aspects of grief care are important for effective management of the process of grief.

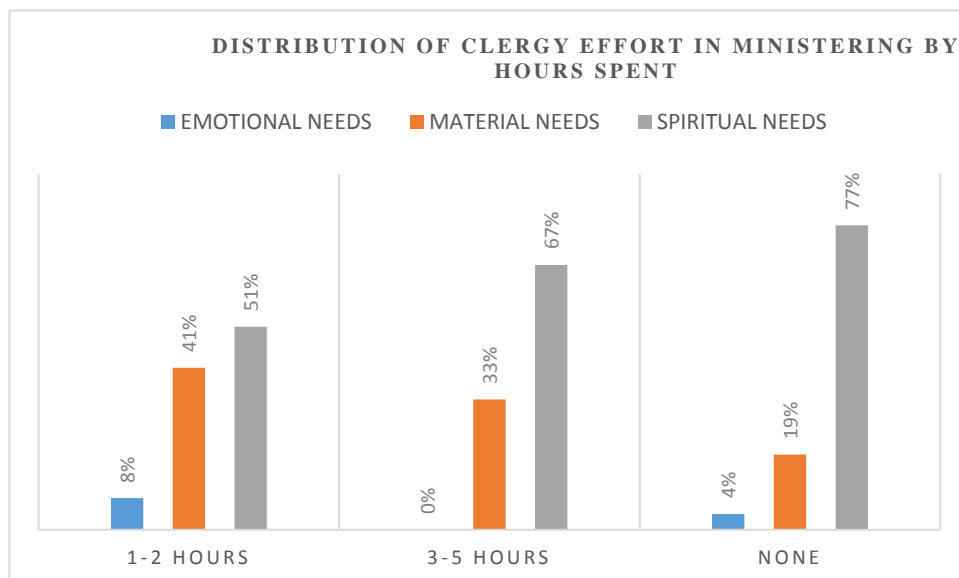


Figure 1. Clergy effort in ministering to the needs of widows.

This study found out that religious leaders concentrated on spiritual support to widows as compared to emotional and material support. Bible verses were utilized. They were related to grief of the widow. This was done in a generalized perspective of grief. Hence, they unsatisfactorily handled the grief process that widows were going through. However, with a better understanding of the

experiences in each stage of grief, religious leaders would agreeably use relevant bible verses for each experience that a certain widow is going through.

5. Community support

This distribution presented the extent of support offered to widows in grief from the community. Family and friends were present as far as material and emotional support was concerned. Some of the material support was offered in terms of money to pay bills, foodstuffs, helping taking care of livestock and children if there were. Spiritual support was offered in terms of praying for the bereaved family and also preaching to the widow and the congregation that attended the family meetings before the burial. Emotional support entailed helping in planning for and carrying out the funeral activities, being available to the widow as she sheds tears cry and giving the widow a platform to talk out their feelings and ideas.

	Material support	Emotional support	Total widows
Number of widows	68	29	97
Percentage %	70.1	29.9	100

It was found out that widows not only received support from religious leaders alone, but also from the community. It is evident that material and emotional support were also important towards helping widows' progress through grief. The life of these widows does not only revolve around the church but also in the society. The study therefore found out that there was need to complement spiritual support with material and emotional support. This was so seen to help shun frustrating the efforts of religious leaders in their spiritual support.

Family members were said to offer emotional and material support. It was the responsibility of the family to ensure that the widow did not starve. Again they helped take care of the children and livestock if there were. The community took the role of organizing for fellowships as well as joining the family in welcoming the visitors. They too, were said to concentrate on emotional and material support. Spiritual support was largely offered by religious leaders. However, they also chipped in through material support. Friends were counted as to mostly concentrate on material support.

6. Effectiveness of Grief Care offered

Key informants suggested sources of support with their ranks. The ranks are in the order of how effective they were in addressing grief process. Support to the widows was offered by religious leaders, family, extended community and friends.

Sources of Support	Percentage %	Rank	Support Offered
Religious Leaders	38	1	Spiritual
Community	21	3	Material
Family	29	2	Emotional
Friends	12	4	Material

Within the community, the family was ranked highest. The community came closely after the family then religious leaders support who were followed by friends. Though they did not solely offer one kind of support, the main support for each in indicated in the above distribution table.

Avoidance of some friends to the widow was noted.

Through thematic analysis of verbal data from widows, it was evident that the society is to a large extent influenced by cultural implications. As a result, there was stigmatization of widows in the community. This cultural stigmatization has also filtered into the church. Amid the suffering the widow has to go through in the process of grief, the aspect of a widow being perceived as a sexualized being limited the success of widows overcoming grief. Inadequate knowledge on stages of grief also resulted to limited effectiveness of grief that was offered to widows. This was so since grief is complex and involves a wide range of experiences in different stages of grief. Grief care givers were also affected by time constraints, misconceptions due to stigma and also inadequate literature resources on grief among widows.

7. An effective Grief Care Programme

This distribution develops the kind of support necessary for an effective grief care programme. It takes into account the fact that the process of grief is nonlinear and non-predictable. It also outlines various experiences of a widow in different stages of grief. In that a reference is made to the kind of support necessary in different experiences.

Stages of Grief	Widows' Experiences	Care givers role	Importance	Necessary Source of Support
Denial	Cling to false reality. Refuse mortality. Believe there is a mistake. Frustration.	Be forward and honest about the death of her husband. Help widow embrace mortality.	Does not prolong denial stage.	Family
Anger	Angry with themselves. Misplaced anger to those close.	Let widow ask as many questions as possible. Exercise patience in handling envy and rage. Offer joy.	Widow unknowingly begin to accept reality. Helps avoid sinfulness.	Religious leaders Family
Bargaining	Widow negotiation with a higher power for an extended life. Withdrawal. Loneliness. Worthlessness.	Be available. Allow widow to negotiate. Initiate fellowship. Exercise patience. Change widows world view as worthless.	Helps avoid vulnerability.	Religious leaders Community
Depression	Despair at realization of certainty of death. Withdrawal.	Do not cheer up. Be available.	Learn theology of resurrection. Helps understand what activates withdrawal, loss of hope and guilt.	Religious leaders family
Acceptance	Calm. Retrospective view. Emotionally stable.	Encourage the widow to rearrange responsibilities.	Helps embrace mortality.	Family Religious leaders

To promote effectiveness of grief care offered, it was found out that support to the widow was important long after the burial. It was evident from the key informants that availability of an outlined module for grief care givers would improve grief care effectiveness. This module was supposed to take into consideration not only the time before but also after the burial. Further, grief care could be more effective if that module would take into account different stages of grief. In so doing the wide range of experiences that widows go through in the process of grief would arguably be looked into. In so doing, the generalized take of grief care givers to widows progress of grief would be no more. Again it was evident that with the different experiences being taken into account, care givers would end up managing all the aspects of support. These include spiritual, material and emotional support.

8. Conclusion

From this article, it is identified that theological course of training is dearth of instruction that encompass different experiences as per each of the stages of grief. Furthermore, widowhood is interpreted in reference to cultures and customs which ends up hindering a widow's progress in working through grief. Fewer visits to widows too by grief care givers is a concern as far as effectiveness of widows' ministry in ACK Embu diocese. This is as a result of resource constraints as is discussed above.

Additionally, emotional support in reference to various stages of grief get less attention as compared to spiritual and material support offered to widows in ACK Embu diocese. This study demonstrated the need to improve the effectiveness of grief care by religious leaders attending to the three aspects of grief in a balanced manner among widows in ACK Embu diocese. This study maintains that support for widows is necessary not only before but also long after the burial. The church and the community including the family members all have a significant accountability in supporting widows from their own end. This is necessary because in its complexity, the grief process is packed with different experiences that call for support from diverse angles.

Therefore, this article is important in illuminating the grief care givers as they minister and support widows emotionally. From this article it is therefore recommended that theological instruction encompass different experiences that widows go through in the process of grief that includes denial, anger, bargaining, depression and acceptance. Understandably, the effectiveness of grief care offered to widows in ACK Embu diocese is supposed to improve if approached individualistically. Additionally, a purge on some forced conventions to widows that affect effectiveness of widows' ministry in the ACK Embu diocese is indispensable. This is to enable annihilation of widows' stigmatization that may discourage determinations of male grief care givers as a result of suspicions therein. In relation to this, this article endorses that grief care givers ought to shun easy or general answers but approach widows' ministry from an informed and subjective perspective.

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