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Reactions of Bereaved Spouses to Spousal Death in Nigeria: Implications for Mental Health Counselling

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Death of spouse is one of the most traumatic life events which engender different reactions. This study examined grief reactions of bereaved spouses in Nigeria. A quantitative descriptive survey method was used in selecting a sample of 1,594 bereaved spouses across the six geo-political zones in Nigeria through purposive and proportional sampling techniques. Grief Reactions of Bereaved Spouses Scale was the major instrument used to amass data. The instrument was validated by experts and the reliability measure was ascertained. The correlation coefficient result obtained was 0.87. Means, percentages, rank order, t-test, and Analysis of Variance statistical measures were employed to analyze the data collected for the study. The findings of the study revealed that 53.5% of the respondents had positive grief reactions while 46.5% had negative reaction; the common grief reactions of respondents include loneliness, sleeplessness and depressive moods among others. The number of years that had passed since the loss had an impact on grieving people in Nigeria, but gender and nature of death had no bearing on how they were feeling. The suggestion is that grieving spouses need support to manage their emotions. Counselors ought to offer appropriate community-based intervention programs to help bereaved spouses of all ages, years of loss, types of deaths and genders deal with their sorrow.

Keywords: bereaved spouses, counselling, grief, grief reaction, Nigeria.

In the Nigerian setting, marriage is viewed as a legal union between two people who are of opposing sexes. In accordance with God's preordained plan, society anticipated an adult male and adult female to be united in marriage. This union was also supposed to be marked by pleasure, happiness, an extension of love, and mutual support between the partners. Falana (2013) asserts that a marriage should endure as long as both partners are still alive. It would be sufficient to state that a legally married couples should anticipate losing one or both of them at some point in the future. Yet, it is inconvenient because despite the goal that marriage seeks to achieve, one spouse will surely depart away while the other lives for a number of years. Death of a spouse is prevalent and can occur either very early in marriage life or the later years of marriage (Falana, 2013). This is largely because marital partners rarely die at the same time; either the wife or the husband may encounter the inevitable loss. The loss of a spouse to death is often referred to as spousal loss or bereavement while an individual who suffers spousal death is said to be in widowhood. Widowhood is used to describe the condition of a person whose spouse is dead and is yet not remarry. Women, in this condition, are named widows, and the men are called widowers.

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The demise of a spouse can have tremendous consequences on the lives of those left behind. Previous researches confirmed that the loss of one's spouse is among the major demanding life-events that people stumble upon in their lives (Stroebe, Schut & Stroebe, 2007). The surviving partner experiences at least a temporary decline in mental and physical health as a result of the emotional strain associated with the death of a loved one as well as the loss of social and economic resources. (Kalpakjian, Houljhan, Meade, Karana-Zebari, Heinemann & Dijkers, 2011; Specht, Egloff, & Schmukle, 2011; Luhmann, Hofmann, Eid, & Lucas, 2012). Oniye (2000) posited that death of a very close person is usually seen as a great loss which, invariably, is accompanied by grief. Grief is a universal reaction to loss, particularly to the loss of someone or something to which a considerable relational bond has been formed. According to Stroebe, Hansson, Schut and Stroebe (2008), grief is a conventional term that is use to describe emotional reaction or response to the loss of a loved one through death. Although grief is traditionally viewed as an emotional reaction to loss, it also has physiological, mental, behavioural, social and psychological dimensions, for instance, muscle ache and pains, headache, insomnia, confusion and disconnected thoughts, anxiety, hopelessness and depression, social withdrawal among others. (Parkes, 2001; Broom, 2004; Lisa, 2013) Therefore, grief is a multidimensional process by which individuals react to the death of someone with whom a relational bond exists.

According to Cassarett, Kutner and Abrahm (2001), grief is defined as psychological, behavioural and physical responses to the death characterized by cognitive, emotional, behavioural, social, spiritual and somatic elements. The experience of adjusting to loss is called the grief process and it means adapting to a new situation (Lisa, 2013). Despite the emotional challenges connected with death-related loss, most bereaved persons experience a normal grieving process in which they go through the stages of sadness, numbness, denial, guilt, enragement and gradual disappearance of these feelings as the bereaved accepts the reality of the loss and moves forward, as suggested by Kubler-Ross (1969) and other grief theorists such as Bowbly (1980), Parkes (1988) and Worden (1991). The normal grieving process is thus characterized by feelings of sadness, guilt and anger, weight loss and insomnia, absolved by the death, and concentration strain and gradual recovery (Cohen, Mannarino, Greenberg, Padlo & Shipley, 2002).

In the course of the normal grieving process, the grief symptoms gradually reduce and the bereaved person begins to accept the loss and to readjust. However, some of the symptoms may return briefly on death anniversaries, birthdays, or other important occasions related to the deceased; this return of symptoms is considered normal (Sangeeta, 2009). It is generally agreed that the average period of time for normal grief lasts from approximately 12 to 18 months (American Psychiatric Association, 2000). If one's grief-related behaviours continue beyond this time frame, the grief may be considered unresolved, complicated, or pathological.

According to Sangeeta (2009) grief can become complicated or abnormal if the progression toward resolution is disturbed or not attempted at all. In some cases, the bereavement becomes prolonged with intense grief symptoms that interfere with one's ability to function, whereas in others, it may appear as a complete absence of grief. The intense overwhelming grief symptoms of earlier stages become abnormal due to their persistence and duration. In the view of Ringdal, Jordhoy, Ringdal and Kaasa (2001), grief includes a number of cognitive, psychological, social

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and somatic reactions that may or may not be expressed by the bereaved individual. Grief responses include different feelings, thoughts, physical and motor aspects. Some of the commonly described reactions include the feeling of tribulations, annoyance, fear, powerlessness, astonishment, craving, and independence. Quite a number of the signs of these feelings is noticed in the cognitive, physical and motor areas of the individual (Barreto, Yi & Soler, 2008; Gil-Juliá, Bellver & Ballester, 2008). A study by Maciejewski, Zhang, Block and Prigerson (2007) explained how these signs can change as time unfolds and predominate more in certain instants of the grief process. The grieving process systematically unfolds in different phases, though there is a divergent view over what the stages are and their empirical validity. These stages highly vary from one individual to the other (Maciejewki et al., 2007). The earliest illustrations of the grieving process suggest the episode of progressive and fixed stages such as disbelief and shock, denial, longing and yearning, resentments, depressive dispositions and gradual revival due to acceptance of reality (Kubler-Ross, 1969; Parkes, 1970).

Previous studies by Casdagli & Gobey, 2001; Stroebe, Stroebe & Schut, 2003; BUPA, 2004 have indicated that bereavement related grief is associated with numerous challenges including a shattering of a long-term bond; changes in status and roles; financial hardships and loss of major support, depression, increase in physician consultation and hospitalization, increase in health-compromising behaviours (drug abuse, heavy drinking or smoking) as well as increase in mortality rates and loss of meaning for life. All these challenges can lead to quite a number of psychiatric disorders such as psychosomatic disorders, depression (with or without suicide risk), anxiety or panic disorders, post-traumatic stress disorder among others.

Research findings revealed that a number of factors combined in one way or the other to influence grief reactions in widowhood. These factors include widow's age, occupation, education, attitude toward present living situation, income, perceived health status and presence of a confidant (Oniye, 2000). Also, according to Lisa (2013), some of the factors likely to influence bereaved spouses grief include social, culture and religion world view, socio-economic status, nature of death, nature of relationship with the deceased, gender and quality of care given to patient during the dying phase. Although myriad influences, including biological, social, psychological, and economic factors, affect one's reactions. An attempt is made in this research work to examine some of the factors influencing reactions and adjustment that some recent studies have identified as particularly important and potentially modifiable; these factors include religion, age, gender, nature of death length of years of death.

Study Objective

The researcher's interest in this study is to investigate the level of grief response exhibited by Nigerian bereaved spouses, and the influence of demographic variables such as age at bereavement length of years of loss and nature of death on the grief responses of bereaved spouses in Nigeria. Finding answers to these questions will help to establish empirical evidence on whether bereaved spouses are grieving positively or negatively and the type of intervention needed. This is the main focus of the study.

Research Question

The following null hypotheses were tested in the study;

1. What are the grief reactions of bereaved spouses in Nigeria?

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Hypotheses

The following null hypotheses were tested in the study.

1. There is no significant difference in the grief reactions of bereaved spouses in Nigeria on the basis of gender.
2. There is no significant difference in the grief reactions of bereaved spouses in Nigeria on the basis of nature of death.
3. The grief reactions of bereaved spouses in Nigeria are not significantly different based on the number of years of loss.

Method

Participants

The research design adopted for the study is the descriptive survey. The population for the study comprised all bereaved spouses in Nigeria while the target population is made up of bereaved spouses drawn from selected states in the six geopolitical zones in Nigeria. According to the National Bureau of Statistics (NBS, 2012), the total population of bereaved spouses in Nigeria is estimated to be 1,924,301. Using the Research Advisor's (2006) "Sample Size Determination Table, a sample size of 1,536 was recommended for a population size of this magnitude. However, 1,594 respondents were chosen for the study (see table 1) to cater for attrition. This sample size was determined at 95% confidence interval, and 2.5% Margin of error.

The purposive sampling method was used to select six states that have the highest number of widowed persons from each of the six geopolitical zones in Nigeria. The states are Borno, Lagos, Enugu, Kano, Benue, and Delta (see Table 1). Purposive sampling technique was considered appropriate for the study because it is a form of non-probability sampling technique which is characterized by the use of judgment and deliberate effort to obtain representative samples by including presumable typical areas of groups in the sample.

The proportional sampling technique was then used to select a representative sample of 1,594 bereaved spouses from the aforementioned states namely: Borno (171), Lagos (371), Enugu (255), Kano (329), Benue (207) and Delta (261) in proportion to the population of bereaved spouses in each state

Instruments

The main instrument that was used to collect data for this study is a questionnaire titled "Grief Reaction of Bereaved Spouses Scale (GRBSQ). The items on the scale were sourced through a review of the literature and various grief scales such as Grief/Depression Assessment Inventory by Schneider (2001) and Inventory of Traumatic Grief by Prigerson, Stan and Selby (2002). GRBSQ has 40 items with 2 sections; A and B. Section A contains five items which focus on the demographic data of the respondents including information on age at bereavement, gender, religion, length of years of loss and nature of death. Section B is divided into 4 parts relating to the cognitive, emotional, social and physiological-somatic reactions of bereaved spouses in Nigeria. The scale was patterned after a four point Likert-type rating scale format of Very Often (VO, 4 points), Often (O, 3 points), Rarely (R, 2 points) and Almost Never (AN,1point).

The instrument was content validated by experts in the Departments of Counsellor Education and Behavioural

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Sciences. The experts' amendments and suggestions were affected when preparing the final draft of the instrument. The reliability of the instrument was ascertained through the test re-test reliability method. The correlation coefficient result obtained was 0.87 at .05 Alpha level of significance.

Results

The distributions based on the characteristics of the respondents in terms of gender, age at bereavement, religious affiliation, nature of death and length of years of loss were presented in this section

Table 1
Proportion Percentage of Bereaved Spouses in the Target States in Nigeria

S/N	States	Population of Bereaved Spouses	Proportion percentage %	Sample
1	Borno	56,649	10.7	171
2	Benue	68,486	13.0	207
3	Delta	86,629	16.4	261
4	Enugu	84.151	16.0	255
5	Kano	108,880	20.6	329
6	Lagos	123,291	23.3	371
	Total	**528,080**	**100.0**	**1594**

Table 2
Distribution of Respondents by Gender, Religious Affiliation, Nature of Death and Length of Years of Loss

S/N	Variables	Frequency	Percentage %
1.	**Gender**		
	Male	381	23.9
	Female	1213	76.1
	Total	**1594**	**100.0**
2.	**Religion**		
	ATR	67	4.2
	Christianity	836	52.4
	Islam	691	43.4
	Total	**1594**	**100.0**
3.	**Nature of Death**		
	Sudden	662	41.5
	Anticipated	562	35.3
	Others	370	23.2
	Total	**1594**	**100.0**
4.	**Length of years of loss**		
	Less than a year	409	25.7
	1-5years	533	36.6
	6-10 years	438	27.5
	Above 10 years	164	10.3
	Total	**1594**	**100.0**

Table 2 presents the percentage distribution of respondents based on gender, age at bereavement, religion, nature of death and length of years of loss. The information on the table indicates that 381 (23.9%) of the respondents were males while 1213 (76.1%) were females. The result further reveals that 67 (4.2 %) of the respondents belong to African Traditional Religion, 836 (52.4 %) were Christians while 691 (43.4 %) of the respondents were Muslims. The result also revealed that 662 (41.5 %) of the respondents lost their spouse through sudden death, 562 (35.3%) had anticipated the death of their spouses while 370 (23.2%) suffered the death of their spouses through other means. Finally, the table shows that at the time of data collection, 409 (25.7 %) of the respondents lost their spouses less than a year, 533 (36.6

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%) lost their spouses 1-5years, 438 (27.5%) lost their spouses 6-10 years while 164 (10.3 %) of the respondents lost their spouses more than 10 years back.

Research Question1:
What are the grief reactions of bereaved spouses in Nigeria?

Table 3 presents the means and rank order analysis of responses on grief reactions of bereaved spouses in Nigeria. The results on the table revealed that Psychosomatic related reactions such as not sleeping well; decreased appetite; fatigue and restlessness etc ranked 1st with a mean score of 18.60. Affective related reactions such as feeling of loneliness, sleeping problems and depressed mood ranked 2nd with a mean score of 17.63; followed by cognitive related reactions such as preoccupation with the thought of my spouse; suicidal thoughts; and lack of concentration with a mean score of 17.18 and lastly social related reactions such as difficulty in functioning socially, reduced relational intimacy and difficulty in trusting people ranked 4th with a mean score of 17.14. Therefore, it can be concluded that the common grief reactions of bereaved spouses in Nigeria include loneliness, sleeplessness, depressive moods, decreased appetite, preoccupation with the thought of spouse and restlessness among others.

Table 3
Means and rank order analysis of grief reactions of bereaved spouses in Ilorin Metropolis, Kwara State, Nigeria.

S/N	Grief Reaction	Mean	Rank
1	Psycho-somatic (e.g. not sleeping well; decreased appetite; fatigue and restlessness etc.)	18.60	1st
2	Affective (e.g. always feel lonely, not sleeping well and depressed mood etc.)	17.63	2nd
3	Cognitive (e.g. preoccupied with the thought of my spouse; suicidal thoughts; and lack of concentration etc.)	17.18	3rd
4	Social (e.g. difficult to function socially, reduced relational intimacy and difficulty in trusting people etc.)	17.14	4th

Table 4
Percentage distribution of respondents' grief reactions

S/N	Variable	Frequency	Percentage
1	Negative Reaction	742	46.5%
2	Positive Reaction	852	53.5%
Total		1594	100.0%

Table 4 indicates that 742 (46.5%) of the respondents had negative grief reactions, while 852 (53.5%) had positive grief reactions.

Hypothesis 1:
There is no significant difference in the grief reactions of bereaved spouses in Nigeria on the basis of gender

Table 5 presents data on the means, standard deviations and t- value of respondents' grief reactions on the basis of gender. The table shows that the calculated t-value of 1.01 is less than the critical t-value of 1.96 (p-value .31 > 0.05 level of significance). On this basis, the null hypothesis which states that there is no significance difference in the grief reactions of bereaved spouses in Nigeria on the basis of gender was accepted. This means that bereaved spouses of both genders do not differ in the way they react to the loss of their spouses.

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Table 5
Means, standard deviations and t-value of respondents' grief reactions on the basis of gender

Gender	No	Mean	Standard Deviation	Df	Calculated t-value	Critical t-value	p-value
Males	381	100.15	20.86	1592	1.01	1.96	.313
Females	1213	101.35	20.05				

Hypothesis 2:
There is no significant difference in the grief reactions of bereaved spouses in Nigeria on the basis of nature of death.

Table 6
Analysis of variance (ANOVA) of grief reactions of respondents on the basis of nature of death

Sources of Variance	Sums of Squares	df	Mean Squares	Calculated F-value	Critical F-value	p-value
Between Groups	277.90	2	138.95	0.34	3.00	.713
Within Groups	652802.94	1591	410.31			
Total	653080.85	1594				

Table 6 presents data on the Analysis of Variance of respondents' grief reactions of bereaved spouses on the basis of nature of death. The table shows that the calculated F-value of 0.33 is less than the critical F-value of 3.00 (p-value .713 < 0.05 level of significance). Therefore, the null hypothesis which states that there is no significant difference in the grief reaction of bereaved spouses on the basis of nature of death is accepted. This means that respondents who suffered losses through different nature of death react similarly to the loss of their spouses in Nigeria.

Hypothesis 3:
There is no significant difference in the grief reactions of bereaved spouses in Nigeria on the basis of length of years of loss

Table 8 presents data on the Analysis of Variance of respondents' grief reactions of bereaved spouses on the length of years of loss. The table shows that the calculated F-value of 3.25 is greater than the critical F-value of 2.60 (p-value .021 < 0.05 level of significance). Therefore, the null hypothesis which states that there is no significant difference in the grief reaction of bereaved spouses on the basis of length of years of loss is rejected. This means that respondents react differently to the loss of their spouses in Nigeria based on length of years of loss. A further examination of the group difference was carried out using Duncan's Multiple Range Test (DMRT), a post-hoc test.

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Table 7
Analysis of variance (ANOVA) of grief reactions of respondents on the basis of length of years of loss

Sources of Variance	Sums of Squares	df	Mean Squares	Calculated F-value	Critical F-value	p-value
Between Groups	3976.01	3	1325.33	3.25*	2.60	.021
Within Groups	649104.83	1590	408.24			
Total	653080.85	1594				

NB: *= Significant, p< 0.05.

Table 8
Duncan multiple range test showing the magnitude of differences in the grief reactions of bereaved spouses based on length of years of loss

Length of Years of Loss	Mean	N	Group	Duncan's Grouping
Less than a year	99.29	164	1	A
1-5years ago	99.47	583	2	A
Above 10 years ago	101.95	409	4	B
6- 10 years ago	103.01	438	3	B

Table 8 shows the magnitude of differences in the grief reactions of bereaved spouses based on length of years of loss. The information on the table reveals that groups 1 and 2 who are respondents that have suffered losses less than a year, 1-5years and 1-5 years ago have slightly different mean scores of 99.29 and 99.47 respectively but significantly differ from group 3 (6- 10 years ago) and group 4 (above 10 years) with mean scores of 103.01 and 101.95 respectively. The mean score of group 3 (6- 10 years ago) also differed significantly from other groups Therefore, it can be concluded that respondents who have suffered 6-10 years ago contributed to the differences noted in the ANOVA table and thus reacted more towards the death of their spouses. This finding may be due to the fact that respondents in this category have lost their spouses for quite a long time and they are expected to have recovered from the loss considering the fact that grief heals with time.

Discussion

The study further revealed 46.5% of bereaved spouses in Nigeria have tendencies for abnormal grief reactions, while 53.5% had normal grief reactions. This implies that quite a number of bereaved spouses in Nigeria react to the loss of their spouses in a normal and positive way. As good as this may sound, the findings of the study has a serious implication because, out of all the respondents sampled, 46.5 % reacted negatively which is an indication that they are likely suffering from complicated grief. Therefore, the respondents in this study showed considerable level of reactions that are prone to be complicated grief if necessary intervention is not in place. This is because most of the items raised to measure the grief reaction of respondents are indicative of indices of complicated bereavement. The finding may be due to the fact that mourning practices in Nigeria are basically culturally oriented, bereaved spouses are usually left alone to cope with their loss while emphasis is laid on

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economic empowerment. Bereaved spouses are viewed by family, non-governmental organizations and government as dependent, indigent and vulnerable people to be pitied and helped to meet the basic needs of food, shelter and clothing. Hence, their emotional and psychological wellbeing are often ignored as they are left alone to cope with the loss while all external attention is laid on economic empowerment.

The result also revealed that the common grief reactions of bereaved spouses in Nigeria include loneliness, sleeplessness, depressive moods, decreased appetite, preoccupation with the thought of spouse, restlessness and worrying excessively about the future, among others. The findings of this study agree with the submission of Cassarett, Kutner and Abrahm (2001) that grief is a multifaceted response to loss which includes psychological, behavioural and physical reactions combined with cognitive, emotional, behavioural, social, spiritual and somatic elements. The result may be due to the obnoxious mourning practices and widowhood rites that bereaved spouses especially widows are subjected to. For instance, practices of confinement can trigger loneliness and depression; spending the last night with the deceased can cause mental disorder; drinking of the water that is used to wash the dead, poor diet and shaving of the head and wearing only one cloth can trigger series of emotional and physiological reactions which could be detrimental to the bereaved spouses adjustment.

The result further indicated that there is no significant difference in the grief reactions of bereaved spouses in Nigeria based on gender. This means that bereaved spouses of both genders do not differ in the way they react to the loss of their spouses. This finding may be due to the fact that reaction to loss is universal therefore both genders react in the same way. The finding of this study is contrary to the submissions of Hayslip, Allen and McCoy-Roberts (2000) whose research indicated that the practical and emotional impacts of bereavement are more profound among women when compared to men. However, the result obtained from this study is in agreement with the views of other researchers such as Allen and Hayslip, (2000) that men and women react to the loss of their loved ones, they argued that based on the effect of the bereavement on both genders, women generally report greater emotional distress, depression, admit to feeling of helpless, express more significant changes in identity and social role while the risk of mortality and illness is greater in men.

Another result also showed that there is no significant difference in the grief reaction of bereaved spouses on the basis of nature of death. This means that respondents who suffered losses through different nature of death reacted similarly to the loss of their spouses in Nigeria. The result does not with the submission of Carr, House, Wortman, Nesse and Kessler (2001) who reported that reaction and adjustment to spousal loss is affected by the timing and nature of the spouse's death. According to Carr et al (2001), anticipated deaths are usually less distressing than unanticipated ones. Death of a spouse may be anticipated as a result of illness or it may be sudden due to accident. The knowledge that one's partner may die in the nearest future provides the couple with time to address unresolved issues before the actual death and this preparation for death is believed to facilitate smoother transition to widowhood compared to sudden death. Burton, Haley and Small (2006) also submitted that in sudden death situations, there is usually no opportunity of discussing impending issues or reconciliation with the spouse and is, therefore, often associated with more severe grief reactions.

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Parkes (1996) also worked on some of the determinants of grief, including the circumstances of the death and found that unexpected deaths, violent deaths, and deaths as a result suicides were more often associated with psychological distress than other types of death circumstances, especially those which occurred in natural circumstances. The findings of this study may have been influenced by mourning practices in the Nigerian context and attributions to death. This is because couples in Nigeria do not believe in anticipating the death of their spouses due to the belief system that it is a taboo to wish one's spouse's death. It should also be stressed that most Nigerians being religiously inclined with strong beliefs attributes death to the supernatural; death is hardly ever ascribed to natural causes.

Finally, the result further showed that respondents reacted differently to the loss of their spouses in Nigeria based on length of years of loss. The finding showed that respondents who had suffered the loss of their spouse since 6-10 years back contributed to the differences noted in the result and thus reacted more towards the death of their spouses. This finding may be due to the fact that respondents in this category lost their spouses for quite a long time and they were expected to have recovered from the loss considering the fact that grief heals with time. The result lends credence to the findings of researchers such as Neimeyer (2002) who asserted that most of the people during the process of bereavement would recover more or less in a relatively short period of time which usually ranged from two to three years. Also, according to Balk (2004), individual response to death and capacity to cope varies; therefore it is somewhat set a right timetable for recovery because it is beginning to be accepted now that the grieving trajectories unfold in varying degrees throughout the life span of the bereaved individual and the form and duration of response differs from person to person.

Conclusion

Based on the results, it can be concluded that bereaved spouses in Nigeria had positive grief reactions; the common grief reactions of bereaved spouses in Nigeria include loneliness, sleeplessness, depressive moods, decreased appetite, preoccupation with the thought of spouse and restlessness, worrying excessively about the future, among others. Length of years of loss had an influence in the Grief reactions of bereaved souses in Nigeria however their reactions are not influenced by gender, nature of death and religious affiliation.

Recommendations

Based on the results of the study, its discussion and conclusion, the following recommendations are made:

1. All bereaved spouses in Nigeria should be exposed to grief counselling to help them adjust better to their bereavement. They should be educated on the adverse effect of complicated grief to mental health. To achieve this, grief counselling should be made a compulsory component of any counsellor training programmes in Nigerian universities. This will help trainee counsellors acquire requisite skills of grief work since death is an inevitable end to all human beings. Counsellors will encounter clients in their various communities, religious gathering, among students, colleagues and generality of the populace; therefore, they should be able to render the desired assistance to the grieving individuals.
2. Specifically, the study revealed that bereaved spouses in Nigeria have normal grief reactions. However, the percentage of respondents with tendencies of abnormal grief reactions in this study is indicative of the fact that

at least four out of every ten bereaved spouses had complicated bereavement. It is therefore recommended that counsellors should always find a way of establishing rapport with bereaved spouses in the different organizations with the aim of helping them deal with their grief and sensitizing them on the negative effects of complicated bereavement. This can be done through the organization of focused-group discussion for different categories of bereaved spouses, partnering with Government and non-governmental widow organizations in organizing awareness programmes for different group of bereaved spouses.

3. Counsellors need to provide relevant community-based intervention programmes and support services that will cater for the needs for bereaved spouses of different years of loss. For instance, group of bereaved spouses who lost their spouses between the first five years of loss could be assisted to express their grief, remarry, acquire entrepreneurship skills and with focused group discussions in order to adjust better to their bereavement while those who have lost their spouses for more than 5 years could be assisted to build and harness support systems that would assist them in coping with widowhood.

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