

# **Influence Of Grief Counselling On Psychological Wellbeing Among Widows At Africa Inland Church, Nairobi Area Church Council, Kenya**

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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 in seeking consolation. This study investigated the influence of grief counselling on psychological wellbeing among widows at the Africa Inland Church, Nairobi Area Church Council, Kenya.*

**Materials and Methods:** *The study was informed by the Cognitive Behavioral Theory and the Dual Process Model of Coping with Bereavement. The study used a causal research design, and census sampling technique was adopted. 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.*

**Results:** *The findings showed that most (n = 66, 64.1%) of the widows were at high grief reaction, 22.4% (n = 31) of the widows had moderate grief reaction, while 13.5% (n = 15) were at low grief reaction. Also, 62.2% (n = 50) of the participants scored a high level of psychological wellbeing, 24.3% (n = 34) were at moderate level of psychological wellbeing, while 13. % (n = 28) of the participants were at low level of psychological wellbeing.*

**Conclusion:** *The study established that grief counseling influenced the psychological wellbeing among widows (F- value (1, 5013.255) = .208, p = .030 ≤ 0.05). The study recommended that the leadership of the Africa Inland Church could 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.*

**Keyword;** *Grief Counseling, Psychological Wellbeing, Social Support, Widows, Church.*

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## **I. Introduction**

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 woman who has experienced the death of the husband. 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). Widows' bereavement comes with psychological implication, for example, depression. Depression arises when widows become hopeless about life. According to Afen et al. (2022), depression is a mood (affective) disorder which could be mild, moderate, severe, and recurrent in a person. It is possible that when widows are involved in grief counseling, there is a likelihood that they may experience some psychological relieve from the pains they go through.

Grief counseling 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 Norway, Ringdal et al. (2001), conducted a study which investigated factors affecting grief reactions in close family members to individuals who have 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 level of grief after the death of 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 ( $M = 67.15, SD = 23.33$ ). Similarly in the USA, Wicochea (2023) established that the grief reaction level among the bereaved participants were at ( $M = 24.73, SD = 15.05$ ), which revealed high level 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 is 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 may 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, counselors 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

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).

## **II. Theoretical Framework – The Dual Process Model Of Coping With Bereavement**

This study was informed by the Dual Process Model of Coping with Bereavement. It was developed 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), argue 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) is 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 is 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. By acknowledging and validating the oscillation between loss and restoration, interventions can 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 et al., 2022). Additionally, the model's focus on balancing coping processes may overlook the unique cultural variations in grieving practices and beliefs, potentially limiting its cross-cultural applicability. Some critics suggest that the model might not adequately address long-term bereavement outcomes and the complexities of grief trajectories over time (Nadurak, 2021).

## **III. Methodology**

This study employed the positivist epistemological framework. 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). Positivism is 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 this study was neither grief counseling nor psychological wellbeing, but the influence of grief counseling on psychological wellbeing among widows at Africa Inland Church, Nairobi Area Church Council, Kenya.

The study adopted the causal research design. The study used a census sampling technique. 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. 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 researcher first obtained approval from the Tangaza University Institutional Scientific Ethics Review Committee (TU-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. Also, a letter of authorization was acquired from the African Inland Church (AIC). Once the authorization was granted by the African Inland Church, the researcher further obtained free and informed consent from the participants of this study. 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 comes to any of the participants.

#### IV. Findings

##### Demographic Characteristics

This section presents the demographic characteristics of the participants of this study. This includes; age, levels of education, number of children, and employment status. The findings are given in Table 1.

**Table 1**

*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%
<b>Level of education</b>		
Primary School	1	.9%
Secondary School	26	23.2%
College	54	48.2%
University	31	27.7%
<b>Number of Children</b>		
1-2 Children	23	20.5%
3-4 Children	28	25.0%
5 and above	61	51.5%
<b>Employment Status</b>		
Employed	31	27.7%
Self-Employed	39	34.9%
Not Employed	42	37.5%

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 (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).

##### 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 council, Kenya. 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. Thus, 5 items of the Brief Grief Questionnaire were utilized to measure the grief reaction levels. 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. 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 outcome of the analysis is presented in Table 2.

**Table 2**

*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 2, the outcome of the analysis indicated that most (n = 66, 64.1%) of the widows scored high grief reaction, while 13.5% (n = 15) of the widows at Africa Inland Church in Nairobi council were at low grief reaction.

## V. Discussion

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

Findings revealed that most (n = 66, 64.1%) of the widows scored high grief reaction, while 13.5% (n = 15) of the widows at Africa Inland Church in Nairobi council, were at low grief reaction. This finding demonstrates the possibility that the widows are still struggling with grief on the death of their spouse.

The findings of this study are similar with the findings by Ringdal et al. (2001) in Norway, whose study investigated factors affecting grief reactions in close family members to individuals who have 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). Also, the findings of this study similar with the study by Wicochea (2023) in the USA, establishing the grief reaction level to be at (M = 24.73, SD = 15.05)

The finding of this study confirms 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 level 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 are struggling to fully understand, and as well come to term 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.

Also, there may 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.

## VI. 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. The psychological effects of the death of a spouse are significant and such loss comes with deep pain in the life of a widow. Widows face a range of vulnerabilities that impact various aspects of their lives. Thus, stronger psychosocial supports are necessary for grieving spouses in order to enable better coping and adaption in their losses.

## VII. Recommendation

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 challenge they go through to trusted persons in their church. This could help lessen the psychological burden they 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 level of psychological wellbeing.

Based on future study recommendation, the study recommended a comparative study be carried out investigating the influence of grief counseling on psychological wellbeing among widows and widowers.

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