



## Grief Reactions of Bereaved Spouses in Ilorin Metropolis, Kwara State, Nigeria

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**Abstract:** Spousal death is one of the most traumatic events that can occur in marital experience and most times, engenders different reactions. The paper investigated the grief reactions of bereaved spouses in Ilorin metropolis, Kwara State. A total of 395 bereaved spouses were selected using a purposive sampling technique. Data were collected from the respondents using an instrument titled "Grief Reaction of Bereaved Spouses Questionnaire" (GRBSQ). The research questions raised were answered with percentages while the hypotheses generated were analysed using t-test statistics and three-way Analysis of Variance (ANOVA) at 0.05 alpha level. The findings of the study indicated that (90.6%) of bereaved spouses in Kwara state have positive grief reactions, while 37 (9.4%) have negative grief reactions. The study further revealed significant differences in the grief reactions of bereaved spouses in Ilorin metropolis based on age at bereavement, nature of death and length of years of loss. Based on these findings, recommendations were made on the desirability of establishing counselling centres in governmental and non-governmental organisations aside from the conventional ones in schools and hospitals. The study also stresses the need for bereaved spouses to be exposed to grief counselling to help them adjust better to their bereavement and educated on the adverse effect of complicated grief as a result of poor adjustment.

**Keywords:** Grief, Grief Reactions, Bereaved Spouses, Ilorin

### Introduction

Death of a loved one constitutes a major life event accompanied by different reactions. Grief following loss

through death is a universal and normal human reaction which occurs within a socio-cultural context. The death of a loved one usually has a tremendous

impact on the lives of those left behind; it is often seen as an ultimate loss, which, invariably is accompanied by grief. Grief, according to MacNair-Semands (2004), is the term used to describe the distress or suffering related to loss, particularly death. According to MacNair-Semands, everyone experiences bereavement-related grief at some point in their life; however, the duration and expression vary among different cultural groups. The feelings associated with grief often include sadness, anger, helplessness, and despair (Toth, 1997), in addition to denial, disbelief, confusion, shock, guilt, humiliation, and yearning (Mental Health America, 2007). Such feelings may be intense and long-lasting, but they are natural and normal reactions to loss because experiencing grief is necessary to heal and grow emotionally.

In the view of Stroebe, Hansson, Schut and Stroebe (2008), grief is the term applied primarily to an emotional (affective) reaction to the loss of a loved one through death. Therefore, grief from this perspective can be viewed as an affective reaction or response to the loss of a significant other through death which includes a display of sorrow, regret and pains. Cassarett, Kutner and Abrahm (2001) gave a broader definition of grief to mean a multifaceted response to loss that includes psychological, behavioural and physical reactions combined with cognitive, emotional, behavioural, social, spiritual and somatic elements. In a similar perspective, Ringdal, Jordhoy, Ringdal and Kaasa (2001) also posited that grief includes a number of cognitive, psychological, and somatic reactions

that may or may not be expressed by the bereaved individual.

From the above perspectives, grief can thus be defined as a universal response to loss, particularly, of someone or something to which a bond has been formed. Spousal death-related grief, therefore, can be defined as a universal response to the loss of a loved one (spouse) to death which may include emotional, cognitive, psychological, social and spiritual element. This is because the emotions and behaviours that accompany grief do not vary from culture to culture, but are universal to all humans. Thus, the emotional experience of dealing with the loss of loved ones appears to be universal in all cultures of the world. The process of dealing with grief-related loss is called the grief process, and it refers to the need to adapt to a new situation.

Grief is considered by researchers (such as Rosenblatt, 1993; Archer, 1999; Parkes, 2001; Lisa 2013) to be a universal phenomenon following a loss that can cause diverse psychological and physical reactions. For example, the intense suffering caused by bereavement can be associated with increased risk of mortality for the survivor (Smith & Zick, 1996; Li, Precht, Mortensen, Olsen, 2003; Agerbo, 2005). Distress and depression are considered normal reactions to the loss of a loved one, both gradually receding without intervention. In most cases, bereaved persons experience a "normal" grieving process in which they endure a period of sorrow, numbness, and even guilt or anger, followed by a gradual fading of these feelings as the griever accepts the loss and moves forward, as suggested by Kubler-Ross and other grief theorists.

Stroebe and Schut, (2001) however, argued that while the adverse effects of bereavement lessen with time, bereaved individuals do not adapt and/or grieve in a similar fashion. Bereaved individuals may vary in terms of their grieving patterns, amount of time spent grieving, the intensity of grief and coping trajectories. The grieving process goes through different stages, although there is a disagreement over what they are and their empirical validity. These stages are highly variable from person to person (Maciejewki, Zhang, Block & Prigerson, 2007).

The first descriptions of the grieving process suggest the existence of successive, essentially fixed stages such as disbelief and shock, yearning, angry protests, depressive mood and recovery or acceptance (Kubler-Ross, 1969; Parkes, 1970; Bowlby 1993,). In a similar opinion, Asonibare (1998) posited that there are ten stages of grief people go through, after the death of their loved ones; these are shock, disbelief and denial, searching for emotional release, symptoms of physical distress, feelings of depression and gloom, a sense of guilt, anger and hostility, unwillingness to engage in normal chores, a gradual coming around and re-adjustment to reality. Nowadays, rather than speaking of specific successive stages, it is beginning to be accepted that although the symptoms of grief come and go, there is a gradual movement towards adaptation as time goes by (Hansson & Stroebe, 2007).

According to Hansson and Stroebe (2007), the four tasks of grieving are accepting the reality of loss; experiencing the pain of grief; adjusting to the environment without

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the deceased, and relocating the deceased emotionally and moving on. Normal bereavement involves reconciliation, which has been defined as "the process that occurs as the bereaved individual works to integrate the new reality of moving forward in life without the physical presence of the person who died" (Cohen, Mannarino, Greenberg, Padlo & Shipley, 2002). Although most people are able to cope with and navigate the normative grieving process without complications (Boelen, van den Hout & de Keijser, 2003; Bonanno, 2004), some are unable to do so successfully. When people are prevented from moving through the tasks adequately due to adjustment problems, the normal bereavement process is interrupted, grief reactions become much more painful and debilitating (Mayo Clinic, 2007), and complicated grief may develop. In fact, grief reactions may be severe enough to require psychiatric or medical treatment (Worden, 2003)

Complicated grief has been conceptualised as the development of trauma symptoms following a death that interferes with the ability to grieve (Cohen, Mannarino, Greenberg, Padlo & Shipley, 2002). People may experience trauma reminders, which reminds them that death is traumatic; loss reminders, thoughts, memories or people that are reminders of the deceased; or change reminders, which remind the person of changes that have taken place as a result of the death. All of these lead to intrusive and distressing thoughts, memories and images about the trauma. According to the authors, these trauma-related thoughts then prompt the person to experience physiological reactions and extreme psychological distress similar

to those experienced during the original loss.

Grief reactions of bereaved spouses may vary and are influenced by numerous factors. A research finding by (Lisa, 2013) has shown that a number of factors combined in one way or the other influence nature of grieving in a spousal loss. These factors include nature of death, gender/personality variables, age at bereavement, occupation, nature of the marital relationship, religion, gender, nature of the relationship, cultural factors, socio-economic status etc. Although grieving individuals experience a period of significant emotional distress after a loved one dies, usually the ability to engage in new interests, pleasurable activities, and healthy relationships will eventually return (Tomita & Kitamura, 2002). In some cases, however, grief reactions are more chronic and longstanding, resulting in clinically significant impairment in social, occupational, or other major areas of functioning.

The death of a spouse has been found to be one of the most stressful events in an individual's life, and most related studies have shown that the majority of widows and widowers grieve the death of their spouses. However, for people who do not normally adapt to their loss, the grief process can become problematic, resulting in poor adjustment and low quality of life. Bereavement is characterised by physiological, emotional, psychological and health effects. Previous studies (Sanders, 1989; Rubin, 1990; Stroebe, 1991; Brener, 1993; Ukeh, 1997; Casdagli & Gobey, 2001; Stroebe, Stroebe & Schut, 2003; BUPA, 2004)

have indicated that bereavement related grief is associated with different 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 hospitalisation, increase in health-compromising behaviours (drug abuse, heavy drinking or smoking) as well as an increase in mortality rates and loss of meaning for life.

Similarly, in Nigeria, several researchers have worked on issues relating to bereavement and adjustment in widowhood. For instance, Mojinyinola (2010) worked on social support and recovery from bereavement among bereaved persons in Oyo and Oke-Ogun areas of Oyo State, Nigeria and found that social support had a significant impact on symptoms of emotional feelings associated with bereavement and also had a significant impact on recovery from bereavement.

Similarly, a study by Falana (2013) on the influence of the length of marriage on grief experiences of widows in Yoruba land, Nigeria showed that respondents (old and young widows) do not differ in their experiences of grief. Salomi (2014) who worked on psychological consequences of the early demise of spouses and the effect of the coping strategies on the health of the survivors in Ogun State, Nigeria identified that the psychological consequences arising from the early demise of spouses were instrumental for the throes and sorrows experienced by the surviving spouses. From the cited studies and to the best of the researcher's knowledge, there has not been any study on grief reactions of

bereaved spouses in Ilorin Metropolis, Kwara State, Nigeria.

The questions that would therefore readily come to mind include among others: what are the ways through which people grief? What type of grief response portends a harmful effect? How do demographic variables such as age at bereavement length of years of loss and nature of death interact with grief responses of the bereaved individual? 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. It is against this background that this researcher carried out an investigation into grief reactions of bereaved spouses in Ilorin Metropolis, Kwara State, Nigeria with a view to empirically investigate their grief reactions and examine some of the factors influencing grief reactions that some recent studies have identified as particularly important and potentially modifiable; these factors include religion, age, gender, length of years of loss and nature of death.

**Research Hypothesis:**

Ho: There will be no statistically significant differences in the grief reactions of bereaved spouses in Ilorin Metropolis, Kwara State, Nigeria on the basis of age at bereavement length of years of loss and nature of death.

### **Method**

The research design adopted for the study is a descriptive survey. The population for this study comprised of all bereaved spouses in Kwara State, Nigeria, while the target population consisted of bereaved spouses drawn from selected Local Governments Areas within Ilorin metropolis. This

was done by drawing bereaved spouses from places such as registered widow's organisations, women's associations, religious gathering, corporate society meetings, government offices, and individual homes with questionnaires to be filled. According to the National Bureau of Statistics (NBS, 2012), the total population of bereaved spouses in Kwara state Nigeria is estimated to be 28, 931. Using the Research Advisor's Sample Size Determination Table (2006), the minimum sample size recommended for a population of this magnitude is 381 at a 95% confidence interval and a 5.0% Margin of error. A sample size of 395 respondents was, however, chosen for the study. The procedure for selecting the sample for this study was the Purposive sampling technique. The Purposive sampling technique was considered appropriate for the study because it is a form of non-probability sampling technique which is characterised by the use of judgement and deliberate effort to obtain representative samples by including typical presumable areas of groups in the sample (Hassan, 1998).

The main instrument that was used to collect data for this study is a questionnaire titled "Grief Reaction of Bereaved Spouses Questionnaire" (GRBSQ). The questionnaire is a 40 item instrument with two sections; A and B. Section A contains the demographic data of the respondents, while section B contains items on grief reactions of bereaved spouses. The instrument was patterned in a four-point likert- type rating scale format with 4 points as the highest score and 1 as the lowest score. Since there are 40 items altogether in the instrument, the lowest total score obtainable is forty (40), and the highest obtainable score

would be one hundred and twenty (160). Therefore, the range is 120 (i.e. 160- 40). The midpoint of the range is 60 (i.e. 120/2). The cut-off point is therefore 160-60 (i.e. maximum score minus the midpoint of the range) or 40+ 60 (i.e. the minimum score plus (+) the midpoint of the range) in which either case is 100. To score the instrument, the researcher would categorise the grief reactions of bereaved spouses into two viz: positive and negative with the score range of these levels being 40-100 (positive) and 101-120 (negative). The psychometric requirements of the scale

as advocated by Odukoya et al., (2018) was determined.

The content validity of the instrument was ascertained by five Lecturers in the Department of Counsellor Education and Social work, University of Ilorin, while the reliability of the instruments was established using the test re-test reliability method. The two sets of scores were correlated using the Pearson Product Moment Correlation formula, and a coefficient of 0.78 was found at 0.05 alpha level of significance. The data obtained were analysed using percentages, Univariate Analysis of Variance statistical analysis to test the null hypothesis formulated.

**Results**

**Table 1:** Distribution of Respondents by Gender, Age at bereavement, Religion, Nature of Death and Length of Years of Marriage

S/N	Variables	Frequency	Percentage %
1.	<b>Gender</b>		
	Male	56	14.2
	Female	339	85.8
	<b>Total</b>	<b>395</b>	<b>100.0</b>
2.	<b>Age</b>		
	30 years or less	41	10.4
	31 – 40 years	78	19.7
	41-50 years	177	44.8
	Above 50 years	99	25.1
	<b>Total</b>	<b>395</b>	<b>100.0</b>
4.	<b>Nature of Death</b>		
	Sudden	195	49.4
	Anticipated	139	35.9
	Others	61	15.4
	<b>Total</b>	<b>395</b>	<b>100.0</b>
5.	<b>Length of years of loss</b>		
	Less than a year	63	15.9
	1-5years	130	32.9
	6-10 years	160	40.5
	Above 10 years	42	10.6
	<b>Total</b>	<b>395</b>	<b>100.0</b>

Table 1 shows the 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 56 (14.2%) of the respondents were males, while 339 (85.8%) were females. Also, 41 (10.4 %) of the respondents were below 30 years while 78 (19.7%) falls between 31 and 40 years, 177 (48.8) were between 41 and 50 years while 99 (25.1 %) of the respondents falls between 50 years and above. The result also revealed that 195 (49.4 %) of the respondents lost their spouse through sudden death, 139

(35.9%) had anticipated the death of their spouses while 61(15.4%) suffered the death of their spouses through other means. Finally, the table shows that 63 (15.9 %) of the respondents lost their spouses less than a year, 130 (32.9 %) lost their spouses 1-5years, 160 (40.5%) loss their spouses 6-10 years while 42 (10.6 %) of the respondents lost their spouse to death more than ten years back.

**Research Question:**

*What is the natural grief reactions of bereaved spouses in Ilorin Metropolis, Kwara State, Nigeria?*

Table 2: Nature of Grief Reactions of Bereaved Spouses in Ilorin Kwara State.

Variables	Frequency	Percentage %
Positive	358	90.6
Negative	37	9.4
Total	395	100.0

Table 2 shows that 358 (90.6%) of the respondents have positive grief reactions, while 37 (9.4%) have negative grief reactions. Thus it can be concluded that the nature of grief responses of bereaved spouses in Ilorin metropolis is positive.

**Hypothesis**

*There will be no statistically significant differences in the grief reactions of bereaved spouses in Ilorin metropolis on the basis of age at bereavement, length of years of loss and nature of death.*

Table 3: Three-Way Analysis of Variance showing differences on the bereaved Spouse's Grief Reactions on the Basis of Age at Bereavement, Length of Years of Loss and Nature of Death

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.	Decision
Corrected Model	31899.711 <sup>a</sup>	30	1063.324	4.788	*.000	
Intercept	895386.181	1	895386.181	4031.424	*.000	
Length	2065.894	3	688.631	3.101	*.027	Rejected
Nature	9660.698	2	4830.349	21.748	*.000	Rejected
Age	2051.857	3	683.952	3.079	*.028	Rejected
length * nature	1718.717	4	429.679	1.935	.104	
length * age	2125.869	8	265.734	1.196	.300	
nature * age	99.069	5	19.814	.089	.994	

length * nature	2471.562	4	617.890	2.782	*.027
* age					
Error	80845.033	364	222.102		
Total	2933397.0	395			
	00				
Corrected Total	112744.74	394			
	4				

\* p < .05

Table 3 presents univariate analysis showing differences in the bereaved spouse's grief reactions in Ilorin Metropolis on the basis of age at bereavement, length of years of loss and nature of death. The result on the table revealed a calculated F-ratio of 3.101 (p-value .027 < .005) based on age at bereavement; F-ratio 21.748 (p-value .000 < .005) based on length of years of loss and F-ratio 3.079 (p-value .028 < .005) based on nature of death. This implies that there was a statistically significant difference in the grief reactions of respondents of different age at bereavement, length of years of loss and nature of death. The interaction effect between the

moderating variables reveals that there was no statistical interaction effect between the length of years of loss and nature of death F-ratio 1.935 (p-value .104 > .005); length of years of loss and age at bereavement F-ratio 1.196 (p-value .300 > .005); nature of death and age at bereavement F-ratio 0.894 (p-value .994 > .005). However, there was a significant interaction effect among the length of years of loss, nature of death and age at bereavement F-ratio 2.782 (p-value .027 < .005). In order to ascertain where the significant difference lies in the result obtained. DMRT Post-Hoc was carried out, and the outputs are shown in Tables 4, 5 and 6.

Table 4: DMRT Showing the Magnitude of Differences in the Grief Reactions of Bereaved Spouses based on Age at Bereavement

Age at Bereavement	Mean	N	Group	Duncan's Grouping
30 yrs or less	80.05	41	1	A
31- 40yrs	80.28	78	1	A
41-50 yrs	85.36	177	2	B
Above 50 yrs	88.14	99	2	B

Table 6 shows the magnitude of differences in the grief reactions of bereaved spouses based on age at bereavement. The information on the table revealed that group 2, which are respondents between 41-50 years and

above 50 years, have slightly different mean scores of 85.36 and 88.14, respectively. The mean scores of group 2 are greater than the mean score of group 1 (ages below 30 years and 31-40 years). It can thus be concluded that



both respondents between 41-50 years and above 50 years contributed to the differences noted in the ANOVA table 5, i.e. both the bereaved spouses who lost their spouse to the death between

ages of 41-50 years and above 50 years reacted more towards the death of their spouses than those below 30 years and 31-40 years.

Table 5: DMRT 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	88.30	63	2	B
1-5years ago	85.16	130	2	B
6-10 years ago	84.46	160	2	B
Above 10 years	76.95	42	1	A

Table 5 shows the magnitude of differences in the grief reactions of bereaved spouses based on the length of years of loss. The information on the table reveals that group 2, which are respondents that have suffered losses less than a year, 1-5years and 6-10 years have slightly different mean scores of 88.30, 85.16 and 84.46, respectively. The mean scores of group

2 are greater than the mean score of group 1 (above ten years). It can thus be concluded that respondents who have suffered losses less than a year, 1-5years ago and 6-10 years ago contributed to the differences noted in the ANOVA table and thus reacted more towards the death of their spouses than those who have suffered the loss more than ten years.

Table 6: DMRT Showing the Magnitude of Differences in the Grief Reactions of Bereaved Spouses based on the Nature of Death.

Nature of Death	Mean	N	Group	Duncan's Grouping
Others	70.14	61	1	A
Anticipated	82.11	139	2	B
Sudden	90.62	195	3	C

Table 6 shows the magnitude of differences in the grief reactions of bereaved spouses based on the nature of death. The information on the table revealed that all the groups differed significantly with different mean scores of 70.14, 82.11 and 90.62, respectively. It can thus be concluded that the

differences noted in the ANOVA in Table 10 are as a result of the fact that respondents who suffered loss through different nature of death react differently to the loss of their spouses.

**Discussion**

The result of the study revealed that 90.6% of the respondents sampled have

positive grief reactions, while 9.4% have negative grief reactions. Some of the ways through which they react to the loss of their spouses include among others, being lonely, difficulty in functioning socially, feeling worse when the deceased was thought of, worrying excessively about the future and inability to sleep well etc. The finding of this study is in line with the submission of Cassarett, Kutner and Abraham (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. Some of the respondents in this study showed a 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. Therefore, the result of the study shows that respondents are actually reacting to the loss of their loved ones emotionally, cognitively, socially and psychosomatically.

The study further showed that there is a significant difference in the grief reactions of bereaved spouses on the basis of age at bereavement, length of years of loss and nature of death. This means that respondents react differently to the loss of their spouses in Ilorin metropolis. The findings of the study are in line with the report of Sable (1991) who found that older participants reported significantly more anxious and depressive symptoms while demonstrating greater difficulty accepting the loss of their spouse compared to the reports of participants

in the young widow group. More so, Folkman, Lazarus, Pimley and Novacek (1987) argued that members of different age cohorts often face qualitatively different stressors as a result of their context while also implementing developmentally driven coping mechanisms specific to their level of development. For this reason, observations of response to grief will often differ across age.

The findings of the study corroborate the submission of Carr, House, Wortman, Nesse and Kessler (2001) who reported that reaction and adjustment to spousal loss are affected by the timing and nature of the spouse's death. According to the authors, anticipated deaths tend to be less distressing than unanticipated ones. Death of a spouse can be anticipated due to illness or sudden due to accident. The knowledge that one's partner is going to die in the imminent future provides the couple with the time to address unresolved emotional, financial, and practical issues before the actual death and this preparation for death is believed to enable a smoother transition to widowhood compared to sudden death.

Conclusively the result showed that respondents react differently to the loss of their spouses in Ilorin metropolis based on length of years of loss. The result of this study lends credence to the finding of other researchers such as Worden, (1991) and Neimeyer, (2002) who asserted that most of the people immersed in the process of bereavement would recover more or less in a relatively short period of time which usually ranges from two to three years. Jacob (1993) also posited that there is no clear agreement on any

specific time period needed for recovery, most bereaved persons experiencing normal grief will note a lessening of symptoms at anywhere from 6 months through 2 years post-loss. The result of this finding may be influenced by the fact that grieving spouses gradually adjust to the reality of their loss as time unfolds since it becomes imperative to move on with life and develop coping strategies. 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. More so it appears that grieving spouses in Nigeria gradually adjust to the reality of their loss as time unfolds since it becomes imperative to move on with life and develop coping strategies.

### **Conclusion**

Based on the findings of the study, the following conclusions were drawn.

1. 90.6% of bereaved spouses in Kwara state have positive grief reactions, while 9.4% have negative grief reactions.
2. There is a significant difference in grief reactions of bereaved spouses based on age at bereavement.
3. There is a significant difference in the grief reactions of bereaved spouses based on the nature of death.
4. There is a significant difference in grief reactions of bereaved spouses based on length of years of loss

### **Counselling Implication of the Findings**

Death is inevitable for all mankind, and it is a traumatic experience that poses a

lot of threat to the survivors' well being, especially when it is unexpected. The death of loved ones is ultimately followed by grief reactions which if not well managed, could lead to poor adjustment and low quality of life. Buoyed by the realisation of this fact, bereaved individuals need help in handling their grief reactions in order to cope effectively with their present situation and move ahead with their lives. To achieve this arduous but necessary task, they need the help of helping professionals such as counsellors to adjust effectively and efficiently to their situation.

Counsellors, on the other hand, need to provide the needed professional service that will be aimed at helping grieving individuals manage their grief reactions and adjust better to their loss. Therefore, counsellors are expected to use different counselling intervention strategies that are appropriate in handling bereavement-related problems such as depression, anxiety and complicated grief reactions for different categories of bereaved spouses.

Counsellors, in collaboration with Non-governmental organisations (NGO'S) need to organise sensitisation programmes and focused group discussion and bereavement coaching to help grieving spouses adapt to the event of bereavement. The greatest day to day challenges of bereaved spouses is loneliness caused by the loss of an intimate relationship. Counsellors could help grieving spouses to overcome this challenge by encouraging them to engage in meaningful activities that will help them fill the gap left.

Counsellors need to look into the causes of financial challenges in widowhood and help clients to develop strategies for handling such challenges. Widowhood in Nigeria has been tagged by many Non-governmental organisations and government agencies with poverty whereas several factors play a major role in individual adjustment because all bereaved spouses are not poor but are devastated by the loss of their partner, therefore, they are not in the proper position to handle some commitments. Counsellors need to help this group of people from stigmatisation, abuse of human rights and social injustice by providing them with "mind empowerment" instead of the common financial empowerment that is provided by all and sundry.

There is also the need for counsellors to look into the various need of a different group of bereaved spouses in the society and provide the needed support based on the peculiarity of each group. For instance, the findings of this study revealed a significant difference in the grief reactions of bereaved spouses of different age at bereavement, length of years of loss and nature of death. The implication of this is that bereaved spouses cannot be treated and given the same form of intervention. Counsellors may need to create several focused groups that will cater to the different challenged bereaved spouses and thus will need to carry out appropriate need assessment before organising such a group.

### **Recommendations**

Based on the results and discussion of same, the following recommendations are made:

1. All bereaved spouses 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 as a result of poor adjustment. To achieve these, grief counselling could be made a compulsory component of any counselling programme. 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. Counselling units should not be restricted to schools and hospitals, quite a number of the unit should be established in a different religious organisation and by private practitioner counsellors so that grieving people could receive appropriate counselling on issues of adjustment, financially, emotionally, socially, psychologically and health-wise
3. The percentage of respondents with negative grief reactions in this study is indicative of the fact that some bereaved spouses (at least one out of every ten) are having complicated bereavement. It is therefore recommended that counsellors should always find a way of establishing rapport with bereaved spouses in the different organisation with the aim of helping them deal with their grief and sensitise them of the negative effect of complicated

bereavement. This can be done through the organisation of focused group discussion for different categories of bereaved spouses.

4. Counsellors should use different religious organisations to help bereaved spouses handle their reactions to the loss of their spouses and develop appropriate strategies to cope with their

bereavement. This could be achievable if grief counselling is introduced by counsellors in different religious affiliations.

5. Finally, counsellors need to provide relevant community-based intervention programmes and support services that will cater to the needs for bereaved spouses of different ages.

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