



RESEARCH ARTICLE

WIDOWHOOD AND THE COPING STRATEGIES OF THE KDF WIDOWS

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ABSTRACT

Widowhood among military spouses through combat death can be complicated due to multiple losses encountered by the widows after the death of the soldier. Kenya Defence Forces (KDF) have been involved in combat operations in Somalia since 2011, where they have encountered different ambushes resulting in fatalities of soldiers. Following the death of Kenyan soldiers in Somalia, limited studies have been conducted to determine the strategies used by widows to cope with widowhood. Using the multi-dimensional grief theory, this study sought to establish the strategies used by the spouses of the soldiers who died in AMISOM. The study employed a mixed-method design where descriptive survey and phenomenological designs were used for quantitative and qualitative data, respectively. The targeted population for the study was 100 widows of those soldiers who had died in AMISOM and were working in Nakuru and Uasin Gishu. The sample size was 50 widows. Stratified random sampling was used to select widows according to the ranks of their late husbands, and purposive sampling was used to ensure the selected widows are from the targeted population. The tools for data collection were questionnaires, face-to-face interviews, and focus group discussions. Quantitative data was analysed using descriptive statistics, and qualitative data was analysed thematically. The findings of the research show that there are coping mechanisms in place through KDF, but they need to be enhanced in order to cater for the well-being of the widows. It is recommended that the government develop a comprehensive program to support families during deployments at different intervals, and that the program incorporate contingencies related to combat deployments or war. Family training should also encompass death and disability planning to ensure that families have a route when their kin dies.

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INTRODUCTION

Military soldiers serve in combat deployments, which expose them to different kinds of losses that have far-reaching effects on their families and especially their spouses. From different combat experiences, military soldiers have experienced injuries that have affected their ability to function, but the most serious is the loss of life. This implies that many families are exposed to widowhood, which affects their well-being. From a general perspective, the death of a spouse is linked to various negative psychological, social, physical, practical, and economic consequences (Spahni, Morselli, Perrig-Chiello & Bennett, 2015). Studies related to combat deaths have been carried out in areas like Israel, with a focus on deaths related to war and the bereaving parents (Harrington LaMonies, 2011; Kristensen *et al*, 2012). The studies showed that deaths related to war were unique because of reasons that ranged from delays in notification, loss of human remains, and delayed funeral arrangements. Combat deaths were, in most cases, preceded by a long absence from home and loved ones. These factors can

complicate bereavement and thus justify this study to understand the coping mechanisms put in place to assist the widows to cope with the loss of their husbands. Death or any other losses impinge on aspects of self-satisfaction. For example, the losses are known to interfere with personal growth in different ways. Death interferes with daily activities that propel growth, forcing individuals into a temporary standstill at the widowhood stage. Similarly, loss of functionality slows down the daily activities that interfere with growth and development. While this may be common to all losses, the trauma that comes from death in a combat zone may lead to complicated grief. Although widows also use unhealthy coping strategies like denial, withdrawal, complaining, repression and self-harm, they should be helped to deal with the root cause of the problem much more candidly and with an open mind. (Barlin, Vojvodic, Mercan & Kalasic, 2021). According to the American Psychological Association (APA, 2023), widows have individual differences in the coping strategies they use. These include community participation, interacting with family members, seeking clinical care when needed, and coming to the realization and acceptance that life

must go on despite the loss. A study by Sakal (2022) highlights various coping strategies that may help widows after the death of their spouses. The study encourages widows to seek help from counselors, join social support networks to share and listen to others, read books and podcasts on widowhood and grief-related topics, as well as keep happy memories of loved ones through art and other creative methods. Kenya Defense Forces joined Somalia through Operation Linda Nchi and later transitioned to ATMIS through AMISOM. The soldiers got many attacks resulting in serious injuries and deaths living their families with great challenges at a young age. According to Dunn (2015), widowhood at a younger-than-expected age is a non-normative life event, an unanticipated and, in most cases, unprepared-for event, individually or socially. However, there have been limited studies on the coping mechanisms used by the widows left behind. Whether there are mechanisms put in place for the young widows in the military fraternity was a concern of this study.

THEORITICAL BASIS

The study used Multidimensional Grief Theory, which is based on a multidimensional conception of grief (Layne, Saltzman, Kaplow, & Pynoos, 2013). The theory looks at the social, behavioral, spiritual, emotional, physical, and lifestyle issues in terms of content domains, which are divided into separation distress, existential/identity-related distress, and distress over the circumstances of the death. Cozza SJ *et al.* (2022) observe that deployment of military service members in operations sometimes takes a long period, and in worst-case scenarios, they die in operations before meeting their loved ones. Thus, families of military service members face a long period of separation distress with their loved ones deployed for a long time, even before they die in combat. The Multidimensional Grief Theory proposes grieving, which is based on different dimensions such as social, psychological, moral, emotional, and physical, and that requires different therapeutic objectives, targets, and practices. The theory proposes various domain-specific therapeutic elements for grieving widows whose spouse died in combat. The study analyzed the manifestation of such elements among widows of KDF military personnel who lost their lives in combat in Somalia.

METHODOLOGY

The research applied a mixed-method research design combining both quantitative and qualitative techniques. Specifically, it employed descriptive survey and phenomenological methods. The study was carried out in Nakuru and Uasin Gichu counties, where most military personnel reside near their camps, serving as the study sites. The target population consisted of widows of military personnel who lost their husbands in AMISOM. The research period spanned from 2016 to 2018, a time of frequent attacks on KDF and high soldier casualties, leading to many widows. Purposive sampling was used to identify units involved in AMISOM during this period, and within these units, stratified sampling based on ranks was applied. Respondents were randomly chosen from each rank stratum. The sample size was 50% of 100 widows, with a 5% margin of error and a 95% confidence level, totaling 50 participants. Data collection techniques included questionnaires, focus groups, and interviews. A pilot study was conducted to test the tools, and

they were adjusted accordingly. Data was transcribed, coded, and thematically grouped according to objectives and lived experiences. Quantitative data was analyzed with descriptive statistics. Triangulation was carried out to corroborate the data sets findings within and with the literature and theoretical underpinnings to ensure their credibility, validity and reliability. Debriefings were conducted after each interview, and participants with complex bereavement issues were referred to professionals. While the target sample was 50, the response rate was 96% for questionnaires and 83.3% for interviews. Data analysis and discussion were organized around the study objectives.

DISCUSSION

Different areas were explored to gather relevant responses from the widows. The main topics identified included discussing the loss, the changes caused by it, moving forward, seeking professional assistance, expressing feelings about the loss, and visiting welfare centers. The following findings were documented.

Table 1. Coping methods

S/NO	Coping Method	Frequency	Percentage
1.	Talking about the loss	33	68.75%
2.	Changes brought about by the loss, getting over the loss	25	54%
3.	Seeking professional help and disclosing the feelings of loss.	25	54%
4.	Strategies for keeping memory alive	36	75%

The research sought to establish whether the respondents were able to talk about their losses as part of a coping mechanism. The following figure illustrates the findings;

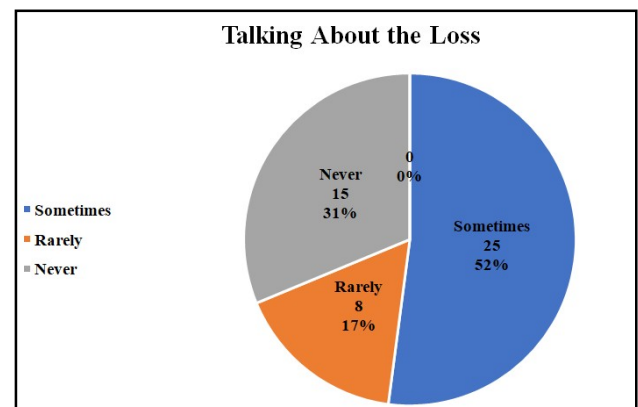


Figure 1. Talking about the loss

The majority, 25 (52%), said they sometimes talked about their loss, followed by 15 (31%) who said they had never spoken to anyone about it, and 8 (17%) who said they rarely spoke about it. Talking about a spouse's death can be a powerful source of strength and healing. It allows for processing grief, sharing memories, and finding comfort in shared experiences. Norda (2011) says that it is good for the widows to talk about the death of their loved ones with friends or colleagues to help them understand what happened and remember them. Avoidance can lead to isolation and can disrupt the process of healing by creating a cycle of pushing people away, which can result from a trauma response or shame, disrupting healing by

preventing the processing of trauma, and hindering personal growth. When individuals avoid triggers, they don't have opportunities to prove to themselves that they can cope, which reinforces the fear that the memories are dangerous, making it harder to face them. This results in a maladaptive avoidance that prevents the learning of coping skills and fuels mental health struggles, often leading to a cycle of shame, isolation, and further avoidance

Helpful Coping Activities used by widows: The study further sought to establish the helpful activities that the widows used to deal with in the drastic change in their lives as a coping mechanism. The following figure shows the responses of the widows.

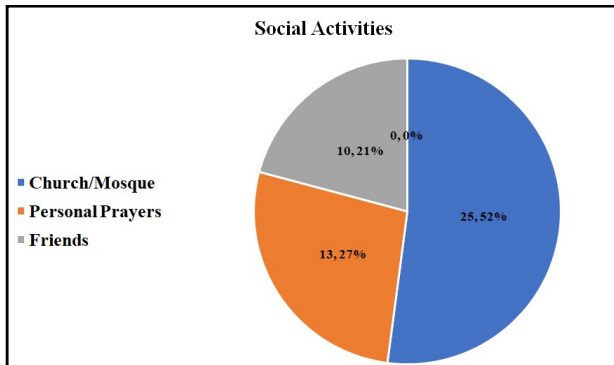


Figure 02. Social Activities

The majority of the widows, 52%, indicated that they visited their pastors in churches/mosques regularly, and this assisted them to a great extent. Another 27% decided to get into prayer as a weapon in their life changes. It is evident that religion and prayers assisted the widows to cope with grief and gave them a strong social hold in their healing. Faith facilitates healing in grief and loss by providing a sense of purpose, hope, and a belief in a higher power's presence and promises, which can offer comfort and strength. It offers a framework for understanding grief and a community for support, helping individuals find peace, courage, and meaning even amidst suffering. Despite being separate concepts, religiousness and spirituality are sometimes used interchangeably. Religiousness is defined as a system of ideas existing within a broader framework, while spirituality is defined as the subjective experiences of a higher power or transcendence (Aldwin *et al.*, 2014). Religious and spiritual resources help people cope with stress and trauma by providing an interpretive framework for events, a sense of meaning, and a supportive community. Widow code 5 Nov 2022 said that;

"It was not possible to pray, but I got my solace later from my personal prayer. I didn't want to be with many people because I felt no one understood what I was going through. I have been alone in my issues and pray that God will assist me to overcome them. It's not easy."

In the above quotes, widows indicate how the religion and spiritual leaders supported them. This shows that the social support the widows got assisted them in healing, and it mainly came from the religion. It is seen that the widows were getting social support through integrating with other religious people for prayers and visiting their pastors for spiritual encouragement. Others decided to be alone but in prayer, where they experienced isolation. Religion can serve as a significant social support system for widows by providing a

sense of community, emotional comfort and a framework for coping with grief through shared beliefs, rituals, and the support network of fellow congregants. This mirrors Mastrocinque *et al.* (2020), who said that religion is an essential factor that can help individuals cope with significant life stressors such as death, whereas faith can bring comfort to survivors. It also includes specific teachings that emphasize caring for widows within the faith tradition, essentially offering a sense of belonging and purpose during the challenging time. Social coherence and integration are key aspects of social well-being.

Avoidance as a coping mechanism: Avoidance is a temporary fix with long-term repercussions since grief does not go away when we refuse to accept it or permit ourselves to feel the associated emotions. You can use avoidance as a short-term coping strategy to help you get by. It can be useful when you need to take a break from grief. Some widows indicated that they avoided different places, objects and situations to eliminate the thoughts of their late spouse. The following were some responses from the widows;

Widow code 36, Nov 2022, said that;

I felt that I could not make it. I was not drinking alcohol before and had Not visited a nightclub before. I did all this to eliminate thoughts of my late husband. I started drinking and lost all my friends. Life has never been the same again. I lost a lot of money.

In the above quotes, the widows were avoiding thinking about their late husbands by watching videos and drinking alcohol. Drinking alcohol can be an avoidance behavior, especially when used to cope with negative emotions or physical pain. A widow may use alcohol to avoid difficult situations. The use of alcohol by the widows as a coping mechanism made them avoid facing the reality of the loss in grief; they ended up losing friends, as indicated in the above quote. A person's sense of purpose and belonging is enhanced by friendship, which also increases happiness, lowers stress, boosts self-worth and confidence, helps them deal with traumas like the death of a loved one, and motivates them to change or abstain from unhealthy lifestyle choices like binge drinking or not exercising. These widows were affected and introduced themselves to a lifestyle of drinking as a coping mechanism, which caused them to lose friends. Losing friends affects the widows' confidence and self-esteem, which triggers anxiety, leading to depression. This coping strategy is more of escaping the challenges rather than dealing with them. Escapism during grief can hinder the healing process by causing prolonged emotional pain, damaging relationships, and negatively impacting mental and physical health. While it may offer temporary relief, maladaptive escapism, such as substance abuse, excessive media use, or social withdrawal, prevents the individual from processing the loss, leading to unresolved grief and the potential development of conditions like complicated grief. This is in line with Ashley (2023), who claimed that people look for ways to escape the anguish and discomfort that come with everyday living.

Additionally, the mind uses it as a survival strategy to deal with painful events or memories. Suppressing or denying the memory of a relationship can result in delayed or prolonged suffering. The following widow reported this;

Widow code 14 said that;

“Since the time we buried my spouse, I have never gone again near that grave, and it is now 2 years. I fear going there, and I still don’t want to see anything that will remind me of that day. In fact that I kept his photos in a certain box, and I have never opened it since. I don’t want to see anything that will remind me of this.”

In the above quote, the widows avoid anything that can remind them of their late husbands. When the widow removes thoughts of the loss from conscious toward the stressor, it symbolizes a disengagement coping strategy and research has shown that people who use disengagement coping, are not able to deal with the stressor and as a result the widows are more likely to experience the negative consequences of the stressor compared to those who engage in more active coping strategies (Chiu-Lien Chao, 2021). Facing grief can be challenging and painful, but it can also be rewarding and healing when the widow accepts the loss and finds meaning in life again. It also allows the widows to reconnect with themselves and others, and to rediscover their strengths and abilities. (Smith 2025).

Professional Help: The study further wanted to establish whether the widows used professional help in coping with their loss. The professional help gives grief therapy techniques and coping tools. Coping mechanisms for grief are crucial in helping the widows process any complicated grief emotions while they heal. The following figure illustrates the findings that were recorded;

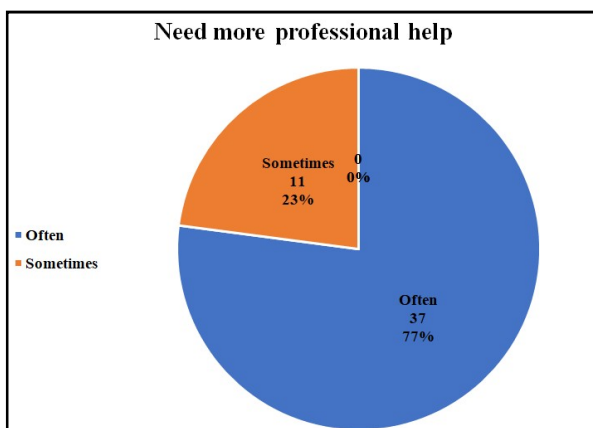


Figure 3. Need for professional Help

The majority of the widows, 37 (77%), indicated that they often sought professional help, and 11 (23%) said that they sometimes sought professional help. Through the findings, it is evident that the widows sought professional help, which assisted them in coping with their loss. Professional help is important for grieving widows because it provides a safe space to process intense emotions, develop coping mechanisms, and find a new sense of normalcy without feeling alone. Some widows in the interviews gave their views on professional help as indicated below;

Widow code 12, Nov 2022, said that;

“If it was not for the support I have been getting from my counsellor I don’t think I could be able to do it alone. I was

already sick and I was on medication by the time I started seeing the counselor. The storm was big and am still struggling to overcome the pain of this loss. It is too hard. Facing my children and answering questions that I am still unable to respond to. I hope I will overcome it.”

In the first quote, the widows said that the assistance from the counselors made them stand. This shows that the counselling programs helped them to cope with their grief. The aspect of taking medication was a sign of distress and an indicator of poor health due to poor coping with grief. The widows were still experiencing the pain of the loss, and they were struggling to overcome it. The widows mentioned that the storm was big and this metaphor indicates that the emotional experience was intense, overwhelming and unpredictable. When the storms suddenly and unexpectedly descend on people, bringing devastation and confusion, they are painful. This is in line with Reesa (2020), who said that sadness can be like a hurricane in that it can strike out of the blue and destroy some or all of what we had previously considered to be "normal." Anger, anguish, and guilt can come in waves during a grief storm. It is simple to feel overpowered and confused both during and after the storm.

Memorial as a Coping Strategy: As a coping mechanism, the purpose of the study was to see whether the respondents had any ways of remembering their deceased husbands. Techniques for preserving memories can help you live your life while grieving and acknowledging the person's life and influence on you. Some people discover that engaging others in a custom of mutual remembrance can offer a chance to both honour the memory of your loved one and grieve healthily. The following findings were recorded;

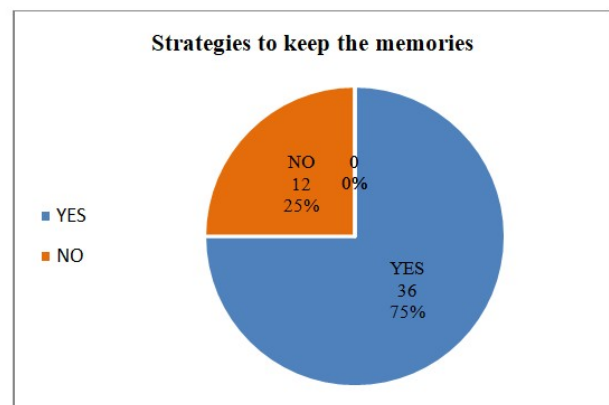


Figure 4. Strategies to keep the memories

The majority, 36 (75%), said that they never thought of doing so, but 12 (25%) indicated that they had held some activities in remembrance of this. It is evident that the majority, 75% of the widows, had not held memorials, which might be a denial or avoidance mechanism. This can prolong and complicate grief. 25 % of the widows had strategies for remembering their late spouse. By enabling people to keep a connection with the deceased through memory, remembering a loved one who has passed away can greatly benefit in the healing process. A thoughtfully planned memorial can be quite helpful in the mourning and healing process during this trying time. Making a monument aids in giving this sorrow a concrete form. Experts in grief counselling claim that memorials have a number of therapeutic uses. By designating the deceased's ultimate resting place, memorials offer a sense of closure. Mourners are able to

start the healing process and accept the fact of death because to this tangible representation. According to research from the American Psychological Association, rituals and memorials provide a systematic manner for people to process their feelings and accept their loss, which helps them deal with sorrow. Mourners can connect with their loved ones and think back on shared experiences while visiting the memorial, which can be a contemplative experience. In order to process grief and find serenity, this introspective exercise is helpful. Families might congregate at memorials to pay tribute to their departed loved ones. These get-togethers can improve family ties and offer empathy and support to one another during trying times. This is consistent with Lunker's (2024) assertion that the act of memory allows people to commemorate the life lived and the influence the departed had on their lives by acting as a bridge between the past and present. Widows who do not hold memorials or other funeral rituals may experience more intense and prolonged negative effects on their well-being, including heightened anxiety and depression, a sense of unreality or denial of the death, feelings of guilt or regret, and social isolation. Funeral and memorial services are widely recognized as important mechanisms for initiating and facilitating the grieving process. Their absence can lead to several complications.

Some widows during interviews gave the following responses; Widow code 3 said that;

"I have been remembering my late husband through visiting his grave often and speaking about him while at the grave. Anytime his day of birth comes, I always write something in his memory and at least retrieve his photos for remembrance. This has assisted me in talking about him and his achievements."

In the above quote, widows were doing well because they appreciated that their husbands were buried and dared to visit their graves. Visiting the grave is important for widows' well-being because it offers a place for emotional comfort, helps with the grieving process, and can provide a sense of continued connection and closure. The physical act of visiting and leaving a gift provides a sense of completion and helps in accepting the finality of the loss, while still keeping them in memory. It provides a physical space for reflection and remembrance, allows for emotional expression, and can serve as a reminder of the fragility of life, fostering a sense of gratitude. This is in line with Zulqarnain (2024), who said that visiting the grave of a loved one can provide a tangible connection to the person we have lost, helping us navigate the complex terrain of grief. Widows were able to have memories and meditation on the important days and activities they shared with their late husbands. Remembering a deceased spouse's birthday and shared activities is crucial for widows' wellbeing, offering a way to process grief, maintain a continuing bond, and find comfort in shared memories, though it can also be painful. These remembrance activities can provide solace and a sense of connection, preventing the increased isolation that can come from others overlooking these important dates. Memorials serve as meaningful occasions or touchstones that facilitate healthy emotional expression and assist survivors in coping with grief. Brown (2021) stated that when we participate in memorializing a loved one, it means we are allowing ourselves to heal and accept that life will be different. We can honor the deceased through small moments and take time to remember them. Taking steps to honor them helps ensure that the person is never truly gone. When we memorialize someone, it's about

keeping them alive—not only in our own memory but also in the memory of our community. In conclusion, according to the findings, 75% of widows were doing well and had structured ways of dealing with their grief and were healing well. They were able to share their experiences, involve themselves with social activities, seek professional help, and hold memorials for their late husbands, which assisted them in progressing well with healing. There was evidence that other widows were struggling 15% and had not realized the coping mechanisms to assist them in healing well and strengthen their psychosocial wellbeing. They were detaching themselves from life through isolation, withdrawal, and avoidance. All these indicate that their well-being was psychosocially affected and healing was prolonged and required support to cope and move on with their daily life activities.

CONCLUSION

The study found that the widows were avoiding sharing their loss, where 75% shared and 15% avoided sharing totally. This behaviour affects the closure because the widow cannot be able to share and appreciate the achievements of the late husband, making her live in denial. The few who avoided it totally needed psychosocial support to process their loss effectively. Out of the loss, it was noted that a few of the widows 15% changed their lives seriously and through this, their well-being was negatively affected. Those whose lives had changed and had relocated had challenges in coping with the loss because their family members, friends in the military society, and the community were not there to support them.

They felt isolated and rejected, which affected their healing. The 75% of widows whose lives didn't change much felt that the family and social support from friends and society helped them heal quickly. They were able to cope and adjust without fear, and they integrated well with people after the burial. The study found that widows were able to obtain professional help as a strategy for coping with loss. 77% of the widows reported that they often sought psychosocial support from professionals. This support gave them the strength to carry out their normal duties effectively. 23% of the widows didn't seek help often, but when they did, it helped them heal. This indicates that the strategies used were effective and need to be encouraged and enhanced.

RECOMMENDATIONS

- Psychosocial support to the widows and children should continue even after the burial to assist them in bouncing back and moving on with their lives effectively. Programs to support the widows and their children should be well-developed, and training should be done regularly. Through such programmes, support groups are established for both widows and children, which assist them in healing.
- MoD to develop a family support program: There is a need for the government to develop a program to support the families before and during deployment at different intervals, and the program should incorporate the eventualities related to combat deployment or war.
- Recreation seminars for those missing in action, widows, and their children can be held once a year to

bring them together and make them know that they are important to the organization.

- The widows whose husbands are missing in action should be assisted to achieve closure in their grief. This can be achieved through organizing symbolic burials of the missing in action by raising a monument in their homes. *This will provide a physical marker of the person's life and death, which is important in the grief process.*

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