

## Widowhood and the Psychological Well-Being of the Kenya Defence Forces (KDF) Widows

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### Abstract

Widowhood resulting from combat-related deaths among military spouses is a complex experience marked by multiple losses that extend beyond bereavement. Since 2011, the Kenya Defence Forces (KDF) have been engaged in combat operations in Somalia under the African Union Mission in Somalia (AMISOM) and, currently, the African Transition Mission in Somalia (ATMIS), where numerous fatalities have been reported. Despite the magnitude of these losses, limited empirical research has examined the psychological well-being of widows of KDF soldiers. Guided by the multidimensional grief theory, this study investigated the psychological implications of widowhood among spouses of the Kenya Defence Forces (KDF). A mixed-methods approach was adopted, integrating descriptive survey and phenomenological approaches to capture both quantitative and qualitative dimensions of widowhood. The target population comprised 200 widows of KDF soldiers who died in AMISOM and were based in Nakuru and Uasin Gichu Counties. A sample of 50 widows was selected using cluster and stratified random sampling by the rank of the deceased spouses to ensure representativeness. Data were collected using questionnaires, Key Informant Interviews (KIIs), and Focus Group Discussions (FGDs). Quantitative data were analysed using descriptive statistics, while qualitative data were subjected to thematic descriptive analysis. The study revealed that the abrupt and traumatic death of spouses led to profound psychological distress among affected widows, challenging their long-held beliefs and compromising their sense of purpose, personal growth, positive relations with others, and self-acceptance, thereby undermining their psychological well-being. This, in turn, led to elevated anxiety and social isolation, which prolonged their grief. Although the KDF provides certain coping interventions, these measures remain inadequate to address widows' psychosocial needs comprehensively. The study recommends establishing a structured government support framework to assist families before, during, and after deployment. Such interventions should include pre-deployment family preparation, financial literacy, disability and death planning, and guidance on accessing survivor benefits. Furthermore, specialised child support programmes, including educational assistance, should be prioritised to safeguard the long-term welfare of affected families.

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## **Introduction**

Military soldiers worldwide face attacks during various combat missions, resulting in different types of losses. Their combat experiences often lead to injuries that affect their ability to function, but the most tragic outcome is death. This causes many families to experience widowhood, impacting their overall well-being. Generally, the loss of a spouse is associated with numerous negative psychological, social, physical, practical, and economic effects (Spahni, Morselli, Perrig-Chiello & Bennett, 2014). Dein (2024) notes that the death of a spouse correlates with decreased psychological well-being, which is crucial for self-satisfaction during grief. Poor psychological health can hinder acceptance of the loss, delay personal growth, obscure life's purpose, and strain positive relationships. The study of Cozza (2019) in Canada found that widows who lost their spouses in military combat experienced grief that was associated with depression, posttraumatic stress disorder, and adjustment disorder.

Death and other losses affect self-satisfaction and hinder personal growth in multiple ways. For instance, death interrupts daily activities that foster growth, often resulting in a temporary pause during widowhood. The loss of the ability to perform routine tasks slows processes vital for development. Although such effects are common across various types of loss, trauma from death in a combat zone can lead to complicated grief. The intense and complex psychological effects associated with traumatic death often block the normal grieving process, leading to more intense and persistent symptoms (Xiong, 2025). This form of traumatic grief (Parkes & Prigerson, 1995) involves extended mourning that can impair a person's functional abilities (Xiong, 2025). Other than the trauma associated with military death, Kurgar (2015) observed that spousal bereavement is linked to declines in various indicators of psychological well-being, including self-acceptance, purpose in life, and environmental mastery, among others. This suggests that spousal death from combat or other traumatic events, rather than a normal loss, carries deep emotional scars that can persist for a long time, leading to complex grieving often associated with negative psychological issues such as numbness or detachment, lack of trust in others, bitterness about the loss, and a loss of meaning in life.

Accordingly, McGil et al. (2023) argued that surviving military family members face unique challenges due to sudden or violent deaths. This study sought to assess the effects of combat death on the spouses of military personnel who lost their lives in combat operations in Somalia. KDF soldiers joined the Somalia conflict in 2011 as part of Operation Linda Nchi and later transitioned to the African Union Mission in Somalia (AMISOM). During these operations, they faced numerous attacks, resulting in serious injuries and soldier fatalities. Operation Linda Nchi was the Kenyan military's first combat mission, suggesting they likely had little previous experience with significant injuries or losses. The attack at Ela Adde's KDF base, which caused the deaths of many soldiers and injuries to survivors (Koskei, Michael, & Ollinga, 2016), left many women widowed with profound psychological effects. Similarly, in January 2017, Kenyan forces experienced another attack in Kolbiyow, leading to injuries and fatalities. While deaths are perhaps unavoidable, it remains unclear how spouses, mainly civilians with limited military training, perceive these sudden losses and their impact on well-being. The complexity of the issue is heightened by the fact that most military personnel involved in combat are relatively young adults, averaging about 35 years old, and are likely to have young families. This aligns with Giebel, Clarkson & Challis (2014), who found the average age of UK heroes

to be 39, while the Gulf War Veteran Report (2011) indicates most Gulf and Persian Gulf War participants were between 35 and 44. Consequently, most widows are young and may have children under five.

Dunn (2015) describes widowhood at a young age as a non-normative, unanticipated, and often unprepared-for life event, personally and socially. Therefore, losing a soldier in combat, though unavoidable, is characterised by suddenness, violence, and human trauma, which can negatively impact widows' long-term well-being. This underscores the significance of this study, which aims to explore KDF widows' experiences to foster support systems for their grieving and widowhood. However, limited research has examined the well-being of widows left behind, and this study's concern is whether this holds for widows in the KDF. In addition, given the prevalence of losses through sudden military death experiences in the African context and specifically, greater knowledge of the nature, magnitude, and breadth of psychiatric outcomes and how this impacts the widow's well-being, this research was necessary. This study focused on the KDF community to ascertain the impact of widowhood on psychological well-being.

## **Theoretical Basis**

The study used Multidimensional Grief Theory, which is based on a multidimensional conception of grief (Layne, Saltzman, Kaplow, & Pynoos, 2013). The theory examines social, behavioural, spiritual, emotional, physical, and lifestyle issues within content domains: separation distress, existential/identity-related distress, and distress over the circumstances of the death. Cozza et al. (2022) observe that deployments of military service members in operations sometimes last a long time. In worst-case scenarios, they die in operations before meeting their loved ones. Thus, families of military service members face a prolonged period of separation distress with their loved ones deployed for extended periods, 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 spouses died in combat. The study analysed the manifestation of such elements among widows of KDF military personnel who lost their lives in combat in Somalia.

## **Methodology**

The research employed a mixed-methods approach combining 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 select units involved in AMISOM during this period, and within these units, stratified sampling by rank was applied. Respondents were randomly chosen from each rank stratum. The sample size was 25% of 200 widows, with a 5% margin of error and a 95% confidence level, for a total of 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 were analysed with descriptive statistics. Triangulation was conducted to corroborate the dataset's findings with the literature and theoretical underpinnings, thereby ensuring 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 size was 50, the response rates were 96% for questionnaires and 83.3% for interviews. Data analysis and discussion were organised around the study objectives.

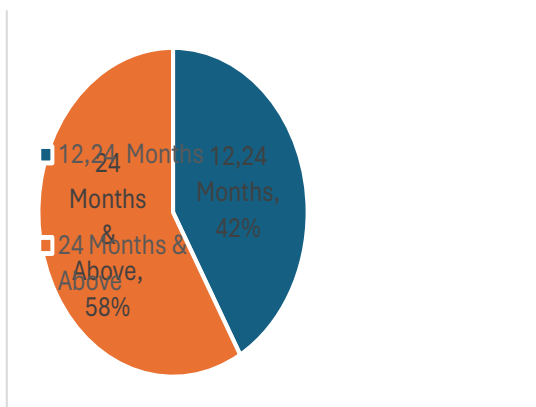
## Analysis of Findings

### *Duration in Widowhood*

The number of years widows had stayed after the death of their husbands was important in relation to the psychological well-being of the widow. The following figure shows the period of widowhood. The study found that most widows had been widowed for over two years, with 58% in this group, while 42% had been widowed for one to two years. They reported experiencing widowhood for more than a year. Normally, grief decreases over time, but if it lasts longer than a year, it may turn into complicated grief, which can interfere with daily life. In the early months after a loss, normal grief symptoms can look similar to those of complicated grief. However, normal grief usually gradually lessens, while complicated grief often persists or worsens. Described as "unusually severe and prolonged," complicated grief can impair daily functioning (Markham Heid, 2022).

Figure 1

### *Duration in widowhood*



Source: Authors (2026)

Death in combat is always tragic, and reports of attacks or ambushes on social media can evoke fear and anxiety. About 58% of widows mourned beyond twenty-four months, showing prolonged grief that hampers coping. Complicated grief extends mourning and impedes recovery, as shown in this quote:

*“It has been a year and a half since I lost my husband, but I still do not understand and have not fully accepted it. Yes, sleep is a problem, and I have never been able to do my normal chores like before. It is hard for my children and me. Mm, ah, I cry at least once a week; it is not easy (Widow code no: 25, 2022).*

This quote suggests that even after over a year since the husband’s death, the widows have not fully come to terms with it. They are still mourning and have not resumed their regular routines. This implies that the widows may still be in denial, a conscious or unconscious refusal to accept facts, information, or reality, which makes it difficult to heal from the loss. According to Kübler-Ross (Nurjanah, 2023), although denial is an experience in the grief cycle, it is expected to be transitory and not to persist for long. Acceptance is essential for healing, as it helps individuals regain stability and understand the reasons behind the loss. This process facilitates a return to normal functioning. Studies such as Guldin & Leget (2024) present a scholarly argument that holding onto grief can hinder recovery. On the other hand, accepting death enables one to engage with emotions, recognise personal strengths, and exercise patience that allows the healing process, hence psychological well-being. Acceptance supports emotional regulation and helps widows take back control of their lives. As the quote indicates, the widows have not yet come to terms with their loss, which slows their healing process and causes distress. Willi et al. (2024) point out that without acceptance, grief hampers emotional integration, reduces engagement with internal experiences, and prolongs the grieving period, ultimately affecting well-being.

### *The Psychological Effects of Widowhood*

After determining the length of widowhood, this section explores the related psychological impacts. To assess them, the study used a tool based on Ryff’s Scales of Psychological Well-Being, which assesses 6 aspects of well-being: self-acceptance, positive relations, purpose in life, personal growth, autonomy, and environmental mastery, but with two aspects. The scale was collapsed to more accurately reflect the contextual conceptualisation of the variables under investigation. In addition, the wording of the questions was refined to enhance widows’ understanding of the concepts. With this modification, the study examined four areas: self-acceptance, positive relations, purpose in life, and personal growth. The questionnaire data are shown in Table 1.

*Table 1  
The psychological effects of widowhood*

		<b>Agree</b>	<b>Neutral</b>	<b>Disagree</b>
<b>Self-Acceptance</b>				
1	As a widow, I like most parts of my personality	33 (68.7%)	5 (10.4%)	10 (20.8%)
2	Since my husband died, when I look at the story of my life, I am pleased with how things have turned out so far	5(10.4%)	10 (20.8%)	33 (68.7%)
3	In many ways, widowhood makes me feel disappointed about my achievements in life	34 (70.8%)	0	14(29.2%)
<b>Purpose in life</b>				

4.	Some people wander through life when they lose their loved ones, but I am not one of them	15(31.2%)	14(29.2%)	19 (39.5%)						
5.	Since the death of my husband, I live life one day at a time and do not really think about the future	43(89.6%)	5(10.4%)	0						
6	As a widow, I sometimes feel as if I have done all there is to do in life	25(10.4%)	8(16.7%)	15(31.2%)						
Positive relation with others										
7	Maintaining close relationships in widowhood has been difficult and frustrating for me	33(68.7%)	5(10.4%)	10(20.8%)						
8	Since I lost my husband, people would describe me as a giving person, willing to share my time with others	38(79.3%)	5(10.4%)	5(10.4%)						
9.	In my widowhood, I have not had many warm, trusting relationships with others.	43(89.6%)	0	5(10.4%)						
Personal growth										
10.	For me, life in widowhood has been a continuous process of learning, changing, and growing	15(31.2%)	5(10.4%)	28(58.3%)						
11.	I think it is important to have new experiences that challenge how I think about myself and the world after losing my husband	38(79.3%)	5(10.4%)	5(10.4%)						
12.	Since I lost my husband, I gave up trying to make big improvements or changes in my life a long time ago.”	38 (79.2%)	5 (10.4%)	5 (10.4%)						
Widows	6	7	5	8	5	3	3	4	5	2
Scores	54	46	43	43	40	40	37	32	33	42

Source: Authors (2026)

The scores in the table above vary, which shows individual differences in how people respond to losses. Therefore, grief is a personal response to bereavement and loss, as individuals incorporate these experiences into their ongoing lives (Williams & Nicholas, 2017). The higher the score, the higher the psychological well-being and the lower the score, the lower the psychological well-being. The discussion of specific tested areas is covered in the next section.

### *Widowhood and Self-acceptance of KDF Widows*

Among the widows studied, 27.1% scored above 45 in psychological well-being, indicating acceptance of their spouses' deaths. Additionally, 47.9% scored over 40, reflecting moderate well-being and somewhat good mental health. Conversely, 25% scored below this threshold, suggesting low psychological well-being. The widows with lower scores appeared unhappy with themselves or dissatisfied with their circumstances and life achievements. This implies they have not fully accepted their loss, hence, negatively impacting their mental health. It also points to low self-esteem, which fosters self-criticism and affects self-concept. Low self-esteem often involves a lack of confidence and self-worth, thus manifesting unpleasant feelings of fear and judgmental, while constantly seeking to change oneself to fit in. Karynn (2016) argues that

grief can permanently alter a person's life by creating a void where their loved one once was and making them feel constant hollowness of the missing spouse. Self-acceptance during grief is crucial because it significantly influences self-image.

The data show that 43.75% scored low in self-acceptance, indicating they have yet to fully accept their husbands' death, which could foster feelings of hopelessness and harm their mental health. According to Benard *et al.* (2020), such feelings lead to anxiety and depression, hence depriving widows of the key aspects of mental well-being. Self-acceptance helps individuals reflect on their situation, recognise their strengths and weaknesses, and work toward adjustment.

Those with high self-acceptance tend to experience positive emotions, feel more satisfied with life, and maintain healthy relationships even after loss (Setiasih, 2025). This aligns with the dual model of loss and grief (Stroebe & Schutt, 1999), which highlights the importance of oscillating between loss-oriented and restoration-oriented processes for healing. Conversely, women struggling with self-acceptance may indulge in self-criticism and shame, leading to dissatisfaction with life (Setiasih, 2025; Samaei *et al.*, 2024) and existential insecurity, which involves feelings that threaten one's physical and emotional safety (Samaei *et al.*, 2024). This tends to have a deep negative impact on their psychological well-being.

#### *Widowhood and Personal Growth of KDF Widows*

According to the Ryff assessment, personal growth reflects psychological well-being. In the data, 37% disagreed with the idea that life is a continuous process of learning and growth, indicating low personal development. Conversely, 10% of KDF widows positively portray healthy grieving recovery with ongoing self-improvement, which are natural aspects of life. Regarding seeking new challenges, 31.3% of KDF widows agreed, suggesting personal growth, while 10.4% disagreed, indicating stagnation. 29.4% were positive about making major life changes, reflecting growth, whereas 10.4% disagreed, implying stagnation. Moreover, 10.4% of KDF widows thrived, 68% experienced moderate progress, and 10.4% were struggling. The study further established that prolonged grief due to the loss of a spouse leads to prolonged sadness, anxiety, self-blame, social withdrawal, rumination, insomnia, and difficulties in concentrating on current issues or decision-making processes. Consequently, some widows tend to lose their sense of purpose and direction, the significance of life in accordance with personal values. The findings revealed that some widows were still impacted by the loss of their spouses, thus affecting their personal progress.

Neimeyer & Thompson (2014) posit that meaning-making is an effective strategy for coping with grief. The duration of widowhood grief strongly correlates with difficulty in finding meaning (Thimm & Holland, 2017). Additionally, prolonged grief tends to harm the widow's career development (Savickas, 2013; Boelen *et al.*, 2010).

*From the focus group discussion, a widow observed that quote; "Life is hard, and I do not enjoy anything in life anymore. Surely, do you think life can be the same again? How can I achieve my dreams in married life without my spouse? I am just waiting for God to intervene. I cannot comprehend what will happen in this family" (Widow code no: 15, 2022).*

From this quote, the widows express a lack of enjoyment in life, linked to a loss of meaning. They also suggest that they have no hope of achieving their marital dreams without their spouses, which would make their lives different from before. There is a sense of hopelessness in the quote when the widow says she cannot see a future for her family. Indeed, the quote "I

do not enjoy anything in life” suggests a lack of motivation that negatively impacts personal growth and goal-setting. The detachment reflected in the quote indicates psychological numbness, a sign of distress from the loss of a loved one. This affects the ability to be open to opportunities and to interact well with others. Openness is a key personality trait in the five-factor theory of personality (Karynn, 2016). A shift in personality due to grief, especially in openness, occurs when the widow’s view of life changes or when priorities shift because of the loss of a spouse.

### *Widowhood and Positive Relationships in KDF*

The study found that 37.5% of KDF widows experienced difficulty forming close relationships, while 52% had positive relationships. Furthermore, 10% were unsure whether they had problems relating to others or forming bonds. The assessment of KDF Widows’ preferences for engaging in various activities showed that 63% were comfortable meeting others, indicating healthy grief processing, while 16.7% were neutral and 20.8% disagreed, indicating discomfort. Regarding trusting others, 31.5% of KDF widows reported having lost trust, reflecting ongoing individual psychological effects; 20.8% were somewhat positive; 37.5% were neutral; and 10.4% maintained trust and normal interactions. Overall, 20.8% of KDF widows reported good relationships with themselves and others; 58% were moderately successful; and 20.8% were below average. This implies that a sizable number of widows are still not able to form positive relations with others outside the KDF fraternity, which was the organisation they had identified with for many years.

Scholars such as Holt-Lunstad (2022) argue that social connections are crucial for psychological well-being because they offer a sense of belonging, companionship, and emotional support, thereby reducing loneliness. Those KDF widows with difficulties in establishing close relationships miss out on these key aspects, thus impacting negatively on their psychological well-being. In contrast, those who managed better showed signs of positive healing and growth. Personal relationships are crucial for mental, physical and emotional health. It helps to reduce stress, improve emotions, and foster happiness. Poor widows’ relationships lead to stress, anxiety, loneliness, social isolation, and a sense of loss. Xiong (2025) posits that avoidance and social withdrawal are more enduring features and predict worse outcomes for those bereaved.

Further, the study revealed that a lack of social support results in KDF widows' feelings of worthlessness, lower self-esteem, increased loneliness, and social isolation, all of which are strongly linked to depression. This corroborates Rynes's (2016) observation that the absence of social support, validation, and relationship benefits, along with conflicts and loneliness, can heighten perceived stress. Without supportive relationships, individuals with depressive symptoms tend to become more sensitive to stress and find life circumstances overwhelming as captured from the widows;

*“It is challenging. My close relatives, especially from my husband's family, decided to disconnect from my children and me. We moved out of the camp, and my friends became unavailable. I feel lonely and seem to be in a new land alone. It is not easy.” (Widow code no: 33, 2022).*

As noted in the quote above, family members chose to disconnect from the widows, and the widows moved away from the military camp. According to the widows, this led to the loss of

friends. When a soldier dies, privileges such as staying in the military camp are revoked, making relocation inevitable. Transitioning from military to civilian life involves numerous adjustments, including healthcare, community, education, and health standards. This is because the military has its own culture; soldiers and their families benefit from medical coverage, dedicated schools, and welfare shops at subsidised prices. Military life creates a strong sense of camaraderie; leaving it often leaves the widows feeling lonely and struggling to adapt to civilian life. Lester (2019) notes that many military families without their own homes live near or on military bases. After a service member's death, they must leave the KDF camps, resulting in the loss of vital support networks. Establishing new support networks and connecting with others can ease this transition.

### *Widowhood and the Purpose of Living in the KDF Widows*

Several factors were evaluated on how widowhood affects KDF widows' sense of purpose. The results showed that 40.5% of respondents were aimless in life, with others remaining neutral. Feeling aimless can lead to negative outcomes such as slow progress, strained relationships, and decreased fulfilment, resulting in stagnation. The findings on whether widows live day-to-day without thinking about the future showed an agreement rating of 28.3%, with most being neutral. However, living only in the present may increase distress, loneliness, and neglect of self-care and planning. The last assessment was on whether widows felt they had achieved their life goals; 31.2% had a positive outcome, while most remained neutral. Many widows felt their life's purpose diminished with the loss of their spouses—this led to hopelessness, loss of identity, and a perceived lost future. Overall, 60.4% of KDF widows felt fairly positive about their life purpose, while 39.6% did not. Losing a spouse can significantly affect one's sense of purpose, leading to feelings of emptiness, isolation, and difficulty with daily activities. A verbal quote from a widow resonates well with these results:

*“I miss my husband's company. Before I got information about the attack, my husband was planning to come home, but that did not happen. It is painful. I remember the plans I had with him. They killed him and seriously hurt him. It was too soon; my husband did not deserve this. He was my best friend...”*  
(Widow code no: 12, 2022).

In the quote above, the widows longed for their late husbands. They wished to meet their husbands before losing them, which caused them pain. Their expressions suggest that the death was sudden and unexpected, likely impacting their healing process. This is in resonance with Robinson & Smith (2025), who argue that prolonged yearning can result from circumstances surrounding sudden, violent, or traumatic deaths. The strength of the widows' feelings often depends on factors such as the circumstances of the loved one's death, the amount of time they spent anticipating the loss, their relationship with the deceased, and prior bereavement experiences. During focus group discussions, the widows exhibited signs of stagnation, idealisation, and a loss of authenticity in their speech. They described their feelings as follows from this verbal interview quote:

*“I am still longing for the good moments we shared with my husband; I cannot imagine that we will not have him again. I am not able to attend many things we used to because of this pain. Will I ever do it alone? It is hard without him.”*  
(Widow code no: 3, 2022).

The widows in the quote longed for the moments they shared with their husbands, which could either hasten or delay their healing. They noticed they could no longer engage in many activities they previously enjoyed with their spouses. This suggests they might be facing psychological effects like a loss of purpose. The quote highlights their anxiety about a future without their husbands, and this fear of the unknown can cause psychological stress. To cope, they may avoid certain situations, which can lead to isolation and daily struggles. This avoidance can make decision-making harder, as uncertainty complicates the choice or evaluation of options. Such fears can cause panic, overthinking, and rumination, disrupting normal routines. They may also overplan and shy away from new experiences, which increases anxiety, diminishes purpose, delays action, and fosters a fear of failure—hindering progress, causing procrastination, and affecting their sense of fulfilment.

O'Connor & Sussman (2014) noted that yearning is an emotional state widely experienced in situations involving loss, focused on a desire for a person, place, or thing that was treasured in the past. Prolonged yearning affects the widows, as they cannot move on with their lives, and they continue to desire the presence of the lost spouse, which can affect their purpose of living. The following quote was recorded during the interviews:

*“I miss my husband’s company. Before I got information about the attack, my husband was planning to come home, but that did not happen. It is painful. I remember the plans I had with him. They killed him and seriously hurt him. It was too soon; my husband did not deserve this. He was my best friend...”*  
(Widow code 5 Nov 2022).

The widows were yearning for their late husbands. The widows had hope of meeting their husbands before losing them, which inflicted pain on them. From the widows’ expressions, the death was sudden and unexpected, which might have affected healing. This is in line with Robinson & Smith (2025), who noted that circumstances of the death may cause prolonged yearning if it was sudden, violent, or traumatic. The widows bring out the aspect of their late husband’s being hurt and killed soon. *“They killed him and seriously hurt him... It was too soon.”* This situation brings about the aspect of sudden traumatic death. The findings are in line with Szuhany et al. (2021), who said that the risk for prolonged grief is also greater when the death of the loved one happens very suddenly or under traumatic circumstances. In such a situation, the preoccupation may focus on the circumstances around the death.

Accordingly, the dual burden of loss by traumatic means and the loss of a loved one leads to pathological grieving due to the inability to process traumatic factors (Smid, 2023). The widows appear to experience vicarious trauma through learning how their husbands died, which leads to avoidance in processing the loss, leading to yearning. Smid (2023) argued that yearning is suggestive of prolonged grief disorder (PGD) that may compromise the psychological well-being of the widows. Arguably, yearning for the deceased may preoccupy the lives of the widows, interfering with their day-to-day activities that compromise their well-being. To this end, the widow may experience significant distress or difficulty performing daily activities at home, at work, or in other important areas, disorienting their sense of purpose in life.

The persistent grief disables and affects everyday functioning in a way that typical grieving does not (Appelbaum & Yousif, 2022). This prolongs the healing process when the widows experience persistent yearning even after six months of the loss. Yearning will either be for the better moments you had with the deceased, which enhances healing, or through intrusive

thoughts and images, which can lead to depression. This sense of longing for bygone times seems to exacerbate symptoms of depression, leading to a cycle of rumination and despair among the widows. In line with this, Ivers et al. (2024) revealed that yearning intensifies despair and loneliness, indicating that it harms human welfare. This void can be daunting, making it extremely difficult for the individual to seek comfort or even to perform activities that once gave them pleasure.

## **Conclusion**

Based on the findings, the loss of spouses in combat operations presents significant life challenges that affect the psychological well-being of the widows. Other than the loss of a spouse, which may be typical grief, involving sadness, longing, and an eventual return to normal functioning, traumatic grief, as characterised by combat deaths, leads to more intense and persistent symptoms that hinder individuals from processing their loss effectively, thus undermining healing. To this end, though the combat deaths among KDF personnel occurred several years ago, many widows are still stuck in grief and have not been able to adapt positively to realise self-acceptance, given their new status, personal and positive relations with others, to find purpose in life, and steer their personal growth. Based on the findings and the multidimensional theory of grief that informed this study, the military spouses are identified as a vulnerable group meriting special attention in interventions that are not only reactive but also preventive to promote resilience, enhance family functioning, and beyond the life of the heroes. As such, the MoD should implement initiatives to ensure families' psychological support during operations and deployments, thereby enhancing families' resilience.

The study empirically examined the psychological impacts of widowhood on KDF widows whose spouses died in operations, i.e., AMISOM in Somalia, along with the mechanisms designed to reduce these negative effects. Guided by a multidimensional theory, the research found that widowhood resulting from combat marked by traumatic deaths causes adverse psychological outcomes, with many widows experiencing preclinical conditions like anxiety, prolonged yearning, hopelessness, and depression that could threaten their stability.

## **Recommendations**

Given that the military context emphasises combat-related deaths, and anticipating similar losses in other families, the focus should be on intervention strategies, especially preventive ones. Families should be trained in self- and group-care techniques through seminars, with a focus on bolstering psychological resources to enhance widows' resilience. Ministry of Defence (MoD) Psychological Support Initiatives for the families: The Ministry of Defence should institute an initiative geared to ensure families' psychological support during operations and deployments. Such strategies as conducting seminars/workshops for families when their husbands/dads are deployed in combat missions. The widows and their children were more affected due to the long separation they had with their loved ones, causing the level of denial to be high. Some still thought their loved ones would come back just as they used to after a long separation through deployment.

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