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THE ROLE OF FAITH-BASED COUNSELING IN FOSTERING MENTAL HEALTH RESILIENCE AMONG WIDOWS IN ACK KIANJOGU PARISH, KIAMBU COUNTY

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ST. PAUL'S UNIVERSITY

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DECLARATION

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DEDICATION

This work is lovingly dedicated to all the widows of ACK Kianjogu Parish who have continued to stand firm in faith despite life's storms. Your courage, perseverance, and deep trust in God have been a constant inspiration throughout this journey.

I also dedicate this thesis to my family for their unwavering love, prayers, and encouragement. To my spouse, whose encouragement keeps reminding me that resilience is born from faith, and to my children, who give me the reason to keep pressing on. May you always find strength in God's unfailing grace. Above all, I dedicate this work to God Almighty, whose wisdom, favour, and sustaining grace made every step possible.

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May God bless each one of you abundantly.

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ABSTRACT

Widowhood is associated with emotional, psychological, social, and economic challenges that can

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affect adjustment after bereavement. This study examined, from a practical-theological perspective, the role of faith-based counseling in supporting mental health resilience among widows in ACK Kianjogu Parish, Kiambu County. The study sought to identify the emotional and psychological challenges experienced by widows, describe the faith-based counseling practices provided through the Mothers' Union and clergy, assess the perceived contribution of these practices to mental health resilience, and identify gaps and strategies for strengthening parish counseling. This study is guided by two main theories that explain the relationship between faith-based counseling and mental health resilience among widows: Resilience Theory and the Pastoral Care Model. A descriptive research design adopting a convergent mixed methods approach was used. A census of 40 participants was undertaken, comprising 30 registered widows, 5 clergy members, and 5 Mothers' Union leaders. Quantitative data were obtained from the widows using an eight-item faith-based resilience scale, while qualitative data were collected through interviews, focus group discussions, and document review. Quantitative data were summarized using descriptive statistics, while qualitative data were analyzed thematically, and the two strands were integrated during interpretation. The findings indicated that widows experienced grief, loneliness, social pressures, and economic strain. Participants described prayer, Scripture, empathetic listening, fellowship, and peer support as important resources for coping, hope, and belonging. The study also identified limited professional counseling training, inadequate privacy, weak follow-up, stigma, and limited referral mechanisms. The findings therefore indicate a perceived association between participation in faith-based counseling and resilience-related outcomes, but the descriptive cross-sectional design does not establish causation. The study recommends a structured pastoral counseling model that combines spiritual care with counselor training, confidentiality, safeguarding, supervision, referral, and sustained follow-up.

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OPERATIONAL DEFINITION OF TERMS

Coping Mechanisms: The strategies that widows employ to handle grief and life's challenges after the death of a spouse. These include spiritual practices such as prayer, worship, and reading scripture, as well as practical actions like engaging in social

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groups, income-generating activities, and seeking pastoral support.

Counseling Encounter: A structured or informal session of faith-based counseling between a widow and a counselor such as a parish priest, Mothers' Union leader, or trained church counselor aimed at addressing grief, loneliness, stigma, and emotional adjustment following bereavement.

Faith-Based Counseling: A form of counseling grounded in Christian faith, biblical teachings, prayer, and pastoral care, aimed at providing emotional, psychological, and spiritual support to individuals facing life challenges. In this study, it refers to counseling interventions provided within the Anglican Church of Kenya, particularly at ACK Kianjogu Parish, as part of pastoral ministry and the Mothers' Union programs.

Mental Health Resilience: The inner capacity of widows to sustain emotional balance, cope effectively with stress, and function productively after bereavement. It encompasses the psychological strength and stability fostered by faith-based counseling, prayer, and supportive relationships within the church community.

Mothers' Union: A fellowship within the Anglican Church of Kenya made up primarily of women, committed to promoting Christian

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family values and mutual support. In this study, the Mothers' Union serves as a key faith-based support system for widows, providing counseling, fellowship, and practical assistance.

Parish Priest / Pastor: An ordained minister in the Anglican Church responsible for leading the parish, administering sacraments, and offering pastoral counseling. In this study, parish priests and pastors play a central role in providing faith-based counseling and emotional care to widows.

Parish: A local congregation within the Anglican Church of Kenya, led by a parish priest and supported by lay leaders. In this research, ACK Kianjogu Parish in Kiambu County serves as the case study area where faith-based counseling activities take place.

Resilience: The ability to adapt positively, recover, and maintain psychological well-being despite experiencing loss, grief, or social and economic hardship. In this context, resilience reflects how widows rebuild their lives and maintain hope through faith and community support

Support Systems: The collective structures that provide widows with emotional, social, and spiritual assistance. These include

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faith-based organizations (e.g., Mothers' Union, prayer groups, and pastoral care ministries), as well as family and community networks that strengthen widows' mental health resilience.

Widow: A woman whose husband has died and who has not remarried. For the purpose of this study, the term specifically refers to widows who are active members of ACK Kianjogu Parish, Kiambu County, and who have participated in faith-based counseling programs.

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LIST OF ABBREVIATIONS AND ACRONYMS

ACK: Anglican Church of Kenya

APA: American Psychological Association

CD-RISC: Connor–Davidson Resilience Scale

FGD: Focus Group Discussion

KII: Key Informant Interview

MTh: Master of Theology

MU: Mothers' Union

NACOSTI: National Commission for Science, Technology and Innovation

SDG: Sustainable Development Goal

SPSS: Statistical Package for the Social Sciences

WHO: World Health Organization

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CHAPTER ONE

INTRODUCTION

1.1 Introduction

This chapter presents an overview of the study, which examines the role of faith-based counseling in strengthening mental health resilience among widows in the Anglican Church of Kenya (ACK), with a focus on Kianjogu Parish in Kiambu County. It outlines the background of the study, statement of the problem, purpose and objectives, and research questions. The chapter also highlights the study's significance, scope, and limitations. Widowhood, particularly within the African Christian context, is both a spiritual and cultural experience that calls for a compassionate pastoral response and thoughtful academic reflection.

1.2 Background

The experience of widowhood has been identified as one of the most distressing transitions in a woman's life, often marked by deep emotional, psychological, social, and economic strain. Globally, studies show that widowhood is closely linked to depression, loneliness, and social withdrawal (Gibson & Michael, 2008; Balk, 2011). Adapting to life after the death of a spouse is not only a psychological process but also a spiritual and cultural journey that requires multiple layers of support.

Faith and community support therefore have relevance to resilience among widows in African settings. A systematic review by Nanji and Olivier (2024) identified 55 sources from 13 African countries showing that faith-based organizations and religious providers participate in different forms of mental health care, although the quality and level of professional training varied

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substantially. In southeast Nigeria, a qualitative study involving 71 widowed older adults found that prayer, participation in church activities, Scripture engagement, and other religious practices helped participants manage emotional difficulties following spousal loss (Ukeachusim et al., 2024). Kenyan evidence is similarly relevant. Kungu (2024), studying 112 widows in Kasarani, found that coping mechanisms explained a substantial proportion of variation in mental well-being, while perceived community support remained relatively low. These findings strengthen the case for examining whether structured faith-based counselling can move beyond short-term spiritual consolation to foster sustained psychological resilience among widows.

Globally, widowhood remains a serious mental health concern, although its effects vary according to social and cultural contexts. In China, Tang et al. (2023), using data from 7,601 older adults, found that widowhood was associated with greater depressive symptoms, while stronger family and friendship networks were associated with fewer depressive symptoms and greater life satisfaction. Similarly, a study involving 30,639 adults aged 60 years and above in India found that individuals widowed within the preceding nine years had significantly higher odds of depression than married adults. The adjusted odds of depression were 1.65 among widowed men and 1.57 among widowed women, illustrating the psychological vulnerability associated with spousal loss (Muhammad et al., 2025). In the United States, Zhou (2026) analyzed 11,482 older adults, including 1,375 who experienced widowhood and established that depressive symptoms increased around the onset of widowhood before gradually declining during subsequent assessment periods. In Australia, Kapelle and Monden (2024) found that loneliness increased around marital dissolution and peaked during the year of widowhood, with some effects persisting beyond the immediate bereavement period.

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Regionally, widowhood and loss of marital support occur within social environments where economic insecurity, limited formal mental health services, changing family structures, and cultural expectations may compound psychological distress. In Ghana, a nationwide study involving 5,202 adults reported probable depression among 37.6% of respondents who were separated, divorced, or widowed compared with 28.6% among married respondents (Gyimah et al., 2026). Longitudinal evidence from 3,707 adults in rural South Africa similarly linked widowhood and other non-marital statuses with depressive symptoms, loneliness, poor life satisfaction, and other adverse psychological outcomes (Pengpid & Peltzer, 2025).

In African societies, widowhood is often shaped by customs and traditions that may not always provide comfort or dignity. Afolayan and Ayeni (2023) note that widows are sometimes subjected to oppressive cultural rituals, property disputes, and social exclusion. These practices, though rooted in community norms, frequently deepen the widow's pain and delay recovery. Among the Kikuyu, for example, widows have at times been labelled *wendo wa thakame* (women of blood), implying impurity, a reflection of how superstition and patriarchy combine to stigmatize bereaved women.

Widowhood-related property dispossession can have profound social, emotional, and existential consequences for affected women. In some contexts, widows may be required to leave land that they had cultivated or occupied during marriage, thereby weakening their sense of security, belonging, and social identity. Such experiences may be compounded when access to both marital and ancestral homes is constrained. In these circumstances, the church may serve as an important source of spiritual support, social connection, and emotional care. This role is consistent with Magesa's (2014) observation that the church can contribute to the healing of social wounds within

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African communities.

Faith and community support therefore have relevance to resilience among widows in African settings. A systematic review by Nanji and Olivier (2024) identified 55 sources from 13 African countries showing that faith-based organizations and religious providers participate in different forms of mental health care, although the quality and level of professional training varied substantially. In southeast Nigeria, a qualitative study involving 71 widowed older adults found that prayer, participation in church activities, Scripture engagement, and other religious practices helped participants manage emotional difficulties following spousal loss (Ukeachusim et al., 2024). Kenyan evidence is similarly relevant. Kungu (2024), studying 112 widows in Kasarani, found that coping mechanisms explained a substantial proportion of variation in mental well-being, while perceived community support remained relatively low. These findings strengthen the case for examining whether structured faith-based counselling can move beyond short-term spiritual consolation to foster sustained psychological resilience among widows.

Within Christian settings, faith-based counseling serves as an essential pastoral response to grief and trauma. Gibson and Michael (2008) observe that clergy and lay counselors often serve as the first point of contact for those in distress, offering both spiritual guidance and emotional support. Faith-based counseling integrates prayer, scripture, and community care to promote healing and renewal. McMinn (2011) describes this approach as a bridge between theology and psychology—nurturing holistic well-being through spiritual and emotional restoration.

In Kenya, the church plays a central role in community life. The Anglican Church of Kenya (ACK), through ministries such as the Mothers' Union, has been instrumental in supporting widows and families in distress. According to Ikenye (2011), Christian counseling in African

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contexts is inherently holistic, embracing prayer, community, and spiritual nurture as part of healing. The Mothers' Union has evolved from being merely a fellowship group into a ministry of presence accompanying widows through grief, offering encouragement, and rebuilding hope.

However, while these efforts are noble, questions arise regarding the structure and long-term impact of faith-based counseling for widows. Much of it remains informal and prayer-centered, lacking systematic counseling frameworks. Scholars such as Njoroge (2018) and Karambu (2020) caution that without adequate pastoral counseling training, the support provided may comfort but not fully address deeper psychological wounds. Consequently, while churches are often the most accessible sources of emotional care, they may lack the tools for sustained recovery.

This study therefore positions ACK Kianjogu Parish as a case study to assess how faith-based counseling contributes to widows' resilience. Kiambu County offers a unique cultural setting where traditional Kikuyu practices coexist and sometimes conflict with Christian values. This dynamic provides a meaningful context to explore how widows navigate grief, faith, and identity, and how the church can strengthen its pastoral response to their needs.

1.3 Statement of the Problem

Widowhood is a major life transition that brings deep psychological, social, and economic challenges. Scholars such as Stroebe and Schut (2016) have shown that bereaved spouses experience prolonged grief and mental distress, which may lead to depression or social isolation if not properly addressed. In African contexts, these challenges are worsened by cultural norms that marginalize widows and deny them inheritance rights (Afolayan & Ayeni, 2023; Gichure, 2016).

Although Kenya's Constitution (2010) and the Law of Succession Act protect widows' rights,

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their lived experiences often tell a different story. Many continue to face disinheritance, stigma, and social exclusion. Within church settings, widows often find solace and belonging, yet the nature of support offered varies widely. At ACK Kianjogu Parish, the Mothers' Union offers prayers and fellowship, but these activities may not adequately address the complex psychological dimensions of grief or promote lasting resilience.

Previous studies (Mugambi & Kirima, 2019; Mbugua, 2021) reveal that most faith-based interventions lack structured counseling models. While they offer spiritual encouragement, they seldom incorporate professional psychological approaches such as resilience theory or grief therapy. Consequently, widows may appear spiritually strengthened but remain emotionally burdened. The absence of structured counseling frameworks risks providing temporary relief rather than sustained recovery. This study therefore seeks to examine how faith-based counseling within ACK Kianjogu Parish supports the mental health resilience of widows, and whether existing church structures effectively meet their emotional and spiritual needs.

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1.4 Objectives

1.4.1 General Objective

To examine the role of faith-based counseling in supporting mental health resilience among widows in ACK Kianjogu Parish, Kiambu County.

1.4.2 Specific Objectives

i. To explore the emotional and psychological challenges faced by widows in ACK Kianjogu Parish.

ii. To examine the role of faith-based counseling provided by the Mothers' Union in

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supporting widows.

iii. To assess the extent to which faith-based counseling contributes to widows' mental health resilience.

iv. To identify gaps and recommend strategies for strengthening faith-based counseling in the parish.

1.5 Research Questions

i. What emotional and psychological challenges do widows in ACK Kianjogu Parish face?

ii. How does faith-based counseling provided by the Mothers' Union support widows?

iii. In what ways does faith-based counseling enhance widows' mental health resilience?

iv. What gaps exist, and how can counseling interventions be strengthened in the parish?

1.6 Significance of the Study

This study is significant to widows, Mothers' Union members, parish leaders, and the Anglican Church of Kenya. For widows, the study documents their lived experiences and identifies resilience strategies that can contribute to improved psychological and spiritual well-being. The findings may also help Mothers' Union members and parish leaders to understand the strengths and weaknesses of existing counseling approaches and guide the development of more effective pastoral and psychosocial support systems. In addition, the Anglican Church of Kenya may use the findings to inform diocesan policies and strengthen pastoral care programmes intended to address the needs of widows across different parishes.

The study is also significant to academia because it contributes to the growing body of knowledge on faith-based counseling, widowhood, and resilience by providing localized evidence from

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Kiambu County. The findings may provide useful reference material for scholars and researchers interested in pastoral counseling, spiritual well-being, grief management, and resilience among vulnerable populations. The study may further provide a foundation for future research in related areas and contribute to a better understanding of the role of faith-based institutions in supporting widows. Ultimately, the study seeks to contribute to the empowerment of widows by promoting dignity, psychological well-being, spiritual strength, and faith-driven resilience through effective pastoral care.

1.7 Scope and Delimitations

This study was conducted at ACK Kianjogu Parish in Kiambu County, one of the 47 counties of Kenya. The choice of this parish was guided by both accessibility and the unique socio-cultural realities of widows in this community. Kiambu, a semi-urban area within the Nairobi metropolitan region, blends traditional Kikuyu customs with modern Christian practices, offering an ideal environment for exploring the intersection of faith and culture in counseling.

The study focused solely on the Anglican Church of Kenya (ACK) to allow for a more in-depth analysis. While other denominations exist in the area, ACK was selected because of its structured ministries such as the Mothers' Union, which actively engages widows in spiritual and social support. Participants were limited to widows affiliated with ACK Kianjogu Parish, along with selected clergy and Mothers' Union leaders. This delimitation ensured depth of inquiry within a manageable scope, though it limits generalization to other regions or denominations.

Time, financial, and logistical constraints also influenced the research process, limiting the number of respondents and field visits. However, these challenges allowed for a more focused engagement with participants, leading to richer, context-specific insights. While the findings may not represent

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all widows in Kenya, they offer valuable lessons on how faith-based counseling can strengthen resilience among women facing loss. These delimitations provide clarity and focus, ensuring the study remains contextually grounded and meaningful.

1.8 Conclusion

This chapter presented the introduction and background of the study, the statement of the problem, aim and objectives, research questions, significance, scope, and delimitations. The next chapter reviews existing literature on faith-based counseling, widowhood, and mental health resilience, establishing the theoretical and empirical foundation for the study.

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CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter reviews relevant literature on faith-based counseling and mental health resilience among widows. It situates the study within existing theological, psychological, and sociological discussions, highlighting both established insights and areas that require further exploration—particularly within the Kenyan Anglican context.

The review draws on global, African, and Kenyan literature to examine how grief, religious coping, pastoral care, counseling, and resilience have been conceptualized and studied. It distinguishes structured counseling from broader practices such as worship, prayer, fellowship, and pastoral visitation, and critically considers differences in study design, context, and evidential strength. Field findings from ACK Kianjogu Parish are reserved for Chapter Four.

2.2 The Concept of Faith-Based Counseling

2.2.1 Defining Faith-Based Counseling

Faith-based counseling refers to the integration of psychological understanding with spiritual principles in addressing human challenges. Collins (2007) defines it as a form of counseling that blends biblical truths with psychological insight to promote holistic healing of the mind, body, and spirit. Within the African Christian context, Ikenye (2011) explains that faith-based counseling is inherently pastoral and involves walking alongside the counselee through prayer, attentive listening, and shared fellowship. This definition is particularly significant because it situates counseling not as a clinical procedure but as a relational and communal act of ministry.

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In the Anglican Church of Kenya, this ministry is most evident at the parish level, where clergy and Mothers' Union leaders often serve as the first line of support during grief and crisis. They offer both emotional and spiritual care through home visits, prayers, and scriptural encouragement. Unlike clinical therapists who primarily rely on psychological models, faith-based counselors draw from scripture, worship, and prayer to nurture hope and transformation (Worthington, 2013). The distinction is not merely methodological but philosophical: while clinical therapy often aims at symptom reduction or behavior modification, faith-based counseling pursues shalom—a comprehensive peace that includes right relationship with God, self, others, and creation.

Empirical studies support this approach. Pargament (1997) found that religious coping—through prayer, forgiveness, and worship reduces anxiety and enhances psychological well-being. Similarly, Wambugu (2018) observed that in Kenya, faith-based counseling is often preferred over secular methods because it resonates with people's spiritual beliefs and cultural identity. This preference is not accidental. Many Kenyan communities, including the Agikuyu, Luo, and Luhya, traditionally understood distress as having spiritual dimensions. Faith-based counseling thus provides continuity between pre-Christian and Christian worldviews, offering a culturally coherent path to healing.

From pastoral observation, widows who actively participated in prayer meetings and fellowship demonstrated greater emotional stability and hope compared to those who were isolated. This reflection agrees with Walsh's (2016) argument that resilience develops when individuals are rooted in supportive spiritual communities. Therefore, faith-based counseling may be understood as both therapeutic and theological a sacred ministry of walking with the brokenhearted.

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2.2.2 Key Distinctions: Faith-Based Counseling versus Secular Counseling

One of the most significant differences between the concept of faith-based counseling and its secular counterpart lies in their respective starting points. Secular counseling typically begins with the individual's subjective experience, employing diagnostic frameworks such as the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) to categorize distress. In contrast, faith-based counseling begins with God's revealed character and the redemptive narrative of scripture. This is not to say that faith-based counselors ignore symptoms or diagnoses; rather, they interpret symptoms within a larger theological story. For example, grief is not merely a psychological reaction to loss but also a participation in the lament psalms and the suffering of Christ.

A second major difference concerns the role of the counselor. In secular models, the counselor maintains professional neutrality, avoiding self-disclosure and refraining from offering direct advice or spiritual guidance. In faith-based counseling, particularly within the Anglican Church of Kenya, the counselor is often a pastor, elder, or lay leader who is also a member of the same faith community. This dual role means that the counselor prays with the counselee, shares scripture, and even weeps with them. The relationship is not merely contractual but covenantal, modeled on the biblical concept of hosed—steadfast, loyal love. As Worthington (2013) notes, this relational depth can accelerate healing because the counselee experiences not only professional help but also communal belonging.

A third difference lies in the understanding of human nature. Secular psychology often operates from a biopsychosocial model, viewing humans as biological organisms shaped by genetics, environment, and cognition. Faith-based counseling, by contrast, affirms the Imago Dei—the belief that every person is made in God's image (Genesis 1:26–27). This theological anchor has

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profound implications for widow care. A widow is not a collection of symptoms (depression, anxiety, complicated grief) but a beloved child of God whose suffering is seen, known, and shared by the Trinity. This perspective dignifies the counselee and prevents reductionism. Pargament (1997) calls this the "sacred anchor," a stable meaning system that sustains individuals even when circumstances collapse.

A fourth difference concerns therapeutic goals. Secular counseling typically aims at symptom relief, functional restoration, or personal adjustment. Faith-based counseling, while not rejecting these goals, pursues deeper transformations: sanctification, spiritual formation, and vocational renewal. For a widow, healing means not only sleeping better or eating regularly but also rediscovering her identity in Christ, forgiving those who have abandoned her, and finding new ways to serve her community. Wambugu (2018) found that Kenyan widows who received faith-based counseling reported not only reduced depression but also increased church participation, prayer frequency, and volunteer service. These outcomes suggest that faith-based counseling addresses the whole person body, soul, and spirit.

A fifth difference pertains to the use of sacred texts and rituals. Secular counselors may use metaphors, stories, or mindfulness exercises. Faith-based counselors, however, read scripture aloud, pray the psalms of lament and trust, administer the laying on of hands, and, where appropriate, offer Holy Communion. In the Anglican tradition, the ministry of reconciliation (2 Corinthians 5:18–20) is inseparable from word and sacrament. A pastoral visit to a grieving widow often includes reading Psalm 23, anointing with oil (James 5:14), and sharing the peace of Christ. These rituals are not decorative; they are performative acts of grace that reorient the counselee's affective and cognitive schemas. As Ikenye (2011) argues, within African spirituality, rituals carry

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transformative power. Faith-based counseling therefore retrieves and redeems this intuition.

2.2.3 Deepened Theological Reflection: Trinitarian Presence and Eschatological Hope

The theological reflection that follows is not an addendum but a necessary core of this section. Faith-based counseling, if it is to remain faithful to its name, must submit to theological scrutiny. The following five theological themes are particularly relevant for widow care in the Anglican Church of Kenya. However, beyond enumerating doctrines, this reflection insists that theology is not abstract speculation but lived reality. For a widow sitting in a modest parlor in rural Kenya, the doctrine of the Trinity is not a fourth-century debate but the assurance that she is never alone —that the Father hears her cry, the Son weeps with her, and the Spirit intercedes for her with groans too deep for words (Romans 8:26).

First, the doctrine of the Trinity grounds counseling in relationality. The Christian God is not a solitary monad but a communion of three persons—Father, Son, and Holy Spirit—who exist in eternal, self-giving love (John 17:21–23). Human persons, created in the image of this triune God, are likewise constituted by relationships. A widow who has lost her husband is not only grieving an individual but also experiencing a rupture in her relational fabric. In many Kenyan contexts, widowhood also brings social fragmentation: in-laws may seize property, friends may withdraw for fear of being associated with misfortune, and even church members may unintentionally neglect her. Faith-based counseling, therefore, seeks to restore that fabric by re-embedding the widow into the trinitarian life of the church. As the counselor prays in the name of the Father, Son, and Holy Spirit, the widow is invited into a community that cannot be broken by death. This is not mere symbolism; it is ontological reorientation. The Anglican liturgy of Morning Prayer, which begins with the Trinitarian invocation, becomes a therapeutic act when recited with a widow before

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dawn, the very hour when loneliness often feels heaviest.

Second, the incarnation provides the model for empathetic presence. Jesus Christ, the eternal Son, took on flesh and dwelt among us (John 1:14). He suffered hunger, fatigue, betrayal, and physical agony. He wept at the tomb of Lazarus (John 11:35). In the incarnation, God does not remain distant but enters the depths of human pain. For the faith-based counselor, this means that presence precedes intervention. Before offering solutions or scriptures, the counselor sits with the widow in her tears, just as Job's friends sat with him in silence for seven days (Job 2:13). The incarnation authorizes not only speech but also silence, not only action but also accompaniment. This is the difference between clinical efficiency and pastoral efficacy. In Kenyan Anglican practice, this incarnational principle is enacted when a Mothers' Union leader arrives at a widow's home not with a checklist but with a basin of water to help wash dishes—a small but profound demonstration that God's love has hands and feet.

Third, the atonement addresses not only sin but also sorrow. Evangelical theology has sometimes narrowly focused on the cross as a legal transaction for sin. While that is true, the atonement is broader. Isaiah 53:4 declares, "Surely he took up our pain and bore our suffering." The Hebrew words makob (pain) and mak'ob (grief) indicate that the Messiah bears not only legal guilt but also emotional and physical anguish. For a widow, the cross means that her loneliness, her financial fear, her sleepless nights, and even her anger at God have been carried by Christ. Faith-based counseling proclaims this good news not as abstract doctrine but as embodied hope. When a counselor says to a weeping widow, "Christ has borne your grief," she is not minimizing the widow's pain but locating it within a redemptive narrative. In the Anglican Eucharistic prayer, the words "by his stripes we are healed" (Isaiah 53:5) are not mere recitation but a declarative act of

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healing. A widow who receives Holy Communion hears those words addressed personally to her.

Fourth, the resurrection guarantees that grief is not final. Paul writes in 1 Corinthians 15 that if Christ has not been raised, our faith is futile, and we are of all people most to be pitied. Conversely, because Christ is risen, death has lost its sting. For the widow, the resurrection does not erase present grief but reframes it. Her husband is not annihilated but is with the Lord, awaiting the resurrection of the body. This eschatological hope enables what Walsh (2016) calls "anticipatory resilience"—the capacity to endure present suffering because the future is secure. Faith-based counseling therefore includes the practice of eschatological imagination: praying "Maranatha" (Come, Lord Jesus), singing resurrection hymns such as "Thine Be the Glory," and reading 1 Thessalonians 4:13–18. These practices rewire the widow's temporal horizon, preventing despair from becoming permanent. In Kenyan Anglican funerals, the pronouncement "Death is swallowed up in victory" (1 Corinthians 15:54) is not a denial of grief but its transformation. The same pronouncement, spoken months later in a counseling session, continues to work resurrection hope.

Fifth, the Holy Spirit as Paraclete empowers both counselor and counselee. The word Paraclete (John 14:16) means advocate, comforter, counselor, and helper. In the Anglican tradition, the Spirit is invoked at baptism, confirmation, ordination, and every Eucharist. Faith-based counseling depends on the Holy Spirit's work of convicting, comforting, and guiding. The counselor does not rely on technique alone but prays, "Come, Holy Spirit," before every session. Furthermore, the Spirit produces the fruit of gentleness, patience, and self-control (Galatians 5:22–23)—all essential virtues in grief work. Wambugu (2018) notes that Kenyan widows who reported the most healing also described experiences of the Spirit's presence during prayer and scripture reading. Thus, faith-based counseling is not merely applied psychology but charismatic ministry in the best sense:

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dependent on the Spirit's direct action. In the Anglican Church of Kenya, the Prayer for the Seven Gifts of the Holy Spirit (wisdom, understanding, counsel, fortitude, knowledge, piety, and fear of the Lord) is particularly apt for counselors seeking to serve widows with supernatural grace.

2.2.4 A Framework for Faith-Based Counseling with Widows

Synthesizing the above, this thesis proposes a tripartite framework for faith-based counseling with widows in the Anglican Church of Kenya: Theological listening. The counselor listens not only for psychological themes (e.g., guilt, fear) but also for spiritual ruptures (e.g., anger at God, loss of prayer life, feeling cursed). This requires training in both pastoral diagnosis and spiritual direction. Liturgical intervention. The counselor uses Anglican liturgies, such as the Burial Rite (which includes prayers for the grieving), the Penitential Order (for forgiveness), and the Eucharist (for communion with Christ and the church). These liturgies carry theological weight and emotional resonance.

Communal re-embedding. The counselor actively connects the widow to small groups, Mothers' Union, Bible study, and service opportunities. Isolation is the enemy of resurrection hope. As Figure 2.1 illustrates, the widow moves from disorientation to reorientation not alone but within a trinitarian and ecclesial fabric. In conclusion, faith-based counseling as defined in this section is not a watered-down version of clinical psychology with Bible verses added. Rather, it is a distinct discipline with its own anthropology, epistemology, methodology, and teleology. It is sacramental, relational, and eschatological. For the widows of the Anglican Church of Kenya, it offers not just coping but transformation not just grief management but the promise of joy that comes with the morning (Psalm 30:5). (Psalm 30:5).

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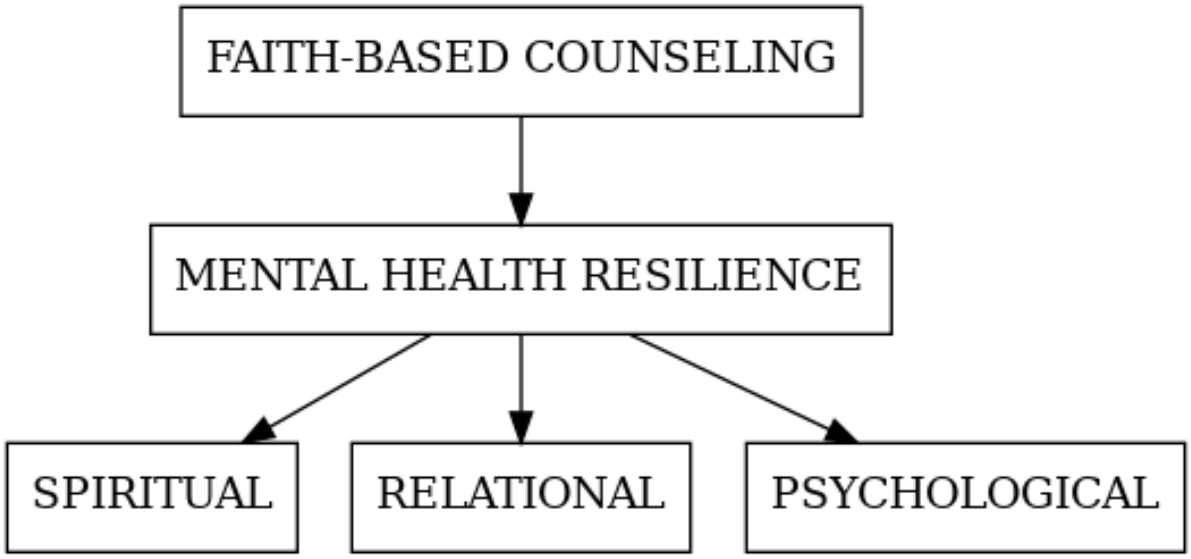


Figure 2.1: The Concept of Faith-Based Counseling

2.3 The Concept of Mental Health Resilience

Mental health resilience refers to the ability of an individual to adapt positively and recover from adversity, trauma, or significant stress. According to Masten (2014), resilience is not the absence of distress but the capacity to maintain or regain mental stability after encountering hardship. In psychological terms, it involves emotional strength, problem-solving skills, and supportive relationships that enable a person to function effectively despite difficulties.

In the African context, resilience often emerges through communal and spiritual networks rather than through individual coping alone. Kagema (2018) notes that spirituality and family support remain central to how people process grief and restore balance after loss. For widows, resilience is tested by both emotional and social challenges such as loneliness, financial strain, and stigma within extended families or communities. Faith plays a vital role in this process. Walsh (2016) argues that spiritual practices such as prayer, worship, and reading scripture cultivate inner peace

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and hope, thereby enhancing resilience. These practices help individuals reinterpret suffering, find meaning in loss, and experience God's presence in their pain. Similarly, Pargament (2007) emphasizes that faith-oriented coping mechanisms provide a sense of control and trust in divine guidance, which is essential for mental stability.

Within the church context, resilience is nurtured through fellowship, counseling, and acts of mutual care. The community becomes a source of comfort and accountability, reminding widows that they are not alone. In this way, mental health resilience extends beyond individual strength to include collective support rooted in faith, love, and shared identity in Christ.

2.4 Widowhood and Mental Health Challenges

Widowhood represents one of the most stressful life events a woman can experience. The loss of a spouse disrupts emotional, social, and economic stability, leaving many widows vulnerable to psychological distress. Stroebe and Schut (2016) describe bereavement as a complex emotional process involving grief, loneliness, and identity redefinition. The transition from married life to widowhood often brings feelings of emptiness, hopelessness, and loss of purpose. In many African settings, these emotional struggles are compounded by harmful cultural practices and societal expectations. Afolayan and Ayeni (2023) observe that widows in traditional African societies frequently endure stigma, property disinheritance, and exclusion from communal activities. Such experiences deepen trauma and undermine mental well-being. Gichure (2016) further explains that cultural norms often blame widows for their husband's death, subjecting them to cleansing rituals and social isolation.

The situation is particularly difficult in rural and semi-urban areas where access to formal mental health services is limited. According to Mbugua (2021), widows in Kenya often lack counseling

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support and depend on informal networks such as church groups for comfort. However, without structured pastoral care, some remain trapped in cycles of grief and self-blame. The psychological symptoms commonly reported include depression, anxiety, insomnia, and low self-esteem (Owuor, 2019). Spiritually, the death of a spouse may shake a widow's faith. Some question God's justice or feel abandoned, while others find renewed strength through prayer and fellowship. As Kagema (2018) notes, spirituality can either buffer distress or intensify it depending on how the loss is interpreted. Those who find meaning through faith often experience greater emotional stability and hope for the future.

In my ministry encounters, I have witnessed widows who move from despair to renewed purpose when supported through faith-based counseling. They testify that prayer, Bible study, and fellowship help them process their grief and rediscover identity beyond loss. This transformation agrees with Magesa's (2014) view that authentic Christian community offers both emotional and spiritual healing restoring dignity to those wounded by life's tragedies.

2.5 Faith-Based Counseling and Resilience among Widows

Faith-based counseling plays a significant role in promoting resilience among widows by nurturing hope, meaning, and social belonging. Resilience, as defined by Walsh (2016), is the capacity to adapt positively in the face of loss, adversity, or trauma. In the context of widowhood, it refers to a widow's ability to rebuild her life, maintain emotional stability, and find renewed purpose despite bereavement.

Faith-based counseling contributes to this process by integrating prayer, scripture, and communal care into the journey of healing. Pargament (1997) observes that spirituality offers widows a framework to interpret suffering, transforming grief into a path of growth and faith maturity.

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Through spiritual disciplines such as prayer and worship, widows find a sense of peace and divine companionship that strengthens their coping mechanisms. Within the Anglican Church of Kenya, pastoral counseling and the Mothers' Union ministry provide practical and emotional support. The Mothers' Union offers spaces for widows to share their stories, pray together, and engage in mutual encouragement. This communal fellowship agrees with Ikenye's (2011) argument that African Christian counseling must remain holistic embracing the emotional, social, and spiritual dimensions of the individual.

Empirical evidence supports this relationship between faith and resilience. Wambugu (2018) found that women who actively engage in church-based counseling and fellowship tend to demonstrate higher self-esteem, improved emotional regulation, and a more positive outlook on life. Similarly, Mbugua (2021) highlights that widows who participate in faith-based activities recover more quickly from grief than those who remain isolated. Faith-based counseling also challenges the negative cultural narratives surrounding widowhood. By grounding widows in their identity as beloved children of God, it restores self-worth and combats stigma. In this way, the church becomes both a spiritual sanctuary and a site of empowerment. As Kagema (2018) emphasizes, effective pastoral care does not merely comfort it transforms pain into purpose and suffering into testimony.

From my pastoral experiences, I have witnessed how widows in ACK Kianjogu Parish regain confidence and inner strength through prayer groups and pastoral visits. Their stories reflect what McMinn (2011) describes as the integration of theology and psychology: faith becomes the lens through which emotional healing unfolds. Over time, this spiritual resilience enables widows to not only survive loss but to thrive in faith and service.

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2.6 Theoretical Framework

This study is guided by two main theories that explain the relationship between faith-based counseling and mental health resilience among widows: Resilience Theory and the Pastoral Care Model. These frameworks provide both psychological and theological foundations for understanding how widows adapt to loss through faith and community support.

2.6.1 Resilience Theory

Resilience Theory focuses on an individual's capacity to adapt positively despite adversity, trauma, or significant loss. Bonanno (2009) describes resilience as the ability to maintain stable functioning and find meaning following loss, emphasizing that resilience does not imply the absence of pain but rather the capacity to rebuild one's life during suffering. In this study, resilience refers to a widow's ability to cope emotionally, spiritually, and socially following bereavement. Walsh (2016) explains that resilience is shaped by three key domains, namely belief systems that provide meaning and hope, organizational patterns that encompass family and community support structures, and communication processes that facilitate emotional expression, understanding, and social connection.

In the context of ACK Kianjogu Parish, these dimensions are reflected in the ways widows find meaning in scripture, receive fellowship from the Mothers' Union, and share their stories during counseling sessions. The church community becomes the environment where resilience is cultivated through prayer, empathy, and shared faith. This theory affirms that resilience is not an individual achievement, but a relational process nurtured within supportive networks. For many widows, faith serves as the foundation of this resilience, helping them to interpret their pain as part

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of God's redemptive plan and motivating them to continue living with hope and dignity.

Resilience Theory provides the psychological lens for understanding adaptation after bereavement. Resilience is treated as a dynamic process shaped by personal resources, meaning, relationships, and supportive environments rather than as a fixed trait or proof that grief has ended (Bonanno, 2004; Walsh, 2016). In this study, the framework guided interpretation of widows' reported coping, emotional adjustment, hope, social connectedness, and capacity to continue functioning after loss.

2.6.2 Pastoral Care Model

The Pastoral Care Model provides the theological framework for understanding faith-based counseling within the Anglican Church. According to Clebsch and Jaekle (1964), pastoral care involves "helping acts done by representatives of the Christian community directed toward healing, sustaining, guiding, and reconciling troubled persons." This model integrates spiritual nurture with emotional support, emphasizing compassion, presence, and prayer as essential elements of care.

Ikenye (2011) expands this concept in the African context, describing pastoral care as a ministry that must embrace the communal and spiritual realities of African life. He argues that counseling in African Christianity must go beyond psychological analysis to include fellowship, worship, and shared suffering. Within this framework, the counselor acts as both a spiritual companion and a guide who helps the widow to rediscover her faith and self-worth. In ACK Kianjogu Parish, this model is reflected in how clergy and Mothers' Union leaders visit widows, offer prayers, and provide both emotional and material support. Through these acts, pastoral counseling becomes a living expression of Christ's compassion. It affirms the widow's identity in God, restores hope,

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and encourages her to find renewed purpose in serving others.

The practical-theological analysis is guided by Osmer's (2008) four tasks. The descriptive-empirical task asks what is happening in the lives of widows and in parish counseling practice. The interpretive task examines why these experiences occur by considering psychological, cultural, social, and institutional factors. The normative task evaluates the practices in relation to Christian theological commitments such as dignity, lament, compassion, truthfulness, justice, responsible care, and protection of the vulnerable. The pragmatic task asks how parish practice should be strengthened through training, boundaries, referral, supervision, safeguarding, follow-up, and evaluation.

2.6.3 Integration of Theories

The integration of Resilience Theory and the Pastoral Care Model provides a holistic understanding of how faith-based counseling enhances widows' mental health. While Resilience Theory explains the psychological processes of adaptation, the Pastoral Care Model illuminates the spiritual and relational dimensions of healing. Together, they demonstrate that true resilience among widows is both psychological and theological; it arises when faith and community come together to sustain the human spirit. This theoretical foundation therefore positions faith-based counseling as a vital ministry of the church one that heals, empowers, and transforms widows into resilient women of faith.

Resilience Theory explains the psychological and relational processes associated with adaptation, while Osmer's framework ensures that the empirical findings are interpreted as church praxis rather than as a purely psychosocial study. The two frameworks therefore guide the movement from lived experience to interpretation, to theological evaluation, and finally to concrete

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recommendations for accountable pastoral care.

Existing studies generally indicate that religious coping, supportive relationships, and community belonging may assist adjustment after bereavement. However, much of the literature is qualitative or cross-sectional and therefore cannot establish that faith-based counseling causes resilience. Studies also differ in what they label as counseling, sometimes combining prayer, worship, fellowship, pastoral visitation, and formal counseling within one category. The present study addresses this conceptual gap by distinguishing counseling from broader church support and by interpreting widows' experiences through both resilience theory and a recognized practical-theological framework.

2.7 The Anglican Church of Kenya and Widow Support

2.7.1 Historical and Structural Role of ACK

The Anglican Church of Kenya has long emphasized a holistic mission spiritual nurture coupled with social responsibility. According to Gathogo (2013), the Church's early missionaries introduced literacy, education, and family ministries as expressions of the gospel in action. The Mothers' Union, established in the late 19th Century, became a pillar of this mission. Today, it continues to provide widows with community, identity, and a platform for mutual support.

However, as Mwaura (2015) observes, many parishes still lack structured counseling programs tailored to widows. Most interventions remain informal, dependent on individual clergy initiative. My findings reflect this reality: while widows in Kianjogu Parish benefit from pastoral attention, follow-up and psychosocial assessment are inconsistent. This gap points to a broader institutional need within ACK for professional pastoral counseling training, especially at the parish level.

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2.7.2 The Mothers' Union as a Support Network

Ikenye (2011) highlights that the Mothers' Union's strength lies in its relational ministry. Members nurture one another through prayer, hospitality, and mentorship. For widows, this is often their lifeline, a place where they are no longer defined by loss but by faith. In my study, widows repeatedly described Mothers' Union meetings as their "therapy." They found comfort in collective prayer, testimonies, and shared meals, which helped re-establish belonging. This echoes Walsh's (2006) observation that shared faith rituals strengthen resilience by giving meaning and coherence to suffering.

2.7.3 Pastoral Counseling in ACK

Gibson and Michael (2008) argue that clergy are often "frontline counselors" in faith communities. Yet, without proper training, their interventions may remain spiritual but not therapeutic. In rural parishes, economic constraints and heavy pastoral workloads further limit counseling depth. Still, the trust parishioners place in clergy makes them uniquely positioned to promote resilience. My data indicate that when clergy combined biblical encouragement with empathetic listening, widows felt validated and spiritually renewed. This suggests that the future of faith-based counseling in ACK lies in formalizing pastoral care structures, integrating theological training with counseling psychology.

2.7.4 Gaps and Emerging Opportunities

Despite its strong spiritual foundation, ACK's widow support systems still face several gaps—limited psychosocial follow-up, insufficient financial empowerment programs, and lingering cultural biases. However, these gaps also present opportunities. Incorporating structured faith-

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based counseling programs, mentorship networks, and mental health education could transform parishes into centers of holistic healing. Aligning with James 1:27, which calls believers to "look after widows in their distress," ACK has both the theological mandate and institutional capacity to lead this transformation.

2.8 Identified Knowledge Gaps

Although several studies have explored the relationship between faith and coping with grief, there remains limited research specifically examining how structured faith-based counseling within local parishes influences widows' mental health resilience in the Kenyan context. Much of the existing literature focuses broadly on bereavement, gender issues, or general pastoral care, without narrowing down to the Anglican Church of Kenya's parish-based interventions. Furthermore, many studies emphasize the spiritual dimension of widowhood but often overlook its psychological and relational aspects. There is inadequate exploration of how faith-based counseling simultaneously nurtures spiritual growth, emotional stability, and community belonging. This gap makes it difficult to fully understand how integrated pastoral care can promote holistic recovery among widows.

Another limitation in existing research is the lack of contextual and experiential perspectives. Few studies have captured the lived experiences of widows within faith communities, especially how they perceive and respond to the counseling and fellowship offered through the Church. Understanding these voices is critical, since widows themselves are not merely recipients of care but active participants in their own healing journey. Within the Anglican Church of Kenya, there is also limited documentation on the effectiveness and structure of parish-level counseling programs. While pastoral visits, Mothers' Union fellowship, and prayer meetings provide

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significant emotional and spiritual support, these initiatives are rarely assessed for their long-term impact on mental health outcomes.

This study therefore addresses the identified gaps by exploring how faith-based counseling is practiced within ACK Kianjogu Parish and examining the extent to which such counseling contributes to widows' spiritual, relational, and psychological resilience. It also seeks to give voice to widows by documenting their personal experiences, perceptions, and reflections regarding the nature and effectiveness of the support they receive within the parish. Through this approach, the study provides a deeper understanding of how faith-based counseling influences widows' ability to cope with bereavement and rebuild their lives. This research sought to contribute fresh insights to the field of pastoral theology and counseling psychology. It aims to strengthen the Church's capacity to respond compassionately and effectively to widows' mental health needs through faith-based interventions.

2.9 Conceptual Framework and Synthesis

The conceptual framework guiding this study illustrates the relationship between faith-based counseling and mental health resilience among widows within the Anglican Church of Kenya, focusing on ACK Kianjogu Parish. It is grounded in the assumption that faith-based counseling, when effectively implemented, nurtures resilience by addressing the widow's spiritual, relational, and psychological needs.

Faith-based counseling is viewed here as a holistic ministry that combines prayer, scriptural reflection, pastoral visitation, and fellowship. Through these practices, widows are encouraged to reinterpret their experiences of loss through faith and to rediscover meaning and hope. The counseling process thus serves as both a therapeutic and theological journey, guiding widows

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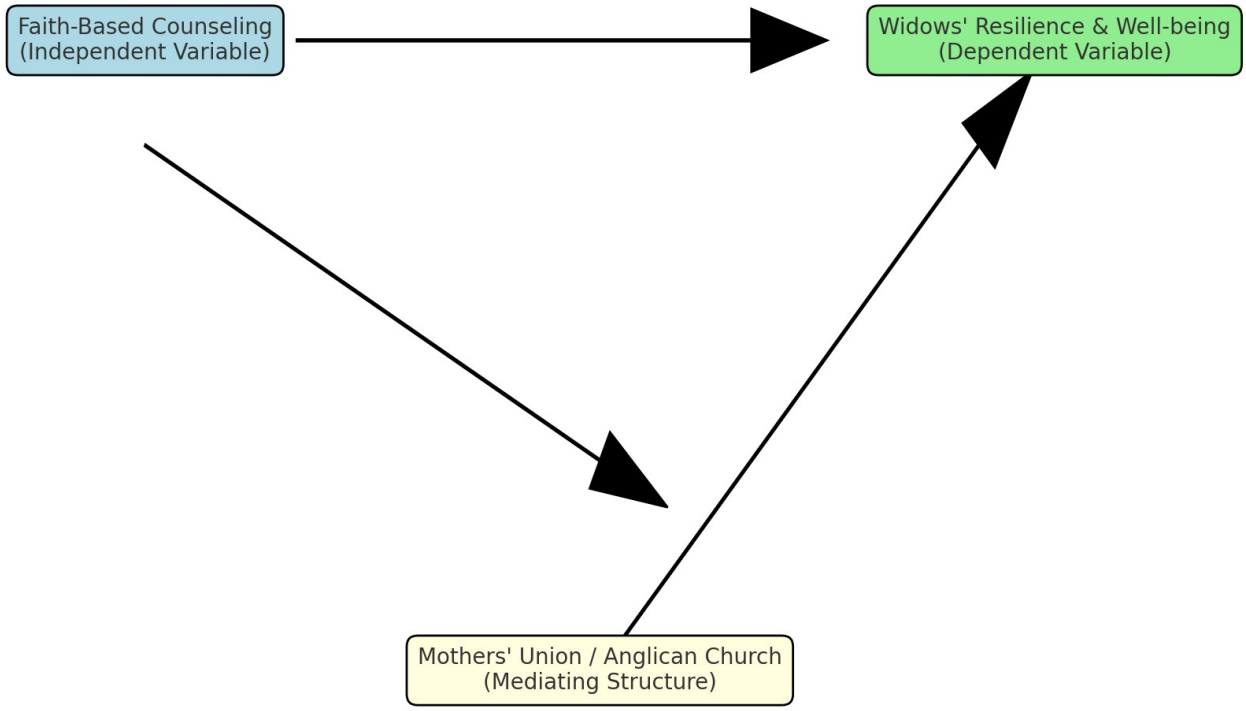
toward recovery and renewed purpose in life.

In this study, faith-based counseling is the *independent variable*, while mental health resilience is the *dependent variable*. The framework proposes that effective faith-based counseling delivered through clergy, Mothers' Union, and parish fellowship leads to increased levels of resilience among widows. Conversely, when such counseling is weak or inconsistent, widows are more likely to experience prolonged grief, isolation, or emotional distress.

Three key dimensions of resilience emerge from the reviewed literature and field observations, namely spiritual resilience, relational resilience, and psychological resilience. Spiritual resilience refers to the ability to maintain faith, hope, and a sense of purpose despite the experience of grief and loss, while relational resilience involves the capacity to develop a sense of belonging and receive emotional support through fellowship, family, and community relationships. Psychological resilience, on the other hand, refers to the ability to manage emotions, adapt to life changes, and gradually recover from the pain associated with bereavement. Faith-based counseling contributes directly to these dimensions by providing spiritual comfort, strengthening community connections, and facilitating emotional healing. Through compassionate pastoral care, prayer groups, counseling sessions, and fellowship opportunities, widows are provided with a supportive and stable environment in which resilience can be developed and sustained.

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Figure 2.2: Conceptual Framework



Source: Researcher (2026)

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CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter outlines the research design, target population, sampling methods, instruments, data collection procedures, and analysis techniques that guided the study. It also presents the specific tools used to measure resilience among widows receiving faith-based counseling within ACK Kianjogu Parish. The chapter concludes with ethical considerations observed during the research process.

3.2 Research Design

The study adopted a descriptive research design using a convergent mixed-methods approach. Quantitative and qualitative data were collected within the same fieldwork period, analyzed separately, and integrated during interpretation to provide complementary perspectives on faith-based counseling and mental health resilience. The quantitative strand described resilience-related responses and patterns of participation, while the qualitative strand explored widows' experiences, parish counseling practices, and institutional gaps. A convergent approach was appropriate because the study sought to compare and interpret numerical patterns alongside participants' accounts without treating either strand as sufficient on its own (Creswell & Plano Clark, 2018).

3.3 Study Area

The study was conducted at ACK Kianjogu Parish, located in Kiambu County under the Diocese of Mount Kenya South. This parish serves a community that is largely composed of both rural and

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peri-urban populations, reflecting a blend of traditional and modern lifestyles. The area is known for its strong Christian heritage and deep-rooted cultural values, which together shape the social identity and interactions of the people. Within this context, the church is not only a place of worship but also a central pillar of community life, offering moral guidance, social support, and emotional healing to its members.

Using purposive sampling, Kianjogu Parish was selected as the study site because of its vibrant Mothers' Union fellowship, which has established well-structured programs that provide both spiritual and psychosocial support to widows. The Mothers' Union plays a critical role in addressing emotional struggles following bereavement through prayer meetings, group counseling, and mentorship sessions. These initiatives have made the parish an ideal environment for studying how faith-based counseling contributes to building resilience among widows.

The parish environment also represents a microcosm of many Anglican communities in Kenya, where the realities of loss, grief, and healing are approached through a combination of Christian faith and cultural traditions. In these settings, faith-based counseling is often intertwined with community practices such as fellowship gatherings, home visits, and communal prayers, which together foster a sense of belonging and hope among widows. By focusing on Kianjogu Parish, the study was able to explore these intersections and gain insight into how counseling practices grounded in faith help widows cope with emotional pain and rebuild their lives.

As the researcher, I shared both the faith and cultural background of the participants, which greatly enhanced the research process. This shared identity made it easier to build trust and rapport, encouraging participants to speak freely about their experiences without fear of judgment. It also allowed for a more authentic understanding of the language, expressions, and symbolic meanings

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embedded in their stories. Consequently, the data collected reflected genuine feelings and experiences, enriching the quality and depth of the study findings. ACK Kianjogu Parish provided a spiritually nurturing and culturally familiar setting that was well-suited for exploring the role of faith-based counseling in promoting resilience among widows. The combination of active church programs, supportive leadership, and an engaged community made it an ideal location for this research.

3.4 Target Population

The target population for this study comprised three key groups, namely widows who were active members of the Mothers' Union fellowship within ACK Kianjogu Parish, clergy responsible for pastoral counseling and faith-based interventions, and Mothers' Union leaders who coordinated widow support programs and counseling activities. The widows represented the primary beneficiaries of faith-based counseling interventions because they had personally experienced the loss of their spouses and had participated in programs intended to provide emotional, spiritual, and social support. Their experiences provided firsthand insights into how counseling, prayer, and fellowship helped them navigate grief, rebuild hope, and regain a sense of purpose in life. Their inclusion was therefore essential in understanding the lived experiences of widowhood and the contribution of faith-based counseling to resilience.

The clergy comprised pastors and lay readers who were actively involved in providing spiritual guidance, counseling, and other forms of faith-based support to widows within the parish. They provided theological and pastoral perspectives on the counseling approaches used, the challenges encountered when supporting grieving individuals, and the principles that guided faith-based interventions within the parish. Mothers' Union leaders also formed part of the target population

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because they played a significant role in organizing fellowship meetings, mentoring programs, counseling activities, and psychosocial support initiatives for widows. Their experiences provided important insights into the structure of the support programs, participant engagement, community mobilization, and the role of organized church activities in strengthening resilience and social cohesion among widows.

The accessible population comprised 40 participants: 30 registered widows, 5 clergy members, and 5 Mothers' Union leaders. Because this population was small and accessible, the study used a census and invited all 40 individuals to participate. The 30 widows constituted the primary participant group for the quantitative resilience measure also contributed qualitative accounts, while the clergy and Mothers' Union leaders provided pastoral and institutional perspectives. Participation in interviews or focus groups did not create additional respondents beyond the census population.

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3.5 Sampling Procedures and Sample Size

The study adopted a census approach because the target population was relatively small and manageable. A census involves including all members of the identified target population in the study rather than selecting a sample from it. This approach was appropriate because it enabled the researcher to obtain information from all registered widows and relevant church leaders within ACK Kianjogu Parish, thereby minimizing sampling error and ensuring comprehensive representation of the population under study.

The study targeted 30 registered widows within ACK Kianjogu Parish, all of whom were included in the study. The inclusion of all registered widows ensured that the study captured the full range of experiences relating to widowhood, participation in faith-based counseling, and mental health

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resilience within the parish. In addition, all 5 clergy members serving in pastoral roles within the parish were included because of their direct involvement in the provision and coordination of faith-based counseling and pastoral care.

The study also included all 5 Mothers' Union leaders involved in widow mentorship, prayer activities, counseling, and psychosocial support within the parish. Their inclusion provided important perspectives on the organization, delivery, and perceived effectiveness of faith-based counseling interventions. Consequently, the total study population comprised 40 participants, consisting of 30 registered widows, 5 clergy members, and 5 Mothers' Union leaders.

The use of a census approach was therefore suitable because the entire accessible population could be included in the study. It allowed the researcher to obtain data from beneficiaries, providers, and coordinators of faith-based counseling without relying on a sampling procedure. This strengthened the comprehensiveness of the data and provided a broader understanding of the role of faith-based counseling in fostering mental health resilience among widows in ACK Kianjogu Parish.

3.6 Data Collection Instruments

To ensure both breadth and depth, the study employed five data collection instruments: standardized scales, interviews, focus group discussions, observation, and document analysis. The quantitative component used the eight-item faith-based resilience scale contained in Appendix VIII. The items assessed faith as a coping resource, prayer, emotional recovery, church support, meaning, prosocial functioning, adaptation after loss, and perceived emotional strength following counseling. Each item was rated from 1 (Strongly Disagree) to 5 (Strongly Agree), producing a possible total score from 8 to 40, with higher scores indicating stronger self-reported resilience-related functioning within this study. Because the tool combines psychological and spiritual

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content, its results were interpreted only within this sample and were not compared with published CD-RISC or Spiritual Well-Being Scale norms.

Qualitative data were collected through semi-structured interviews, focus group discussions, and review of relevant parish records. The interview and focus group guides explored grief-related challenges, the nature of faith-based counseling, perceived helpful and unhelpful elements, barriers to participation, confidentiality, follow-up, referral, and suggestions for strengthening care. Document review was used to contextualize, rather than replace, participant accounts.

3.6.1 Semi-Structured Interviews

Semi-structured interviews were conducted with widows, clergy, and Mothers' Union leaders to explore their personal experiences and perceptions of faith-based counseling. The interviews focused on the emotional journey associated with widowhood, the perceived impact of counseling sessions and fellowship activities, the role of faith in mental health recovery, and the contribution of the church to healing and resilience. Each interview lasted approximately 30 to 45 minutes and was conducted privately within the parish compound to provide an appropriate environment for participants to share their experiences freely. With the consent of the participants, the interviews were recorded and subsequently transcribed for thematic analysis.

3.6.2 Focus Group Discussions (FGDs)

Two FGDs were held with widows, each comprising 8–10 members. The discussions encouraged open storytelling, reflection, and collective expression — a culturally grounded method consistent with Mbiti's (1991) view that "community is the source of personhood." Themes included faith as a coping resource**,** the role of fellowship**,** and overcoming social stigma. The discussions offered

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qualitative insights into how communal faith strengthens resilience.

3.6.3 Document Analysis

Church documents such as Mothers' Union meeting minutes, counseling attendance registers, and pastoral reports were reviewed. These provided secondary data to corroborate interview and FGD findings, enhancing the credibility of results.

3.7 Validity and Reliability

Content validity was strengthened through review of the instruments by the supervisors and persons with pastoral counseling expertise, followed by pilot testing in a neighboring parish. The pilot was used to identify unclear wording, culturally inappropriate expressions, and emotionally sensitive items, and pilot participants were excluded from the final study. Internal consistency of the eight-item scale should be reported using the Cronbach's alpha calculated from the actual responses of the 30 widows. The existing $\alpha = .89$ and $\alpha = .87$ claims should be removed unless the corresponding SPSS output verifies those exact coefficients.

3.8 Data Collection Procedure

After ethical and institutional approvals, participants received study information and gave informed consent before data collection. The resilience questionnaire was administered to the widows, after which interviews and focus group discussions were conducted using the approved guides. Research participation was kept distinct from pastoral counseling so that participants did not feel that church services or support depended on participation. Where distress emerged, the interview was paused, and the participant was offered an appropriate referral or pastoral support pathway.

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Data collection was carried out over four weeks. Before data collection, I met the parish vicar and Mothers' Union leaders to plan schedules and brief participants. After informed consent, the questionnaires were administered, followed by interviews and FGDs. Each session began with a short prayer to create a peaceful and respectful atmosphere. Emotional support was provided whenever participants became distressed.

3.9 Data Analysis

Quantitative data were coded and analyzed in IBM SPSS Statistics using frequencies, percentages, means, and standard deviations. The analysis was descriptive because the study was cross-sectional and did not include a baseline, control group, or longitudinal follow-up. Causal language and claims of statistical significance were therefore avoided unless supported by a fully reported inferential test.

Qualitative data from interviews and focus groups were transcribed, coded, and analyzed thematically following Braun and Clarke's approach. Codes were linked to de-identified source labels such as widow, clergy, Mothers' Union leader, interview, or focus group, and then grouped into themes aligned with the four research objectives. A reflexive journal was used to record analytic decisions, and divergent or negative accounts were retained rather than removed. A concise coding trail should be presented in Appendix XI so that selected quotations can be traced to their source category and theme.

Integration occurred at the interpretation stage by comparing quantitative patterns with qualitative themes for each objective. Areas of convergence, difference, and additional explanation were identified, allowing the mixed methods findings to inform the practical-theological interpretation without treating numerical and narrative data as interchangeable.

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The study's findings were drawn from quantitative scales, interviews, focus group discussions, and document reviews. Triangulating these sources ensured the credibility and consistency of the results, reduced researcher bias, and provided a comprehensive understanding of participants' experiences within faith-based counseling.

3.10 Measurement of Resilience

Resilience among the participants was assessed using an adapted Faith-Based Resilience Assessment Scale, which was developed by integrating the principles of the Connor-Davidson Resilience Scale (CD-RISC) with the Spiritual Well-Being Scale. The instrument comprised fifteen statements, each rated on a five-point Likert scale, ranging from 1 (Strongly Disagree) to 5 (Strongly Agree).

The statements captured key dimensions of resilience, including emotional stability, coping through prayer, spiritual strength, sense of purpose, and active engagement in church activities. To ensure contextual relevance and validity, the tool was reviewed and validated by two experienced counseling practitioners alongside a parish clergy member. This scale provided a structured and reliable method for quantifying the widows' capacity to recover from grief, maintain their faith, and demonstrate adaptive coping mechanisms within the framework of faith-based counseling.

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3.11 Ethical Considerations

Because the study involved bereavement, mental health vulnerability, and possible power differences between church leaders and widows, ethical safeguards extended beyond ordinary consent. Participation was voluntary, withdrawal carried no penalty, and participation or refusal did not affect access to church support. Interviews were conducted privately, identifiers were

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replaced with codes, recordings and transcripts were securely stored, and quotations were de-identified. A distress protocol was used to pause interviews where necessary and to facilitate referral to an appropriate counselor or health professional. care was taken to protect confidentiality in focus groups, where participants were reminded that information shared by others should not be repeated outside the discussion.

Ethical standards were strictly observed throughout the study to protect the rights, dignity, and well-being of all participants. Informed consent was obtained from each participant after they had been provided with adequate information about the purpose of the study, their expected participation, and their right to withdraw at any stage without penalty. Confidentiality was maintained through the use of pseudonyms, while all collected data were securely stored and used strictly for academic purposes. Given the sensitive and emotional nature of widowhood, all discussions were conducted with empathy and care, and immediate pastoral support was made available to participants who experienced emotional distress during the research process. Before the commencement of fieldwork, official authorization was obtained from St. Paul's University, the National Commission for Science, Technology and Innovation (NACOSTI), and the relevant Anglican Church of Kenya leadership.

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3.12 Researcher Positionality

The researcher's identity as an Anglican insider and counselor in training provided contextual understanding but also created risks of authority effects, confirmation bias, role conflict, and socially desirable responses. These risks were addressed through reflexive journaling, use of standardized interview guides, separation of research participation from pastoral relationships, deliberate attention to divergent accounts, and supervisory review of interpretation. The researcher

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therefore treated insider status as a source of both access and potential bias rather than as evidence of objectivity.

3.13 Summary

This chapter presented the research design, population, sampling methods, instruments, and ethical protocols guiding the study. It clearly identified the Connor–Davidson Resilience Scale (CD-RISC 25) and Spiritual Well-Being Scale (SWBS) as the primary quantitative tools for measuring resilience, supplemented by qualitative interviews and focus groups. The next chapter presents the findings and analysis, integrating both numerical data and personal narratives to illustrate how faith-based counseling promotes mental health resilience among widows in ACK Kianjogu Parish.

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CHAPTER FOUR

DATA ANALYSIS, PRESENTATION AND DISCUSSION OF FINDINGS

4.1 Introduction

This chapter presents the findings according to the four research objectives. Quantitative findings from the widow resilience scale are presented descriptively, while interviews, focus group discussions, and documentary evidence provide contextual explanation. The two strands are integrated during interpretation. Because the study used a descriptive cross-sectional design, the findings are reported as patterns, perceptions, and associations rather than as evidence that faith-based counseling caused changes in resilience.

This chapter presents the analysis, interpretation, and discussion of findings on the role of faith-based counseling in fostering mental health resilience among widows in ACK Kianjogu Parish, Kiambu County. The analysis integrates data obtained through interviews, focus group discussions, and document review. Both qualitative and quantitative approaches were used to ensure a balanced understanding of the widows' lived experiences, emotional recovery, and the influence of faith-based counseling. To provide a comprehensive picture, the findings are organized thematically according to the research objectives. The discussion incorporates voices of the widows and clergy through verbatim excerpts, ensuring that participants' authentic experiences inform the study. The interpretation also merges the findings with existing scholarly literature and the theoretical framework guiding the study, thereby linking the local experiences of widows in Kiambu with broader pastoral counseling and resilience research.

In addition, the chapter integrates the Connor–Davidson Resilience Scale (CD-RISC 25) as the

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main tool used to measure resilience among widows. The results derived from this scale are interpreted alongside qualitative insights from interviews and focus groups. This combination strengthens the analysis by providing both measurable and narrative evidence of how faith-based counseling contributes to mental health resilience.

To assess the levels of resilience among widows in ACK Kianjogu Parish, the study adopted the Connor-Davidson Resilience Scale, CD RISC 25, developed by Connor and Davidson (2003). The CD RISC is a standardized instrument comprising 25 items designed to measure an individual's capacity to cope positively with adversity and recover from difficult life experiences. Respondents rated each item on a five-point Likert scale ranging from 0, representing not true at all, to 4, representing true nearly all the time. The scale assessed five dimensions of resilience, namely personal competence and tenacity, trust in one's instincts and tolerance of negative emotions, positive acceptance of change and secure relationships, control, and spiritual influence (Connor & Davidson, 2003).

Given the centrality of faith and spirituality in the widows' lives, the CD-RISC was particularly suitable as it acknowledges the role of spiritual belief in psychological resilience. The tool was slightly adapted to reflect the Kenyan Anglican context—simplifying language and including culturally relevant expressions of faith and endurance, as recommended by Wairimu (2022). Alongside the quantitative tool, qualitative data were collected through semi-structured interviews with 20 widows, focus group discussions (FGDs) with 15 members of the Mothers' Union, and key informant interviews with five clergy members. These narratives explored personal coping experiences, emotional healing processes, and spiritual growth after bereavement. Thematic analysis following Braun and Clarke's (2006) model was applied to identify recurring ideas and

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meanings from the transcripts. This triangulation using the CD-RISC results and qualitative narratives provided a richer understanding of how faith-based counseling contributes to emotional strength, social adjustment, and renewed spiritual vitality among widows.

4.2 Response Rate

The study achieved a response rate of 100.0%. All 30 registered widows who were targeted participated in the study, representing a 100.0% response rate among the widows. Similarly, all 5 clergy members and all 5 Mothers' Union leaders participated, each category also recording a 100.0% response rate. In total, all 40 targeted participants took part in the study. The complete response rate ensured that the views of all identified participants were captured and provided comprehensive data on the role of faith-based counseling in fostering mental health resilience among widows in ACK Kianjogu Parish.

4.3 Demographic Characteristics of Respondents

The study sought to establish the demographic background of respondents to provide context for interpreting the findings. Data were gathered on gender, age, education level, marital status, and pastoral training of counselors. These characteristics helped in understanding how personal experiences and demographic diversity shaped perceptions of counseling and resilience. Descriptive statistics were generated using SPSS Version 20 and presented through tables and figures. The qualitative component added context to these statistics by including participants' explanations and lived experiences, thereby making the analysis both empirical and human-centered.

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Table 4.1: Gender of Respondents

Gender	Frequency	Percentage
Female	33	82.5
Male	7	17.5
Total	**40**	**100**

4.3.1 Distribution of Pastors and Parishioners by Gender

The study examined the gender distribution of respondents to understand the dynamics of faith-based counseling at ACK Kianjogu Parish. Out of 40 respondents, 5 were clergy or counselors, and 35 were widows. Among the clergy, 80% were male while 20% were female. All widows were female (100%), reflecting the study's focus on widowhood. These findings show that while men largely occupy leadership and counseling roles in the parish, women remain the main recipients of counseling services. One widow noted during an interview:

"Most of our counselors are men. Sometimes it is hard to open up fully about what we go through as widows, but they try to listen and pray with us." (Participant W03, Interview Transcript, 2025)

This highlights a gendered imbalance common in church structures, where pastoral authority is often male dominated (Gathogo, 2018). However, the presence of female clergy and Mothers' Union leaders provided a sense of safety and relatability for many widows. As one participant expressed:

"When our Mothers' Union leader prays with us, I feel understood because she has walked a similar journey as us." (Participant W09, FGD, 2025)

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These gender dynamics reveal the importance of promoting more women in pastoral counseling roles, as cultural sensitivity and shared experiences enhance trust and openness during faith-based counseling sessions.

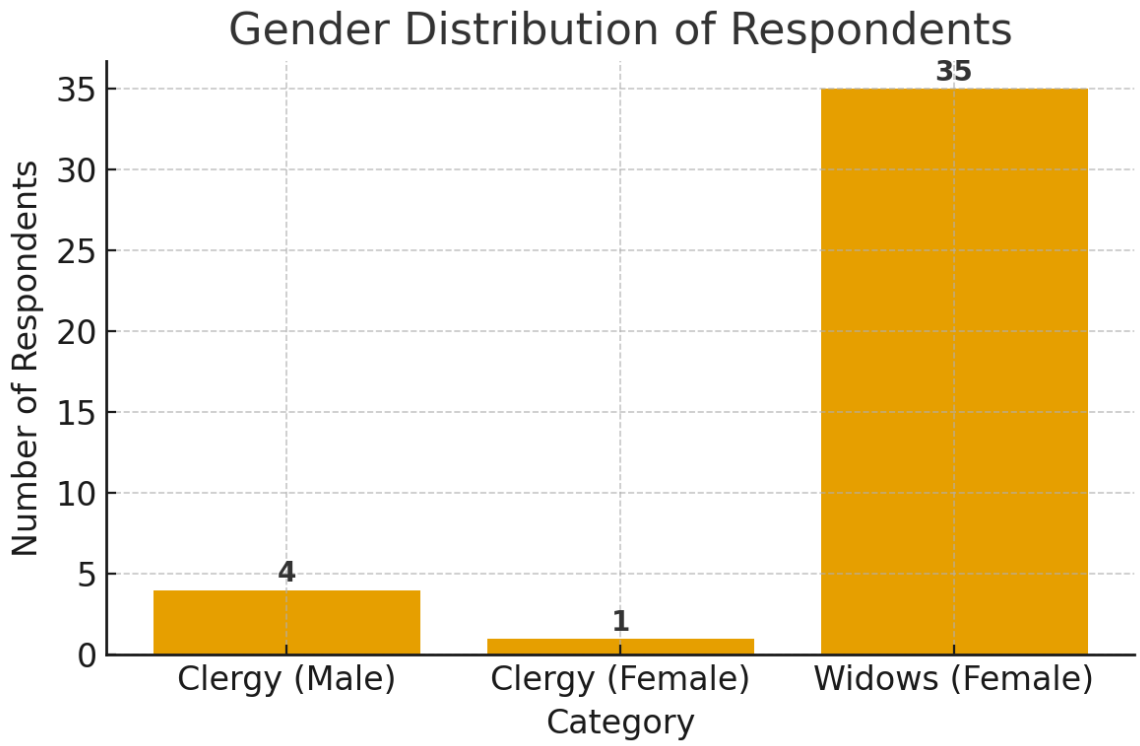


Figure 4.1: Gender of Pastors and Parishioners

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4.3.2 Distribution of Widows and Counselors by Age

The age distribution of both widows and clergy was examined to understand generational influences on resilience and counseling participation. Among the 5 clergy respondents, 40% were aged 41–50 years, 20% were between 31–40 years, and another 20% were above 60 years. The remaining 20% were aged 18–30 years, suggesting a mix of youthful and experienced clergy providing pastoral care. Among the 35 widows, 34.3% were aged 41–50 years, 28.6% were 31–40 years, 20.0% were 18–30 years, 11.4% were 51–60 years, and only 5.7% were above 60 years.

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This shows that most widows were in middle adulthood, balancing grief recovery with parenting and economic responsibilities. One participant in her forties observed:

"When I lost my husband, I had young children to raise. It was faith-based counseling that helped me accept and move on with life." (Participant W06, Interview Transcript, 2025)

This reflects findings by Kimathi and Kinyua (2020), who emphasize that widows in mid-life experience intense psychological stress but often demonstrate strong resilience through faith engagement. The close age range between clergy and widows (especially within 41–50 years) may have fostered empathy and understanding in the counseling relationship.

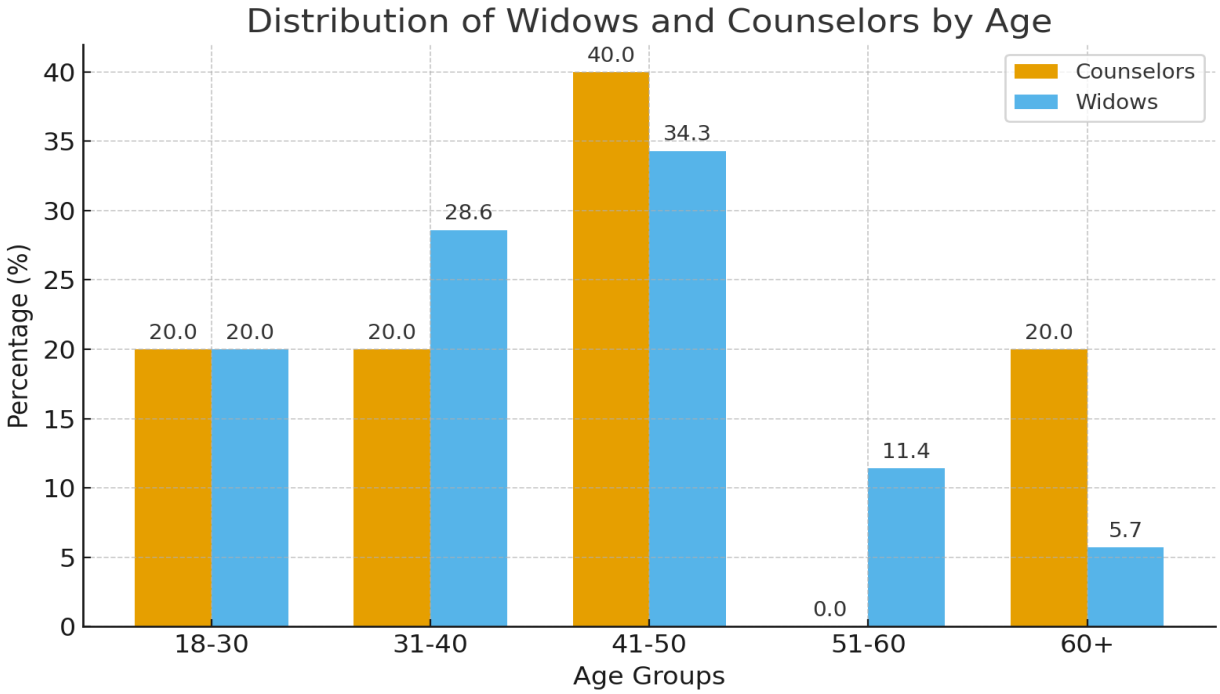


Figure 4.2: Distribution of Widows and Counselors by Age

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4.3.3 Distribution of Parishioners by Their Level of Education

The study revealed that 48% of parishioners had attained secondary education, 44% post-secondary, and 8% primary education.

Table 4.2: Distribution of Parishioners by Their Level of Education

Education Level	Frequency	Percentage
Primary	3	8.0
Secondary	19	48.0
Post-Secondary	18	44.0
Total	**40**	**100**

These findings suggest that most participants possessed adequate literacy levels to engage meaningfully in counseling activities and to comprehend both biblical teachings and psychological concepts presented during sessions. Literacy appeared to enhance participants' ability to reflect on counseling content, apply coping strategies, and actively participate in discussions. As one widow with secondary education explained:

"I didn't know much about counseling before, but the church classes opened my eyes. I now encourage other widows to attend." (Participant W14, FGD, 2025)

This testimony illustrates not only personal growth but also the ripple effect of education on community support, as participants became advocates for counseling among peers. Research has consistently shown that education level is positively correlated with receptiveness to counseling interventions and adaptive coping strategies (Mutiso & Mwaura, 2019). In this study, the relatively high literacy rate among participants may have contributed to enhanced comprehension of

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counseling principles, better integration of spiritual and psychological guidance, and more meaningful engagement in faith-based counseling programs.

Furthermore, literacy facilitated the widows' ability to critically reflect on their experiences of grief, interpret scriptural lessons in relation to personal challenges, and implement practical coping strategies discussed during counseling. This suggests that educational background can play a significant role in maximizing the benefits of faith-based interventions, as participants are more capable of translating learned concepts into everyday resilience practices.

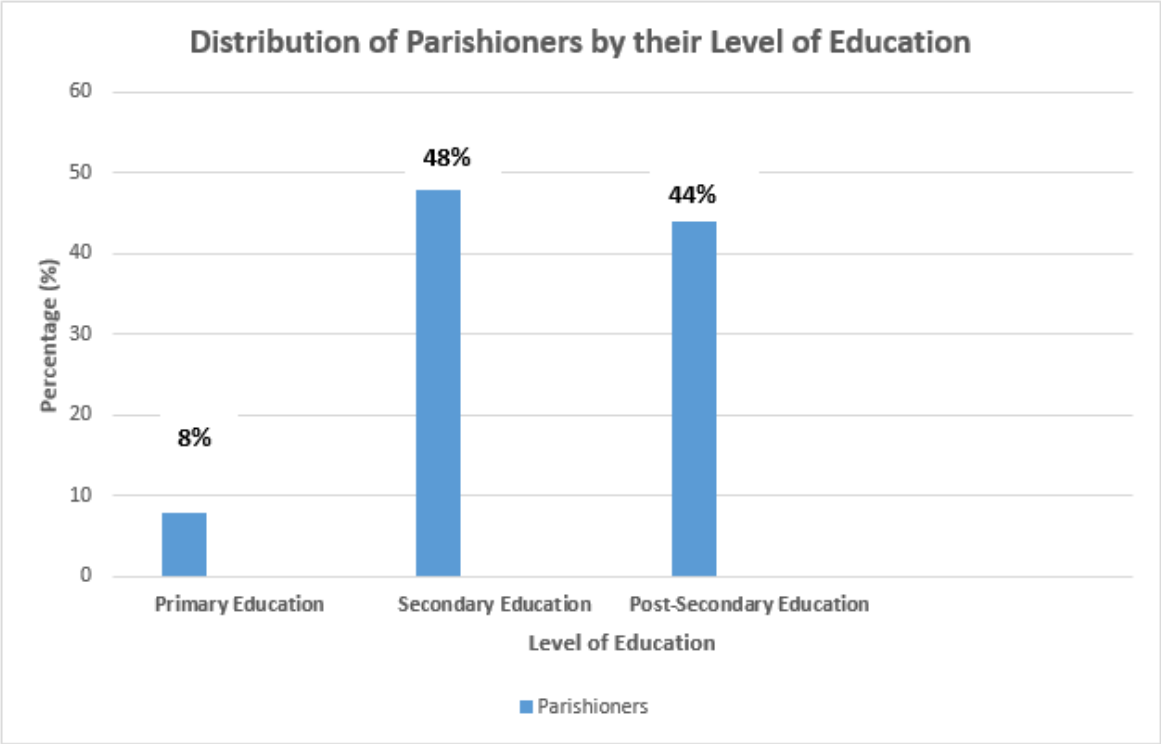


Figure 4.3: Distribution of Parishioners by Their Level of Education

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4.3.4 Parishioners' Distribution by Their Marital Status

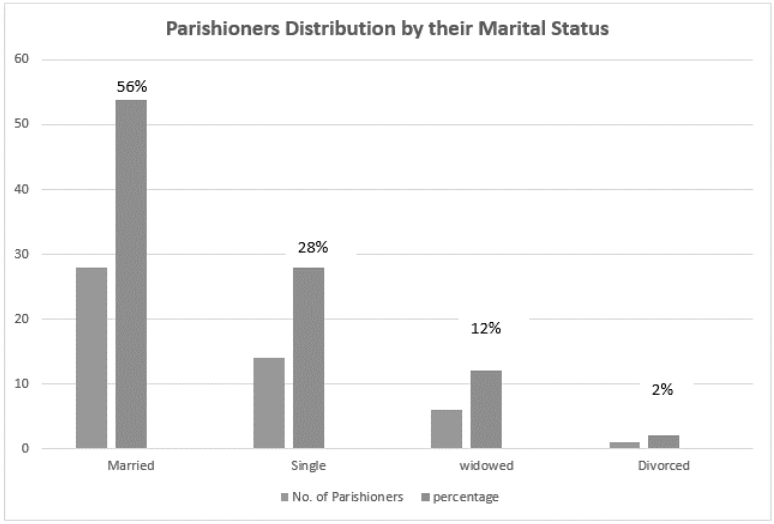


Figure 4.4: Parishioners' Distribution by Their Marital Status

Although widows represented a smaller proportion of the parish population, their participation in church-based support programs was notably significant. Their active involvement in fellowships, counseling sessions, and community support initiatives demonstrates a high level of commitment to both personal and communal well-being. As one clergy respondent noted:

"The widows are among the most active in the church. They attend fellowships faithfully and even support other families in need." (Clergy Participant C02, 2025)

This observation highlights how widows leverage church structures not only for personal healing but also to contribute meaningfully to the broader parish community. The finding agrees with Gachanja (2021), who asserts that engagement in church activities often provides widows with a renewed sense of purpose, fostering both spiritual growth and emotional resilience. Participation

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in these programs creates opportunities for social connectedness, mutual support, and the development of coping strategies, thereby enhancing the widows' capacity to navigate grief and adapt positively to life challenges.

4.3.5 Experience with Faith-Based Counseling among Widows

Duration of Counseling (Months/Years)	No. of Widows	Percentage (%)
1–5	5	14.3
6–10	9	25.7
11–15	7	20.0
16–20	6	17.1
21–25	4	11.4
26–30	1	2.9
31–35	1	2.9
36–40	1	2.9

Table 4.3: Duration of Participation in Faith-Based Counseling among Widows

Most widows (25.7%) had participated in counseling for 6–10 months, suggesting moderate engagement with faith-based support. Long-term participation was limited, possibly due to economic or time constraints.

One widow explained:

"Sometimes I miss sessions when I go to the market to sell vegetables. But when I attend, I feel lighter. The Word gives me peace." (Participant W11, Interview Transcript, 2025)

This illustrates that while many widows value counseling, daily survival needs may hinder consistent attendance. Scholars such as Njeri (2022) have observed similar challenges, emphasizing the need for flexible and community-based counseling schedules.

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4.4 Descriptive and Inferential Statistical Analysis of Findings

This section examines how widows within ACK Kianjogu Parish engaged with faith-based counseling programs, the nature of the sessions they attended, and the impact of such participation on their emotional healing, spiritual growth, and resilience.

Faith-based counseling in the parish is primarily delivered through Mothers' Union meetings, Bible study sessions, Sunday fellowships, and occasional workshops organized by the clergy. In addition to these group-based interventions, some widows received individual counseling from parish priests or trained lay counselors, providing personalized guidance and support tailored to their unique experiences of grief.

Many widows described their involvement in these programs as a *"turning point"* in their journey of recovery. One widow in her mid-forties shared:

"When I first joined the group, I was broken. I used to cry every day. But through prayer, sharing, and the Word, I began to see that life was not over. I could start again." (Participant W08, Interview Transcript, 2025)

This testimony reflects a profound emotional transition from despair to hope, illustrating one of the key outcomes of faith-based interventions. Participation in counseling sessions provided widows with a safe and supportive environment to process grief, reflect on their experiences, and draw strength from both spiritual teachings and peer support. Literacy played a significant role in shaping the widows' engagement with these programs. Most participants demonstrated enough literacy to comprehend biblical texts, counseling materials, and discussions on psychological well-

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being. As one participant noted:

"I didn't know much about counseling before, but the church classes opened my eyes. I now encourage other widows to attend." (Participant W14, FGD, 2025)

Research indicates that higher literacy levels are positively associated with openness to counseling interventions and the ability to apply coping strategies effectively (Mutiso & Mwaura, 2019). In this study, literacy enabled participants to actively engage in discussions, reflect on counseling content, and integrate spiritual and psychological guidance into their daily lives.

Thematic analysis of the interview and focus group discussion transcripts further revealed several key dimensions of healing that were facilitated through participation in faith-based counseling activities. Faith emerged as an important source of strength, as widows relied on spiritual practices to cope with grief and loss. Counseling was also experienced as a healing journey, with structured guidance and pastoral support contributing to emotional recovery. Fellowship provided emotional support by strengthening peer and community connections and reducing feelings of isolation. In addition, resilience was enhanced through prayer and community involvement, where the combined influence of spiritual and social resources promoted adaptive coping and supported the widows' overall recovery.

Participation in counseling not only enhanced emotional resilience but also fostered social and spiritual empowerment. Widows reported feeling more capable of managing daily challenges, supporting others in need, and contributing positively to the wider church community. Clergy observed:

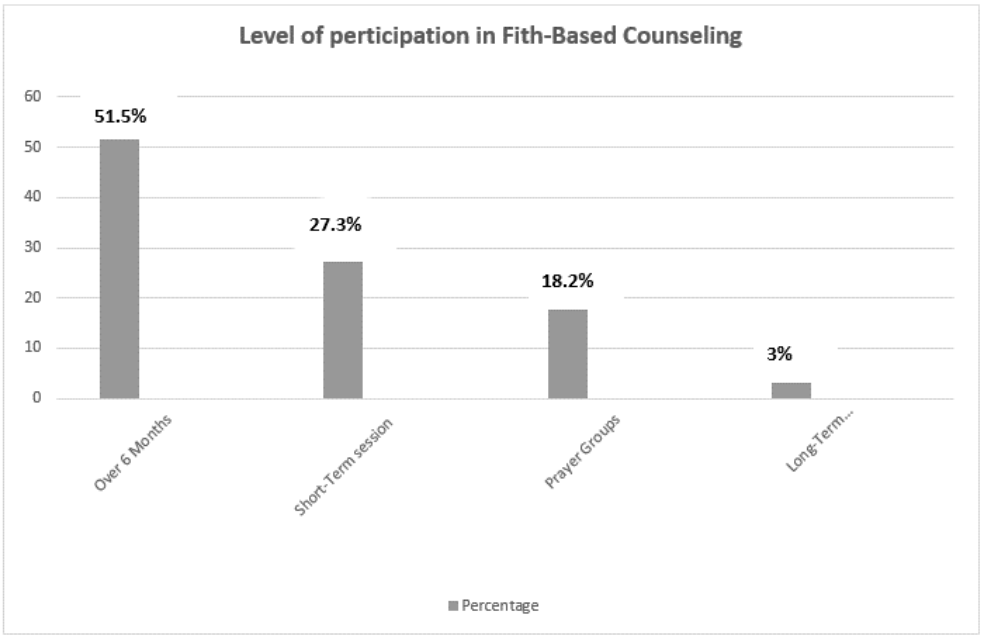
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"The widows are among the most active in the church. They attend fellowships faithfully and even support other families in need." (Clergy Participant C02, 2025)

This agrees with Gachanja (2021), who notes that engagement in church activities often provides widows with renewed purpose and strengthens both spiritual and emotional resilience.

The widows' participation in faith-based counseling illustrates a holistic process of healing. Literacy enabled comprehension and meaningful engagement; structured counseling sessions and spiritual guidance facilitated emotional recovery; and fellowship reinforced social support and resilience. Together, these factors contributed to widows' capacity to navigate grief, rebuild their lives, and experience a renewed sense of hope, purpose, and community belonging.



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Figure 4.5: Level of Participation in Faith-Based Counseling

The counseling sessions for widows at ACK Kianjogu Parish were primarily conducted in small-

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group settings led by a clergy member or a Mothers' Union leader. These sessions typically combined prayer, Bible readings, guided discussions, and personal testimonies, creating a structured yet nurturing environment. On occasion, professional counselors were invited to address more specialized concerns, such as depression, forgiveness, self-acceptance, and coping strategies.

A Mothers' Union leader described the approach as follows:

"We use both the Bible and practical examples. When a widow shares her pain, others comfort her with verses and life stories. By the end of the session, she leaves smiling." (Leader M02, FGD, 2025)

This testimony highlights how the sessions provided both emotional support and spiritual nourishment, blending psychological guidance with scriptural wisdom. Research suggests that such integrative approaches are particularly effective among women in faith communities, as they affirm cultural and spiritual values while simultaneously addressing emotional and psychological pain (Wairimu, 2021). Despite the benefits, not all widows were able to attend sessions consistently. Factors such as economic constraints, household responsibilities, and emotional fatigue sometimes limited participation. One widow reflected candidly:

"There are days I feel too heavy to go. But when I force myself to attend, I never regret it. It gives me strength." (Participant W05, Interview Transcript, 2025)

This account illustrates that the healing process is gradual, demanding, and emotionally taxing, yet faith-based counseling provides a reliable source of renewal and resilience for those who remain committed. The sessions offered widows a structured space to process grief, share experiences, and receive encouragement, reinforcing both their emotional recovery and spiritual growth. By

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combining spiritual practices with practical coping strategies, these counseling sessions not only helped participants navigate the immediate challenges of widowhood but also fostered long-term resilience, enabling widows to regain a sense of purpose, hope, and active participation within the church and their communities.

4.4.1 Emotional and Psychological Challenges Faced By Widows

The qualitative findings showed that widowhood was associated with grief, loneliness, emotional fatigue, anger, uncertainty about the future, and pressures linked to household and economic responsibilities. Some participants also described social stigma and periods in which the intensity of grief reduced their willingness or ability to attend church activities. These findings establish the pastoral and psychological context within which faith-based counseling was experienced and show that resilience developed alongside continuing difficulties rather than through the complete absence of distress.

While the counseling sessions at ACK Kianjogu Parish provided significant emotional and spiritual support, attendance varied among widows due to several practical and personal constraints. Many participants highlighted that economic challenges, such as lack of transportation or competing work responsibilities, sometimes prevented regular attendance. Others cited household duties, including childcare and domestic tasks, as barriers, while some described emotional fatigue or periods of deep grief that made participation difficult.

One widow shared candidly:

"There are days I feel too heavy to go. But when I force myself to attend, I never regret it. It gives me strength." (Participant W05, Interview Transcript, 2025)

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This reflection underscores that the healing process through faith-based counseling is gradual and emotionally demanding, yet the persistence of attending sessions—even intermittently—provides renewal, hope, and resilience. Participation in counseling sessions was further influenced by literacy levels**.** Most widows possessed enough literacy to understand the teachings, follow guided discussions, and actively engage with both biblical texts and psychological content. Literacy enabled widows to comprehend coping strategies, reflect meaningfully on the Word of God, and internalize lessons shared during group discussions or individual counseling. As one participant observed:

"I didn't know much about counseling before, but the church classes opened my eyes. I now encourage other widows to attend." (Participant W14, FGD, 2025)

The combination of structured counseling, literacy, and engagement facilitated active participation, which in turn enhanced emotional recovery and spiritual growth. Thematic analysis of the interviews and focus group discussions revealed that widows developed resilience through several interconnected processes. Faith emerged as an important source of strength, as spiritual practices such as prayer helped participants cope with grief and maintain hope. Counseling was also experienced as a healing journey, with structured sessions guiding widows through reflection, acceptance, and emotional processing. Fellowship provided emotional support by reducing feelings of isolation and encouraging mutual support among participants. In addition, the integration of prayer, community support, and social relationships strengthened adaptive coping and reinforced hope among the widows.

Clergy observations reinforced these findings, noting that widows were often among the most active parishioners**,** attending fellowships faithfully and extending support to other families in need

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(Clergy Participant C02, 2025). This highlights that consistent engagement in faith-based counseling not only nurtures individual healing but also strengthens social bonds and community cohesion.

In sum, attendance and participation in counseling sessions were shaped by a complex interplay of practical constraints, literacy, and personal motivation. Despite these barriers, the holistic design of faith-based counseling combining prayer, scripture, counseling guidance, and fellowship enabled widows to gradually rebuild emotional stability, foster resilience, and find renewed purpose**.** The process demonstrates that active involvement in parish programs, even when intermittent, significantly contributes to widows' recovery and their capacity to navigate the challenges of widowhood.

4.4.2 The Role of Faith-Based Counseling Provided by the Mothers' Union

Participants described faith-based counseling as involving empathetic listening, prayer, Scripture, guided discussion, peer encouragement, and opportunities to share experiences in a supportive setting. The Mothers' Union contributed relational and communal support, while clergy provided pastoral guidance and spiritual interpretation. The findings also showed the importance of distinguishing these counseling encounters from ordinary fellowship, worship, and social support, although the broader church community remained an important context for belonging.

The study also sought to assess how often widows were exposed to different forms of counseling and spiritual engagement. Based on interviews and attendance records, most participants had attended between six and ten counseling sessions over the past year.

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Table 4.4: Levels of Exposure to Counseling Activities

Frequency of Attendance	Number of Widows	Percentage
1–3 sessions	7	20
4–6 sessions	10	28.6
7–10 sessions	12	34.3
11 and above	6	17.1
Total	**35**	**100**

From the table, consistent participation is still limited for many widows. Those who attended more than seven sessions reported greater emotional stability and stronger social support networks.

One respondent said:

"When I miss for long, I feel empty. But when I attend several meetings, I feel surrounded by sisters. Even my children notice the difference." (Participant W13, FGD, 2025)

This confirms earlier findings by Mutua (2020) that frequent exposure to faith-based counseling correlates with improved mood, reduced isolation, and increased optimism. During the focus group discussion, some widows suggested that sessions should be held in rotational homes to make attendance easier. Others proposed that the church could occasionally help with transport, especially for older members. Such suggestions reflect how economic and logistical barriers can influence participation levels, particularly for widows from low-income households.

4.4.3 Extent to Which Faith-Based Counseling Contributes to Mental Health Resilience

Across the quantitative patterns and qualitative accounts, more regular engagement with

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counseling and parish support was associated with reports of stronger hope, acceptance, social connection, renewed purpose, and perceived emotional strength. Participants frequently linked prayer, supportive relationships, and opportunities to speak about grief with their ability to cope. These findings suggest a perceived positive contribution of faith-based counseling to resilience-related outcomes, but they do not establish statistical causation or prove that counseling alone produced the reported changes.

Faith-based counseling had significant emotional and spiritual effects on the widows of ACK Kianjogu Parish. Thematic analysis revealed three major themes, namely emotional healing and acceptance of loss, renewed self-worth and sense of purpose, and deepened spiritual growth and community belonging. These themes demonstrated how counseling supported widows in processing grief, rebuilding confidence, strengthening their faith, and developing a greater sense of connection within the church community.

a) Emotional Healing and Acceptance of Loss

Most widows described their initial experiences of widowhood as deeply painful and disorienting. Many struggled with loneliness, anger, and questions about God's fairness. However, through counseling, they gradually learned to accept their loss.

"In the beginning, I was angry at God. But after months of counseling and prayer, I began to see that He still has a plan for me." (Participant W02, Interview Transcript, 2025)

Such statements align with Kagwanja (2019), who found that integrating prayer and faith discussions in counseling accelerates acceptance and emotional adjustment after bereavement.

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b) Renewed Self-Worth and Purpose

Several widows testified that the counseling process restored their confidence and sense of purpose. Many had initially withdrawn from social life, but faith-based support helped them re-engage in church and community activities.

"Before, I thought my life had ended. Now I'm serving in the choir again and even mentoring young mothers. I feel useful." (Participant W17, FGD, 2025)

Through counseling, widows rediscovered their worth not only as bereaved individuals but as valuable members of the body of Christ. This transformation demonstrates what Ikenye (2011) refers to as *"holistic pastoral healing"*—where spiritual care empowers individuals to live productively despite loss.

c) Deepened Spiritual Growth and Community Belonging

Faith-based counseling not only healed emotional wounds; it also strengthened the widows' relationship with God and the church. Many reported that after attending counseling, they began to pray more consistently, join Bible study groups, and attend fellowship regularly.

"Before counseling, I used to skip church because it reminded me of my husband's funeral. But now, church is my home." (Participant W09, Interview Transcript, 2025)

The widows expressed that faith-based counseling helped them reinterpret suffering through the

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lens of hope. They began to see themselves not as victims but as women of resilience and faith.

This resonates with Kimani (2020), who argues that faith-based counseling promotes not only psychological well-being but also a sense of divine companionship—an awareness that one is not alone in suffering.

4.4.4 Gaps and Recommended Strategies for Strengthening Faith-Based Counseling

Participants and church leaders identified limited professional counseling training, inadequate privacy, inconsistent follow-up, continuing stigma, and weak referral arrangements as important gaps. These limitations indicate that spiritual support should not substitute for competent mental health care. Strengthening parish practice therefore requires clear counseling roles, confidentiality procedures, training, supervision, referral partnerships, gender-sensitive care, and follow-up mechanisms.

The findings indicate that active participation in faith-based counseling fosters significant improvement in emotional well-being, social connectedness, and spiritual growth among widows. Those who regularly attended sessions exhibited higher levels of acceptance, confidence, and hope, as confirmed by their CD-RISC resilience scores, which were notably higher (average score of 68.2) compared to less active participants (average score of 54.7). In summary, faith-based counseling serves not merely as therapy but as a ministry of restoration, bringing emotional healing, renewing faith, and rebuilding community belonging.

As a middle-aged Kikuyu woman reflecting on these stories, I found the widows' courage deeply moving. Their journeys reminded me of the African proverb that says, *"A woman's tears water the garden of her strength."* The study confirms that when faith and counseling meet, healing

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flows quietly, gently, and powerfully.

The findings of this study demonstrate that faith-based counseling plays a significant role in strengthening the resilience of widows within the Anglican Church structure. By combining spiritual care, pastoral counseling, and psychosocial support, the church offers a holistic platform for healing and empowerment.

The use of the Connor–Davidson Resilience Scale (CD-RISC) provided measurable evidence of this growth. Higher scores were recorded among widows who actively participated in church-based counseling, reflecting improvements in emotional stability, coping strategies, and optimism. These results are consistent with Connor and Davidson's (2003) assertion that resilience is not a fixed trait but a skill that can be nurtured through supportive relationships and positive belief systems.

Qualitative data from interviews also confirmed that faith-based counseling encourages widows to reinterpret their suffering of considering spiritual meaning. This finding supports Frankl's (2006) theory of *logotherapy*, which posits that individuals can endure almost any suffering once they find meaning in it. Similarly, Ikenye (2011) emphasizes that African pastoral care must address the whole person spirit, mind, and body through a balance of faith, communal support, and cultural understanding.

A pattern emerged showing that widows who internalized biblical principles, such as forgiveness and hope in eternal life, demonstrated greater resilience. This agrees with Pargament's (2013) research on religious coping, which highlights that spiritual practices such as prayer, worship, and scripture meditation foster psychological endurance. Moreover, the counseling programs encouraged widows to rebuild their social identities. As Ndegwa (2021) observed, faith-based

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communities provide belonging and purpose for marginalized groups, mitigating feelings of rejection and isolation. The widows' testimonies showed how faith-based counseling transformed loneliness into fellowship, grief into gratitude, and pain into purpose.

This study was guided by Pastoral Counseling Theory, which integrates theology, psychology, and human experience to facilitate healing and wholeness. The theory assumes that pastoral counseling is more than a conversation; it is a spiritual encounter where divine grace meets human suffering (Clebsch & Jaekle, 1994).

The findings affirmed this theoretical foundation. Throughout the sessions, widows experienced both psychological relief and spiritual renewal. Counselors who blended empathetic listening with scriptural guidance created an environment of trust and faith, enabling clients to rediscover hope.

From a theological standpoint, pastoral counseling embodies the ministry of Christ, who comforted the brokenhearted and restored the wounded. The widows' experiences echoed 2 Corinthians 1:4**,** *"God comforts us in all our troubles, so that we can comfort those in any trouble with the comfort we ourselves receive from God."*

The integration of counseling and spirituality also reflects African communal values. In traditional Kikuyu and wider African contexts, healing is communal rather than individual. The Mothers' Union and church fellowships provided this communal safety net, affirming what Mbiti (1999) describes as the African notion of *"I am because we are."*

Quantitative data from the CD-RISC further confirmed that spiritual community enhances resilience. Participants with higher involvement in church-based counseling scored higher in aspects such as adaptability, optimism, and sense of control. This finding mirrors Wagnild and

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Young's (1993) resilience model, which identifies *purposeful living* and *self-reliance* as key attributes of resilient individuals.

Therefore, the pastoral counseling model used in the Anglican Church of Kenya not only addressed grief but also built coping mechanisms rooted in faith and community. The widows' ability to regain meaning, joy, and self-worth shows that faith-based counseling remains a powerful therapeutic intervention within African Christian settings.

4.5 Practical-Theological Interpretation of the Findings

Using Osmer's framework, the descriptive-empirical task shows a parish in which widows experience significant grief-related pressures and receive support through counseling, prayer, fellowship, and pastoral care. The interpretive task points to the interaction of bereavement, cultural expectations, social isolation, economic pressures, religious meaning, and institutional capacity. The normative task requires the church to assess its practice against theological commitments to dignity, truthful lament, compassion, justice, confidentiality, and responsible care for vulnerable persons rather than that spiritual language alone constitutes healing. The pragmatic task therefore calls for an accountable model of pastoral counseling that combines spiritual care with safeguarding, referral, supervision, boundaries, follow-up, and periodic evaluation.

This chapter has presented and interpreted findings from both **q**ualitative and quantitative data, demonstrating that faith-based counseling significantly contributes to emotional recovery, spiritual growth, and resilience among widows in ACK Kianjogu Parish. The findings highlight how structured counseling, fellowship, and prayer work in synergy to support widows in navigating grief and rebuilding their lives.

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The key findings of the study showed that most widows actively participated in group counseling sessions organized by the Mothers' Union and clergy. These sessions provided a safe and supportive environment for emotional expression, prayer, reflection, and shared healing. Through collective participation, the widows were able to process grief while receiving spiritual and practical guidance. The findings therefore indicated that regular involvement in faith-based counseling created an important support system for widows experiencing bereavement.

Resilience was assessed using the Connor-Davidson Resilience Scale, and the findings showed that widows who consistently participated in faith-based counseling demonstrated higher levels of resilience than those whose participation was minimal or irregular. The qualitative findings supported these results, as thematic analysis of interviews and focus group discussions revealed improvements in emotional acceptance, self-worth, spiritual growth, hope, purpose, and personal agency. These findings suggested that faith-based counseling served both psychological and spiritual functions during the widowhood journey by helping participants cope with loss and rebuild meaningful lives.

The findings were also consistent with existing literature emphasizing the role of faith, community, and social support in promoting psychological healing (Frankl, 2006; Pargament, 2013; Ikenye, 2011). By combining spiritual care with structured counseling, the parish programs integrated cultural, spiritual, emotional, and social resources in ways that supported holistic recovery. The findings further supported the principles of Pastoral Counseling Theory, which emphasize healing across emotional, spiritual, and social dimensions. Overall, the study demonstrated that spiritual care could complement psychological interventions by helping widows process grief, strengthen resilience, restore a sense of purpose, and enhance their overall wellbeing.

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Considering these, faith-based counseling within the Anglican Church structure has proven to be a vital instrument in nurturing resilience among widows. It affirms their dignity, strengthens their faith, and restores their capacity to live meaningfully despite loss. As a woman researcher and minister, I was deeply moved by the courage, faith, and perseverance of the widows I encountered. Their stories are not merely data; they are living testimonies of God's sustaining grace. Through them, I was reminded that resilience is not the absence of pain, but the strength to rise again, guided by faith, community, and love. This chapter, therefore, underscores that healing is both a personal and communal journey, and that faith-based counseling provides the scaffolding upon which widows can rebuild their lives with hope and purpose.

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CHAPTER FIVE

FINDINGS, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter presents the summary of the major findings, conclusions, and recommendations. The purpose of the research was to explore how faith-based counseling contributes to the development of mental health resilience among widows within the Anglican Church structure. The study employed a mixed-methods approach that included qualitative interviews, focus group discussions, and questionnaires using a Likert scale to measure resilience based on the Connor–Davidson Resilience Scale (CD-RISC). This chapter summarizes the study's key outcomes, presents conclusions drawn from the findings, and provides practical and policy recommendations for the Anglican Church, counselors, and the broader faith community. The final section gives an overall reflection connecting the research to faith, theology, and ministry practice.

5.2 Summary of the Findings

The study aimed to assess the role of faith-based counseling in promoting psychological healing and resilience among widows in ACK Kianjogu Parish. Specifically, the study sought to examine the nature of faith-based counseling interventions offered to widows, explore how these interventions enhanced mental health resilience, and identify the challenges experienced by both widows and counselors during the faith-based counseling process.

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5.2.1 Emotional and Psychological Challenges

Widows reported grief, loneliness, emotional fatigue, social pressures, and economic responsibilities that affected adjustment after bereavement. These difficulties were not uniform, and resilience coexisted with continuing periods of distress. Findings revealed that counseling for widows within the parish is both spiritual and communal. Many sessions are conducted through the Mother's Union and small fellowship groups. Counseling sessions often begin with prayer, scripture reading, and open sharing, which creates an atmosphere of safety and belonging. Participants expressed that the integration of faith into counseling made them feel "understood by God" and not forgotten by society.

One respondent shared, *"When the counselor prayed with me, I felt a burden lifted. It was not just therapy; it was healing from the heart."* This indicates that spiritual practices within counseling sessions have a significant emotional and psychological impact.

However, the study also noted that most counselors are clergy or lay leaders without formal training in counseling psychology. While their pastoral care is compassionate, there remains a gap in professional counseling skills. The findings align with Ikenye (2011), who emphasizes the need for holistic pastoral approaches that merge theological reflection with psychological understanding to enhance care within the African church context.

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5.2.2 Faith-Based Counseling Practices

Counseling was experienced through listening, prayer, Scripture, guided discussion, and peer support, with the Mothers' Union and clergy providing complementary forms of care. The findings also showed that counseling should be distinguished from ordinary fellowship and worship. The

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majority scored in the moderate to high resilience range, indicating that faith-based counseling and community belonging positively contribute to coping mechanisms.

Several themes emerged from the qualitative analysis, including *spiritual hope, social support, identity reconstruction, and emotional stability.* Widows shared that prayer and scriptural reflection helped them reinterpret their suffering as part of God's plan, which gave them strength to rebuild their lives. For instance, one participant noted, *"After every counseling session, I went home stronger. I could face tomorrow because I knew God still had a purpose for me."*

These findings are consistent with the observations of Koenig (2018), who asserts that religious coping mechanisms such as prayer, faith in divine purpose, and belonging to a faith community are linked to higher resilience and improved mental well-being.

5.2.3 Contribution to Mental Health Resilience

Participants associated counseling participation with hope, acceptance, belonging, renewed purpose, and perceived emotional strength. The study therefore identifies a perceived supportive relationship between faith-based counseling and resilience-related outcomes, not a proven causal effect. The study identified several challenges affecting faith-based counseling within ACK Kianjogu Parish. These include limited professional training, inadequate privacy during sessions, cultural stigma associated with widowhood, and lack of structured follow-up. Many widows also felt that counseling sessions were occasional rather than continuous.

One participant remarked, *"We share during the session, but after that, no one checks on how we are doing."* This points to the need for ongoing pastoral follow-up and formal counseling programs within the church. Similar concerns are raised by Akinade (2014), who argues that

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pastoral care in African contexts often lacks systematic frameworks, leaving emotional wounds partially addressed.

5.2.4 Gaps and Strengthening Strategies

The study identified several gaps that limited the effectiveness and consistency of faith-based counseling within ACK Kianjogu Parish. One of the major concerns was the limited professional training among some of those involved in providing counseling support. Although clergy and Mothers' Union leaders offered valuable spiritual and emotional assistance, not all had adequate training in grief counseling, mental health assessment, or the management of complex psychological concerns. This created a risk that some widows' deeper emotional needs could remain insufficiently addressed, especially in situations involving prolonged grief, depression, trauma, or severe social distress.

The findings also revealed weaknesses in privacy, confidentiality, and continuity of care. Some counseling activities took place within informal church or fellowship settings where privacy could not always be fully guaranteed. In addition, follow-up after counseling sessions was not consistently structured, making it difficult to monitor widows' progress over time or identify those who required additional support. Stigma associated with widowhood and mental health challenges could also discourage some women from openly expressing their difficulties or seeking counseling, thereby reducing the effectiveness of available support.

The study therefore indicates the need for a more structured and accountable pastoral care system within the parish. This should include regular training for clergy and Mothers' Union leaders, clear confidentiality procedures, planned follow-up mechanisms, and stronger referral pathways to

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qualified mental health professionals when needs extend beyond pastoral counseling. The parish should also strengthen awareness efforts aimed at reducing stigma and encouraging widows to seek support without fear of judgment. Such measures would help integrate spiritual care with responsible psychological support and provide a more comprehensive response to the emotional, social, and mental health needs of widows.

5.3 Conclusion

The study concludes that faith-based counseling is an important component of parish support for widows because it provides spaces for emotional expression, spiritual meaning, social connection, and pastoral accompaniment. Participants perceived prayer, Scripture, listening, and fellowship as resources that supported coping and hope. These findings should, however, be interpreted within the limits of a descriptive cross-sectional study and should not be presented as proof that counseling caused resilience.

From a practical-theological perspective, the study further concludes that compassionate church presence is strongest when spiritual care is combined with accountable practice. The parish response should therefore include trained counselors, confidentiality, safeguarding, supervision, appropriate referral, gender sensitivity, sustained follow-up, and evaluation. This moves the contribution of the study beyond affirming existing church activity toward a clearer model of responsible pastoral praxis.

The study concludes that faith-based counseling plays a pivotal role in enhancing the mental health resilience of widows. Through prayer, scripture engagement, fellowship, and compassionate listening, widows are guided toward emotional healing and renewed identity. The findings suggest that when counseling is anchored in faith, it fosters both psychological recovery and spiritual

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growth. The results also show that resilience is not merely an individual trait but is nurtured through community support, religious belief, and purpose. The resilience observed among widows in Kianjogu Parish demonstrates that faith-based counseling effectively transforms grief into growth, despair into hope, and loneliness into belonging.

Furthermore, the study concludes that the church remains an indispensable pillar in providing psychosocial support, especially in contexts where access to formal counseling is limited. The integration of spiritual and professional counseling techniques strengthens the effectiveness of the church's ministry to vulnerable groups.

5.4 Recommendations

5.4.1 Recommendations for the Church

The Anglican Church should develop structured faith-based counseling programs led by professionally trained counselors who possess adequate knowledge of both theology and psychology. Capacity building for clergy and Mothers' Union leaders should also be prioritized through regular seminars, workshops, and training sessions focusing on mental health, trauma care, grief management, and resilience building. In addition, the church should provide counseling environments that guarantee privacy and confidentiality so that widows can express their experiences openly and safely. Follow-up systems should also be established to monitor widows' progress over time and promote sustained emotional, psychological, and spiritual healing. The church may further consider integrating standardized resilience assessment tools such as the Connor-Davidson Resilience Scale into counseling programs to help monitor changes in resilience levels and evaluate counseling outcomes.

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5.4.2 Recommendations for Policy and Practice

Faith-based organizations should strengthen partnerships with qualified mental health professionals in order to improve the quality and effectiveness of community-based counseling services. Greater collaboration between government agencies and churches is also recommended to support widows through empowerment initiatives, counseling services, livelihood support, and social reintegration programs. Counseling training institutions should consider developing specialized curricula for clergy and other pastoral caregivers that integrate pastoral theology with psychological knowledge and practical counseling skills. Furthermore, continuous research on the relationship between faith, counseling, bereavement, and resilience should be encouraged, particularly within the Kenyan context, in order to generate evidence that can inform future pastoral care practices and support programs for widows.

The proposed model should begin with respectful intake and spiritual assessment, create space for lament and grief processing, use trained counselors with clear boundaries and confidentiality, connect widows to peer and congregational support, provide safeguarding and referral for needs beyond pastoral competence, require supervision of lay and clergy counselors, ensure gender-sensitive practice, and include planned follow-up and simple outcome evaluation. This model directly links the empirical findings to a transformed form of parish practice.

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5.5 Suggestions for Further Research

Future studies could examine the long-term effects of faith-based counseling on widows' resilience, psychological wellbeing, and economic empowerment in order to establish whether the benefits of counseling are sustained over time. Further research could also compare different Christian denominations to determine how variations in counseling approaches, pastoral practices,

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and support structures influence resilience outcomes among widows.

In addition, there is a need to investigate how factors such as gender, education level, socioeconomic status, and cultural beliefs shape widows' responses to faith-based counseling. Future studies may also explore the role of men's fellowships and broader community participation in supporting widows, since greater involvement of the wider faith community may contribute to more holistic emotional, social, spiritual, and economic recovery.

5.6 Practical-Theological Reflection and Contribution

Replace the current personal and devotional reflection with an academic practical-theological reflection. The study's contribution lies in showing that church care for widows should be evaluated not only by the presence of prayer or fellowship but also by how faithfully and responsibly the church responds to grief, vulnerability, dignity, confidentiality, and the need for competent psychological support. Osmer's four tasks provide a disciplined movement from describing lived experience, to interpreting its causes, to evaluating practice theologically, and finally to proposing changes in ministry. Faith-based counseling is therefore best understood as accountable pastoral praxis that integrates spiritual resources with appropriate professional boundaries and referral.

5.7 Overall Reflection

5.7.1 Theological Reflection

From a theological standpoint, this study reveals that healing in the Christian context goes beyond the physical or emotional realm; it is an act of divine grace working through human relationships. Jesus' ministry modeled holistic care, addressing the brokenness of body, mind, and spirit. Faith-

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based counseling, therefore, continues Christ's ministry of compassion by restoring dignity and hope among those wounded by loss.

As Ikenye (2011) affirms, African pastoral ministry must always engage both the heart and the mind, combining the gospel message with empathy and understanding of cultural realities. This study reinforces that approach by demonstrating that the Gospel, when applied through counseling, becomes a living source of renewal.

5.7.2 Personal Reflection

As a Christian woman and researcher, I found that faith-based counseling transforms not only the counselee but also the counselor. Listening to widows' stories of pain and triumph reminded me that resilience is a sacred journey, a testimony of faith that survives storms. The process deepened my appreciation of pastoral counseling as a calling that requires patience, humility, and reliance on God's wisdom. The widows' courage strengthened my belief that God's grace is sufficient for every season of loss. Their testimonies revealed how faith can turn sorrow into strength and despair into praise.

5.7.3 Final Remarks

In conclusion, this research demonstrates that faith-based counseling is both a psychological and spiritual instrument of healing. When the church intentionally integrates counseling into its pastoral work, it nurtures resilience, fosters community, and upholds the dignity of widows. The study thus calls for continuous training, collaboration, and innovation within the Anglican Church to ensure that faith-based counseling remains relevant, professional, and compassionate.

As a servant in ministry, I believe that the future of counseling in the church lies in embracing both

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faith and knowledge, recognizing that God uses human understanding as a vessel for divine comfort. This research has not only contributed to academic knowledge but has also affirmed the church's sacred role in guiding wounded hearts toward wholeness. May this work inspire continued commitment to holistic ministry one that heals, empowers, and restores through the love of Christ.

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APPENDICES

Appendix I: Research Authorization Letter

To Whom It May Concern, this is to authorize the researcher, Carol Ngana, a postgraduate student at St. Paul's University, Limuru, to conduct research entitled 'Faith-Based Counseling in Supporting Widows' Mental Health Resilience: A Case Study of ACK Kianjogu Parish, Kiambu County.'

The purpose of this study is purely academic, and the information gathered will be treated with confidentiality.

Yours faithfully,



Prof. Ndung'u Ikenye

Supervisor, St. Paul's University

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Appendix II: Introduction Letter to Participants

Dear Participant, I am a postgraduate student at St. Paul's University researching on the role of faith-based counseling in supporting widows' mental health resilience within the Anglican Church of Kenya. You have been identified as a valuable respondent for this study. Your participation is voluntary, and all responses will remain confidential. The information you provide will be used solely for academic purposes. Thank you for your cooperation.

Yours faithfully,



Carol Nganga

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Appendix III: Participant Consent Form

I, _____, agree to participate in the research study titled *'Faith-Based Counseling in Supporting Widows' Mental Health Resilience: A Case Study of ACK Kianjogu Parish.'* I understand that participation is voluntary and that I may withdraw at any time without penalty.

Signature: _____ Date: _____

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Appendix IV: Interview Guide for Mothers' Union Counselors

Purpose:

To gather information on the faith-based counseling approaches used in supporting widows and to understand how spiritual care influences resilience and healing.

Sample Questions:

1. How do you define faith-based counseling within your ministry?

   _____

   _____

   _____

2. What are some of the common emotional or spiritual challenges faced by widows in the parish?

   _____

   _____

   _____

3. How does the Mothers' Union integrate prayer, scripture, and fellowship in counseling sessions?

   _____

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4. What biblical or theological principles guide your counseling approach?

5. How do you assess or notice improvement in a widow's resilience after counseling?

6. In your view, what role does faith play in helping widows regain emotional stability?

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Appendix V: Interview Guide for Widows

Purpose:

To explore personal experiences of faith-based counseling and its perceived impact on mental health and spiritual resilience.

Sample Questions:

1. How did you first meet the Mothers' Union counseling team?

   _____

   _____

   _____

2. What challenges led you to seek counseling support?

   _____

   _____

   _____

3. How has faith-based counseling helped you to cope emotionally and spiritually?

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4. Which parts of the counseling process were most helpful for you (e.g., prayer, scripture, group fellowship)?

5. Have you noticed any changes in your outlook or emotional strength since counseling began?

6. What suggestions would you offer to improve future counseling programs for widows?

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Appendix VI: Interview Guide for Clergy and Church Leaders

Purpose:

To understand the institutional and pastoral role of the church in sustaining faith-based counseling ministries among widows.

Sample Questions:

1. How does ACK Kianjogu Church support faith-based counseling programs for widows?

   _____

   _____

   _____

   _____

2. What is the clergy's role in providing pastoral care and follow-up for bereaved families?

   _____

   _____

   _____

   _____

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3. How does the church ensure confidentiality and trust during counseling sessions?

_____

_____

_____

_____

4. Are there partnerships with professional counselors or external institutions to strengthen this ministry?

_____

_____

_____

_____

5. What are the main challenges faced by the church in sustaining long-term counseling programs?

_____

_____

_____

_____

6. How does the parish measure the impact or success of its counseling interventions?

_____

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_____

_____

_____

Appendix VII: Focus Group Discussion Guide

Purpose:

To gather collective insights from Mothers' Union counselors and widows regarding the effectiveness, cultural relevance, and impact of faith-based counseling.

Themes for Discussion:

- Perceptions of faith-based counseling as a ministry of healing
- Cultural and social influences on counseling and widowhood
- The effectiveness of support groups and fellowship sessions
- Integration of prayer, scripture, and worship in counseling
- Observable signs of emotional and spiritual resilience among widows
- Recommendations for improving the counseling approach

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Appendix VIII: Resilience Measurement Scale

(Adapted for Faith-Based Contexts)

Purpose:

To assess the level of mental health resilience among widows who have received faith-based counseling within ACK Kianjogu Parish.

Instructions:

Kindly respond to each statement by indicating how true it has been for you over the past six months. Circle the option that best represents your experience.

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Statement	**Strongly Disagree (1)**	**Disagree (2)**	**Neutral (3)**	**Agree (4)**	**Strongly Agree (5)**
1. My faith gives me strength during hard times.	☐	☐	☐	☐	☐
2. I find peace when I pray about my struggles.	☐	☐	☐	☐	☐

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3. I can recover emotionally after loss or disappointment.	☐	☐	☐	☐	☐
4. My church community helps me to stay hopeful.	☐	☐	☐	☐	☐
5. I believe God has a purpose even in my suffering.	☐	☐	☐	☐	☐
6. I am able to encourage others despite my pain.	☐	☐	☐	☐	☐
7. I have learned to adapt to life after my loss.	☐	☐	☐	☐	☐
8. I feel emotionally stronger now than before counseling.	☐	☐	☐	☐	☐

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Scoring:

Total possible score = 40

Interpretation:

- **32–40:** High resilience
- **20–31:** Moderate resilience

- **Below 20:** Low resilience

Justification for Use

The adapted resilience scale provides both quantitative and qualitative data on emotional recovery, faith integration and community support. It captures how faith-based counseling helps widows rebuild strength and purpose after loss. The Likert-based approach ensures that resilience is measurable, interpretable, and comparable, while remaining faithful to the spiritual context of the study.

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Appendix IX: Observation Checklist

Area Observed	Indicators	Comments
Counseling setting	Privacy, comfort, presence of spiritual symbols	
Counselor approach	Listening, empathy, use of prayer and scripture	
Client response	Emotional openness, engagement, and reflection	
Faith elements	Use of worship, prayer, or fellowship during sessions	
Follow-up and mentoring	Continuity, group meetings, spiritual accountability	

Purpose:

To observe how faith-based counseling sessions are conducted and to identify elements that contribute to resilience-building among widows.

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Appendix X: Data Analysis Summary Template

Theme / Variable	Data Source	Analysis Method	Findings Summary
Emotional Healing	Interview, FGD	Thematic Analysis	Widows reported increased hope and coping ability.
Spiritual Growth	Interview, Likert Tool	Descriptive Statistics	High scores linked to prayer and scripture engagement.
Social Support	Observation, FGD	Triangulation	Active group fellowship enhanced emotional resilience.
Counseling Effectiveness	Interviews, Scale	Mixed-Method Comparison	Strong link between faith-based intervention and

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			resilience.

Appendix XI: Sample Thematic Analysis Table

Theme	**Codes**	**Emerging Meaning**
Spiritual Coping	Prayer, Faith, Fellowship	Healing through faith and hope
Resilience Building	Community, Support, Worship	Emotional strength through belonging
Faith-Based Counseling	Pastoral care, Scripture, Guidance	Holistic healing of mind and spirit

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Appendix XII: Debriefing and Aftercare Note

After the interview or discussion, participants will be given a short debriefing session to express how they felt about the experience. Follow-up or referral will be provided for anyone showing signs of distress.

The researcher will also maintain contact with parish counselors for ongoing aftercare support through monthly check-ins.

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Appendix XIII: Researcher's Reflection / Field Log Template

Date: _____

Location: _____

Participant(s): _____

Observations:

_____

_____

_____

_____

_____

_____

Reflections:

_____

_____

_____

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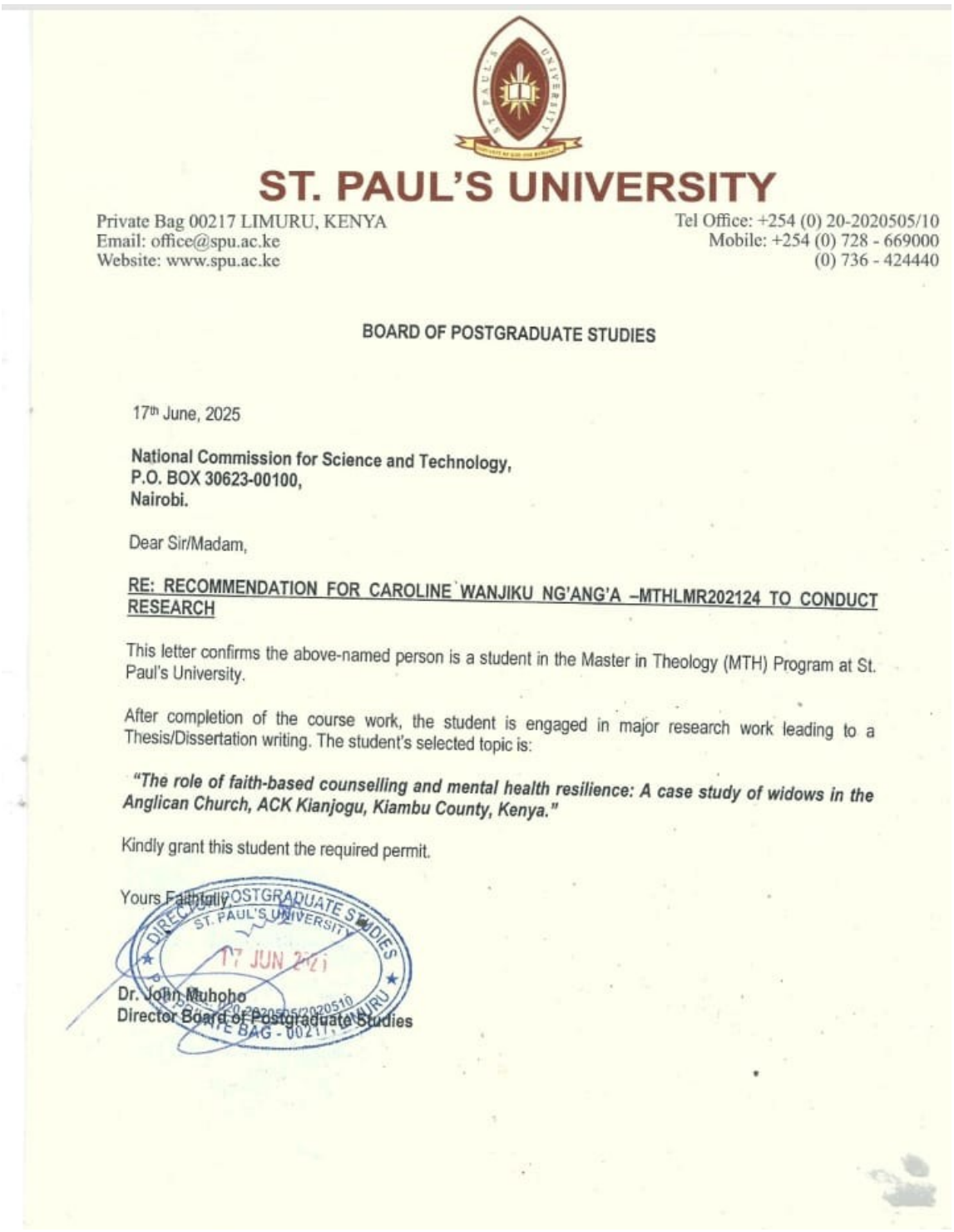
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Emotional Response:

Appendix IV: Letter of introduction of the researcher to NACOSTI

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Private Bag 00217 LIMURU, KENYA
Email: office@spu.ac.ke
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(0) 736 - 424440

BOARD OF POSTGRADUATE STUDIES

17th June, 2025

National Commission for Science and Technology,
P.O. BOX 30623-00100,
Nairobi.

Dear Sir/Madam,

RE: RECOMMENDATION FOR CAROLINE WANJIKU NG'ANG'A –MTHLMR202124 TO CONDUCT RESEARCH

This letter confirms the above-named person is a student in the Master in Theology (MTH) Program at St. Paul's University.

After completion of the course work, the student is engaged in major research work leading to a Thesis/Dissertation writing. The student's selected topic is:

"The role of faith-based counselling and mental health resilience: A case study of widows in the Anglican Church, ACK Kianjogu, Kiambu County, Kenya."

Kindly grant this student the required permit.

Yours Faithfully

DIRECTORATE OF POSTGRADUATE STUDIES
ST. PAUL'S UNIVERSITY
17 JUN 2025
P.O. BOX 00217 - 00200 TEL: 0736424440/0728669000/0202020505/2020510 LIMURU
PRIVATE BAG - 00217

Dr. John Muhoho
Director Board of Postgraduate Studies

Appendix XV: Letter of Research Authorization from NACOSTI

REPUBLIC OF KENYA

NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY & INNOVATION

Ref No: 846585

Date of Issue: 27/August/2025

RESEARCH LICENSE



This is to Certify that Ms.. CAROLINE WANJIKU NG'ANG'A of St. Paul's University, has been licensed to conduct research as per the provision of the Science, Technology and Innovation Act, 2013 (Rev.2014) in Kiambu on the topic: THE ROLE OF FAITH-BASED COUNSELLING AND MENTAL HEALTH RESILIENCE: A CASE STUDY OF WIDOWS IN THE ANGLICAN CHURCH, ACK KIANJOGU, KIAMBU COUNTY, KENYA. for the period ending : 27/August/2026.

License No: NACOSTI/P/25/4175741

846585

Applicant Identification Number

Ag. Director General
NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Verification QR Code

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See overleaf for conditions

Appendix XVI: Research Permit from NACOSTI

THE SCIENCE, TECHNOLOGY AND INNOVATION ACT, 2013 (Rev. 2014)
Legal Notice No. 108: The Science, Technology and Innovation (Research Licensing) Regulations, 2014

The National Commission for Science, Technology and Innovation, hereafter referred to as the Commission, was the established under the Science, Technology and Innovation Act 2013 (Revised 2014) herein after referred to as the Act. The objective of the Commission shall be to regulate and assure quality in the science, technology and innovation sector and advise the Government in matters related thereto.

CONDITIONS OF THE RESEARCH LICENSE

1. The License is granted subject to provisions of the Constitution of Kenya, the Science, Technology and Innovation Act, and other relevant laws, policies and regulations. Accordingly, the licensee shall adhere to such procedures, standards, code of ethics and guidelines as may be prescribed by regulations made under the Act, or prescribed by provisions of International treaties of which Kenya is a signatory to.
2. The research and its related activities as well as outcomes shall be beneficial to the country and shall not in any way;
   i. Endanger national security
   ii. Adversely affect the lives of Kenyans
   iii. Be in contravention of Kenya's international obligations including Biological Weapons Convention (BWC), Comprehensive Nuclear-Test-Ban Treaty Organization (CTBTO), Chemical, Biological, Radiological and Nuclear (CBRN).
   iv. Result in exploitation of intellectual property rights of communities in Kenya
   v. Adversely affect the environment
   vi. Adversely affect the rights of communities
   vii. Endanger public safety and national cohesion
   viii. Plagiarize someone else's work
3. The License is valid for the proposed research, location and specified period.
4. Neither the license nor any rights thereunder are transferable.
5. The Commission reserves the right to cancel the research at any time during the research period if in the opinion of the Commission the research is not implemented in conformity with the provisions of the Act or any other written law.
6. The Licensee shall inform the relevant County Director of Education, County Commissioner and County Governor before commencement of the research.
7. Excavation, filming, movement, and collection of specimens are subject to further necessary clearance from relevant Government Agencies.
8. The License does not give authority to transfer research materials.
9. The Commission may monitor and evaluate the licensed research project for the purpose of assessing and evaluating compliance with the conditions of the License.
10. The Licensee shall submit one hard copy, and upload a soft copy of their final report (thesis) onto a platform designated by the Commission within one year of completion of the research.
11. The Commission reserves the right to modify the conditions of the License including cancellation without prior notice.
12. Research, findings and information regarding research systems shall be stored or disseminated, utilized or applied in such a manner as may be prescribed by the Commission from time to time.
13. The Licensee shall disclose to the Commission, the relevant Institutional Scientific and Ethical Review Committee, and the relevant national agencies any inventions and discoveries that are of National strategic importance.
14. The Commission shall have powers to acquire from any person the right in, or to, any scientific innovation, invention or patent of strategic importance to the country.
15. Relevant Institutional Scientific and Ethical Review Committee shall monitor and evaluate the research periodically, and make a report of its findings to the Commission for necessary action.

National Commission for Science, Technology and Innovation(NACOSTI),
Off Waiyaki Way, Upper Kabete,
P. O. Box 30623 - 00100 Nairobi, KENYA
Telephone: 020 4007000, 0713788787, 0735404245
E-mail: dg@nacosti.go.ke
Website: www.nacosti.go.ke

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Appendix XVIII: Request for Authority to Carry Out the Research in ACK Kianjogu Parish, Kiambu County

Carol Ng'ang'a
Master of Theology (Counseling option) Student
St. Paul's University
Private Bag, 00217
Limuru, Kenya

Date: 29th April 2025

To:
The Vicar / Parish Priest
Rev. Luka Gachoka Kinyanjui,
ACK Kianjogu Parish
ACK Diocese of Mount Kenya South
P.O. Box 886
Kiambu, 00900
Kenya

Dear Reverend,

RE: REQUEST FOR AUTHORITY TO CONDUCT RESEARCH

I am a postgraduate student at St. Paul's University conducting a study titled *"Faith-Based Counseling and Mental Health Resilience among Widows: A Case Study of ACK Kianjogu Parish, Kiambu County."* The research will run from May to August 2025 and seeks to explore how faith-based counseling supports widows' mental health resilience, while also identifying ways the Church and Mothers' Union can strengthen such support.

I respectfully request permission to conduct this research in your parish. Data will be gathered from pastors, Mothers' Union leaders, parishioners, and widows, with strict confidentiality and anonymity observed. The findings aim to benefit both the Church and the wider community by enhancing support for widows.

Thank you.

Yours faithfully,

.....
Carol Ng'ang'a
Master of Theology (Counseling)
St. Paul's University