

ROLE OF EMPATHY IN COUNSELLING GRIEVING WIDOWS AND WIDOWERS IN
LUSAKA DISTRICT, ZAMBIA

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DECLARATION

I, CHARITY CHULU, do solemnly declare that, this thesis represents my own work and that it has not previously been submitted for a degree at the University of Zambia or any other University, and that it does not incorporate any published work or material from another University.

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APPROVAL

This Thesis by Charity Chulu is approved as a fulfilment of the requirements for the award of the Degree of Master of Science in Guidance and Counselling by the University of Zambia.

Examiner:Signature: Date:

Supervisor:Signature: Date:

DEDICATION

This dissertation is dedicated to my loving husband Wilfred Ntutuma and my children. Indeed, their constant support and encouragement brought me this far. My family's sacrifice meant that their much needed social needs at times denied but for a course. To them I dedicated this work.

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ABSTRACT

The study sought to explore the role of empathy in counselling grieving widows and widowers in Zambia. The study objectives were to: to ascertain how Cognitive empathy as a counselling technique helps widows and widowers to pass through grieving period; to describe how Emotion empathy as a counselling technique helps widows and widowers to pass through grieving period; and to describe how Compassionate empathy as a counselling technique helps widows and widowers to pass through grieving period. Since this was a qualitative study intended to describe role of empathy in counselling grieving widows and widowers in Zambia, a **descriptive survey** design was used. The study population comprised widowers and widows in Lusaka District. The study used purposive sampling techniques to select the respondents. The sample comprised 5 widows and 5 widowers. In-depth interview guides were used to collect data from the participants. Results showed that empathy, particularly cognitive, emotional and compassionate empathy are instrumental counselling techniques in helping widows and widowers pass through grief. Cognitive empathy is used to accurately understand the emotions of the individual, emotional empathy is used to give a support system to the grieving individual and compassionate empathy is used to show sympathy, concern, and compassion for the grieving individual. All the subcategories make up empathy in general and none precedes the other. All of them occur at the same time for empathy to be effective. In addition, the study found that grief counselling is best done a counsellor of same gender as the widow or widower. On the basis of the findings, the study recommends an introduction of formal psychosocial support groups in communities that have a professional counsellors and others of the same gender who are going through loss and grief of a spouse.

Key words: Empathy, grief, guidance and counselling, management.

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1.0 List of Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
CDC	Centres for Diseases Control and Prevention
COVID-19	Coronavirus Disease, 2019
HIV	Human Immune Virus
USA	United States of America
WHO	World Health Organisation

CHAPTER ONE INTRODUCTION

1.0 Overview

The chapter presented the background of the study, statement of the problem, purpose of the study, research objectives, research questions, and significance of the study, delimitation and limitations of the study, conceptual framework, and definition of key terms, ethical considerations and summary.

1.1 Background

Counselling is the act of helping the client to see things more clearly, possibly from a different view point. This can enable the client to focus on feelings, experience or behaviour, with a goal of facilitating positive change. A relationship of empathy, trust and confidentiality is paramount to successful counselling. Counsellors are people who help others express, understand and accept their own feelings. This process helps people to feel less anxious, or make decisions, or take actions, and grow and change. People solve their own problems. Counselling gives no advice, only helps people to be able to face their problems, examine their options, understand their feelings and choose alternatives that seem best to them. The state of widowhood globally has been made worse during this period of COVID-19 (WHO, 2020a). Losing a spouse through death is quite painful, emotive and may affect the bereaved persons' psychosocial wellbeing as well as coping mechanism. Thus, there is a need to understand and help grieving clients to go through the grief period. The study's main purpose is to explore how empathy as a counselling technique can help grieving widows and widowers in Lusaka, Zambia.

People from diverse cultures react to various losses in a variety of ways as well as experiencing grief differently. Behavioural and emotional responses to loss include many symptoms such as sadness, preoccupation with many thoughts and activities which may lead to depression, anxiety or numbness portrayed by the trauma survivor (Magnuson and Enright, 2012).

A grieving widow or widower might show strong feelings or no feeling or interchangeably, hence, showing how differently people cope with loss and grief. The process of dying and death itself are the most complex facts of human beings to face among many life challenges

(Axelrod,2018).The widowed person must be prepared for good and bad days as they reorganize their lives especially during the early stages of recovery from loss of a loved spouse. The need for empathy or understanding a client becomes very important if the client may be helped. Empathy as counselling techniques involves cognitive, emotion and compassionate empathy. In order to live harmoniously, the widowed person must be helped to deal with grief situations (Appel, 2013).

The grieving person should be helped to live a fully satisfying life by being productive and a fulfilling life that is really worthwhile. Grief being the deepest human emotion, impacts on psychosocial life of a person. This is made manifest through deep sorrow, emptiness and hopelessness or denial (Ng'eno and Chebogut 2010). As such, there was need to explore how empathy as a counselling technique can help grieving widows and widowers to pass through the grief period.

1.2 Statement of the Problem

People experience loss at some point in life (Ng'eno and Chebogut 2010).Grief is a reaction of any form of loss (Doka, 2002). The COVID-19 pandemic has contributed greatly to loss of beloved ones which has killed three point two million (3,200,000) people globally, and about 1,253 people in Zambia (WHO, 2020). Persons passing through grief need understanding or empathy to go through the grief period. However, it is not known how empathy as a counselling technique can help widows and widowers experiencing grief due to loss of spouses. Therefore, there was a crucial need to explore how empathy as a counselling technique can help widows and widows experiencing grief due to loss of their spouses to go through the grief period. Hence, the essence of this study.

1.4 Purpose of the Study

The purpose of this study was to explore how empathy as a counselling technique can help selected grieving widows and widowers in Lusaka to pass through the grieving period.

1.5 Objectives:

The study was guided by the following objectives

1. To ascertain how Cognitive empathy as a counselling technique helps widows and widowers to pass through grieving period
2. To describe how Emotion empathy as a counselling technique helps widows and widowers to pass through grieving period
3. To describe how Compassionate empathy as a counselling technique helps widows and widowers to pass through grieving period

1.6 Research Questions:

1. How does Cognitive empathy as a counselling technique help widows and widowers to pass through a grieving period?
2. How does Emotion empathy as a counselling technique help widows and widowers to pass through a grieving period?
3. How does Compassionate empathy as a counselling technique help widows and widowers to pass through a grieving period?

1.7 Significance of the study

The findings of this study will help researchers advance their understanding on the role of empathy as a counselling technique in helping widows and widowers pass through a grieving period. It may further add new knowledge to the existing knowledge about the use of empathy as a counselling technique in helping widowed persons overcome grief.

1.8 Delimitation of the Study

The study was conducted in Lusaka-Zambia targeting widowed persons. This target group was chosen because they are a typical case group with lived experiences of widowhood that may need grief counselling.

1.9 Limitation of the study

Since this was a qualitative study, its results may not be generalized easily. Other limitations lie in the method of data analysis. Qualitative analysis does not have direct procedures on how the data should be analysed, often they rely on the researcher's interpretation. Thematic analysis is a method that relies on the interpretation of the researcher and could lead to biases. However, the analysis was conducted systematically according to codes in order to draw out themes emerging from the data to be completed rather than pre-conceptions of the researcher.

1.10 Theoretical Framework

This study was guided by Kubler-Ross' theory of Grief. Grief may be defined as a tormenting experience which a person experiences as a result of loss, death, divorce, abandonment (Sepiso, 2015). In other words, grief is a natural response to loss. This loss can refer to a death but it can also refer to the loss of physical or cognitive abilities or the loss of something that was routine in one's life such as a job. In addition to the emotional expression of grief, grief can be expressed in physical, behavioural, social, and cognitive ways. In order to understand the concept of grief, it is better to go through the theory of Kubler-Ross (1969) and Worden (1991) who describe the stages of grief. These stages are: denial, anger, bargaining, depression and acceptance. So far, research has shown that students go through grieving; therefore, they are expected to go through the stages of grief as any other human beings who have lost any valuable thing. This may make it easy to understand the concept of grief.

Throughout life, we experience many instances of grief. Grief can be caused by situations, relationships, or even substance abuse. Children may grieve a divorce, a wife may grieve the death of her husband, a teenager might grieve the ending of a relationship, or you might have received terminal medical news and are grieving your pending death. In 1969, Elisabeth Kübler-Ross described five common stages of grief, popularly referred to as DABDA. They include: (1) Denial, (2) Anger (3) Bargaining, (4) Depression and (5) Acceptance.

Denial is the first stage or reaction in the experience of grief (Kubler-Ross, 1969). During this stage, a person does not want to accept the situation that has happened to him or her. The person hides from others. Also, the World becomes meaningless and overwhelming to the grieved at this

stage. In other words a person is in a state of shock and denial. The griever wonders how to move on, if he/she can, why he/she should move on. Denial and shock helps one to cope and make survival possible. Also, one accepts the reality of loss and starts to question him/herself and unknowingly begins the healing process. Ultimately, the denial begins to fade but in the long run all the feelings of denial begin to surface (Hango, 2015).

Anger is the second stage of grief. During this stage, a patient and family experience anger over the situation. Anger can extend to one's friends, the doctors, family, the griever and his/her loved ones who died but also to God. The griever tries by all means to understand the situation and start asking questions that are difficult to find answers such as, "Why did this have to happen to us or myself? Does God exist?" Underneath anger is pain and sometimes the feeling of being deserted and abandoned (L'Abate, 1977). Anger is just another indication of the intensity of one's love.

According to Barone (2004), the third is the bargaining stage where people try to bargain with God. They make vows to a being higher than themselves and make promises of reformation for the better in case they come out of that situation. After bargaining, their attention moves squarely into the present. Empty feelings present themselves, and grief enters their lives on a deeper level, deeper than they ever imagined. This depressive stage feels as though it will last forever.

Depression is the fourth stage of grief, and it comes in when casualties occur in one's life, that is, one is now facing death (Hango, 2015). The person who is grieving feels overwhelmed and experiences hopelessness and defeat. They stop caring any more. When a loss fully settles in one's soul, the realisation that his/her love didn't get better this time and is not coming back is understandably depressing.

Acceptance is the last stage of grief (Barone, 2004). During this stage, a person comes to realize that death is inevitable. He/she peacefully accepts mortality and prepares for it and ready for whatever comes. Acceptance is often confused with being 'all right' or 'ok' with what happened. This is the opposite of reality about the loss. This stage is about accepting the reality of the loss. According to Kubler-Ross (1969), people do not necessarily experience every stage. Some go through all the stages while others experience one or two of the stages.

In addition, it is imperative to grasp the concept of grief by knowing the types of grief.

Below are descriptions of the various types of grief such as anticipatory, normal, delayed, complicated, disenfranchised, chronic, cumulative, masked, exaggerated, inhibited and distorted, secondary losses in grief, collective, abbreviated and absent grief.

1.11 Conceptual Framework

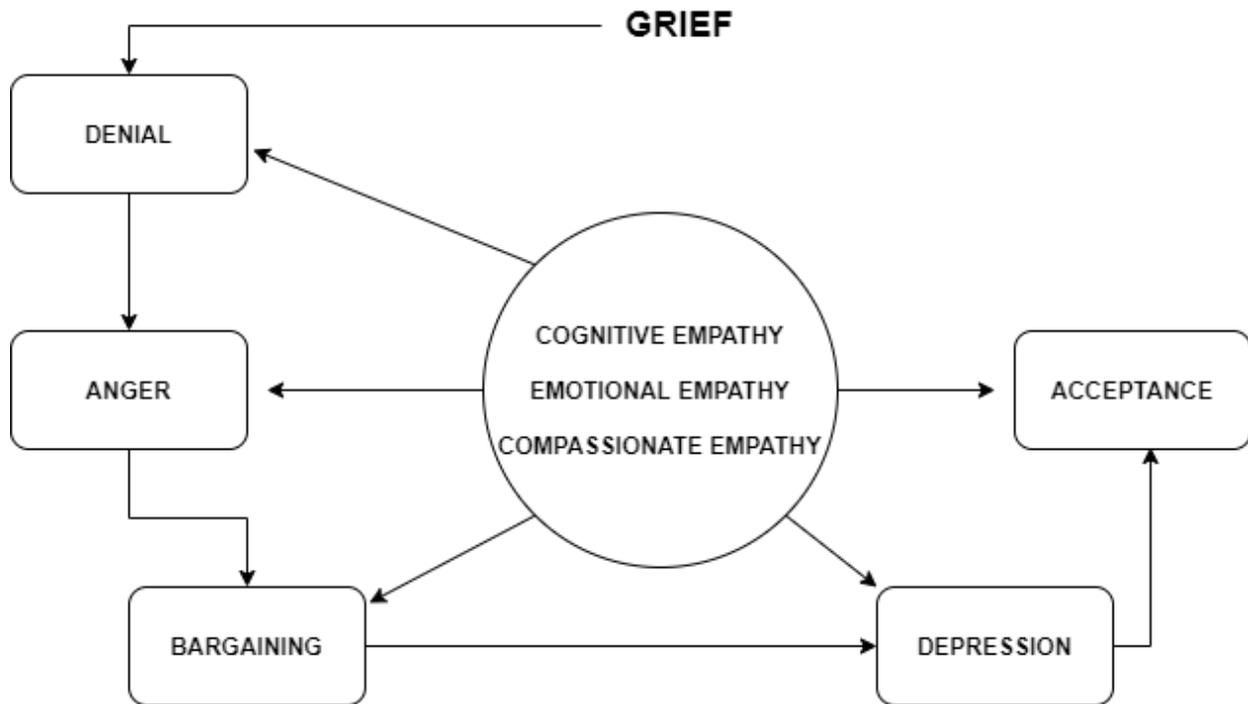


Fig. Empathetic Grief Counselling

1.12 Definition of Terms

Grieving: For the purpose of this study, grieving was used as an alternative term for mourning. According to John Bowlby (2010), interchanging of the two terms is widely used by many psychoanalysts including Bowlby, himself. In fact, mourning and grieving have been described in similar terms. Parkes (2011) describes grief as a reaction when a love tie is broken. "When a love tie is severed, a reaction, emotional and behavioural, is set in train, which we call grief" (Parkes, 2011, p. 11). Bowlby uses similar terms to describe mourning.

Mourning: "is used to denote a fairly wide array of psychological processes set in train by the loss of a loved person irrespective of their outcome" (Bowlby, 2010, p. 17).

In psychoanalytic terms, the definition of mourning sounds much like that of grieving. The process of mourning, taken in its analytic sense means to us the individual's effort to accept a fact in the external world (the loss of the catheter object) and to effect corresponding changes in the inner world (withdrawal of libido from the lost object, identification with the lost object (A. Freud, 1972, p. 58). Mourning is often also used to describe social customs related to the dead. That is, people may be said to be "in mourning". This term indicates that they have taken on the prescribed behaviour of mourners.

Grief Therapy: Is a kind of psycho-therapy used to treat severe or complicated grief reactions.

Counselling: Is a relationship between a concerned person and a person with a need. This relationship is usually person to person, although sometimes it may involve more than two people. It is designed to help people to understand and clarify their views, and learn how to reach their self-determined goals through meaningful, well-informed choices and through the dissolution of emotional or interpersonal problems.

Bereavement: is the state or fact of having a loved one taken away through death (Jackson, 2007).

Depression: For purposes of this study, the term depression will be used to describe an effect that is a normal part of the grieving process. The clinical pathological depression which is not a natural part of grief will be termed "depressive illness" (Jackson, 2005; Bowlby, 2008).

1.13 Chapter Summary

This chapter presented the background of the study, statement of the problem, purpose of the study, research objectives, research questions and significance of the study. It also covered the delimitation, limitations, theoretical and conceptual frameworks and definitions of key terms. Both theoretical and conceptual frame work were used to understand the grieving process. The next chapter looks at Literature Review.

CHAPTER TWO LITERATURE REVIEW

2.0 Overview:

The literature review explored how empathy as a counselling technique could help grieving widows and widowers to pass through the grieving period. The review connected all the events at global level to the Zambian context.

In order to be relevant to the focus of the study, the literature review was premised around the areas that encompassed the objectives of the study. As such it began with concepts of grief, its causes, and the historical development of grief counselling among widowed persons.

2.1 Historical Development of Grief Counselling

The exact period when grief counselling, a form of therapy designed to help resolve the feelings of helplessness, anger, sadness and anxiety that accompany loss, started is not known. However, the subject of grief originally found its ground in the 20th Century pioneered by Freud (1917) who wrote extensively on the subject of bereavement as a form of grief. Sigmund argued that grief is a process of libidinal reinvestment (Freud, 1917). By this, he implied that the griever must disinvest from the deceased which is a painful process. He was followed by other scholars such as Bowlby (1969), Kubler-Ross (1969). Their influential contributions have paved the way for subsequent theoretical and research developments *visa-a-visa* grief. Thus, Freud (1917), Bowlby (1969) and Kubler-Ross (1969) grief theories permeated the scientific study of grief in the twentieth century and continue to do so with great influence.

The purpose of grief counselling is to help people cope with grief and mourning following the death of their loved ones, or with major life changes that trigger feelings of grief which may include divorce and job loss. In addition, grief counselling expedites expression of emotion and thought about the loss, including their feeling sad, angry, anxious, guilty, relieved, lonely, isolated, confused, or numb (Worden, 2009). Grief counselling also enables people to think creatively about trials that follow loss and to cope with concurrent changes in their lives. Other aspects that grief counselling helps overcome include feelings of being disorganized, tired, have trouble concentrating, sleep poorly and have vivid dreams and change in appetite. In summary,

therefore, grief counselling must be understood as a type of counselling that facilitates the process of resolution in the natural reactions to loss. This is so because it is appropriate for reaction to losses that have overwhelmed a person's coping ability (Neimeyer, 1998).

It is worth noting that grief counselling was introduced in learning institutions in existence from the 20th Century when, as indicated above, grief counselling started to be scholarly written about by Freud (1917). To date, grief counselling in learning institutions has undergone theoretical changes and is taught in most learning institutions Worldwide, Zambia, inclusive.

2.2 Empathy in Grief Counselling

The psychologist Hoffman defines empathy as ‘an emotional state triggered by another’s emotional state or situation, in which one feels what the other feels or would normally be expected to feel in his situation’ (Hoffman, 2008: 440). Neither empathy nor compassion is an emotion; they refer to counsellors reactions to another person's emotions. In cognitive empathy counselors recognize what another person is feeling such as grief and loss resulting from death of a spouse or loved one. In emotional empathy they actually feel what that person is feeling such as grief, loss, guilty, hopelessness, loneliness and so forth, and in compassionate empathy they want to help the other person deal with his or her situation and his or her emotions. Counselors must have cognitive empathy, in order to achieve either of the other forms of empathy, but they need not have emotional empathy in order to have compassionate empathy (Ekman, 2003, p. 180).

Thus, like Ekman, this study finds it useful to operationalize empathy in terms of its cognitive, emotional, and compassionate correlates, for which the latter are thought to be hierarchically dependent on the former.

2.3 Emotional empathy in counselling grieving widows and widowers

“Emotional empathy” describes the subjective mirroring of others' feeling states. It may occur via both explicit and implicit routes (Hatfield, Cacioppo, & Rapson, 1993), with the two pathways potentially differing in their antecedents. As with cognitive empathy, affective empathy has been associated with both positive and negative outcomes. On the one hand, affective empathy has been shown to explain the link between mimicry and pro-social behavior (Stel, van Baaren, & Vonk, 2008), facilitate social bonding (Stel & Vonk, 2010), and may be necessary to keep

cognitive empathy “incheck”, by allowing people to feel the consequences of their actions (e.g., Jolliffe & Farrington, 2006). On the other hand, distress that can result from sharing potent, negative emotions can be detrimental, leading to maladaptive outcomes, such as withdrawal and avoidance (Singer & Klimecki, 2014).

Grief being the deepest human emotion impacts on psychosocial life of a person. This is made manifest in deep emotions such sorrow as a result of spousal separation, loss of loved one, natural disaster such as earthquakes and floods, miscarriage, job loss at whichever level, emptiness and hopelessness or denial those widows and widowers experience (Ng’eno and Chebogut 2010). The study by Ng’eno and Chebogut (2010) proposes that, though it is normal for the client to feel guilty and since guilt is self-imposed, it requires to be put into a proper perspective by the client coping positively via the use of emotional empathy. This means that the client should not ignore the positive dimensions of the relationship with the deceased. The clients can also share the hurting feeling with others who have suffered spousal losses before for psychosocial support. It is important to empathetically talk about such loss with friends, relatives, counsellors and other service providers which have a cathartic effect. Limann (2003) observed that a support group is an excellent source of guidance, security and trust working through a person’s grief with others. He observed the prevalent use of emotional empathy by all the members of the support group. Limann (2003) further postulated that emotional empathy also helps to combat the loneliness that is prevented following the loss of a loved one instead of using negative coping mechanisms which can lead to depression such as drug and substance abuse.

Furthermore, a survey conducted by Black (2009) found out that in the United States of America (USA), emotional empathetic interventions were still widely used. Still in the USA, Fiorini and Mullen (2012) found that grief support groups offer several support to affected individuals or groups designed to provide an opportunity for individuals to share their grief safely and have contact with others who have had similar losses. In order to recognize individuality of grief and of expression, counsellors utilize a variety of modalities to support students in their grief journey (Fiorini and Mullen, 2012).

In Africa, CDC (2019), in a study conducted in South Africa found that individual and support group counselling was used to make victims of HIV/AIDS to fit in the various social settings in

the society. SAD (2010), found that in Zambia, to be specific in Kafue District, empathetic counselling was employed on victims of complicated grief which as a result of loss of a loved one to HIV/AIDS, and on how to maintain stable relationships within the communities.

2.4 Cognitive empathy in counselling grieving widows and widowers

“Cognitive empathy”, or emotion recognition (Soto & Levenson, 2009), describes the perception and (accurate) identification of others' feeling states. It is functionally separable from emotional empathy (or shared feeling; Shamay-Tsoory, Aharon-Peretz, & Perry, 2009), though it may be a precursor (Ekman, 2003). Cognitive empathy has been shown to predict positive social outcomes, such as helping behavior (Marjanovic, Struthers, & Greenglass, 2012), injustice sensitivity (Decety & Yoder, 2016), and compassion for others (Batson, Early, & Salvarani, 1997). Further, some have proposed that cognitive empathy may be more adaptive (than emotional empathy) in these scenarios, for example by minimizing potential distress associated with the sharing of negative emotion (Einolf, 2012). Nevertheless, cognitive empathy has a possible “dark side”, facilitating manipulation and exploitation (Wai & Tiliopoulos, 2012); psychopathy, for example, may be characterized by high levels of cognitive empathy, in the absence of affective empathy and compassion (Baron-Cohen, 2011).

In South Africa, many communities experience multiple trauma, mostly family murders, community and domestic violence that causes grief (Statistics South Africa, 2014). Rosenblatt and Nkosi (2007) on prolonged isolation and suffering of widows in South Africa from Southern Cape Town communities as well as the difficulties of this occurrence in a transitional society found that the widows were discriminated against and some joined support groups based on race to cope with widowhood because support groups on racial lines understood the general situations of the widows and hence it was easy to employ cognitive empathy during the support group sessions.

Rashe (2012) studied women experiencing intimate partner violence and loss with little recourse to help and their coping mechanisms. Rashe (2012) further found out that widows seek for support but left out widowers. However, literature on widowhood from a Western worldview does not consider gender issues in widowhood as in Africa. Western view loss, grief or trauma as an individual experience; which can be dealt with in isolation and regular life resumes after it has

been appropriately addressed without considering African cultures which are communal in nature (Breen and O'Connor, 2014).

The subcategory of empathy that Preston & de Waal (P & deW) identify as cognitive empathy represents an instance of a more general phenomenon known as mental state attribution following loss of a spouse. Because humans share similar receptor mechanisms and brains that are organized in roughly the same way, there is bound to be considerable overlap between their experiences. Moreover, people that have access to their own empathetic emotions and take note of their relationship to various external events, have a means of making inferences about emotional empathy in others. Knowledge of self, in other words, paves the way for achieving an inferential knowledge of cognitive states in others.

2.5 Compassionate empathy in counselling grieving widows and widowers

“Compassionate empathy”, or feelings of sympathy, concern, and compassion for another (Goetz et al., 2010), is theorised to be a common, but not definite, consequence of the two other forms of empathy. Compassion is often conceptualised as a discrete pro- social affective state in its own right (Goetz et al., 2010), linked to positive outcomes such as charitable behaviour (Weng et al., 2013). Of the three types of empathic response outlined above, compassionate empathy is seen as the most socially desirable.

Compassionate empathy is a key attribute to living a healthy and happy life as well as a key factor in counselling grieving individuals (Huppert, 2017), yet surprisingly there is little written about how to teach this qualities and how counsellors can best display these traits in and through their counselling processes. In a similar way, not much is known about how counsellors can be supported in their everyday professional lives through compassionate and empathetic understanding. Much research that exists is from a psychological perspective investigating the personal attributes of compassionate empathy rather than on the social and cultural influence this disposition can potentially have on individuals experiencing loss and grief (Raab, 2014).

The development of compassionate empathy however, lasts throughout one’s lifetime (Wei, Liao, Ku & Shaffer, 2011). Much research has explored these attributes from a psychological perspective whereby “distinct appraisal processes attuned to undeserved suffering, distinct

signalling behaviour related to caregiving patterns of touch, posture, and vocalization, and a phenomenological experience and physiological response that orients the individual to social approach” (Goetz, Keltner, & Simon-Thomas, 2010, p. 351) can be carried out. Goetz et al. (2010) share a comprehensive review of literature that analyses compassionate empathy as an affective experience and oriented state.

2.6 Chapter Summary

As was noted in the reviewed related literature, the importance of empathy in counselling cannot be overemphasized. Thus the literature lays the basis for this particular study. It can be clearly noted that all the related literature that was reviewed in regards to the role of empathy in grief counselling specifically involving widows and widowers was embedded in the general perspectives of empathy, counselling and grief. The literature approached grief and loss on a general notion and did not in any way address empathetic counselling of widows and widowers specifically. In addition, the literature failed to account for the cultural and gender differences in terms of individuals coping with grief. Furthermore, the available literature did not address the components of empathy in relation to grief counselling. There was, practically, a dearth of studies conducted to describe the role of cognitive empathy, emotional empathy and compassionate empathy in counselling grieving widows and widowers to help them successfully go through Kubler-ross’ grief stages. Therefore, the gap in knowledge was notable and necessitated the research to carefully review literature that is closest to the topic of interest. It was for this reason that this study aimed to fill these gaps in the knowledge using methodologies that were defined in the following chapter.

CHAPTER THREE RESEARCH METHODOLOGY

3.0 Overview

This chapter outlined the methods that were to be used in this study. The chapter gave details on the research design, study site and population, sample size and sampling procedure, research instruments and data collection procedure, and data analysis. This chapter also presented ethical considerations of the research in the process of data collection.

3.1 Research Design

A research design is a strategy for carrying out an analysis. It specifies what data is needed, what data collection and analysis methods will be used, and how everything will be answered in accordance with the research questions. A qualitative case study design will be used in this study. The design was chosen because it helps to have an in-depth understanding of a phenomenon, in this case, the role of empathy in counselling grieving widowed persons. Similarly, Kombo and Throp (2006) explain that a case study design brings deeper insight and better understanding of the phenomenon. The case study approach in data collection gave the researcher the ability to collect accurate data on and provide a clear picture of the phenomenon under study (Hillman, 2012). Essentially, this design was appropriate because it gave an accurate and authentic description of the lessons and experiences. The in-depth thematic analysis of the data was achieved using NVivo Software for conducting qualitative studies.

3.2 Scope of the Study

The study was conducted in Lusaka city in the Lusaka district of Lusaka province in Zambia. This focused on widowed persons who have or had access to counselling services from counselling institutions and/or organisations offering counselling services for grieving widows and widowers. These areas were purposefully targeted because they yielded the appropriate grief counselling experiences that were relevant for this study.

3.3 Study Population

A population is a target group of objects or subjects that are targeted for the study (Kulbir, 2014). In this study, the target population was 20. The general community was included so that the

researcher could obtain their views on sources of grief and nature of counselling provided to them at different counselling centres. On the other hand, counsellors were included so that they can provide the nature of counselling, especially by use of empathy, they provide to grieving widows and widowers.

3.4 Sample Size

According to Bless et al., (2011), sample size refers to the number of participants selected from the universe to constitute a desired sample. The universe, which in this case was also the population, referred to all participants who took part in the study. The sample size comprised 10 participants; consisting of five (5) widows and five (5) widowers.

The covid-19 restrictions and the need not to expose persons who took part in the study was key in reducing the sample size. Past studies focusing on empathy and counselling with similar sample sizes were conducted successfully.

The sample size for the study was arrived at based on the principle of saturation. Fusch and Ness (2015) argue that data saturation is attained when there is enough information to replicate the study, when the ability to obtain additional new information has been reached and when further coding is no longer feasible. In this study therefore, the sample size of 10 respondents as key informants was very appropriate.

3.5 Sampling Procedure

Sampling procedure is the process of selecting participants, places and objects to participate in any given study. There are two sampling designs that help in this process; these are probability and non-probability designs (Mugenda OM, Mugenda AG (2009). The various ways of doing probability sampling are: simple random, stratified, interval and cluster sampling, while non-probability sampling involves purposive and convenience sampling.

This study used a non-probability sampling procedure called purposive sampling to select widowers and widows. According to Cresswell (2010), purposive sampling is a non-probability sampling procedure or technique where the researcher focuses on particular characteristics that are of interest, which would best enable him or her to answer his or her research questions. This

is based on the knowledge of the population and the purpose of the study. In this study, purposive sampling was used to choose or select targeted groups of people, who were believed to be reliable for the study (Kombo and Tromp, 2006).

3.6 Research Instruments

In order to solicit information from the participants, semi-structured interview guides were used to collect data. Therefore, face to face interview guides were used to collect data from widows and widowers that had access to counselling services. This instrument was chosen because it allows the researcher to make quick follow-up questions where the participants were not clear in their responses. The interviews also allowed the respondents to freely respond to an issue, and the researcher could, therefore, gather a lot of information.

3.7 Data Collection and Quality Assurance

The interview guide was translated from English to Chinyanja the most commonly spoken language in Lusaka province of Zambia, to cater for respondents who found the English language a challenge to work with. Respondents were free to choose which language to use. The other common language which was used included Bemba as it was believed to be a commonly spoken language in Lusaka district. In the event that some respondents preferred to use either of these languages, the Lead researcher enlisted the services of research assistants who had multi-language skills (could speak and take notes in English, Chitonga, Silozi or Chinyanja).

Data was also collected from participants using face to face semi-structured interviews. This procedure for data collection was chosen because it allowed the researcher to make follow up questions to get in-depth responses from the participants. To ensure accuracy in data collection, a voice recorder was used too.

Participant's names, addresses or other personal details were NOT collected. Where personal information was needed, names attached to them were coded to maintain confidentiality. The lead researcher kept all collected data confidentially.

3.8 Data Analysis

The researcher explored the use of research objectives, research questions and the theoretical framework among others, for purposes of data analysis as well, apart from deriving the interview guides. The Researcher ensured that all data collected was typed on a daily basis and banked, held a meeting to discuss what went well and what needed to be done to prepare adequately for the next day. The researcher used the NVivo qualitative data analysis software (version 10) for processing and analysing the collected data. The NVivo software was chosen due to its proven effectiveness in working with data categorisation through themes and sub-themes, coding, quotes, short narratives of case studies, among others.

The lead researcher kept a personal diary in addition to the main research notes documenting responses from participants. The personal diary recorded, and separate among others, personal perceptions, emotional reactions, feelings and notes of ideas to ensure 'space between the research and the researcher's own position.

The NVivo software was appropriate for a case study which required documentation of perceptions and lived experiences, as it effectively creates data investigative paths, which is able to explore and find patterns in data, allows for reflections, memos, coding and queries, among others (Paulus, et al., 2017).

3.9 Ethical concerns

The research topic related to exploring the use of empathy as a counselling technique in helping widowed persons overcome their grief in Lusaka had some ethical dilemmas in several fronts including emotional, cultural, gender and social status. When these dilemmas are interconnected to widowhood, they become even more amplified in Zambia. Preliminary consent was sought to from the participants themselves.

The researcher ensured appropriateness in terms of conduct, dressing, language and interactions with respondents, to ensure adherence to cultural expectations. All participants completed a consent form in the language of their choice, which availed the opportunity to opt out before the

interview process began, during the interview itself or at the end of the interview. The participants were accorded the right to withdraw all or some of their responses. The privacy of all respondents and their children, spouses or personal assistants was also equally respected.

Each participant's confidentiality and privacy was protected by the use of codes instead of their real names. The researcher emphasized to the participants that the information they provided was kept confidential and utilized solely for academic purposes. Participants were informed that the interpreter would only be used for communication purposes, and the interpreter was required to promise that he or she would not disclose any data collected from the participant to any authorised personnel. Furthermore, the participants were notified that the researcher would utilize a recorder to ensure the data acquired was reliable.

3.10 Trustworthiness

In ensuring the trustworthiness of this study's research findings, voice recorder was used during data collection so that during data analysis it could be replayed for the sake of accurately stating participant's counselling experiences. Furthermore, participants validated their responses at the end of each session to ensure that what was noted by the researcher was correct information.

CHAPTER FOUR: PRESENTATION OF FINDINGS

4.0 Overview

This chapter presented the findings of this phenomenological study titled role of empathy in counselling grieving widows and widowers in Lusaka district, Zambia. The findings are based on the following research questions: How does Cognitive empathy as a counselling technique help widows and widowers to pass through a grieving period? How does Emotion empathy as a counselling technique help widows and widowers to pass through a grieving period? And how does Compassionate empathy as a counselling technique help widows and widowers to pass through a grieving period?

4.1 How Cognitive Empathy helped grieving Widows and Widowers to pass through grieving.

The question sought to find out how Cognitive empathy as a counselling technique helped Widows and Widowers to pass through a grieving period. It was found that, the Cognitive Empathy technique helped them by looking at their grief as something which is common to many people as such, it should be accepted. Counsellors knew too well not to rush the process as timing was an essential part of the grieving process. In addition, cognitive empathy technique also uses religious faith of individuals to point to a higher power that is in control of the situation; as such the grand design of the higher power should be accepted.

To this effect, participant said that, *“I was helped to realise that death is common to many people and it comes in various ways as such I accepted the death of my husband”*
Widow (F1)

Another female participant said that *“I was crying I never thought I could manage to look after the family on my own. But the counsellor helped me to see that they were other people to support me, for example the church friends and other family members.”* Widow (F3)

Similarly, a male participant expressed that, *“I feel better because neighbours who were counselling me had also passed through the same situation. It was easy for me to be helped because I knew that they understood me as they are widowers as well.”* Widower (M2)

A male participant said that *“The problems that I have passed through, they have passed through the as well. So they really knew how to help me.”* Widower (M5)

Another male participant said that *“I felt better when church counsellor prayed and read the bible with me. The counsellor emphasized that it was God’s plan and everything works for Good for the children of God; so I will also find my beloved in heaven were God is keeping her.”* Widower (M4)

Another female participant said that *“The counsellor did not downplay my feelings, she empathised that there is no smaller or larger grief. She told me that it was important to grieve and to cry, to let it all out. The counsellor told me it was part of life.”* Widow (F2)

Similarly, another female participant opined that *“The problem that I have passed through, the counsellor has passed through it as well. So I feel they really knew how to help me accept the death of my beloved.”* Widow (F4)

Another male participant said that *“The counsellor really understood me, it’s like he knew exactly what I was feeling or thinking, as such he really helped me accept the passing of my wife.”* Widower (M3)

In the same vein another male participant said that *“Some used to tell me what they have gone through, how it was, the challenges that they had and how they rose above those challenges. They would take turns in telling their stories.”* Widower (M1)

Another female participant said that *“They were validating my emotions, they understood me and how I was feeling. Some were just seeing my situation and understand what was going on. Especially those that have gone through the same situation.”* Widow (F5)

The counsellor was careful when asking questions as when to ask and how to ask. Thus, when asked about the timing of the counsellor when asking questions. The results show that the counsellors were careful enough not to force the clients to answer questions. They also took time to listen to the client. This is what the respondents had to say:

“The counsellor was careful in asking me questions.” Widower (M1)

“The counsellor used to ask me carefully and she knew what to ask because not every question is appropriate. But the counsellor knew not to ask many questions, and was taking me slowly.” Widow (F4)

“The counsellor would give me opportunity to understand the question. If I did not answer, he would just be quiet for a period of time for me to feel the pain and would not force me to answer.” Widower (M3)

“The counsellor’s timing for me is alright, because she did not ask questions here and there or frequently.” Widow (F2)

“The counsellor would ask me how the children are, if I have eaten. But he used to give me time and would not ask too many questions.” Widower

(M5)

4.2 How Emotional Empathy helped widows and widowers to pass through grief

The second question wanted to find out how emotional empathy helped grieving widow and widowers during their grief. The following review that Emotional empathy as a technique helped by counsellors understand their pain, encouraging them to cry, feeling pity and by getting closer to them and comforting them.

This is what the respondents had to say:

“Some would just hear that I am crying, they would come closer to comfort me. I felt completely understood.” Widow (F1)

“Everything I was complaining about and crying about, they were not watering them down. They were understanding me. They were not like “she is acting as though she is the first widow.” They understand me and tell me that it is okay to feel like that and to cry.” Widower (M3)

“They felt pity for me because I lost my wife, they wanted to me strong again for my children.” Widow (F5)

Yet another participant said that, *“Tears were running from my eyes, but they did not tell me to stop crying but they could read the bible to me. They understood exactly the pain that I was in”* Widower (M4).

“After I went to the pastor he called everyone in leadership and they mobilized all the necessities for the funeral. They gave freely. They knew that if they left me alone, I would even have killed myself. So they kept me very close.” Widower (M5)

“They understood me and my situation. I would tell from just seeing them that they were also feeling my pain, and what they used to say also showed me that they were really feeling my pain.” Widow (F2)

“They understood me and they felt pity for me. If there wasn’t counsellors I would have died with my thoughts, but because of their help I became better. The way they would look at me, and the way they would ask questions, I knew that they were touched by my situation.” Widow (F4)

“They were feeling pity for me because I lost my husband, because of the death of my husband, they came close. They became like family to through it together.” Widower (M2)

“When my husband died, some would bring me some cooking oil, maize-meal, I could tell that they felt pity for me and they showed me love.” Widower (F3)

“They had a heart of kindness, they had a heart of grief as well like me. They helped me because they were in my shoes before. “Widower (M1)

4.3 How Compassionate Empathy helped grieving Widows and Widowers to pass through grief.

It was found that widows and widowers received help in terms of food, love, encouragement, charcoal, piecework as the way to help them grieve.

The respondents said the following:

“When my husband died, some would bring me some cooking oil, maize-meal, I could tell that they felt pity for me and they showed me love” Widower (M1)

“Those people showed me love for me to be strong. They never let me be alone to drawn in sorrow. Because of their love I was encouraged.” Widower (M4)

“Others if they hear that there is piecework, they would tell me. I thought they completely connected with me. It is like we were grieving together. They would come to comfort me, they would bring some food, charcoal, just like that” Widower (F4)

“They would come close to me knowing that anything could happen. From time to time they would check on me.” Widower (M5)

“They would encourage me, especially when they came with some food and let me with some money. They would pray for me.” Widow (F2)

“Others gave themselves to educate some of my children after seeing my situation.” Widower (M3)

“People from church are the ones who used to help me a lot, they used to give me food and some money for me to cope, because it took a while for me to start walking again.” Widow (F5)

“They comforted me some who are not even related to me helped get a daughter of mine and are taking her to school.” Widower (M3)

“When I complain, they understand me, even now they still help me, and this gives me strength to even work harder. They help me with piece works. This encourages me because they think about me even when they are alone.” Widow (F3)

4.4 SUMMARY OF THE CHAPTER

In summary, as regards to how cognitive empathy as a counselling technique helped widows and widowers to pass through a grieving period, it was found that cognitive empathy helped them by looking at their grief as something which was common to many people as the result they come to accept the situation. Also, they got support from church, friends and family member's even neighbours who were widows themselves as the results they were understood. In terms of emotional empathy as a technique, counsellors helped widows and widowers to understand their pain, encouraging them to cry, feeling pity and by getting closer to them and comforting them.

Also, support was given to help in funeral processes. In terms of companionate empathy, it was found that widows and widowers received help in terms of food, love, encouragement, charcoal piecework as the way to help them go through the grieving processes grieve.

CHAPTER FIVE: DISCUSSION OF FINDINGS

5.0 Overview

The purpose of this study was to explore the role of empathy in counselling grieving widows and widowers in Zambia's Lusaka district. This chapter is a discussion of the findings arising from in-depth interviews conducted for this study. Thematic analysis of the qualitative data derived was done under each of the research objectives of this study which were: To ascertain how Cognitive empathy as a counselling technique helps widows and widowers to pass through grieving period? To describe how Emotion empathy as a counselling technique helps widows and widowers to pass through grieving period? And to describe how Compassionate empathy as a counselling technique help widows and widowers to pass through a grieving period?

5.4 Cognitive Empathy as a Counselling Technique Help Widows and Widowers to Pass Through a Grieving Period

Cognitive empathy is a vital element in counselling widows and widowers through the grieving period. Cognitive empathy in counselling widows and widowers entails the need for the counsellor to fully perceive and (accurately) identify clients' emotive states. However, this is not easy as it requires skill, training and experience. In order to effectively employ cognitive empathy in grief counselling, one needs with the impact of the relationship between the counsellor and the counselee, the inherent behavioural characteristics that arise from gender. Also, the importance of religion to the bereaved individual is also vital in cognitive empathy in order to help widows and widowers pass through grief.

As such the study found that the relationship between widows and/or and the counsellors was not formal or professional. These relationships include the church, friends and the neighbours. The findings indicate that many widows and widowers prefer to be counselled by familiar individuals as opposed to professional counsellors. This highlights the importance of pastoral counselling. Perhaps, this notion can be explained by the dearth of qualified community counsellors.

The study further found that widows are more likely to share their feelings and express what they are feeling openly. Unlike widowers, widows more likely to seek out support and talk it through.

The women cited crying as the main theme and the men cited “implied pain and grief.” This is because masculine grieving can be characterised by feeling invisible, misunderstood, and unwanted, which leaves the widower dealing with their grief by themselves, possibly because they are fear-full of being shamed while in a vulnerable condition. This is in line with the findings of this study which found that widowers experiencing grief refuse to feel their grief and express it openly.

In addition, the findings of this study show that the bible and religious beliefs are widely used as a tool by the counsellors regardless of the relationship with the bereaved. It can be posited that religious grief counselling can help widows and widowers deal with the emotional pain of a spouse. Religious grief counselling is the integration of faith along with support and guidance to move a client through the grief process. Sacred text is important to many people, and can greatly help them come to terms with death. In addition, the findings show that, experience of the counsellor, finances and the number of children one remains with have an impact on bereavement counselling.

However, in this study, the findings show that most counsellors who are available for widows and widowers are not adequately trained in counselling. Furthermore, the findings also point that cognitive empathy cannot only be taught but it is a skill that one develops over time. It is for this reason that the study found that widows and widowers who were counselled by counsellors who have had the same experience, tended to have coped quickly with the loss. This is because the counsellors, listened to them and understood them. This finding is in line with the study by Marjanovic, Struthers, and Greenglass (2012) which found that cognitive empathy to be more adaptive in scenarios of grief, for example by minimizing potential distress associated with the sharing of negative emotion.

Further, the findings of this study are congruent with the study of Einolf (2012) whose findings were that cognitive empathy may be more adaptive in grief counselling by minimizing potential distress associated with the sharing of negative emotions from past experience of those who were of the same circumstance. Most counsellors who are available to widows and widowers tended to share their own experiences, which is alright, however, this practice increases negative emotions on the widow or widower, which if left unchecked would prove to be detrimental. Cognitive em-

pathy according, Wai and Tiliopoulos (2012) facilitates manipulation, which can be helpful in regulating these negative emotions. The bible verses were found in this study to be a power that serves this purpose. In this case, cognitive empathy is utilizing the faith of the individual to help them understand what they are going through. Phrases like “It is appointed for men once to die... (Holy Bible: Hebrews 9vs27) and the promise of an after-life are instrumental in the counselling of individuals going through loss of a spouse.

Therefore, this study found that cognitive empathy is used by the counsellor to accurately access his or her own empathetic emotions and take note of these emotion’s relationship to the loss of a spouse. This is vital for having a means of making conclusions about emotions of the bereaved individual. In other words, knowledge of the self and the client, paves the way for achieving an inferential knowledge of cognitive states in others.

5.6 Emotion Empathy as a Counselling Technique Help Widows and Widowers to Pass Through a Grieving Period

The findings of this study indicate that emotional empathy as counselling technique is used to help to combat the loneliness that is prevented following the loss of a spouse instead of using negative coping mechanisms which can lead to depression such as drug and substance abuse. This aligns with the study of Stel and Vonk (2010) whose findings were that emotional empathy helps to facilitate social bonding, and is necessary to keep cognitive empathy “in check” by allowing people to feel the consequences of their actions.

Thus, emotional empathy serves as an instrument for both the client and the counsellor to safely and carefully share their hurting feeling thereby creating an area of psychosocial support. It is important to empathetically talk about such loss with friends, relatives, counsellors and other service providers which have a “cleansing” effect. An area of psychosocial support is an effective source of guidance, security and trust working through a person’s grief with others. The findings of this study also align with those of Limann (2003) who observed that there is the prevalent use of emotional empathy by all the counsellors of the grieving widows or widowers.

This study found that there is an automatic psychosocial support that forms around the bereaved individual, especially for widows, comprising of other widows. This is line with the study by

Ng'eno and Chebogut (2010) proposes that the clients can also share the hurting feeling with others who have suffered spousal losses before for psychosocial support. It is important to empathetically talk about such loss with friends, relatives, counsellors and other service providers which have a cathartic effect.

This study has clarified that the effectiveness of a psychosocial support group is not culturally determined, thus agreeing with a survey conducted by Black (2009), and Fiorini and Mullen (2012) which found that that in the United States of America (USA), emotional empathetic interventions were still widely used, and that grief support groups offer several support to affected individuals or groups designed to provide an opportunity for individuals to share their grief safely and have contact with others who have had similar losses.

In addition, this study found that emotional empathy is used to re-integrate widows and widowers into their communities with their status and responsibilities as single parents. This aligns with a CDC (2019) study which found that emotional empathy as a counselling technique was used to make victims of HIV/AIDS to fit in the various social settings in the society. It also aligns with an SAD (2010), which found that [emotional] counselling was used on victims of complicated grief which as a result of loss of a loved one to HIV/AIDS, and on how to maintain stable relationships within the communities.

5.7 Compassionate Empathy as a Counselling Technique Help Widows and Widowers to Pass Through a Grieving Period

This study found that there are many problems that widows and widowers face as regards to the loss. However, one common theme that came up was the problem of finances and reduction in social support for widows. This is in line with the study by Dunn (2015) which found that when compared to those who are not believed, widowed individuals have been considered more vulnerable in a variety of domains. These vulnerabilities include reductions in social support from family and friends who have rapidly withdrawn after the first few weeks following the loss (Pinquart, 2003), diminishing mental and physical health (Elwert & Christakis, 2008; Holland et al., 2014), and financial challenges that include loss of income and benefits (Bishop & Cain, 2003; Weaver, 2010).

In addition, following the loss of a spouse, many widows experience a reduction in income, benefits, and increased time away from home. During a period while mourning and managing a household alone, many widows are compelled to make adjustments to their labour force participation and manage novel issues including complications with childcare and transportation (Amato & Partridge, 1987; Gass-Sternas, 1994; Sevak et al., 2003; Thoits, 2010).

Therefore, this situation makes compassionate empathy a key factor in counselling grieving widows and widowers as it is exhibited by feelings of sympathy, concern, compassion and charity for another (Goetz et al., 2010). In this study, compassionate empathy was exhibited by the charitable acts of the counsellors such as providing financial assistance particularly food, rent and school fees.

Thus, this study found that charitable acts are the ultimate evidence of compassionate empathy that proved to have a huge bearing in the counselling process. This is because the duties and responsibilities as a single parent come abruptly as a shock and immediately after the funeral, the client is in most cases unable to work or be productive. Hence, grief is coupled with the worry for food, shelter and other necessity. As such, charitable acts such as donation of food and finances are instrumental in their counselling.

Therefore, this study found that compassionate empathy helps regulate clients' emotions and ground them into their inner strength and wisdom as well as to connect with the client, and to increase insight, meaning, and the courage to go through the grieving process. Charitable acts gives the client space to grieve and not combine grief with worry for daily needs such as food and shelter.

5.8 Summary of the Chapter

This study sought to explore the role of empathy in counselling grieving widows and widowers in Zambia's Lusaka district. Empathy, particularly cognitive, emotional and compassionate empathy are instrumental counselling techniques in helping widows and widowers pass through grief. Cognitive empathy is used to accurately understand the emotions of the individual, emotional empathy is used to give a support system to the grieving individual and compassionate

empathy is used to show sympathy, concern, and compassion for the grieving individual. All the subcategories make up empathy in general and none precedes the other. All of them occur at the same time for empathy to be effective.

CHAPTER SIX: CONCLUSION AND RECOMMENDATIONS

6.0 Overview

This chapter presents the conclusion and recommendation of this study whose purpose was to explore the role of empathy in counselling grieving widows and widowers in Zambia's Lusaka district.

6.1 Conclusion

Based on the findings of this study, it can be concluded that empathy is very instrumental technique in the counselling process of grieving widows and widowers in Lusaka district. Particularly, cognitive empathy is imperative to carefully engaging empathy as counselling technique. It is used to accurately understand what the widow or widower is going through. Therefore, it is vital have full information of the loss as in what lead to the death of the spouse, financial status of the client, religious background, the number of children left and the number of years or months that the client was married to the deceased. This information is used both in cognitive, emotional and compassionate empathy. Furthermore, empathy also requires emotional empathy which serves as a support system for the grieving widow or widower. Emotional empathy requires giving ear to the grieved individual without interrupting, and also sharing own experiences of loss. Thus it can be concluded that since most widows and widowers were counselled by individuals with the same experience, emotional empathy plays a huge role in the process because the counsellors in this case have the actual experience of loss, and they counsel the way they were counselled or the way they would want to be counselled "if" loss would happen to them again. Since the respondents were of low income status, it can be concluded that the role of compassionate empathy cannot be overrated. Compassionate empathy exhibited by charitable acts would lessen the time it would take for a widow or widower to go through the grieving process, lessening the worry for daily needs. In addition, it can also be concluded that all the three empathies make up a very useful tool of empathy in loss and grief counselling. Since the findings indicate that all respondents were religious, it can be concluded that religion is an important factor in the counselling process.

6.2 Recommendations

Based on the findings of this study, the following recommendations can be made:

1. Introduce, in communities, formal psychosocial support groups that have a professional counsellor and others of the same gender who are going through loss and grief of a spouse.
2. Introduce financial support for widows of low-income status, up-to the time they are cleared by a counsellor.

6.3 Future Research

For future research, the following can be areas:

1. The impact of the level of understanding of Empathy to traditional counsellors in helping Widows and Widowers going through grief.
2. The availability of Psycho-social counselling services in communities to help grieving Widows and Widowers cope with grief.

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Appendix: II

Interview Guide:

STUDY TITLE: ROLE OF EMPATHY IN COUNSELLING GRIEVING WIDOWS AND WIDOWERS IN LUSAKA DISTRICT, ZAMBIA.

Introduction of Principal researcher and assistants (names, role in the research/data collection process)

Explain the overall aim of the study and the purpose of the interview(s), make respondents relax, assure them of confidentiality of all the information they will provide you. Sincerely thank them for their participation and time. Let respondents introduce themselves.

INTRODUCTION

Dear Participants, My names are..... I am a student at the University of Zambia pursuing a Masters in Guidance and counselling. As a partial fulfilment of the requirements for the program, students are required to research on topics of their choice. Information collected through this study is strictly for academic purposes only and, therefore, were kept confidential and no name or any identity were attributed to you. Furthermore you are free to choose either to participate in this research or not. I would appreciate it if you could spare some time to answer some questions because your participation is highly valued.

Objectives of the study:

- To ascertain how Cognitive empathy as a counselling technique helps widows and widowers to pass through grieving period
- To describe how Emotion empathy as a counselling technique helps widows and widowers to pass through grieving period
- To describe how Compassionate empathy as a counselling technique helps widows and
- widowers to pass through grieving period
- Give a brief explanation of what empathy is and how it is used in counselling grieving widows and widowers.

QUESTIONS RELATED TO EMPATHY (COGNITIVE, EMOTIONAL AND COMPATIONATE) AS A COUNSELLING TECHNIQUE IN HELPING WIDOWS AND WIDOWERS TO PASS THROUGH GRIEVING PERIOD

Focus area	Questions and Probes
Study and participant introduction.	<ul style="list-style-type: none"> i. What do you understand about the study we are about to do? ii. In your own words, can you describe the relationship between you and your counsellor?
Overview of participant's bereavement	<ul style="list-style-type: none"> i. Tell me a little about your loss. How it happened. ii. At the moment, what are your main problems as regards to the loss, and who has been helping you through the period?
Overview of participant's counselling process	<ul style="list-style-type: none"> i. Tell me about when you started your counselling process. ii. How was your first visit/encounter with the counsellor? iii. What happened after your encounter with the counsellor? iv. How do you describe the counselling process (so far / that you underwent)?
Cognitive empathy in bereavement counseling	<ul style="list-style-type: none"> i. Describe the point of view of the counsellor, was he/she looking at the matter from your point of view? ii. When the situation got you uncomfortable, what would the counsellor do? iii. How would you describe the timing of the counsellor when asking questions?
Emotional empathy in bereavement counseling	<ul style="list-style-type: none"> i. Do you feel you were completely understood during counselling process and describe how you were understood? ii. Describe how your pain was felt in the counselling process. iii. Define the willingness of the counselor to help you.

<p>Compassionate empathy in bereavement counseling</p>	<ul style="list-style-type: none"> i. How would you define the focus of the counsellor on you with gentle curiosity and without being attached to a specific outcome? ii. Describe how the counsellor was (if at all) acknowledging and validating your emotions without advising, unless requested. iii. Explain how (if at all) the counsellor helped you to regulate your emotions and ground them into your inner strength and wisdom. iv. How would describe how the counsellor was (if at all) connecting with you, and how he/she increased insight, meaning, and the courage to act?
<p>Overall Counselling process</p>	<ul style="list-style-type: none"> i. Generally, how would you describe the help you were given by the counsellor to help you go through the grieving process? ii. What do you think the counsellor could have done better in the counselling process?

Appendix: III CONSENT FORM

ROLE OF EMPATHY IN COUNSELLING GRIEVING WIDOWS AND WIDOWERS IN LUSAKA DISTRICT, ZAMBIA

PRINCIPAL INVESTIGATOR

Charity Chulu

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[Email]

PURPOSE OF STUDY

You are being asked to take part in a research study. The purpose of this study is to explore how empathy as a counselling technique can help grieving widows and widowers in Lusaka to pass through the grieving period. Before you decide to participate in this study, it is important that you understand why the research is being done and what it will involve. Please read the following information carefully. Please ask the researcher if there is anything that is not clear or if you need more information.

STUDY PROCEDURES

You will be asked to participate in a one-on-one interview with the investigator which will take about one (1) hour thirty (30) minutes. The interview will be recorded on an audiotape. You can skip any question that you do not want to answer. In addition, you can stop participating in the interview at any time that you feel like.

RISKS

please note that this research may get you emotional and uncomfortable as questions asked will be about the loss of your loved. However, you may decline to answer any or all questions and you may terminate your involvement at any time if you choose.

BENEFITS

There will be no direct benefit to you for your participation in this study. However, we hope that the information obtained from your participation will, firstly help the investigator to obtain a master's degree at the University of Zambia, and secondly, your participation will increase the knowledge on how empathy can be used in grief counselling.

CONFIDENTIALITY

Information contained in your records may not be given to anyone unaffiliated with the study in a form that could identify you without your written consent, except as required by law. Your responses to this study will be anonymous. Please do not provide any identifying information during the interview. Every effort will be made by the researcher to preserve your confidentiality including the following:

- Assigning code names/numbers for participants that will be used on all research notes, recordings and documents
- Keeping notes, interview transcriptions, and any other identifying participant information in a locked file cabinet in the personal possession of the researcher.

Participant data will be kept confidential except in cases where the researcher is legally obligated to report specific incidents. These incidents include, but may not be limited to, incidents of abuse and suicide risk. Please note that after the research is complete, the audio tapes will be securely and completely destroyed.

VOLUNTARY PARTICIPATION

Your participation in this study is voluntary. It is up to you to decide whether or not to take part in this study. If you decide to take part in this study, you will be asked to sign a consent form. After you sign the consent form, you are still free to withdraw at any time and without giving a reason. Withdrawing from this study will not affect the relationship you have, if any, with the researcher. If you withdraw from the study before data collection is completed, your data will be returned to you or destroyed.

CONSENT

I have read and I understand the provided information and have had the opportunity to ask questions. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason and without cost. I understand that I will be given a copy of this consent form. I voluntarily agree to take part in this study.

Participant's signature _____ Date _____

Investigator's signature _____ Date _____