

MIDLANDS STATE UNIVERSITY



FACULTY OF SOCIAL SCIENCES

DEPARTMENT OF PSYCHOLOGY

THE EXPERIENCES OF BEREAVEMENT AMONG STUDENTS FOLLOWING THE
DEATH OF A PARENT(S) DURING THE SEMESTER. THE CASE OF STUDENTS AT
MIDLANDS STATE UNIVERSITY

BY

MILCENT V. DEWAH

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SUPERVISOR: DR MUTAMBARA

APPROVAL FORM



Faculty of Social Sciences

Department of Psychology

The undersigned certify that they have read and recommended to the Midlands State University for the acceptance of a dissertation titled:

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Submitted by Dewah Milcent, **Registration Number** R146390Q in partial fulfilment of the requirements for a Bachelor of Science Honours Degree in Psychology

SUPERVISOR DR J Mutambara
.....

CHAIRPERSON Mrs Ncube
.....

EXTERNAL EXAMINER

DATE 23 April 2018



NAME OF AUTHOR: MILCENT VONGAI DEWAH

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Signed.....

Date..... April 2018

Address: 7645 Dawnview Park, Harare

Phone: 0777368925

Email Address: milcentdewah@gmail.com

DEDICATION

To my mother who passed away when I was still in high school and also to my brother who experienced the same situation during his tertiary education. To my father who helped me in moving on and lastly to all those who went through the same situation as mine.

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A heartfelt thank you goes to the Almighty God for guiding me through this piece of work and for making it this far. I know I would be nowhere without him.

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ABSTRACT

This dissertation sought to examine the psychosocial effects of bereavement among students who experienced the death of a parent(s) during the semester. The researcher observed that no attention has been given to the grieving University population in Africa but rather attention was given to the children and adolescents. It is only after a student is diagnosed with a bereavement related illness when action is taken. The study was guided by a qualitative approach, through Phenomenological design, which was employed to address the experiences of bereavement following the death of a parent(s) during the semester among students at M.S.U. Heterogeneous purposive sampling was used as a sampling method to select the number of students. Data was analyzed using thematic data analysis. Evidence from the research indicates that the emotional reactions exhibited by the participants included denial, shock, sadness, guilt and regret. The social effects which were faced by the participants were both negative and positive. The negative effects included social alienation, social ills, bravery expected by the community, hopelessness and family dynamics. The positive social effects included hopefulness, better understanding of death and unity within the family. The coping strategies used by the participants included writing, reading, crying, physical activity, social support, spirituality, sense of humour, counselling, sleeping, graveyard visits, substance use and listening to music. Conclusively, the research brought out the emotional reactions which were exhibited by the participants, social effects experienced by the students and also some unique coping strategies like sleeping which reported to be positive to the participants. The researcher recommended that the Midlands State University should have awareness programs so as to proactively address grief through education among students and also establish on campus and off campus systems to support the bereaving students.

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ACRONYMS

A.U-African University

AIDS- Acquired Immune Deficiency Syndrome

BDI- Beck's Depression Inventory scale

C.I-Confidence Interval

C.I.A- Central Intelligence Agent

G.P.A-Grade Point Average

G.Z-Great Zimbabwe

HIV-Human Immune-deficiency Virus

M.S.U.-Midlands State University

R.R-Relative Risk

SAT-Scholastic Aptitude Test

UNDDPESA-United Nations Development of Economic and Social Affairs

U.S.A-United States of America

U.Z-University of Zimbabwe

WHO-World Health Organisation

WUA-Woman's University of Africa

CHAPTER 1

INTRODUCTION

1.1 Introduction

This chapter serves to be the foundation of the research as it tries to bring out the topic under research and also it serves to be preparatory stage of the research before the main discussion of the topic. The chapter contains of background to the study, statement of the problem, purpose of the study, significance of the study, research questions, delimitations, limitations, assumptions and lastly definition of key terms.

1.2 Background of the study

Bereavement can be described as the loss of someone to whom a person feels close and the process of adjusting to it (Papalia, Olds & Feldman, 2009). According to Papalia, Olds and Feldman (2009) bereavement can affect practically all the aspects of life of the bereaved which include the psychological, social, emotional, and physical and also the academic aspect for the academia. Despite one's age, bereavement brings change in status that is from son or daughter to orphan. Grief and mourning are experienced during bereavement. Grief can be defined as the "complex set of cognitive, emotional and social difficulties that follow the death of a loved one."(Christ et al., 2003).

In Africa attention has been drawn towards young children that are aged from 0-17 years old especially those who have lost their parents to HIV/AIDS. South Africa has 1/5 of children who also faced death of parents in early childhood (Swartz & Heijden, 2010). There are also studies of bereavement among children 0-17 years old who have bereaved their parents after death caused by Human Immune-deficiency Virus (HIV/AIDS) as it is a pressing issue in Africa (Taggart & Greatrex-White, 2015) . In 2009, in Sub-Saharan Africa an estimated 14.8 million children have bereaved their parents due to death caused by HIV/ AIDS (Taggart & Greatrex-White, 2015). Therefore, from this study it is only the bereavement of children that has been put into consideration and clearly showing no statistics of the college students who have bereaved their parents following their deaths.

General information regarding bereavement has it that each and every day a person is bereaved following a death due to various reasons which include diseases and accidents. As

according to World Health Organization (2012), statistics has it that 51,4 % of deaths were accounted to diseases and there has been an increase of deaths caused by diseases by 2,6%. This has made the deaths caused by diseases to be at 54% thus claiming 56.4 million lives worldwide in 2015 (WHO, 2017). This leaves the other 46% of the deaths being accounted to the other causes of death. However, no clear statistics has been brought to light in regard to the bereaving population globally by the World Health Organization.

Africa's death statistics has also been brought to light by WHO in which 9.2 million deaths/1 billion people have been recorded but it has to be put into consideration that WHO's African region has 47 countries out of 54 countries (WHO, 2015). CIA (2017) has indicated a marginal increase of death rate in Zimbabwe as this is depicted by 9.9 deaths/ 1000 population in 2016 and also 10.2 deaths/1000 populations in 2017. Therefore, these statistics have not acknowledged the bereaving population at both continental level and national level in Zimbabwe.

Data drawn from clinical observations, anecdotal reflections and empirical studies shows that 22-30% of college undergraduates are in the first 12 months of grieving the death of a family member or a friend in the United States and European continent (Balk ,2008). He also went on to note that there were over 25% of all students in the first year of grief following the death of a family member. There was a random selected sample done by Balk which stated that for every 2 years of college 1,7% of students expects to lose a parent to death. Holland, Currier and Neimeyer (2006) postulated that 40-50% of college students are within the first two years of experiencing the death of a family member. Therefore, these statistics clearly shows the frequency of the bereaved University student during the semester.

It is beyond any reasonable doubt that bereavement affects students in all aspects of life which includes psychological, physical, social and spiritual or religious state (Umberson & Chen, 1994). It is also undoubtedly true that bereaved students are among the most defenceless people in Universities and are in more risk of continuous mental health or emotional wellness issues as they tend to be affected by death in a negative manner (The Guardian 2015). These university students might be clinically affected by death as it is believed that 33% of bereaved individuals encounter a depressive sickness one month after the misfortune and 15% are still depressed a year later (Netdoctor, 2017).

Studies have also shown a correlation between bereavement and gender. According to Jacob (1993) men are believed to have experienced negative effects due to death of a spouse to such

an extent that they have even experienced depression as compared to women and this is due to their lower levels of social support. Men tend to have such a low social support as their masculinity is assumed to be highly associated with pride (Jacob, 1993).

More so, research studies done by McCarthy and Jessop (2005), highlights the significance of bereavement in young people's lives and how it can affect them in the future and also even during the present including those in Universities. Socially, they are affected when it comes to their relationships as they tend to face social isolation (Hawthorne, 2008), they might also engage in criminal behaviours and they also might face depression in the short and long term. These observations were drawn from the Universities in the European and United States continent.

In the African perspective, no attention has been driven towards the bereaved student at a University after the death of a parent. Infact, in Africa death does not imply an end to life instead Africans believe in reincarnation (life after death) (King, 2013). This has left so many people comforting the bereaved including students to mourn with hope that their parents are there in the spiritual realm though absent in the physical form. Therefore, in the African context there are no published studies done on the psychosocial impacts of bereavement among students at Universities. Another reason behind this could be that in the African culture it is not encouraged to discuss about the death of a loved one (parent, child, spouse or any relative) and this leads to no statistics being recorded on the bereaving population as they will not want to violet the African culture (Ekore & Abass ,2016).

Zimbabwe as an African country has also managed to focus on the orphans who lose their parents at early ages like from 5 years. A study has been carried out in Zimbabwe which explains the prevalence of orphans aged 5-20 years (Kiley, Lupu, Norton, McMillan & Casarett, 2015). Their statistics has it that in low resource setting and where HIV is prevalent the number of bereaved children is high and approximately 1.1 million children are orphaned (Kiley, Lupu, Norton, McMillan & Casarett, 2015). This therefore clearly shows the concern of children bereavement following the death of a parent and side-lining the bereavement of a student in the University.

Therefore, from the above statistics there is need to do this research on the psychosocial impacts of parental bereavement among students because most of the bereaved students are considered to be adults and independent hence there are no follow ups done on them after a parent(s) death as most people view this group of people as adults. More so, there is limited

time for these students to mourn their parents as they are also expected to return to University and continue with their studies and hence this might cause the suppression of emotions and also pressure of meeting their due dates for assignments after returning to school which might lead to psychological illnesses like distress.

The negative consequence surrounding the student's bereavement in the psychosocial aspect of life is that most of the students who face bereavement when they return back to school, they might also isolate themselves. Thus, they will be alienating themselves from fellow colleagues. This might also cause the individual to even go as far as wanting to commit suicide as they will no longer be sharing their life events or rather thoughts with anyone else. This also contributes to a negative consequence within the University as this might also affect the pass rate of the University.

The negative consequence surrounding the research of psychosocial impacts of bereavement following the death of a parent(s) during the semester among university students is that most students who face bereavement after death of a parent tend to have responses like anxiety, depressive symptoms and angry outbursts (Holland, Currier & Neimeyer, 2006). Anxiety usually happens when they get at school as they want to meet deadlines for their schoolwork like assignments and also reading for their in class examinations (Stroebe , 2001). Anger can somehow affect their relationships with peers at school (Roberts, 2016). This can also destroy the relationship of these students as they will be using transference. According to Freud, transference can be defined as a defence mechanism which is used by most of the people to deal with anxiety (Freud, 1949).

The objectives in this research are to find out the social effects of death among college students which they face, to find out how the students react emotionally after the death of a parent(s) and also to be able to find the coping strategies of the students after the death of a parent.

1.3 Statement of the problem

As indicated in the background of the study through statistics, it is clear that a very few researchers are concerned about the parental bereavement of the University student. This has been evidenced through studies done in the United States continent and European continent. In Africa no attention has been driven to this particular population but rather to the children and adolescents as this population is viewed as adults who understand more about death and

should not talk about the effects that death has brought about in their lives and they are old enough to take care of themselves hence there are no follow ups being made on these people.

The problem that is visible to everyone is that most students attending university who have lost a parent(s) have been brought to attention only after they have been affected psychologically or diagnosed with illnesses associated with grief such as prolonged grief disorder, complicated grief and persistent complex bereavement disorder (Roberts, 2016). More so, it is only when these university students try to commit suicide due to social isolation that authorities at the university and fellow colleagues try to look for reasons why there was an attempted or rather a successful suicide (Holland, Currier & Neimeyer, 2006). Therefore this shows the need for this study to be done.

The other problem which has also been brought to light by Stroebe et al (2001) is that young adults ranging from 18-25 years of age are believed to have been experiencing more difficulties after death of a loved one as compared to the older people and these difficulties include psychological difficulties, social like avoidance behaviour and also physical difficulties like insomnia. Therefore there is the need to do this study so as to explore the psychosocial issues that affect this age group especially in the tertiary set up so as to also know how they cope especially when they are under pressure of attaining their tertiary certificate.

1.4 Purpose of the study

The aim of this study is to examine the psychosocial effects of bereavement on students who experienced death of a parent(s) during the semester. Through the use of a qualitative approach, this research is designed to collect information on each participant's unique understanding of how bereavement has affected his or her life psychologically and socially and how these participants have managed to cope in a place far from home full of strangers and friends. The study postulated from the following research questions, what was the student's emotional reaction when they were told about the parent's death? What social effects were faced by the student after the death of the parent during the semester? How did the student cope with the bereavement experience?

1.5 Significance of the study

This study is going to benefit people from different age groups within the institution of MSU and these are;

1.5.1 Students

The university students from Midlands State University are going to benefit from this research as this research will be indicating that there are various students within the institution who have gone through bereavement after the death of a parent(s) and have been affected psychologically and socially thus guaranteeing the other students that they are not the only ones facing such problems. The students will also benefit from the study as the students who shows emotional symptoms during the interview, will be referred to the dissertation supervisor who happens to be a clinical psychologist for counselling.

1.5.2 Midlands State University

The institution will also benefit from the research as it will be able to recognize the frequency of grief among students on campus after losing a parent. The University will also come up with alternative ways of helping the bereaved students so that they will not be negatively affected with death in the social and psychological aspect of their lives. The University will also exalt the various coping strategies of these students and hence this will help the students cope.

1.5.3 The Researcher

The researcher will also benefit from the study by the virtue that through human diversity, bereavement through death can be experienced differently that is it can be positive or negative. The researcher will also benefit from the various alternative ways of coping in case the researcher faces the psychosocial effects of bereavement following death like the participants.

1.6 Research Questions

- (1) What were the students' emotional reactions when they were told about the parent's death during the semester?
- (2) What social problems were faced by the students after the death of the parent during the semester?
- (3) How did the students cope with the bereavement experience?

1.7 Delimitations

The research is going to focus on undergraduates both males and females aged from 18-25 at Midlands State University main campus who have bereaved over one or both parents during their study period.

1.8 Limitations

The research's limitation is that the research is not going to focus on other universities in Zimbabwe like the U.Z, Women's University, G.Z.U and A.U.

This research's limitation is that it is not going to look at the disorders which are related to bereavement.

The other limitation of this research is that it is only going to focus on a specific population of 4.2 psychology students of MSU at main campus and not a larger representative of the whole university.

The other research's limitation is that the interviews arouse emotional reactions by the participants by the virtue that this study was sensitive and caused some of the participants to have a break down and hence thus dropping from the research study.

The study had gender imbalance as most of the participants were males and not females due to the fact that the male participants did not want to be called weaklings.

The other limitation of the research was not comparable as the researcher used qualitative research approach for the study.

1.9 Assumptions

Some students might not feel comfortable to talk about the psychosocial effects that bereavement brought in their lives at MSU and this might cause these students to drop out from the research interviews.

Psychological impacts are more prone in students than the social impacts of bereavement.

1.10 Definition of key terms

This part of the research is going to focus on the definition of key terms which are found on the researcher's question. These definitions are going to be scholarly and contextual.

1.10.1 Psychosocial

Psychosocial impact can be described as the effects caused by environmental and/or biological factors on an individual's mental, emotional, social and spiritual dimensions (Oliveira, Buchain, Vizzotto, Elkis and Cordeiro 2013). In the researcher's context, it means the effects of parental death on the psychosocial well-being of a student. The social life includes the social environment in which other people are involved and how these people have an effect on the student. The psychological life may include the emotions, mental, cognitive and religious.

1.10.2 Bereavement

Bereavement can be described as a feeling of deep, unexplainable loss brought on by the passing on of a family member, friend, or loved one (Nugent 2013). In this context of the research, bereavement can be defined as the loss of a parent experienced by the student during the semester at M.S.U.

1.10.3 Death

Death is the condition in which there is loss of functioning of an organism as a whole that is physical functions (Becker, 1975). In this context, it can be defined as the state whereby the parents of the student do no longer exist in the physical form.

1.11 Chapter Summary

As indicated above, the chapter presented the background to the study, statement of the problem, the purpose of the study, the significance of the study, research questions, delimitations, limitations, assumptions and definition of key terms.

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

This chapter focuses on the literature review as it identifies what has already been done by other researchers regarding the topic which is being currently researched. In this literature review, the subheadings are derived from the research topics which were mentioned in chapter 1. According to Manalo and Trafford (2004), literature review can be defined as a “critical analysis and the combination of details from several of sources as well as scrutiny of any gaps in the published works and possibilities for future research’. This chapter also consists of theoretical framework and knowledge gap.

2.2 Prevalence of bereavement among college students after a death of a parent in the U.S and Europe

The first study on bereavement among University undergraduates’ students was done by LaGrand (1981) whereby he focused on all aspects of major loss which were experienced by a student during the semester. LaGrand’s research of (1981) yielded results in which 28.8 % of students experienced the death of a loved one which were attributed to sudden deaths. Balk (1997) then conducted his first research on bereavement focusing on undergraduates after the death of a loved one and also their coping mechanisms. Another research was done by Balk (2008) whereby data was drawn from clinical observations, anecdotal reflections and empirical studies suggested that 22-30% of college undergraduates are in the first 12 month of grieving the death of a family member or a friend in the United States and European continent. He also went on to note that there were over 25% of all students in the first year of grief following the death of a family member. As examined in a randomly selected sample by Balk (2008), for every 2 years of college 1, 7% of students expect to lose a parent to death. Holland, Currier and Neimeyer (2006) also add on saying that 40-50% of college students are within the first two years of experiencing the death of a family member. Therefore, these statistics clearly shows the frequency of the bereaved University student during the semester. However, no statistics were presented Zimbabwe and Africa at large.

2.3 Emotional experiences of bereavement following the death of a parent(s)

A research done by Roberts (2008) at Abilene Christian University suggested that due to human diversity, people tend to react differently to death. Kubler Ross (1969) emphasized that grief emotions are identified by traditional stage models applicable to death due to terminal illnesses namely disbelief, denial, depression and sadness, anger and acceptance. This model is not fixed. Holland (2001) argues that the same model can be used for bereavement due to death by any circumstance. Outside this model, there are other emotional reactions associated with bereavement such as guilt, yearning, fear and anxiety. The researcher is going to discuss the emotional reactions which include denial, anger, bargaining, depression and sadness, acceptance, guilt, fear and anxiety.

2.3.1 Denial

This is the first emotional reaction stage towards death. According to Kubler Ross and Kessler (1969), they note that in this stage, the world is meaningless and overwhelming. Hinton (1972) has also proposed that shock occurs simultaneously with denial and disbelief. In this stage the bereaving individual will be asking questions like “Why me?” and the bereaving individual will be in disbelief that the parent is permanently gone. This stage is more common to people who lose their loved ones suddenly as compared to those who could have suffered long illnesses (Hope & Hodge, 2006). Beales and Whitten (2010) adds on saying that denial is seen as defence mechanism or a coping strategy in which there is suppression of expected feelings and also helps with the sinking in of the news before moving to the other stages.

2.3.2 Anger

This is the second stage of grieving in Kubler Ross’ traditional model of 1969. This is considered to be a reaction to frustration as the bereaving individual will be viewing it as a cruel, unfair and incomprehensive fate (Lingren, 1997). Gard (2000), also notes that anger in most cases comes when an individual comes to terms with the fact that denying the death of a loved one will not change the fact that the loved one is already deceased. The expression of anger includes verbal outbursts and unreasonable demands. According to Kubler Ross (1969), this stage is associated with questions like “Where is God in this?”. The individual will feel deserted and abandoned. Bowlby-West (1983) have also added on saying that the bereaving family members tend to be angry to other people for not having the same feelings

as they will be having towards the deceased and also anger will be directed to the doctors, nurses, hospital and caregivers for letting their loved one die. They also tend to be angry towards the murderer that is if the deceased was murdered.

More so, there was a research done on adolescents by Rowling (2003) which suggested that due to the experience of a subtle form of anger, adolescents are most likely to withdraw from friendships. Anger is also believed to be driven towards God as the bereaving individual will not accept that a good God allows the death of a loved one (Batten & Ottjenbruns, 1999). Balk (2011) has also mentioned anger as an emotional effect experienced by college students during bereavement following the death of a parent. Brown and Goodman (2005) found that anger and distress were triggered by anxiety due to traumatising death of parents in the September II attacks in the U.S among the adolescents who were the participants. This hindered progress in adjusting to loss of their parents. A correlation between gender and emotional reaction was shown in studies done by Hyrkas (1997) as there was a study done among Finnish widows and widowers, in this study, it was discovered that widowers exhibited feelings of blame and anger as compared to the widows. In support of the view that anger is correlated to gender. Kilmartin (2007) also noted that as masculinity is usually associated with control, anger usually manifests itself in men than women.

2.3.3 Bargaining

According to Kubler Ross (1969), in this stage, the individual want life to return to what it was. The bereaving individual wants the deceased person to be restored. This is when the bereaving individual wants to negotiate with God or anything which could have caused the death of the deceased so as to bring back the deceased (Pastorino & Doyle-Portillo, 2012). This makes the bereaving to have temporary escape and hope.

Axelrod (2017) also agrees that the person who would have encountered the loss would want to regain by thinking about the things they could have done better as a way of avoiding the unfortunate event that could have befallen their loved one with them thinking and ultimately pronouncing statements like ‘if only they would have found a better doctor the deceased could have been alive. However, these bargains will be hard to fulfil and they are irreversible as according to (Dryden-Edwards & Stoppler). According to Auster et al (2008) in the event that there is no hope, the bereaved is also given some time to adjust to reality.

2.3.4 Depression and sadness

According to Ausubel (2002), depression is defined as the prolonging and intense sadness. This is normal and appropriate reaction especially when one is bereaving. Kubler Ross has made it the 4th stage of the grief model. In this stage, depression is regarded to represent the emptiness the bereaving individual feels when living in reality as they will be realising that the person is permanently gone (Gregory, 2017). According to Hemmings (1997), sadness has been defined as a very real and intense feeling which is a normal reaction to loss especially after the death of a loved one. According to Coon and Mitterer (2008), the bereaving person will also realise that he or she is permanently separated from their loved one(s). Balk, Walker and Baker (2010) noted that there are some mental health issues on students that may be triggered by death like depression.

A research was conducted on the issue of child bereavement among parents when the child was an infant. A child's death can affect the psychological health of a parent negatively. According to Li, Laursen, Precht, Olsen and Mortesen (2005), gender and depression were found to have a correlation as most mothers were believed to be having depression. It was also noted that most parents who were found to be depressed had high chances of being driven to the grave with it. Another study done by Rogers et al (2010) also noted that there was a correlation between depression and age. This research looked into the long-term effects of the death of a child on parents' adjustment in midlife. These parents lost their children who were between the ages of (0-34 years), they reported signs of depression at the age of 53 after an average of 18.05 post death of the child. Garzouzie (2011) in his study on the psychological experiences of grieving for adolescents recently bereaved of a parent in South Africa yielded results which showed that depression is high in parentally bereaved adolescents in which a Beck's Depression Inventory scale was used.

2.3.5 Acceptance

This is when grief work begins. Kubler Ross (1969) has also noted that an individual slowly moves from denial to acceptance as he or she will be accepting reality. Death of a loved one especially a parent or a sibling usually takes two or even more years before grieving is completed (Page, Page 2003). Dryden-Edwards, Stoppler have observed acceptance as a percentage determination to their grief and also allows the bereaving individual to move on with their lives.

2.3.6 Guilt

According to Li J, Stroebe MS, Chan CLW, Chow AYM (2014) guilt has been defined as an emotional response in bereavement in which the bereaving individual recognises and fails to satisfy one's internal norms and desires in the relationship which existed with the deceased. Bereaving individuals usually wish that if they could have done things differently before the death of a loved one, he or she would have been alive and this leads the bereaving individuals into feeling guilty (Fleming S, Robinson P 2001).

There are studies which support the view that guilt is an emotional reaction of the bereaving individuals. A study was done by Ylitalo, Valdimarsdóttir, Onelöv, Dickman and Steineck (2008) on Guilt after the loss of a husband to cancer: Is there a relation with the health care provided? This research consisted of 506 widows with husbands whose death was caused by prostate cancer or urinary bladder cancer in 1995\6 at the ages of 45-74. The results yielded were that the widows whose husbands did not manage to have adequate pain relief had an increased relative danger of 1.7 (95% CI 1.1–2.8) feelings of guilt as compared to those who actually thought that their husbands had enough pain relief. If a widow recognised that her husband was continuously uncovered to less satisfactory treatment, she had a very nearly two-fold increased relative danger, 1.9 (95% CI 1.2–3.1) for feelings of guilt after the husband's death as compared to a widow who thought that the husband benefited from the treatment satisfactorily. There was a conclusion which asserted that guilt feelings after bereavement may usually occur in reaction to the judgement of inadequate health care during the last months and also at the moment of a spouses' death.

Another research was also conducted in Sweden by Surkan et al (2006) which focused on the Perceptions of inadequate health care and feelings of guilt in parents after the death of a child to malignancy between the years 1992-97. Among parents who did not report current depression, those who were not sure that their child would receive instant help from the staff in the hospital at the same time he/she might have been debilitated with malignancy (in comparison to those who felt entirely confident relative risk [RR] 4.0; 95% confidence interval [CI] 2.1–7.6) were at a higher risk of reporting daily or rather weekly feelings after the death of their child. More so, parents who believed that there was incompetence with the staff at the paediatric cancer ward were also at a greater risk (compared to the parents who reported competence in the ward be it partial or complete in the ward, RR 3.7; 95% CI 1.6–8.6). The parents who perceived their children for not getting enough or no pain relief at all

dietary advice, anxiety relief, and any other relief from psychological symptoms excluding that of anxiety were at more than twice times at greater risk for reporting guilt feelings.

In support to the view that guilt is an emotional reaction felt by bereaving individuals, a study was also conducted by Stroebe et al (2014). The study focused on Guilt in Bereavement: The Role of Self-Blame and Regret in Coping with Loss among the surviving spouses. The participants were 30 widows and 30 widowers whose mean age was 53.05 which was a longitudinal investigation was conducted 4–7 months, 14 months and 2 years post-loss. In this study, guilt consisted of two components that is self-blame and regret. Self-blame was defined as whereby the bereaving individual accuses self about the cause of the death of the deceased (Weinberg 1994, Davis et al 1996). According to Roese et al (2009), regret was defined as a negative emotion whereby the bereaving individual thinks that he or she could have done something in the past to prevent the death. The results which were found from this research showed that self-blame is actually a capable determinant about grief-specific challenges accompanying those reductions of a cherished one.

2.3.7 Fear and Anxiety

According to Barbato (1992) fear is believed to be a common reaction to the loss of a loved one. According to Rauch et al (2000), the amygdale is believed to be responsible for processing fear and anxiety. A research was conducted on the effects of a parent guidance intervention on communication among adolescents who have experienced the sudden death of a sibling. Children's grief and fear might be exacerbated by seeing parents' trouble and vulnerability alongside explosive nature about their parents' feelings; they regularly attribute their parent's behaviour to some fault (Horsley & Patterson, 2006). Due to cultural diversity, some people actually fear to mention the names of the deceased as they as they believe that they might endanger the lives of the living people (Gire, 2014). The bereaving individuals whose loved ones died because of HIV/AIDS do not usually talk about the death of the deceased as they fear that they will be rejected and judged harshly by the society especially in South Africa (Demmer & Rothschild, 2011)

It was discovered that a small percentage of women are vulnerable when developing anxiety (Chambers & Chan, 2005). A research was conducted by Zisook and Schuter (1991) discovered that there was a correlation between anxiety and gender where widows were believed to be experiencing more anxiety than widowers. Another research was conducted by Goodenough (2004), on parents who lost their children, it was discovered that parents whose

children died whilst admitted in hospital had higher levels of anxiety as compared to those who lost their children whilst at home.

2.4 Social problems faced by the students following death of a parent(s)

They can be negative or positive social effects emanating from the individual's perception of the society during bereavement or vice-versa. The social experiences which will be discussed include social isolation, social effect on intimacy relationship, change on gender role, social ills. However, death does not come only with social problems but also positive effects like unity among family members.

2.4.1 Social Isolation

A study was carried out at Winona State University in the United States so as to see the effects of bereavement among Students at college. According to Zeiher (2012), the bereaving students were affected with death negatively in their social life. The negative impacts included isolation and difficulty when it comes to relating with peers. Another research was conducted among parents who were bereaving their children. This study was carried out by Li et al (2005), and it was discovered that parents who only had one child who died also faced isolation from functions which involved children as they did not have any child to go with. According to UNICEF (2010), children who lost their parents to the HIV/AIDS pandemic suffered from stigmatisation hence they faced social isolation as it is assumed that they were also being infected. Worden (2009) claims, that AIDS related deaths are not usually attributed to their cause due to the associated stigma and harsh judgments that befalls with AIDS. Henceforth this makes the bereaving survivors to attribute the death of their loved ones to cancer so as to make the death of their loved ones unknown so as to avoid social isolation. According to Christ et al (2003), qualitative studies on impact of the loss of a sibling have suggested that the death of a sibling can expose the surviving sibling(s) to have feelings of isolation and social withdrawal both at home and also with peers.

2.4.2 Social effect on intimacy relationship

As noted by Eric Erickson's theory on the developmental stages in 1963, there was the sixth stage which consisted of young adults aging from eighteen to thirty-five years old. This age group is believed to be seeking for romantic love. This therefore means that people cannot live alone but rather through socialisation with other people and also seeking compassion through intimacy. Adler (1927) also adds on by saying that humans are social beings who

only thrive through communal living. This means that a loss in the family can also lead to alteration in family systems and require adaptation. Anderson (2012), noted that it is actually harder to lose a parent during adulthood because there was much time to nurture with the parent thus creating stronger bonds as compared to losing a parent at a very early stage. Moreover, these adult children view their parents as role models when it comes to their relationships, so if the parent is dead, the bereaving individual might not know how to handle the relationship and this might go as far as divorce due to the fact that parental death can have an effect on the level of commitment that the bereaved adult child will have in his or her own romantic relationships. In this audit, commitment is distinguished as three particular levels of dedication; commitment phobia, co-dependency and healthy commitment levels (Anderson, 2012). Barner and Rosenblatt (2008), have also suggested that there is commitment to give and feel obliged to the deceased [which] is established within the bereaving child's feeling of self and attention to, or development inside, her or his intimate relationships.

2.4.3 Change on gender role

Cait (2005), reflected on a study of adolescents who had a lost parent to death but were interviewed years later. It was discovered that most had clear powerful shifts in the family structure which influenced the young women's parts in the family, frequently going up against a new part as care giver for the surviving parent. This idea of role changing is essential in that it influences the views of self, commitment to one's family and to society and may even convey forward with a woman into adulthood. After the death of a father, a male child may be compelled to take responsibilities associated with masculinity because their widowed mother would have told them that they are now 'the man of the house' (Johnson & Rosenblatt, 1984).

2.4.4 Social ills

According to Ellis et al (2013), parental loss can lead to social ills like increased crimes among the bereaving children as they will be stealing. Such social ills are caused by lack of parental guidance among these children. According to Cluver et al (2012), also supported that the loss of parents during childhood also carries a significant social risk factor like poverty which leads to a social ill like prostitution and this has been highly observed in Sub-Saharan countries like Zimbabwe whereby the prevalence of HIV/AIDS is relatively higher. More so, in support of this Berg et al (2014) suggests that childhood bereavement has also been

associated with health-risk behaviours like drug abuse as most of the children who lost their parents will become more vulnerable to peer pressure due to absence of parental guidance.

2.4.5 Unity as a positive social change caused by bereavement

According to Aldwin and Levenson (2001), they suggested that bereavement can also have a positive impact amongst adult children bereaving a parent. Due to isolation from the society, the bereaving children are forced to come closer to each other and this may lead the older bereaving child to assume responsibility of taking care of the surviving parent (Aldwin & Levenson 2001).

Moving on, unity has also been perceived as a positive social effect among surviving family members which emanates from death. Unity is said to persist when all the family members are present physically in the same place and also supporting each other emotionally (Black & Rubistein, 2013). It is also highly possible that families tend to unite during crisis like grief thus the reason why there is persistence of using the term “we” during grief and also apart during the everyday life (Cigoli & Scabini, 2006). Therefore, it can be actually noted that death does not only bring social problems during bereavement but rather can also bring good.

2.4.6 Spiritual Effects

This is whereby the bereaving individual questions own beliefs and also their purpose in life (Zeihner 2012). These questions will be directed to God and in such times an individual might even drop from their own religion. Mathews and Servaty-Seib (2007) point out that when the deceased individual played a central role in the life of the bereaved, the death results in an increased need for introspection, reorganization and potentially the reassessment of values and life priorities. Therefore bereavement causes an individual to restructure their connection to the world and their relationships with others (Balk, 2008)

2.4.7 Academic Effects

Due to the fact that this research is going to be done in an academic institution, one cannot ignore the impact of bereavement on academic performance. A study which was conducted at Purdue University by Medaris (2006), discovered that there was a correlation between a death of a family member/ friend and academic performance. There were 227 bereaving students selected based on sex, age, race, entering SAT score, grade-point average, and semester of study and area of study. In the study, it was found that bereavement had a correlation with

poorer academic performance as the results among the first-year male students who were bereaving were poorer than their non-bereaving counterparts with a GPA (grade point average) of 2.41 and 2.74 respectively. The same scenario was also observed among the female students who had GPAs of 2.73 and 2.83 for bereaving and non-bereaving students respectively.

2.5 Coping Strategies of bereaving individuals following the death of a parent(s)

According to Carroll (2013) coping strategies can be defined as ways in which human beings use to minimise the physical, psychological and social effect of a situation. The following coping mechanisms to be discussed in this research are universal and unique to certain individuals. These coping strategies are drug use, spirituality, remarriage and social support.

2.5.1 Drug use

In some studies, there has been shown that there is an increase of alcohol consumption and dependence among the bereaving population as according to Pilling 2012. Buckley et al (2008) has also supported this notion by suggesting that alcohol is viewed as a stress reliever in the western society despite it being a maladaptive way of coping with bereavement coupled with its health risks effects (Stroebe, 2001). It was discovered that there is a correlation between alcohol consumption and gender as it is believed that alcohol is mostly consumed by males as compared to women due to the fact that men tend to suppress their feelings during bereavement (Dawson, 2005).

2.5.2 Spirituality

It is a coping way which is used by bereaving population (Hassan, Mehta 2012; Lyness 2013). According to Chaturvedi (2010), spirituality helps the bereaving individual to what death means and its purpose thus helping an individual accept the death of a beloved one and also helps with coping. The most common spiritual practices done by these adolescents are meditation, prayer and journaling. According to Muselman and Wiggins (2012) has also supported that spirituality is common among adolescents as they have discovered a spiritual connection in which they believe that God or Higher power will provide them with comfort. Meditation is believed to be the most effective spiritual practice among adolescents when it comes to bereavement (Wisner, Jones, Gwin 2010).

2.5.3 Remarriage

Remarriage is considered as a way of coping with social and emotional impacts resulting from death of a loved one specifically a spouse in Africa (UN Development of Economic and Social Affairs 2004). According to Maphosa (2014), it was noted that in the African context, in case of the husband's death, the widow is expected to remarry (to be inherited) one of the late husband's brothers. This is done so as to make sure that the person will be as close as possible to their father and may help in the bereavement as the orphaned student already had the relationship with the person before their father's death. Remarriage is also believed to be accompanied by health-related risks like HIV/AIDS which can be transmitted if the widow/widower has been infected by their spouse (De Walque, Kline 2009).

2.5.4 Social Support

According to Lobb's et al (2014), social support is also used amongst Africans as it helps a bereaving individual to cope with the effects which are brought by the death of a loved one (spouse). For the customary Northern Sotho people group, social help is profited as *gohlobosana* a process in which the close relatives and the community visit and put forth uplifting statements and guidance to the bereaved family as according to Makgahlela (2016). According Nwoye (2005) observed that among Africans grief work is somewhat a shared movement, as opposed to an individual obligation. An example to support this is that a participant featured soon after the passing away of her husband, she was disengaged from other individuals particularly from one youthful couples, she was at that point encompassed by elderly bereaving women who amid the procedure were comforting and encouraging her with stories to how they themselves managed and copied to with the death of their late husbands' (Dlukulu 2010).

2.6 Theoretical framework

This part of the research is going to focus on the theories which will support this research. The theories to be discussed in this research include the Bowlby's theory attachment and Kubler-Ross stage of model of grief.

2.6.1 Bowlby's theory of attachment

According to Bowlby (1969), attachment was defined as a deep and emotional bond through time and space. Mallon (2008) notes that this theory was based on researches which analysed the effects of separation of primary caregivers from children. After birth, an infant is believed

to be seeking attention and affection by showing physical behaviours like crying (Bowlby 1980). Every time when a child needs to be attended to by a primary caregiver and is given such attention the infant will also trust other people in his world thus leading to the development of attachment thus helping the child to relate well with other people and maintaining affectionate bonds with the trusted others (Mallon 2008).

Bowlby (1980) noted that children who lost a primary caregiver (mother) for a short period of time or permanently exhibited great amount of distress through sadness, anxiety (separation anxiety), grief and mourning. After obtaining these results, Bowlby developed a new theory of understanding and the effects of attachment bonds on humans which focus on individual diversity when it comes to response to death of a loved one (Bowlby 1980). The theory is used to find the cause and effect of early attachment patterns and reactions to bereavement which are exhibited, arguing that the attachment bond existing between the child and the primary caregiver (parent) determines the grief which will be exhibited by the child after separation or death of the primary caregiver (Madison 2005). In collaboration with his colleague, Bowlby disintegrate the natural adaptive grief responses into stages of grief (Bowlby, Parkes 1970). Parkes (1970) then refined the initial grief-model which included three stages and further developed the five stage of the grief model which consisted of numbness, anger, disorganisation and despair, reorganising behaviour and acceptance (Maciejewski, Zhang, Block, & Prigerson, 2007). However according to Hall (2014) the theory fails to address the multiple physical, psychological, social and spiritual needs which are experienced by the bereaving population.

Just like a child described by Bowlby in this theory, the relationship between the student and the deceased person determines the emotions to be exhibited by the student. It is therefore normal if the student exhibit sadness and anxiety when separated from the primary caregiver (parent) through death as the relationship that exists between the student and parent is assumed to be close.

2.6.2 Kubler-Ross stage model of grief and grief work

According to Maciejewski et al., (2007) noted that Bowlby and Parkes' work was actually a foundation of Kubler-Ross 5 stage model which described the response of a terminal ill person towards their own death. Kubler- Ross, Kessler (2005) suggested that a terminally ill person would go through these five stages of grief namely denial and isolation, anger, bargaining, depression, and acceptance. This five-stage model was initially applied to people

who had been suffering from terminal illness, but later on people who faced a personal loss like job, freedom. Olasinde (2012), added death of a significant other, divorce, drug addiction, infertility diagnosis as the significant life events which could possible trigger grief. Therefore, this theory can be used when bereaving a loved person as they are basically the emotional reactions to death.

In the first stage, the individual is in denial as the individual will not be able to believe in the news of the death of a loved one hence the world is meaningless and the individual will also separate self from the rest of the people this stage is also seen as a coping mechanism according to Kubler-Ross, Kessler (1969). The second stage, is anger whereby the individual who is bereaving will be viewing the death of a loved one as an unfair act as supported by Lingren(1997). According to Pastorino, Doyle-Portillo (2012) in support with Kubler-Ross (1969) suggested that in the third stage, the bereaving individual will be trying to bargain with God that he should bring back the loved one and in return will do something, hence trying to have a 'deal'. The fourth stage is depression whereby an individual will be feeling intense sadness as they will feel that the loved one is permanently gone (Gregory 2017). According to Kubler-Ross (1969), the last stage is acceptance which is the fifth stage whereby an individual comes to terms with the reality. These stages are believed to be not fixed henceforth an individual can actually get stuck on one phase or may actually start by jumping to the third or fourth stage(Lim 2013). However according to Hall (2014), this theory was criticised as the theory suggested that if an individual did not complete the five stages of grief then they will have unresolved grief thus rejecting this idea.

This theory can be used among the students as these emotional reactions can be universal thus the student can also experience such emotional reactions.

2.6.3 Knowledge Gap

One gap is that no studies have been done on the psychosocial impacts of bereavement following the death of a parent(s) during the semester among students at M.S.U. So there is no knowledge about the plight of University students whereby they are affected psychosocially with bereavement following the death of a parent(s) but including the fact that they are already under pressure as they are endeavouring to acquire a tertiary education qualification in a place full of strangers and friends away from home.

2.7 Chapter summary

This chapter was focusing on what other researchers did concerning the topic, the research questions got answered as they were the sub-topics. There was also theoretical and knowledge gap which were also discussed within this chapter.

CHAPTER 3

METHODOLOGY

3.1 Introduction

This chapter focuses on the methodology which was used by the researcher to carry out the research. This chapter includes the research approach which was used by the researcher in this case; it was qualitative research approach and justifying why the researcher used that approach. The researcher also managed to identify the target population, sample and sampling technique, research instruments, data collection, data analysis and ethical considerations.

3.2 Research Approach

The research approach which was used by the researcher was the qualitative. According to Smith (2003), qualitative approach is defined as whereby an individual is active in exploration, describing and interpreting personal and social personal life experiences. The advantage of this paradigm is that it helps the researcher and also other individuals to understand the experience of a certain situation which is felt by an individual being interviewed (Willig 2013).

According to Corbin & Strauss(2008), the advantage of this research approach is that it helps the researcher to find the participant's inward involvement, and to make sense of how meanings are molded though and in culture. This research paradigm has actually helped the researcher in finding the participant's inward involvement in the psychosocial impacts of bereavement of a parent(s) during the semester among students at M.S.U. According to Cohen, Manion, & Morrison, (2011) the other advantage of this research paradigm is that through data collection methods like semi-structured interviews, direct observation the researcher tend to directly interact with participants. However this approach has its own loophole as it has generalization of a big populace with a very small sample in a study and this it makes it difficult for the data to be entirely relied on (Harry & Lipsky, 2014). The other disadvantage of this research approach is that the data to be collected cannot be compared.

The researcher is going to use qualitative research approach so as to understand each participant's unique effects brought by bereavement following the death of a parent(s) which

affect the psychosocial aspect of life while in the University set up. Also, the interaction with participants will help the researcher in collecting first-hand information in detail.

3.3 Research Design

This research used the phenomenological research design. According to Applebaum (2012), the phenomenological research design examines the human lived experiences through describing events whereby the individual was involved and information is obtained through the use of interviews. The phenomenological research design will give more information on the psychosocial impacts of bereavement following the death of a parent(s) during the semester among students at MSU.

3.4 Target Population

According to Greenland (2005) target population is defined as the population from which information used in a study is drawn from by the researcher. Henceforth this is the actual population needed by the researcher to carry out the research. The researcher targeted the population of undergraduates in the department of Psychology level 4.2's both males and females of M.S.U aged between 18-25 years who have lost at least one or both parents during a semester. The reason why the researcher targeted the Psychological level 4.2's is because this population has more experience at the campus and also some of the students lost their parents during level 1.1 but did not receive any kind of attention simply because fellow students will be thinking that they would have healed but in actual fact they are still grieving as indicated in the study. The other reason why the research chose this population was because of the fact that psychology is the researcher's immediate community when she is at the University and also wants to know what they are going through as aspiring psychologists in relation to psychosocial impacts of bereavement following the death of a parent(s) during the semester at M.S.U and also how they actually cope.

3.5 Sample and Sampling technique

According to Phasisombath (2009), a sample is defined as a process whereby a specific number of study units are selected from the targeted population. The researcher wanted to interview about 8-20 participants so as to obtain reasonable results thus avoiding the participants to be too many for the research or too few. The researcher managed to interview ten participants who were actually within the range. The researcher's number of participants was based on data saturation. Data saturation is defined as whereby there are no new

descriptive codes or themes that are emerging from the analysis of data (Rebar et al, 2011). The advantage of data saturation is that it helps in achieving the appropriate sample size for qualitative studies (Glaser & Strauss ,1967).

The sampling technique which was used was heterogeneous purposive sampling technique. According to Palys (2008), purposive sampling is a non-probability sampling procedure whereby it relies on the researcher's judgment to select participants relevant to the research being undertaken in collection of data to both males and females. Heterogeneous purposive sampling procedure is the one convenient for the research because it involves both bereaving males and females at M.S.U will be used in the study as they will provide as much insight as possible in the phenomenon under examination in this case bereavement following the death of a parent(s)

3.6 Research instrument

A research instrument is described as a tool which is used to collect information needed in a research measure (Mambo 2009). This research is going to use a semi-structured interview. According to Cohen and Crabtree (2006) semi structured interview was defined as whereby an interviewer or researcher takes part in an interview with the respondents through an interview guide which has a list of questions that covers the research.

The researcher used semi-structured interviews as it is very helpful in exploring the social effects of bereavement, the emotional responds done by the student when reacting to the death of a parent and also the coping strategies used by the students and also the researcher was guided by the semi-structured interview so as to be within the limits of the research. These interviews were face to face and the researcher used a recording tape so as to record the responses given by the participants.

The research instrument was a semi-structured interview which was divided into four categories namely section A, B, C and D. In section A there was demographic information in which the students were asked about their age, marital status, parent(s) who died, the level when the parent died and also the student's current level. In section B it focused on the emotional reactions of the student immediately after the death of the parent(s), and also the emotional reactions which tend to resurface when they think of the deceased parent. Section C consisted of questions which asked the social effects of their parent's death. The researcher grouped these effects into two that is the negative and positive effects. Lastly the is section D

which focuses on the coping strategies which are adopted by the students to deal with the psychosocial impacts of bereavement following the death of a parent(s) during the semester among students at M.S.U.

3.7 Data Collection Procedure

Data collection procedure is defined as the process data which is to be collected by the researcher from participants should be factual thus observations and information should be classified as either secondary or primary data (Cooper &Schindler, 2001). Tools which the researcher obtained include a letter from M.S.U's Psychology Department which was used to seek permission to collect data from M.S.U. Then the researcher sought an approval letter from the registrar at M.S.U. The names of the bereaving participants were found at the Chaplain's office and also from the other students. The researcher personally conducted face to face semi-structured interviews which were with bereaved students only. The researcher also briefly told the participants what the research was about and also mentioned that it was for study purposes only. The interviewer also wrote down some notes during the interview.

3.8 Data Analysis and Presentation

According to Marshall and Rossman(1999) data analysis has been defined as a process whereby the collected data is brought forward and given meaning by the researcher. The data analysis to be used is thematic analysis. According Braun and Clark (2006) thematic analysis can be defined as a method of analysis in which patterns within data which are identified, analyzed and reported. According to Braun and Clark (2006), thematic analysis has been identified with six steps which are used to analyze data and these are familiarizing with the data, generating initial codes, searching for themes, and reviewing themes, defining and naming themes and lastly producing the report. The researcher used thematic analysis as the data will be organized and described in greater detail. The other reason why the researcher used thematic analysis is that it can also be used with any theory which the researcher used in the study. The data will be presented using a table.

3.9 Ethical Considerations

According to Resnik(2015) ethics has been defined as a technique, method, or point of view for choosing how to act and for analyzing complex barriers and issues. The ethical considerations to guide this research include informed consent, anonymity, confidentiality and right to withdrawal.

3.9.1 Informed Consent

According to Nijhawan, Janodia, Muddukrishna, Bhat, Bairy, Udupa,&Musmade, (2013).informed consent can be defined as a process whereby a participant partaking in a research is given relevant information regarding the research in which they are going to participate in and the decision lies entirely with the participant that is whether to participate or not. The researcher sought approval from the participants and told them what the research was all about so as for the participants to decide whether to participate or not.

3.9.2 Confidentiality

According to Gregory (2003), confidentiality can be defined as a process by which the participant's information is private and is not disclosed without the participant's permission. The researcher used confidentiality as an ethical consideration as the names of the participants were not revealed to the public as they were not recorded within the research and also the research was carried out in a safe and private environment behind closed doors so as to protect the identity of the participants.

3.9.3 Anonymity

According to Wiles, Crow, Heath and Charles (2006) anonymity was defined as whereby the identity of members partaking in the research are unknown by the public and can also remain unknown to the researcher thus the name of an individual remains unknown. (Frost 2011) has also noted that the participants do have the right to say that they want their names to be revealed. The researcher named the participants with letters and hence their names remained anonymous so as to protect the participants from the public as the public will not be able to identify who participated or not.

3.9.4 Right to withdrawal

According to Edwards (2005) right to withdrawal was described as the process whereby a participant can drop out from the research at any given point in time during the research without any reasons give hence it will be their choice. The participants were told to withdraw by the researcher if they no longer felt comfortable but none withdrew from the interviews but rather some of these participants did not show up for the interview.

3.9.5 Chapter Summary

This chapter comprised of the research methodology which had the research approach, research design, target population, sample and sampling techniques, research instrument, data collection procedure, data analysis and lastly the ethical considerations which were employed by the researcher. The researcher managed to full description on how the research was conducted.

CHAPTER 4

DATA PRESENTATION AND ANALYSIS

4.1 Introduction

This chapter is going to focus on data which was collected from the participants, how it is going to be presented and analysed. The data was collected through face to face semi-structured interviews. The researcher started with demographic information which focused on the characteristics of the participants which consisted of age, gender, marital status, also the parent who died during the semester and lastly the level which the participant was when he or she lost their parent(s). The research questions were then made the main themes of the research and there were also sub-themes under each main theme. The main themes included emotional reactions, social effects, and the coping strategies.

4.2 Characteristics of the participants

The research consisted of ten participants who had faced bereavement after the death of a parent(s) during the semester at M.S.U. Most of the participants turned out to be females and this was because most of the male participants did not feel comfortable to talk about their loss. The participants ranged from 22 years to 25 years of age and none of the participants were found to be 21 and below. All participants were single. The majority of the participants lost a father and a few participants lost a mother during the semester. Due to ethical considerations, the researcher did not use actual names but used the participants. Each and every participant was allocated with a letter in relation to their order in which they were interviewed thus leading the researcher to having participant A, B up to J. The table which follows summarises the demographic information of the participants.

Table 4.1 Summary of the characteristics of the participants

| Participant | Age | Sex | Marital status | Level when parent died | Parent who died | Current Level |
|-------------|-----|--------|----------------|------------------------|-----------------|---------------|
| A | 22 | Female | Single | 3.2 | Father | 4.2 |
| B | 24 | Male | Single | 3.2 | Father | 4.2 |
| C | 24 | Female | Single | 2.1 | Father | 4.2 |
| D | 25 | Female | Single | 4.1 | Father | 4.2 |
| E | 22 | Female | Single | 2.2 | Mother | 4.1 |
| F | 22 | Female | Single | 2.1 | Father | 4.1 |
| G | 25 | Male | Single | 1.1 | Mother | 4.2 |
| H | 22 | Female | Single | 1.2 | Father | 4.2 |
| I | 22 | Male | Single | 2.2 | Father | 4.2 |
| J | 23 | Male | Single | 4.1 | Mother | 4.2 |

The research of the psychosocial impacts of bereavement following the death of a parent(s) during the semester among students at M.S.U consisted of 10 participants in whom there were 6 females and 4 males. The mode age of participants was 22 years old. All of the participants reported to be single. Most of the participants reported to have lost a parent in their 3rd year during their study at M.S.U. Seven of the participants lost their fathers and only three participants lost their mothers. None recorded losing both parents at the same time.

The results are presented in themes and subthemes in which the themes fall under research questions of the study and subthemes fall under the answers which were collected from participants hence they are derived from the major theme; these give an interpretation and explanation of the subtheme in summary.

The study was guided by the following research questions;

- (1) What was the student’s emotional reaction when they were told about the parent’s death during the semester?
- (2) What social effects were faced by the student after the death of the parent during the semester?
- (3) How did the student cope with the bereavement experience?

4.3 Theme 1: Emotional experiences of students following the death of a parent

The participants reported of experiencing emotional upheaval immediately after the death of a parent(s) and also how they reacted emotionally when time progressed. During the interviews, the participants managed to talk about how they reacted to loss of a parent emotionally. The emotional reactions are shown in a table below.

4.2 Theme 1 and subthemes

| Main theme | Sub theme |
|-------------------|------------------|
| Emotional Effects | Denial |
| | Shock |
| | Anger |
| | Sadness |
| | Guilt and regret |

4.3.1 Subtheme 1: Denial

This was an immediate reaction upon hearing news of the death of a parent amongst participants. Some of the participants reported on not being able to accept the news that their parent had died. Denial was experienced by participants who lost their parents to sudden deaths and also those who have been fighting terminal illnesses.

“Judging from the fact that he was not ill but rather died a sudden death I just could not accept the news that he died just like that without any illness or accident. It was really overwhelming” (participant C)

“my mother was diagnosed with systemic sclerosis since I was in high school and she was a fighter, however when I was this old and after such a long struggle I received news during my level 2.2 that she died because of her illness. I just could not take it and I thought that maybe people were just trying to pull a prank on me even up until now I think that my mother is still there.....”(participant E)

It is from the above that one can safely conclude that denial was actually beneficial to the participants as it was a defence mechanism which actually paved way for the news to actually sink in and process the overwhelming feelings slowly. Not all of these participants benefited from denial as participant E have not accepted her loss yet and has not moved on from her mother’s death thus the news has not paved its way in.

4.3.2 Subtheme 2: Shock

Some participants also reported on shock as their immediate reaction upon hearing the death of their parent. These participants thought that it was a nightmare.

“....upon hearing the news of my father’s death I just could not believe it, I received a phone call from home telling me that my father had passed on and I actually thought that this was all a bad dream someone was going to wake me up I could not talk, move, eat or even sleep properly and this actually went on for days even after his funeral.....”(participant H)

“.....my father was not ill everything seemed to be perfectly fine and fit, on a Monday morning I was visited by my mother’s relatives and they told me that there was an emergency at home and I was needed I was told that I was going to spend a few days then return back to school little did I know that this was actually me going to say my goodbyes to my father, I reached home and I saw many people at our house crying saying out my father’s name and that’s when my aunt broke the news to me. I just thought maybe it was just a bad dream and someone was going to wake me up. I just could not believe it I asked myself questions like how he could be dead he was never sick. It actually became difficult for me to eat, bath and sleep during the funeral and also some days after.....” (participant A)

These findings therefore indicate shock to be the first reaction upon hearing the news of death of a parent especially when the death was sudden. Though most people get to be shocked it

must not prolong as this might affect the bereaving individual's health as they can be physically and emotionally draining.

4.3.3 Subtheme 3: Anger

The participants reported to be thinking about the deceased parent during their University experience and 40 % of the participants said they feel like they were treated unfairly whenever they think about it and try to find the reason why their parent died and not other people's parents.

"...I feel frustrated as I feel that justice was not served after my father died and I feel like there was need to revenge my father's death. A lot of questions ran through my mind questions like where is God in this. Why did he abandon me like this?....I could even start shouting and become hostile to other people for no apparent reason because I just have to transfer my frustration to someone else...."(participantC)

"...I become irritated at times knowing that my father will never return back ever again and also when the other colleagues discuss about their own surviving fathers and what they do for them. This also makes me think that life is not fair and why is it that amongst my friends I am the only one without a father why can't I say anything recent on my father? what wrong did I commit to deserve this and also why did God punish me in such a manner....."(participant D)

From the above findings, it is beyond any reasonable doubt that anger usually comes with time after the death of a parent. Participants who reported on being angry had close relationships with their deceased parent. However, anger from these participants is not healthy because some of these participants usually transferred their anger to colleagues and this might actually strain their relationships with colleagues.

4.3.4 Subtheme 4: Sadness

Regarding the question on how the students felt when their colleagues talk about their own surviving parents. Participants also reported to have experienced sorrow after their parents' death. Participant C also said that she felt sad that her own father had been taken away from her whereas some of the colleagues still had their own fathers and could actually say out what their fathers did for them. This was illustrated when she said;

“.....I find myself low in spirit especially when my colleagues talk about their own surviving parents and how happy their families are but there is nothing I can do about it life has to go on. I feel abandoned by God....” (participant C)

“.....It was horrible and intense when I was in level 2.1 and it was still a fresh thing that was taking place I didn't know what to say my dad has passed away and then you feel unhappy or do you share that with people or do you even pull back? I didn't know what to do but mostly I am filled with questions which no one can answer.I also tend to have days which I will be very low.....”(participant H)

Therefore, this clearly shows that participants exhibit sadness after the death of a parent, during bereavement. Sadness can be really beneficial to the participants because they are part of a meaningful life thus one cannot expect a bereaving individual to be happy after losing a parent. Therefore sadness is normal.

4.3.5 Subtheme 5: Guilt

Participants responded to the question of that in their University experience they do think about their own parents and felt responsible for the death of their parents.

“.....after my father was diagnosed with cancer, I felt like I did not do much so as to keep my own father alive. Also, I rushed back to school without taking care of him as time progresses something within me always remind me of my actions and I really feel like I actually contributed to my father's death...”(participant B)

“....when my mother died I felt guilty because she died of lung cancer but then there is nothing that I did to keep her father alive and could have done something. The other thing that also made me feel bad is because she died in a hospital and I was not there for her. My mother did not receive proper treatment for her illness and I feel responsible for her death”(participant J)

From the above information, it can be noted that it is only the participant whose parents were diagnosed with terminal illness that exhibited feelings of guilt as they were helpless and did not do anything.

4.3.6 Subtheme 6:Regret

The question which was asked to the participants was how they felt knowing that their parents will never return back. Some of the participants reported about what they could have done so as to have more sweet memories with their deceased parents.

“..... I feel remorseful about the moment that I used to have with my father if only I knew that his illness was going to take him sooner than expected I would have used the moment I had with him wisely.....”(participant D)

“.....if only I did not have an argument with my mother I could not have stressed her out because she had lung cancer and also she had a high blood pressure in which I think that I caused it. So whenever some of my colleagues talk about their surviving mothers the first thing that strike in my mind is me being rude to her and also stubborn. I could have done all those actions who knows maybe she would still be around.....”(participant J)

It is then from the above that the participants regretted on the actions that they did after their parent’s death and some who also reported on not having enough memories with the deceased parent.

4.4 Theme 2: Social Effects faced by the student after death of a parent

In this theme, the participants were asked if the death of the parent(s) affected them in their relationships positively or negatively in how they viewed the society and vice versa. Most participants confirmed that the death affected them negatively. These social effects will be illustrated in a table below.

Table 4.3

| | |
|----------------|---------------------------------|
| Social Effects | Social Isolation |
| | Social ills |
| | Bravery expected by the society |
| | Hopelessness |
| | Family dynamics |
| | Hopefulness |
| | Better understanding of death |

4.4.1 Subtheme 1: Social Alienation

Regarding the question on the negative effects which were brought to the relationships with fellow colleagues by the death of their parent(s) and also how the loss impacted college experiences with other peers, some of the participants reported that they did not mingle and associate with other colleagues as they would want to be alone and think about their own lives.

“I do not mingle with the other colleagues as I feel that they do not know what I am going through and am better off being alone but at times when I am alone I tend to have suicidal thoughts.... ”(participant D)

“after my father’s death, I prefer keeping my circles very small so as to avoid people’s perception on my ways of bereaving and only my two friends understand me. I also feel like the rest of the people so not understand me and also they always talk about their surviving families as a whole..... ”(participant F)

These findings maybe indicating that, participants actually use self alienation as a way of embracing the death of their parents though some of these participants will be having bad thoughts in which one can actually harm them.

4.4.2 Subtheme 2: Social ills

The question which was asked to the participants was how their college experiences were affected by the loss of their parent(s). Some of the participants reported that they indulged in social ills like drug abuse and womanising.

“ After the death of my father, I resorted to smoking and drinking alcohol excessively this actually affected my relationships with people as I actually had get myself involved in endless arguments and I would pick fights with people even when something small happens..... ”(participant C)

“Soon after my mother’s death I became a womaniser, I thought these women would actually feel the void which was left by my mother but it did not help at all and also I started smoking marijuana because no one controlled me and also I did whatever I wanted whenever I felt like it..... ”(participant G)

It is from the above information that one can actually note that social ills which are done by an individual usually leads to degradation of one's physical and also social health. These social ills are actually a result of lack of parental guidance.

4.4.3 Subtheme 3: Bravery expected by the society

Some of the participants also responded that the society expected them not to cry due to their age and sex (males) and be strong for their surviving parent's sake and pretend as if nothing happened.

".....people tell you that you are going to heal but they do not know how grief differ....For example if I remember my dad today I start to cry and if someone sees me crying he or she will tell me to act like an adult and stop crying, this means that they don't understand even if you lose your parent at 50 years, you will be hurt to such an extent that you would want to cry...."(participant C)

"...the society expects me not to cry and be brave about it because of my age after losing my own mother and also to man-up as they will view me as a weakling if I cry. So at times I don't cry even if I am hurting....." (participant J)

This therefore clearly shows that the participants who lost their parent during the semester suppress their own feelings as they are scared that they will be judged by the society and this usually can lead to bereavement related disorders.

4.4.4 Subtheme 4: Hopelessness

The participants responded to the question how they perceive their future without their parent(s). Some of them believed that their future consisted of no hope, meaningless without both parents as that there was no hope.

".....I had encompassed my mother in my future but since my mother died, there has been no positivity in the future all I can say right now is I see that my future is bleak I don't even know where I am going anymore as she gave me guidance..."(participant E)

".....the future seems to be not to be hopeful as I have dreamt before as my father will not be able to share the good days for example days like graduation days and also he won't be there on my wedding day. My father provided almost everything for

me I was my daddy's little girl I don't think I will ever find anything like that ever again in my life. Sometimes I think of taking my own life so that I can see my dad once again.....”(participant D)

Therefore this clearly shows that hopelessness in the participants can predict a high probability of suicide attempts or dropping from school as these participants believe that even if they get education without their parent they will be nothing as there will be lack of parental guidance.

4.4.5 Subtheme 5: Family dynamics

The participants responded to the question how the relationship with surviving parent and the siblings was and some of them reported that the family had conflicts. Family from the research included extended families from both paternal and maternal sides.

“..... it is hard for a man to be alone after losing his wife, so my father told us that he was considering to remarry and surprisingly I was the only one who supported this idea and this made the family to become divided and also my other siblings believed that I was actually my dad's favourite so there are more conflicts within the household....” (participant G)

“.....my brothers started coming home late simply because there was no longer a figure father to control them and also the extended family accused my mother of killing my father and this actually caused tension between my mother and my father's relatives. This has actually made me to be caught in between and it's obvious that I take my mother's side.....”(participant C)

From the above, these family dynamics can actually affect the student's social health as family relationships will have tension. Therefore from the above, even the extended families also were involved in conflicts.

4.4.6 Subtheme 6: Hopefulness

The question which was asked to the participants was how they perceived their future without their parents and some of the participants said they saw that in their future, there was some hope in it.

“.....my future is bright as I have the same dreams that I had before my father’s death because I am pretty sure that I can achieve anything but with different participants in my life to share the dreams with.....”(participant F)

“.....my future was actually hopeful although my father is no longer going to be part of big days in my life like graduation day, marriage. The death of my father does not mean that my future is bleak.....”(participant H)

Research findings may also be indicating that people behave differently even when in the same situation, some actually noticed that the death of a parent does not mean that there is no more hope but might actually have a better life ahead. This has helped the participants in also accepting the death of their parent.

4.4.7 Subtheme 7: Better Understanding of death

Some participants confirmed that the death of their parent(s) affected them positively. This was evidenced by the participants being able to understand what death is all about and what has to be done when someone lose a parent.

“.....I now understand that death is such a hard experience because you will be going through a difficult situation and there is nothing you can change. I now also understand that no matter how old you are if you lose your loved one, you will still need comfort from family and friends.....”(participant A)

“.....I have a better understanding on grief in that it differs from one person to the other, you can imagine that since I lost my father in level 2.1 I haven’t healed yet, so some people might even take a lifetime to heal because knowing that your parent will never return again is just painful and there is no treatment to that.....” (participant C)

These findings actually show that these participants have come to understand death after they experienced it from their parent. It is from such an experience that the participants were helped in growing. They now have a better understanding of death.

4.4.8 Subtheme 8: Unity

The participants also said the death of their parent did also affect their lives in a positive way as their relationships with other people became stronger. The family members came through for each other and were supportive with each other.

“.....older siblings came through to support me financially for fees, social support and also my other needs. I somehow thank the Lord for bringing us together as the remaining family as it actually strengthened our relationships.....”(participant B)

“....relationships became stronger, sympathy came from other peers and friends but as time moved on, the other peers who were once close moved on with their lives and also bonds within the family became stronger to such an extent that there is unity existing amongst the family members.....With friends our relationships came stronger”(participant D)

It is from the above that one can clearly see that not only does death have negative effects but there are also positive effects which can be experienced in this case is unity among the surviving family members especially siblings as they will be brought closer together and support each other after death of a parent.

4.5 Theme 3: Coping Strategies used by the student during bereavement experience

This section of the interview focused on what the participants did so as to manage their feelings and cope with the death of their parent(s). Coping strategies were defined as skills which were developed by the participant in assisting them to cope with the death of a parent(s). All the participants mentioned in having at least one or more of coping strategies. The coping strategies will be summarised in the table below.

Table 4.4

| | |
|-------------------|---------------------|
| Coping strategies | Writing |
| | Reading books |
| | Crying |
| | Physical activities |

Social support

Spirituality

Sense of humour

Counselling

Sleeping

Graveyard visits

Substance use

Listening to music

4.5.1 Subtheme 1: Writing

Participants described writing as a way of expressing their own feelings and to say out what they cannot tell anyone and also record the memories that the participant had with the deceased parent(s).

“I usually write on paper my unexpressed feelings and this actually keeps me busy and has actually been helpful as I have managed to express my grief. I also continue the conversations that I had with my dad and try to imagine what he would reply in my message...”(participant H)

“..... Writing down something about my mother has actually made almost everything much easier as I can express my feelings on a paper and I don't get to be judged by the society. I usually write a letter and I burn it so when the smoke goes up I feel relieved....”participant G)

From the above findings, writing has actually been adopted by the participants as a coping strategy as it has helped them to keep occupied and hence being productive. More so, writing helps participants in expressing the suppressed feelings.

4.5.2 Subtheme 2: Reading

Reading was also another coping strategy which was used by some participants as they acknowledged that they would read books so as to keep themselves occupied and helps them to get rid of bad thoughts like committing suicide and also doing unproductive things like resorting to drugs.

“..... I also read novels as a way of coping; it is actually from these novels that I find myself getting new ideas of how to tackle life in different dimensions, besides reading novels I also usually read books on therapeutic psychology and this has actually helped me to have a clearer picture of grief as an aspiring psychologist....”(participant G)

“.....I usually read the last message text that my father sent me before his death and also the Bible for comfort. Through reading the Bible, I get connected with my mother because she loved reading the Bible a lot.....”(participant H)

The above research findings actually indicate that reading has helped these participants to be busy and cope positively with bereavement following the death of a parent as it is actually a distracting method.

4.5.3 Subtheme 3: Crying

This was a coping mechanism which was adopted by most of the participants soon after the death of their parent(s). Some of the participants confirmed that they usually cried so as to cope with the death of their parent(s). They added on saying that crying helped them a lot as they felt relieved after they cried.

“....whenever I think about my dad I cry and whenever the date is the 27th of February I usually find myself crying because this is when he died. The day has really bad memories for me.....”(participant A)

“.....I usually go in a quiet place and cry about my mother’s death whenever I think of her well I do this because I wouldn’t want to be seen by other people crying because I am a guy and also my fellow colleagues will actually judge me and think that I am weak....”(participant J)

It is beyond any reasonable doubt that crying actually helps the participants as they will be confronting their feelings, improving mood and also it helps in releasing toxins from their bodies.

4.5.4 Subtheme 4: Physical activity

These participants were asked what coping strategies they used and they reported that physical activity helps them in coping. The physical activities mentioned were gym and exercises.

“.....So I have been going to the gym lately and it is really helping me a lot because it actually assures me of a brighter day ahead whenever I go to the gym. So I can say so far so good.....”(participant B)

“..... Exercises have actually helped me a lot as I have been able to focus more on my body and also look good, I have been doing squats, and also jogging. Other than focusing on my body, these exercises have actually helped me in relaxing my muscles.....”(participant E)

“.....My other coping strategy that I have been using is jogging, I take a jog about twice a day in the morning and also in the evening I jog for about 10-15 minutes. This actually helps me a lot as I will be helping my body to get fit and get in good shape....” (participant H)

Therefore from these findings, it actually shows that physical activity has actually helped the bereaving participants after the death of a parent as they divert negative energy into something productive and also it helps in improving the mood for these participants.

4.5.5 Subtheme 5: Social Support

Evidence from the research indicated that participants specifically identified social support as a coping strategy which came from family members and peers as very helpful in terms of coping.

“....I had sleepovers with friends helped a lot as they comforted my during a time of difficulty and her friends guaranteed her that they will be always by my side and this helped me a lot in healing some actually travelled with me all the way to Harare.....”(participant D)

“.....not only did my friends and family provide social support but also emotional support. This has helped me as I have actually managed to share some of my troubles. The church has also managed to support me socially and emotionally.....”(participant B)

From the above, this has actually suggested that social support has played a vital role in their lives as they actually know that there are some people who are there for her and providing comforting them during their time of bereavement following the death of a parent(s) during the semester.

4.5.6 Subtheme 6: Spirituality

This was also another coping strategy in which the participants engaged themselves in. Most of the participants reported that going to church, prayers helped them in coping with bereavement after the death of their parent(s).

“.....I would seek advice from pastors on how to handle a problem in regard to bereavement of my father and she actually said that the pastor would help her in prayers and also would actually open some Bible verses which comfort me...”(participant A)

“....prayer and going to church were also coping mechanisms in which the Holy Spirit came through to comfort them during their difficult time of losing a parent.....”(participant F)

Therefore, spirituality has actually helped these participants to cope and also mending their relationship with God as they are taught about morality and forbidden of bad conduct. Spirituality also helps these participants as they actually believe that God is the comforter of all. This clearly shows that spirituality is a positive coping strategy to Christians.

4.5.7 Subtheme 7: Sense of humour

Sharing of jokes among some of these participants has actually helped these participants in coping with bereavement following the death of a parent. Some of the participants also reported on sharing of jokes as a reliever of painful bereavement.

“...My friends would say out some jokes and I would laugh at these jokes so as to try and forget about the loss of my mother and looking at the positive side of life and you

know as they say laughing and being happy actually uses less muscles than when one is sad.....” (participant E)

“.... I share jokes with my friends in the University and this keeps me to not think about life too much and also to note the bright side of life even though my mother no longer exists....”(participant J)

Therefore from the above findings, sense of humour has helped these participants as it actually decreases stress hormones and increases the immune cells. Also, the participants are able to notice that life has also a bright and positive side that is besides crying there is laughing.

4.5.8 Subtheme 8:Counselling

The participants suggested that counselling will help the other students going through the bereavement after the death of a parent as this will actually give them a sense of relief.

“...counselling can actually help the students facing bereavement after the death of parent(s) especially when they come from the burial of their parent(s) as this will be the time when they will be talking about what is stressing them and also what they will be thinking....”(participant C)

“....Other students facing bereavement of a loved one should also see a psychologist for counselling so as to pour out their hearts to a professional and a problem shared is half solved....”(participant F)

“I usually go for counselling to my pastor and church and this actually helps me a lot because he actually refers to the Bible and also I feel like the Holy Spirit will be comforting me too. Plus also the fact that my mother was a Christian I think it actually reconnects us. I would like to encourage those going through bereavement to go for counselling to pastors, psychologists and other professionals....”(participant J)

The participants suggested that counselling can actually help the other students facing the psychosocial impacts of bereavement following the death of a parent(s) as soon as possible so as to help the students before the situation gets out of hand. This will benefit these participants as they will find comfort in positive memories devoid of being conquered by a sense of loss.

4.5.9 Subtheme 9: Sleeping

Resting was mentioned by some participants that it was their coping strategy. These participants claimed that they rested whenever they felt stressed.

“.....taking a nap helps my muscles to relax when she felt tense and then I wake up I feeling rejuvenated whenever I feel stressed. I take these naps during the day and I take about 30-45 minutes. This really works for me....”(participant F)

“.... Hahaha one of my coping strategies is taking a siesta. I take a siesta whenever I think of my mother and this works temporarily as I will be resting my mind if I have been stressed during the day for about an hour or even more than that it depends with the magnitude of my stress level but when I wake up I feel refreshed. The funny thing is I sleep at around 9 or 10 in the evening”(participant E)

Therefore, these participants have actually clarified that sleeping helps them as it actually improves brain functions ranging from memory to focus.

4.5.10 Subtheme 10: Graveyard visits

Some of the participants reported on going to their parent's graves just to go and have some fresh air there and also 'talking to their parents'. These participants have actually found the grave site to be quiet.

“....I usually visit my father's grave because I believe that my father will be listening to what I will be telling him though he won't be responding but it actually gives me peace of mind. I prefer going to his grave by myself and I actually find the gravesite very peaceful...”(participant C)

“.....Visiting my father at the cemetery actually helped me in accepting the reality that my father is no longer there and also whenever I feel like giving up on life,I feel motivated as something will be actually telling me that if I give up I will be letting him down....”(participant H)

Therefore from the above data which was collected, graveyard visiting has reported to be beneficial to participants who have faced the psychosocial impacts of bereavement following the death of a parent(s) during the semester as they have actually been motivated and gave them serious focus about the future and also gives them time to reflect on their lives.

4.5.11 Subtheme 11: Substance Use

Some of the participants indulged in substance use as a way of coping with bereavement. Participants C, G, I and J have reported to be using substances as a coping mechanism of dealing with bereavement following a parent's death.

"....I started drinking alcohol and also smoked cigarettes after my father passed on and this helped a for a short time as it helped me to 'escape' from the reality that my father does not exist anymore....."(participant C)

"....After my mother's death I resorted to smoking marijuana and also drank some alcohol. These drugs helped me to get my mind off things that started to take place after my mother's death and also to forget how painful my mother's death was...."(participant J)

".....After my father's death as I guy I knew that drugs and alcohol would actually help me out to get the days pass by and not to think much about my father. I chose drugs and alcohol because as a guy I couldn't be seen crying but the society can actually accept a drunkard guy because alcohol and drugs have been seen as something normal in our generation...."(participant I)

From the above findings, most of the boys took drugs and also a girl as a way of dealing with the death of their parent and also dealing with the psychosocial effects of bereavement. However, this kind of coping mechanism can actually lead to weakening of the immune system and hence increase one's susceptibility to diseases like lung cancer.

4.5.12 Subtheme 12: Listening to music

Some participants mentioned that listening to music was a coping strategy which helped them to have "fun".

".....Listening to music actually helps me as I will be able to dance off all the stress and also my mum loved dancing so whenever I start listening to music I start to dance and this really makes me happy and also it drowns my sorrows....."(participant E)

".....I also have adopted listening to music as my coping strategy and it has really helped a lot as I will be expressing my emotions to the music through singing along....."(participant B)

From the above data collected, listening to music has actually helped the bereaving students as they will be relaxed and distracted.

4.5.15 Chapter Summary

This chapter looked at the findings which were found by the researcher collected from the participants. The chapter focused on the findings which were discovered on the demographic information, emotional reactions by the student, social effects which were faced by the student after the death of their parent(s) and the coping strategies of bereavement.

CHAPTER 5

DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter focuses on the discussions which compare the work which was previously found on each and every research question and comparing it with that which the researcher managed to find from the participants and showing if there are similarities and differences thus checking the consistency in the study. The purpose of the study is to examine the psychosocial effects of bereavement on students who experienced death of a parent(s) during the semester. There will be conclusions which will be brought from this study and also recommendations which will be suggested in order to address the psychosocial impacts of bereavement among students at M.S.U and also to reduce these impacts.

5.2 Emotional reactions of the participants during bereavement

The research findings brought out a number of emotional reactions of the students when they were told about the parent's death during the semester which includes denial, shock, anger, sadness, guilt and regret.

The research showed that denial was actually a reaction which was found in some participants who faced bereavement after the death of a parent. These participants mentioned that they could not take it that their parent had died because this was actually overwhelming to the participant as they said that it was a lot to take in. This was also supported by Kubler Ross' theory of (1969) as she noted that in this stage the world will not have meaning to the bereaving individual and was the first stage in her theory. The participants who experienced denial were the ones who lost their parent suddenly and those who knew that their parents were fighters of illnesses that they were diagnosed of. This was also supported by Hope & Hodge (2006) who argued that denial was more prone to individuals who lost their loved ones suddenly as compared to those who lost their loved ones through long illnesses. This research has brought to light the view that even if a person's parent had been diagnosed with a terminal illness and fought the disease, even when the parent dies, the individual is likely to be in denial. It is from the above that this study has similarity with that of the other researchers hence showing consistency in bereavement following the death of a parent(s).

The research also discovered that shock was actually a reaction which was experienced by the participants upon hearing the news of their parent's death. Hinton (1972) actually postulated that shock occurs upon hearing the word of death. Lindemann (1944) also had suggested shock to be a universal emotional reaction upon hearing the news of an individual's death. Just as postulated by Grollman, (1991) shock as an emotional reaction of children to death, the participants within this study also experienced shock as an emotional reaction.

Anger has also been seen as an emotional reaction amongst participants during bereavement after the death of a parent during the semester. This kind of emotion was usually exhibited when these participants heard fellow colleagues talking about their own parents and also what they do for them and whenever they think that their parents will never return back again. The participants reported that they saw the death of their parent as being unfair. Lingren (1997) also supported this by arguing that the bereaving individual will be viewing it as cruel, unfair and incomprehensive fate. The participants asked questions like Why me and also Where is God in this? Kubler Ross (1969) also associated the stage with questions like where is God in this, as the participants felt deserted in her theory of death and dying.

The participants also felt sadness within them whenever their fellow colleagues talked about what their parents did for them. These participants reported on feeling unhappy because they did not have anything recent on their family as a whole and also they will be permanently separated from their parent. Coon & Mitterer (2008) also mentioned that bereaving individuals usually experience sadness as an emotional reaction when the individual realizes that his or her loved one is permanently gone and there is nothing that can be done to bring them back. Bowlby's theory of (1969) was also supporting that sadness was exhibited by the children who lost a primary caregiver for a short time or even permanently.

Guilt was another emotional reaction which was experienced by the participants as time progressed following the death of a parent. The participants reported on feeling helplessness during their parent's terminal illness as they could not do anything. This was also supported by Ylitalo et al (2008) who also came up with the conclusion that widows who lost their husbands to cancer. The widows who were helpless were the ones who felt helpless during their husbands' illness as they did not do anything to ensure that their husbands got better treatment.

The other emotion which was mentioned during the study was regret. Some of the participants complained about what they could have done so as to prevent the parent's death

so that the parent could have been still alive. This was also supported by Roese et al (2009) who also argued that regret was a negative emotion which was faced by bereaving individuals who think that they could have done something to prevent the death. Stroebe (2014) also did a study which focused on the role of Self Blame and Regret with 30 widows and 30 widowers and came up with the conclusion that regret played a major role in the surviving spouses whose spouses died of terminal illnesses in the homesteads than those who died at the hospital.

5.3 Social effects of bereavement following the death of a parent

Research findings have indicated that the negative social effects associated with bereavement following the death of a parent include self alienation, social ills, hopelessness, bravery expected by the community, family dynamics. However there were also other positive impacts like hopefulness, better understanding of death and also unity amongst family members.

The research findings have indicated that self alienation has actually turned out to be done by most participants as they claim that they needed to be alone from others. However, the studies have indicated and emphasized more on social isolation as indicated by Zeiher (2012) who have indicated that the bereaving college students have actually faced isolation from other school activities which involved parents in it and also Li et al (2005) has also supported the idea of social isolation through a study carried out amongst parents who were bereaving their children as suffering from isolation simply because they no longer had a child to go with to children functions done within the society. This therefore shows uniqueness of this study as participants within this study specifically moved from the society of other students and want preferred to be alone without isolation from fellow colleagues.

The research findings also discovered that social ills were actually negative social impacts which were experienced by the participants. These social ills included womanizing and also health-risk behaviours such as drug use among the participants due to absence of parental guidance. These findings have actually been also supported by the Cluver et al (2012) who studied bereavement among children and came up with results which suggested that childhood bereavement was associated with a social ill like prostitution due to poverty in the Sub-Saharan Africa and also Berg et al (2014) has also indicated that health-risk behaviors like drug abuse was also done by the children due to absence of parental guidance. Therefore

from this finding, it can be noted that even university students are vulnerable to peer pressure when there is no longer parental guidance.

Hopelessness has also become a finding within the study which was faced by the participants when asked how they viewed their lives without the deceased parent. Some of the participants viewed the future as bleak as they had encompassed their parents in decision making also in later plans of their lives. These parents provided guidance to the participants. Just like how hopelessness was amongst the participants, it was also found to be among children who had lost parents that they had high hopelessness in a study of antecedents and sequel of sudden parental death in offspring and surviving caregivers (Melhelm, 2008). Another study carried out by Ito et al (2012) of Brief Measure for Screening Complicated Grief: Reliability and Discriminant Validity has also reported that six participants within their study of reported to be hopeless after the death of a loved one. From these studies also, there has been also a correlation between hopelessness and suicide among the participants.

The study also managed to find out bravery which was expected from the society. This bravery included that when the bereaving individual is old, he or she is not supposed to cry, when the bereaving is a male he is not expected to cry because it is a gender role of a man not to cry. Tyson (2012) has also indicated in his study that in order for one to create meaning in loss he or she is expected to be brave about the loss henceforth one is expected to overcome the pain of loss while continuing to affirm inwardly that life with all its sorrows is good. Therefore from the African perspective it is not acceptable for a man to cry as he will be viewed as a weakling and not man enough during the funeral and also after the funeral.

Family dynamics has also been a social impact of death faced by the bereaving participants. These dynamics were either positive in that they created unity among the family members or negative in that they caused conflict within the family members. Similarly, Delalibera(2015) has also supported the idea that there are family dynamics which occurs after the death of a family member, the results which were found were that supportive families are most likely to have unity unlike families which tend to be unsupportive which were associated with conflicts. More so, Aldwin & Levnsen (2001) have also suggested that death of a parent can actually bring closer the children of the deceased. The study looked family up to the extended families; it did not limit itself to the nuclear family thus showing the uniqueness of the study.

The positive findings which were found under the social impact of bereavement following the death of a parent(s) is that the participants actually became understanding when it comes to death and this has been unique to this study.

5.4 Coping strategies of the participants

The research findings have indicated that there are various coping strategies like writing, reading, crying, physical activity, social support, spirituality, sense of humour, sleeping, graveyard visits, substance use and listening to music used by participants.

The participants mentioned that they used writing to cope with bereavement following the death of a parent. This has actually made the participants to be more productive and also it is a coping strategy as the participants reported on expressing the unexpressed emotions. Worden (2002) has also been in support of this, as he noted that writing is an effective way used by people to get in touch with their emotions during bereavement. Byng-Hall (1991) has also supported the idea of writing as a healthy coping mechanism as the bereaving individual will write a script and this will help in healthy grieving.

Moving on, there was also reading and listening (in psychology this is called distraction) to music was also used by participants to cope with bereavement following the death of a parent. The participants during the study mentioned that music and reading helped them to get distracted. Bernstein & Rudman (1989) also noted that in their study of parental bereavement among children, reading helps children in coping with grief. Zeelenberg and Spiertz (1993) also carried a research on Dutch population suffering depression after the death of a loved one, the respondents said that they preferred reading books in order to deal with a bereavement. Koopman (2011) did a study on what coping mechanism was mainly used as a loss-oriented strategy among the bereaving population and it turned out that reading was popular as compared to music. Saarikallio, (2011) supported the view that music helps an individual to feel relaxed and distracted.

The study's findings indicated that spirituality has been a common coping strategy to cope with bereavement following the death of a parent amongst Christians as most of the participants reported to be Christians. These participants reported on using prayers, reading the Bible, going to Church and also visiting pastors for guidance. This was also supported by Muselman & Wiggins (2012) as they indicated that the spirituality is most common in adolescents' as they believe that God will provide them with comfort. Chatuverdi (2010) also

noted that prayers have actually helped most bereaving Christians to cope. This therefore clearly shows that the spirituality works for a bereaving individual.

Moving on, some of the participants reported on using social support as another way of coping with bereavement following the death of a parent found within the study. Participants reported that social support emanated from family members and friends. Lobb's et al (2014) supported the view that social support helps bereaving individuals in coping after the death of a loved one. Nwoye (2005) has also supported that grief in Africa is regarded as a shared movement when one loses a loved one. This has proven to help a lot of people as they will be also getting comfort from these people in dealing with bereavement following the death of a loved one.

Some of the participants used graveyard visits as another coping strategy used to cope with bereavement following the death of a parent. The participants actually believed that they will be talking to the dead parent who will be listening and also this helps them in coming to terms with the parent's death. Broome (2004) also supports that the bereaving individual can actually go for a graveyard visit so as to keep the relationship with a loved one. In support of graveyard visits as a coping strategy, Becvar (2001) also noted that graveyard visits is usually done by the family members of the deceased as it actually gives them time to cope with the deceased. Therefore, it is clear that there is similarity which exists between this study and the other researcher's work thus showing consistency in bereavement studies.

Substance use was also mentioned as a coping strategy used by mostly men during bereavement following the death of a parent. The substances which were used included alcohol, cigarettes, marijuana. The participants who used drugs have reported that they worked temporarily and hence this has led to overuse of the substances so as to prolong the effects of drugs. This is supported by Buckley et al (2008) as he noted that alcohol is viewed as a stress reliever in the western culture. This has actually been applied in Africa by most African men because they use alcohol whenever they find themselves stressed. According to Dawson (2005), drugs have been used by most men as compared to women because most men tend to suppress their feelings and hence only turn to drugs. This has actually been done by the bereaving youths and henceforth the reason why there has been an increased rate on drug abuse.

5.5 Conclusion

From the study, the following conclusions were drawn;

The results from the study found the participants said to have exhibited emotional reactions which included denial, shock, sadness, guilt and regret. The participants who reported to have been in shock and denial were the ones who lost their parents to sudden death, however there are some participants who reported that they were shocked in discovering their parent's death after the parent was always fighting a terminal illness and had survived with the illness for a long time also reported on being shocked and also denial even up to date. The participants who also reported on the emotional reactions like guilt and regret were the ones who thought that their parents did not receive enough medical attention and also psychosocial support from the participants. The researcher learnt that denial and shock can be experienced by individuals who lost parents to sudden deaths and also to individuals whose parents survived the terminal illnesses for a long time. Depression was not found to be amongst the emotional reactions of the participants as they were not diagnosed clinically.

The researcher also discovered that the social impacts of bereavement following the death of a parent(s) were both negative and positive. The negative effects included self alienation, social ills, bravery expected by the community, hopelessness and also family dynamics like conflict. The positive impacts of death included hopefulness, better understanding of death and unity amongst the family members. The negative social effect of bereavement like self alienation was actually caused by the participants as they did not want anything to do with colleagues and hence this was not social isolation. Social ills like drug use can actually affect the health of the participants. The bravery which the society expects from the bereaving individual actually leads the participants in suppressing their own feelings and hence can also affect the psychosocial health of the participants. Most of the participants also viewed the death of their parent as the one reason causing their future to be bleak and absence of hope in it this is probably due to absence of parental guidance. Family dynamics like conflicts has actually made divisions within the participants' lives. The positive impacts have actually shown that death does not always have negative impacts but also positive impacts.

There were various coping strategies which were used by participants and these included writing, crying, reading, physical activity, social support, spirituality, sense of humour, counselling, sleeping, graveyard visits, substance use and listening to music. These coping strategies have actually been helpful to the participants positively, these coping strategies

include writing, crying, reading, physical activity, social support, spirituality, sense of humour, counselling, sleeping, graveyard visits and listening to music however substance use as a coping strategy done by males, they do not notice the negative effects that come along with substance use.

5.6 Recommendations

These were categorized into two that is the University and the participants

5.6.1 Role of the University

- The University has to do follow-up to the students who would have lost parents because some of these students will no longer afford the school fees and this might lead to drop outs
- The students returning from funerals should also be given enough time to work on their assignments and due dates should be extended
- The students should also be given longer breaks from school so as to mourn
- The University should also have awareness programs so as to proactively address grief through giving education on understanding grief, the effects of grief and how to assist a bereaved person.
- The University should also establish on campus and off campus support systems for the bereaving individuals.

5.6.2 Role of Participants

- Participants should become aware of the counselling services provided with the University and also get counselling services so as to help them cope.

5.7 Chapter Summary

This chapter marked the end of this study. It discussed the research findings presented and analysed in chapter four in relation to relevant literature, research questions, theoretical framework and past studies that were presented in chapter two. Conclusions and recommendations were also discussed.

REFERENCE LIST

- Adler, A. (1927). *Understanding human nature*. New York, NY: Fawcett Premier.
- Aldwin, C. M., Spiro III, A., Levenson, M. R., & Cupertino, A. P. (2001). Longitudinal findings from the normative aging study: III. Personality, individual health trajectories, and mortality. *Psychology and Aging, 16*(3), 450.
- Anderson, C.E. (2012). *Running Header: AFFECTS OF PARENTAL DEATH ON RELATIONSHIPS* (Doctoral dissertation, Adler Graduate School).
- Auster, T., Moutier, C., Lanouette, N., & Zisook, S. (2008). Bereavement and depression: implications for diagnosis and treatment. *Psychiatric Annals, 38*(10), 655.
- Ausubel, D. P. (1970). David Ausubel. *Education in Depressed Areas*, 109.
- Axelrod, J. (2017). *The Stages of Grief and Loss*. Psych Central. Retrieved on January 30 2018, from <https://psychcentral.com>
- Balk, D. E. (2011). *Helping the bereaved college student*. Springer Publishing Company.
- Balk, D. E., Walker, A. C., & Baker, A. (2010). Prevalence and severity of college student bereavement examined in a randomly selected sample. *Death Studies, 34*(5), 459-468.
- Barbato, A., & Irwin, H. J. (1992). Major therapeutic systems and the bereaved client. *Australian Psychologist, 27*(1), 22-27.
- Barner, J. & Rosenblatt, P. (2008). Giving at a loss: Couple exchange after the death of a parent. *Mortality, 13*(4), 318-334.
- Beales, D., Whitten, H (2010). *Emotional Healing For Dummies*, A John Wiley and Sons Ltd Publication, England
- Becker, L., 1975, "Human Being: The Boundaries of the Concept," *Philosophy and Public Affairs, 4*: 334-59.
- Bhatti, A. B., & ulHaq, A. (2017). The Pathophysiology of Perceived Social Isolation: Effects on Health and Mortality. *Cureus, 9*(1).

- Bowlby, E. J. M. (1998). Attachment and Loss: vol. 2: Separation: Anger and Anxiety. Pimlico.
- Braun, V., Clark, V. (2006). Using Thematic analysis in Psychology. Qualitative research in psychology. Vol.3(2), pp 77-101. <http://dx.doi.org/10.1191/1478088706qp063oa>
- Broome, B.A. (2004). "Culture Counts." Journal of Cultural Diversity, Fall issue, pp. 1-2
- Brown, E. J., & Goodman, R. F. (2005). Childhood traumatic grief: An exploration of the construct in children bereaved on September 11. *Journal of Clinical Child and Adolescent Psychology*, 34(2), 248-259.
- Buckley, T., Bartrop, R., McKinley, S., Ward, C., Bramwell, M., Roche, D., ... & Goldston, K. (2009). Prospective study of early bereavement on psychological and behavioural cardiac risk factors. *Internal medicine journal*, 39(6), 370-378.
- Cait, C. (2005). Parental death, shifting family dynamics, and female identity development. *Omega*, 51(2), 87-105.
- Carroll, L. (2013). Problem-focused coping. In *Encyclopedia of behavioral medicine* (pp. 1540-1541). Springer New York.
- Carson, B. Mineka (2000). *Abnormal Psychology & Modern Life*.
- Chambers, H. M., & Chan, F. Y. (2000). Support for women/families after perinatal death. *Cochrane Database Syst Rev*, 2, CD000452.
- Chaturvedi, S. K., Loisele, C. G., & Chandra, P. S. (2009). Communication with relatives and collusion in palliative care: A cross-cultural perspective. *Indian journal of palliative care*, 15(1), 2.
- Christ, G., Bonanno, G., Malkinson, R., & Rubin, S. (2003). Bereavement experiences after the death of a child. *When children die: Improving palliative and end-of-life care for children and their families*, 553, 579.
- Coon, D., & Mitterer, J. O. (2008). Introduction to psychology: Gateways to mind and behavior, 339.

Counseling psychology. (n.d.). *Dictionary.com's 21st Century Lexicon*. Retrieved October 6, 2017 from Dictionary.com website <http://www.dictionary.com/browse/counseling-psychology>

Currier, J. M., Holland, J. M., & Neimeyer, R. A. (2006). Sense-making, grief, and the experience of violent loss: Toward a mediational model. *Death studies, 30*(5), 403-428.

Delalibera, M., Presa, J., Coelho, A., Barbosa, A., & Franco, M. H. P. (2015). Family dynamics during the grieving process: a systematic literature review. *Ciencia & saudecoletiva, 20*(4), 1119-1134.

De Walque, D., Kline, R. (2009). The Association between Remarriage and HIV Infection: Evidence from National HIV Surveys in Africa.

Demmer, C., & Rothschild, N. (2011). Bereavement among South African adolescents following a sibling's death from AIDS. *African Journal of AIDS Research, 10*(1), 15-24.

Dlukulu, P. M. (2010). Black Urban Widows: Their experiences of and coping with bereavement in a transitional society. Unpublished Doctoral Thesis, University of Pretoria, Pretoria: South Africa

Dryden-Edwards, R., & Stöppler, M. C. Grief: Loss of a Loved One. *Cancer, 202*, 237-2280.

Edwards, S. J. (2005). Research participation and the right to withdraw. *Bioethics, 19*(2), 112-130.

Ekore, R. I., & Lanre-Abass, B. (2016). African cultural concept of death and the idea of advance care directives. *Indian journal of palliative care, 22*(4), 369.

Erikson, E. (1963). *Childhood and society*. New York, NY: W.W. Norton & Company

February 2018

Fleming, S., & Robinson, P. (2001). Grief and cognitive-behavioral therapy: The reconstruction of meaning.

Freud, S. (1949). An outline of psychoanalysis (1940 [1938]). *PFL, 15*, 420.

Frost, N. (2011). *Qualitative research methods in psychology: Combining core approaches*. McGraw-Hill Education (UK).

Garzouzie, G. (2011). *The psychological experiences of grieving for adolescents recently bereaved of a parent* (Doctoral dissertation, Stellenbosch: University of Stellenbosch).

Gire, J. (2014). How death imitates life: Cultural influences on conceptions of death and dying. *Online Readings in Psychology and Culture*, 6(2), 3.

Glaser, B. G. & Strauss, A. L. (1967). *The discovery of grounded theory: Strategies for qualitative research*. Piscataway, New Jersey: Transaction.

Goodenough, B., Drew, D., Higgins, S., & Trethewie, S. (2004). Bereavement outcomes for parents who lose a child to cancer: are place of death and sex of parent associated with differences in psychological functioning?. *Psycho-Oncology*, 13(11), 779-791.

Greenland, S. (2005). Target Population. *Encyclopedia of Biostatistics*. 8.

Gregory, I. (2003) *Ethics in Research*. London: Continuum

Gregory, C (2017). *The Five Stages of Grief: An Examination of the Kubler-Ross Model*
psy.com Vertical Health LLC

GroHman, E. (1991). Explaining death to children and to ourselves. In Danai Papdatou, & Costas Papadatos (Eds.), *Children and death* (pp. 3 - 8). New York: Hemisphere Publishing Corporation

Hinton, J. (1972). *The Psychiatry of Terminal Illness in Adults and Children: Psychiatric Consultation in Fatal Illness*.

Holland, J. M., Currier, J. M., & Neimeyer, R. A. (2006). Meaning reconstruction in the first two years of bereavement: The role of sense-making and benefit-finding. *Omega: Journal of Death & Dying*, 53(3), 175-191.

Hope, R. M., & Hodge, D. M. (2006). Factors affecting children's adjustment to the death of a parent: The social work professional's viewpoint. *Child and Adolescent Social Work Journal*, 23(1), 107-126.

Horsley, H., & Patterson, T. (2006). The effects of a parent guidance intervention on communication among adolescents who have experienced the sudden death of a sibling. *The American Journal of Family Therapy*, 34(2), 119-137.

Hyrkäs, K., Kaunonen, M., & Paunonen, M. (1997). Recovering from the death of a spouse. *Journal of advanced nursing*, 25(4), 775-779.

Ito, M., Nakajima, S., Fujisawa, D., Miyashita, M., Kim, Y., Shear, M. K., ... & Wall, M. M. (2012). Brief measure for screening complicated grief: reliability and discriminant validity. *PloS one*, 7(2), e31209.

Jacob, S. (1993). *Pathologic Grief: Maladaptation to loss*. Washington DC: American Psychiatric Press Inc

Joint United Nations Programme on HIV/AIDS., & UNICEF. (2010). *Children and AIDS: Fifth Stocktaking Report, 2010*. UNICEF.

[Kilmartin, C.T.](#) (2007) *The masculine self* Sloan Publishing, Cornwall-on-Hudson, NY (2007)

Kübler-Ross, E. (2003). *On death and dying*. 1969. *New York: Scribner's*.

Li, J., Laursen, T. M., Precht, D. H., Olsen, J., & Mortensen, P. B. (2005). Hospitalization for mental illness among parents after the death of a child. *New England Journal of Medicine*, 352(12), 1190-1196.

Li, J., Stroebe, M., Chan, C. L., & Chow, A. Y. (2014). Guilt in bereavement: A review and conceptual framework. *Death Studies*, 38(3), 165-171.

Lindemann, E. (1944). The symptomology and management of acute grief. *American Journal of Psychiatry*, 101, 141-148

Ling, S. F., Chen, M. L., Li, C. Y., Chang, W. C., Shen, W. C., & Tang, S. T. (2013, January). Trajectory and influencing factors of depressive symptoms in family caregivers before and after the death of terminally ill patients with cancer. In *Oncology nursing forum* (Vol. 40, No. 1).

Lingren, H. G. (1997). Understanding grief and loss; [computer file]; Herbert G. Lingren. *NebGuide; HEG* 87-223.

Lobb, E. A., Kristjanson, L. J., Aoun, S. M., Monterosso, L., Halkett, G. K. B., & Davies, A. (2010). Predictors of complicated grief: A systematic review of empirical studies. *Death Studies*, 34(8), 673-698. <http://doi.org/10.1080/07481187.2010.496686>

- Lyons, E., & Coyle, A. (Eds.). (2016). *Analysing qualitative data in psychology*. Sage Publications.
- Manalo, E., & Bartlett-Trafford, J. (2004). *Thinking to thesis: A guide to graduate success at all levels*. Pearson Longman.
- Maphosa, C., & Maphosa, T. (2014). Unmasking Remarriage Practices of Surviving Spouses in the Midst of the HIV/AIDS Pandemic. *Mediterranean Journal of Social Sciences*, 5(16), 601.
- Marshall, C. (1999). Rossman.(1995). Designing qualitative research.
- Merriam-Webster, Inc. (1983). *Webster's ninth new collegiate dictionary*. Merriam-Webster.
- Mathews, L. L., & Servaty-Seib, H. (2007). Hardiness and grief in a sample of bereaved college students. *Death Studies*, 31(3), 183-204. doi:10.1080/07481180601152328
- Melhem NM, Walker M, Moritz G, Brent DA. Antecedents and sequelae of sudden parental death in offspring and surviving caregivers. *Archives of Pediatrics and Adolescent Medicine*. 2008;162:403–410. [[PMC free article](#)] [[PubMed](#)]
- Muselman, D. M., & Wiggins, M. I. (2012). Spirituality and loss: Approaches for counseling grieving adolescents. *Counseling and Values*, 57(2), 229-240.
- Nijhawan, L. P., Janodia, M. D., Muddukrishna, B. S., Bhat, K. M., Bairy, K. L., Udupa, N., & Musmade, P. B. (2013). Informed consent: Issues and challenges. *Journal of advanced pharmaceutical technology & research*, 4(3), 134.
- Nind, M., Wiles, R., Bengry-Howell, A., & Crow, G. (2013). Methodological innovation and research ethics: forces in tension or forces in harmony?. *Qualitative Research*, 13(6), 650-667.
- Nugent, P.M.S., (2013) "BEREAVEMENT," in *PsychologyDictionary.org*, <https://psychologydictionary.org/bereavement/> (accessed October 5, 2017).
- Nwoye, A. (2005). Memory healing processes and community intervention in grief work in Africa. *Australian and New Zealand Journal of Family Therapy*, 26(3), 147-154.

Page, R. M., & Page, T. S. (2003). *Fostering emotional well-being in the classroom*. Jones & Bartlett Learning.

Palys, T. (2008). Purposive sampling. In L. M. Given (Ed.) *The Sage Encyclopedia of Qualitative Research Methods*. (Vol.2). Sage: Los Angeles, pp. 697-8

Pandya, S. P. (2017). Spirituality for Wellbeing of Bereaved Children in Residential Care: Insights for Spiritually Sensitive Child-Centred Social Work Across Country Contexts. *Child and Adolescent Social Work Journal*, 1-15.

Papalia, D. E., Olds, S. W., & Feldman, R. D. (1992). *Human development edition*. New York.

Phrasisombath, K. (2009). Sample size and sampling methods. Faculty of Postgraduate Studies and Research University of Health Sciences: Vientiane.

Pilling, J., Thege, B. K., Demetrovics, Z., & Kopp, M. S. (2012). Alcohol use in the first three years of bereavement: a national representative survey. *Substance abuse treatment, prevention, and policy*, 7(1), 3.

Rebar, C.R., Gersch C.J., Macnee, C.L., McCabe S. (2011) *Understanding Nursing Research* (3rd Edition), London: Lippincott Williams & Wilkins

Resnik, D. B. (2015,). What is ethics in research & why is it important. In *ideas*.

Ribbens McCarthy, J., & Jessop, J. (2005). Young People, Bereavement and Loss: Disruptive transitions?.

Roberts, K.E., (2016) "Grief and Bereavement among College Students". Digital Commons @ ACU, Electronic Theses and Dissertations. Paper 10.

Roese NJ, Epstude KAI, Fessel F, Morrison M, Smallman R, et al. (2009) Repetitive regret, depression, and anxiety: Findings from a national representative survey. *J SocClinPsychol* 28: 671–688.

Rogers, C. H., Floyd, F. J., Seltzer, M. M., Greenberg, J., & Hong, J. (2008). Long-term effects of the death of a child on parents' adjustment in midlife. *Journal of Family Psychology*, 22(2), 203-211.

- Scharlach, A. E., & Fredriksen, K. I. (1993). Reactions to the death of a parent during midlife. *OMEGA-Journal of Death and Dying*, 27(4), 307-319.
- Schut, M. S. H. (1999). The dual process model of coping with bereavement: Rationale and description. *Death studies*, 23(3), 197-224.
- Stroebe, M., Stroebe, W., Van De Schoot, R., Schut, H., Abakoumkin, G., & Li, J. (2014). Guilt in bereavement: The role of self-blame and regret in coping with loss. *PloS one*, 9(5), e96606.
- Surkan, P. J., Kreicbergs, U., Valdimarsdóttir, U., Nyberg, U., Onelöv, E., Dickman, P. W., & Steineck, G. (2006). Perceptions of inadequate health care and feelings of guilt in parents after the death of a child to a malignancy: a population-based long-term follow-up. *Journal of palliative medicine*, 9(2), 317-331.
- Taggart, H., & Greatrex-white, S. (2015). Traumatic grief in young people in Sub-Saharan Africa: a scoping review.
- Umberson D, Chen MD. (1994) Effects of a parent's death on adult children: Relationship salience and reaction to loss. *American Sociological Review*. 59:152–168.
- United Nations Department Of Economic And Social Affairs (2004). *The Impact Of Aids*. New York: United Nations Publications.
- Vizzotto, A. D. B., de Oliveira, A. M., Elkis, H., Cordeiro, Q., & Buchain, P. C. (2013). Psychosocial Characteristics. In *Encyclopedia of Behavioral Medicine* (pp. 1578-1580). Springer New York.
- Weinberg, N. (1994). Self-blame, other blame, and desire for revenge: Factors in recovery from bereavement. *Death Studies*, 18(6), 583-593.
- Wijngaards-de Meij, L., Stroebe, M., Schut, H., Stroebe, W., van den Bout, J., van der Heijden, P., & Dijkstra, I. (2005). Couples at risk following the death of their child: predictors of grief versus depression. *Journal of consulting and clinical psychology*, 73(4), 617.
- Wiles, R., Crow, G., Heath, S., & Charles, V. (2006). Anonymity and confidentiality.

Willig, C. (2013). *Introducing qualitative research in psychology*. McGraw-Hill Education (UK).

Wisner, B. L., Jones, B., & Gwin, D. (2010). School-based meditation practices for adolescents: A resource for strengthening self-regulation, emotional coping, and self-esteem. *Children & Schools*, 32(3), 150-159.

Worden, J. W. (2002). *Grief counseling and grief therapy: A handbook for the mental health practitioner* (3rd ed.). New York: Springer.

Worden, J. W. (2009). *Grief counseling and grief theory: A handbook for the mental health practitioner* (4th ed.). New York: Springer

World Bank Policy Research Working Paper Series, VoAvailable at SSRN: <http://ssrn.com/abstract=1503812>. Accessed 12

World Health Organization. (2015). *World health statistics 2015*. World Health Organization.

Ylitalo, N., Valdimarsdóttir, U., Onelöv, E., Dickman, P. W., & Steineck, G. (2008). Guilt after the loss of a husband to cancer: Is there a relation with the health care provided?. *Acta Oncologica*, 47(5), 870-878.

Zeihner, K. D., Education, C., & Johnson, V. (2012). CERTIFICATE OF APPROVAL _ CAPSTONE PROJECT _ The Effects of Grief and Bereavement in the Lives of College Students.

Zisook, S., & Shuchter, S. R. (2001). Treatment of the depressions of bereavement. *American Behavioral Scientist*, 44(5), 782-797.

APPENDIX A

APPENDIX B

APPENDIX E: MARKING GUIDE

Name of student: Milcent Dewah

REG No: R146390Q

| | ITEM | Possible Score | Actual | Comment |
|---|--|----------------|--------|---------|
| A | RESEARCH TOPIC AND ABSTRACT clear and concise | 5 | | |
| B | PRELIMINARY PAGES: Title page, approval form, release form, dedication, acknowledgements, appendices, table of contents. | 5 | | |
| C | AUDIT SHEET PROGRESSION | 5 | | |
| D | CHAPTER 1 Background, statement of problem, significance of the study, research questions, objectives, hypothesis, assumptions, purpose of the study, delimitations, limitations, definition of terms | 10 | | |
| E | CHAPTER 2 Addresses major issues and concepts of the study. Findings from previous work, relevancy of the literature to the study, identifies knowledge gap, subtopics | 15 | | |
| F | CHAPTER 3 Appropriateness of design, target population, population sample, research tools, data collection, procedure, presentation and analysis | 15 | | |
| G | CHAPTER 4 Findings presented in a logical manner, tabular data properly summarized and not repeated in the text | 15 | | |
| H | CHAPTER 5 Discussion (10) Must be a presentation of generalizations shown by results: how results and interpretations agree with existing and published literature, relates theory to practical, | 20 | | |

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|---|---|-----|--|--|
| | implications, conclusions (5) Ability to use findings to draw conclusions Recommendations (5) | | | |
| I | Overall presentation of dissertation | 5 | | |
| J | References | 5 | | |
| K | TOTAL | 100 | | |

Marker.....Signature Date.....

Moderator.....Signature..... Date.....