

UNIVERSITY OF CAPE COAST

BEREAVEMENT AMONG MIDDLE-AGE CHRISTIANS IN EFFUTU  
MUNICIPALITY, CENTRAL REGION, GHANA

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BY

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SEPTEMBER 2020

DECLARATION

**Candidate's Declaration**

I hereby declare that this thesis is the result of my own original research and that no part of it has been presented for another degree in this university or elsewhere.

Candidate's Signature..... Date.....

Name: .....

**Supervisors' Declaration**

We hereby declare that the preparation and presentation of the thesis were supervised in accordance with the guidelines on supervision of thesis laid down by the University of Cape Coast.

Principal Supervisor's Signature..... Date.....

Name: .....

Co-Supervisor's Signature..... Date.....

Name: .....

## ABSTRACT

The study explored the challenges, coping strategies and consequences of bereavement for middle-aged Christian widows and widowers in Effutu Municipality. The exploratory two-stage sequential mixed method research approach was used. In the first stage, interviews were conducted with nine participants comprising five middle-aged widows and four middle-aged widowers. The cross-sectional survey design involving a purposely selected sample of 302 participants completed the questionnaire for the second stage. The reliability coefficients for the three parts of the instruments were 0.814, 0.838 and 0.724 respectively. Independent samples t-test, MANOVA and Multiple regression analysis were used to test the stated hypotheses. Findings revealed that middle-age Christian widows and widowers faced lots of challenges during bereavement and psychological challenge was the most dominant challenge with symptoms of depression. The findings also indicated that middle-age widows and widowers adopted effective coping strategies during bereavement and majority of them used the problem-focused coping strategy. Also, years in widowhood had a significant effect on the challenges, coping strategies and consequences. Further, the results showed that age was a contributing factor to middle-age widowhood and the dominant age group was between 36 and 45 years of age. The study concludes that coping strategy plays a significant role in the relationship between bereavement challenges and consequences. The study recommends that counselors and clinicians could systematically use the coping strategies studied in this research to help widows and widowers cope effectively during bereavement and subsequently improve their mental health and well-being.

## KEYWORDS

Challenges

Coping strategies

Consequences

Middle age widows and widowers

Bereavement

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To my ever-faithful God Almighty, I am profusely grateful.

DEDICATION

To my late father, Lawyer T.G. Kumi and to a beloved sister, Priscilla Akosua

Idun.

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## CHAPTER ONE

### INTRODUCTION

#### **Background to the Study**

Losing a partner is one of the most common life transitions and becomes more common as individuals become older (Strobe & Strobe, 1987). The end of couplehood and marriage is generally expected to come about by widowhood or divorce. Widowhood by definition means the death of one spouse in the couple. Divorce is a termination of marriage found to be more and more acceptable and common these days. Both these life altering events are acknowledged and recognised by the couple and society as signaling the beginning of a new stage in life. This study focused on the end of couplehood and marriage by means of widowhood.

#### **Experience of Loss: Global Perspectives**

From time immemorial, death has always been understood as an occurrence befalling mostly the aged. Indeed, at the age of 70, 15% of men and 45% of women are widow(er)s (Elliot & Simmons, 2011). However, the death of a loved one can bring about some psychological consequences for the bereaved. This is because the bereaved is the person who loses his/her continuing experiences, emotional and social bonds with the person who passed away. He/she lives with this reality and has irreversible major changes in life (Breen & O'Connor, 2011). This may bring about psychological and social consequences for the bereaved as he/she adapts to a new life while grieving.

Therefore, bereavement and grief and their implications are closely related to the mental health.

Grief is considered as a natural, universal reaction to loss (Castle & Phillips, 2003; Arnason, Hafsteinsson, & Gretarsdottir, 2004; Jakoby, 2012; Murray, 2001). Bereaved individuals are observed to display some common emotional reactions. Murray (2001), for instance, defined some common reactions of griever's such as reduced concentration, a sense of numbness, disrupted sleep patterns, change in eating habits, and unstable emotional state. Castle and Phillips (2003) added that bereaved individuals mostly exhibit reduced concentration accompanied with "preoccupation with the emotions of loss" and difficulty focusing on a task and concluded that sense of numbness is an emotional state that the griever's are reported to have after the notification of the loss. Disrupted sleep patterns are inability to keep a sleep routine; sleeping more or less than needed is observed. The eating habits are affected as well (Blevins, 2008). Similar to the changes in sleep and eating routine, griever's may experience a state of exhaustive emotional instability. In this emotionally unstable state, research has shown that griever's commonly experience pain, anger, sadness, anxiety, depression, fear, loneliness, and many others that are likely to be unpleasant (Blevins, 2008). To Murray (2001), most of these feelings and emotions are shown as normal reactions to loss and grief. Murray is of the view even if those reactions are commonly observed among griever's, they are not necessarily seen in every grieving individual. The duration and timing of those reactions are unique to the individual as well. However, griever's do have a reaction to the loss of a loved one (Murray, 2001).

Murray (2001) further noted that if one loses a loved one, individual's thoughts, actions, and feelings followed by the death of loved one, will vary from the normal. It is called bereavement in simple terms. As Bereavement is the emotional state that one experiences during loss (Ong, Bergeman & Bisconti, 2004; Zautra, Berkhof & Nicolson, 2002), for people to move on they need to let go of those they love who are no longer with them. Through the bereavement process they gradually accept the loss, allowing the dead to be gone from their lives. At the end of the functional bereavement process, sadness still exists, but is tempered by happy memories of the deceased, which remains. Bereavement, despite temporary ups and downs, normally fades over time, "normal life" is resumed, and sometimes improved. However, this course of events may go wrong, causing an impoverished state of life, or an activation or re-activation of psychiatric problems or conditions.

According to Shaver and Tancredy (2001), dealing with loss of human life is a universal human hardship for the ones who remain behind. Among all forms of experiences that occur in any given culture, society or community, death seems to be the one that transcends them all (Lopata, 2006; Avellar & Smock, 2005).

Death is a drastic event in one's life (Carroll, 2006) and brings a need to repair the wounds caused by loss. Given that this is an emotionally devastating event, Scannell-Desch (2003) ranked the death of a spouse on the life event scale as the most stressful of all possible losses, a sentiment that was later confirmed by Colfman, Bonanno and Rafaeli (2006). Parkes (2008) views grief as being composed of a variety of physical, emotional and spiritual sensations and this could explain spousal death as the most stressful loss. Colfman, et, al,

(2006) noted that one of the many factors that contribute to the devastating impact of the loss of a loved one is that a considerable period of time passes before one is once again able to live without being preoccupied with what has happened. Parkes (2005) states that grief is an intense, preoccupying, depleting and multifaceted experience that affects one's emotions, body and life. This is due to the many facets of life involved in the loss of a spouse.

The grief experience affects people as a mixture of raw and conflicting feelings and is an exhausting physical experience. It is the experience that overwhelms the ordinary human adaptations to life (Parkes, 2001). Daily life is affected at all levels, for example, getting ready for bed, waking up in the morning, discussing the children, planning the future, and other related issues. The emotional pain involves missing the deceased, sleeping in a half-empty bed, craving the scent of the deceased's body, longing for his embrace, and so on. Additional emotions include a sense of insecurity, fears of abandonment, and enormous vulnerability. Life is thrown out of balance, forcing adjustments with uncertainties. The bereaved are often confronted with the possibility of their own death – something most people would rather not think about (Colfman, et, al, 2006).

The feelings that accompany the grief experience include feeling some degree of disorientation and feeling devastated as the experience represents not only the departure of a partner, a friend and a breadwinner, but also a radical change in a woman's social status and lifestyle. These changes are dealt with as cognitive responses to grief, mourning and bereavement, such as questioning and trying to make sense of the loss, and attempting to keep the deceased present (Carroll, 2006).

The social nature of human beings means that people spend remarkably long periods of their lives growing, living in and being supported by their social environment. This environment moulds its members from early childhood to integrate life and death events into their human experiences. The social nature of human beings also relates to the forces that draw people to each other. These forces are deeply entwined in culture and the experience of falling in love and longing for each other's love. As such, Parkes (2008) view mourning as the socially prescribed way of going through the grief emotion. Mourning can thus be viewed and interpreted as imposed by society to be expressed in diverse ritual forms to reinforce the identity of society and strengthen its bonds. These bonds make people depend on each other, and occupy special places in each other's heart, becoming part of each other. Given these deeply rooted feelings, mourning encourages people to help and protect each other, as and when needed.

Functional bereavement should therefore not be seen as an illness or condition from which we must recover, or even an intellectual process; rather, it is a life event and a human process of feelings and physical conditions. Putting it differently, bereavement should be viewed constructively as an experience that evokes negative feelings that are just as relevant and important as positive feelings (Strobe & Schut, 2010).

Bereavement is a vastly multi-faceted stressor. It influences most parts of a person's life including physiological, psychological, sociological, and existential religious areas (Murray, 2001). Bereavement creates problems in areas where problems were hardly expected, and to which the bereaved person might be unprepared. These problems have to be coped with.

Brennan (2008) noted that accepting the death of loved one is always difficult and it can be termed as “silent irritator” which needs adapting of effective coping strategy. According to Freud (1946) cited in Brabant (2010), coping is a psychological defense. Thus, a coping process including accepting the loss of the deceased and adapting to a new life begins. Coping with loss of spouse may take years; and in between, the widow or widower may go through depression, anger, bitterness, fear, inhibition of affect, confusion, loss of initiative, increased dependency on others, and a host of other changes, insomnia, irritability, and exacerbation of past physical and psychosomatic ailments, as well as the development of a new disorder may be in the mourner’s path (Breen & O’Connor, 2011).

### **The rationale for focusing on middle-aged widows and widowers**

Losing a spouse is devastating no matter how old you are, but may be hardest on people in middle-age. Though most of the studies on loss of a spouse focus on the elderly, psychologists have examined the impact of this event at different points in life. Middle-aged people, are more likely than older or younger widows and widowers to exhibit symptoms of depression and complicated grief (Neimeyer, 2000). In middle-age, people are at “maximum engagement in the world”. It is a point at which they are most in need of a partner, committed themselves to careers, they are raising children, often have older parents they are responsible for and have a heightened risk of dying in the period immediately following their spouse’s death (Bonnano & Kaltman, 2009). It is also a highly relevant form of bereavement since it is common to marry and extremely unusual that both spouses die simultaneously. However, because

middle-aged widows and widowers have higher duration of life expectancy their adjustment and effective coping in their bereavement is feasible.

According to Bonanno (2009), older people are more adept to coping with loss because at that age they come to accept death as part of life. Young men and women who lose spouses tend to become more resilient than middle-aged, they are likely to have accumulated fewer responsibilities in the world, and have more time left to find a new partner.

Men and women tend to grieve the loss of a spouse in different ways. Women may be more prone to the kind of debilitating grief and rumination that can prevent them from carrying on with their lives; men's grief tends to be more action-oriented. They look for ways of fixing problems presented by the loss and are more likely to remarry quickly (Shear, 2013).

### **Bereavement in Ghana**

From time immemorial, death has always been understood as an occurrence befalling mostly the aged. Ghanaians regard the subject a taboo, one which is too weird and morbid to be openly discussed.

In Ghana and for that matter, Effutu Municipality in particular, a significant number of middle-aged have experienced (and still is) widowhood. From informal discussions and exploratory surveys, it is notable, however, that contrary to the erroneous notion that death is primarily associated with old-age, the developing trend now accounting for this condition of widowhood is largely precipitated by political turmoil accompanied by armed conflict which more often than not has culminated in the death of many young men whose young wives consequently have to endure subjection to suffer widowhood. It was gathered from some members of the community that, most spouses suddenly



die without any signs of serious illness, there is no time for anticipating grief and the shock is very intense and painful for the widow or widower. Also there is in no welfare association for the bereaved in the Municipal Assembly helping with social support, financial support and counselling except a few of the churches the researcher explored. Widows in the community complain of facing a lot of issues with their deceased spouse's family and sometimes they are ostracised, humiliated and denied access to their husband's property since most of them die intestate. These results in many of them facing a lot of economic challenges to the extent that they are unable to provide adequate food, shelter and clothing for the family.

### **Statement of the Problem**

In most parts of the world, becoming a widow or widower elicits sympathy. It is a painful experience particularly for persons who do not have the financial means to make a living. In many countries' widowhood is a status associated with stigma and shame. Their low status leaves most of them (particularly widows) in a vulnerable state. The death of a loved one is always an excruciating life transition in life; however, death is one phenomenon that levels all humanity. (Niemeyer & Holland, 2015).

Widowhood has become a problem in our society, as Jakoby (2012) stated, it is a time which requires the development of alternative patterns of behavior in order for adjustment to be determined.

Many widows and widowers today may face the adjustments of loneliness, abandonment, resentment of status change, and financial insecurity (Beck & Konnert, 2007). According to Paletti (2008), most societies actively deter adjustment to widowhood and emphasised that in the absence of clear,

explicit expectations and socialisation for meeting death, it not only acts in ways less functional than primitive societies, but at times acts in ways dysfunctional for widows and widowers.

Studies outside Ghana have focused on losing a spouse at oldage, middle-age, social support, change and resilience of widows/widowers (Nseir & Larkey, 2013; Bonanno & Kaltman, 2009; Breen & O'Connor, 2011, Niemeyer & Holland, 2015).

Studies in Ghana have focused on Bereavement with regard to widowhood rites, socio-economic status and challenges of bereavement of widows (Korang-Okrah & Haight, 2014; Aborampah, 1999; Amlor & Owusu, 2016).

However, it appears there is scanty literature on bereavement challenges, consequences and coping strategies of middle-age widows/widowers in Ghana.

In addition to needing more studies on bereavement challenges, coping strategies and consequences of middle-age widowhood, there also remains a gap in literature addressing middle-age widowers in Ghana. Research done so far has focused almost exclusively on widows. Widowers are underrepresented in traditional widowhood literature, with samples of males significantly smaller than females (Lee & Sullivan, 2001).

In Effutu community, the researcher identified a lot of bereavement cases in the Municipality. Most spouses died suddenly without any signs of serious illness, there was no time for anticipatory grief, and that made the shock very intense and painful.

The researcher observed that the social adjustment of women and men in widowhood had received very little attention in the studies of family life. Also, there is scanty information on bereavement challenges, coping strategies and consequences of middle-aged widows and widowers in the Effutu traditional area; the researcher depended on interviews, observation and questionnaires for more information. The elongation and elasticity of their bereavement was dependent on their ability to exhibit emotional adjustment, role loss and related adjustment, social adjustment and financial adjustment. Middle-aged widowhood in the study area were susceptible to varying coping mechanisms and resources.

Empirical studies on bereavement in Ghana have looked at other ethnic groups like the Akans, Northerners, the Ewes, etc. However, none of these appears to have been carried out in the Central Region especially Winneba. Also, most of the studies done on bereavement are on widows only. This study will fill in the gap for both widows and widowers who have lost their spouses in middle-age.

This study, therefore, investigated the bereavement challenges, coping strategies and consequences of middle-age widows/widowers in the Effutu Municipality of Ghana.

### **Purpose of the Study**

The overarching aim of the study is to explore the challenges, consequences and coping strategies of bereavement for middle-age widowhood in the Effutu Municipality in the Central Region of Ghana.

### Research Questions

- 1) What are the challenges of bereavement for middle-age Christian widows and widowers in the Effutu Municipality?
- 2) What are the coping strategies adopted by middle-age Christian widows and widowers in the Effutu Municipality?
- 3) What are the bereavement consequences of middle-age Christian widows and widowers in the Effutu Municipality?

### Hypotheses

**H<sub>0</sub>1:** There is no significant difference in the challenges, coping strategies and consequences of bereavement between middle-age widows and widowers in Effutu Municipality.

**H<sub>A</sub>1:** There is a significant difference in the challenges, coping strategies and consequences of bereavement between middle-age widows and widowers in Effutu Municipality

**H<sub>0</sub>2:** There is no significant difference in the challenges, coping strategies and consequences of bereavement between middle-age Christian widows and widowers in Effutu Municipality based on years in widowhood.

**H<sub>A</sub>2:** There is a significant difference in the challenges, coping strategies and consequences of bereavement between middle-age Christian widows and widowers in Effutu Municipality based on years in widowhood.

**H<sub>0</sub>3:** There is no significant difference in the challenges, coping strategies and consequences of bereavement between middle - age Christian widows and widowers in Effutu Municipality based on age.

**H<sub>A3</sub>:** There is a significant difference in the challenges, coping strategies and consequences of bereavement between middle age Christian widows and widowers in Effutu Municipality based on age.

**H<sub>O4</sub>:** There is no relationship between challenges, coping strategies and consequences of bereavement among middle-age Christian widows and widowers in Effutu Municipality.

**H<sub>A4</sub>:** There is a relationship between challenges, coping strategies and consequences of bereavement among middle-age Christian widows and widowers in Effutu Municipality.

**H<sub>O5</sub>:** Widowhood Coping Strategy will not significantly moderate the relationship between bereavement challenges and consequences.

**H<sub>A5</sub>:** Widowhood Coping Strategy will significantly moderate the relationship between bereavement challenges and consequences.

### **Significance of the study**

This study is important for several reasons.

Firstly, it may add to literature on challenges, coping strategies and consequences of bereavement for middle-aged widowhood. The introduction of challenges, coping strategies and consequences of bereavement for middle-aged widows/widowers is an important addition to existing works on spousal bereavement that are abundant in the Western academic literature but scanty in Ghana.

Secondly, it may contribute to the transformative agenda which seeks to improve the equality and the empowerment of middle-age widowhood in societies in general. The study also addresses the role of society and family in enhancing the worth and dignity of widowhood.

It is hoped that the findings of this study will increase people's understanding of bereavement in general and therefore promote its acceptance as a normal and an inevitable part of life.

Fourthly, the findings may help people to view loss and the resulting bereavement as natural parts of life. They may also help people to understand loss to be a result of being deprived of one's loved one and accept bereavement as a personal experience. In the process, this may encourage greater empathy amongst people in their experience of loss.

Fifthly, the study may help counselors to extend their counseling work and services to those experiencing widowhood that will help them to understand themselves well and effectively improve upon their wellbeing and perception of life in general.

### **Delimitation of the Study**

The study is about middle-age Christian widows and widowers in the Effutu Municipality in the Central Region of Ghana. It focused on widowhood among members of ten churches in the study area, which are the Catholic, Methodist, Presbyterian, Anglican, Zion, Pentecost, Lighthouse, International Central Gospel, Assemblies of God, and Triumph Church. The ten churches were selected on the basis of them having large congregations in Winneba and having been gazetted to officiate marriage and funeral ceremonies, as well as having welfare associations that cater for members who are bereaved. There was also no data on bereaved spouses in the Municipal Assembly. The reason being that most bereaved spouses did not come to report of such incidents however, the churches had records of spouses who are bereaved. The researcher tried interviewing two Muslim women and two Muslim men but they were not

forthcoming with information, so focused on the churches. The study seeks to look at the challenges, consequences and the coping strategies of middle-aged widowhood and how the loss influences their well-being.

The researcher considered the educational background of the groups selected and realized that most literates and illiterates could be drawn from the churches selected.

The Economic challenge of widows and widowers was delimited to spouses with children.

### **Limitations**

There were some limitations of this study that could hinder its generalisability. Apart from the limitation of time, the researcher also encountered other constraints during the data collection. First, a potential of selection bias exists: the sample population may not be representative of all bereaved spouses in Ghana because the recruitment area, Winneba (Effutu Municipality) is a suburb of Ghana.

Second, the participants were asked to recall the time immediately after the death of their spouses and to remember the psychological states and coping strategies that they had experienced at that time. The study was sensitive and their emotional reactions at the time of the interview might have influenced the content of their descriptions. The researcher applied ethical principles allowing them to shed tears and express their feelings. She also used empathy, active listening, and encouragement as counseling skilling to address some of the challenges they encountered.

Third, the participants of this study were volunteer bereaved spouses who volunteered to participate; thus, their voluntary attitudes might have led

them to making excessive statements. We felt that such attitudes were advantageous for collecting as many statements as possible, in accordance with the purpose of this study; rather than producing a volunteer bias.

It is worthy to mention that these limitations did not take away the trustworthiness of the findings because the remediation efforts put in place ensured the trustworthiness of the findings.

### **Operational Definition of Terms**

The concepts of bereavement, challenges, coping strategies, middle-age widow or widower and consequences are referred to repeatedly throughout this study. It is important to clarify the definitions that will be used for the purposes of the present study.

**Bereavement:** is described as an emotional state of deprivation or the sorrow one feels after losing a loved one that occurs during the period of time following a death.

**Challenges:** refers to the situation of being faced with the death of a loved one that needs great mental or physical effort in order to be done successfully and therefore tests a person's ability.

**Consequences:** are the results, effects or outcomes brought about by the loss of a spouse that is unpleasant or unwelcome.

**Coping strategies:** are defined as conscious or rational ways employed by an individual in an attempt to have obtained relief from subjective feelings of stress and/or anxiety that had been brought about by a particular stressful situation encountered in the environment.

**Middle-age:** is defined in this study as the period after early adulthood and before old age, from 30 to 55 years.



**Widow/Widower:** refers to a woman or man in the Effutu Municipality who has lost a spouse.

**Clinician:** is a person qualified in clinical practice of medicine, psychiatry, or psychology. e.g. psychologist.

**Depression:** is a mood disorder that involves a persistent feeling of sadness and loss of interest. it impacts on feelings or moods of affected persons.

### **Organisation of the Study**

This study was organised into five chapters. The first chapter, the introduction, comprised the background of the study, statement of the problem, purpose of the study, study objectives, the research questions, hypotheses, significance of the study, delimitation and the organisation of the study. Chapter two focused on review of related literature to the present study. This was made up of both theoretical and empirical review. The third chapter dealt with the methodology adopted for the study. This chapter touched on the research design, the population, sample and the procedure adopted in choosing the sample for the study. The instruments used in collecting data for the study, as well as the data analysis procedure were also covered in this chapter. In chapter four, the data collected was presented and analysed in order to find answers to the research questions posed. Chapter five, the last chapter, dealt with the summary, conclusions and recommendations of the study.

## CHAPTER TWO

### LITERATURE REVIEW

#### Introduction

In this chapter, the scientific literature was reviewed to increase the understanding of the problem being studied, the theoretical foundation includes theories, key concepts, and themes and the conceptual framework.

#### Theoretical Review

The following theories underpinned the study:

1. Symbolic Interactionism
2. Ntoumanis's Theory of Coping

#### Symbolic Interactionism

Symbolic interactionism is one of the major theoretical perspectives in sociology. This perspective has its beginning with the German sociologist and economist, Max Weber (1864-1920) and the American philosopher, George H. Mead (1863-1931), both of whom emphasised the subjective meaning of human behaviour, the social process, and pragmatism. Although there are a number of versions of interactionist thought, some deriving from phenomenological writings by philosophers, the following description offers a simplified amalgamation of these ideas, concentrating on points of convergence. Blumer (1969), who coined the term symbolic interaction, presents three principles as its foundation. These principles and their implications for the present debate are that human beings act towards things on the basis of the meaning that things have for them. To convey this, considerable ethnographic detail is usually

presented about the range of ways in which people see themselves, others and their situation.

The meaning of such things is derived from or arises out of the social interaction one has with one's fellow. The interaction pattern among the participants in the activity in question is presented in such a way that people's activity can be seen to support the way they interpret the situation. The focus here is on those aspects of the interaction that promote stability.

These meanings are handled in, and modified through an interpretative process used by the person in dealing with the things he encounters. The focus here is on activities that foster change in how people see the situation and themselves. The symbolic interactionist's rationale for focusing on concrete activities is the view that a person's behaviour "is not a result of such things as environmental pressure, stimuli, motives, attitudes and ideas but arises instead from how he interprets and handles these things in the action which he is constructing (Blumer, 1969). This opinion has direct reference to widows and widowers. Their perceptions of life and adaptation to the status of widowhood are significantly influenced by environmental and social factors that inform their choices in life. Their adoption of coping mechanisms results from their interpretation of the environment surrounding them.

The dramaturgical approach proves this fact further. The focus is on how individuals cope with the 'conditions and constraints (Goffman, 1972) that situations impose. Situations are seen as limiting the ways in which a person can pursue his or her ends and thereby producing a set of 'patterned adaptations'. By examining situations from the point of view of the individual, the dramaturgical approach adds another dimension to the symbolic interactionist

analysis of how symbolic universes are sustained and changed. A presentation of the ways in which an individual can cope with a situation helps one to understand what the situation means to him and thereby adds another layer of meaning to the symbolic interactionist presentation of the symbolic universe. If the communication between individuals that maintain a symbolic universe is also reciprocal assessment, then our understanding of their interaction is deepened and has a different 'feel'

The central basic concept of symbolic interaction is interaction, according to several of its proponents (Glassner, 1980). Glassner points out that "interactions consist of at least the following: events, states, phenomena and processes. None of these can be reduced entirely to analysis of symbols' (Glassner, 1980). Interactions' occur on a variety of levels and thus require an analysis in terms of both causal and meaningful understanding of actions and beliefs as it holds that the linkages among human activities are both meaningful and causal. Neither causal nor meaningful links are alone sufficient for an understanding of the process whereby activities came to have certain meanings or people engage in certain actions or people acquire a particular awareness of self or people come to hold certain views (e.g. that death is appropriate). The linkages that exist in some particular situation must be understood at both levels and an integrated analysis produced. It recognizes that people's processes of creating definitions of the situation, themselves and others exist in the world and cannot be grouped purely on the level of meaning. One component of a symbolic interactionist analysis is an analysis of action in terms of meaning-symbolic interaction is concerned with how activities or beliefs are intelligible to or are to be understood by or what meaning they have for some specified

group of people. Widowed persons fall within a specific social group and their response to events in life is definitely shaped by the meanings they construe, not just from their status as widows/widowers, but also from the associations they create from people's comments and actions towards them.

### **Ntoumanis's Theory of Coping**

Ntoumanis, Edmunds and Duda (2009) indicate that a correlation between the self-determination theory and the cognitive-motivational-relational theory of coping exists, in that both propose a dynamic person-environment relationship which impacts on a human being's subsequent cognition, affect and behaviour. Both of these theories are discussed individually in the next section, namely coping-related theories and approaches.

Ntoumanis et al. (2009) further propose an integration of the cognitive-motivational-relational theory of coping and the self-determination theory and show how elements from both of these theories appear to be associated. By integrating elements from both of these theories, Ntoumanis et al. (2009) formulate a new theory of coping in itself.

According to the model proposed by Ntoumanis et al. (2009) a diversity of demands and constraints – in addition to the availability of resources such as prior experiences – all lead to stress appraisals which human beings make. These appraisals lead to a decision whether or not important goals are challenged, harmed or threatened, or whether the consequences are benign. Primary and secondary appraisals of situational control such as these are also influenced by evaluating to what extent the immediate social environment either supports or undermines an individual's three fundamental psychological needs (Ntoumanis et al., 2009).

Ntoumanis et al. (2009) explain further that in their view autonomy, support structure and involvement could either directly or indirectly (via psychological need satisfaction) equip human beings to appraise stressful situations in a more optimistic or positive view, for example by viewing challenges rather to be overcome instead of being harmful or threatening events. This is because social situations such as these acknowledge the true feelings that people experience, offer support and are not hostile or judgmental. This correlates with the three basic interpersonal variables by Rogers (1963) as cited in Vorster (2011) that influenced Vorster (2011) in the development of the interactional pattern analysis. These variables are empathy, genuineness, and unconditional acceptance.

In addition to what has been stated above, environments that are hallmarked by these interpersonal variables further encourage people to act in accordance to their own true priorities and in the process assist them to differentiate between goals and temptations as well as high and low priority goals. These environments, therefore, allow human beings to appraise a particular situation as being more controllable and to invest full regulatory resources to the stressful episode (Ntoumanis et.al. 2009).

Stress appraisals could also be influenced further by satisfying the three fundamental psychological needs (autonomy, support structure and involvement) as these needs form a crucial part of how human beings appraise and cope with stress. Within the model proposed by Ntoumanis et al. (2009), Lazarus (1999) views of appraisals as evaluations of goal striving attempts are incorporated, which propose that psychological need satisfaction could play a crucial role in the pre-existing circumstances of such appraisals. Ntoumanis et

al. (2009) hypothesize that if a human being has the subjective experience of feeling autonomous, related and connected within a stressful situation, that particular individual would most likely appraise demands or constraints as representing challenges which require to be overcome rather than being threats or losses.

Furthermore, psychological need satisfaction is also related to secondary appraisals because autonomy and competence need satisfaction will promote situational control as people experience subjective feelings of ownership and efficiency in striving towards their goals. Furthermore, subjective feelings of relatedness act as reminders to individuals that they have a social support structure which they are able to depend on for emotional support and guidance where required (Ntoumanis et al. 2009).

Ntoumanis et al. (2009) further propose that stress appraisals are shaped by the type of motivation which people have in stressful situations, as they advocate that motivation does not only play an important role with regards to contextual regulatory mechanisms, but also with regards to the motives which underlie specific goal striving (for example whether an individual has high or low levels of self-determination in the pursuit of a goal in a certain context). Ntoumanis et al. (2009) indicate that people who display self-determined motivation, whether contextual or goal specific, would display more positive stress appraisals as opposed to low or non-self-determined motivation.

As indicated by Lazarus and Folkman (1984), the generalized beliefs that individuals uphold about control, may influence their stress appraisals. In addition to this Ntoumanis et al. (2009) state that autonomous, controlled and impersonal causality orientations could influence the extent to which an

individual would uphold high, low or non-self-determination in a situation or context. Furthermore, coping styles may also influence the selection of specific coping responses within a specific stressful situation.

Ntoumanis et al. (2009) explain further that coping responses in stressful situations are not only influenced by coping dispositions, but also by stress appraisals and associated emotional/physiological responses, as indicated in the cognitive-motivational-relational theory of coping by Lazarus (1999). In the event that an individual appraises a situation as a challenge and perceives him or herself as having control over it, “positive” emotions such as happiness and pride and facilitative perceptions of arousal should be forthcoming, which would ultimately lead to the use of problem-focused coping strategies. Therefore, stress appraisals appear to have a direct impact on the coping strategies employed by individuals in addition to their indirect impact/s via emotional/physiological responses (Ntoumanis et al. 2009).

Effective coping responses could lead to favourable outcomes for human beings, or at least contribute towards it such as optimal physical and mental health. However, Ntoumanis et al. (2009) caution that concluding that some coping strategies are effective while others are not, should not be carried out on the basis of their results or outcomes as it could be dangerous to generalize them. Some coping strategies may not yield consistent results across individuals, situations or stressful encounters (for example due to different levels of motivations which individuals may hold). Furthermore, to equate coping with mere problem solving and stress reduction may be inaccurate, as such positive outcomes may be impossible for people in certain situations, such as when someone is diagnosed with a terminal illness. In such a case more



applicable criteria would be required as in the example above, the degree of adjustment and accommodation. The criteria would therefore need to depend more on a process than on outcomes, which is in line with the goodness of model fit proposed by the cognitive-motivational-rational model of coping theory (Ntoumanis et al., 2009). assisting individuals in stressful situations to focus on how they appraise these situations and how to choose effective coping responses (as traditionally may have been the approach by most therapists), it is *also* important that therapists understand the personal and contextual motivational factor of a client's goals that are at stake in these situations.

### **Coping Theories**

The following section contains theories that were considered to have been generally well known and to have formed the theoretical basis upon which some of the newer and related theories of coping were developed.

#### **Lazarus's cognitive-motivational-relational theory**

One of the earliest, well-known and most influential publications in the field of coping, originally based on Antonovsky's (1987) stress resistance research, was written by Lazarus (1999) titled *Psychological stress and the coping process*. This book provided the impetus for vast amounts of research in the field of coping. In later years Lazarus (1999) further expanded on his writings to formulate what has become known as the cognitive-motivational-relational theory of coping.

Lazarus work focuses on the role of cognitive appraisals and how they determine a particular individual's reactions when confronted with a stressful situation. The cognitive-motivational-relational theory of coping further highlights the role of distinct positive and negative emotions during the

cognitive appraisal process (Lazarus, 1999). The theory links emotions with motivation by emphasizing that particular feelings occur as responses to individuals' active pursuit of goals. Lazarus (1999) explains further that as individuals actively attempt to pursue their goals, they could either experience positive emotions as part of attaining their particular goals or negative emotions due to an appraisal of having failed to achieve them, or of having been hampered during the process. Lazarus further emphasizes that motivation plays an important role in clearly understanding a person's cognitive appraisals and coping responses to various situations (Lazarus, 1999).

**Primary appraisals:** Lazarus and Folkman (1984) consider stress to be a relationship between an individual and his or her environment that is perceived by an individual as being too taxing or too overwhelming for his or her resources. The individual's subjective perception and appraisal are therefore of crucial importance in this process. The process of primary appraisal could be explained by indicating that when an individual is confronted with a particular stressful situation, that individual would invariably evaluate its potential personal relevance and significance in order to determine to what extent it would or could impact on that individual's personally valued goals. Lazarus and Folkman (1984) further distinguish between the following types of primary appraisals.

**Harm/loss primary appraisals:** These appraisals refer to injuries or harm which had already been incurred by an individual, for example having been the victim of a crime such as an armed robbery (Lazarus & Folkman, 1984).

**Threat primary appraisals:** These appraisals refer to those situations in which the potential to experience harm or loss occurs (Lazarus & Folkman, 1984).

**Challenge primary appraisals:** These appraisals refer to situations where opportunities to obtain personal growth or mastery present themselves. An example could be where an individual who decides to train for a marathon, embarks on a training programme in order to be able to achieve this goal (Lazarus & Folkman, 1984).

**Benign primary appraisals:** These occur in situations where the particular sources of stressors are deemed to be benign. In such instances no further appraisals or actions are made (Lazarus & Folkman, 1984).

**Secondary appraisals:** A number of factors could have played a role in determining which of the primary appraisals may have been utilized, ranging from the nature of the stressor/s to the subjective beliefs which individuals hold. Furthermore, these appraisals may occur simultaneously during a particular stressful event and not necessarily independently. Lazarus and Folkman (1984) also identify a secondary appraisal process in addition to the primary appraisal process referred to above, which occurs in situations where individuals perceive stressors to be relevant and significant. In such a situation the extent to which a stressor can be controlled is evaluated, as well as an individual's resources and options to control it. A situational appraisal of control therefore forms the hallmark of secondary appraisals (Lazarus & Folkman, 1984).

According to Lazarus (1999) differing stress situations could lead to the implementation of various coping responses. As such Lazarus (1999) describes coping as relating to the cognitive and behavioural efforts implemented by a human being to effectively manage the demands that are created by any stressful person-environment interaction.

### **Hobfoll's Theory of Coping**

Hobfoll, Dunahoo, Ben-Porath and Monnier (1994) also developed a theory that describes a general approach towards coping by human beings. According to Hobfoll et al. (1994) coping primarily occurs within a social context, as the majority of life stressors are embedded in social relationships and the coping strategies utilized by individuals in these situations may, therefore, hold significant social implications for these individuals. Within this theory, Hobfoll et al. (1994) developed the dual-axial model of coping that includes both action (active vs. passive) as well as social dimensions (pro-social vs. anti-social) of coping strategies.

Hobfoll et al. (1994) propose that effective coping is active and pro-social by nature and that traditional problem-solving techniques may in some cases be regarded as aggressive or passive-aggressive, which may result in antisocial consequences (Hobfoll et al. 1994). An antagonistic coping style may achieve a short-term aim related to coping, but may also cause long-term detrimental effects for an individual who makes use of such a coping style. An individual who is regarded as pro-social/active in relation with this model can be viewed as being assertive, socially co-operative and someone who seeks out social support, whereas someone who acts tentatively and cautiously in social contexts, may be described as being pro-social/passive according to the dual-axis model (Hobfoll et al., 1994). Individual who acts in a passive-aggressive manner may be regarded as passive/anti-social and individuals who make use of aggressive, antagonistic and/or anti-social behaviour in their interactions with others, may be regarded as active/anti-social, according to the dual-axis model.

Later, Dunahoo, Hobfoll, Monnier, Hulsizer and Johnson (1998) expanded the dual-axis model to also include a direct and indirect dimension into what is called the multi-axial model of coping. According to Dunahoo et al. (1998), a communal approach implies that when an individual is being active, behaviour may either be direct or indirect. The theory of coping by Hobfoll et al. (1994) added a balanced model of coping to the literature as it incorporates both the individual as well as the social context of human beings in its description of coping.

### **Frydenberg's Theory of Coping**

Another important theory of coping is that of Frydenberg (1997) who developed this theory from a combination of various research findings in the field of coping. According to this theory Frydenberg (1997) regards coping to be the result of the interaction between situational determinants and individual characteristics. It also includes elements of the cognitive-motivational-relational theory put forth by Lazarus (1999) as discussed in the previous section.

**Situational determinants:** These determinants refer to the actual stressful events that are introduced into people's lives, for example parental divorce or death of a loved one, and importantly how they are evaluated by individuals (Frydenberg, 1997). Pretorius (2003) indicates that, according to this theory, the introduction of a stressful situation triggers a series of events that determines how an individual will eventually cope with the situation. It is further indicated by Frydenberg (1997) that individuals are regarded to possess numerous personal characteristics on various levels such as biological dispositions,

personal characteristics and family history characteristics – all of which contribute to how the individual perceives and evaluates a stressful event.

**Primary appraisal:** Following the completion of the evaluation, Frydenberg (1997) includes the same primary appraisal process in accordance with the views of Lazarus (1999) and Lazarus and Folkman (1984). The individual therefore determines what impact the stressful event will have, namely challenge, harm, threat or loss.

**Secondary appraisal:** Following primary appraisal, Frydenberg (1997) indicates that secondary appraisal, according to the cognitive-motivational-relational theory, occurs in that the affected individual determines what resources are available on a personal and/or interpersonal level to handle the situation (Lazarus, 1999; Pretorius, 2003).

**Coping intentions:** This process comprises the decision whether to act on the stressful situation. If the decision is made to act it also includes the decision on how to act. It is, therefore, related to coping strategies and may encompass a wide range of and combinations of responses that include thoughts, feelings and actions. The intension, in combination with the behaviour, finally determines the outcome (Frydenberg, 1997; Pretorius, 2003).

**Outcome:** Pretorius (2003) explains that according to Frydenberg (1997) the outcome is revised following coping behaviour – a process referred to as tertiary appraisal. Another behaviour adaptation could then follow and in this way the individual develops a repertoire of coping behaviours. Pretorius (2003) adds further that this process is circular in that coping strategies may be utilized again in the future or be disregarded, depending on the previous coping experience and also the behaviour style of the particular individual.

## **Cognitive Theories of Depression**

Cognitive theories of depression hypothesize that particular negative ways of thinking increase individuals' likelihood of developing and maintaining depression when they experience stressful life events. According to these theories, individuals who possess specific maladaptive cognitive patterns are vulnerable to depression because they tend to engage in negative information processing about themselves and their experiences. Beck (2006) hypothesized that depression-prone individuals possess negative self-schemata (beliefs), which he labeled the "cognitive triad." Specifically, depressed patients have a negative view of themselves (seeing themselves as worthless, inadequate, unlovable, deficient), their environment (seeing it as overwhelming, filled with obstacles and failure), and their future (seeing it as hopeless, no effort will change the course of their lives). This negative way of thinking guides one's perception, interpretation, and memory of personally relevant experiences, thereby resulting in a negatively biased construal of one's personal world, and ultimately, the development of depressive symptoms (Beck, 2006). For example, the depression-prone individuals are more likely to notice and remember situations in which they have failed or did not live up to some personal standard and discount or ignore successful situations. As a result, they maintain their negative sense of self, leading to depression (Commerford, & Reznikoff, 2006).

A second cognitive model, the hopelessness theory of depression, proposed by Barnett and Gotlib (2000) is based on Seligman's work on learned helplessness and attribution styles. The hopelessness theory of depression posits that when confronted with a negative event, people who exhibit a depress genic

inferential (thinking) style, defined as the tendency to attribute negative life events to stable (enduring) and global (widespread) causes, are vulnerable to developing depression because they will infer that:

- (i) negative consequences will follow from the current negative event, and
- (ii) that the occurrence of a negative event in their lives means that they are fundamentally flawed or worthless.

For example, consider a woman or man whose spouse is dead. If he or she feels that the death of the partner is the end of he or she future life and that he or she is worthless, he or she is likely to become hopeless and develop the symptoms of depression. Thus, according to hopelessness theory, a specific cognitive vulnerability operates to increase the risk for depression through its effects on processing or appraisals of personally relevant life experiences (Blaney, 2006).

### **Theories Relevant to Stress**

There are three basic views concerning the definition of stress reviewed in this study: the Response Theory, Stimulus Theory, and Transaction Theory.

**Response Theory:** Selye (2002) views stress as a physiological response to external stimuli. Selye's work, which dates back to 1936, demonstrated that there are three levels of reaction to stress by experimenting with rats.

The first reaction to stress is the alarm stage. During the alarm stage bodily responses may be increased heart rate, breathing, blood pressure, metabolic rate, tensed muscles, and perspiring palms and soles. Further exposure to stress leads to the second stage, which is resistance. During this stage the body remains on alert but adapts to the stimuli. If the stress continues, it may lead to the third stage, which is exhaustion. During this stage, bodily responses continue to occur



even during sleep or free time. If this erratic behavior continues, it could eventually lead to death (Selye, 2002).

Theorists who define stress from a response perspective see an imbalance between the requirements to make an adaptive response and the repertoire of the individual. Stress involves a transaction in which resources must be mobilized, imposing a burden on the individual when automatic and sufficient resources and coping response are not available to meet the demand. The stimulus itself may cause some impact damage, but the true consequences of stress arise from the manner in which the individual responds to the presumed danger.

**Stimulus Theory:** Stimulus theorists believe an individual has a limit that they can endure being stimulated, prior to the onset of stress. Once the individual is stimulated beyond their capacity, then stress is experienced (Aldwin, 2007). The stimulus concept focuses on situational conditions or events. Stress conceived as a stimulus has been used to describe situations characterized as new, intense, rapidly changing, sudden, or unexpected (e.g., high time pressure, interpersonal conflict at work, or accidents). Stress appears to be an altered state of the individual that arises as a consequence of adaptive failure and not adaptive challenge. Although certain events or situations are potential stress provokers, the stress itself lies on the response side of the equation (Lazarus, 2004). Stress stimuli include such events as failure or the threat of failure, noxious or unpleasant agents in the environment, isolation, bereavement, and rapid social change. The stimulus concept is problematic because not all individuals react in a uniform manner to the same stressor.

When stress is viewed only from the vantage point of the stimulus, there is a tendency to disregard the function of the interpretive meaning of the event. According to Ashley and Kleinpeter (2002), the fact that people react to their life situations or social conditions in terms of the meaning of those situations to them, it is difficult to accept the hypothesis that certain kinds of situations or relationships are inherently stressful and certain others are not. They further emphasized that situational conditions or events evoke strain in some individuals.

**Transaction Theory:** The transactional model by Lazarus is one of the most prominent stress models (Lazarus 1999; Lazarus & Folkman, 1984). Lazarus and Folkman (1984) defined psychological stress as a particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her wellbeing. It is Lazarus and Folkman (1984) belief that cognitive appraisal plays a significant role in the stress process. Appraisal processes refer to an individual's classification and assessment of an encounter with respect to the individual's well-being. The cognitive appraisal of stress is a two-part process that involves a primary appraisal and a secondary appraisal. Primary appraisal involves the determination of an event as stressful. During primary appraisal, the event or situation can be categorized as irrelevant, beneficial, or stressful. If the event is appraised as stressful, the event is then evaluated as a harm/loss, a threat, or a challenge. A challenge event refers to the potential for growth, mastery, or some form of gain.

According to Lazarus and Folkman (1984), no one can assess the cause of stress by just looking at the nature of the environmental event. Stress is a

process involving the interaction of the individuals and their environment. These categories are based mostly on one's own prior experiences and learning. Also, each of these categories generates different emotional responses. Harm/loss stressors can elicit anger, disgust, sadness, or disappointment. Threatening stressors can produce anxiety, and challenging stressors can produce excitement. This theory helps to integrate both the motivational aspects of stress and the varying emotions that are associated with the experience of stress. Secondary appraisal occurs when the assessment of the event is seen as a threat or challenge. The individuals evaluate their coping resources and options during secondary appraisal.

According to the theory of transactions, stress arises only when a particular transaction is appraised by the person as relevant to his or her well-being. In order for an event to be appraised as a stressor, it must be personally relevant and there must be a perceived mismatch between a situation's demands and one's resources to cope with it.

### **Stress among Widows and Widowers**

According to Selye (2002), stress is viewed as a biological or physical response to any environmental demand which can cause what he called the General Adaptation Syndrome, a physical condition developed after exposure to a stressor for a prolonged period of time. From a sociological perspective, Crnic and Greenberg (1990) regard stress as external life-strains that impact individuals' emotional state. The most common perspective of stress model; the transactional model, developed by Lazarus and Folkman (1984), asserts that stress is a particular relationship between the person and the environment that

is appraised by the person as taxing or exceeding his or her resources and endangering his or her well-being.

As people experienced widowhood, they undergo a tremendous amount of stress as they face a new chapter in life and have to adapt to new social environments. Whereas some widows and widowers continue their life right after death of a partner, others have to strive to balance family obligations and work demands (Lazarus, 2004). Because of the transitions widows and widowers go through, they may encounter conflicts of multiple roles, different patterns of advisory relationships, inadequate social support or financial constraints, in addition to parenting stressors (Carver & Connor-Smith, 2010; Lazarus, 2004).

**Stress and psychological well-being:** Although some conflicts will come and go as widows and widowers move on to the next stage of their life (Balkwell, 2005), other stresses such as financial concerns and lack of social support may persist and be associated with poor psychological health (Amato, & Cheadle, 2005). Stressors such as these have seriously impacted their well-beings. To examine stress and well-being of widows and widowers, Balkwell (2005) conducted a survey to a total of 400 widows and widowers comprised on 200 widows and 200 widowers to assess their well – being status. The results showed that approximately 40% of them, regardless of gender, reported experiencing poor personal growth, 30% regardless of gender experienced low autonomy, 20% facing time constraints, while another 10% noted of low environmental mastery.

From informal discussions and exploratory surveys, middle-age Christian widows and widowers in the study area experienced some of these stresses as stated from the literature above.

### **Theoretical Approaches to Loneliness**

According to the existential approach, separation from others is simply a part of life, and understanding this “opens the road to oneself” (Vaarala et al, 2013). In this approach fear of loneliness leads to the experience of loneliness as negative but in this approach, loneliness is a positive experience (Vaarala et al, 2013). Loneliness can thus be negated by accepting it (Vaarala et al, 2013).

In the **interactionist approach** a difference is made between emotional loneliness and social loneliness. Emotional loneliness is experienced when the person lacks close relationships and affection, such as lack of a partner, while social loneliness means that someone is not part of a social community (Vaarala et al, 2013). The interactionist theory is based on the assumption that we need different social connections in order to prevent loneliness - one type of connection cannot fulfill all the person’s needs.

In the **cognitive approach**, personal and situational factors are linked to loneliness (Cacioppo, Hughes, Waite, Hawkley & Thisted, 2006). This approach is based on a discrepancy model between desired- and actual social relations which indicates that loneliness is a response to a discrepancy between desired and achieved levels of social contact and that cognitive processes, especially attributions, have a moderating influence on loneliness experiences. According to Peplau and Perlman (2002), loneliness can be viewed from the viewpoint of success and achievement. They suggest that being successful is determined by income and the kind of work one does, but also by the kinds of

relationships one has. They further indicated that “like social comparison processes and perceived control, attributions modulate the loneliness experience. Peplau and Perlman (2002) noted that people explain their successes and failures in a variety of ways, but there are four main reasons.

These are

- (i) Ability,
- (ii) Effort,
- (iii) Task difficulty, and
- (iv) Luck.

They identified also less common reasons people offer for their successes and failures. These include:

- (i) Mood,
- (ii) Fatigue, and
- (iii) Illness.

There are, in addition, a number of principles that will determine whether or not people will attribute what they do or experience to themselves or to factors outside of themselves. They suggest that among these principles, are especially important in evaluating how people attribute their experiences of loneliness. According to them attribution to personal causes is common given:

- (i) low distinctiveness, the actor responds to other stimulus situations in the same way;
- (ii) low consensus, other people react differently than the actor to the stimulus situation; and
- (iii) High consistency, the actor responds to the situation on different occasions in the same way.

Following Peplau and Perlman's theory then, when widows and widowers feel lonely in a certain situation, it is likely that we attribute their loneliness to internal factors.

## **Key Concepts**

### **The Concept of Widowhood**

One of the most common stressful events in later life is widowhood, which has significant social and psychological implications. Widowhood is the marital status that a man or woman gains once his or her spouse has died. A widow is a woman whose spouse has died, and a widower is a man whose spouse has died. Widowhood refers to an ongoing and frequently long-term state, which has both social and personal consequences and meanings.

Widowhood can be described as the state or period of a widow or widower, it is necessary to note that naturally it is good to mourn once late husband but this can be done without subjecting the late man's wife to torture and infringement on her fundamental human rights that can lead to her death. Onyenuchie (1999), described widowhood as a traumatic life experience and process that naturally should evoke sympathetic treatment but the reverse is always the case. The treatment of widows most of the time is very inhuman and unfortunate.

According to Onyenuchie (1999), widowhood is a traumatic life experience and process that naturally should evoke sympathetic treatment. In Effutu community, the treatment faced by women who lose their husbands is very inhuman and unfortunate. In most cases they are accused of killing their husbands and as such subjected to all kinds of trials and ordeal. After the period of mourning, they are subjected to the psychologically frustrating experience or

process of being inherited by their heir or next of kin of their late husband. Any attempt at rejecting such an offer attracts total ostracization from her husband's family, and even withdrawal or limited access to their children.

Widowhood is one of the most deeply distressing life events experienced by adults, and it becomes more likely as people age. In Akan societies it is also more common among women than men. The fact that men usually die at earlier ages than women and women tend to marry men slightly older than themselves partially explains this phenomenon.

Widowhood can be defined as the status of an individual who was legally married to someone who subsequently died. In this study there is a kind of imbalance in the performance of widowhood rites in the Ghanaian society. The men enjoy more freedom in the performing of the rite than women. If a man refuses to perform the rite there is no public outcry but if a woman refuses, she is blended with all sorts of taunting and considered as having a hand in the death of her husband. Despite the air of change blowing in our society concerning the position of women, there is more to be done to liberate them from oppressive mechanism laid down by the culture. According to Adams and Auth (2004), this mistreatment of women sometimes blocks women from self-development and excluded them from participation in true marital life and in society because they do not have certain rights that the men take for granted. Economically, the death of a spouse will result in loss of income and property that the deceased spouse received or owned, unless provision for their continuation and inheritance is made explicit in income program rules, laws of inheritance, or through the deceased spouse's will. For this reason, it is important to understand how



marriage and inheritance rights to income and assets are defined in law and by programs that provide income to elderly persons.

### **The Concept of Bereavement**

Howarth (2011) views bereavement as the emotional state of having suffered a loss. Moody and Arcangel (2001) see it as a state of being deprived after loss. Brown and Harris (2009) also regards it as an experience during the period following a death when mourning occurs. On the basis of these views, bereavement can thus be described as an emotional state of deprivation after suffering the loss of a loved one that occurs during the period of time following a death.

Bereavement can be seen as an overarching psychobiological state, which encompasses grief and mourning. The affective system is also composed of defined structures, namely, the affective schemata that produce affect when activated. Bereavement can also be seen as an affective reaction and an integral part of psychobiological strategies concerned with survival (Friedman, 2012); Fox & Jones, 2013). It is a state that activates cognitive, affective and behavioural schemata and manifests as grief and mourning. During this state, feelings of loss often grow in intensity and are associated with feeling alone.

A bereavement process does come to an end, although the memories of the person lost remain. Once the loss loses its overpowering effect with time, closure is achieved in different ways. This occurs for example during the burial itself, viewing the corpse, when the coffin is slowly lowered into the grave, the cleansing ceremony, and the unveiling of the tombstone. These practices differ between cultures as every culture, including transitional societies, has developed unique ways for the living to pay tribute to the dead. In African

culture, for example, memorial tombstones and graves serve as a powerful source of comfort and support for the living. A grave provides a specific place for the family to visit, as opposed to cremation where there may be no visible marker (Field Gao & Paderna, 2005).

Although there are human universals, each individual is also unique, family background, the manner in which cultural heritage is internalized, and genetic makeup (Field, Orsini, Gavish, & Packman, 2009). Accordingly, each individual responds differently to bereavement, its expression, and the coping mechanisms that are required. Although similarities are found across individual experiences, there is naturally a wide range of personal bereavement experiences (Gamino & Sewell, 2004).

Psychologically speaking, it is impossible to predict the course of one's bereavement. This said, the burden of emotional pain usually lifts, with people eventually regaining meaning and purpose in life even in the midst of feeling the loss. On this basis, bereavement can thus also be seen as a process of meaning construction that evolves throughout the life of the bereaved. In the section to follow, concepts that are relevant to bereavement will be looked at (Field, et, al, 2009).

### **Grief and Mourning**

Once bereavement strikes, every family member responds to the loss through grief and various mourning practices. Several scholars agree that there is an overlap in the definition and usage of bereavement, grief and mourning among clinicians and researchers (Tatelbaum, 2000; Brown, & Stoudemier, 2003; Clayton, Desmarais & Winokur, 2008). Bugen, L.A.(2007) states that bereavement is commonly used to refer to the fact of the loss, while grief is the

state experienced post being bereaved or the psychological component of being bereaved of a significant other. For Averill (2008), grief is defined as the response to the loss in all of its totality-including its physical, emotional, cognitive, behavioural and spiritual manifestations- and as a natural and normal reaction to loss. Averill's (2008) definition represents a shift in thinking about grief, because his definition is all encompassing or it recognizes that grief cannot only be limited to the bio-psycho expression of bereavement, but also the spiritual reactions.

### **Determinants of grief**

There have been various attempts to determine what personal or other factors influence grief. (Ball, 2007; Gamino & Sewell, 2004). For instance, Lichtenberg (2016) identified the following as the significant determinants were in the way the grief process played out.

### **Relationship of the deceased to the bereaved person**

The degree of consanguinity between the deceased and the bereaved is a significant determinant of the grief process so that the death of an acquaintance or work colleague is grieved less intensely than the death of a close family member. According to Lichtenberg (2016), the loss of a spouse signifies the loss of the widowed future, of hopes and dreams. For this reason the loss of a spouse is believed to be the most difficult and significant adult bereavement (Kubler-Ross, 2009; Neimeyer & Holland, 2015).

Moreover, the nature of the relationship is also important as regards the strength and security of the attachment. A relationship characterized by a small degree of attachment is easier to grieve than one characterized by a greater degree of attachment. According to Pearlin and Skaff (2006) the type of role

which the dead filled and the function that they performed in relation to the bereaved, will be transformed after the death into important symbolic secondary losses, which also need to be identified and grieved. Another factor influencing the grief reaction is the amount of 'unfinished business' in the relationship between the death and the widowed which are the issues that were never addressed or settled during the lifetime of the loss.

Where the relationship is highly ambivalent, there may be a great deal of guilt and anger (Rubin, 2009). Even where the relationship between the widowed and loss had broken down prior to the death, there can be a sense of regret for the lost opportunities and the future loss of the possibility to re-establish a warmer relationship. Strobe and Schut (2010) note that where the family is fused, family triangulation is common which implies some level of undifferentiating. The lower the level of differentiation, the more difficult becomes the process of separation. Where the relationship with the deceased had been characterized by anger or alienation, it may be difficult to acknowledge this aspect subsequent to the death (Strobe & Schut, 2010).

The relationship of the loss is one of the major constellations of meaning for the widowed. Consequently, the death of a spouse creates a major disequilibrium in the psychic structure of the widowed which requires complex reorganization. The characteristics of the living relationship are part of the search for equilibrium after the death of the spouse. For instance, where the loss is an inner representation of another relationship, the energy from that relationship is also invested in the relationship with the loss (Friedman & James, 2008). If the inner representations of the loss within the marriage have a conflicted relationship, the task of separating these inner representations from

one another may require purging the representation of stressful memories so that the representation can be an idealized one ((Friedman & James, 2008).

The unique constellation of characteristics which are joined in a specific loss one can make certain aspects of the grief more difficult. Death of the bread winner equates to loss of the widowed role (Goodman, 2013). Role identification may establish a particular bond between the loss and widowed, making the loss of the spouse a central loss. The loss of a cared spouse can also result in a particular sense of loss.

### **Circumstances Surrounding the Loss**

Some deaths are more 'appropriate' than others such as that of an elderly spouse whose death is expected. Arling (2006) suggests that accidental deaths may increase feelings of helplessness which expresses itself as anger and blame. Sudden deaths may be associated with greater difficulties as deaths which occur at a removed locality. Ferraro and Barresi (2002) have found that bereaved had greater difficulties adjusting to the loss when the cause of death was suicide, when the death was unexpected and sudden and when there are no surviving children. Carey (2000) confirm that where the cause of death is accidental, the bereaved experience more frequent feelings of rejection, responsibility and more total grief reactions which they link to the increased levels of shame and perceived stigmatization associated with such a mode of death. When the outcome of an event cannot be altered such as occurs with a death, control is out of reach. The survivor is then faced with altering the meaning of the situation and their emotional response to it (Hiltz, 2008).

Pihlbald and Adams (2002) argue that determinants that mitigate and obfuscate the experience of grief are related to numerous factors. The following factors have been cited:

- (i) The circumstances of the death, such as whether or not the death was anticipated, violent, able to be preventable, or followed a lengthy illness;
- (ii) The relationship to the deceased, with closer relationships between the deceased and the bereaved usually yielding a potentially more distressing grief experience;
- (iii) The characteristics of the bereaved individual, including one's age, cognitive style, coping strategies, gender, spirituality/religiosity, previous life history, and concurrent crises;
- (iv) The availability, type, and extent of interpersonal support received by the bereaved, and whether or not the support is perceived as helpful by the bereaved;
- (v) An assortment of socio - cultural factors that include the presence and perceived relevance of mourning rituals, customs, and traditions;
- (vi) The impact of the rise of the professional roles related to death and grief (for instance counsellors)
- (vii) Attitudes toward death and dying; and "loss demoralized".

A similar argument is raised by Worden (2008) by suggesting that when working with the bereaved using the task-based bereavement model, counsellors ought to recognize the influence of several factors (such as how the

person died, personality variables, how the deceased died) on the bereaved grief experiences.

An interplay of the factors highlighted above influences the trajectory of grief (Pihlbald & Adams, 2002) while on the other hand the definition of grief as normal or abnormal will only make sense when viewed within the cultural framework of the people being evaluated (Friedman, 2012). For example, Aborampah (1999) remarks that due to cultural factors, an Akan widow deeply grieving for a husband over a period of seven years may not be perceived as behaving inappropriately when judged by the standards of her own culture.

### **Personal factors**

The age and gender of the bereaved person can be significant. The impact of bereavement might be greater for older individuals who may be coping with age-related health and personal losses (Dent, 2005; Field & Sundin, 2001). An inability to attribute meaning to life in general, is exacerbated, for some older parents, by the loss of a child, so that their ability to cope with the bereavement is lessened (Field & Sundin, 2001). Older spouses may also have diminished resources as regards strength and options for reinvestment and nurturance following the death of a partner. Clayton (2000) noted that involvement in altruistic causes may be helpful in assisting recovery, but this may not be an option for the older bereaved parent. It would seem then that the bio-psychosocial situation of these spouses might make the grief process more difficult and impede resolution and subsequent growth.

## **Psychological Challenges of Widows and Widowers**

Scannell-Desch (2003) found that the loss of a life partner had great adverse impact on wellbeing of widows and widowers. Clayton, Halikas and Maurice (2002) asserted that widowhood was a significantly distressing event in the life of any individual partner who is bereaved as it was associated with psychological ramifications. Scannell-Desch (2003) further showed that, widowhood had great impact on the quality of life of the bereaved.

Rubin (2001), on the other hand, affirmed that, there was consensus about some common grief reactions when the death of a spouse occurs, such as fear of the future, the loss of security, self-esteem being affected, shock, numbness, denial, mental confusion, inability to think, plan and make decisions, disorganization and detachment from reality. The mentioned emotional reactions could occur separately or simultaneously to the bereaved. In addition, the widows and widowers experienced anger towards everybody, even the spouse for dying and also God which led many widows and widowers to suffer from guilt feelings for being angry towards God and the dead spouse. Some widows and widowers tend to blame themselves for not being able to prevent their partner's death (Rubin, 2001). Strobe and Strobe (2003) added that widows and widowers experienced high level of depression and trauma that negatively affect their well – being.

Richardson and Balaswamy (2001) reported the common characteristics experienced by widows and widowers during their first three months of bereavement as difficulties in concentration, crying a lot, depression, difficulty in sleeping, lack of appetite, reliance on sleeping pills, loneliness, trauma and shock.



## **Loneliness**

Many different definitions of loneliness have been offered (Peplau & Perlman, 2002). In our view, loneliness is the unpleasant experience that occurs when a person's network of social relationships is significantly deficient in either quality or quantity. This definition shares three points of agreement with the way most other scholars view loneliness. First, loneliness results from a deficiency in a person's social relationships. Loneliness occurs when there is a mismatch between a person's actual social relations and the person's needs or desires for social contact. Sometimes loneliness results from a shift in an individual's social needs rather than from a change in their actual level of social contact. Second, loneliness is a subjective experience; it is not synonymous with objective social isolation. People can be alone without being lonely, or lonely in a crowd. Third, the experience of loneliness is aversive. Although loneliness may be a spur to personal growth, the experience itself is unpleasant and distressing (Peplau & Perlman, 2002).

### **(i) Widows and Widowers Experience of Loneliness**

A common medical approach for identifying a disease is examining its symptoms. This approach has not been common in studies of loneliness. Nonetheless, several manifestations of loneliness have been noted (Perlman & Peplau, 2002). For example, in the affective sphere, loneliness has been linked with feelings of general dissatisfaction, unhappiness, anxiety, hostility, emptiness, boredom, and restlessness. In the cognitive domain, lonely individuals are believed to be vigilant about their interpersonal relationships (i.e., oversensitive to cues of acceptance or rejection and constantly checking to see if others can satisfy their interpersonal needs) (Perlman & Peplau, 2002).

Liu and Guo (2007) found that the major attributes of a lonely person fall into three clusters. The first major cluster reflects feelings and thoughts of being different, isolated and separate from others. The person thinks "I don't fit in" and feels unloved, inadequate and friendless. The second cluster includes negative feelings of depression, sadness, anger, and even paranoia. The final cluster reflects actions, such as avoiding social contacts or working for long hours, which may bring about loneliness. Widows and widowers experience loneliness during bereavement and this supports the findings of Liu and Guo (2007) that major attributes of lonely people fall within three clusters with first cluster reflecting feelings and thoughts of being different, isolated and separate from others, second cluster including negative feelings of depression, sadness, anger, and even paranoia and third cluster reflecting actions, such as avoiding social contacts or working for long hours. The resultant effect of these major attributes of loneliness can lead to psychological stress for widows and widowers during bereavement.

## **(ii) Types of Loneliness**

Many social scientists have speculated about the various forms that loneliness can take. Three underlying dimensions have been identified in these discussions of the different types of loneliness (Eshbaugh, 2009). These dimensions have to do with the positive or negative nature, the source, and the duration of loneliness.

**Positivity-negativity:** The first dimension, positivity-negativity, can be seen in the writings of Forbes (2006). He distinguished between existential loneliness and loneliness anxiety. According to de Jong-Gierveld (2007), existential loneliness is an inevitable part of the human experience, involving

periods of self-confrontation and providing an avenue for self-growth. Existential loneliness can lead to positive experiences of "triumphant creation." In contrast, loneliness anxiety is a negative experience that results from a "basic alienation between man and man. Empirical evidence suggests that negative feelings predominate in the lives of lonely people (Dugan & Kivett, 2004). Although periods of solitude can have benefits, the subjective experience of loneliness is seldom accompanied by positive thoughts or feelings (Donaldson & Watson, 2006).

**Social versus emotional loneliness:** A second way of categorizing forms of loneliness has been on the basis of the social deficiency involved. Weiss (2003) distinguished emotional loneliness (based on the absence of a personal, intimate relationship or attachment) from social loneliness (based on a lack of social "connectedness" or sense of community). He believes that emotional loneliness is the more acutely painful form of isolation; social loneliness is experienced as a mixture of feeling rejected or unacceptable, together with a sense of boredom.

**Chronicity:** The duration of loneliness over time is an important dimension. Costache (2013) distinguished among three types of loneliness as follows:

- **Transient** or everyday loneliness includes brief and occasional lonely moods. These experiences have not been of much concern to researchers or clinicians.
- **Situational** or transitional loneliness involves people who had satisfying relationships until some specific change occurred, such as divorce, bereavement or moving to a new town. Situational loneliness can be a severely distressing experience.

- **Chronic** loneliness as occurring when a person has lacked satisfactory social relations for a period of two or more years.

According to King (2013), when situational loneliness persists for long periods, it can become chronic. From the standpoint of intervention, greatest attention should be directed at preventing situational loneliness from becoming a severe and chronic experience.

### **(iii) Loneliness and Mental Health**

Rokach (2007) indicated that loneliness is associated with poor mental health. Berg (2006) found that lonely respondents scored higher on Eysenck's neuroticism scale and were more frequently judged in a structured psychiatric examination as having mental symptoms needing treatment. Among widows and widowers (Goswick & Jones, 1981), found that loneliness was associated with indices of poor Personality Integration, Neurosis, and General Maladjustment derived from the Tennessee Self-concept Scale. Rubenstein and Shaver (2003) reported a strong relationship between loneliness and a checklist of psychosomatic symptoms such as headaches, poor appetite, and feeling tired. Loneliness is strongly correlated with anxiety (Bart, 2004). A number of studies (Capitanio & Cacioppo, 2014; Drageset, Kirkevold & Espehaug, (2011) have documented an association between loneliness and aggressive tendencies. Indeed, the serious mental health consequences of loneliness may not be readily observed in studies of widows (Berg, 2006).

### **(iv) Loneliness and Depression**

Havens and Jivan (2004) noted a positive association of loneliness and depression. Depression is one of the most common mental health problems associated with loneliness. Empirical studies using self-report questions find

that people who say they are lonely also say they feel depressed (Anderson, 2008; Cacioppo, et al 2006). Studies using longer depression scales such as the Beck Depression Inventory also find a strong relationship between loneliness and depression (Cacioppo and Patrick, 2008; Cattan, 2002). Cattan (2004) also found that loneliness prior to the death of a spouse was a strong predictor of post-partum depression. Most empirical investigations have examined loneliness and depression in widows and widowers samples. Pirkko (2003) suggest that loneliness and depression are commonly associated. The consistent association of loneliness and depression led Findlay (2003) to propose a distinction between "depressed loneliness" and "nondepressed loneliness." In a study of widowers and widows, Findlay (2003) found that depressed loneliness was associated with fairly negativity, seen in dissatisfaction with social relations and many facets of life. Pirkko (2003) further proposed that "lonely depression" be considered a major type of depression in which social deficits play a prominent part.

According to Tarek (2008), two observations can be made about the association of loneliness and depression. First, not all lonely people are depressed. It seems likely that depression is more common when severe loneliness persists over time. Cognitive processes may also influence the loneliness-depression link. Lonely people who blame themselves for their social problems and who attribute their loneliness to unchangeable factors may be most prone to depression. Second, not all depressed people are lonely. Depression can stem from many factors including but not limited to social deficits. In this sense, depression is a more global phenomenon than loneliness (Tarek, 2008).

(v) **Predisposing Factors**

**Characteristics of the person:** A large number of studies (Perlman and Peplau 1981; 1982; 1998, 2002) have investigated personality correlates of loneliness. Taken together, available evidence indicates that loneliness is associated with:

- (i) low self-esteem
- (ii) shyness
- (iii) self-consciousness
- (iv) introversion
- (v) lower affiliative tendencies
- (vi) lack of assertiveness
- (vii) external locus of control

Lonely people also manifest certain distinctive social behaviors. These behaviors (or some might say, social skill deficits) may make it difficult for lonely people to form and/or maintain relationships (Prince and Mann, 2007). For example, lonely widows and widowers suffer from "inhibited sociability," that is, they report problems making friends, introducing themselves, participating in groups, enjoying parties, making phone calls to initiate social activities, and the like (Cattan, 2003). Carr, Nesse and Wortman (2006) have shown that lonely people are lower (or anormative) in self-disclosure and less successful, during a self-disclosure exercise, in making themselves known to a partner.

### **Emotional Loneliness**

Emotional loneliness experienced by the widows represents the subjective response to the absence of a close and intimate attachment figure, e.g. the lack of a loved one or a spouse (Galanaki, 2004). It is a subjective feeling and it can only be quantified by the individual experiencing it. According to Dejong-Gierveld and Raadschelders (2002) emotional loneliness is very crucial for widowed who are lacking loved ones who were their intimate attachment figure, because the loss of the figure is associated with identity impairment an attachment figure is uniquely able to foster general feelings of security which others cannot simply take over this function not even social support from friends can reduce this type of loneliness, it is a sense of utter aloneness and isolation, whether or not others are accessible (Cutrona, 2002).

Whereas social isolation can be defined as a situation where a person does not have a social network or is dissatisfied with the present social network (Cassidy & Asher, 2002). It is caused by a lack of social integration where one feels that they really do not have anyone or set of friends. Canary and Spitzberg (2003) refer to social isolation by the number of contacts and integration of an individual into the surrounding social environment. According to them, if a person is socially isolated his or her possibilities for social comparison and personal control are diminished. They further noted that widowed who socialize have a chance to compare their situation with others, which is helpful to the evaluation of their situation, for example a widow may get encouraged if they see another in the same situation or if they realize their situation is not as bad as others. Through socialization, people seek social acceptance, rewards, self-esteem and respect and they do get it. A socially isolated person may feel

socially frustrated and experience a feeling that there is nobody to count on for support, absence of an engaging social network, lack of a sense of social embeddedness (Brennan, 2002).

Thus, emotional loneliness definition implies that it can be described only by the person him/herself, whereas the social loneliness definition means that social isolation can be objectively measured by an outside observer as well.

### **Concepts of Depression**

Depression is an extremely complex disease. It occurs for a variety of reasons. Some people experience depression during widowhood. Depression is a state of low mood and aversion to activity that can affect a person's thoughts, behavior, feelings and sense of well-being. People with depressed mood can feel sad, anxious, empty, hopeless, helpless, worthless, guilty, irritable, ashamed or restless (Brown, 2002).

Depression is understood as a form of mood disorder. The mood associated with normal depression vary in length, sleep difficulties, eating problems and thoughts of despair and at the end of disorder spectrum is psychotic depression, in which a person lose contact with reality, and may develop delusion and retardation. Brown (2002) emphasized that though it is difficult to ascribe universally accepted symptoms of depression, the following symptoms have been found to have been existing in the widows and widowers living with depression:

- (i) **Mood:** It is estimated that more than 90% of widows and widowers are depressed people and experience prolonged moods of sadness and crying occurs not only in response to specified experiences, but also because of their frustration in life.



- (ii) **Thought: Widows and widowers who are** depressed tend to manifest loss of interest, decrease in energy, inability to accomplish tasks, difficulty in concentration, and the erosion of motivation and ambition all combine to impair efficient functioning.
- (iii) **Behaviour and Appearance:** Widows and widowers under depression reflect dejected face and attitude. While this may be interrupted by an occasional smile, particularly if he/she thinks that it is expected of him, the smile is usually frozen and superficial that has earned the name mirthless.
- (iv) **Speech:** It has been noticed that depressed widows and widowers spontaneous speech is reduced and they attempt little to initiate conversation. In very severe cases, retardation becomes so marked that the patient becomes mute and almost stupor.
- (v) **Loss of appetite and weight:** Widows and widowers under depression may show a marked loss of appetite and weight loss particularly as the illness progresses.
- (vi) **Sleep disturbance:** It is found that widows and widowers under depression complain of difficulty in falling asleep, restlessness, awaking during the night and inability to return to sleep but quite contrarily some people sleep excessively when depressed.

Having the above-mentioned symptoms, widows and widowers in the state of depression invariably show self-negation and in extreme spell of depression. Further, it is also found that there is variation in characteristics of depression among widows and widowers across their life span (Boelen & van

den Bout, 2005). Alpass and Neville (2003) also observed that the cases of depression showed higher incidences during monsoon period.

Based on depression variations, depression has been classified into two categories-Manic Depressive Type and Depressive Type (Adams & Auth (2004). While manic depressive type includes, hypomania, acute mania, hypermania, depressive type is a state of emotion marked by sadness, feeling of loss of interest in life activities. This study concentrates on depressive type of depression.

### **Factors Contributing to Widows and Widowers Depression**

Grigoriadis and Robinson (2007) noted that depression is one of the keys that commonly identified effect of widows and widowers in their widowhood. Grigoriadis and Robinson (2007) further indicated that there are multiple factors appear to have contributed to the development of depression among widows and widowers, as discussed below.

**Sense of loss:** Grigoriadis and Robinson (2007) found that widows and widowers are highly susceptible to feelings of depression as a result of the death of their spouse because they are more able to fully comprehend the extent of the effects of the death. The most significant effect on death of spouse contributing to depression is the sense of the loss partner.

Often the widow or the widower needs to spend more time at work in an effort to cope with decreased financial resources that frequently coincide with the death of the partner and this result in less available time to spend with the child. This inadvertently implies a loss of time for widows and widowers for their children is affected by the death of the spouse (Brown, (2002).

**Uncertainty and doubt:** In addition to the loss of the partner, a sense of doubt could further contribute to feelings of depression. Dooley and Kathleen (2000) found that the loss of loved one often entails a shift in the pillars of security which the widow or widower had relied upon up to that point. The affected life partner may therefore doubt whether she or she can effectively succeed in future life which in turn could contribute toward feelings of sadness, despair and depression.

**Disruption and disillusionment:** The doubts experienced by widows could further be exacerbated and thereby contribute to feelings of depression, as the they experience disruptions and a sense of disillusionment in certain instances of the death of loved one. Brown (2002) states that widows particularly, often understandably question whether they succeed in life after the death of their husbands. This their intention may lead to a sense of disillusionment for the widows and widowers contribute to feelings of disappointment and depression.

### **Psychological impact of widowhood**

Death is an inevitable consequence for every human being. The death of a close person often leaves behind feelings of deep sadness and loss. A wife whose husband has died has to cope with widowhood, grief and the enormous adjustments in lifestyle that bereavement brings along. Parkes and Weiss (2003) argue that bereavement, grief and mourning apply to the psychological reactions of those who have experienced loss of a loved one. Many widows report a range of emotional reactions, including confusion, shock, fear, uncertainty, fury, and low self-esteem (Chen, 2000). Chen (2000) further asserts that for widows, this transitional moment is the beginning of a permanent life of poverty. Widows experience a loss of status and identity as they are often forced to change their

living arrangements and conditions. In addition to the abovementioned issues widows have to endure, they also have to face loneliness and loss of a breadwinner until they themselves die.

Middle aged widows have been identified as suffering from more severe grief reactions and lower morale and depression (Nolen-Hoeksema, McBride & Larson, 2007). In addition, Caserta and Lund (2001) also asserts that grief is a personal process and can only be fully understood in the context of our continued process of constructing and maintaining our most basic sense of self. When events disrupt our sense of self and world, we tend to respond by attempting to interpret them in ways that are consistent with our basic worldview and sense of identity (Moss & Moss & Hanson, 2006). Several authors have linked middle aged widowhood with both physical and psychological health problems following bereavement (Lopata, 2006; Klass, Silverman & Nickman, 2006).

Bennett, Hughes and Smith (2003) summed up the age predictor in their conclusion by asserting that the middle aged widowed are at greater risk for health complications and also suffer more emotionally. According to the above, it can be argued that middle aged widows are incomparably susceptible to difficulties of adaptation to bereavement in comparison to older women. This argument is drawn from the fact that spousal bereavement in middle aged is an unexpected event which disrupts the expected course of life and brings stress not normally associated with the stage of life these women are in.

### **Social Challenges of Widows and Widowers**

Social life and relationship of widows and widowers in their widowhood is a natural behavior of human being. The relationship is not one way it is two

ways where the widows and widowers influence the environment and the environment vis-à-vis in the process of interaction. The death of a spouse has negative impact on the system in the general life of the live partner due to the disrupting stability of the lived life. Benkel, Wijk and Molander (2009) noted that the widow or the widower readjust to new life environment followed the death of the partner. Lee & Ishii-Kuntz (2007) noted that widows and widowers need social support and self-esteem to cope up and to survive.

### **Defining Social Support**

A number of different definitions exist for social support and it is frequently conceptualized and measured in numerous ways (Bankoff, 2001). Social support has been characterized as the resources given by other individuals and has also been thought of as the assistance received by individuals from people in the social network ((Bisconti, Bergeman & Boker (2006). More specifically, social support has been defined as satisfying individual's continuing social needs (Anderson, 2004). According to Bradburn (2009), the fundamental functions fulfilled by relationships include tangible assistance (help with tasks or physical demands), information support (offering advice), emotional support (offering love, compassion etc).

### **The Importance of Social Support**

A large body of research over the last few decades has frequently shown the benefits of social support. Social support has been found to be instrumental in providing improved psychological health, less physical health concerns and even decreased rates of mortality. Numerous studies have identified social support as a significant determinant of psychological well-being (Bajekal, et al., 2004; Durpetius, Aldwin, & Bosse, 2001; Smith, Sim, Scharf, & Phillipson,

2004). A positive association has been determined between social support and affect and morale (Crohan & Antonucci, 1989).

Blazer (2002) also shown that lower levels of social support were associated with higher levels of depressive symptoms amongst people experiencing widowhood and also noted that social support has been shown to minimize psychological distress in a people experiencing widowhood.

Cassel (1976) also noted a strong relationship between social support and psychological well-being and physical health among people experiencing widowhood.

Past studies highlight the significant effect social support can have – from improved psychological well-being and physical health to an increased rate of survival. The importance of studying social support is made clear by previous findings which have shown social support’s association with improved morale (Scott & Verney, 2007) and psychological well-being (Lopata, 2009), reduced levels of coronary heart disease (Balaswamy & Chistine, 2004), dementia (Parkes, 2008) and even a greater chance of living a longer life (Bradburn,2009).

### **Social Support in Widowhood**

Widowhood practices normally place widows in disadvantaged, vulnerable and dependant positions where they may experience social exclusion, economic, physical and psychological abuse (Bisconti, Bergeman & Boker 2006). Notably, social support is very important especially when a death has occurred. A widely shared understanding regarding bereavement is that the quality and availability of social support and intimate attachments are among the most important moderators of grief symptoms (Kahn & Antonucci, 2001;

Ben-Zur, 2012). Social support is positively associated with physical and mental health and can buffer the adverse health impacts of stressful life events and chronic strains (Cobb, 2009). Increased physical seclusion, social isolation and reduction in social activities during spousal bereavement have been found to severely distort perceptions of self-worth and self-esteem (Berkman, Brissette & Seeman, 2000). If a widow or widower perceives that support is unavailable or unattainable, that perception can have a profound impact on the coping strategy adopted by the widow or widower in question and may contribute to her inability to adjust to her loss (Cobb, 2009).

According to Cohen and Wills (2005), both the availability and the extent and quality of social support are important determinants of the resolution of grief. Thus, Daraha (2013) argues that if the grief is not known due to the nature of support offered to the bereaved person. However, Charuvastra and Cloitre (2008) conducted on complicated grieving attest to the changing nature of the supportive functions. Cohen and Wills (2005) on the other hand is of the view that widows do benefit from support from friends and relatives.

Owen (2006) noted that while the relationship between social support and health has been made clear, the reason this association exists is less apparent. Owen (2006) further noted there has been much debate as to whether social support operates as a buffering or as a main effect on the well-being of individuals. It remains uncertain as to whether the biopsychosocial processes responsible for the association between social support and well-being exists at all times, irrespective of stress levels (main effect). In contrast, the biopsychosocial process may come into play only when an individual

experiences stress or comparable physiological reactions (buffering effect) (Stelle & Uchida, 2004).

The effect certain social variables have on physical and psychological health may take place through biological mechanisms. It has been posited that social connectedness is a product of evolution and humans intrinsically need social interaction (Ross, Mirowsky & Goldsteen, 2000). In fact, past studies have revealed that individuals who engage in social contact with others can decrease cardiovascular problems and similar physiological sensations (Lamb, Lee & DeMarris, 2003).

Alternatively, the mechanism responsible for the health benefits of social support may be behavioural in nature. It has been suggested that social support may improve physical well-being by encouraging feelings of competence that then regulate an individual's behaviour such as those that promote good health (Thomopoulou & Koutsouki, 2005).

### **The Relationship between Social Support and Depression**

Research examining the association between social support and depression can be categorized into two models, i.e., the main effect and the stress-buffering hypotheses (Cambron, & Pettit, 2009). The main effect hypothesis states that the more social support an individual has, the better the quality of life and the fewer symptoms of depression an individual may have, regardless of the personal level of stress (Umberson, 2002). Thus, there is a direct association between social support and depression. For example, Lobb and Price (2006) examined the main effect role of social support on depression of widows. They indicated that social support, primarily the belonging aspect of social support, which was also referred to as companionship support, was



positively associated with the widows' depression. They concluded that for this population, experiencing empathy, caring, trust and reassurance is important to an individual's psychological well-being (Lobb & Price (2006). Yalom (2008) also conducted a study among widows and concluded that social support had direct effect on their psychological symptoms of distress.

The stress-buffering hypothesis states that the relation of social support to the quality of life depends upon an individual's level of stress (Block, 2006). In this case, social support mitigates the adverse effects of stressful events on depression only in times of high stress (Block, (2006).

For example, Carstensen (2002) studied the buffering role of social support among widows and widowers and found that social support mitigated stress-related depression in times of high stress levels. Bonnano and Kaltman (2001) on the other hand, conducted a study among widowers and widows, indicating that the stress-buffer hypothesis manifested itself through social support. It suggested that social support from colleagues moderate the relations between stress and depression so that higher levels of stress result in higher symptom counts for widowers who reported high levels of social support. They stated the possible reason was that during periods of high stress, widowers do not benefit from the availability of social support. Thus, less stress experiencing by widowers may be the availability of widowers' social support or help from close relationships.

### **The role of Social Support in Grief**

Social support has been defined as interpersonal transactions that include one or more of the following key elements: affect, affirmation, and aid. Affect is seen as expressions of liking, admiration, respect, or love. Affirmation

means expressions of agreement or acknowledgement of the appropriateness or rightness of some act or statement of another person. Aid includes direct aid or assistance, such as money, information, time, and entitlements (Brown & Harris, 2008).

Social support can be seen in terms of existence or quantity of social relationships in general, in terms of the structure of a person's social relationships, and in terms of the functional content of relationships (Blazer, 2003; Islam, 2004). The structural and functional characteristics of a social network influence the potential availability of support (Kavanaugh, Trier & Korzec, 2004). The major individuals or groups that may provide social support range from informal sources, that is family and friends, to persons connected with major life roles such as work, to professional and semi-professional persons and groups who provide specific services, including forms of support. (Kahn 2000; Romesberg, 2004; Strobe, Strobe, & Shut, 2003).

Social support can be divided into perceived support and actual support (Bennett (2005) Perceived helpful social support has been found to have a positive relationship with the grieving person's health (Strobe & Strobe, 2003) and coping after the death (Dyregrov, 2004; Dakof & Taylor, 2000). It has been suggested that impoverished social support is linked with the mortality of bereaved (Gallagher-Thompson et al 1993) and with depression (Alpass & Neville, 2003). It has also been suggested that social support perceived to be unhelpful hinders coping (Grimby, 2003).

Middle aged grieving over the death of their spouse have grown closer to their own families, but lost membership in the social network of married couples to which they had belonged (Anderson & Dimond 1995). Loss of a

partner has been found to result in a decrease of social support for widowers but not for widows (Strobe & Strobe, 2003). Spreitzer and Grant (2005) who divided social support into economic, service, social, and emotional support, suggested that grandchildren did not contribute as often to the emotional support as expected and also friends appeared relatively infrequently in the emotional support system (Spreitzer & Grant, 2005). In a study of the relationship between social support and depression, there was no significant relationship between the amount of contact the elderly widows had with their children and the perceived amount of social support they received (Walinga, 2008).

In this study social support was defined in terms of existence or quantity of social relationships in general, in terms of the structure of a person's social relationships, and in terms of the functional content of relationships. Social support was either positive or negative and not only positive as Folkman and Lazarus (1980) and Bonanno and Kaltman (2001).

### **The Concept of Self Esteem**

Self-esteem represents a global sense of self-worth and self-acceptance and is an overall emotional response to self-evaluation. Self-esteem is how much one values one's self as a person (Coopersmith, 2007). An overall self-attitude that permeates all aspects of life, high self-esteem carries the implication that one will be accepted, as opposed to reject by others (Sonstroem, 2004). Self-esteem is seen as both a relatively stable trait and a state that fluctuates around a stable baseline (Silber & Tippett, 2005).

Self-esteem refers to an individual's emotional evaluation of his or her own self-worth (Rosenberg, 1965), as cited in Bredefort and Hey, (2005). Cooley (2002) and Hattie (2007) have agreed that the desire for self-esteem is a

fundamental human motivation that drives a great deal of human behavior and thought. Individuals deploy a number of psychological mechanisms in order to preserve self-esteem, including attributing successes to internal factors and failures to external factors, over exaggerating their abilities and projecting qualities feared in the self onto others (Brehm & Kassin, 2003).

Self-esteem is a term used in psychology which reflects a person's overall evaluation or appraisal of his or her own worth (Anthony Holmes & Wood, 2007). Self-esteem encompasses beliefs and emotions. Behaviors may reflect self-esteem for example, assertiveness, shyness and confidence. Psychologists usually regard self-esteem as an enduring personality characteristic, though normal, short-term variations occur. Self-esteem is a concept of personality and for it to grow, one need to have self-worth.

### **Self Esteem in Widowhood**

Understanding self-esteem is basic to understand widows and widowers behaviour. It is essential to know how widows and widowers perceive, value and regard the self to interpret their behaviour. A classic work by Clemes and Bean (2001) proposed that the level of self-esteem affects all aspects of widows and widowers person's life. Branden (2004) says that self-esteem profoundly affects the ability to adapt changes in one's life.

Among widows and widowers, it is found that there were direct paths to global self-esteem from their specific self-perceptions and positive communication (Chambliss, Muller, Hulnick & Wood, 2008). Cooley (2009) examined the relation of widows and widowers attachment to self-esteem and found out those widows and widowers who experience low level of self-esteem exhibited low psychological well – being and highly depressed.

In the study of DiGiulio (2009), the relationship between well - being and self-esteem was examined among widows and widowers and found that those widows and widowers who experience low level of self-esteem exhibited high stress levels. Parkes (2008) assessment of impact of loss and self-esteem among widows and widowers found high association between impact of loss and self-esteem them

Several studies indicate that widows and widowers differences exist among their self-reports of life events (Roach & Kitson, 2009; Zick & Smith, 2001). More specifically, widows tend to report significantly more negative life events than widowers across all ages as well as higher levels of stress. Consistent with this finding, Walsh and McGoldrick (2007) studied among 207 widows and widowers and found that widows reported more negative life events, higher levels of stress due to the life events, and more use of coping strategies than widowers.

Strobe and Strobe (2003) discovered widows and widowers differences in self - esteem. They found that self-esteem was interpersonally oriented for widows, while for widowers self-esteem was person-oriented. Thus, while self-esteem was related to the masculine trait of unique superiority for widowers, high self-esteem was related to interconnectedness with others for widows (Pitcher & Larson, 2009). Lopata (2006) on the other hand strongly supports the claim that widowers have higher self-esteem than widows.

According to Levinson (2007), the loss of self-esteem for widows is directly connected to their loneliness. This finding is corrected by Lee and Sullivan (2001) that gender differences in widows and widowers self-concept toward widowhood were related to their coping mechanisms. They also found

that widows possessed greater feelings of inadequacy for achievement than the widowers.

The widows and widowers perception of success in life is a significant predictor of self - esteem (Lund, 2009). Hiltz (2008) hypothesize that widows low assessment of their own competence may lie within the social environment, which decline their hope in future life that enables them to react with negativity in their life.

In the study of Caserta and Lund (2003), the relationship among self-esteem, life events and powerlessness were explored among widows and widowers. Findings revealed that feelings of powerlessness and an increased incidence of significant life events predicted low self-esteem.

### **Widows Economic Challenges**

Widow's economic challenges according to (Cattell, 2003) are of the view that the effects of widowhood are associated with the economic challenges that include the loss of the breadwinner or co-bread winner. This results in poverty, health challenges associated with poor nutrition, inadequate or no shelter, lack of access to health care and vulnerability to violence. Hence, participants in Carton's (2003) study shared their experiences of suffering from "mourning fatigue" and becoming "poorer with each burial," because of the number of deaths and the financial burden this brings about. Carr, Nesse and Wortman (2006) indicate how the economic context shapes grieving practices, as many do not have the time to grieve.

As a coping mechanism for widows, grief and loss are pushed aside as people try to find meaningful ways of surviving. In some communities, grieving is construed as a "luxury" (Bonnano & Kaltman, 2009). Moreover, to worsen

their plight the widows are denied access to their husband's piece of land to farm, houses and animals etcetera and they are without a voice in this regard. In the event of them attempting to react, they are beaten up, stigmatized, abused, and ostracized (Burton, Haley & Small, 2006).

### **The Concept of Coping**

Coping is defined as a psychological process in which an individual attempt to manage external or internal demands (Lazarus & Folkman, 1984). Traditionally, the concept of coping has derived from two theoretical orientations: animal experimentation and psychoanalytic ego psychology. Animals rely on their survival instincts to respond to their environment. In this line of research, coping is viewed as learned behavioral responses that regulate unpleasant environmental conditions to lower psychological disturbance.

However, because the animal model research has focused largely on avoidance and escape behavior as well as drive and arousal, it has been criticized by its simplicity and lack of high-functioning examination when it comes to learning human coping. With the complexity of human functioning, cognition and emotions are to be considered in the coping process. On the other hand, psychoanalytic ego psychology model places more emphasis on cognition and less on behaviors. Coping is defined as thoughts and actions that are flexible and realistic so that problems can be resolved and thus stress can be reduced. The main difference between the animal model and the psychoanalytic ego psychology model is that the latter taking into account the individual perceptions of the person and environment relationships (Lazarus & Folkman, 1984).

Coping includes a wide range of strategies such as problem solving, facing the problem with aggression, avoid facing the problem, seek social support, and reappraise the situation (Celsowitz, 2009). Usually, researchers view coping in two ways, as a style (person-based approach, dispositional), or as a process (environment-based approach, situational) (Hawkins, Howard & Oyebode, 2006; Lazarus, 1999). The style approach treats coping behaviors and activities as relatively stable in the process of dealing with stress; Personality characteristics determine coping activities (Argyle, 2009). This approach has been criticized to be too broad and does not adequately explain intra-individual variations in specific contexts (Lazarus, 1999). In contrast to coping style, the process approach emphasizes coping as an effort to manage changing stress and contexts (Drageset & Lindstrom, 2005; Lazarus, 1999). Lazarus and his colleagues suggest that coping is a process for individuals to resolve the source of stress and manage emotional reactions through regulating their thoughts and behaviors (Folkman & Lazarus, 1984). It is defined as “constantly changing cognitive and behavioral efforts to manage specific external or internal demands that are appraised as taxing or exceeding the resources of the person” (Lazarus & Folkman, 1984; Lazarus, 1999). The coping process approach has been criticized that it often ignores the larger framework of a person’s relating to the world (Lazarus, 1999).

### **Coping strategies**

According to Lazarus (1999), coping strategies are commonly divided into two categories by function: problem-focused and emotion-focused. Problem-focused coping involves action, which directs at managing problems that caused distress. Conversely, the purpose of emotion-focused coping is to



regulate emotional response to relieve stress. Examples of emotion-focused coping include avoidance, distancing, and selective attention (Lazarus & Folkman, 1984). Coping styles that are problem-focused are considered more effective and adaptive, and are correlated with fewer psychological symptoms and a healthier psychological well-being (Holroyd & Lazarus, 2002). On the other hand, emotion-focused coping styles are associated with depression, phobic anxiety, and somatization, and a major predictor of psychopathology (Holroyd & Lazarus, 2002; Lazarus & Folkman, 2004).

Lazarus and Folkman (2004) that in order for individuals to cope effectively with any stressful or anxiety-provoking situation, they require the use of specific methods or approaches. These methods could also be described as a coping strategies or skills.

According to Amirkhan (2004), coping strategies are defined as “conscious, rational ways for dealing with the anxieties of life”. The term is used for those strategies designed to deal with the source of the anxiety (Amirkhan, 2004). Amirkhan continues to illustrate the aforementioned definition by use of an example of a student who had experienced a situation which caused him high levels of stress and anxiety, namely upcoming examinations. The particular student subsequently coped with this anxiety by having utilized the coping strategy of studying for long hours in advance of the examinations and in doing so effectively reduced the anxiety and stress this situation had caused. This effectively solved problem of subjectively experiencing high levels of stress and/or anxiety due to a specific environmental stressor and illustrates how coping had been achieved.

From the aforementioned definition and example it could further be said that different situations, challenges or problems require different coping strategies, as the same student referred to in the example above by Amirkhan (2004) may at some point be faced with a different stressor for which he did not possess an effective coping strategy or skill. His repertoire of coping skills for another situation may be insufficient. This would most likely lead to an increase in subjective feelings of anxiety and stress for that individual to a point where he may become so overwhelmed by these emotions that he ultimately starts displaying signs and symptoms indicative of psychiatric conditions.

A variation of the definition of coping strategies by Amirkhan (2004) as included above was formulated as working definition for coping strategies in this study, namely: Those conscious strategies that had been formulated and employed by an individual in an attempt to have obtained relief from subjective feelings of stress and/or anxiety that had been brought about by a particular stressful situation encountered in the environment.

Coping strategies appear to form a very important part of human functioning in the everyday environment. In order to live and function effectively within the environment, an individual requires a sufficient repertoire of coping strategies to cope effectively with stressful situations, which will result in a subjective sense of contentment and happiness. Individuals further appear to differ in their range and effectiveness of coping strategies. Some of the more general coping strategies that were identified from the literature include the following. The following define and elaborate on strategies that are commonly used in coping.

### **Problem-focused Coping Strategy**

Some of the pioneers in the research of coping Lazarus and Folkman (1984) describe two distinct coping strategies, namely problem-focused and emotion-focused strategies. Problem-focused strategies involve attempts by an individual to understand the problem so as to effectively seek the most appropriate solution for it. It is therefore closely related to problem solving (Lazarus & Folkman, 1984).

According to Snyder (2009), problem-focused coping involves an alteration of the on-going person-environment relationship in that it requires direct action which could occur cognitively and/or behaviourally. This action is directed at adjusting the situation itself or for the individual involved to remove the source of the stress to him or herself. Furthermore, this approach appears to display a close resemblance to the interpersonal variable described as the adequacy of problem-solving skills (Uren & Graham, 2013). This is the case because problem-focused coping strategies appear similar to problem-solving tactics, which include efforts to define a problem, generate alternative solutions, weigh up the advantages and disadvantages of all of these options, to act to change what was changeable and to acquire new skills where necessary. Furthermore, it could be directed towards external or internal aspects in the environment or within the self (Uren & Graham, 2013). The approaches directed towards the self also appear similar to re-appraisals, as was referred to in the section dedicated to the integration of the cognitive-motivational-relational theory of coping and the self-determination theory (Uren & Graham, 2013).

### **Emotion-focused Coping Strategy**

Emotion-focused strategies are utilized in an attempt to relieve the feeling of discomfort which had been caused by a particular stressor or problem, for example having engaged in physical exercise or by talking to a significant other person about the stressor or problem in an attempt to gain emotional support (Lazarus & Folkman, 1984). In contrast to problem-focused coping, Uren and Graham (2013) describes emotion-focused coping as aiming towards the reduction of the emotional impact of stress where it was unavoidable for individuals to have absorbed it. Examples of such an approach could include avoiding, blaming, minimizing, wishful thinking, venting emotions, seeking emotional support, avoidance and paying selective attention, all of which will hold different effects for the individuals who employ them, as well as varying degrees of effectiveness.

### **Emotion-focused coping strategies**

Stress and anxiety are a part of our everyday lives. While in most situations we can deal with stress, there are times when we let stress take over and interfere with our day to day functioning. The first step to de-stressing therefore is recognizing that you have a problem. Once you have accepted that, you can find ways to deal with it effectively. Different people deal with stress in different ways, but according to Somerfield and McCrae (2000) one of the coping strategies is the emotion focused coping.

To Somerfield and McCrae (2000), emotion-focused coping is a type of stress management that attempts to reduce negative emotional responses that occur due to exposure to stressors. Negative emotions such as fear, anxiety, aggression, depression, humiliation are reduced or removed by the individual

by various methods of coping. Emotion-focused coping can be positive or negative. Positive examples include talking or writing about their emotions through therapy or journaling, mindful meditation, or distraction with other activities. Negative examples of emotion-focused coping (that typically are not beneficial or helpful in the long term) are suppression of emotions, avoidance, and alcohol or drug use in order to dull or avoid emotions.

Somerfield and McCrae (2000) investigated the relation between middle aged women with loss partner, identity status and coping strategies. Their findings indicate that identity diffusion in the interpersonal domain is associated with emotion-focused coping strategies, whereas identity achievement in both sets of domains is associated with greater use of problem-focused coping strategies.

### **Positive psychology-related strategies**

Another more recent view relating to coping strategies emanated from the relatively recent development in the field of psychology, referred to as positive psychology. The field of positive psychology entails what is referred to by Lazarus (1999) as positive subjective experiences, positive individual traits and positive institutions, which will lead to the development of higher quality of life and be able to prevent psychopathology.

The above statement indicates positive psychology's focus to be on building positive qualities and as such foster a positive affect. In adding to this, Folkman and Moskowitz (2000) indicate that within a positive psychology framework positive affect plays a major role in promoting effective coping. As such they advocate three strategies to generate positive affect in the face of stressful situations or challenging problems, namely positive reappraisal,

problem-focused coping and infusing ordinary events with positive meaning.

Each of these methods is individually discussed next:

**Positive reappraisal:** According to positive reappraisal people reappraise situations to view them in a different, more positive light. This approach further appears to strongly correlate with a psychotherapeutic technique advocated by Franks and Roesch (2006) of relabeling or reframing. Franks and Roesch (2006) describe this technique through stating that “by relabeling or reframing, the strategic therapist offered a different view of the presenting problem, thus freeing the participants to think and behave differently and opening up a new set of action potentials. The focus therefore lies with creating a new perspective for individuals which frees them from the constraints of the previous perspective.

**Infusing ordinary events with positive meaning:** The third and final approach advocated by Folkman and Moskowitz (2000) is that of infusing ordinary events with positive meaning, whereby it is proposed that even during difficult and highly stressful times human beings could still remember positive events. By recalling ordinary events, for example having dinner with friends, it is proposed that these events in combination with positive affect would assist people to cope with the challenges in their lives (Folkman & Moskowitz, 2000).

### **The Concept of Well - Being**

According to Diener (2001), there is no common or single definition for wellbeing. Ryan, Edward and Deci. (2001) define wellbeing as “the state of being comfortable, healthy, or happy. This is similar to the definition of Kazdin (2000) who indicated that well – being is the state of being healthy, happy, and prosperous” or “a good or satisfactory condition of existence”. Personality, age,

gender, income, work, and relationships are some of the determinants of variation in individual levels of wellbeing (Kazdin, 2000).

According to Sastre and Ferriere (2000), the potential influences on wellbeing fell under seven broad headings: (1) income; (2) personal characteristics; (3) socially developed characteristics; (4) how we spend our time; (5) attitudes and beliefs towards self/others/life; (6) relationships; and (7) the wider economic, social and political environment. According to Hill (2005), wellbeing refers to how people feel and think about their lives. Ryff (1989) argued that the terms happiness, psychological wellbeing, positive affect and morale can be used interchangeably.

Wellbeing is a concept that refers to happiness, life satisfaction and contentment, which are mutually interconnected. It refers to optimal functioning and does not necessarily imply perfect function. Indeed, the elements of wellbeing are closely linked with the concept of quality of life, although they are not really synonymous (Ryff, 1989). Happiness alone may not be sufficient to capture quality of life.

Both wellbeing and quality of life relate to satisfaction with material, biological, psychological, social, and cultural needs. Lower mortality and morbidity are significantly connected to positive wellbeing (Ryff and Singer, 2005).

According to Ryff, Singer and Love (2004), well-being has been divided into two streams of research, respectively: the *hedonic* approach and the *eudaimonic* approach. The *hedonic* approach conceptualizes and defines well-being in terms of happiness and of the presence of pleasure and absence of pain and is reflected in the stream of research on subjective well-being (Bradburn,

2009; Diener, 2001). The eudaimonic approach equates well-being with human potential that, when realized, results in a person's optimal functioning in life (Diener, 2001; Ryan & Deci, 2001) and is reflected in the stream of research on psychological and social well-being (Ryff, 1989).

### **Hedonic Well-being - Emotional well-being**

According to Diener (2001), the concept of emotional wellbeing emerged from quality of life research. Findings from this body of research demonstrated that one's subjective evaluation of life satisfaction and experience with positive and negative affect are important to one's sense of psychological well-being (Springer, Pudrovskaja & Hauser, 2011). The balance of positive and negative affect has also traditionally been equated with "happiness" (Bradburn, 2009).

According to the emotional well-being theory, mental health is defined as a multidimensional construct made up of (a) a cognitive component (i.e., general satisfaction with life), and (b) an affective component (states of positive and negative affect) (Keyes, 2008). Within the body of research on emotional wellbeing, psychological well-being has been defined primarily as a lack of symptom distress (Bradburn, 2009).

For example, a decrease in depressive or anxiety symptoms, would be equated with improved psychological well-being. Also, within this framework, affect is conceptualized to function on a continuum, with positive affect on one end and negative affect on the other. Thus, positive and negative affect are typically described as highly inversely correlated with one another. With an improvement in positive affect, negative affect is assumed to decrease. In recent



years, a newer theory of psychological well-being has emerged that focuses on subjective perceptions of positive functioning.

### **Eudemonic Well-being - Positive Functioning**

Traditional notions of psychological well-being have focused primarily on a lack of symptom distress to indicate improved mental health (Fordyce, 2007), thereby neglecting aspects of positive functioning (Ryff, 1989). According to the positive functioning domain, psychological well-being is thought to be more than a presence of positive affect and absence of negative affect.

Instead, positive and negative affect are described to function independently and are moderately correlated with one another. Investigators have drawn this conclusion and state that lack of psychological distress does not necessarily lead to enhanced psychological well-being (Keyes, 2008; Ryan & Deci, 2001).

The perspective of positive functioning emerged from humanistic and developmental psychological theories, as well as existential philosophy (Ryan & Deci, 2001). According to this perspective, psychological well-being (sometimes referred to as *eudemonia*), is defined as a reflection of one's perception to be able to face and deal with life's challenges (i.e., positive functioning). This meaning given to a multitude of aspects of positive functioning, often described as "dimensions." More specifically, psychological well-being reflects the subjective perspective that one is functioning well in six major areas of life: Autonomy, Purpose in Life, Positive Relations with Others, Personal Growth, Environmental Mastery, and Self-Acceptance (Ryff, 1989). Prior definitions of psychological well-being had, up until Ryff's model of

psychological wellbeing, possessed little theoretical rationale, lacked clearly defined constructs, and lacked consistency in the use of empirically tested instruments.

Ryff (1989) asserted that several dimensions of positive functioning could be integrated into one multidimensional model of psychological well-being. She included descriptions of positive psychological functioning by Maslow (1968), Rogers (1961), and Allport (1961); life span developmental perspectives of Erikson (1959), Buhler (1935), and Neugarten (1968); and positive criteria of psychological well-being (Jahoda, 1958) in her theoretical framework in order to justify her constructed notion of psychological well-being all as cited in Ryan and Deci, (2001). Ryff (1989) performed a comprehensive analysis of prior theories of positive functioning and identified themes at points where the ideas converged. These points of convergence comprised the newly formed dimensions of positive functioning and were operationalized as: Autonomy, Purpose in Life, Positive Relations with Others, Personal Growth, Environmental Mastery, and Self-Acceptance. Each dimension formed one of the six subscales on the instrument entitled, the Scales of Psychological Well-Being (Ryff, 1989).

### **Determinants of Wellbeing**

**Gender:** Gender appears to be influential on quality of life and wellbeing, but the direction and magnitude of the gender effect is variable. Men generally report better quality of life than women (Helliwell & Putnam, 2004; Witmer & Sweeney, 2002). Men have also been found to be happier than women (Coon, 2001). Women have lower perceived quality of life (Graham, 2009) and tend to be more depressed (Graham, 2009). Furthermore, women have

significantly higher degrees of self-reported health complaints and greater perceived burden of physical disability than men (Chafouleas & Bray, 2004).

**Education:** Higher levels of education are presumed to promote better health and wellbeing and are linked to lifelong intellectual development and social adaptation, higher economic status and better wellbeing (Myers and Diener 2005). Education level has been positively associated with wellbeing (Diener & Lucas, 2003; Diener, Sapyta & Suh, 2008). Education has also been found to be a robust predictor of subjective wellbeing in later life (Michalos, 2004). The mean score of the physical, psychological, social relationship, and environment-related wellbeing significantly differed by educational level (Michalos, 2004). Concurrently, a better physical, psychological, and environmental-related well-being was predicted by higher education (Diener & Diener, 2005). A gradual increase in the mean score of happiness has been observed with increased educational attainment (Michalos, 2004).

Evidence supports that widows and widowers with higher educational attainment experience relatively low levels of emotional and physical distress and a better well-being (Deci & Ryan, 2008). On the other hand, Michalos (2004) showed that widows and widowers with no formal schooling significantly reported low wellbeing. Researchers believe well-educated widows and widowers have better knowledge about disease prevention, and therefore adopt a healthier lifestyle, leading to better wellbeing ((Diener & Diener, 2005; Diener, Sapyta & Suh, 2008).

Lifelong education enhances engagement and wellbeing. According to Cobb (2009) widows and widowers with lifelong engagement in education are likely to experience greater subjective wellbeing. Depending on how one

defines and operationalizes 'education' it certainly can have a positive impact on the wellbeing and happiness of a person and is regarded as an important factor of well - being (Michalos, 2008)

**Occupation and Income:** Diener (2001) emphasized that employment predicts higher well - being. Employment is used as a proxy measure for socio – economic status (Lin, et al., 2008). Widows and widowers who are employed report higher mean well - being scores (Siddique & D'Are, 2004). High socio – economic status significantly predicts quality of life and wellbeing (Helliwell, 2002). Money is often regarded as the most important contributor to quality of life and well - being mainly due to its necessity for survival needs (Blanchflower & Oswald, 2008). In fact widows and widowers who reported having adequate money on which to live perceived better well - being compared to those who expressed financial worry in daily lives (Diener, 2000).

Although some commentators cast doubt on the idea that material prosperity enhances human wellbeing, it does appear that people in wealthier nations indicate higher quality of life and well - being (Layard, 2005). Similarly, Deci and Ryan (2008) found widows and widowers income to be a determinant of quality of life and well – being.

### **Factors Facilitating Widows and Widowhood Well - Being**

Recently attention has been turned to research which focus not only on the factors that support widowed people in coping or adjusting to their bereavement but on factors which allow widowed people to, for want of a better word, excel at being widowed. Thus, researchers have focused on resilience in bereavement and widowhood. Traditionally, resilience has been considered in the psychological literature in terms of childhood development (Bowlby, 1998;

Lopez, 2011), and either as a factor protecting children from adverse events or as a pathological reaction to trauma. However, within the field of later life bereavement three strands of evidence have suggested that resilience is more common, and indeed more normative, than has been previously thought (Bonanno, 2004).

Gallup (2009) on the other hand, focused on the effects of bereavement, and in particular the ways in which some bereaved spouses (and partners) do not experience grief or decreased mood following their bereavement, but do not experience pathological grief (as traditional grief researchers would expect). Bonanno (2004) further argued that resilience is the “ability to maintain a stable [psychological] equilibrium” following the loss, without long-term consequences. Bonanno (2005) focused more on widowhood, rather than bereavement specifically, in his study of middle- age widowhood.

He identified four models of behavior: reorganization adaptation finding positive benefit and compensation (Bonanno, 2005).

Bonanno (2005) identified many of their widowers as resilient and they were characterized by: initial painful awareness of loss; the sense of a continuing “hole in their lives” despite being engaged in meaningful activities; an integrated belief and value system; an optimistic and positive personality; and an ability to get social support.

Bonanno (2005) further suggested that resilient widowers adjusted in one of three ways: they changed themselves in some way; they changed their environment; and/or they found a companion. They also emphasized, in line with much resilience literature, and it is not out of tune with Bonanno, that resilient widowers were able to bounce back from the stressor, bereavement.

Both the work of Bonanno and that of Gallup (2009) agree that a resilient widowed person is someone well-adjusted to life following the loss. Further, their views can be reconciled by considering the time-frame. Bonanno uses a short time frame, while Gallup (2009) use a longer time frame. Bryant and Cvengros (2004) drew together these two approaches, and suggested that Bonanno focuses on bereavement, and Moore and Stratton on widowhood. Bennett, using data from two studies of widowhood, identified men who were resilient as described by Bonanno in their bereavement and men who were resilient as widowers. Bonanno went further and argued that for some widowers the achievement of resilience might be gradual, but that for some men it might be following some major or minor turning point. She also began to consider the nature of agency in achieving resilience.

Bonanno has some evidence that resilience might be achieved passively, either by the active intervention of another person, as in the case of social support, but that it could also be achieved by an unidentified or unnoticed, external agent.

In other cases the widower was the agent of change, either through personal characteristics—personality or life view—or through engaging in social activity or the marshalling of social or instrumental resources.

### **Coping and Psychological Well - Being**

Helliwell (2003) noted that psychological well-being has been linked to coping strategies. They found out that escape avoidance coping style was associated with lower psychological well-being, while, adaptive coping strategies such as positive reappraisal and planned problem solving were only slightly associated with higher psychological well-being (Helliwell, 2003).

This study examines widowed perceptions of the coping strategies they employed in their widowhood and assesses if it relates to their psychological well-being.

After a marriage is ended, one has to deal with emotional turmoil and personal devastation but it does not end there. One has to manage the legal system and the custody arrangements as well as other financial settlements (Hagerty, 2001). The feelings associated with separation are often the following: anxiety, fear, depression, hostility, rejection, helplessness, and abandonment (Lee & Hett, 1990).

Previous literature has extensively advocated for the importance of group intervention programs on post-divorce adjustment. For example, Alexandrova (2005) discussed the benefits of being part of a group and they pointed them out as being vicarious learning, offering and receiving support and understanding, finding the motivation to constructively move forward, and finding a social support network. Moreover, Michalo (2004), talked about an increase of the widowed person's adjustment after attending the group interventions and going through the stages of uncoupling. Additionally, Owen (2006) suggested that improving the already existing communication skills and learning new ones during the widowhood enhance the possibilities for the widowed to develop and maintain a social support network.

The coping process is a complicated process and not all coping strategies are functional. Personal factors interfere with the coping process and determine what emotions are displayed in reaction to a stressor and what coping strategies are selected. Moreover, coping strategies interfere with each other: emotion-focused coping can make it easier for problem-focused coping to take place by

eliminating the negative emotions and vice versa (Fredrickson, 2008). For example, a study conducted by Folkman (1997) suggested that confidence plays an important role in determining the emotions experienced when faced with the stressor. Furthermore, the findings indicated that feelings of threat were associated with the use of social support and to problem-focused coping strategies. Coping is far more responsive to feelings of threat than feelings of challenge which are seen as positive. Additionally, positive reframing proved to be an effective and beneficial coping strategy (Khosla, 2001).

Khosla (1999) showed that an active coping approach to life promotes well-being. Some other studies pointed out that when dealing with a central stressor active coping can be counterproductive by creating higher distress and higher anxiety (Gross & Munoz, 2005; Folkman, 1997). Moreover, the context is an essential element to consider when examining coping strategies. To deal with some specific stressor, it could be more constructive to accept the situation instead of trying to actively cope with it. For instance, Seligman (2002) examined coping and distress of widows and found out that their coping mechanism relate to their wellbeing. Seligman (2002) further emphasized that some coping strategies are considered dysfunctional such as self-blame, wishful thinking, escapism, overt efforts to deny the stressor's reality, self-distraction or mental disengagement, behavioral disengagement, and giving up on goals with which the stressor is interfering. Therefore, it is important to find out which coping strategies are being activated.

### **The Concept of Attachment**

Attachment is defined as a close, enduring affectional bond or relationship between two persons (Feeney, 2004). These bonds are assumed to



promote human development throughout the life span by providing recipients with emotional support and a sense of closeness and continuity.

According to Bowlby (1988), attachment theory is now recognized and accepted as a "lifespan developmental theory", relevant for understanding how certain affectional experiences influence emotional and physical well-being, not only in childhood but throughout adulthood as well.

Bowlby (1988) further noted that the theory of attachment recognizes the existence of an internal working model, which model carries an internalized set of beliefs that integrate perceptions of one's own competence. The model helps develop an individual's sense of independence to face up and interpret new situations with confidence (Bowlby, 1988).

Attachment affects people's methods in the face of stressful situations (Bowlby, 1988). People with secure attachment, acknowledge the situation and simply ask for help, but avoidant find it difficult to accept the situation and get help or support from the others. The distinctive character of ambivalent is excessive sensitivity to negative emotions and attachment patterns so that it blocks their autonomy ((Bowlby, 1988).

Feeney (2004) found that people with insecure attachment, have severe emotional control and their emotions are mainly negative, which is a good predictor of marital satisfaction. He concluded in his study that there is a significant relationship between attachment styles and methods of conflict resolution and marital satisfaction as well as between attachment styles and couples' satisfaction (Field & Sundin, E2001). Cicirelli (2004) studied on the attachment styles and perceived stress in bereavement and concluded that people with avoidant attachment style experience high stress levels. Feeney

(2008) showed that anxious attachment and avoidant attachment have a negative relationship with life satisfaction experience.

Furthermore, Field and Sundin (2001) in their research on attachment style and the quality of relationship concluded that there is a direct relationship between the quality of relations and attachment between the couple. Fagot & Kavanagh (2000) studied the relationship between the direction of attachment and loneliness among widows and found out that a positive relationship with insecure attachment and loneliness.

### **Attachment Styles**

Securely attached individuals have positive models of both self and others and measure low on both dimensions of anxiety and avoidance (Bowlby, 1988). Having a secure attachment style also increases the likelihood of using security-based strategies. Security-based strategies help one achieve the goal of seeking comfort and support from a romantic partner to help regulate emotional affect (Campbell, Simpson, Boldry & Kashy, 2005). Such strategies encourage partners to act as attachment figures for each other while reaffirming each other's worthiness of love and commitment to the relationship. Not surprisingly, securely attached individuals can more easily identify events that strengthened their commitment to the relationship (Campbell et, al, 2005). The relationships of secure individuals are marked by higher levels of trust and commitment. In addition, while they are likely to sense partner's worries and be sensitive to their needs, they also recognize when their help is not needed (Bowlby, 1988). This keeps secure individuals from becoming clingy and over-involved like anxiously attached individuals.

**Anxious Attachment Style:** Individuals with an anxious attachment style have a negative model of self and positive model of others (Cassidy & Berlin, 2004); they also have high levels of anxiety and low levels of avoidance (Collins & Read, 1990). Because they face high uncertainty about being loved and being worthy of love, they are likely to be intrusive and overly dependent on their partner as a source of support. Anxiously attached individuals typically employ hyper activating strategies that cause them to become clingy and controlling because they perceive their attachment figure as unavailable (Collins & Read, 1990). These individuals are more likely to remember events where their partners decreased their level of commitment to the relationship (Collins & Feeney, 2000). When such events occur, they typically employ hyper activating strategies to respond to their increased anxiety levels. Unfortunately, such behaviors may further push their partner away and cause them to further decrease their commitment levels. Because being clingy and dependent usually results in having poor boundaries, they are also more likely to become over-involved with their partner's problems (Collins & Feeney, 2000). This makes them prone to codependent caregiving, even at the expense of their own personal well-being.

**Avoidance Attachment Style:** Avoidant attached individuals have a positive model of self and a negative model of others (Scott & Cordova, 2002); they also have low levels of anxiety and high levels of avoidance (Scharfe, 2007). Avoidant individuals are reluctant to see their partner as a secure base and a safe haven of support. Thus, they dislike opening up to others and are apt to show disdain for others' neediness and weakness (Scott & Cordova, 2002). They are also more likely to remember events where their commitment levels toward a

relationship decreased (Scott & Cordova, 2002). Placing emphasis on such events allows them to further detach themselves from a relationship, thus giving them less incentive to repair the relationship and seek comfort from their partner.

Avoidant individuals are prone to using deactivating strategies geared towards denying attachment needs and avoiding closeness and dependence. By doing this, they distance themselves from others to avoid the stresses of dealing with an unavailable attachment figure (Scott & Cordova, 2002). It is interesting to note that regardless of personal attachment style, most people prefer to have securely attached relationship partners (Rogina, & Cordova, (2002). This implies that having a secure attachment style is associated with higher levels of marital satisfaction, intimacy, and cohesion.

Securely attached individuals are also less prone to marital ambivalence and have a lower likelihood of divorce (Rogina, & Cordova, 2002). In general, secure attachment is associated with more positive relationship functioning. It would also make sense to assume that securely attached individuals would have fewer reasons to avoid marriage than their insecurely attached counterparts. On the other hand, insecure attachment is associated with a host of negative relationship outcomes. For example, insecurely attached individuals are more likely to score higher on measures of negative emotional states including anxiety, depression, psychological distress, interpersonal distress, and loneliness (Mikulincer, 2005). They also tend to have negative, biased beliefs and expectations about their romantic partner and their relationship that inhibit support-seeking and commitment. At the same time, they are also less likely to provide support than secure partners, thus further reducing the likelihood of

having a high quality, long-term relationship (Rogina, & Cordova, 2002). These poor relationship outcomes may discourage insecurely attached individuals from entering into marital unions.

### **Attachment in Widowhood**

Bowlby (1998) emphasized that attachment is an important component of human experience “from the cradle to the grave”. He viewed attachment relationships as playing a powerful role in widowed emotional lives. Many of the most intense emotions arise during the formation, the maintenance, the disruption and the renewal of attachment relationships. The formation of a bond is described as falling in love, maintaining a bond as loving someone, and losing a partner as grieving over someone (Bowlby, 1998). Similarly, threat of loss arouses anxiety and actual loss gives rise to sorrow while each of these situations is likely to arouse anger. The unchallenged maintenance of a bond is experienced as a source of security and the renewal of a bond as a source of joy. Because such emotions are usually a reflection of the state of a person’s affectional bonds, the psychology and psychopathology of emotion is found to be in large part the psychology and psychopathology of affectional bonds” (Bowlby, 1998).

Finzi, Cohen, Sapir and Weizman (2000) show a strong association between middle aged growing up with widowhood and having troubled relationships. Middle aged people whose spouses have died are more likely to have unrealistic expectations in their relationships and tend to be insecure in their relationships. They also tend to have trouble maintaining relationships. These characteristics are indicative of being insecurely attached. Bowlby (1982) emphasized that spouses who were securely attached, highly exhibit insecure

attachment style after the death of a spouse. Bowlby (1982) noted that this was the result that the death of the spouse lead to continued internal conflict making them more likely to have poor cooperative attachment skills. This is due to that fact that quality of the interactions between widowed and other relations may then be impaired; these experiences are more likely to be colored by negative affect resulting in poor psychosocial outcomes for the widowed (Davila, Burge & Hammen, 2007). Thus, widowed are more likely to be lonely and report not feeling close to others (Bartholomew, 1990). Granqvist (2005) added that trait is uncommon for insecurely attached widows and widowers.

Fraley and Bonanno (2004) emphasized that although widowhood precipitates changes within widows and widowers, it also alters their interpersonal and social experiences. This implies that the bereaved person may have begun to resolve the loss emotionally; shifts in social status may lead to changes not only in self-perception but also in the ways a person is perceived or relate to others. Harris and Butterworth (2002) were of the view that "widow" or "bereaved person" may also instigate particular expectations, resulting in different qualities being ascribed to the person and make him or her exhibit particular attachment style. The nature of these interpersonal changes is largely dependent on the relationship that was lost and sometimes on the nature of the death (Doherty & Feeney, 2004). These changes also are influenced by the broad sociocultural context in which the person lives and by the bereaved person's age. For example, a middle-aged widow or widower may find social life greatly curtailed because people tend to socialize in couples. An elderly person may find that most of his or her friends and relatives have died, leaving few familiar people to be with. Making new friends may be difficult. Thus,

social isolation and feelings of loneliness are common, often long after the bereavement.

### **Effects of widowhood on Widows and Widowers Wellbeing**

As many writers indicated that widowhood has negative impact on social, cultural, economic, psychological and political effects. Horowitz (2009) indicated that widowhood affects all the children in the family at some time and in some degree. Some effects of divorce emerge rapidly following separation and some of them take long time to back to normal situation and some others still emerge later (Ryan & Deci, 2001).

Generally, Stelle and Uchida (2004) categorize the effects of widowhood on widowed into short- and long-term effects. According to the author, short-term effects may include: anger, sadness, depression, opposition, impulsivity, aggression, non-compliance, perceived parental loss, interpersonal conflict, economic hardship, life stress, less parental supervision, less consistent discipline, more negative sanctions, lower academic achievement, acting out, lower self-concept and social adjustment difficulty. Findings from several research studies such as that of Stelle and Uchida (2004), indicate that certain effects of widowhood are quite persistent when a wide range of pre-widowhood conditions is considered. Thus, the inter-parental conflict has powerful and has direct effects on widowed life.

Sharma (2008) stated that widowhood is never a good thing that a couple always gets in a tug of war over property, children's wellbeing and assets. Almost all of wives dream of having their own family with two or more children and a happy partnership forever and to have success in education. But children and adolescents become disappointed because of the loss of one of their parents

that bring economic hardship on the other that negatively affect their education (Sharma, 2008). This implies that a death of a spouse has negative impact on the widowed and the entire family socially, economically and psychologically. Therefore, the widowed families are greatly affected with the effects of the loss in socially, culturally, economically, psychological and emotionally, and other related problems.

There already is extensive research on widowhood direct effects on widowed and the children. Death of a partner is a potentially tragic life event causing disruption and upheaval in widowed and children's lives. It is therefore believed to, on average, cause a range of behavioral and emotional problems in both the spouse and children (Vleioras & Bosma, 2005). This can be partially attributed to the fact that the end of marriage is associated with negative outcomes in the quality of children's household environment as a result of changes in the ways that children and parents interact with each other (Ryff & Singer, 2003).

In terms of mental health and well-being, case studies and other analysis have shown an increase in depression and anxiety in widowed (Ryff & Hughes, 2003). Ryff and Hughes (2003) further indicated that both widowed and the children become more significantly depressed and anxious. Feelings of insecurity and low self-esteem are also significantly present in the widowed (Vleioras & Bosma, 2005). On average, the psychological well-being of widowed declined as compared to intact partners (Sharma, 2008). In addition to these short-term psychological effects, Ryff & Singer (2003) shown that there are also long-term effects among the widowed.



### **Concept of Resilience**

Resilience refers to positive patterns of function during or following exposure to adversity or a good adaptation in a context of risk. Resilience in most research projects is described both in theoretical and empirical terms with an emphasis on research depicting the relationship between resilience, perceived social support and goal strivings (Ong, Bergeman, Bisconti, and Wallace, (2006). According to Ong, *et al*, (2006), resilience in an individual refers to successful or adaptation despite risk and adversity. More specifically, resilience has been broadly defined as a process or outcome of successful adaptation despite challenges or threatening circumstances, good outcomes despite high-risk status, sustained competence under threat and recovery from trauma (Greeff, & Human, 2004).

Cohen, Meek and Lieberman (2010) noted that resilience is not an outcome in itself, rather it is a dynamic developmental process that enables individual or families that faces a particular risk to achieve positive adaptation despite prior or concomitant adversity. Accumulating evidence indicates that particular characteristics rarely serve exclusively risk or protective functions, that individuals who seem resilient on one index often do not seem so on other indices, and that individuals often are not equally resilient across contexts (Boerner & Jopp, 2010). The identification of individuals who exhibit an ability to transcend exposure to adversity, in turn, raises important issues about the processes that lead to this resilience. Resilience as a positive function and development emerged at the interface of exposure to adversity or risk factors and successful utilization of the existing protective factors (Hunter, 2001).

The ability of an adult to mentally represent himself and others without distortion is thought to be a major factor in understanding the nature of resilience. Therefore, a positive view of the self can help the individual to develop a range of personal strengths to cope with life's adversities, including the trauma associated with death in the family. Resilience is not just a matter of constitutional strength or a robust temperament, it is also a product of how people perceive, appraise, approach and tackle stresses and challenges (Hunter, 2001).

Factors associated with resilience are thought to include secure attachments to significant others, absence of early loss and trauma, high self-esteem and social empathy, and an easy temperament. (Bonanno, Papa, O'Neil, 2002). Thus, trauma and maltreatment that disturbs a widowed ability to represent and understand his own and other's emotions and behaviours, reduces his ability to make sense and cope with distress, conflict and social failure. However, if widowed can relate to a responsive figure outside of the traumatic situation, he or she might be able to develop the capacity to manage relationships mentally with increased accuracy and understanding, and without distortion, self-blame and negative self-image.

Therefore, it is important for any person that is in a helping role with both widows and widowers who are grieving and trying to come to terms with drastically changing personal circumstances, to take into consideration their experiences and model of attachment to his significant others. Understanding the situation for members of the widowed family, who are also grieving, is equally important, as a better understanding of how the family as a whole relates to each other will not only increase the likelihood of forming a positive working

alliance between helper, widowed and family, but also give the helper some information to assist the healing process. At this time, the helper may need to temporarily serve as the responsive figure outside of the home environment, and to the widowed, the helping relationship may be the only one that is emotionally safe and devoted to their needs.

### **Resilience in Widowhood**

Humans are socio-cultural creatures; therefore, they need to adapt to the environment they live in. In an effort to adapt to the environment, they may, however, encounter some problems such as losing a loved one or job, catching a disease with no cure, and divorcing. If an individual does not have adequate equipment to protect themselves against such problems, they will feel help-less, weak and exhausted, and will experience psycho-logical and physical disorders. Nevertheless, there are such individuals who can survive even major disasters. The only thing that distinguishes these individuals is psychological endurance (Bonanno & Kaltman, 2001). The ideas about the fact that individuals can recover from negative events and will grow stronger as they overcome these difficulties are explained by the concept of resilience, and psychological endurance and social support are regarded as the most important predictor of resilience (Strobe & Schut, 2010). The concepts' indomitableness', 'psychological endurance' and 'the ability to recover' are used as equivalent to resilience (Bonanno, 2004; Hunter, 2001).

Hunter (2001) described resilience as the capacity to withstand and also a process of adaptation by a personality trait which operates as a source of resistance in the face of stressful life events. To Strobe and Schut (2010), resilience is the capability to recover from difficult life events and an ability to

preserve identity. Bonanno (2004) on the other hand refers to resilience as an inheritance, a characteristic that can be learned, a trait learned in the developmental process and the ability of adults under normal conditions.

Definitions of psychological endurance are based on three points as:

- (i) exposure to significant threat or negativity condition,
- (ii) a successful adaptation process despite possible negative impacts on the stages of development, and
- (iii) Protective factors.

Resilience is inferred on the basis of significant interactions between risk and protective factors to the extent that protective factors are associated with healthy adaptation (Bonanno, 2005). As also inferred from this explanation, resilience is not a personality trait, but a protective factor that leads an individual to success in challenging events and reduces the effects of threatening conditions. The related literature groups risk factors under three headings as person-related risk factors (such as a lack of self-confidence), family-related risk factors (poverty, divorce, etc.), and social risk factors (terrorism, natural disasters, etc.) (Strobe & Schut, 2010).

These risk factors also involve loss. Each individual must have experienced or will experience a loss. Knowing this fact or even preparing yourself for this does not change grief reaction. Grief is a normal and natural reaction to the death of a loved one. Grief first connotes the loss of a love one, but it is also experienced after many different losses or loss threats such as divorce, organ loss, job loss, and impairment of health (Bonanno, 2005). Grieving is a psychological response to the death of a loved one or the termination of a significant relationship, and compromises between inner world

and reality made to be attuned to (Strobe & Schut, 2010). According to Jakoby (2012), explores a sociological perspective on, grief as a social emotion. Grief process begins with the experience of a loss and ends with the termination of a relations, the break-up or death (Preston, Yates & Moss 2012). Thus, each individual naturally face grief. Responses given by persons who face grief display interpersonal differences. These differences are resulted from the factors on the grief process. For these reasons, grief is categorized as normal, traumatic and complex. Normal grief response is described as acute or incomplete grief and as physical, emotional, behavioral and cognitive reactions that naturally emerge after loss (Jakoby, 2012). Traumatic grief refers to the reactions showed after sudden and unexpected losses (Parkes, 2001). Traumatic grief may lead to post-traumatic stress disorder. Complex grief refers to dysfunctionality in individuals who experience a loss (that is in their social, personal and professional lives) although a specific period (at least 6 months) passes after the experience of loss (Bonanno, 2005). Complex grief process may be observed as chronic grief, delayed grief, exaggerated grief, masked grief or pathological grief. In this process, grief reactions of individuals continue for a long time and the intensity of emotion after loss gradually increases (Bonanno, 2004). The related literature indicated that the bereaved individuals stayed stable and their grief reactions were short-term. It is stated that very rare or short-term grief reaction was common while delayed grief reaction was rarely observed (Bonanno, 2005).

The sudden remembrance of the deceased immediately after the loss, period of intense mourning in first months, anguish caused by intense pain was less observed in resilient individuals. Unlike individuals with chronic

depression, chronic grievers reported that they had neither ambivalence towards the deceased before death nor conflictual marriages. The commitment prior to the loss was regarded as a significant predictor of grief reaction in both groups (Bonanno, 2004). In their study on the phenomenon of resilience in adults diagnosed with any risk, Bonanno (2005) discovered that resilience was associated with social support and family ties.

Grief reactions influence individuals throughout their developmental process. The effects of grief reactions on middle aged are a special subject for assessment. It is stated that loss and bereavement have important effects on middle aged spouses and suffer serious problems after losses (Bonanno, 2005). These problems are feelings of being physically and psychologically unwell and so on. Under such situations, the widowed use one or some of the coping strategies, but the strategies they use are not identical (Bonanno, 2004). There is a direct relationship between grief and resilience, and individuals who have experienced a loss have more resilience than thought (Bonanno, 2005).

Widowhood occurs when one loses a loved one i.e. a spouse. This difficult moment can be very devastating and traumatic. If widows and widowers do not have adequate tenacity to withstand such loss, they will feel helpless and exhausted and will experience psychological and physical disorders. The ability to recover from this risk factor (loss) is termed “resilience”. Thus, for widows and widowers to go through bereavement successfully without negative psychosocial consequences they need to be resilient.

## **The Concept of the Process of Human Development**

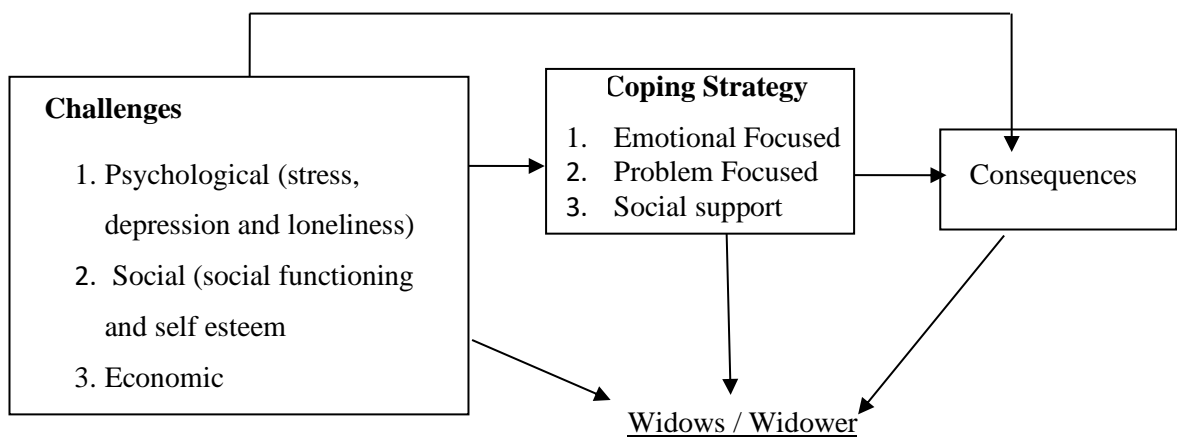
Interest in human development is widespread largely because of curiosity about our beginnings and a desire to improve the quality of human life. The process by which a baby develops from a single cell is miraculous and few events are more exciting than a human birth (Erikson, 1968). Human development is a continuous process that begins when an ovum is fertilized by a sperm. Cell division, growth, differentiation, and even cell death, transform the fertilized ovum into a multicellular human being. Although important maturational changes continue to occur during the postnatal period (infancy, childhood, adolescence and even adulthood), the formation of the organ systems occur between fertilization and birth, the prenatal period. The goals of this course are to introduce you to the principals of embryogenesis that are being utilized to diagnose, correct, and ultimately prevent congenital malformations and birth defects. The cloning of the entire spectrum of human genes as well as the continuous development of molecular methods to prevent congenital malformations has revolutionized the entire field of modern embryology. The majority of these lectures will focus on the first eight weeks of life (known as the embryonic period) when the organ systems develop. Additional lectures will briefly introduce fetal maturation, birth, and the neonate (Erikson, 1968).

## **Conceptual Review**

The conceptual framework for this study explained the relationships among the variables of concern to the study: **bereavement challenges, coping strategies and consequences**. The bereavement challenges comprised psychological (stress, loneliness and depression) while social challenges

comprised (social functioning and self-esteem); there was the economic challenge.

In addition, the framework depicts that widowhood challenges influence widowhood consequences. It further predicts that widows' and widowers' challenges have relationship with their consequences via their coping strategies. However, coping strategies moderate the relationship bereavement challenges and consequences.



*Figure 1: Conceptual framework: Intersections between the Challenges, Consequences, and Coping Strategies of Bereavement*

### Summary of Chapter

This section of the study has generally focused on reviewing literature on the theoretical framework such as Symbolic Interactionism and Role theory. Symbolic interactionism explains how human beings act towards things on the basis of the meaning the things have on them. Thus, they build a sense of identity through their interactions with the society whereas the Role theory generally is concerned with the relationship between the individual and the society. Both theories relate to how widows and widowers cope with life after the loss of a spouse in terms of their identity and in relation to the society as a whole. It also reviewed literature on the Conceptual Framework of the study



and concludes with related literature and discussions on the empirical framework of this study.

## **CHAPTER THREE**

### **RESEARCH METHODS**

#### **Introduction**

This chapter presents a description of the methods and procedures adopted for conducting the study. Specifically, it discusses the research approach, research design, participants of the study, sampling and sample size, data collection procedures and data analysis plan. The processes of ensuring the trustworthiness of the study as well as ethical considerations are outlined in this chapter.

#### **Research Approach**

This study is grounded in the pragmatic worldview because the study sought to identify and understand the bereavement challenges, coping strategies and consequences middle-age Christian widows and widowers face. Pragmatism opens the door to multiple methods, different worldviews, and different assumptions as well as different forms of data collection and analysis. Creswell (2014) states that the pragmatic approach to science involves using the method which appears best suited to the research problem and not getting caught up in philosophical debates about which is the best approach. Pragmatic researchers therefore grant themselves the freedom to use any of the methods, techniques and procedures typically associated with quantitative or qualitative research. They recognise that every method has its limitations and that the different approaches can be complementary.

They may also use different techniques at the same time or one after the other. For example, they might start with face-to-face interviews with several people or have a focus group and then use the findings to construct a questionnaire to measure attitudes in a large-scale sample with the aim of carrying out statistical analysis. This was the approach the researcher used. Being able to mix different approaches has the advantages of enabling triangulation. Triangulation is a common feature of mixed methods studies. It involves, for example:

- (i) the use of a variety of data sources (data triangulation)
- (ii) the use of several different researchers (investigator triangulation)
- (iii) the use of multiple perspectives to interpret the results (theory triangulation)
- (iv) the use of multiple methods to study a research problem (methodological triangulation).

Johnson and Onwuegbuzie (2004) discuss mixed methods, and state that ‘the time has come’ for this approach to research. The goal of mixed methods research is not to replace qualitative or quantitative approaches, ‘but rather to draw from their strengths and minimize the weaknesses of both in single research studies and across studies’ (Johnson & Onwuegbuzie, 2004). Creswell and Plano Clark (2011) believe that there are three areas where mixed methods are superior to a single method approach: they provide the ability to answer research questions that other approaches cannot (confirmatory and exploratory questions); they provide stronger inferences through depth and breadth; and finally, they provide the opportunity to express differing viewpoints.

## **Research Design**

This study used Exploratory Sequential Mixed Methods Design. According to Creswell (2003), exploratory sequential mixed methods research design is a two-phase exploratory design of which the results of the qualitative phase are built into the quantitative data (Creswell, 2009; Creswell & Plano Clark, 2011). This design involves collecting and analyzing the qualitative data in the first phase and using the findings from the qualitative data to either develop an instrument (instrument development model) or to establish essential variables or emergent categories to study quantitatively on a particular phenomenon (taxonomy development model) (Creswell & Plano Clark, 2011).

## **The Nature of Qualitative Research**

Bryman (2006) suggests that qualitative research follows a set of procedures: general research question, selecting relevant subject, collection of relevant data, interpretation of data, conceptual framework and findings, also there is bidirectional between interpretation of data and theoretical work. He goes on and defines qualitative research as the follows: “qualitative research usually emphasizes words rather than quantification in the collection and analysis of data. As a research strategy it is inductive, constructionist, and interpretivist, but qualitative researchers do not always subscribe to all three of these features.”

Creswell (2009) agrees and defines qualitative research as a “means for exploring and understanding the meaning individuals or groups ascribe to social or human problems. The process of research involves emerging questions and procedures; collecting data in the participants’ setting; analyzing the data inductively; building from particulars to general themes; and making

interpretations of the meaning of the data.” According to Sousa (2014), qualitative methods can be used to uncover and understand any phenomenon which little is yet known.

Robinson (2014) adds that qualitative methods are appropriate in situations where one needs to first identify the variables that might later be tested quantitatively. In the same context, qualitative research is an umbrella concept covering several forms of inquiry that helps us understand and explain the meaning of social phenomena with as little disruption of the natural setting as possible (Robinson, 2014). Moreover, Patton (2002) lists the vital characteristics of qualitative research as the goal of obtaining understanding and meaning, the researcher as main instrument of data collection and analysis, the use of fieldwork, inductive direction to analysis, and findings that are richly explanatory.

Conversely, Bryman (2006) defines qualitative research as an approach to the study of the social world which seeks to describe and analyze the culture and behaviour of humans and their groups from the point of view of those being studied.

### **The Nature of Quantitative Research**

Bryman (2006) suggests that in quantitative researches the stress is on data in the form of numbers, whilst in qualitative studies the stress is usually on data in the form of expressions. Also, Denzin and Lincoln (2000) go on to say that the scientific or positivist approach uses quantitative methods, highlighting the measurement and analysis of causal relationships between variables, not processes" which means that positivists contend that the world is objective and that actuality can be captured and understood. In the same context, they state

that quantitative research declares that, by strictly adhering to scientific philosophies, their research is undertaken within a value-free framework, which leads to balanced research. Moreover, Bryman (2006) defines quantitative research stating that quantitative research usually emphasizes quantification in the collection and analysis of data. As a research strategy it is detective and objectivist and incorporates a natural science model of the research process.

This is supported by Creswell (2009) who defines quantitative research as a means for testing objective theories by examining the relationship among variables. These variables can be measured, typically on instruments, so that number data can be analyzed using statistical procedures. The final written report has a structure consisting of introduction, literature and theory, methods, results and discussion. Creswell (2005) states that quantitative research is usually based on deductive reasoning in which the researcher develops a hypothesis which is then tested.

In the same context, Bryman (2006) identifies sequential steps that quantitative research usually follows theory, hypothesis, research design, devise measures of concepts, select research site, select research subjects, collect data, process data, analyze data, and identify findings (Bryman, 2006).

As the above phases demonstrate, quantitative research follows a set of procedures in a linear order, starting with a hypothesis. On the contrary, qualitative research is hypothesis generating, as opposed to hypothesis testing, and theories often come out from the data collection rather than prior to it (Bryman, 2006). In addition, the procedures followed in qualitative research are rarely divided into separate steps but are more incorporated and holistic in nature (Bryman, 2006). Finally, quantitative research is thus considered to be

simpler than its qualitative counterpart and the most common method for collecting data through the quantitative paradigm is by the use of questionnaires (Creswell, 2008).

In summary, from the initial exploration, the qualitative findings from the data collected during the first phase was used to develop measures that was administered to a large sample. In the tentatively quantitative phase, questionnaires were collected from participants at the second phase.

Thus, questionnaires were used comprehensively during this research to collect quantitative data from the middle-aged widows and widowers. Also, questionnaires can supply huge quantities of data inexpensively and this data can be analyzed statistically to allow for comparisons to be made across groups. The more highly controlled the questionnaire the easier this becomes, but the data composed does not have the richness or strength of a less-structured questionnaire (Bryman, 2012). For this research, questionnaires were used to gather data about middle-aged widows and widowers bereavement challenges, consequences during bereavement and their coping strategies.

### **Mixed Methods Study Types**

Mixed methods research is classified into two main types: the basic mixed methods research design and the advanced or complex research design (Johnson & Christensen, 2008; Creswell, 2014). There are three main mixed method research designs: the convergent, parallel mixed methods design; the exploratory sequential mixed method design; and the explanatory, sequential mixed methods design.

### **Sequential Exploratory Mixed Methods Design**

This study used sequential, exploratory mixed methods. This design is useful for developing more effective measurements by identifying the domains or factors that need to be measured (Creswell, 2014). Its sequence starts with the collection and analysis of qualitative data, which subsequently influence the development of quantitative data collection and analysis. The sequential, exploratory mixed methods design is more applicable to research conducted in a relatively new field, where important issues need to be identified first. This design involves collecting and analyzing the qualitative data in the first phase, and using the findings from the qualitative data to either develop an instrument (instrument development model) or to establish essential variables or emergent categories to study quantitatively on a particular phenomenon (Creswell & Plano Clark, 2011). Although the results of both phases are integrated during the interpretation phase, they also connect at earlier stages as the results of the first phase inform data collection in the second phase.

#### **The variant of the sequential exploratory design used in the study.**

The sequential exploratory design- instrument development model was considered the most appropriate mixed methods approach for this study. This design is ideal for the explorations of new phenomena. As there is little empirical understanding on bereavement challenges, coping strategies and consequences of middle-aged widows and widowers, sequential exploratory mixed method approach serves as an appropriate design for this study. In using this approach (Babbie, 2004), the data from the first phase (qualitative phase) of this study was used to design the quantitative instrument to assess the extent of middle-aged bereavement challenges, coping strategies and consequences



among widowhood at the second phase (quantitative phase). It has been suggested that investigators using the instrument development model underscore the quantitative aspect of the study (Creswell & Plano Clark, 2007). However, in this study, equal weighting or priority was given to both approaches.

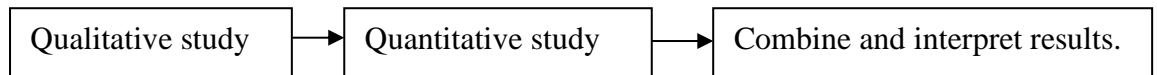


Figure 2: *Overall study design*

### **Sequential Explanatory Mixed Methods Design**

The sequential, explanatory mixed methods design is considered to be the most straightforward design of all the mixed methods designs (Johnson & Christensen, 2008). It is characterized by the use of quantitative data collection and an analysis phase followed by an in-depth qualitative data collection and analysis phase. The qualitative phase is used to gain a more comprehensive explanation and understanding of the significant issues raised in the quantitative phase. The strength of this design is that it provides an in-depth understanding of unexpected issues or significant differences that result from and are raised by investigating the general population of the study, as in the case of this research. The results of the first phase inform the second one, and the main synthesis of the results and findings takes place in the integration phase. Creswell (2014) argued that this approach is applicable to fields dominated by quantitative approaches and methods. This is the design chosen for this study. The following is a further explanation of the research design used in this research.

### **Convergent Parallel Mixed Methods Design**

The convergent, parallel mixed methods design is one of the most familiar designs in mixed methods (Creswell, 2014). This design is appropriate when using different methods to confirm that the obtained results are of greater applicability for a diverse population. In the convergent, parallel mixed methods design, different methods are used to complement each other using both quantitative and qualitative data collection and analyses related to the same dimensions occurring simultaneously (Johnson & Christensen, 2008). The results of both sets of data are usually compared and confirmed, resulting in either convergences or divergences in the results.

#### **Phase One (Qualitative Phase)**

##### **Participants of the Study**

The participants of a study are individuals with common characteristics that are of interest to the researcher (Stake, 2010). Premised on the objectives of the study, the participants of this study comprised only middle-age Christian widows and widowers in the ten selected churches in the Effutu Municipality. There is no data on bereaved spouses in the Municipal Assembly the reason being most bereaved spouses do not come to report of such incidents however, the churches had records of spouses who were bereaved and the ten selected churches were purposely selected based on the large congregation they had. The ten selected churches had a population of 316. (i.e middle-aged widows and widowers). However, due to the qualitative nature of this research, it was impossible to include every participant of the ten selected churches. As a result, ten (10) participants were purposively selected comprising of five widows and five widowers, one from each of the ten selected churches to represent the

middle-age widows and widowers in the Effutu Municipality for the qualitative phase.

### **Sample Size and Sampling Technique of the Qualitative Phase**

The Sampling involved the process of selecting the participants in the study, as asserted by Stake (2013). Stake (2013) elucidates that researchers adopt sampling strategies to guide their choice on what to observe or who to interview in order to make systematic contacts with a phenomenon under study. Creswell (2013) maintains that since qualitative studies are considered a small scale study, researchers are interested in deep exploration in order to provide rich, detailed, holistic description. Creswell (2013) asserts that the sample size for a qualitative study depends on the qualitative design being used. In other words, qualitative researchers do not start with the establishment of a strict sampling but develop the sample as their intentions unfold and they discover new avenues and clues to further explore or investigate a phenomenon. The underlining principle for this assertion is for the qualitative researcher to gain rich in-depth information which is guided by the selection of a suitable sampling strategy.

Cohen, Manion and Morrison (2011) contend that there is no clear-cut sample for any qualitative study because the qualitative researcher is also an instrument and could decide on any sample size of convenience. In other words, the suitability of a sample size is underpinned by the focus of a study, research questions, kind of data being sought, and the availability of material and time as resources. In consonance with Cohen et al.'s (2011) assertion, Marshall and Rossman (2011) emphasise that whom a researcher selects for a study or where or when to gather needed data is dependent on the criteria determined by the

focus or intentions of a study. As Perrin (2001) asserts, the process of reading and coding text is laborious and time-consuming that qualitative researchers with the intention of obtaining an in-depth understanding of data should use a sample size which is relatively small and manageable.

The number for participants used for the qualitative phase in this study comprised 5 widows and 5 widowers totalling ten (10) participants from ten selected churches in Winneba. The sampling method used was purposive sampling. The purposive sampling technique, also called judgment sampling, is the deliberate choice of an informant due to the qualities the informant possesses. It is a non-random technique that does not need underlying theories or a set number of informants. Simply put, the researcher decides what needs to be known and sets out to find people who can and are willing to provide the information by virtue of knowledge or experience (Bernard, 2002; Lewis & Sheppard, 2006). The purpose and nature of the accessible population and the kind of information being sought guided the determination for the ten selected churches and the sample size. This made the data required easily accessible. In consequence, 10 participants were selected for the qualitative phase however, one of them withdrew and the researcher had to work with only the remaining nine (9) participants.

### **Data Collection Procedures**

The data for this study was gathered within a period of four months (December 2018 to March 2019) for both phases with frequent visits to the homes, churches and workplaces of participants selected from the ten churches. The number of participants used for the qualitative phase comprised of five (5) widows and five (5) widowers from ten selected churches in Winneba (one

widow or widower from each church). The sampling method used was purposive followed by simple random sampling. Both random and purposive sampling may also be combined to produce a powerful way of sampling (Albertin & Nair, 2004). Based on the sample size of the population for each church, the researcher randomly selected five (5) widows from the first five churches and five (5) widowers from the remaining five (5) churches who volunteered to participate. The researcher took the contacts of each participant who volunteered to participate from their pastors and contacted them to book appointments for the face-to-face interviews. Some of the interviews were conducted in the churches, homes and offices of these participants. In all, the researcher made ten (10) visits to the settings of the study throughout the period of the data collection.

Fraenkel, Wallen and Spencer (2015) maintain that certain data collection procedures or methods have been identified with qualitative researches such as: interview transcripts, field notes, photographs, audio recordings, videotapes, diaries, personal comments, memos, official records, textbook pages, and anything else that can convey the actual words or actions of people. The current study used interview transcripts, audio recordings and personal comments to enable me to answer my research questions.

### **Interviews**

Semi-structured interviews were used at this phase of the study. Creswell (2014) states that “qualitative interviews are the means by which a researcher conducts face-to-face interviews with participants, telephone interviews, on the Internet, or engages in focus group interviews with six to eight interviewees in each group” (p. 189). Braun and Clarke (2013) advocate

that the purpose of interview is to gather relevant information from someone “through a professional conversation with the aim of getting him/her to talk about their experiences and perspectives as captured in their own language and concepts in relation to a determined topic” (p. 77). In consistent with Creswell’s (2014) assertion, Kvale (2007) considers interviews as the interchange of views between two or more people on a topic of mutual interest in the form of a structured conversation. It involves a situation where an interviewer encourages an interviewee to talk about his/her interests and experiences without any form of restraint (Lindlof & Taylor, 2002).

Semi-structured interviewing, according to Bernard (2002), is best used when you won't get more than one chance to interview someone and when you will be sending several interviewers out into the field to collect data. The semi-structured interview guide provides a clear set of instructions for interviewers and can provide reliable, comparable qualitative data. Prior to the interviews, the researcher designed interview guides (See Appendix B) of open-ended questions informed by the objectives, research questions and the principles of the theoretical framework of the study. Semi-structured interviews also allowed interviewers the right to express their views in their own terms.

However, the researcher probed answers to obtain richer information and greater clarity on the issues raised. The interviews were conducted at a time and a place that was convenient for the interviewees. Trustworthiness of data from the interviews was enhanced by a careful piloting of the interview guides on a sample similar to the actual sample size of the study, its schedule, and intended questions to elicit responses. The piloting enabled me to check that all questions and instructions were clear and to remove out items which did not

yield usable data and also to check that my interview technique was sufficiently open and invitational to draw out rich responses. Further, piloting the interview guide enabled me to restructure my questions by adjusting to the verbal styles of the respondents as suggested by Lindlof and Taylor (2002). Piloting is helpful and according to Attride-Stirling (2001) any instrument used to collect data should be piloted in order to find out if the questions are suitable for the drawn sample. This is also to check if the instructions are clearly written. This is to help the researcher with some preliminary warnings and assistance on problem areas (Bowling, 2009). Furthermore, this is also to help in reconstructing questions felt to be either sensitive or meaningless so that the researcher could make them explicit by either rephrasing or rewriting them before carrying out the research. In order to carry out the research, the researcher undertook the following measures: The researcher adopted some rapport techniques. First, the researcher procured an introductory letter from the Department of Guidance and Counselling, University of Cape coast to be able to engage participants for the study. Second, the researcher provided a detailed description of the research setting such as participants' demographics. Similarly, an attempt was made to describe the findings of this study exhaustively. The intention was to provide information, which could inform other audiences and help in determining whether the study results would be applicable to their situations. Third, the researcher ensured that the interview guides were designed with explicit questions produced in simple and clear language and devoid of ambiguity. It was explained to the informants that they could ask for clarifications on questions they perceived personal and could not give out as data.

By describing a phenomenon in sufficient detail, one can begin to evaluate the extent to which the conclusions drawn are transferable to other times, settings, situations, and people (Lincoln & Guba, 2006). Nine face-to-face interviews were conducted in an informal conversational manner to comprise nine (9) semi-structured interview sessions with five (5) widows and four (4) widowers. The semi-structured interview questions were targeted at identifying the bereavement challenges, coping strategies and consequences of middle-aged widows and widowers. Each interview session lasted between 30 and 35 minutes depending on the interviewee's convenience and line of responses. The researcher began the interviews by creating a rapport between herself and the participants by briefing them on how the interview was going to be conducted. Through the interviews the researcher explained in simpler terms the sense of direction for each question through varied modification processes. For instance, the sequence of questioning was modified, and, in some instances, some questions were reworded for better understanding. During the interview sessions, the researcher made use of adequate probes, prompts and cues in order to minimise the possibility of social reactant effects on my data.

Using the interviews was the most rewarding of all the instruments in this study because it allowed the interviewees and the researcher to shift from an intended agenda in the course of the discussions to conveniently include other lines of thoughts which although had not been captured on the interview guide, had become relevant to the discussions and to enrich the data. Further, the interviews helped me to explore interesting dimensions that the researcher had not anticipated prior to the interviews but had become relevant to the data collection and findings.



Additionally, the researcher discussed the emerging data and its interpretation with a well-informed critical friend who consistently commented on the study since its formulation. Further, the researcher recorded as much data and as accurately as possible and undertook member checks with participants to ascertain that data was recorded reasonably represented their accounts. Lastly, the researcher worked closely with the supervisor through all the stages in the research process.

## **Methods of Data Analysis**

### **Qualitative Data**

The thematic qualitative data analysis method was used to analyse the data. Thematic analysis, according to Braun and Clarke (2013), is “a method for identifying, analysing, and reporting patterns (themes) within data by describing the data in rich detail” (p. 6). Simon (2011) asserts that qualitative data could be analysed using perspective codes that reflect the participants’ shared ways of thinking and their points of view on a phenomenon being studied. In answering the entire research questions, the analysis began with transcribing and reading through the data gathered to obtain a general idea from the varied perspectives of the participants.

Using Miles and Huberman’s (1994) ideas for coding qualitative data, the analysis in this step identified and classified all process that the participants explained or referred to in the interviews. This process was accomplished in several iterations:

**First**, the transcriptions were read to attain an overall idea of the interviewees’ responses. Next to each line or paragraph, labels were produced

to return initial coding. From these labels, a general category scheme was developed from the participant response.

**Second**, themes were recognized by arranging the initial scheme into main categories and subcategories. The categorization reflected similarity of responses. Next, the transcripts were reread, in particular looking for repeatedly occurring terms and unpredicted material that supplied unusual evidence of participant experience. The responses were categorized according to several initial themes.

**Third**, the themes were reviewed to determine how they might contribute to an understanding of the subject under study. Finally, the responses were reread and categorized into dimensions of the subject under study.

A coding book was created into which preliminary coding schemes and coding sheets that were crafted around specific passages from the transcripts were entered.

### **Trustworthiness of Data**

The validity and reliability of any Social Science research can be ascertained from the data collection procedures (Gibbs, 2007). In qualitative research, Lincoln and Guba (2011) for instance, argue that ensuring credibility (internal validity) is one of the most important factors in establishing trustworthiness.

Denzin and Lincoln (2011) propose the use of labels such as credibility of data, fittingness and external validity of data, and discernibility and reliability of data for qualitative researches to capture the terms validity and reliability of data.

Anney (2014), departing from the arguments on the use of one label in place of another, suggests that the richness of data; honesty on the part of both the researcher and the participants; appropriate scope of study; extent of triangulation of instruments and methods; suitability of methods; and objectivity of the researcher should be the concern of researchers to ensure the trustworthiness of data and not necessarily the use of one reference term or the other (Anney, 2014).

Commenting on the trustworthiness of qualitative studies, Creswell (2014) proposes eight (8) verification procedures or strategies for testing the validity of qualitative data. These processes include triangulation, member checking to determine accuracy on the parts of the participants, rich and thick descriptions, presenting negative case analysis, spending prolonged time in the field to engage with data, peer debriefing, external auditors, and clarifying research biases (p. 201). Creswell (2014) however, states that qualitative researchers could adopt at least two of the strategies in their study. In this study an attempt was made at employing seven of the verification propositions to ensure the trustworthiness of the study. Firstly, I had a prolonged engagement with the data on the research field by visiting the setting of the study on 10 occasions within the period of data collection. During these visits the gathered data was being analysed for persistent observations in recurring similarities and differences in the responses.

Second, there were series of peer reviewing and member-checking activities to increase credibility. This was done by my supervisors as well as some colleagues in academia to verify the validity of the content of their specific data as well as the results of the coding process or analysis. Hence, the audio

tapes were checked with my supervisors and colleagues to seek their interpretations as well and to add validity to my findings.

Third, respondents debriefing were conducted where the transcripts for the data were given to some selected interviewee's for authentication of accuracy in their contributions. This was done by playing back the audio recording containing the raw data for participants to listen to determine if their responses have accurately been captured. Copies of typed transcripts were also given some of the participants to verify accuracy of their responses.

Fourth, the researcher used triangulation to determine the validity and reliability of the study. Lincoln and Guba (2006) identify four types of triangulation: data triangulation, investigator triangulation, theory triangulation and methodological triangulation the researcher adopted data triangulation by pretesting the interview guide to give insightful information followed by face-to-face semi-structured interviews which represented the primary source of information and thus made it possible to start on some key issues identified in the research questions. After the interviews were conducted, an interpretive stance was taken in addition to insights which emerged due to the exploration nature of the case study. All interview content was recorded and transcribed combined with photographs to ensure data triangulation.

The researcher adopted theory triangulation by using the principles of two theories (i.e. Symbolic Interactionism and Erick Erickson's psychosocial theory) as my analytical framework tools.

Fifth, to clarify my biases, the questions provided on the interview guides, were self-explanatory, clear and devoid of ambiguity for the respondents to understand with little effort and provide the needed responses.

Sixth, rich and thick descriptions were provided as interpretations on Bereavement challenges, coping strategies and consequences of middle-age Christian widows and widowers in Effutu Municipality.

Seventh, records of all the protocols such as dates of visits and data procedures used and time were documented as evidence external audits and verifications. A colleague who was not familiar with this project was engaged to interrogate the entire project for clarifications and to provide an objective analysis on every aspect of the study. It is important to state that of the eight verification processes proposed by Creswell (2014), the researcher did not subject the data to the negative case analysis or discrepant information due to time constraints against the completion of this study. Testing the validity of data through discrepant information involved identifying contradictory evidence of all the identified themes in the study to ensure that my findings are realistic and valid.

## **Phase Two (Quantitative Phase)**

### **Scope of the study**



*Figure 3: Scope of the Study*

The Effutu Municipal Assembly District is one of the 17 districts in the Central Region of Ghana. Its capital is Winneba. According to the 2010 Population and Housing Census (PHC), the Municipality had a population of 68,597 which is made up of 32,795 males; representing 48% and 35,802 females; representing 52%. Together, these represented 3.1% of the total population of 2,201,863 in the Central Region. The population above 18 years is 41,882; representing 61.1% out of which the male population is 19,623 (46.9%) and the female population is 22,259 (53.1%).

### **Population**

A population is defined as a group of individuals, with at least one common characteristic which distinguishes that group from other individuals (Best & Kahn, 2006). The population would firstly, be too large for a study of this limited scope and secondly, too diverse to be able to generalise the findings. It is for this reason that it is necessary to have a target population. A target population consists of a specific group to whom findings might be generalisable. In this study, the target population comprised of all widows and widowers in Effutu Municipality. The accessible population comprised all widows and widowers in the ten selected churches in the Effutu Municipality.

### **Data Collection Procedures**

Table 1 below illustrates the population of the study.

Table 1-*Distribution of the Study Population Selected*

Name of Selected Churches	Widows	Widowers	Total
1.Methodist Church	17	10	27
2.Roman Catholic	25	11	36
3.Anglican Church	12	7	19
4.Presbyterian Church	20	15	35
5.Church of Pentecost	30	21	51
6.Lighthouse Church	40	25	65
7.Triumph Church	15	4	19
8. Central Gospel	6	2	8
9. Zion Church	6	8	14
10. Assemblies of God	15	27	42
Total	186	130	316

### **Sample and Sampling procedure**

A sample is a proportion of the population that participates in the study (Creswell, 2005). It is a representative group drawn from the population. There are two types of sampling; probability and non-probability sampling (Bryman, 2008). Under probability sampling, each sampling unit of the population has equal chance of being selected and included in the sample while under non-probability sampling; there is no probability of each unit being included in the study. In order to get data from the respondents through the instruments, the researcher visited the target population personally and handed the questionnaire to the pastors or leaders in charge of the various churches or departments. In addition, the researcher explained to them the expectation of the respondents. The pastors / leaders gave the questionnaire to the selected respondents who volunteered to participate in the study. The researcher collected the

questionnaire later when informed about the completion of the instrument which took a period of three months (January to March, 2019).

### **Sampling for quantitative phase**

A population size of 316 was obtained from the membership data of the ten selected churches comprising 186 widows and 130 widowers. A sample size of 302 was obtained comprising 177 widows and 125 widowers using the Yamane 2009 formula. Respondents obtained for the qualitative phase were not part of the sample size for the quantitative phase. The sampling method used was purposive followed by simple random sampling. Both purposive and random sampling may also be combined to produce a powerful way of sampling (Albertin & Nair, 2004). The selection criterion looked at spouses who were married before the losing their spouse, middle-aged (between 30 and 55 years), and must be a member of the ten selected churches.

In determining the sample size, Yamame (2009) formula was used. Determination of sample size using the Yamame (2009) formula: [  $n = \frac{N}{1 + Ne^2}$  ]

Where N= population size

e = alpha level (0.05)

n= sample size

A sample size of 302 was obtained comprising 177 widows and 125 widowers. The researcher employed purposive sampling technique. Purposive sampling was used because the researcher used judgement to select the sample that was based on prior information and provided the data the researcher needed.



The researcher criteria for selection was purposive and looked at spouses who were married before losing their spouse, middle-aged (between 30 and 55 years) and must members of the church.

Table 2-*Distribution of the Study Sample Selected (Yamane, 2009)*

Name of Selected Churches	Widows	Widowers	Total
1.Methodist Church	16	10	26
2.Roman Catholic	24	11	25
3.Anglican Church	12	7	19
4.Presbyterian Church	19	14	33
5.Church of Pentecost	28	20	48
6.Lighthouse Church	36	24	60
7.Triumph Church	15	4	19
8. Central Gospel	6	2	8
9. Zion Church	6	8	14
10. Assemblies of God	15	25	40
Total	177	125	302

Table 3-Summary of sequential exploratory mixed method Design

Iteration/ Stage	Activity	Rationale/Goal
Phase 1: Qualitative Phase	<p>Sampling technique: purposive sampling was used to select 10 respondents comprising of 5 widows and 5 widowers.</p> <p>Reason: In qualitative study, a small sample was used and it's purposive because selection was be based on criteria (Age, gender, married and with children) middle-aged widows and widowers in Effutu.</p> <p>Pilot study: to test the interview guide whether questions are suitable for the drawn sample.</p> <p>Pretested at Agona Swedru with Respondents used were 3 widows and 3 widowers</p> <p>Instrument used: semi-structured interviews</p> <p>Respondents: 9 comprising of 5 widows and 4 widowers</p> <p>Analysis: Transcription, themes, responses were re-read and categorized into dimensions of the subject under study.</p>	<p>Insight from the qualitative phase was be used to design quantitative instrument to access the extent of middle-aged bereavement challenges and coping strategies among widows and widowers</p> <p>To know if the responses being sought for were able to answer the objectives.</p> <p>To develop questionnaires suitable for gathering data for the study</p>

Iteration/ Stage	Activity	Rationale/Goal
Phase 2: Quantitative Phase	<p>Target Population: all widows and widowers in Effutu.</p> <p>Accessible Population: All middle-aged Christian widows and widowers who are in ten selected churches in the study.</p> <p>The accessible population was 316 comprising 186 widows and 130 widowers.</p> <p>Sampling Technique for sample: Purposive and simple random sampling was used. Yamame (2009) formula was used to determine the sample size. The sample size was 302 comprising 177 widows and 125 widowers.</p> <p>Pilot study: questionnaires were pretested at Agona Swedru with 100 participants comprising of 50 widows and 50 widowers.</p>	<p>To validate the instrument, to gain understanding and clarity, to know the scope and depth of data that will be collected. To find out whether instruments will need to be reviewed to meet research objectives and questions.</p>

## **Instrumentation**

The following instruments were used to collect data. These are:

- Widowhood Challenges Questionnaire
- Widowhood Coping Strategies Questionnaire
- Widowhood Consequences Questionnaire

The widowhood coping strategy questionnaire was adapted by the researcher while the widowhood challenges and consequences questionnaire was developed and validated by the researcher. The scores possible on the four-point Likert-type scale was from 1 to 4. The range for these scores was therefore  $4-1=3$ . Hence the lowest possible score was 1.0 and the highest was 4.0. In order to determine if a given mean score was high, medium or low, the range was divided into three equal portions i.e  $3/3=1$ . Therefore for any mean score to be described as low, it had to range from 1 to 2, medium would be 2.1 to 3.0; and high would be 3.1 to 4. These were the cut off points used to analyse the data in chapter four.

### **Widowhood Challenges Questionnaire**

This questionnaire was developed by the researcher to determine the challenges middle-age widows and widowers experienced. This questionnaire was designed to measure three challenges namely: psychological, social and economic. This questionnaire had 51 items of which items 1 - 13 measures psychological challenges. Within this, items 1 - 7 measures stress, items 9 to 12 measures loneliness and items 5, 8 - 13 measures depression. Again, items 1 - 12 measures social challenges. Within this, items 1 - 7 measures self-esteem while 8 - 12 also measures lack of social functioning. Lastly, items 1 - 6 measures economic challenges.

### **Widowhood Coping Strategies Questionnaire**

Addison et al (2007) developed a self-report measure asking respondents to respond to how they cope. This questionnaire was designed to help assess the coping strategy of the respondents. Three strategies; **emotion-focused, problem focused and social supports were** embedded in the questionnaire in a systematic order. This questionnaire had 10 items. Items 1 to 4 measured emotion focused, while items 5 to 10 measured problem focused coping strategy. Addison et al (2007) reported the overall consistent internal reliability of Cronbach's alpha of 0.88 for emotion focused coping strategy and 0.75 for problem focused coping strategy. Since the instrument was adapted and also a foreign perception, after the administration of the instrument, they were factor analyzed to ascertain its factor structure in Ghanaian context.

### **Widowhood Consequences Questionnaire**

This questionnaire was developed by the researcher. The questionnaire had 10-items. All the questions were of 4-point scale ranging from strongly disagree to strongly agree. The higher the mean score implies high impact of loss on the widow or the widower. Sample items on the scale are *"I cannot say that I have found my purpose in life after the death of my spouse, I have trouble sleeping through the night after the death of my spouse and the conditions of my life are not flourishing after the death of my spouse"*.

### **Pre-test of Questionnaire**

The questionnaire was pre-tested at Agona Swedru, a closer Municipality to the Effutu Municipality with 100 participants comprising 50 widows and 50 widowers. Out of these, 100 responded to questionnaire while, 6 were asked to respond to the interview. This enabled the researcher to understand the clarity,

the scope and depth of data to be collected. It also assisted the researcher in finding out whether the instruments needed some revision to meet the research objective and sought appropriate answers to the research questions in order to address the research problem. The questionnaire was revised and made clearer for data collection as a result of the experience from the pretest. This process ensured the validity of the instrument.

### **Factor Analysis of Widows and Widowers Social Challenges**

Factor analysis is a type of analytical statistical technique use to develop questionnaire in order to make sure that instrument measure what it is supposed to measure. The 12-item questionnaire was designed by the researcher to tap the construct of widows social challenges of lack of social functioning and self-esteem. Responses were on a Likert – type scale, ranging from Strongly Disagree = 1, Disagree = 2, Agree = 3 and Strongly Agree = 4. Prior to the analysis, the data were screened for univariate outliers, and all of the items met the assumption underlying parametric test. That is such all of the items had a z-statistic of below  $p = 0.001$  criterion of  $\pm 3.29$  indicating that it is normally skewed. As a result, all of the items were included in the further analysis.

This implies that the 13 items were subjected to Principal Component (PC) with Oblinim Rotation using SPSS version 20 to ascertain the appropriateness of the factors. Oblinim rotation was used because the items are related. These factors were confirmed using factor loadings based on the content of the items. Factor loading exceeding 0.3 was used because the greater the loading, the higher the variable is efficient to measure what it is supposed to measure and that a factor loading of 0.1 for instance is not strong enough to ascertain the pureness of the measure of the factor (Howell,2002)

First, an abridged version of the Rotated Matrix(R-Matrix) was inspected with the top half of the table contains the Pearson Correlation Coefficient between all pairs of the questions whereas the bottom half contains the one-tailed significance of these coefficients.

The researcher screened the significance values and looked for any variables for which the majority of values are greater than 0.05. It was found that item ss2 (i.e, item 2 on social support) had the communality less than 0.30 and as a result the item was eliminated and re-run the analysis for the remaining 13 items.

After 3 iterations, rotation converged with the extraction of 2 factors with eigenvalues above 1.0. In order to decide the number of extracted factors, eigenvalues based on the principal components solution were obtained. The results showing the initial factor extraction statistics and the scree plot from the principal components analysis were shown in appendix D respectively. None of the items was found cross loaded (see Appendix B, A1) meaning that they are meaningfully measuring a single construct. The Kaiser-Meyer-Olkin measure of sampling adequacy was 0.70(see Appendix E), which is above the recommended value of .50, and Bartlett's test of sphericity was significant ( $\chi^2(700) = 1157.802, p = .000$ ). The diagonals of the anti-image correlation matrix were all over .5, supporting the inclusion of each item in the factor analysis. Finally, the communalities were all above 0.30 (see Appendix C), further confirming that each item shared some common variance with other items.

According to the rotated component matrix presented above, all of the items of self-esteem (se) fit into their component correctly, while social functioning (sf) also items also fit into their component correctly. Seven items

of the self - esteem) showed their highest loading on factor one. The self-esteem constructs that accounted for 40.1% of the total variance in the data rotated. The social functioning items showed the second highest loading on factor two which accounted for 22.6% of the total variance in the data rotated. The final 12 items with their loading and communalities values are presented in Table 4 below.

Table 4-*Factor loadings and communalities based on a principle components analysis with oblimin rotation for 12 items of Widow/Widowers Social Challenges (N = 100)*

Factor Loading	Communality	
	1	2
Factor	1	2
Factor 1 – Self - Esteem (alpha = 0.72)		
se6	.947	.886
se4	.937	.878
se1	.899	.798
se5	.874	.766
se3	.841	.703
se2	.779	.609
se7	.723	.524
Factor 2 – Social Support (alpha =0.79)		
ss7	.881	.765
ss6	.823	.670
ss5	.807	.638
ss4	.529	.379
ss3	.381	.353



The internal consistency for each of the subscales was examined using Cronbach alpha. The alpha value for self-esteem had the alpha value of 0.94. The social functioning had the alpha value of 0.79. Therefore, the two types of widows and widowers' social challenges questionnaire were rooted in the questionnaire (Appendix A, section B1). Self-esteem consists of the items 1- 7, while lack of social functioning consists the items 8 - 12 respectively.

### **Factor Analysis of Widows and Widowers Psychological Challenges**

The same procedure outlined above was used to factor analysed the widows and widowers psychological challenges questionnaire. This questionnaire had 18 item questionnaire designed by the researcher to tap the construct of widows and widowers psychological challenges of stress, loneliness and depression. After performing the factor analysis, Items st4, st5(stress), dep6, dep1(depression) and l3(loneliness) were found cross loaded; meaning that they are not meaningfully measuring a single construct and as a result eliminated from further analyses. The Kaiser-Meyer-Olkin measure of sampling adequacy was 0.717(see Appendix E), which is above the recommended value of .50, and Bartlett's test of sphericity was significant ( $\chi^2(717) = 1917.421, p = .000$ ). The diagonals of the anti-image correlation matrix were all over .5, supporting the inclusion of each item in the factor analysis. Finally, the communalities were all above 0.30 (see Appendix C), further confirming that each item shared some common variance with other items.

According to the rotated component matrix, stress items of; 1, 7, 6, 3 and 2 loaded on factor one that accounted for 30.1% of the total variance in the data rotated. Depression items of 5, 4, 3 and 2 loaded on factor two that accounted for 19.1% of the total variance in the data rotated. Again, loneliness

items of 5, 4, 2 and 1 loaded on factor three which accounted for 14.8% of the total variance in the data rotated. The final 13 items with their loading and communalities values are presented in Table 5 below:

Table 5-Factor loadings and communalities based on a principle components analysis with oblimin rotation for 13 items of Widow/Widowers Psychological Challenges (N = 100)

Factor Loading	Communality	
	1	2
Factor 1 – Stress (alpha = 0.91)		
st1	.945	.920
st7	.940	.902
st6	.940	.913
st3	.803	.697
st2	.530	.300
Factor 2 – Depression (alpha =0.82)		
dep5	.830	.724
dep4	.829	.722
dep3	.745	.655
dep2	.737	.562
Factor 3 – Loneliness (alpha =0.77)		
15	-.760	.599
14	-.753	.580
12	-.717	.522
11	-.647	.475

The internal consistency for each of the subscales was examined using Cronbach alpha. The alpha value for stress had the alpha value of 0.91, depression had the Cronbach alpha value of 0.82, while loneliness also had the Cronbach alpha value of 0.77. Therefore, the three types of widows and widowers psychological challenges questionnaire were rooted in the questionnaire (Appendix A, section B1). Stress consists of the items 1, 2, 3, 4

and 5, depression consist of items 6, 7, 8 and 9, while loneliness consist the items 10, 11, 12 and 13 respectively.

### Widows and Widowers Economic Challenges

This instrument was designed to measure the economic challenges of widows and widowers. Participants responded to each item on a 4-point scale ranging from 1 to 4 with the higher numbers generally representing high economic challenge. The researcher wanted to be sure that the data meet the requirement for using the inferential statistics (i.e. parametric test) and as a result checked whether the data collected was normally distributed. In doing this, the researcher first screened for univariate outliers, and found out that all of the items had its z – statistic value below  $\pm 3.29$  meaning that it did meet the assumption underlying parametric test, hence none of the items were excluded from further analysis. The Table 6 below indicates the descriptive of the variable of economic challenge data.

Table 6-Skewness and kurtosis values Economic Challenge Data

N	Valid	100
Mean		3.19
Skewness		-0.111
Std Error of Skewness		0.241
Kurtosis		-0.428
Std. Error of Kurtosis		0.478

Getting z-scores for skewness ( $Z_{skew}$ ) is simply the skewness divided by standard error skew.

$$\begin{aligned} \text{Thus, } Z_{skew} &= \text{Skewness/Std.Error of Skewness} \\ &= -0.111/0.241 \end{aligned}$$

= **-0.461**. This is the z-score for skewness for the data widows and widowers economic challenge. The z-score for skewness values above suggesting that the data meet the requirement of the parametric test (i.e., normal distributed). The data was graphed and presented as below.

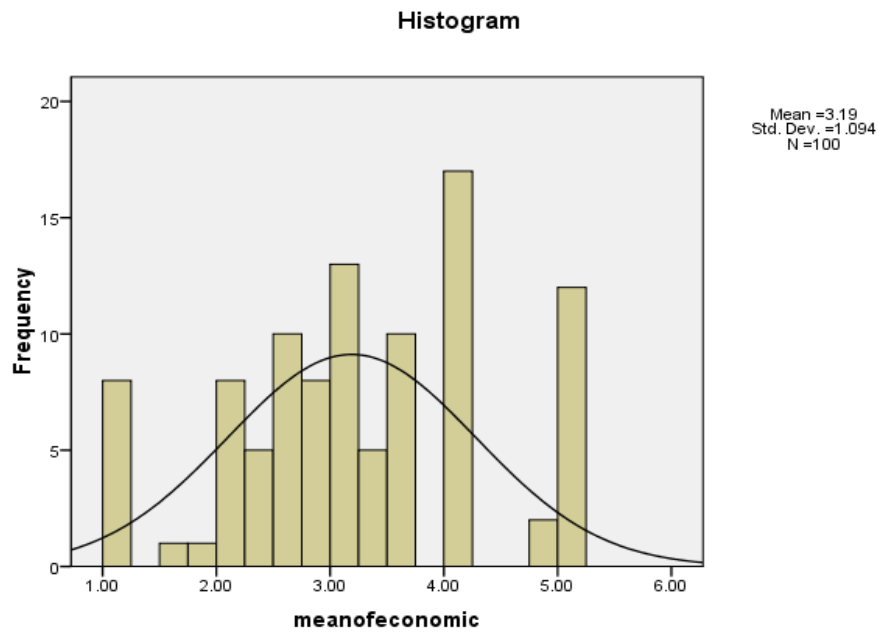


Figure 4: Normality of economic challenge data

### Factor Analysis of Widows and Widowers Coping Strategies

The same procedure outlined above was used to factor analyse the widows and widowers coping strategies questionnaire. This questionnaire had 14 item questionnaire designed by Addison et.al,( 2007) was adapted by the researcher to tap the construct of widows and widowers coping strategies of emotional focused and problem solving focused. Items 5 of emotional focused strategy and items 1 and 7 of problem-solving focused strategy had their commonalities less than 0.30 and were eliminated and re-run the analysis with 12 items.

After re – run the analysis, none of the items was found cross loaded meaning that they are meaningfully measuring a single construct. The Kaiser-Meyer-Olkin measure of sampling adequacy was 0.76(see Appendix E), which is above the recommended value of .50, and Bartlett’s test of sphericity was significant ( $\chi^2(757) = 1701.766, p = .000$ ). The diagonals of the anti-image

correlation matrix were all over .5, supporting the inclusion of each item in the factor analysis. Finally, the communalities were all above 0.30 (see Appendix C), further confirming that each item shared some common variance with other items.

According to the rotated component matrix presented above, all of the items of emotional focused (emf) fit into their component correctly, while problem focused (pmf) items also fit into their component correctly. Six items of the emotional focused strategy showed their highest loading on factor one that accounted for 46.4% of the total variance in the data rotated. The problem focused items showed the second highest loading on factor two which accounted for 31.4% of the total variance in the data rotated. The final 11 items with their loading and communalities values are presented in Table 7 below.

Table 7-Factor loadings and communalities based on a principle components analysis with oblimin rotation for 13 items of Widow/Widowers Coping Strategies (N = 100)

Factor Loading	Communality	
	1	2
Factor 1 – Emotional Focused (alpha = 0.96) <sup>4</sup>		
emf4	.947	.969
emf3	.937	.964
emf2	.899	.926
emf1	.874	.901
emf7	.841	.869
emf6	.779	.829
Factor 2 – Problem Focused (alpha =0.91)		
pmf3	.902	.765
pmf5	.901	.670
pmf4	.899	.638
pmf6	.861	.521

The internal consistency for each of the subscales was examined using Cronbach alpha. The alpha value for emotional focused had the alpha value of 0.96, while the problem focused had the alpha value of 0.91. Therefore, the two types of widows and widowers coping strategies questionnaire were rooted in the questionnaire (Appendix A, section B1). Emotional focused consists of the items 1- 6, while the problem focused strategy consists of the items 7 - 10 respectively.

### **Bereavement Consequences of Widows and Widowers**

This instrument was designed to measure the consequences of widows and widowers. Participants responded to each item on a 5-point scale ranging from 1 to 5 with the higher numbers generally representing high bereavement effect. The researcher wanted to be sure that the data meet the requirement for using the inferential statistics (i.e. parametric test) and as a result checked whether the data collected was normally distributed. In doing this, the researcher first screened for univariate outliers, and found out that all of the items had its  $z$  – statistic value below  $\pm 3.29$  meaning that it did meet the assumption underlying parametric test, hence none of the items were excluded from further analysis. The Table 8 below indicates the descriptive of the variable of Marital Stability Inventory.

Table 8- Table indicating skewness and kurtosis values

Data	Bereavement Consequences
N	Valid 100
Mean	3.08
Skewness	0.649
Std Error of Skewness	0.241
Kurtosis	-0.444
Std. Error of Kurtosis	0.478

Getting z-scores for skewness (Zskew) is simply the skewness divided by standard error skew.

$$\begin{aligned}
 \text{Thus, } Z_{\text{skew}} &= \text{Skewness/Std.Error of Skewness} \\
 &= 0.649/0.241 \\
 &= 2.69.
 \end{aligned}$$

This is the z-score for skewness for the data on bereavement consequences of widows and widowers. The z-score for skewness values above suggesting that the data meet the requirement of the parametric test (i.e., normal distributed). The data was graphed and presented as below

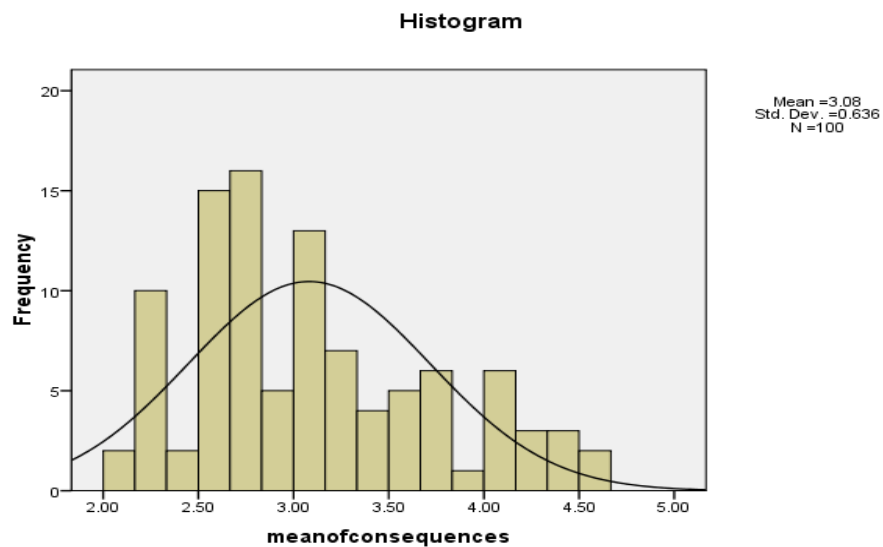


Figure 5: Normality of bereavement consequences data

Table 9-Reliability Analysis

Subscale	Cronbach' Alpha	Number of Items
Stress	0.91	5
Depression	0.82	4
Loneliness	0.77	4
Self Esteem	0.72	7
Social Functioning	0.79	6
Economic Challenge	0.84	6
Emotional Focused Coping Strategy	0.96	6
Problem Focused Coping Strategy	0.91	4
Bereavement Consequences	0.72	10

Table 9 shows that reliability statistics of the various constructs of the questionnaire. It shows the number of items and its Cronbach alpha.

#### **Overall Cronbach alpha for the following instruments**

- Widowhood Coping Strategy Questionnaire - 0.838
- Widowhood Social Challenge Questionnaire - 0.803
- Widowhood Psychological Challenge Questionnaire - 0.803
- Widowhood Economic Challenge Questionnaire - 0.836
- Widowhood Consequences Questionnaire- 0.724

#### **Validity of the Instrument**

Validity refers to the degree of which an instrument measures what it is supposed to be measuring. In other words (Tashakkori & Teddlie, 2010) a valid instrument actually measures the concept it is supposed to measure. Indeed, the instruments adapted for this research are relatively mature questionnaires with high reliability and validity within their original birthplaces. However, because



the current research was being carried out in Ghana, it became feasible to validate the instruments as their portability was not guaranteed. Since one of the instruments was adapted, the instrument faced no problem on content validity; hence construct validity was determined. Panneerselvam (2004) indicated that studies with flawed instruments lead to erroneous conclusions. In this study, face validity was ascertained by colleagues who understand my topic by evaluating whether the questions effectively capture the topic under investigation. An expert in the field also checked one questionnaire construction for common errors like double-barreled, confusing, and leading questions.

Content validity refers to the degree to which an assessment instrument is relevant to, and representative of, the targeted construct it is designed to measure (Creswell, 2014). This was done by my supervisor.

The interview guide and questionnaire for the study was pre-tested at Agona Swedru, a closer Municipality to the Effutu Municipality. This allowed the researcher to establish if the questions were clear and capable of answering the research questions. This process ensured the validity of the instrument. Determining the construct validity of the instruments was very important as the researcher correctly identified significant relationships among variables by her ability to correctly measure the variables.

### **Reliability of the Instruments**

Braun and Clarke (2006) refer to reliability as the ability of an instrument to produce similar results at different times with the same group of respondents. The reliability of the instruments that were used in this study was estimated using Cronbach's alpha. According to Creswell (2008) for consistency to be present, the alpha must be above 0.70. Cronbach's Alpha is

the most common measure of internal consistency ("reliability"). It is most used when one has multiple Likert questions in a survey/questionnaire that form a scale and one wishes to determine if the scale is reliable. The adequacy, appropriateness, and relevance of the questionnaire in relation to the subject under study was tested using Confirmatory Factor Analysis in the study. Widowhood Challenges Questionnaire had a reliability of 0.841, Widowhood Coping Strategies Questionnaire- 0.838 and Widowhood Consequences Questionnaire – 0.724.

### **Quantitative Data Analysis**

After sorting out the questionnaires, the data was computed and analyzed using the Statistical Package of Social Sciences (SPSS) version 20.0. The statistical analysis such as frequencies, percentages and mean scores was used to analyse the research questions. The hypotheses were analysed using Independent sample t-test for hypothesis 1, MANOVA for hypotheses (2 and 3), Multiple Regression for hypothesis 4 and 5 and Andrew Hays moderation analysis was also used to analysis hypothesis 5.

### **Ethical Considerations**

Prior to the commencement of this study, a thesis committee of the Department of Guidance and counselling reviewed the proposal, and the Institutional Review Board of the University of Cape coast (UCC) granted ethical approval. (See Appendix G)

In conducting this study, it was important for me as a researcher to do so bearing certain ethical considerations in mind (Creswell, 2003, 2007, 2009; Flick, 2011). Creswell (2007) tells that in order to gain right of entry we must find a gatekeeper; an individual who gives the researcher the right of entry. In

the context of my study these individuals were the widows and widowers in the selected churches in the study area. Thus, the researcher solicited an appointment with the church ministers and elders and explained to them my research interest. In order to further gain their trust, the researcher forwarded a written account of the details regarding my study for their perusal. Following their verbal consent the researcher prepared a letter of informed consent which outlined the purpose of the research, the research procedures, the average amount of time required to conduct the research, the risks involved, the benefits to the participants, the issue of confidentiality, the right to withdraw from the study and the procedures to be followed should any participant require information regarding the study.

The researcher had in mind to work with 10 participants (i.e. five widows and five widowers from each church) but I ended up using 9 participants because one respondent who had already signed the consent forms withdrew later. His reason for not taking part was that it was too emotional. Perhaps it might be that he was unsure of the anonymity and confidentiality of information. However, the researcher was able to assure participants of the confidentiality of their information and my readiness to ensure that no information is linked to their identity.

The researcher took the transcripts back to them for participants debriefing exercises to ensure that their responses had been captured as accurately as they provided them. To ensure trustworthiness of data, series of member checking and intercoder agreement activities were conducted by my research team to compare similarities in patterns and examine their interrelatedness.

The study was sensitive and elicited emotional reactions when the participants were asked to recall the time immediately after the death of their spouse and to remember the psychological states and coping strategies that they had experienced at that time. The researcher applied ethical principles by allowing them to shed tears, express their feelings, empathising, listening, and encouraging them and used psychotherapy to address some of the challenges they encountered.

### **Summary of Chapter**

The chapter has provided detailed information on the methodological procedures of the study including the research approach and design, scope of study, participants of the study, and sampling. This chapter has also offered a description of all the procedures used for data collection as well as the methods of data analysis to ensure the credibility of the study's outcome. The chapter concludes with discussions on ethical issues as well as methods for guaranteeing the trustworthiness of data.

## CHAPTER FOUR

### RESULTS AND DISCUSSIONS

#### **Qualitative Data Interpretation and Analysis**

Creswell (2014) advocates that interpretation and analysis of data involves making ‘sense’ of responses compiled as data into sections or categories of information known as codes and analysed into themes of commonalities and consistencies in occurrence. On the bases of Creswell’s assertions, the analysis and interpretation of the data obtained was informed by the reviewed literature and theories underpinning this study.

#### **Demographic Characteristics of Participants**

In all, nine (9) middle-age widows and widowers comprising five (5) widowers and four (4) widows were contacted to supply the qualitative data for the study. Their ages ranged from 35 to 55 years with eight (8) being above 40 and the remaining one (1) being below 40years. From the interview, participants were found to have lived without their partners for almost a period of 1 to 14 years. For two (2) of the participants, it has been a year now since they lost their loved ones whereas it has taken four (4) of them 6 years since they lost their partners. One (1) participant lost the partner in just 6 months ago, another one lost the partner 5years past and the remaining one (1) lost the partner 14 years ago. Also, it was discovered from the interview that bereaved partners had lived together with their partners for almost a period of 4 to 25 years. Two (2) of the participants had lived with their spouses for 20 years, one (1) for 25 years and

two (2) for 18 years. Two (2) had lived with their partners for 10 years, one (1) for 6 years and one (1) for 4 years.

### **RQ1: What are the Bereavement Challenges of Middle-Age Widows and Widowers in Effutu Municipality?**

Research question one purposely sought to gather data on bereavement challenges of middle-age widows and widowers in the Effutu Municipality. Themes found within the data regarding the research question were: economic challenges, social challenges, and psychological challenges. The first theme addressed is economic challenges.

#### **Economic Challenges**

Spouse or partner loss is often associated with a variety of disruptive and negative outcomes. Among these outcomes is economic challenges partners face in the light of their loss. Certainly, partners will require very reliable financial source in order to carry out their mandate as prevailing in the past where the partners were around to support. In view of this, the researcher through an interview asked participants on the economic challenges they have been facing. From the participants' responses, it was revealed that widows and widowers as consequence of the deaths of their partners is loss of financial stability. This is evident in the following excerpts:

I remember when he was alive, he will call and sit with me for us to discuss how best we can cope with some economic challenges. But now that he is no more, I need to handle such situation single handedly. I have to convince them that it will be okay. I have to wet my pillow and then I cry to God to lead me so that I can be able to convince them since they were used to a certain lifestyle when he was alive. It was difficult.

I had to withdraw my son from a private school to a public school but it took me like six months to convince him so that he won't feel bad. I made him understand the situation before moving him there (R2).

Another respondent countered:

Yes, I encounter financial challenges because when she was around, she used to support in terms of buying clothes and all that. Now, I am left to take care of them [children] single handedly. For some time now, I haven't done that for them yet. It's rather my sister who is buying one or two for them. Although, my sister has offered to help but that notwithstanding, there is still a lot of pressure. This morning the first child was complaining that all her clothes were worn out and I just remembered that if her mother were here, she wouldn't have been complaining. So, it is a bit challenging financially because if their mum were here, no matter how little she gives it plays a very important role in our lives (R9).”

However, some of the participants noted that in spite of the deaths of their partners they are financially stable. One of them stated that:

I don't have any economic challenge because I work hard, and I am gainfully employed. I also have others who support me financially. Even, I pay school fees of students at my workplace especially those brilliant but needy students. I am economically sound (R4).

Another participant also commented:

Financially, I will say it has not been easy at all. Sometimes my children are sacked from school because of school fees. Though, sometimes I receive little support from my friends, sisters and husbands' colleagues

from work. In terms of school fees I have some philanthropist who has been supporting the children but it is not regular (R8).

### **Social Challenges**

Among the losses widows and widowers suffer as a consequence of the deaths of their partner includes loss of social functioning (status) and self-esteem. From the interview data analysis, it was revealed that participants do not suffer from loss of social functioning and self-esteem as result of the demise of their partners. This is captured in the excerpts below:

You know am the quiet type I don't have friends. Social life I listen to a lot of gospel music. I don't like Ghanaian music I love foreign ones. Secondly, church activities keep me. I always sweep the church and mobbing the church and go to the beach to swim. I like reggae, cool music, Bob Marley and Celine Dione. Life must go on so if I done psyche myself who will take care of my children (R3).

Similarly, another respondent noted:

I don't really socialise. The only place I love to go to is church after his demise other than that I stay indoors. Parties and social functioning are not part of my life anymore. When I am invited, I don't bother to go especially when someone is married, I ask myself why it happened to me (R9).

Contrarily, one of the participants disclosed that the death of the partner affected his social status and relationships. He elucidated that:

The demise of my wife affected my social status in the sense that, when I go for social gatherings it's like those who know me say he has lost his wife. This actually creates some kind of problems for me. When she was



alive we used to go for programs together and now that she is no more socially it becomes very difficult when I see others with their spouses. In terms of social functioning, my former school knew about my loss and so they supported me by cracking jokes to make me laugh. But my current place [school] is not like that. The former [school] checks on me and the children. At a place where you are not known nobody seems to bother or care and you start feeling lonely and asking God why it happen at this time and all that. In fact to lose a loved one creates a lot of problems (R1).

### **Psychological Challenges**

Undeniably, bereavement affects the psychological wellbeing of the bereaved which can have substantial influences on their interactions with the social world (Chen, 2000). Through the interview, it was revealed that some participants suffer from the psychological effect of bereavement such as depression, loneliness and stress. Also, through the interviews it was revealed that grief was also a psychological challenge that the bereaved faced.

### **Depression**

In contemporary society, bereavement process is experienced with considerable variability with some of its common elements involving depression. Widows and widowers undergo depression associated with the role changes that accompany widowhood, particularly those due to disruptions in life patterns and daily routine, taking on new unfamiliar tasks, and changes in social activities and relationships. Judging from the responses given by the participants in the interview, it was revealed that participants are suffering from

depression with its associated effects as a result of bereavement. To buttress this point, a participant also had this to say:

I will say it is depression and loneliness; because, he is the one who encourages me. Even in my education level he tried his best to bring me up to his level. He helped and taught me so as to match up with at least what the society is expecting of me. So this is how he was living with me then (R2).

One participant also narrated that:

I am going through a lot of depression. We used to do everything together, think together. I am building a house, when am away she takes charge now she is no more and I have to do everything on my own as well as take care of the children (R4).

Consistently, another participant indicated that:

Emotionally, it is difficult to describe the kind of depression and emotional pain I go through unless the person is there. I remember in the beginning; I usually fall in love with men who want to come into my life but my attention quickly turns to another person. This is because, I was trying to find my husband in other men. I was talking to one widow some time ago and she also told me the same thing. So emotionally, one may be seeking for the person [deceased] in other people which drains deeply. Thanks be to God that it did not continue forever (R9).

### **Loneliness**

Spouse bereavement can adversely impact the performance of daily living tasks that are essential for health and independent functioning. However, there are consequences which may have a longer-term effect and are concerned

with the state of widowhood and its social and personal meanings. These include personal consequences such as continuous missing of deceased, loneliness. From the interview responses, it was revealed that participants miss the company of their deceased spouse and consequently feel lonely. Some of their narrations are showcased in the following excerpts:

I have really missed her company. As you know, it's not everything that I can share with anybody. Is like when you are coming from the office or wherever you are from to the house, there is something interesting or annoying to share with somebody. Now, when I am coming home there's nobody to share the things of the day or problems with. Indeed, I feel lonely (R5)."

Yes, I do feel lonely, very very lonely. In terms of being with another man, I want to fulfil the word of God therefore, I cannot have any relations with anybody until the right this is done. Sometimes, you wake up in the night and you have dreams and see her and you are comforted at times you don't see anybody and you feel all alone (R8).

Similarly, another respondent had this to say:

Fortunately for me, I had my mother and siblings around from the initial stages but even then, sometimes nobody will sleep with you so you get to your room and you realise that you are alone so at that point you feel lonely small. When you are going to sleep you only pack pillows around you and sleep. At that moment I feel lonely." (R1)

One of participants also commented that:

Hmmm!! I feel empty because she was my everything. She used to choose clothes for me to wear, the food to eat, chat with me etc. Now when am alone I struggle to choose clothes to wear, wash my clothes, give the children the attention their mother would have given to them if she were alive (R7).

### **Stress**

In today's world, stress has become a worldwide phenomenon, which occurs in various forms in every human institution especially in marriage. The experience of loss, or bereavement, is a multidimensional journey that almost every individual will endure in his or her lifetime (Selye 2002). It is a unique life experience because the stress it produces pervades every aspect of a person. Survivors not only face the absence of the deceased, but also must come to terms with the unwanted eradication of the many provisions that their loved one once fulfilled. Therefore, starting a new life without the support of the partner could be one of the most stressful life experiences an individual is faced with. From the interview responses, it was revealed that participants are engaged in multiple work and working for longer hours, as the rising levels of responsibilities require them to exert themselves even more strenuously to meet rising demands from the family. This is captured in the following excerpts:

Hmm!! It is not all that easy for me now. Since the sudden demise of my love, I had to engage myself in several menial jobs just to make an ends meet. My husband made me to stop the working I was doing at first and be house-wife because he was capable of taking care of me and the

children. Now that he is no more, I need to make sure I fill the vacuum created as a result of his demise (R4).

Another participant asserted:

To be frank with you, it [demise of partner] is tormenting me. Now, I cannot sleep as I used to do – always having sleepless night. My late wife and I loved each other so much that we spend the 25 years doing things together. Hmm!! May God help me (R6).

One participant also recounted that:

Now, it has been 6 years since I lost my partner. I have not been able to settle down with another partner. I will pick a partner today and tomorrow he's gone. I can't find someone like him. I'm just confused! (R8)”

It was revealed that some participants suffer from the psychological effect of bereavement that they are unable to perform in bed. This evident in the following narration:

Now, let me be frank with you. When I lost her [wife] initially, I found it very difficult to erect up to some point. It was really eating me up and sometimes I cry. I have really not gotten over it yet. Sometimes, I do cry when am alone. I miss her a lot and I see it as a form of great stress because somebody you love so much and within a twinkle of an eye she passes away. I even lost her in my arms. So, it puts a lot of stress on me and has affected other areas of my life in the sense that sometimes when am not well and I begin to feel the way she felt, it gives me the impression that I will also die (R3).”

**RQ2: What are the Coping Strategies Adopted by Middle-Age Widows and Widowers in Effutu Municipality?**

Research question two sought to investigate the coping strategies adapted by middle-age widows and widowers. Themes found within the data regarding the research question were: Problem-focused, emotion-focused and social support. The first theme addressed is problem-focused.

**Problem-focused**

Coping strategies appear to form a very important part of human functioning in the everyday environment. In order to live and function effectively within the environment, an individual requires a sufficient repertoire of coping strategies to cope effectively with stressful situations, which will result in a subjective sense of contentment and happiness.

In view of this, the bereaved is required to take action which directs at managing problems and emotions that caused distress. In an attempt to find out the coping strategies that widows and widowers adopt to curtail the resultant effects of bereavement, the researcher through an interview asked the participants about the coping strategies they often adopt. From their responses, it was revealed that participants appraised environmental conditions as modifiable, and therefore resorts to change their actions in order to overcome the prevailing challenges at the time. Some of the participants' comments are captured in the following excerpts:

I have acted to change what can be changed, overcome the problem and find alternatives to solving certain problems and concentrating on giving my children a bright future by God's grace. I have also told myself that I am the only hope for my children, so I have to be strong for them (R1).

Let me share with you one of my experiences. I remember once I was hanging the curtains, I had finished doing some plumbing because I had called the plumber for a long time and it looked as if it wasn't a big job so he wasn't coming. My daughter came and told me eii!! Mama now you can do every job. Now, I hang curtains, change gas and everything I would have called him to help if I don't do it nobody will do it so that's what I did. It was a job to do so I do it (R8).

Another participant also recounted that:

In the beginning, I was so coiled in. the children are so little, so I told myself to rise up and do something to keep supporting my children. Recently they told me they were going for his belongings from Cape Coast and took all his items without my knowledge. They rather want his properties but not the children or me. Nobody has given me anything for the children till date, but I know God will take care of us (R4).

### **Emotion-focused**

Individuals who are bereaved normally tend to use emotion-focused coping strategies when they believe that nothing can be done to alter harmful or threatening circumstances. They therefore try to regulate emotional responses in order to relieve stress from bereavement. From the interview responses, it was revealed that participants adopt selective attention to bereavement-related issues that they cannot change.

This is evident in the comments made by some respondents that:

Initially, it wasn't easy but I have come to accept reality that it has happened and there is nothing I can do about it. The word of God has been a great source of hope because I know my wife loved the lord and

I strongly believe she is resting in his bosom and when I die one day and live a good life we will meet in heaven (R2).

Consistently, one participant also narrated that:

I also accept the reality even before he passed because I knew the condition and knew it will eventually take him away because he made it easy because being a Christian, he used to say to me 'To live is Christ and to die is gain'. So, I took it as a normal thing. So when it happened I accepted it and am trying to move on. I have had people tell me that there is no conversation without mentioning your husband. He has been my friend for 18 years it doesn't just go away. In some areas I have moved on, in the area of diminishing the memories its not working to well, I think that if I do get a replacement it might because that is what I still live on (R6).

Another respondent added that:

In dealing with my emotions, I made a few friends and all that I had to do was to smile and start downloading. Later, I had one coincidental friend who bore the same name as my husband name and he became my friend. So sometimes, he will sit down for two hours and I will talk and talk and talk. So, it was a washing away so anybody that gave the opportunity and the chance it was my focus of discussion for a long time until one day somebody just said I think it's enough you have been talking about this thing for a long time so that's how I coped by downloading on people(R6).



## Social Support

Spousal bereavement can adversely impact the performance of daily living tasks that are essential for social and independent functioning. Unarguably, social support is very vital in the life of every individual especially the bereaved. This is an element of human capital in carrying out survival strategies for the bereaved spouses. An interview with the participants revealed that participants resort to social support from families and friends in order to cope with the challenges they face as a result of their bereavement. This is captured in the excerpt below:

I think the social support is what is currently helping me to cope with the loss. Am saying that because am staying with a couple and it's helping me a lot and I feel very lonely when am alone so it's helping me to cope a lot. We watch films, talk together. I see them to be very genuine in their support because sometime genuineness is important because sometimes people help but the way the help if its problematic can even cause more problems for you. I feel deep down that they are genuine so it's helping me overcome that challenge and my sister has offered wholeheartedly to take care of the children. Because, if they were with me, I would have been seriously depressed. Church and friends have and are still showing tremendous love and the word of God has given me solace (R3).

A participant commented that:

You know, sometimes I look at the problem that has happened and rely on the support that you will find. The children occasionally will need that father figure, so you find a way of doing that for them so friends

and relations who occasionally come around to support and give them the upbringing of a male who is around and guiding them in growing up. And every other social support you can find. Friends when you need anything you find somebody in replacement. So, my brothers are always around as father figures for them. Friends are also around when you need anything you call. If it's about projects, office challenges I get people to advice and support me. But living with the problem and always trying to blame people that one is not part of me (R6).”

Another participant similarly added that:

When my husband passed, I had so much social support from one of his friends. They used to call and check on me and play songs for me on the phone till I fell asleep. I didn't know how much it cost him to pay all those bills but it was reall helpful. People use to come and visit me and encourage me (R9).

### **RQ3: What are the Bereavement Consequences of Middle-Age Widows and Widowers in Effutu Municipality?**

Research question three was targeted at exploring the bereavement consequences of middle-age widows and widowers. The consequences of bereavement have a great influence on the wellbeing of the widow/widower. Some of these can be short term or long term depending on the individual's ability to overcome these difficulties. The themes identified were grief and resilience.

#### **Resilience**

The loss of a loved one is very devastating and tragic. However, the ability to recover from this difficult event and overcome these difficulties is

known as resilience (Strobe & Schut, 2010). Under such situations, the widowed use one or some of the coping strategies but the strategies they use are not identical. Some of the participants revealed that they have been able to recover from this difficult event through the coping strategies they adopted.

This is captured in the excerpt below;

A participant also articulated her thought by saying:

I will say it has happened and you will need to organize your life in phases. The first phase is to come out of the hospital without your husband. Now face your home alone, you are alone in the house, you are sleeping alone so you get used to that one after some time. You get used to going to church alone, travelling alone. So you have to get used to doing all those things without him. So you just find alternative means and get used to the situation. So that was it. The children occasionally will ask questions and you find a way of letting them get used to the situation. So they are just getting used to the situation not blaming anybody at all.

Another participant added that;

The positive is that I have turned out to be a good counsellor, I have had young people who have lost their spouses too and because i have been there when I talk they listen so it is positive in that light where your word is weighed and it's become good for my Christian life because I had to turn to God more for the ones you can't get from other people and I have become more understanding. I had a good relationship, so I haven't lost faith in love and men and God so then am okay.

On the contrary, another participant aptly stated;

I don't know what I will do without her, I simply don't know and can't get over it, Never. My future is hopeless, I feel useless and I am uncertain about what the future holds.

### **Grief**

Once bereavement strikes, every family member responds to the loss through grief and various mourning practice (Kubler-Ross, 2009; Neimeyer & Holland, 2015).

Grief is a normal and natural reaction to the death of a loved one. It normally becomes intensified among bereaved couples. Bereaved couples are often overwhelmed with grief and become more accident prone as a result of less attention paid to their personal safety. Some of the participants disclosed that they often feel sad and shed tears as a result. This is depicted by the comment made by one of the participants that:

Most times, I become sad when I start to think that there were a lot of things that would have been easier for us to do if my husband was alive. Now I have to ask my parents for money for school fees and food and everything. So I think a lot most of the time. It makes we weep a lot and when I do that it causes my mum especially to also weep. He's thoughts are always in my mind.

To buttress this point, another participant also stated:

I see her absence as a big blow because, her absence has created a big vacuum. Anytime, I see the children, I see some aspects of her features in them and it continuous to remind me of her and at that, I always shed

tears. She played significant roles in my life both emotionally and spiritually. Really miss everything about her.

One also revealed that:

I will say now; I am not a happy person. I have missed his PhD research assistantship role. I believe that's the reason why I have still not finished because, I would just come home and the literature is there for me to synthesise and use it but now combining everything and the research I must say it's been difficult.

### **Quantitative Data Analysis**

The statements of the nine (9) participants created the exploratory component of the sequential exploratory mixed-methods design. The quantitative analysis was conducted for two reasons: to 1) examine whether the Bereavement Challenges, Coping strategies and Consequences of middle-aged widowhood in the Effutu Municipality are generalizable to a larger population, and 2) explore the role that copying strategy plays in shaping the consequences or outcomes of middle-aged widows and widowers in the Effutu Municipality. While the qualitative component was completed, a cross-sectional survey was conducted by the researcher and her assistants. Constructs from the qualitative findings were used to develop the instrument for the quantitative phase and focused on the following themes: a) psychological challenges, b) social challenges, c) economic challenges, d) coping strategies and e) consequences of middle-aged widows and widowers in Effutu Municipality. The researcher conducted the quantitative analysis in ten selected churches in Effutu Municipality.

### **Quantitative Data interpretation and Analysis**

Table 10 indicates that there is a higher number of widows 173 (57%) compared to the number of widows 128(43%) within the respondents. Though from the data taken from the churches, widows have the highest responses. Concerning age of respondents, it was revealed in the table that majority of respondents were within the age group of 36-45 years 119(40%) followed by those in 46-55 years 113(37%) while 30-35 years group were 69(23%).

Presenting on Highest Educational Status of respondents, Table 10 shows majority of respondents were found to have Tertiary education 104(34%), 69(23%) were Secondary school leavers, 92(31%) had Basic education while 36(12%) had no schooling background. The data presented indicates most of the respondents are well educated therefore, the information elicits from them using questionnaires was appropriate.

Table 10- *Presentation of biodata of respondents*

## Biographic Data of Respondents

Items	Frequency	Percent (%)
<b>Status</b>		
Widow	173	57
Widower	128	43
<b>Age</b>		
30-35 years	69	23
36-45 years	119	40
46-55 years	113	37
<b>Highest educational Status</b>		
Tertiary	104	34
Secondary	69	23
Basic	92	31
No school	36	12
<b>Years in widowhood</b>		
Less than 5 years	127	42
Between 5 to 10 years	117	39
11 years and above	57	19

Source: Field Data, 2019.

**Research Question 1: What are the bereavement challenges of middle-age widows and widowers in the Effutu Municipality?**

Research question 1, investigated bereavement challenges of middle-age widows and widowers. The results from the data given by the respondents through a self-reported administered questionnaire captured from sections B-D which is made up of 32 items. The challenges are categorized in three forms namely psychological, social and economic challenges. Consequently, the results were presented in frequency and percentage first to allow a fair idea of

the results in specific details. Again, the results from the challenges were put together in their three forms and their mean and standard deviations were presented. In all 32 items were used to solicit for information in relation to this research question. The result is presented in Table 12 to 14.

The result in Table 11 shows that 11 out of 13 (84.6%) of the psychological challenges were found to be of medium challenge and only 2 out of 13 (15.4%) items were found to be low in magnitude. This explains that majority of middle-age widows/widowers experienced moderate psychological challenges during bereavement. The results further indicated that “*I am usually not in good spirits most of the time*”, was the psychological challenge that majority of widows/widowers reported and was ranked the highest with a mean of (M=2.43) whiles “*I am unable to handle day to day tasks on my own*” was ranked the lowest with a mean of M=1.86.

Item No.	Statement	Mean	SD.	Rank of Mean	Nature of challenges
8.	I am usually not in good spirits most of the time	2.43	.91	1 <sup>st</sup>	Medium
6.	I often get restless and fidgety	2.34	.92	2 <sup>nd</sup>	Medium
9.	I am uncertain about the future	2.31	.98	3 <sup>rd</sup>	Medium
4.	I easily become upset with uncertainties	2.27	.90	4 <sup>th</sup>	Medium
13.	I am unable to confide in others and lack companionship because I think people don't like me	2.26	.91	5 <sup>th</sup>	Medium
10.	I am unable to go out and socialise easily	2.24	.88	6 <sup>th</sup>	Medium



Table 11 continue

7.	I keep venting my anger on those who do not deserve to be my target	2.22	.93	7 <sup>th</sup>	Medium
3.	I am easily angered because of things that are outside my control	2.14	.99	8 <sup>th</sup>	Medium
5.	I am unable to deal successfully with my day-to-day problems and annoyances	2.11	.84	10 <sup>th</sup>	Medium
12.	I feel I have been ostracised	2.08	.88	11 <sup>th</sup>	Medium
11.	People no longer greet me or socialise with me	2.01	.90	12 <sup>th</sup>	Medium
2.	I blame myself for being a widow/ widower	1.96	.91	13 <sup>th</sup>	Low
1.	I am unable to handle my day to day tasks on my own	1.86	.87	14 <sup>th</sup>	Low

Table 11-*Psychological Challenges of Widows and widowers*

Source: Field Data, 2019.

*Grand Mean=2.17*

Table 12- *Social Challenges of Widowhood*

Item No.	Statement	Mean	SD.	Rank of mean	Nature of challenges
13.	My partner's family have been threatening me over property issues after the demise of my spouse.	2.37	1.03	1 <sup>st</sup>	Medium
11.	I lack people who cheer me up whenever I am sad after the death of my spouse	2.29	.90	2 <sup>nd</sup>	Medium
10.	I cannot count on my friends when I need their assistance after the demise of my spouse.	2.29	.90	3 <sup>rd</sup>	Medium

Table 12 continue

7.	I am not able to do things accurately as most other people do after the demise of my spouse	2.25	.77	4 <sup>th</sup>	Medium
3.	I feel I do not have much to be proud of after the demise of my spouse	2.23	.92	5 <sup>th</sup>	Medium
1.	I feel unattractive after the demise of my spouse	2.17	.95	6 <sup>th</sup>	Medium
12.	I do not get emotional help and support I need from my family or friends	2.16	.86	7 <sup>th</sup>	Medium
9.	I do not have people to encourage me whenever I am sad after the demise of my spouse.	2.15	.82	8 <sup>th</sup>	Medium
2.	At times I think I am a disappointment to all after the demise of my spouse	2.15	.86	9 <sup>th</sup>	Medium
6.	I always feel uncomfortable around others and scared to socialise	2.14	.81	10 <sup>th</sup>	Medium
5.	I am inclined to feel that I am a failure after the demise of my spouse	2.08	.67	11 <sup>th</sup>	Medium
4.	I struggle with feelings of inferiority after the demise of my partner	2.03	.88	12 <sup>th</sup>	Medium
8.	People no longer greet me after the demise of my spouse.	1.93	.79	12 <sup>th</sup>	Low

Source: Field Data, 2019.

*Grand Mean=2.16*

The result in Table 12 above shows that 12 out of 13 (92.3%) of the social challenges items were found to be of medium challenge and only 1 out of 13 (7.6%) items was found to be low in its magnitude. This shows that majority of middle-age widows/widowers experienced moderate social challenge during bereavement. Most respondents were of the view that “*My partner’s family have been threatening me over property issues after the demise of my spouse*” was ranked the highest mean (M=2.37) whiles “*People no longer greet me*”, was ranked the lowest. (M=1.93).

Table 13-*Economic Challenges of Widowhood*

Item No.	Statement	Mean	SD.	Rank of Mean	Nature of Challenge
6.	I have in so many ways been placed in an economic disadvantage after the death of my spouse.	2.42	.92	1 <sup>st</sup>	Medium
2.	I am unable to pay my children’s school fees on time because I do not have adequate support.	2.39	.84	2 <sup>nd</sup>	Medium
1.	My financial situation has made it difficult for me to provide my children learning materials and other resources for their education.	2.27	.94	3 <sup>rd</sup>	Medium
4.	I am unable to pay for my rent	2.25	.85	4 <sup>th</sup>	Medium
3.	My children and I are unable to seek good medical care due to financial difficulties.	2.22	.89	5 <sup>th</sup>	Medium
5	I am unable to provide of food, clothing and shelter for my family.	2.16	.87	6 <sup>th</sup>	Medium

Source: Field Data, 2019.

*Grand mean= 1.88*

The result in Table 13 above shows that 6 out of 6 (100%) of the economic challenge items were found to be of medium challenge. This is indicative that all middle-age widows/widowers face moderate economic challenges. “*I have in so many ways been placed in an economic disadvantage after the death of my spouse*” was ranked the highest with a mean M=2.42 while “*I am unable to provide of food, clothing and shelter for my family*” (M=2.16) was ranked the lowest amongst the economic challenges of middle-age widows/widowers in Effutu Municipality.

**Research Question 2: What are the coping strategies of middle-age widows and widowers in the Effutu Municipality?**

Research question 2, investigated coping strategies of middle-age widows and widowers in the Effutu Municipality. The results from the data given by the respondents through a self-reported administered questionnaire captured from section E which is made up of 10 items. Consequently, the results were presented in frequency and percentage first to allow a fair idea of the results in specific details. Again, the mean and standard deviations were presented for a more detailed information regarding the respondents. In all 10 items were used to solicit for information in relation to this research question. The result is presented in Table 14.

Table 14-*Coping Strategy of Widowers*

Item No.	Statement	Mean	SD.	Rank of mean	Nature of challenges
5.	I have learnt to live with problems after the death of my spouse.	2.91	.77	1 <sup>st</sup>	Medium
4.	I try to grow as a person after the demise of my spouse.	2.88	.78	2 <sup>nd</sup>	Medium
10.	I take on additional tasks in order to get my mind off my	2.83	.88	3 <sup>rd</sup>	Medium

	worries after the demise my spouse.				
6.	I have accepted the reality that it happened and cannot be changed after the demise of my spouse.	2.82	.85	4 <sup>th</sup>	Medium

Table 14 continue

3.	I try to look for something good in what has happened after the demise of my spouse.	2.80	.79	5 <sup>th</sup>	Medium
8.	I channel my efforts into doing something positive after the demise of my spouse.	2.79	.79	6 <sup>th</sup>	Medium
2.	I always learn something new from my experience after the demise of my spouse.	2.77	.89	7 <sup>th</sup>	Medium
9	I talk to my friends about how I feel after the death of my spouse	2.67	.85	8 <sup>th</sup>	Medium
7.	I am able to make plans, take actions and follow through after the death of my spouse.	2.60	.87	9 <sup>th</sup>	Medium
1.	I have gotten used to the idea that I have lost my spouse forever.	2.55	1.03	10 <sup>th</sup>	Medium

Source: Field Data, 2019.

Grand mean= 2.76

The result in Table 14 shows that 10 out of 10 (100%) of the Coping strategies items were found to be of medium challenge. This is indicative that all middle-age widows/widowers used coping strategies during bereavement. The results further indicated that “ *I have learnt to live with problems after the death of my spouse* was ranked the highest coping strategy (M=2.91) adopted by middle-age widows/widowers in Effutu Municipality.

**Research Question 3: What are the bereavement consequences of middle-age widows and widowers in Effutu Municipality?**

Research question 3, investigated bereavement consequences of middle-age widows and widowers. The results from the data given by the respondents through a self-reported administered questionnaire captured from section F which was made up of 10 items were used. The result is presented in Table 15.

The result in Table 15 shows that 8 out of 10 (80%) of the bereavement consequences items were found to be of medium challenge while 2 out of 10 (20%) was found to be of low challenge. This revealed that majority of middle-age widows/widowers faced moderate consequences during bereavement. The results further indicated that “*I find it difficult to take simple decisions like I used to*” was ranked the highest consequence with a mean (M=2.37) while “*I cannot say I have found my purpose in life in my current situation*”, was ranked the lowest consequence (M=1.93).

Table 15- *Bereavement Consequences of Widows and Widowers*

Item No.	Statement	Mean	SD.	Rank of Mean	Nature of Challenge
10.	I find it difficult to take simple decisions like I used to	2.37	.97	1st	Medium
3.	The conditions of my life are not flourishing	2.26	.94	2 <sup>nd</sup>	Medium
8.	I feel hopeless and uncertain about the future	2.23	.91	3 <sup>rd</sup>	Medium
7.	I am restless and more irritable than usual now	2.22	.82	4 <sup>th</sup>	Medium
6.	I get tired for no reason and easily become disinterested in social activities.	2.22	.85	5 <sup>th</sup>	Medium
2.	I have trouble sleeping alone now	2.15	.84	6 <sup>th</sup>	Medium
5.	In have lost interest in interacting with the opposite sex	2.13	.82	7 <sup>th</sup>	Medium
9.	I have become addicted to alcohol, social media, phone and drugs now	2.02	.89	8 <sup>th</sup>	Medium
4.	I am not content with my life	1.99	.95	9 <sup>th</sup>	Low

1.	I cannot say that I have found my purpose in life in my current situation.	1.93	.88	10 <sup>th</sup>	Low
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Source: Field data, 2019.

*Grand mean= 2.15*

## Testing of Hypotheses

### Hypothesis One

**H<sub>0</sub>:** There is no statistically significant difference between widows and widowers in their bereavement challenges, coping strategies and consequences in Effutu Municipality.

**H<sub>1</sub>:** There is a statistically significant difference between widows and widowers in bereavement challenges, coping strategies and consequences in Effutu Municipality.

The main aim of hypothesis 1 was to examine the difference between widows and widowers regarding their bereavement challenges, coping strategies and consequences in Effutu Municipality. To achieve this objective, items in sections B-F on the questionnaire were used. Independent samples t-test was used to help in achieving the above stated objective of the study. The results are presented in Table 16.

Table 16- *Widow and widower bereavement challenges, coping strategies and consequences*

Variables	Status	N	Mean	Std. Deviation	t	Df	Sig. (2-tailed)
Bereavement	Widow	173	69.7977	15.30160	-.419	299	.675
Challenges	Widower	128	70.5781	16.81095			
Coping Strategy	Widow	173	28.1965	4.78692	2.077	229	.158
	Widower	128	26.8750	6.25445			
Consequences	Widow	173	21.3468	6.61270	-.533	299	.594
	Widower	128	21.7344	5.69083			

Source: Field data, 2019.

\* Significant,  $p < .05$



Table 16 displays means and standard deviations of the self-reported bereavement challenges, coping strategies and consequences between widow and widower in the Effutu Municipality. Observing the means from the data, concerning coping strategies used by respondents, the mean scores widow ( $M = 28.20$ ,  $SD = 4.79$ ) was higher as compared to widower ( $M = 26.88$ ,  $SD = 6.25$ ). Presenting on consequences, the mean scores of widows ( $M = 21.34$ ,  $SD = 6.61$ ) was lower as compared to widowers ( $M = 21.73$ ,  $SD = 5.69$ ). Again, observing the mean score from the table in relation to bereavement challenges the mean scores of widows ( $M = 69.78$ ,  $SD = 15.30$ ) was lower as compared to widowers ( $M = 70.58$ ,  $SD = 16.81$ ). The researcher proceeded to use Independent Samples t-test to estimate the difference between the means of the three main variables among widows and widowers and the result is presented in Table 16.

As part of the assumption for using Independent Sample t-test, the equality of variance test was conducted. The test was statistically significant ( $p = .000$ ) for coping strategies, hence the study violated the equal variance assumption. Invariably, Independent Samples t-test is a robust statistical tool hence the study proceeded to estimate the difference and the test was significant. On the average, when it comes to coping strategies of respondents, widow developed relatively effective coping strategies than widower ( $t(229.158) = 1.997$ ,  $p = .047$ ). Consequently, the study proceeds to reject the null hypothesis.

On the other hand, the Leven's test for equality of variance was not statistically significant for consequences of widowhood and bereavement challenges of widows  $p = .150$  and  $p = .771$  respectively. Therefore, the researcher proceeded to run the test. The results showed no statistically

significant difference between widow and widower concerning consequence ( $t(299) = -.533, p = .594$ ) and bereavement challenges ( $t(229) = .419, p = .675$ ). On that note, the study fails to reject the null hypotheses at ( $p < .05$ ). Hence, widows and widowers may experience the same consequence for widowhood and same for challenges.

### **Hypothesis Two**

**H<sub>0</sub>:** There is no significant difference in the bereavement challenges, coping strategies and consequences of middle-age widows and widowers in Effutu Municipality based on years in widowhood.

**H<sub>2</sub>:** There is a significant difference in the bereavement challenges, coping strategies and consequences of middle –age widows and widowers in Effutu Municipality based on years in widowhood.

The aim of hypothesis two was to estimate the difference among the three categories of years in widowhood of widows and widowers in terms of bereavement challenges, coping strategies and consequences in Effutu Municipality. To achieve this objective, items in sections B-F and item 4 of section A on the questionnaire were used. MANOVA test was used to help in achieving the objects of the study. The results are presented in Table 17.

Presenting on the MANOVA test run for hypothesis 2, the study looked at the descriptive analysis first. It could be observed from the data on psychological challenges, widows and widowers within the age range 11 years and above ( $M = 30.53, SD = 8.95$ ) had the highest means as compared to the means of those within the ages of Less than 5 years ( $M = 28.41, SD = 7.57$ ) and Between 5 to 10 years ( $M = 27.03, SD = 6.73$ ). Also, it could be observed from the table regarding social challenges, again, the widows and widowers between

the ages of 11 years and above (M= 29.88, SD= 7.78) had the highest mean score followed by those within Less than 5 years (M= 28.39, SD= 5.79) and Between 5 to 10 years (M= 27.40, SD= 6.23).

Table 17- *Descriptive Statistics of bereavement challenges, coping strategies and consequences of widows and widowers*

Items	Years in widowhood	Mean	Std. Deviation	N
Psychological challenges	Less than 5 years	28.41	7.57	127
	Between 5 to 10 years	27.03	6.73	116
	11 years and above	30.53	8.95	57
Social Challenges	Less than 5 years	28.39	5.79	127
	Between 5 to 10 years	27.40	6.23	116
	11 years and above	29.88	7.78	57
Economic Challenges	Less than 5 years	13.57	3.63	127
	Between 5 to 10 years	13.41	4.24	116
	11 years and above	14.51	4.49	57
Coping Strategy	Less than 5 years	28.51	5.10	127
	Between 5 to 10 years	27.45	5.54	116
	11 years and above	26.37	5.55	57
Consequences	Less than 5 years	21.00	5.94	127
	Between 5 to 10 years	21.88	6.14	116
	11 years and above	21.89	7.03	57

Source: Field data, 2019.

On Economic Challenges, again, 11 years and above had the highest mean score (M= 14.51, SD= 4.49) followed by Less than 5 years (M= 13.57, SD= 3.63) and Between 5 to 10 years (M= 13.41, SD= 4.24). Coping strategies on the other hand was also considered and it was realized that widows and widowers who were Less than 5 years had the highest mean score (M= 28.51, SD= 5.10), Between 5 to 10 years had (M= 27.45, SD= 5.54) and the least score was 11 years and above (M= 26.37, SD= 5.55). In relation to Consequences faced by widows and widowers, less than 5 years had the lowest mean score

(M= 21.00, SD= 5.94) while Between 5 to 10 years and 11 years and above had similar scores (M= 21.88, SD= 6.14) (M= 21.89, SD= 7.03) respectively. There appear to be some differences in the mean scores of the years in widowhood hence the study proceeded to ascertain whether these differences are statistically significant.

Table 18-Box's Test of Equality of Covariance Matrices of Years in Widowhood ( it's just like the levenes but this is used because they are more than two thus covariance matrices)

Box's M	F	df1	df2	Sig.
114.046	3.696	30	115956.403	.000*

Source: Field data, 2019.

\*Significant,  $p < 0.05$

In conducting MANOVA to assess the differences in bereavement challenges, coping strategies and consequences in relation to years in widowhood, Equality of Covariance Matrices was estimated. A significant Box's M test ( $p = .000$ ) was found indicating a non- homogeneity of covariance matrices of the dependent variables (bereavement challenges, coping strategies and consequences). The study proceeded to run the MANOVA test because of its robustness and the large sample size involved in the study as indicated by Tabachnick and Fidell (2013, p. 253). Again, the non- homogeneity of covariance matrices of the dependent variables cannot be attributed to outliers using Mahalanobis distances estimates. There was one outlier which was 32 comparably it was higher in relation to the other scores hence it was deleted from the analysis as suggested by Pallant (2016).

Proceeding with the test, the multivariate normality was checked. There is a difference among the groups as the test was significant. The study obtained Wilks' Lambda value of .913 which was significant at alpha value of .05 ( $p =$

0.003). Again, Pillai's Trace's test, the study had a value of .088 which was also significant at alpha value of .05 ( $p = 0.003$ ). This is less than .05; therefore, there is a statistically significant difference among the years in widowhood in terms of their bereavement challenges, coping strategies and consequences.

Table 19-Multivariate Tests for years in widowhood

Effect	Value	Hypothesis				Sig.	Partial Eta Squared
		F	df	Error df			
Intercept	Pillai's Trace	.981	2956.605 <sup>b</sup>	5.000	293.000	.000	.981
	Wilks' Lambda	.019	2956.605 <sup>b</sup>	5.000	293.000	.000	.981
	Hotelling's Trace	50.454	2956.605 <sup>b</sup>	5.000	293.000	.000	.981
	Roy's Largest Root	50.454	2956.605 <sup>b</sup>	5.000	293.000	.000	.981
YIW	Pillai's Trace	.088	2.716	10.000	588.000	.003*	.044
	Wilks' Lambda	.913	2.713 <sup>b</sup>	10.000	586.000	.003*	.044
	Hotelling's Trace	.093	2.711	10.000	584.000	.003*	.044
	Roy's Largest Root	.062	3.652 <sup>c</sup>	5.000	294.000	.003*	.058

Source: Field data, 2019.

\*Significant,  $p < 0.05$

Consequently, the study proceeds to look at Levene's Test of Equality of Error Variances. The Levene's Test of Equality was significant for two variables social challenges ( $p = .010$ ) and Economic challenges ( $p = .011$ ) which violates the equality of variance assumption test at  $p < .05$ . On the other hand, the remaining three variables Psychological challenges ( $p = .121$ ), coping

strategies ( $p = .552$ ) and consequences ( $p = .867$ ) were all not statistically significant hence the later three variables have not violated the equality of variance assumption test therefore the study proceeds with the MANOVA test.

Table 20-*Levene's Test of Equality of Error Variances Years in Widowhood*

Variable	F	df1	df2	Sig.
Psychological challenges	2.128	2	297	.121
Social Challenges	4.639	2	297	.010*
Economic Challenges	4.623	2	297	.011*
Coping Strategy	.596	2	297	.552
Consequences	.143	2	297	.867

Source: Field data, 2019.

\*Significant,  $p < 0.05$

A one-way between-groups Multivariate Analysis of Variance test was performed to investigate years in widowhood differences in bereavement challenges, coping strategy and consequences. Five dependent variables were used: Social Challenges, Economic Challenges, Psychological Challenges, Coping Strategy and Consequences. The independent variable was years in widowhood. Preliminary assumption testing was conducted to check for normality, linearity, univariate and multivariate outliers, homogeneity of variance-covariance matrices, and multicollinearity, with no serious violations with the exception of normality which was taken care off see (*write up under Table 18*).

The dependent variables were considered separately and out of five, only one reached statistical significance difference using a Bonferroni adjusted alpha level of .01, Psychological challenges  $F(2, 297) = 4.12$ ,  $p = .001$ , partial eta squared = .03). An inspection of the mean scores indicated that on psychological challenges, widows and widowers who have spent 11 years and above reported higher levels as compared with other years in widowhood ( $M =$

30.53, SD = 9.95) than Less than 5 years (M= 28.41, SD= 7.57) and Between 5 to 10 years (M= 27.03, SD= 6.73). Further analysis using Bonferroni multiple comparison for Post Hoc Test specifies the years in widowhood (*Appendix F*).

Table 21-*Tests of Between-Subjects Effects of years in widowhood*

Source	Dependent Variable	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	Psychological challenges	469.699 <sup>a</sup>	2	234.849	4.122	.015	.027
	Social Challenges	237.556 <sup>b</sup>	2	118.778	2.923	.055	.019
	Economic Challenges	49.305 <sup>c</sup>	2	24.652	1.508	.223	.010
	Coping Strategy	192.102 <sup>d</sup>	2	96.051	3.343	.016	.022
	Consequences	55.835 <sup>e</sup>	2	27.918	.716	.490	.005
Intercept	Psychological challenges	217132.638	1	217132.638	3810.744	.000	.928
	Social Challenges	215605.776	1	215605.776	5305.201	.000	.947
	Economic Challenges	50569.587	1	50569.587	3093.392	.000	.912
	Coping Strategy	199126.585	1	199126.585	6930.253	.000	.959
	Consequences	123196.847	1	123196.847	3158.849	.000	.914
YIW	Psychological challenges	469.699	2	234.849	4.122	.001*	.027
	Social Challenges	237.556	2	118.778	2.923	.055	.019
	Economic Challenges	49.305	2	24.652	1.508	.223	.010
	Coping Strategy	192.102	2	96.051	3.343	.037*	.022
	Consequences	55.835	2	27.918	.716	.490	.005
Error	Psychological challenges	16922.781	297	56.979			
	Social Challenges	12070.214	297	40.640			
	Economic Challenges	4855.242	297	16.348			
	Coping Strategy	8533.685	297	28.733			
	Consequences	11583.162	297	39.001			

Source: Field data, 2019.

\*Significant, p<0.05

### Hypothesis Three

**H<sub>03</sub>:** There is no significant difference in the bereavement challenges, coping strategies and consequences of middle –age widows and widowers in Effutu Municipality based on age.

**H<sub>13</sub>:** There is a significant difference in the bereavement challenges, coping strategies and consequences of middle–age widows and widowers in Effutu Municipality based on age.

Hypothesis three was to investigate the difference among the age groups of widows and widowers concerning bereavement challenges (psychological challenges, social challenges and Economic Challenges), coping strategies and consequences in Effutu Municipality. To achieve this objective, items in sections B-F and item 2 of section A on the questionnaire were used. MANOVA test was used to help in achieving the objects of the study. The results are presented in Table 22.

Table 22-*Descriptive Statistics for Bereavement Challenges, Coping Strategies, Consequences and Age*

Variables	Age	Mean	Std. Deviation	N
Psychological challenges	30-35 years	26.7101	8.14230	69
	36-45 years	30.3193	7.02650	119
	46-55 years	27.0804	7.49311	112
	Total	28.2800	7.62685	300
Social Challenges	30-35 years	28.5217	6.38613	69
	36-45 years	29.4118	5.47477	119
	46-55 years	26.9554	7.13119	112
	Total	28.2900	6.41585	300



Table 22 continue

Economic Challenges	30-35 years	13.4203	3.70376	69
	36-45 years	14.1765	4.09557	119
	46-55 years	13.3304	4.18575	112
	Total	13.6867	4.05008	300
Coping Strategy	30-35 years	28.5797	4.38046	69
	36-45 years	26.0084	5.02282	119
	46-55 years	28.9375	5.91118	112
	Total	27.6933	5.40215	300
Consequences	30-35 years	20.8551	5.75805	69
	36-45 years	22.3866	5.88464	119
	46-55 years	20.9643	6.80743	112
Total		21.5033	6.23910	300

Source: Field data, 2019.

Presenting on the descriptive statistics of the test, combing the independent variable age, a total mean, social challenges had the highest mean (M= 28.29, SD= 6.42, N= 300), (M= 28.28, SD= 7.63, N= 300) was arrived at for psychological challenges, Coping Strategy (M= 27.69, SD= 5.40), Consequences (M= 21.50, SD= 6.24) and Economic Challenges (M= 13.69, SD= 4.05, N= 300). Again, the results were considered separately and the mean scores regarding the five variables were ascertained and presented in Table 23.

Table 23-Box's Test of Equality of Covariance Matrices

Box's M	F	df1	df2	Sig.
113.559	3.688	30	179037.560	.000*

Source: Field data, 2019.

\*Significant,  $p < 0.05$

In conducting MANOVA to assess the differences in bereavement challenges, coping strategies and consequences in relation to age of widows and widowers, Equality of Covariance Matrices was estimated.

A significant Box's M test ( $p = .000$ ) was found indicating a non-homogeneity of covariance matrices of the dependent variables (bereavement challenges, coping strategies and consequences).

The study proceeded to run the MANOVA test because of its robustness and the large sample size involved in the study as indicated by Tabachnick and Fidell (2013, p. 253). Again, the non-homogeneity of covariance matrices of the dependent variables cannot be attributed to outliers using Mahalanobis distances estimates. There was one outlier which was 32 comparably it was higher in relation to the other scores hence it was deleted from the analysis as suggested by Pallant (2016). Therefore, the study proceeds to examine the multivariate estimates.

Table 24-Multivariate Tests of Age

Effect	Value	F	Hypothesis			Partial Eta Squared	
			df	Error df	Sig.		
Intercept	Pillai's Trace	.982	3157.235 <sup>b</sup>	5.000	293.000	.000	.982
	Wilks' Lambda	.018	3157.235 <sup>b</sup>	5.000	293.000	.000	.982
	Hotelling's Trace	53.878	3157.235 <sup>b</sup>	5.000	293.000	.000	.982
	Roy's Largest Root	53.878	3157.235 <sup>b</sup>	5.000	293.000	.000	.982
Age	Pillai's Trace	.138	4.358	10.000	588.000	.000*	.069
	Wilks' Lambda	.865	4.418 <sup>b</sup>	10.000	586.000	.000*	.070
	Hotelling's Trace	.153	4.478	10.000	584.000	.000*	.071
	Roy's Largest Root	.129	7.602 <sup>c</sup>	5.000	294.000	.000*	.114

Source: Field data, 2019.

\*Significant,  $p < 0.05$

Proceeding with the test, in Table 24, the multivariate normality consideration. There is a difference among the groups as the test was significant. The study obtained Wilks' Lambda value of .87 which was significant at alpha value of .05 ( $p = 0.000$ ). Again, Pillai's Trace's test, the study had a value of .14 which was also significant at alpha value of .05 ( $p = 0.000$ ). This is less than .05; therefore, there is a statistically significant difference among the age groups of widows and widowers regarding bereavement challenges, coping strategies and consequences.

Consequently, the researcher proceeded to look at Levene's Test of Equality of Error Variances. The Levene's Test of Equality was significant for only one variable coping strategy ( $p = .014$ ) which violates the equality of variance assumption test at  $p < .05$ . On the other hand, the remaining four variables, social challenges ( $p = .05$ ), Economic challenges ( $p = .98$ ), Psychological challenges ( $p = .07$ ), and consequences ( $p = .54$ ) were all not significant hence the later three variables have not violated the multivariate equality of variance assumption test therefore the researcher proceeds to run the MANOVA test.

Table 25-*Levene's Test of Equality of Error Variances*

Variables	F	df1	df2	Sig.
Psychological challenges	2.718	2	297	.068
Social Challenges	2.965	2	297	.053
Economic Challenges	.024	2	297	.976
Coping Strategy	4.364	2	297	.014*
Consequences	.610	2	297	.544

Source: Field data, 2019.

\*Significant,  $p < 0.05$

In Table 25, the Levene's test of equality of variance results, it was observed that most of the assumptions were not violated hence the probability of committing Type 1 error (thus, finding a significant result when there isn't really one) is highly reduced hence the test was significant at 05. Tests of Between-Subjects Effects estimates were checked to ascertain the univariate test and it was significant for three variables. Therefore, a one-way between-groups Multivariate Analysis of Variance test was performed to ascertain the significant differences in age concerning bereavement challenges, coping strategy and consequences. Five dependent variables were used: Social Challenges, Economic Challenges, Psychological Challenges, Coping Strategy and Consequences. The independent variable was age of widows and widowers. Preliminary assumption testing was conducted to check for normality, linearity, univariate and multivariate outliers, homogeneity of variance-covariance matrices, and multicollinearity, with no serious violations the normality assumption was violated due to the robust nature of MANOVA, the study proceeded to run the test.

The dependent variables were considered separately and out of five, three of the variables found statistical significance difference at alpha level of .05, Psychological challenges  $F(2, 297) = 7.41, p = .001$ , partial eta squared = .05), Social challenges  $F(2, 297) = 4.38, p = .013$ , partial eta squared = .03) and Coping Strategy  $F(2, 297) = 10.29, p = .000$ , partial eta squared = .07). An inspection of the mean scores indicated that on psychological challenges, widows and widowers who were within the age group of 36-45 years reported higher levels ( $M = 30.32, SD = 7.03$ ), as compared with 46-55 years ( $M = 27.08, SD = 7.49$ ) and 30-35 years ( $M = 26.71, SD = 8.14$ ).

Also, checking on the mean scores of the age groups regarding Social challenges, again widows and widowers who were within the age group of 36-45 years reported higher levels ( $M = 29.41, SD = 5.47$ ) followed by those within the age range of 30-35 years ( $M = 28.52, SD = 6.39$ ) and 46-55 years ( $M = 26.96, SD = 7.13$ ). Again, the mean scores were inspected in relation to coping strategy. The result indicated a slight difference in the mean scores of 46-55 years ( $M = 28.94, SD = 5.91$ ) and 30-35 years ( $M = 28.58, SD = 4.38$ ) than those between the ages of 36-45 years ( $M = 26.01, SD = 5.02$ ). Further analysis using Bonferroni multiple comparison for Post Hoc Test specifies the age groups (*see Appendix F*).

**Hypothesis Four**

**H<sub>0</sub>:** There is no significant relationship among widowhood challenges, coping strategies and consequences of middle-age widows and widowers in Effutu Municipality.

**H<sub>4</sub>:** There is a significant relationship among widowhood challenges, coping strategies and consequences of middle-age widows and widowers in Effutu Municipality.

To understand the relationship between these variables, a multiple linear regression analysis is employed.

Table 26-Model Summaries

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.739	.546	.542	.42426	2.178

Source: Field data, 2019.

The Table 26 above shows the multiple linear regression model summary and overall fit statistics. We find that the adjusted  $R^2$  of our model is .542 with the  $R^2 = .546$ . This means that the linear regression model explains 54.2% of the variance in the widowhood consequences. The Durbin-Watson statistic,  $d = 2.178$  is between the two critical values of  $1.5 < d < 2.5$ . Therefore, we can assume that there is no first order linear auto-correlation in our multiple linear regression data.

Table 27-ANOVA

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	63.099	3	21.033	116.855	.000*
Residual	52.378	291	.180		
Total	115.478	294			

Source: Field data, 2019.

\*Significant,  $p < 0.05$

To statistically test the significance of the model, the ANOVA table above is used. The table above shows the F-test of 116.855. The linear regression's F-test has the null hypothesis that the model explains zero variance in the dependent variable. The F-test is highly significant, thus we can assume that the model explains a significant amount of the variance in the widowhood consequences. Since the p-value is less than 5%, we reject the null hypothesis.

Table 28-Coefficients

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	2.471	.503		4.911	.000*
Challenges	-.330	.227	-.282	-1.453	.147
Coping strategies interaction	-.723	.167	-.638	-4.341	.000*
	.393	.075	1.225	5.214	.000*

\*Significant,  $p < 0.05$

The equation below fits the model with two predictors and their interaction.

$$\text{Consequences} = 2.471 - 0.330 * \text{challenges} - 0.723 * \text{Coping strategies} + 0.393 * (\text{challenges} * \text{coping strategies})$$

The table 28 above shows the multiple linear regression estimates including the intercept and the significance levels.

The coefficient of the coping strategy is interpreted as; for every level increase in the coping strategy, the widowhood consequences reduce by 0.723 level. The test went ahead to test the significant of the individual coefficients. Thus, we find a non-significant challenges coefficient but highly significant constant, coping strategy and interaction coefficients. Therefore, the test explains that widowhood challenges do not significantly affect consequences. However, the interaction between the two independent variables is significant at 5%. Though widowhood challenges are not significant in predicting widowhood consequences, its combined influence with the coping strategy on the widowhood consequences is very significant.

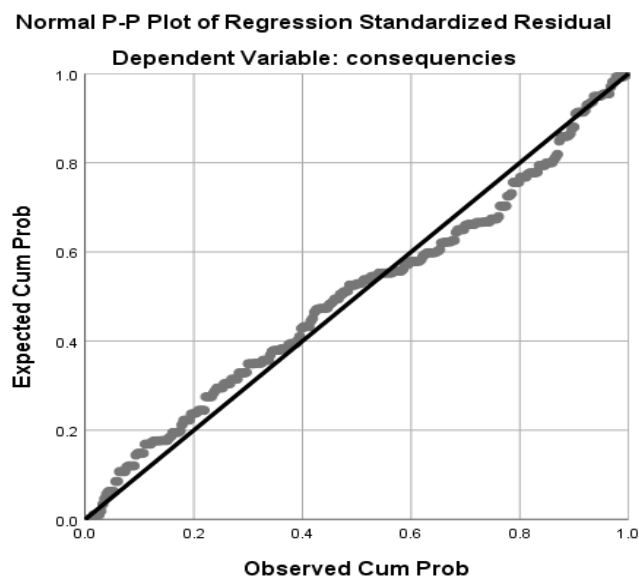


Figure 6: Illustrating the Normality of the Consequences Data

Figure 6 helps us to check for normality of residuals with a normal P-P plot. The plot shows that the points generally follow the normal (diagonal) line with no strong deviations. This indicates that the residuals are normally distributed.

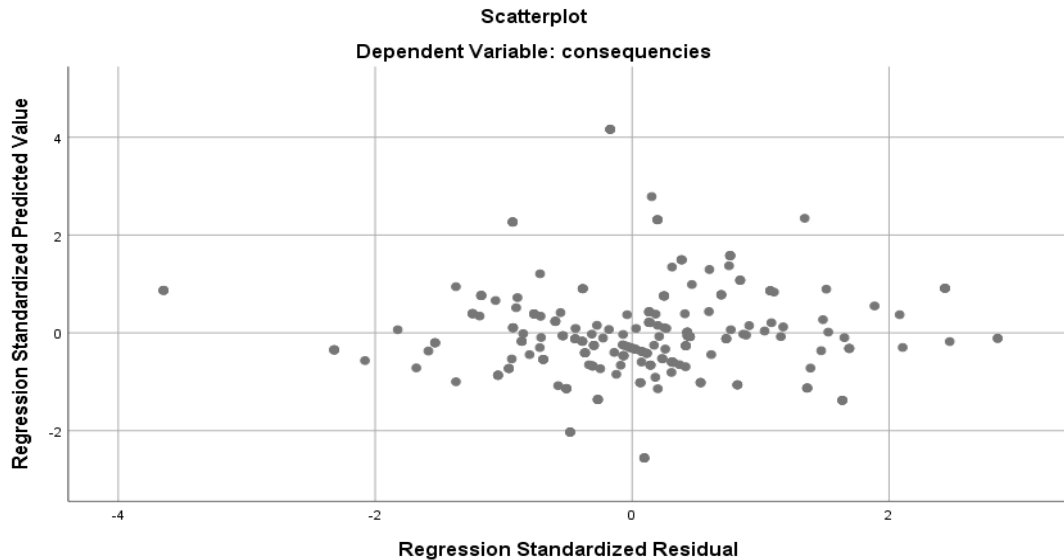


Figure 7: A Scatter plot to Check for Homoscedasticity

The variance of the residuals is constant. That is, our plot of standardized residuals versus standardized predicted values showed no obvious signs of funneling, suggesting that the assumption of homoscedasticity has been met.

### Hypothesis Five

**H<sub>0</sub>:** Widowhood Coping Strategy will not significantly moderate the relationship between widowhood challenges and consequences.

**H<sub>5</sub>:** Widowhood Coping Strategy will significantly moderate the relationship between widowhood challenges and consequences.

Research hypothesis 5 sought to find out if coping strategy moderates bereavement challenges and consequences. Here again the multiple linear regression with an interaction term is employed.



Table 29-Coefficients

Model	Unstandardized Coefficients		Standardized Coefficients Beta	t	Sig.	Collinearity Statistics	
	B	Std. Error				Tolerance	VIF
(Constant)	2.471	.503		4.911	.000		
Challenges	-.330	.227	-.282	-1.453	.147	.042	24.080
Coping strategies	-.723	.167	-.638	-4.341	.000	.072	13.871
Interaction	.393	.075	1.225	5.214	.000	.028	35.385

Source: Field data, 2019.

\*Significant,  $p < 0.05$

From Table 29, the coefficient estimate of the coping strategy variable is -0.723. This interprets as the marginal decrease in the consequences variable per a one unit or level increase in a strategy. The introduction of this variable in the model is very important in explaining the behaviour of the consequences. This is evident with a very significant statistical test yielding a p-value of 0.000. Therefore, the coping strategy adopted by a middle-age Christian widow or widower has a very significant impact on the consequences he/she experiences. So at 5% significant level, the null hypothesis is rejected and we conclude that the coping strategy moderates the challenges and consequences of widowhood.

Table 30-Model Summary

R	R-sq	MSE	F	df1	df2	P
.7296	.5323	18.3401	112.6530	3.0000	297.0000	.0000*
Model	Coeff	Se	t	p	LLCI	ULCI
Constant	29.0517	5.1244	5.6692	.0000*	18.9668	39.1365
BC	-.1804	.0729	-2.4750	.0139*	-.3239	-.0370
CS	-.9024	.1730	-5.2158	.0000*	-1.2429	-.5619
Int_1	.0156	.0025	6.2784	.0000*	.0107	.0204

\*Significant, p<0.05

Product terms key:

Int\_1 : BC x CS

Test(s) of highest order unconditional interaction(s):

	R2-chng	F	df1	df2	P
X*W	.0621	39.41'	1.000	297.00	.0000

Focal predict : BC (X)

Mod var : CS (W)

Conditional effects of the focal predictor at values of the moderator(s):

CS	Effect	se	t	p	LLCI	ULCI
22.0000	.1618	.0228	7.0845	.0000*	.1168	.2067
28.0000	.2551	.0157	16.2886	.0000*	.2243	.2859
34.0000	.3484	.0203	17.1849	.0000*	.3085	.3883

Source: Field data, 2019.

\*Significant, p<0.05

To further test the hypothesis 5 that the Coping strategies moderates the relationship between bereavement challenges (BCh) and bereavement consequences (BC), Moderated hierarchal regression analysis was conducted.

From Table 30 above, the first step included two variables, bereavement challenges (BCh) and coping strategies (CS). At the 95% confidence interval, these variables accounted for a significant amount of variance in bereavement consequences (BC),  $R^2 = 0.5323$ ,  $F(3, 297) = 112.6530$ ,  $p < .001$ . To avoid potentially problematic high multicollinearity with the interaction term, the variables were centered and an interaction term between bereavement challenges (BCh) and coping strategies (CS) was created (Aiken & West, 1991).

Next, the interaction term between bereavement challenges (BCh) and coping strategies (CS) was added to the regression model, which at 95% confidence interval accounted for a significant proportion of the variance in bereavement consequences (BC), with 'change in R square' = .0621,  $F(1, 297) = 39.4179$ ,  $p < .001$ ,  $b = .0156$ ,  $t = 6.2784$ ,  $p < .001$  as depicted in Table 30. From the latter part of Table 30 which examines the conditional effects of the focal predictor at values of the moderator (coping strategies). The result shows an enhancing effect that as coping strategies increases, the effect of bereavement challenges on consequences is affected significantly with all the p-values < .0001. Thus, the better the coping strategy, the lesser the widow or widower experiences challenges and the lesser the consequences.



Figure 8: Final model based on research findings

### **Summary of Main Findings**

#### ***Research Questions***

1. Concerning psychological challenges among the challenges faced by widowhood, most reported not to be in good spirits most of the time. Regarding Social Challenges of Widowhood, it was revealed that partner's family have been threatening widowers over property issues after the demise of spouse was the most prevailing issue. On Economic Challenges of Widowhood, I have in so many ways been placed in an economic disadvantage after the death of my spouse appeared to be predominant in this regard.
2. It was revealed that growing as a person after the demise of spouse is the most effective coping strategy adopted by widows and widowers.
3. Taking simple decisions like one used to appeared as the most prevailing bereavement consequences of widows and widowers in this study

#### **Research Hypothesis**

- H1: Widows and widower experience the same level of bereavement consequences and bereavement challenges of widowhood.
- H2: Widows and widowers who have been in widowhood for 11 years and above reported higher levels of psychological challenges as compared with other years in widowhood
- H3: The age group of 36-45 years widows and widowers was predominant in all the variable except for coping strategies.

The result indicated a slight difference in the mean scores of 46-55 years coping strategy

H4: Widowhood coping strategies is strongly related to bereavement consequences.

H5: Coping strategy did moderate the impact of bereavement challenges on consequences during widowhood.

### **Combination and Interpretation of Results (Mixed Methods)**

In this study, the quantitative study was conducted to follow up on the findings from the quantitative data and help us understand what the figures obtained actually mean. Thus the results from the qualitative method was triangulated using the quantitative method. Also the reason for using the qualitative part first was that the problem of study had not been explored much in literature and so developed the quantitative measures from a qualitative data.

The mixed-method approach helped to answer three research questions.

- 1) What are the bereavement challenges of middle-aged widows and widowers in Effutu Municipality?
- 2) What are the coping strategies of middle-aged widows and widowers in Effutu Municipality?
- 3) What are the bereavement Consequences of middle-age widows and widowers in Effutu Municipality?

### **RQ1: What are the bereavement challenges of middle-aged widows and widowers in Effutu Municipality?**

From the qualitative findings it was revealed that middle-aged widows and widowers faced series of challenges during bereavement in the area of Psychological, social and economic challenges.

## Psychological Challenges

With regards to psychological challenges, majority of middle-age widows and widowers reported experiencing depression as compared to loneliness and stress. This was also confirmed in the quantitative results where they reported depression as the major psychological challenge. This is evidenced in “*Not being in good spirits most of the time*”, (M=2.43) which was rated the highest mean. This statement is a major symptom of depression. Strobe and Strobe (2003), explicates that widows and widowers experience high level of depression and trauma that negatively affect their well-being. Cognitive theories of depression hypothesise that particular ways of thinking increasing individual’s likelihood of developing and maintaining depression when they experience stressful events. Premised on Beck’s (2006) assertion that depressed patients have negative view of themselves (seeing themselves worthless, inadequate, unlovable, deficient), their environment (seeing it as overwhelming, filled with obstacles and failure) and their future. This negative way of thinking guides one’s perception, interpretations and memory thereby resulting in a negatively biased construal of one’s personal world, and ultimately, the development of the depressive symptoms. This supports the preceding statement. Depression is an extremely complex disease and occurs for a variety of reasons. Some people experience depression during widowhood. It is a state of low mood and aversion to activity that can affect a person's thoughts, behaviour, feelings and sense of well-being. People with depressed mood can feel sad, anxious, empty, hopeless, helpless, worthless, guilty, irritable, ashamed or restless (Brown, 2002). This is in conformity with Grigoriadis and Robinson (2007) that depression is one of the keys that commonly identified

effect of widows and widowers in their widowhood. Grigoriadis and Robinson (2007) further indicated that there are multiple factors that appear to have contributed to the development of depression among widows and widowers, as discussed below.

**Sense of loss:** Grigoriadis and Robinson (2007) found that widows and widowers are highly susceptible to feelings of depression as a result of the death of their spouse because they are more able to fully comprehend the extent of the effects of the death. The most significant effect on death of spouse contributing to depression is the sense of the loss partner.

**Uncertainty and doubt:** In addition to the loss of the partner, a sense of doubt could further contribute to feelings of depression. Dooley and Kathleen (2000) found that the love of loved one often entails a shift in the pillars of security which the widow or widower had relied upon up to that point. The affected life partner may therefore doubt whether he or she can effectively succeed in future life which in turn could contribute toward feelings of sadness, despair and depression. This is also consistent with the Cognitive theories of depression who hypothesise that particular negative ways of thinking increase individuals' likelihood of developing and maintaining depression when they experience stressful life events. According to these theories, individuals who possess specific maladaptive cognitive patterns are vulnerable to depression because they tend to engage in negative information processing about themselves and their experience (Beck, Commerford, & Reznikoff, 2006).

Middle-aged widows and widowers have been identified as suffering from lower morale (depression) and grief reactions. (Nolen-Hoeksema, Mc Bride & Larson, 2007). It came to light from the data that depression is a major

psychological challenge that affected most middle-aged widows and widowers in Effutu Municipality as cited by the various authors above.

### **Social Challenges**

The qualitative findings revealed that most widows and widowers did not face challenges in relation to their social life. However, the quantitative results revealed that most middle-aged widows and widowers had social challenges with their spouse's family over property issues after the loss. This has resulted in some of their relationships being savoured. This is noticeable from table 12 where  $M=2.37$  was ranked the highest mean among the social challenge items pre-supposing that majority of widows and widowers faced social challenges in relation to property issues.

Social functioning is the individual's actions with the environment such as work, social activities, relationships and family. "My partner's family have been threatening me over property issues after the death of my spouse". To buttress this point, (Burton, Haley & Small, 2006) asserts that to worsen the plight of widows they are denied access to their husband's piece of land to farm, houses, animals etc., and they are without a voice in this regard in the event of attempting to react, they are beaten up, stigmatised, abused and ostracised. This social challenges affects the social functioning and self-esteem of these widows.

### **Economic Challenges**

The qualitative findings revealed that majority of widows and widowers faced economic challenges. This confirms the quantitative findings where all items were above the grand mean which is a clear indication that majority of widows and widowers faced economic challenges and most especially in the



area of “being in so many ways placed in an economic disadvantage, after the loss”.

Catell (2003), explicates that effects of widowhood are associated with economic challenges that include the loss of the bread winner or co-breadwinner. This result in poverty, health challenges associated with poor nutrition, inadequate shelter, lack of access to health care and vulnerability to violence. Hence, participants in Carton’s (2003) study shared their experiences of suffering from “mourning fatigue” and becoming “poorer with each burial,” because of the number of deaths and the financial burden this brings about. Carr, Nesse and Wortman (2006) indicate how the economic context shapes grieving practices, as many do not have the time to grieve.

**RQ3: What are the coping strategies of middle-aged widows and widowers in Effutu Municipality?**

**Coping strategies**

Lazarus and Folkman (2004) posit that in order for individuals to cope effectively with any stressful and anxiety provoking situation, they require the use of specific methods or approaches. These methods could also be described as coping strategies or skills. Coping strategies appear to form a very important part of human functioning in the everyday environment. The coping strategies that the researcher used in this study was problem-focused, emotion focused and social support coping strategies.

From the qualitative findings, it was revealed from problem focused coping strategy that the participants appraised environmental conditions as modifiable and resorted to change their actions in order to overcome prevailing challenges at the time.

With emotion focused, participants adopted selective attention to bereavement- related issues and with social support it was revealed that they resort to social support from families and friends in order to cope. From the quantitative findings, it was confirmed that most middle-aged widows/ widowers adopted these coping strategies as well. However, the results further revealed that “*I have learnt to live with problems after the death of my spouse*” which falls under the problem focused coping strategies had the highest mean of 2.91. According to Snyder (2009), problem-focused coping involves an alteration of the on-going person-environment relationship in that it requires direct action which could occur cognitively and/or behaviourally. This action is directed at adjusting the situation itself or for the individual involved to remove the source of the stress to him or herself. Furthermore, this approach appears to display a close resemblance to the interpersonal variable described as the adequacy of problem-solving skills (Uren & Graham, 2013). This is the case because problem-focused coping strategies appear similar to problem-solving tactics, which include efforts to define a problem, generate alternative solutions, weigh up the advantages and disadvantages of all of these options, to act to change what was changeable and to acquire new skills where necessary. The data revealed that majority of middle-aged widows and widowers learned to live with their problems and accept the situation after the demise of their spouses.

This is indicative that middle-aged widows and widowers indeed use coping strategies to overcome the challenges they face.

### **RQ3: What are the consequences of middle-aged widows and widowers in Effutu Municipality?**

In relation to this research questions, two themes were identified in the qualitative results with regards to consequences faced by middle-aged widows and widowers; Grief and Resilience. The qualitative findings revealed that some middle-aged widows and widowers faced consequences during bereavement and the quantitative finding also confirmed it. This is evident in Table 15 item 10 that majority of them “*find it difficult to take simple decisions like they used to*” with the mean of 2.37.

#### **Grief**

Grief first connotes the loss of a loved one, but it is also experienced after many different losses or loss such as divorce, organ loss, jobloss and impairment of health (Bonnano, 2005). This is line with Strobe and Schut (2010), who posit that grieving is a psychological response to the death of a loved one or the termination of a significant relationship, and comprises between inner world and reality made to be attuned. From the qualitative results, it was revealed that some participants were often overwhelmed with grief and shed tears as a result. Some participants also cited certain consequences they have been facing as a result of the loss and here are some excerpts: “*I have trouble sleeping alone now*”, “*I have lost interest in interacting with the opposite sex*”, “*I find it difficult to take simple decisions like I used to*”.

The quantitative data, also confirmed that middle aged widows and widowers faced some consequences as well, however, the major consequence reported was in the difficulty in “*taking simple decisions on their own as they used to due to the loss of their spouse*”. This is evident in Table 15 where the

mean score was 2.37. Further findings revealed that majority of widows and widowers adopted coping strategies which has helped them to become resilient and enabled them to move on in life thus enhancing their well-being.

The purpose of testing hypotheses in this study is to find out if there is enough statistical evidence in support to the research questions raised. It is also used to test the relationship between two variables.

**Hypothesis 1:** The null hypothesis was rejected for coping strategies which is an indication that there is a significant difference between middle-aged widows and widowers in terms of their coping strategies. Also, the difference was evident in their mean scores with the widows having a higher mean of 28.1965 as compared to widowers 26.8750. This explains that widows use coping strategies when they are bereaved as compared to widowers. However, middle-aged widows and widowers experience same level of bereavement consequences and bereavement challenges of widowhood.

**Hypothesis 2:** The MANOVA test showed a p value of  $0.03 < 0.05$  alpha level which rejected the null hypothesis. This means that there was a significant difference in bereavement challenges, coping strategies and consequences of middle-aged widows and widowers based on years in widowhood. Further tests also revealed that the differences in psychological challenges and coping strategies are significant. Widows and widowers have been in widowhood for eleven (11) years and above reported higher levels of psychological challenges and lower for coping strategies as compared to the other years in widowhood.

**Hypothesis 3:** the null hypothesis was rejected meaning different age groups experience different challenges, coping strategies and consequences. Further tests revealed that age groups 36-45 years widows and widowers were

predominant in all the variables except for coping strategies. This means that this particular age group face lot of challenges (psychological, social and economic) and consequences because they do not use coping strategies effectively. This corroborates the assertions of Lazarus and Folkman (2004), which indicate that in order for individuals to cope effectively with any stressful or anxiety-provoking situation, they require the use of specific methods of approaches. These methods could be described as coping strategies or skills. In order to live and function effectively within an environment, an individual requires sufficient repertoire of coping strategies to cope effectively with stressful situations, which result in subjective sense of contentment and happiness.

**Hypothesis 4:** the null hypothesis was rejected indicating a strong relationship between the widowhood coping strategies and consequences (-0.723\*). Thus, for every level increase in the coping strategy, the widowhood consequences reduce by 0.723. This means that widowhood coping strategy is strongly related to bereavement consequences. However, comparing widowhood challenges and consequences, the test failed to reject the null hypothesis indicating a non-significant relationship (0.147) which is greater than the significant level of 0.05. Therefore, the test explains that widowhood challenges does not significantly affect consequences.

**Hypothesis 5:** The null hypothesis was rejected indicating the enhancing effect that as coping strategies increases, the effect of bereavement challenges on widowhood consequences is affected significantly. This explains that as effective coping strategies are adopted the better the chances for middle-aged widows and widowers to attain resilience.

### **Summary of Chapter**

This chapter has presented the analyses and interpretations of the data obtained from using the triangulated data collection instruments: interviews and questionnaires. The chapter has presented a question-by-question analysis of the three research questions guiding this current study. It is imperative to reiterate that the analytical interpretations of data on the lived experiences of the participants are grounded in the theoretical review underpinning the study, the objective of the study as well as assertions from relevant literature on the challenges, coping strategies and consequences of bereavement on widowhood.

## CHAPTER FIVE

### SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

#### **Introduction**

This chapter includes findings of the study and offers recommendations and conclusions.

#### **Summary**

The main objective of the study was to explore the Bereavement Challenges, Consequences and Coping strategies of middle-aged widowhood in the Effutu Municipality in the Central Region of Ghana. The study was underpinned by the symbolic interactionism and the role theory. In all, the study was made up of five interrelated chapters. Each chapter focused on various aspects of the topic under investigation and this enabled me to address the objectives of the study. Through an exploratory sequential mixed- method design, data was elicited from three hundred and eleven participants (311) by triangulating instruments such as interviews, and questionnaires. I was able to elicit responses on bereavement challenges, coping strategies and consequences of middle-aged widows and widowers through these methods of data collection.

#### **Main Findings**

First, research question one (RQ1) was targeted at examining the bereavement challenges of middle-age Christian widows and widowers in Effutu Municipality. Findings from the data indicate that most middle-aged widows and widowers faced challenges in terms of psychological, social and

economic challenges but the most dominant challenge was psychological and that majority of middle-aged widows and widowers went through depression.

Second, research question two (RQ2) was targeted at examining the coping strategies of middle-age Christian widows and widowers in the Effutu Municipality. From the findings, it was revealed that majority of middle-age widows and widowers adopted the problem focused coping strategy in order to cope during bereavement.

Third, research question three (RQ3) sought to examine the consequences middle-age Christian widows and widowers face during bereavement. The theme identified was grief from the results of both qualitative and quantitative data. The feelings that accompany the grief experience by Strobe and Schut (2013) were examined. These experiences were identified from the data for this study: feeling some degree of disorientation, feeling devastated as the experience represents not only the departure of a partner, a friend or a bread winner, but a radical change in social status and lifestyle. The most dominant experience was feeling some degree of disorientation which was evident in the data that majority of middle-age Christian widows and widowers are unable to take simple decisions like they used to. Feeling devastated as the experience represents not only the departure of a partner, a friend or a bread winner, but a radical change in social status and lifestyle was also identified in some of the statements like “*I have trouble sleeping now*” which is in line with feeling devastated, “*I have lost interest in the opposite sex*” which reflects a radical change in social status and lifestyle. However, among these experiences identified, the most dominant one was the feeling of some degree of disorientation. The data also revealed that majority of middle-aged widows and



widowers are not so much affected by the consequences they face due to the coping strategies they adopt and this has made them resilient.

**Hypothesis one**, revealed that middle-age Christian widows use problem focused coping strategy more than middle-aged widowers. This could be because there were more widows as participants than widowers.

**Hypothesis two**, revealed that years in widowhood has a significant effect on the challenges, coping strategies and consequences of middle-age Christian widows and widowers. However, the impact is greatest on middle-aged widows and widowers who have been bereaved from eleven years and above.

**Hypothesis three**, revealed that age is a contributing factor to middle - aged widowhood and the dominant age group was between 36- 45 years of age. It was identified that this age group do not adopt effective coping strategies as compared to the other age groups and thus faced a lot of challenges.

**Hypothesis four** the findings of hypothesis revealed that coping strategies reduced the consequences experienced by middle-age christian widows and widowers.

Finally, **hypothesis five** confirmed the findings of hypothesis four that as coping strategies increases, the effect of bereavement challenges on consequences during widowhood is significantly affected. This explains that coping strategy strongly influences the effect of bereavement challenges on consequences among middle-age Christian widows and widowers in Effutu Municipality.

## Conclusions

In a nutshell, the findings of this study explicate that the objective of the study investigated has been achieved. Coping strategies (problem focused, emotional focused and social support) investigated in this study are adopted by middle-age Christian widows and widowers to ameliorate bereavement during widowhood. In addition, problem focused play a significant role during bereavement among middle-age Christian widows and widowers and came top while emotion focused strategies came last in the order of strategies adopted by these individuals. Also, majority of middle-age widows use the problem focused coping strategy when bereaved which helps to reduce their challenges and consequences as postulated by Strobe and Schut (2013).

Differences exist between middle-age Christian widows and widowers based on their years in widowhood and middle-age Christian widows and widowers who have been bereaved from eleven years and above faced lots of challenges and consequences because they did not use coping strategies during bereavement. This explains that coping strategies plays a major role during bereavement.

The challenges that majority of middle-aged widows and widowers faced when bereaved was depression. Their depressed state is due to the fact that the loss of a partner leads to a grief process that is characterized by deep sadness, depressed mood, anxiety, and loneliness (Strobe& Hansson, 1993).

It also came to light that there was a strong relationship between widowhood challenges and consequences based on age and that majority of middle-aged widows and widowers between the ages of 36-45 years mostly had

challenges which in turn affected their wellbeing due to lack of effective coping strategies.

### **Recommendations**

Since the findings of this study have several implications for Clinicians, Counsellors, policymakers, society and family in Ghana, some recommendations have been made.

The first addresses the psychological challenges faced by middle-age widows and widowers during bereavement and the need for support. Depression was identified as a major psychological challenge for middle-age Christian widows and widowers. There is a tendency to reject depressive symptoms as something socially and culturally acceptable, whereas significant distress associated with this could be harbingers of psychiatric illness often requiring attention (medical or otherwise). The need of the hour is to create awareness among the public in general through various means of mass media.

Though clinicians and counsellors are likely to work with widows and widowers following this event, it would be helpful to provide empathy during this challenging experience. It would also be beneficial if widows and widowers who themselves have undergone such an experience (depression) come forward to help others. This can be done through group counselling or focus group discussions where experiences are shared to create a sense of belonging, help them understand themselves and accept the situation. This would serve the twin benefits of rehabilitating these vulnerable group as well as providing the much-needed care and support to the distressed ones among them.

NGOs and other such self-help groups who come to the aid of such widows and widowers should be appraised by professional counsellors and

clinicians of the possibility of such conditions (depressive disorders) so that proper attention and early intervention can be initiated.

The findings also revealed that widows and widowers adopted the problem-focused coping strategy in order to cope during bereavement. Counsellors and clinicians could systematically use the coping strategies studied in this research to help widows and widowers cope effectively during bereavement which will in turn reduce or prevent the potentially negative psychosocial and physical health consequences.

Counsellors and Clinicians can work together with policy makers in Ghana to formulate and implement policies that seek to eliminate all forms of discrimination against widows and widowers. Also, measures can be put in place to ensure the awareness of these policies in Ghana. This can be done by creating awareness through the media, workshops, and presentations.

Employers of labour can utilize bereavement counselling programmes in bringing about stability in the mental health of employees by organizing symposia, seminars and workshops in which they can receive bereavement counselling which will help them become resilient and improve upon their well-being that will invariably enhance their input at work. In essence, bereavement counselling is advocated for human and personnel resource management among middle-age widows and widowers.

The positive impact the church can have on the life of a widow/ widower cannot be overstated. Churches can include bereavement counselling in their marriage counselling programmes especially during pre and post marital counselling to help would-be and married couples prepare, understand, and accept the reality of losing a spouse.

Churches can put structures in place to help bereaved spouses to overcome grief and loss. Upon the death of a spouse, widows/ widowers lose their support base. It is imperative for churches to stand in the gap to address the practical needs of these vulnerable group such as providing crises counselling and social support services (i.e. financial and emotional support). Crises counselling is necessary because widows/ widowers have a higher risk of dying immediately following the death of a spouse. They truly die of a broken heart (Bonnano, 2009).

Churches must also be cognizant of the needs of the bereaved and can establish a Care Ministry and designate people to help. The role of the helpers will be to provide a listening ear, make frequent and on-going phone calls and periodic visits to assess the circumstances and situations of middle-age widows and widowers and their families and to develop and implement a plan of care to meet their immediate and ongoing needs.

Government must also invest more in mental health in Ghana. This can be done by establishing a unit for widows and widowers in all the districts in the country who will solely be responsible for providing social support services for these vulnerable individuals. The social support should include financial sustenance as well as helping widows and widowers to share experiences and support one another emotionally.

The findings also give directions for the society and family to understand what bereavement entails and the challenges and consequences widows and widowers face in order to promote its acceptance as a normal and inevitable part of life by providing social support for this vulnerable population.

### **Implications for Counselling**

In practice, inclusive and profound descriptions about bereavement challenges, coping strategies and consequences among middle-age Christian widows and widowers can serve as a useful reference for counsellors and therapists to understand the experiences among the bereaved.

Counsellors could systematically use the coping strategies studied in this research to help widows and widowers to cope with bereavement during widowhood.

Bereavement counselling provided by churches should appropriately orientate middle-age widows and widowers towards the imperativeness of remarriage especially those who are within middle-age. This is crucial, if their psychosocial needs like provision of social support, emotional and mental wellbeing are to be legitimately satisfied. This can contribute to their overall health and welfare.

As identified previously, the literature contains very little research in the area of challenges, coping strategies, and consequences of bereavement among middle-age widowhood. The findings of this study will contribute to relevant literature on spousal bereavement. The findings revealed that challenges encountered by middle-age widows and widowers during bereavement led to satisfactory consequences due to the effective coping strategies adopted. This resulted in optimal physical and mental health. Thus, coping strategies influenced widowhood challenges on consequences during bereavement. This is in line with Ntoumanis et al. (2009) theory of coping that effective coping strategies leads to favourable outcomes for human beings, or at least contribute towards it such as optimal physical and mental health.

There have been theories developed on the subject of “coping” but no research studies specifically investigating how middle-age widows and widowers cope during bereavement. Middle-age widows and widowers in this current study identified that adapting effective coping strategies reduced or prevent negative psychological consequences during bereavement.

Dissemination of the findings of my study should encourage the use of the results to enhance social change and improve the equality and the empowerment of widowhood in societies in general.

Findings of the current study also addresses treating widows and widowers respectfully. The coping strategies identified in this research can be used to help widows and widowers cope effectively during bereavement leading to changes in social processes and relationships.

The findings can be used to formulate and implement policies that seek to eliminate all forms of discrimination against widows and widowers and ensure that measures are put in place to create awareness through the media, workshops, and presentations.

### **Future research**

Future researchers need to continue to study middle-age widowers. Similarities and some differences in the experiences of middle-age Christian widows and widowers were identified in the themes and from the questionnaires, whereas future studies could focus specifically on middle-age widowers and identify unique differences in their experiences.

The present study did not examine whether coping strategy mediated the impact of middle-age bereavement challenges on consequences. Future research

should look at coping strategy mediating the impact of middle-age bereavement challenges on consequences.

Also, in the present study, most middle-age people appeared to be well-adjusted with the loss, with grief symptoms mainly being in the normal range. Future research should involve maladjusted as well as well-adjusted bereaved persons in order to capture possible variations in grief outcomes and their effects on their well-being.

The final model of the conceptual review was as conceptualized at the beginning of the study so the figure did not have to be repeated hence the conceptual model was maintained as was expected.



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## APPENDICES

## APPENDIX A

### QUESTIONNAIRE FOR WIDOWS AND WIDOWERS

Dear Respondent,

This is a survey examining the *'Bereavement Challenges, Consequences and Coping Strategies of Middle Aged Widows and Widowers in Effutu Municipality in Central Region of Ghana'*. The following questionnaire is designed for widows or widowers to respond to. You are one of those randomly selected to participate in the research by completing the questionnaire. It shall be appreciated if you assist in answering the questionnaire as per instructions at the beginning of each section. You are required to provide the responses that are most true of you. Your responses will be kept confidential and that is why the questionnaire is made anonymous. Thank you in advance for the kind help anticipated from you.

Researcher

#### SECTION A (original questionnaire used)

##### BACKGROUND INFORMATION

**Direction:** Please these questions are to help elicit some information on your bio-data. Kindly provide the needed information as accurately as possible.

1. **Status:** Widow [  ]; Widower [  ]
2. **Age:** 30-35 [  ]; 36-45 [  ]; 46-55 [  ].
3. **Highest Educational Status:** Tertiary [  ]; Secondary [  ]; Basic [  ]; No school [  ].
5. **Years in widowhood:** Less than 5 years [  ]; Between 5 to 10 years [  ]; 11 years and above [  ].

**SECTION B**  
**WIDOWHOOD PSYCHOLOGICAL CHALLENGES**  
**QUESTIONNAIRE**

**Instructions:** For each of the following statements, kindly respond by ticking (√) under the column that most accurately describe you, as SD=Strongly Disagree, D=Disagree, A=Agree, SA=Strongly Agree. Please, be sincere as possible.

Statements	SD	D	A	SA
<b>After the demise of my spouse;</b>				
1. I am unable to handle my day to day tasks on my				
2. I blame myself for being a widow/ widower				
3. I am easily angered because of things that are outside my control				
4. I easily become upset with uncertainties				
5. I am unable to deal successfully with my day-to-day problems and annoyances				
6. I often get restless and fidgety				
7. I keep venting my anger on those who do not deserve to be my target				
8. I am usually not in good spirits most of the time				
9. I am uncertain about the future				
10. I am unable to go out and socialise easily				
11. People no longer greet me or socialise with me				
12. I feel I have been ostracized				
13. I am unable to confide in others and lack companionship because I think people don't like me				

**SECTION C**

**WIDOWS AND WIDOWERS SOCIAL CHALLENGES**

**QUESTIONNAIRE**

**Instructions:** For each of the following statements, kindly respond by ticking (√) under the column that most accurately describe you, as SD=Strongly Disagree, D=Disagree, A=Agree, SA=Strongly Agree. Please, be sincere as possible.

<b>Statements</b>	<b>SD</b>	<b>D</b>	<b>A</b>	<b>SA</b>
<b>Self Esteem and Social functioning Items</b>				
1. I feel unattractive after the demise of my spouse				
2. At times I think I am a disappointment to all after the demise of my spouse				
3. I feel I do not have much to be proud of after the demise of my spouse				
4. I struggle with feelings of inferiority after the demise of my partner				
5. I am inclined to feel that I am a failure after the demise of my spouse				
6. I always feel uncomfortable around others and scared to socialise				
7. I am not able to do things accurately as most other people do after the demise of my spouse				
8. People no longer greet me after the demise of my spouse.				
9. I do not have people to encourage me whenever I am sad after the demise of my spouse.				
10 I cannot count on my friends when I need their assistance after the demise of my spouse.				



11. I lack people who cheer me up whenever I am sad after the death of my spouse				
12. I do not get emotional help and support I need from my family or friends				
13. My partner's family have been threatening me over property issues after the demise of my spouse.				

## SECTION D

### WIDOWS AND WIDOWERS ECONOMIC CHALLENGES

#### QUESTIONNAIRE

**Instructions:** For each of the following statements, kindly respond by ticking (√) under the column that most accurately describe you, as SD=Strongly Disagree, D=Disagree, A=Agree, SA=Strongly Agree. Please, be sincere as possible.

Statements	SD	D	A	SA
<b>After the demise of my spouse;</b>				
1. My financial situation has made it difficult for me to provide my children learning materials and other resources for their education.				
2. I am unable to pay my children's school fees on time because I do not have adequate support.				
3. My children and I are unable to seek good medical care due to financial difficulties.				
4. I am unable to pay for my rent				
5. I am unable to provide of food, clothing and shelter for my family.				
6. I have in so many ways been placed in an economic disadvantage after the death of my spouse.				

**SECTION E**

**WIDOWHOOD COPING STRATEGY QUESTIONNAIRE**

*Instructions:* For each of the following statements, kindly respond by ticking (√) under the column that most accurately describe you, as SD=Strongly Disagree, D=Disagree, A=Agree, SA=Strongly Agree. Please, be sincere as possible.

Statements	SD	D	A	SA
1. I have gotten used to the idea that I have lost my spouse forever.				
2. I always learn something new from my experience after the demise of my spouse.				
3. I try to look for something good in what has happened after the demise of my spouse.				
4. I try to grow as a person after the demise of my spouse.				
5. I have learnt to live with problems after the death of my spouse.				
6. I have accepted the reality that it happened and cannot be changed after the demise of my spouse.				
7. I am able to make plans, take actions and follow through after the death of my spouse.				
8. I channel my efforts into doing something positive after the demise of my spouse.				
9. I talk to my friends about how I feel after the death of my spouse				
10. I take on additional tasks in order to get my mind off my worries after the demise my spouse.				

**SECTION F**

**WIDOWS AND WIDOWERS CONSEQUENCES QUESTIONNAIRE**

**Instructions:** For each of the following statements, kindly respond by ticking (√) under the column that most accurately describe you, as SD=Strongly Disagree, D=Disagree, A=Agree, SA=Strongly Agree. Please, be sincere as possible.

Statements	SD	D	A	SA
<b>After the demise of my spouse;</b>				
1. I cannot say that I have found my purpose in life in my current situation.				
2.I have trouble sleeping alone now				
3. The conditions of my life are not flourishing				
4. I am not content with my life				
5. In have lost interest in interacting with the opposite sex				
6. I get tired for no reason and easily become disinterested in social activities.				
7.I am restless and more irritable than usual now				
8.I feel hopeless and uncertain about the future				
9.I have become addicted to alcohol, social media, phone and drugs now				
10.I find it difficult to take simple decisions like I used to				

## APPENDIX B

### INTERVIEW GUIDE FOR SOME SELECTED WIDOWS AND WIDOWERS

1. How old are you?
2. How many years has it been since you lost your partner?
3. For how many years did you and your late partner live together as husband and wife?
3. Please share with me how you felt (emotionally/financially) as a married couple.
4. Besides the role of a spouse and a life partner, what other roles did your late partner play in your lives together?  
  
Probe:
  - When I say roles I mean such things as financial provider, homemaker, family caregiver, to name a few
  - Are there any roles that you particularly miss now?
5. Could you share with me your psychological challenges after the loss of your spouse? (stress, depression and loneliness)
6. Which of these psychological challenges highly affect(s) your life and why?
7. Could you share with me your social challenge after the death of your spouse? (self-esteem and social functioning)
8. What economic challenges do you after the loss of your spouse?
9. What impact has the death of your partner had on you?
10. There are three coping strategies often used by widows and widowers. Which of them do you often use?

Probes on: emotion- focused, problem-focused and social support coping strategies

One uses 1) emotion focused which include: avoiding, blaming, minimizing, wishful thinking, venting emotions, seeking emotional support, avoidance and pay selective attention whiles the other uses

2) Problem focused which include: efforts to define a problem, generate alternative solutions, weigh up advantages and disadvantages of all these options, to act to change what is changeable and to acquire new skills where necessary.

3) Social Support - it is the physical and emotional comfort given to a widowed person by family, friends, co-workers and others.

Of these three which one of them have you been using?

**APPENDIX C**

**SOCIAL CHALLENGES**

**KMO and Bartlett's Test**

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.700
Bartlett's Test of Sphericity	Approx. Chi-Square	1157.802
	Df	78
	Sig.	.000*

\*Significant,  $p < 0.05$

**Communalities**

	Initial	Extraction
ss1	1.000	.521
ss3	1.000	.253
ss4	1.000	.279
ss5	1.000	.638
ss6	1.000	.670
ss7	1.000	.765
se1	1.000	.798
se2	1.000	.609
se3	1.000	.703
se4	1.000	.878
se5	1.000	.766
se6	1.000	.886
se7	1.000	.524

Extraction Method: Principal Component Analysis.

**Total Variance Explained**

Component	Initial Eigenvalues			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings <sup>a</sup>
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %	Total
1	5.349	41.144	41.144	5.349	41.144	41.144	5.304
2	2.941	22.623	63.767	2.941	22.623	63.767	3.129
3	1.240	9.540	73.307				
4	.969	7.452	80.759				
5	.670	5.155	85.914				
6	.601	4.622	90.536				
7	.486	3.736	94.273				
8	.232	1.788	96.061				
9	.185	1.419	97.480				
10	.132	1.018	98.498				
11	.103	.793	99.291				
12	.056	.432	99.723				
13	.036	.277	100.000				

Extraction Method: Principal Component

Analysis.

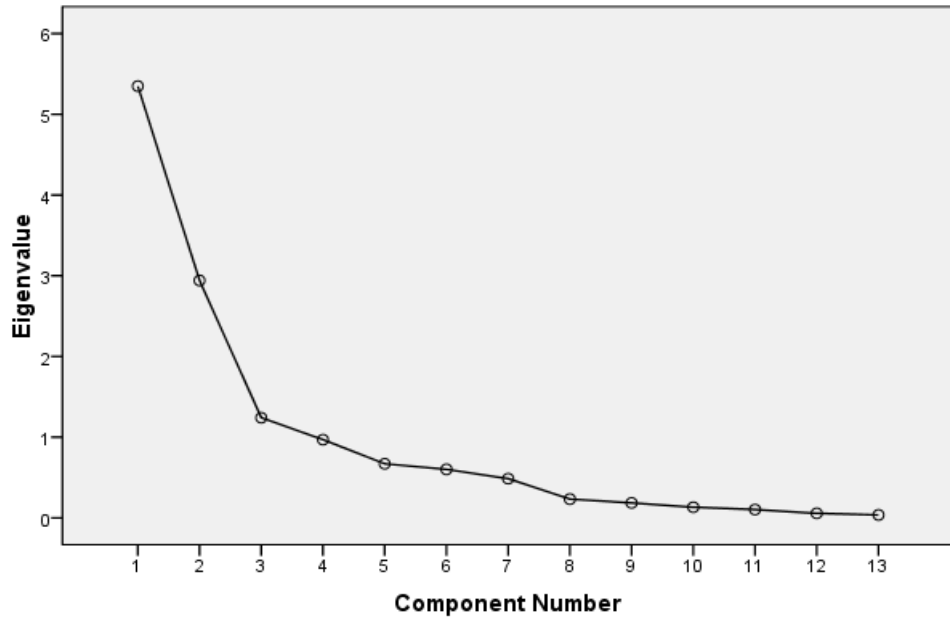
**Total Variance Explained**

Component	Initial Eigenvalues			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings <sup>a</sup>
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %	Total
1	5.349	41.144	41.144	5.349	41.144	41.144	5.304
2	2.941	22.623	63.767	2.941	22.623	63.767	3.129
3	1.240	9.540	73.307				
4	.969	7.452	80.759				
5	.670	5.155	85.914				
6	.601	4.622	90.536				
7	.486	3.736	94.273				
8	.232	1.788	96.061				
9	.185	1.419	97.480				
10	.132	1.018	98.498				
11	.103	.793	99.291				
12	.056	.432	99.723				
13	.036	.277	100.000				

a. When components are correlated, sums of squared loadings cannot be added to obtain a total variance.



Scree Plot



APPENDIX D

COPING STRATEGIES

KMO and Bartlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.757
Bartlett's Test of Sphericity	Approx. Chi-Square	1701.766
	Df	55
	Sig.	.000

**Communalities**

	Initial	Extraction
emf1	1.000	.811
emf2	1.000	.858
emf3	1.000	.930
emf4	1.000	.939
emf6	1.000	.692
emf7	1.000	.771
pmf2	1.000	.347
pmf3	1.000	.830
pmf4	1.000	.829
pmf5	1.000	.812
pmf6	1.000	.745

Extraction Method: Principal Component Analysis.

**Total Variance Explained**

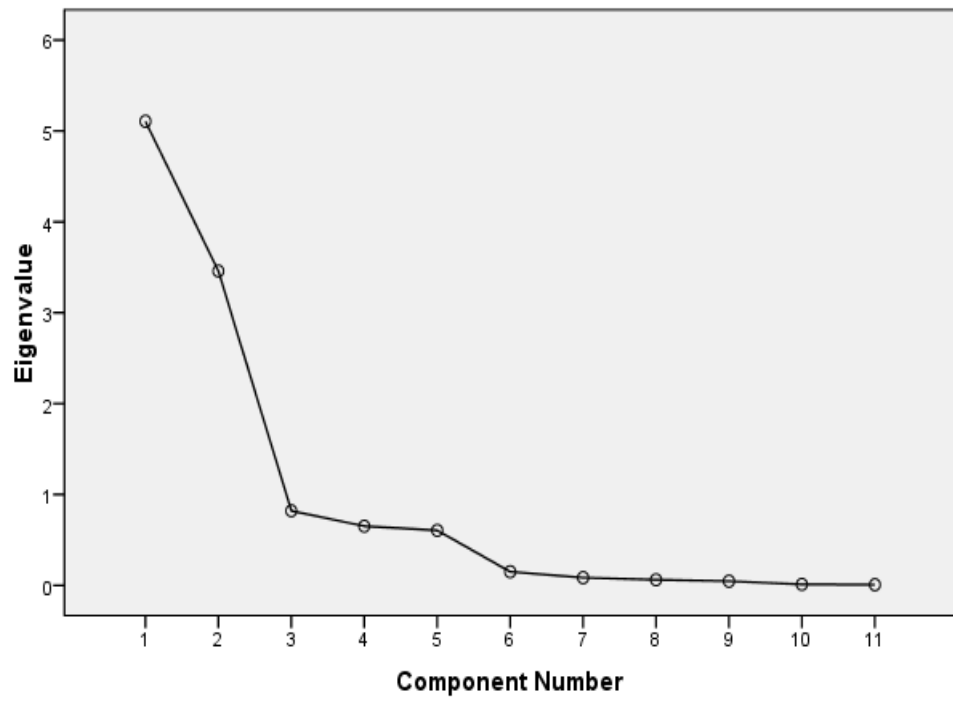
Component	Initial Eigenvalues			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings <sup>a</sup>
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %	Total
1	5.106	46.422	46.422	5.106	46.422	46.422	5.081
2	3.458	31.437	77.859	3.458	31.437	77.859	3.489
3	.820	7.452	85.311				
4	.651	5.921	91.232				
5	.605	5.500	96.732				
6	.150	1.363	98.095				
7	.085	.770	98.865				
8	.062	.559	99.424				
9	.046	.416	99.840				
10	.011	.097	99.937				
11	.007	.063	100.000				

Extraction Method: Principal

Component Analysis.

a. When components are correlated, sums of squared loadings cannot be added to obtain a total variance.

Scree Plot



APPENDIX E  
PSYCHOLOGICAL CHALLENGES

KMO and Bartlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.717
Bartlett's Test of Sphericity	Approx. Chi-Square	1917.421
	Df	153
	Sig.	.000

**Communalities**

	Initial	Extraction
pc1	1.000	.920
pc2	1.000	.300
pc3	1.000	.697
pc4	1.000	.624
pc5	1.000	.374
pc6	1.000	.913
pc7	1.000	.902
l1	1.000	.475
l2	1.000	.522
l3	1.000	.711
l4	1.000	.580
l5	1.000	.599
dep1	1.000	.558
dep2	1.000	.562
dep3	1.000	.655
dep4	1.000	.722
dep5	1.000	.724
dep6	1.000	.680

Extraction Method: Principal

Component Analysis.

**Total Variance Explained**

Component	Initial Eigenvalues			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings <sup>a</sup>
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %	Total
1	5.417	30.093	30.093	5.417	30.093	30.093	4.398
2	3.443	19.127	49.221	3.443	19.127	49.221	4.045
3	2.658	14.766	63.987	2.658	14.766	63.987	3.581
4	1.645	9.138	73.124				
5	.975	5.415	78.539				
6	.742	4.121	82.660				
7	.674	3.747	86.407				
8	.503	2.795	89.202				
9	.468	2.601	91.803				
10	.339	1.881	93.684				
11	.304	1.686	95.370				
12	.277	1.538	96.908				
13	.245	1.359	98.266				
14	.163	.906	99.172				

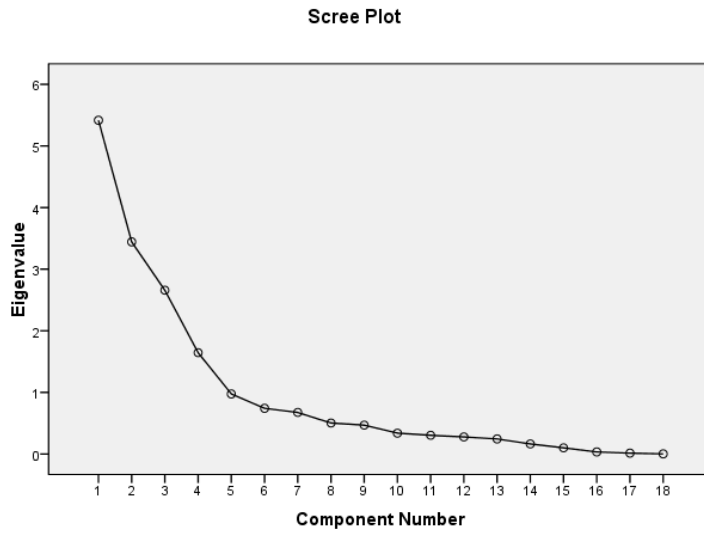


15	.100	.554	99.726				
16	.034	.187	99.912				
17	.014	.078	99.990				
18	.002	.010	100.000				

Extraction Method: Principal Component

Analysis.

- a. When components are correlated, sums of squared loadings cannot be added to obtain a total variance.



APPENDIX F

Results of t-test on bereavement challenges, coping strategies and consequences

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	T	Df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
Coping Strategy	Equal variances assumed	20.865	.000	2.077	299	.039*	1.32153	.63642	.06911	2.57396
	Equal variances not assumed			1.997	229.158	.047*	1.32153	.66186	.01741	2.62565
Consequences	Equal variances assumed	2.078	.150	-.533	299	.594	-.38755	.72726	-1.81874	1.04363
	Equal variances not assumed			-.545	292.184	.586	-.38755	.71118	-1.78724	1.01213
bereavement challenges	Equal variances assumed	.085	.771	-.419	299	.675	-.78044	1.86077	-4.44230	2.88142
	Equal variances not assumed			-.414	258.657	.680	-.78044	1.88714	-4.49654	2.93567

\*Significant, p<0.05

**Bonfirroni Multiple Comparisons of Years in Widowhood for hypothesis two (Post hoc)**

Dependent Variable	(I) Years in widowhood	(J) Years in widowhood	Mean Difference (I-J)	Std. Error	Sig.	98.3% Confidence Interval		
						Lower Bound	Upper Bound	
						Psychological challenges	Bonferro	Less than 5 years
			11 years and above	-2.1169	1.20345	.239	-5.4706	1.2369
		Between 5 to 10 years	Less than 5 years	-1.3750	.96946	.471	-4.0766	1.3267
			11 years and above	-3.4918*	1.22100	.014*	-6.8945	-.0892
		11 years and above	Less than 5 years	2.1169	1.20345	.239	-1.2369	5.4706
			Between 5 to 10 years	3.4918*	1.22100	.014*	.0892	6.8945
Social Challenges	Bonferro	Less than 5 years	Between 5 to 10 years	.9971	.81875	.673	-1.2845	3.2788
			11 years and above	-1.4835	1.01636	.436	-4.3159	1.3489
		Between 5 to 10 years	Less than 5 years	-.9971	.81875	.673	-3.2788	1.2845
			11 years and above	-2.4806	1.03118	.050*	-5.3543	.3930
		11 years and above	Less than 5 years	1.4835	1.01636	.436	-1.3489	4.3159
			Between 5 to 10 years	2.4806	1.03118	.050*	-.3930	5.3543
Economic	Bonferro	Less than 5 years	Between 5 to 10 years	.1696	.51928	1.000	-1.2775	1.6167
			11 years and above	-.9340	.64461	.445	-2.7303	.8624
		Less than 5 years		-.1696	.51928	1.000	-1.6167	1.2775

Challenges	Between 5 to 10 years	11 years and above	-1.1036	.65401	.278	-2.9262	.7190
	11 years and above	Less than 5 years	.9340	.64461	.445	-.8624	2.7303
Coping Strategy	Between 5 to 10 years	11 years and above	1.1036	.65401	.278	-.7190	2.9262
	Less than 5 years	Between 5 to 10 years	1.0635	.68843	.370	-.8550	2.9820
Consequences	Between 5 to 10 years	11 years and above	2.1434	.85459	.038*	-.2382	4.5249
	Less than 5 years	Between 5 to 10 years	-1.0635	.68843	.370	-2.9820	.8550
Bonferro ni	Between 5 to 10 years	11 years and above	1.0799	.86706	.642	-1.3364	3.4961
	11 years and above	Less than 5 years	-2.1434	.85459	.038*	-4.5249	.2382
Bonferro ni	Between 5 to 10 years	11 years and above	-1.0799	.86706	.642	-3.4961	1.3364
	Less than 5 years	Between 5 to 10 years	-.8621	.80206	.850	-3.0972	1.3731
Bonferro ni	Between 5 to 10 years	11 years and above	-.8947	.99565	1.000	-3.6694	1.8799
	Less than 5 years	Between 5 to 10 years	.8621	.80206	.850	-1.3731	3.0972
Bonferro ni	Between 5 to 10 years	11 years and above	-.0327	1.01016	1.000	-2.8478	2.7824
	11 years and above	Less than 5 years	.8947	.99565	1.000	-1.8799	3.6694
Bonferro ni	Between 5 to 10 years	11 years and above	.0327	1.01016	1.000	-2.7824	2.8478
	Less than 5 years	Between 5 to 10 years					

Based on observed means.

\*Significant,  $p < 0.05$

The error term is Mean Square(Error) = 39.001.

\*. The mean difference is significant at the .017 level.

Bonferroni Multiple Comparisons of Age groups for hypothesis three (post hoc)

Dependent Variable	(I) Age	(J) Age	Mean Difference (I-J)	Std. Error	Sig.	98.3% Confidence Interval	
						Lower Bound	Upper Bound
Psychological challenges	30-35 years	36-45 years	-3.6092*	1.13010	.005*	-6.7585	-.4599
		46-55 years	-.3702	1.14299	1.000	-3.5554	2.8150
	36-45 years	30-35 years	3.6092*	1.13010	.005*	.4599	6.7585
		46-55 years	3.2390*	.98324	.003*	.4989	5.9790
	46-55 years	30-35 years	.3702	1.14299	1.000	-2.8150	3.5554
		36-45 years	-3.2390*	.98324	.003*	-5.9790	-.4989
Social Challenges	30-35 years	36-45 years	-.8900	.96001	1.000	-3.5653	1.7853
		46-55 years	1.5664	.97095	.323	-1.1394	4.2722
	36-45 years	30-35 years	.8900	.96001	1.000	-1.7853	3.5653
		46-55 years	2.4564*	.83525	.011*	.1288	4.7840
	46-55 years	30-35 years	-1.5664	.97095	.323	-4.2722	1.1394
		36-45 years	-2.4564*	.83525	.011*	-4.7840	-.1288
Economic Challenges	30-35 years	36-45 years	-.7562	.61190	.653	-2.4614	.9490
		46-55 years	.0899	.61888	1.000	-1.6347	1.8146

	36-45 years	30-35 years	.7562	.61190	.653	-.9490	2.4614
		46-55 years	.8461	.53238	.339	-.6375	2.3297
	46-55 years	30-35 years	-.0899	.61888	1.000	-1.8146	1.6347
		36-45 years	-.8461	.53238	.339	-2.3297	.6375
Coping Strategy	30-35 years	36-45 years	2.5713*	.79315	.004*	.3610	4.7816
		46-55 years	-.3578	.80220	1.000	-2.5933	1.8777
	36-45 years	30-35 years	-2.5713*	.79315	.004*	-4.7816	-.3610
		46-55 years	-2.9291*	.69008	.000*	-4.8522	-1.0060
	46-55 years	30-35 years	.3578	.80220	1.000	-1.8777	2.5933
		36-45 years	2.9291*	.69008	.000*	1.0060	4.8522
Consequences	30-35 years	36-45 years	-1.5315	.94094	.314	-4.1537	1.0907
		46-55 years	-.1092	.95167	1.000	-2.7613	2.5429
	36-45 years	30-35 years	1.5315	.94094	.314	-1.0907	4.1537
		46-55 years	1.4223	.81866	.250	-.8591	3.7037
	46-55 years	30-35 years	.1092	.95167	1.000	-2.5429	2.7613
		36-45 years	-1.4223	.81866	.250	-3.7037	.8591

Based on observed means.

\*Significant,  $p < 0.05$

The error term is Mean Square(Error) = 38.669.

\*. The mean difference is significant at the .05 level.

APPENDIX G

ETHICAL CLEARANCE

UNIVERSITY OF CAPE COAST

INSTITUTIONAL REVIEW BOARD SECRETARIAT

TEL: 0558093143 / 0508878309/ 0244207814

C/O Directorate of Research, Innovation and Consultancy

E-MAIL: [irb@ucc.edu.gh](mailto:irb@ucc.edu.gh)

OUR REF: UCC/IRB/A/2016/396

YOUR REF:

OMB NO: 0990-0279

IORG #: IORG0009096



14<sup>TH</sup> MAY, 2019

Ms. Pearl Adubea Hammond  
Department of Guidance and Counselling  
University of Cape Coast

Dear Ms. Hammond,

**ETHICAL CLEARANCE – ID: (UCCIRB/CES/2019/02)**

The University of Cape Coast Institutional Review Board (UCCIRB) has granted **Provisional Approval** for the implementation of your research protocol titled **Bereavement Challenges, Coping Strategies and Consequences of Middle Aged Widows and Widowers in Effutu Municipality, Central Region, Ghana**. This approval requires that you submit periodic review of the protocol to the Board and a final full review to the UCCIRB on completion of the research. The UCCIRB may observe or cause to be observed procedures and records of the research during and after implementation.

Please note that any modification of the project must be submitted to the UCCIRB for review and approval before its implementation.

You are also required to report all serious adverse events related to this study to the UCCIRB within seven days verbally and fourteen days in writing.

Always quote the protocol identification number in all future correspondence with us in relation to this protocol.

Yours faithfully,

A handwritten signature in blue ink, appearing to read 'S. Owusu'.

Samuel Asiedu Owusu, PhD  
UCCIRB Administrator

ADMINISTRATOR  
INSTITUTIONAL REVIEW BOARD  
UNIVERSITY OF CAPE COAST  
Date: 2019.05.14