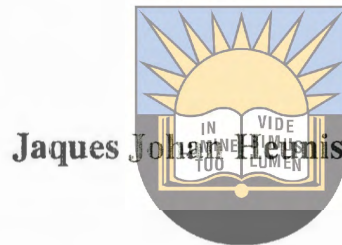


**The relationship between cultural belief systems
and depressive symptomatology among
bereaved South Africans**

by



University of Fort Hare
Submitted in partial fulfilment of the requirement of the
Together in Excellence

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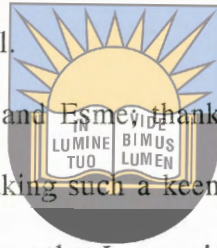
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It is a great privilege to acknowledge the contributions of all those who have guided and supported me en route to achieving my goal of practicing as a psychologist.

First and foremost, to my Heavenly Father; Thank You for guiding me straight and true through the many obstacles in my path. For Your grace, faithfulness and provision, I will be forever thankful.

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To each and every member of my extended family who have taken an interest in my studies and encouraged me along the way, I thank you.

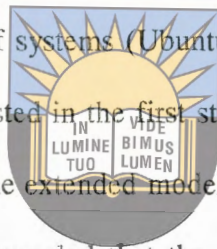
Loyal friends and sincere friendships are often hard to come by, and therefore I am truly thankful and very fortunate to have such friends a part my life. Thank you all for the words of encouragement, support and understanding with regard to my studies.

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ABSTRACT

The present research aimed to explore bereavement among different ethnic groups within the multicultural context of South Africa. Two correlative studies were conducted. The hypothesis tested in Study 1 stated that continuing bonds and complicated grief predict depression. The results indicated that the hypothesized model was most appropriate for individuals who had lost someone recently. Through the use of path analysis, race groups, i.e. black versus non-black participants, were compared in respect to the proposed model. The model comparison revealed no significant differences between the two groups. The hypothesis tested in Study 2 stated that the inclusion of belief systems (Ubuntu versus Western) would improve the originally proposed model tested in the first study. A nested model analysis was conducted to establish whether the extended model fitted the present data better than the original model. The results revealed that the extended model fitted the present data significantly better than the original model. The extended model indicated that complicated grief increases the likelihood of depression as a consequence, while the belief system of Ubuntu decreases the likelihood of depression. The results are presented and discussed.



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CHAPTER 1: INTRODUCTION

Bereavement theorists and practitioners increasingly agree that a maintained bond with the deceased can form an integral part of successful adaptation to bereavement (Klass, Silverman & Nickman, 1996; as cited in Field, 2006). This position is commonly referred to as the “continuing bonds” perspective and counters the one presented by Freud (1917/1957) in his work “Mourning and Melancholia” – a classic paper in the field of bereavement (as cited in Boerner & Heckhausen, 2003). Freud stated that in order for the bereaved individual to successfully adapt to the loss of a loved one, the bereaved’s psychological attachment to the deceased has to be detached, or put otherwise, the attachment to the deceased needs to be “relinquished” in order for the mourning process to be completed (as cited in Field, 2006, p. 739).

However, according to Boerner and Heckhausen (2003), bereavement should comprise of both disengagement as well as connection components. Field (2006) indicates that considerable attention has been given to the role of continuing bonds (i.e. the connection component) to the deceased in adjustment to bereavement. The author adds that in spite of being viewed as a normative part of adjustment and that it may be adaptive; a maintained bond to the deceased can be maladaptive under certain conditions (Field, Gao & Paderna, 2005; Frayley & Shaver, 1999; as cited in Field, 2008). According to Field (2008), the conceptualization of continuing bonds in such a one-dimensional way obscures the likely complex relation of it to grief outcome.

Bereavement studies have indicated that ethnicity moderates the relationship between continuing bonds and maladaptive grieving. The present study aims to address this moderator function of ethnicity by introducing two different belief systems: Western belief system versus Ubuntu belief system.

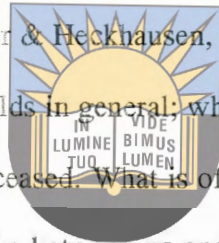


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CHAPTER 2: LITERARY REVIEW

Prior to engaging in an in-depth discussion on continuing bonds and grief-related symptomatology, it is deemed necessary to provide clarity about what is meant by the concepts of “grief” and “continuing bonds”. With regard to a definition of grief, Attig (2000; as cited in Boerner & Heckhausen, 2003, p. 205) conceptualizes grief as a process of relearning our worlds in general; while it also involves a process of relearning our relationship to the deceased. What is of particular interest regarding such a framework is that a give and take between us and our deceased loved ones is still possible, although this reciprocity needs to change (Boerner & Heckhausen, 2003). As an example, the authors state that the deceased can continue to give us their legacies, we can sense that they support us in what we do and we can continue to further the interests of the deceased.

Although grief is never simple or easy, one must distinguish between the normative experience that most bereaved individuals endure and “complicated grief”, which is a specific psychological condition under consideration to be included in the next revision of the *Diagnostic and Statistical Manual of Mental Disorders* (Neimeyer, Laurie, Metha, Hardison, & Currier, 2008). For approximately 10 to 15% of bereaved individuals, this prolonged and debilitating form of grieving can pose severe long term risks to their physical and psychological health, based on its association with depression, generalized anxiety, as well as stress-related diseases of



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the immune- and cardiovascular systems (Ott, 2003; Prigerson & Maciejewski, 2006; as cited in Neimeyer et al., 2008). Some of the symptoms associated with complicated grief or bereavement include difficulty accepting the death, yearning and pining for the deceased at least daily for months on end, impaired functioning in life roles, feelings of unease about moving ahead with one's life, as well as a loss of purpose (Neimeyer et al., 2008).

When one considers a definition of continuing bonds, Field, Gal-Oz, and Bonanno (2003), and Shuchter and Zisook (1993; both cited in Stroebe & Schut, 2005) argue that "continuing bonds is generally understood in the scientific community as denoting the presence of an ongoing inner relationship with the deceased person by the bereaved individual" (Stroebe & Schut, 2005, p. 477).



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Earlier, it was noted that a continuing bond with the deceased may be adaptive as well as maladaptive under certain conditions. It is thus necessary to elaborate on what constitutes an adaptive as well as a maladaptive maintained bond with a deceased loved one. Within the continuing bond literature, there seems to be various opinions as to what constitutes an adaptive connection to a deceased individual. According to Rubin (1985, 1999; as cited in Boerner & Heckhausen, 2003, p. 206), an adaptive bond to the deceased is one in which such a bond does not serve as a substitution for relations with other living individuals. An adaptive bond is developed when the bereaved's connection to the deceased individual is assimilated alongside the bereaved's maintained commitment to the duties of life, as well as his/her commitment to other individuals and values (Ruben 1985; as cited in Boerner & Heckhausen, 2003, p. 206).

In the continuing bonds literature it is also argued that a constructive approach to follow when trying to determine the adaptiveness of continuing bonds, is to attempt to identify the type of bonds which may be continued, alongside the identification of those bonds which should be relinquished; instead of simply arguing whether to continue or relinquish the bond to the deceased (Field, 2008). The author adds that within such an approach, continuing bonds are conceptualized as multidimensional, in which the reconstruction of the relationship with the deceased – and not detachment – is regarded as the endpoint of grief.

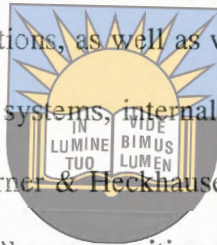


A reconstructed or reorganized relationship with the deceased has to accommodate the reality of the ending of the physical relationship between the bereaved person and the deceased individual (Field, 2008). But, as it is noted by Field et al. (2005; as cited in *Together in Excellence*), “Even though the goal of reestablishing physical proximity to the deceased needs to be surrendered, this is not the same as saying that the bereaved must relinquish the attachment. Through internalization it is possible to establish proximity to the deceased at the mental representational level, or *psychological proximity*, while fully accepting the irrevocability of the loss”.

To add to the above mentioned, it might be necessary to provide more clarity as to what exactly is meant by the concept “mental representation”. According to Boerner and Heckhausen (2003, p. 212), “the concept of mental representations of others refers to the ability to form representations of an attachment figure that can exist beyond the actual presence of that person”. The authors argue that a maintained connection to the deceased individual is based on representations of episodes, events,

interactions and images that involve the deceased loved one and that such representations are thus stored within a person's explicit memory, meaning that it may be retrieved by recall, for example: "I remember how mother used to do that", as well as recognition, for example: "I saw something that reminded me of [...]" (see Boerner & Heckhausen, 2003, p. 212).

On the other hand, in the process of internalization of representations, repeated single experiences are converted into a single generalized script, in that is to say, a general set of attitudes, expectations, as well as ways to perceive and interpret various experiences, e.g., value/belief systems, internal working models of daily life situations, and attachment styles (Boerner & Heckhausen, 2003). It is not possible to activate these by means of simple recall or recognition (Knox, 1999; Meissner, 1980; as cited in Boerner & Heckhausen, 2003). Boerner and Heckhausen (2003) provide various examples to demonstrate the distinction between the mental representations of an individual and the internalization of representations. "Mental representations of the deceased's values may be reflected in a bereaved person saying, 'My mother always said it's important to help others. I kind of find that a good principle and it reminds me of her. So I often think to myself that I want to live by that value.' Internalized values, on the other hand, may be reflected in a statement such as 'I think it's important to help others. I am always trying to help others'. Internal working models of daily life situations could be reflected in thoughts such as 'My mother will take care of this' or 'She'll make sure everybody is okay'. In the first example, the bereaved person remembers situations in which the deceased expressed this value and now find it comforting to live by it. In the latter two cases, the person has internalized



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a value or expectation and no longer remembers the specific situations that may have led to these conclusions or assumptions” (Boerner & Heckhausen, 2003, p. 213).

With regard to the above mentioned, Boerner and Heckhausen (2003) refer to Bowlby (1980, as cited in Boerner & Heckhausen, 2003) who is of the opinion that internalized experiences may constitute personal characteristics which includes aspects such as a certain value system or style of attachment. The latter is argued to have an effect on the way separations, relationships and importantly, losses are dealt with and experienced. On this note, Boerner and Heckhausen (2003) indicate that the aforementioned personal characteristics may indeed have an impact on the kind and extent of maintained bonds to the deceased individual which the bereaved seek to continue.



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A framework that outlines the representational attachment to the deceased is the Meaning Reconstruction Perspective by Neimeyer, Baldwin and Gillies (2006; as cited in Field, 2006). This perspective highlights that when a loved one passes away, it disrupts the bereaved’s meaning system, affecting many core aspects of the bereaved individual’s life story and that such a disruption triggers an active mental process toward the reestablishment of meaning within this new life situation the bereaved individual is faced with (Field, 2006). The author adds that the (mal) adaptiveness of a continuing bond is largely dependent on whether reaffirming or constructing meaning accompanies it following the loss, since the greatest complications in grieving are associated with an inability to make sense of the death of a loved one to whom an individual remains highly bonded.

When one considers maladaptive continuing bonds, Field (2006) addresses such bonds to the deceased from an attachment theory perspective on unresolved loss and identifies a form of continuing bonds expression which indicates the inability to integrate the loss of a loved one. According to the author, this is based on the bereaved individual's extreme avoidance to process the implications of the death. In line with this, he states: "In the essence, continuing bonds expressions that are indicative of unresolved loss implies disbelief that the other is dead" (Field, 2006, p. 711).



However, in light of the above mentioned, a crucial point to consider is the amount of time that has elapsed following the death of a loved one. Field (2006) argues that during the early stage following the loss of a loved one, continuing bond expressions that indicate attempts to re-establish physical proximity, as discussed by Field, (2008) are normative; given that the finality of the separation has not registered completely with the bereaved during this search-related phase of grief.

Furthermore, Main, Goldwyn, and Hesse (2002; as cited in Field, 2006) provide insight as to the "time limit of acceptance" regarding search-related behavior associated with early bereavement. In line with this, Field (2006) adds that "the attachment classification on unresolved loss is not made for deaths occurring less than one year previously, since an unresolved state of mind is considered normative early on following the death of a significant other" (p. 750)

To continue on the topic of search-related continuing bond expressions, Field (2008) argues that such expressions may include illusions and hallucinations; while

the urge to go to places that the deceased individual frequently went to [an expression of continuing bonds (see Field et al., 2005; Parkes, 1998; as cited in Field, 2006)] is also reflective of search-related behavior (Bowlby, 1980; Parkes, 1998; as cited in Field, 2008)]. Furthermore, such early post-loss illusions and hallucinations are addressed by Field (2006) and he maintains that mistaking certain sounds for the presence of the deceased or seeing the deceased's face standing out in a crowd are illusory continuing bond expressions; which in addition to hallucinatory images of the deceased individual, are viewed as dissociated experiences of perception. This indicates that the finality of the deceased's death has not yet been accepted, or appreciated by the bereaved person.



However, according to Field (2008), there is some support for the reduction of bereaved individuals' searching-related continuing bond expressions as a function of time since the death of a loved one. In spite of the afore mentioned, it may also happen that the bereaved individual can fail to integrate the death of a loved one or find him/herself in a position of failing to revise the re-establishing of the physical connection to the deceased; in case of the emotional pain precipitated by the unsuccessful searching efforts being too overwhelming (Horowitz, 1990, 1991; as cited in Field, 2006). Continuing bond expressions that are reflective of a defense against the acknowledgement of the finality of the separation between the bereaved and deceased; and bonds that reflect a maintained search in order to reclaim the deceased individual are maladaptive; to the extent that they interfere with the bereaved's revision of his/her schema of connection to the deceased individual (Field, 2006).

Field (2006) refers to Bowlby (1980, as cited in Field, 2006) who identified a variety of maladaptive adjustments to bereavement, which portray a failure to acknowledge and accept the deceased's death. According to Field (2006), Bowlby (1980) identifies Gorer's (1965, as cited in Field, 2006) idea of "mummification" as an example of the aforementioned. This concept is a metaphor of an Egyptian practice in which a body is embalmed and buried with various provisions in preparation for the afterlife (Field, 2006). The author adds that it also involves maintaining the deceased individual's possessions exactly as they were when the individual was still alive; and that this is an expression of the fantasy of the deceased's continuing existence and eventual return. In line with this, it has been shown that despite a considerable amount of time having elapsed since the death of their child, bereaved parents tend to keep the room of the deceased in their house as it was in the time when their child was alive (see Field 2006). The author states that this can be viewed as constituting a defensive fantasy of the deceased individual's maintained existence and thus denying the death of the deceased to ward off the pain of the loss.



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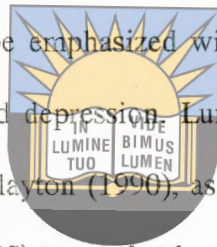
As another example to illustrate failure to integrate the death of the deceased, Field (2006) refers to Bowlby's (1980, as cited in Field, 2006) concept of "mislocation" and explains that it involves attempts to inappropriately locate the deceased individual somewhere that fails to acknowledge the reality of the death. A common form of this involves treating a new person as a substitute for the deceased individual; and it may involve attempts by parents to impose characteristics of a dead sibling on a new child (Field, 2006). The author adds that this can have severe negative interpersonal consequences through the distorted perceptions of the other.

He notes that in the case of a surviving sibling, this can cause major psychological disturbances if the parents treat the surviving child as a replica of the deceased child. In not allowing them to have their own identity, such children are likely to grow up with a poorly developed sense of self and lacking self-esteem in never being able to live up to the idealized image of their deceased sibling in their parents' eyes (Field, 2006). Finally, the author states that mislocation implies a continuing search to reclaim the deceased, which denies the finality of the loss of the loved one.

Another issue that seems to be emphasized within existing literature is the relationship between bereavement and depression. Lund et al., (1985), Brown and Harris (1989), Bruce et al., (1990), Clayton (1990), as well as Zisook and Shuchter (1993; all cited in Prigerson et al., 1995) argue that bereavement greatly increases an individual's risk of exhibiting symptoms of depression, if not a major depressive episode.

As noted by Noppe (2000), Freud believed that grief is a normal psychological process that should be viewed as separated from depression, which is also called melancholia. In addition to this view, Prigerson et al. (1995) maintain that certain symptoms of grief have been shown to be distinct from anxiety and bereavement-related depression and that those symptoms can also predict long term functional impairments. The authors add that these are known as symptoms of complicated grief and the Inventory of Complicated Grief (ICG) was developed to assess them (Prigerson et al., 1995).

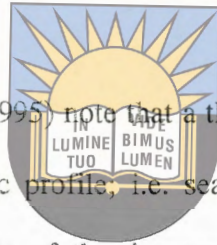
To elaborate on the distinctness of certain symptoms of grief when compared to depressive symptoms, a study conducted by Prigerson et al., (1995) needs to be



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highlighted. In the study, data was derived from 97 conjugally bereaved elders who completed the ICG as well as other self-report scales measuring depression and grief. The ICG total score's association with severity of depressive symptoms and a general measure of grief was indicative of a valid, yet distinct, assessment of emotional distress. Symptoms such as irritability, tenseness, nervousness, as well as restlessness were best characterized as symptoms of anxiety; while symptoms of apathy, sad mood and guilt were characterized as symptoms of depression (Prigerson et al., 1995).

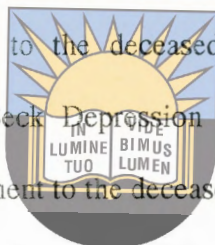


In addition, Prigerson et al., (1995) note that a third group of symptoms seem to constitute a uniquely grief-specific profile, i.e. searching and yearning for the deceased, preoccupation with thoughts of the deceased, disbelief about the death, being stunned by the death, crying together and accepting the death. Adding to the fact that they form a distinct cluster of symptoms; they were also found to predict long-term dysfunction (see Prigerson et al., 1995).

Prigerson et al., (1995b; as cited in Prigerson et al., 1995) report a study, in which the mean baseline levels of grief-related symptoms (after the adjustment for baseline levels of depressive symptoms) were found to predict impairments of sleep, global functioning, self-esteem and mood at 18 months after spousal loss. Another study revealed that the identified symptoms of grief predict both grief and depressive symptoms at 12 and 18 months after spousal loss, once again after adjustment of baseline levels of depression (Prigerson et al., 1995 a; as cited in Prigerson et al., 1995). With reference to yet another study, Prigerson et al. (1995) refer to a community sample of widows and widowers. The authors report that approximately

46% of participants who had syndromal level traumatic grief did not meet the criteria for a diagnosis of Major Depressive Disorder (MDD). Thus, these findings show that a lot of individuals, who would meet the criteria for traumatic grief, would be missed by a diagnosis of MDD (see also Prigerson & Jacobs, 2001).

In a study conducted by Balk (1997), the author reports that attachment to the deceased individual had a direct influence on bereaved college students' ongoing symptoms of distress following the death of a family member or a friend. Apparently, students who had much attachment to the deceased individual responded with significantly higher scores on the Beck Depression Inventory (BDI) than those students who had some or little attachment to the deceased individual.



Furthermore, and according to Stroebe and Schut (2005, p. 488), Field and Friedrichs (2004) elaborate on a study conducted in Europe, the influence of continuing bonds on mood among a sample of widows. The respondents were 15 early-bereaved widows whose husbands died on average four months previously; while the sample also consisted of 15 later-bereaved widows who had lost their spouses on average two years previously. The study found continuing bonds coping to be positively related to positive mood for later-bereaved widows, but not for those who were early-bereaved; while continuing bonds were positively related to negative mood among the early-bereaved widows as well as those who were later-bereaved. Stroebe and Schut (2005) are of the opinion that these results suggest a comforting function of bonds to the deceased after the acute time of grieving has passed.

To guide the discussion in a different direction, and since it forms the crux of the present research, the remainder of the introductory section will be designated to a discussion of bereavement from a cultural perspective.

There is evidence of racial differences in how people deal with grief (Cook, 1988; Irish, Lundquist, & Nelson, 1993; Stroebe & Stroebe, 1993; Wortman, Silver, & Kessler, 1993; as cited in Balk, 1996). However, according to Rosenblatt and Wallace (2005; as cited in Neimeyer, Baldwin, & Gillies, 2006), very little empirical work has examined issues pertaining to ethnicity and grieving. Nearly all the research on bereavement has been conducted on Caucasian populations (Neimeyer et al., 2008).



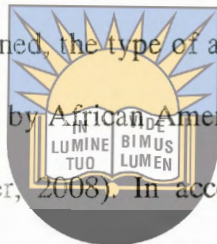
Neimeyer, Baldwin, and Gillies (2006) conducted a study that aimed at assessing the relationship between continuing bonds, coping and meaning reconstruction after the death of a loved one, and complicated grief symptomatology. It was found that the one demographic factor associated with an elevated risk of complicated grief, even when continuing bonds and meaning making were controlled for, was ethnicity. The authors note that “African Americans were more likely than their Caucasian counterparts to suffer both greater separation and traumatic distress” (Neimeyer et al., 2006, p. 734).

A study by Laurie and Neimeyer (2008), with the purpose to explore African American individuals’ experience of grief; gave particular attention to issues pertaining to interpersonal dimensions of the loss, identity change and also continuing attachments with the deceased. According to the authors, 56.3% of the sample consisted of Caucasian individuals, while 39% of the sample was African American

decent. The results of the study revealed that in relation to their Caucasian counterparts; African Americans experienced more frequent bereavement by homicide, greater grief for the loss of extended kin beyond the immediate family (i.e. cousins, aunts, uncles, or grandparents), as well as the maintenance of a stronger continuing bond with the deceased. In addition, African Americans reported higher levels of complicated grief symptomatology than the Caucasian participants; especially, when they spent less time talking to others about their experience of loss.

In addition to the above mentioned, the type of a continued bond between the living and the deceased, as emphasized by African Americans, involves one that is of a spiritual nature (Laurie & Neimeyer, 2008). In accordance with this, Harrison, Khan, and Hsu (2005; as cited in Laurie & Neimeyer, 2008) state that African American people view death as a *Together in Physical Presence*, but that it does not preclude a sense of connectedness. Adding to this, Barrett (1998; as cited in Laurie & Neimeyer, 2008) states that it is primary to African American religious convictions that death is not an ending but instead forms part of the continuum of life. Thus, it is viewed a transition between one world and another.

In making a contribution to the discussion of cultural considerations within bereavement studies, Field (2008) mentions the importance of considering the individual's religious and cultural beliefs with regard to life after death, when one attempts to determine whether a certain continuing bond expression provides an indication of unresolved loss. In addition, the author states that in case of a belief in a continuing existence of the spirit of the deceased or in the instance of the bereaved's expectation to eventually be reunited with the deceased individual in heaven, such

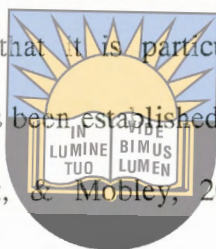


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expressions would not be indicative of unresolved loss. However, a boundary has to be maintained between the bereaved's relationship with the deceased individual as it existed before the occurrence of the death and the relationship between the bereaved and the deceased as it is maintained after the loss (Field, 2008).

With regard to the above mentioned point of view, it is argued that a maintained relationship with the deceased, when constructed within the framework of religion, may be viewed as a functional instead of a pathological reaction (Laurie & Neimeyer, 2008). It is noteworthy that it is particularly among older African American people that a connection has been established between religious belief and psychological health (Frazier, Mintz, & Mobley, 2005; as cited in Laurie & Neimeyer, 2008).



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Neimeyer, Hogan, and Laurie (2008) in *Together in Excellence* is a book-length treatment of African American grieving, Rosenblatt and Wallace (2005, as cited in Neimeyer et al., 2008) had drawn on grounded theory analysis to provide additional insight into African Americans' experience of bereavement. The authors further report that although Rosenblatt and Wallace had taken care not to overemphasize differences from other cultural groups; it is worth noting that informants viewed their grief as different to the grief displayed by White Americans; perceiving of it as more honest and also more expressive of emotion during the funeral service itself. In addition, African Americans perceived themselves to be more supportive of each other during times of bereavement, than is the case with White Americans (see Neimeyer, Hogan, & Laurie, 2008).

In his response to the contributions of various authors to a special issue in “Death Studies” on the topic of continuing bonds with deceased loved ones; Klass (2006) discusses the social and communal nature of continuing bonds and mentions that “cultural and political narratives are woven into individual grief narratives and if we do not include community, cultural, and political narratives in our understanding of continuing bonds we are in danger of building bereavement theory that applies to only a small portion of one population in one historical time” (p. 843).

Finally, in reply to Klass’s argument regarding the importance of considering cultural influences when aiming to gain a more significant understanding of how people grieve over their lost loved ones; the present research aims to investigate the impact of cultural belief systems on depressive symptomatology among bereaved South African people.



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CHAPTER 3: METHODOLOGY

As mentioned earlier, the present research comprised of two correlative studies of which the first study aimed to investigate the relationship between complicated grief, continuing bonds and depression. A second study was then conducted, with the aim to evaluate the possible influence of belief systems (Ubuntu and Western) on the aforementioned.



What follows is a detailed discussion regarding the methodology which was involved in the present research. The discussion will involve the following particulars regarding both conducted studies: The tested hypothesis; research design and sampling technique; the sample *TogetHER in Excellence* (gender, race and experience of loss); procedure involved in data collection; measures used; the results and finally ethical considerations. The details regarding the methodology involved in both studies are presented together under each heading. Furthermore, where it was thought necessary for the sake of eliminating possible confusion, clear distinction was made between the methodology particulars of the two studies. The aforementioned applies to the following headings: “Sample”; “Procedure / Data collection”; “Measures” and “Results”. Under these headings, the mentioned distinction between the particulars of the two conducted studies is made by indicating it as “***Study 1***” and “***Study 2***” (bold and italic print). A discussion of the results follows in chapter 4.

3.1 Hypothesis

The hypothesis tested in Study 1 stated that continuing bonds and complicated grief predict depression; whilst the hypothesis in Study 2 stated that the inclusion of belief systems (Ubuntu and Western) would improve the originally proposed model tested in the first study and thus indicate the impact of cultural belief systems on depressive symptomatology among bereaved South Africans.

3.2 Research design / Sampling technique

In both the first and second studies a cross-sectional survey design was incorporated and a convenient sampling technique was used.



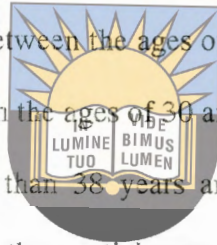
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3.3 Sample

Study 1: The sample consisted of 114 participants, comprising of students from the University of Fort Hare. Of the entire sample, 40 were between the ages of 18 and 21 years, 23 were between the ages of 22 and 25 years, 17 were between the ages of 26 and 29 years, 11 were between the ages of 30 and 33 years, 11 were between the ages of 34 and 37, nine were above the age of 38 years and three participants did not indicate their age. The majority of participants were female (76), comprising of only 38 males. In total, 85 participants were black, 22 were white, four were coloured, one was Indian and two did not indicate their race. Of the 114 participants, 83 indicated they had experienced loss recently. The majority of the sample had lost extended family (38), where 17 participants reported they had lost a

parent, 11 reporting they had lost a friend, 10 had lost a sibling and 5 did not specify whom they had lost. The majority of bereaved students had lost a loved one due to illness (45), 23 reported they had lost a loved one due to natural causes, 14 reported that they had lost a loved one due to accidents and one chose the option of other without specifying the cause of death.

Study 2: The sample consisted of 120 participants of which 47 were between the ages of 18 and 21 years, 39 were between the ages of 22 and 25, 14 were between the ages of 26 and 29, 10 were between the ages of 30 and 33, three were between the ages of 34 and 37, four were older than 38 years and three participants did not indicate their age. The majority of the participants were female (93). Only 27 participants were male. The majority of participants were black (89), 18 were white, 10 were coloured, two were Indian and one did not indicate race. Of the 120 participants, 71 reported that they had experienced loss, 48 indicated they had not experienced loss and one did not indicate whether a loved one had been lost in death or not. Of the 71 participants who had experienced loss, 33 had lost a member of extended family, 23 had lost a parent, 10 had lost a sibling, 8 had lost a friend, 5 indicated "other" without specifying and 41 did not provide an answer. A total of 31 participants were bereaved due to illness, 22 due to natural causes, 12 due to an accident, and five indicated other reasons. In further analysis, only the 71 participants who indicated that they had lost someone will be included.

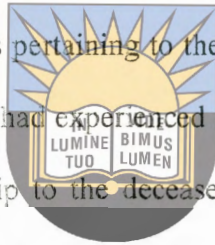


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3.4 Procedure / Data collection

Study 1: The questionnaire was distributed during first-year psychology tutorials at the University of Fort Hare. The questionnaire consisted of the following scales, namely the Continuing Bonds Scale (CBS), the Inventory of Complicated Grief (ICG), the Grief and Meaning Reconstruction Inventory (GMRI) and the Beck Depression Inventory (BDI). Questions pertaining to the demographic characteristics of participants, whether the participant had experienced death, the nature of the death as well as the participant's relationship to the deceased were also included in the questionnaire. On average, the time it took to complete the questionnaire was approximately 45 minutes. Participants were not given incentives to participate in the research.



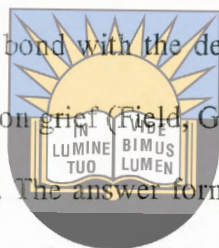
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Study 2: The second study's questionnaire was also distributed at the University of Fort Hare, during lectures and tutorials. Participants consisted of first-year students from the Psychology department, as well as first-year and second-year students from the Sociology department. The questionnaire consisted of existing scales similar to those used in Study 1. As in Study 1, questions pertaining to the demographic characteristics of participants, a question of whether the participant had experienced death, a question regarding the nature of the death, as well as a question with regard to the participant's relationship to the deceased, were included in the questionnaire. As in Study 1, participants were not given incentives to participate in the research.

3.5 Measures

Study 1: Continuing bonds were assessed by means of the Continuing Bonds Scale (CBS), which was developed by Field, Gal-Oz, and Bonanno (2003). The scale consists of 11 items that explore to what extent the bereaved individual feels the deceased loved one remains a part of his or her life. The scale's focus on the maintenance or relinquishment of the bond with the deceased, is broadly consonant with an attachment theory perspective on grief (Field, Gao, & Paderna, 2005; as cited in Neimeyer, Hogan, & Laurie, 2008). The answer format used was a 5 point Likert scale (see attached Appendix 1). In previous studies the scale was found to show sufficient internal consistency (alpha = .93; Neimeyer, Hogan & Laurie, 2008). In the present study, all items of the CBS were used with a Cronbach's Alpha of .93.



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Complicated Grief was measured by means of the Inventory of Complicated Grief (ICG), which was developed by Prigerson et al., (1995). It is used to measure symptoms of grief that form a unified component of emotional distress, which is clearly distinguishable from the symptoms of anxiety and depression (see also Neimeyer, Hogan & Laurie, 2008). The scale is made up of 33 items. The answer format used was a 5 point Likert scale and high scores are indicative of complicated grief. In the present study, only 19 out of the 33 items were used; since only those 19 items revealed an inter-item total correlation larger than .3 (see attached Appendix 2). The 19 item scale revealed a Cronbach's Alpha of .91.

Grief and meaning reconstruction was measured by means of the Grief and Meaning Reconstruction Inventory (GMRI), which originates from a conception of grieving as a process which entails the reaffirmation or reconstruction of a world of meaning that has been challenged by the loss of a loved one (Neimeyer, 2001, 2005; as cited in Neimeyer, Hogan, & Laurie, 2008). The scale accords with a growing body of research that connects bereavement adaptation with survivors' success in the assimilation of the loss into their already existing systems of secular, practical, or spiritual meaning; or alternatively, accommodating these systems in order to find new significance and orientation in the loss, as well as in the lives they must now lead (Gillies & Neimeyer, 2006; as cited in Neimeyer, Hogan, & Laurie, 2008). The GMRI has strong psychometric properties (GMRI; Gillies & Neimeyer, 2007; as cited in Neimeyer, Hogan, & Laurie, 2008) and previous analyses support the reliability and validity of the GMRI's five factors (Neimeyer, Hogan, & Laurie, 2008). These five factors or subscales are the following: the Continuing Bonds (7 items), Personal Growth (7 items), Sense of Peace (5 items), Emptiness and Meaninglessness (6 items) and also the Valuing Life subscales (4 items, see Appendix 3). Due to the aim of the present study and the sample size, it was decided to use the overall measure of the GMRI-scale instead of distinguishing the five dimensions of the scale. The overall scale revealed a Cronbach's Alpha of .79.

Depression was measured by means of the Beck Depression Inventory (BDI). Field and Friedrichs (2004) report that the BDI was developed by Beck and Steer (1987, cited in Field & Friedrichs, 2004). The BDI is a widely used, psychometrically sound measure (Field, Gal-Oz, & Bonanno, 2003). The authors add that the presence

and severity of various cognitive, affective, motivational, vegetative and psychomotor symptoms of depression are assessed by the scale. The scale is made up of 21 groups of statements using a 4 point Likert scale as answer format. The respondent chooses the statement of each group which is most appropriate (see Appendix 4). All items of the BDI were used and the scale revealed a Cronbach's Alpha of .92.

Study 2: The bereavement instruments as well as the measure for depression used in Study 2 were identical as used in Study 1 (see Appendix 1 - 4). The CBS revealed a Cronbach's Alpha of .91, the GMRI revealed a Cronbach's Alpha of .87, while the BDI revealed a Cronbach's Alpha of .92.



Two belief systems were distinguished: Western (5 items) and Ubuntu (5 items). The scale was developed for the present study and the items are outlined in Appendix 5. The two scales revealed sufficient Cronbach's Alphas of .75 and .76, respectively.

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3.6 Results

Study 1: The hypothesis which stated that continuing bonds and complicated grief predict depression was tested for participants who had lost someone recently and participants who did not lose someone recently, separately. Table 1 informs about the means, standard deviations and correlation coefficients of all principle variables of participants who had lost somebody recently and participants who did not lose somebody recently. As the results show, the two groups differ significantly in their GMRI scores but not in respect to any other scores.

Table 1. Means (M), Standard Deviations (SD), and intercorrelation coefficients of principle variables

Variables	1	2	3	4
1 BDI	-	.178	.323**	-.211
2 CBS	.096	-	.200 †	.529***
3 ICG	.312	.763***	-	.069
4 GMRI	-.286	.477*	.275	-
	M (SD)	M (SD)	M (SD)	M (SD)
Recent loss (upper part)	0.70 (0.67)	2.98 (1.04)	2.13 (0.75)	3.44 (0.48)
Not recent loss (lower part)	0.52 (0.36)	2.32 (1.04)	2.00 (0.99)	3.68 (0.53)
t – statistics	t (104) = 1.32; p > .05	t (104) = -0.73; p > .05	t (109) = 0.73; p > .05	t (108) = -2.24; p < .05



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Notes: † p < .10, * p < .05, ** p < .01, *** p < .001

Using path analysis (Amos 17.0), the following saturated model was tested for participants who indicated that they had lost someone, versus participants who indicated that they did not lose someone dear to them recently. The model is represented by Figure 1.

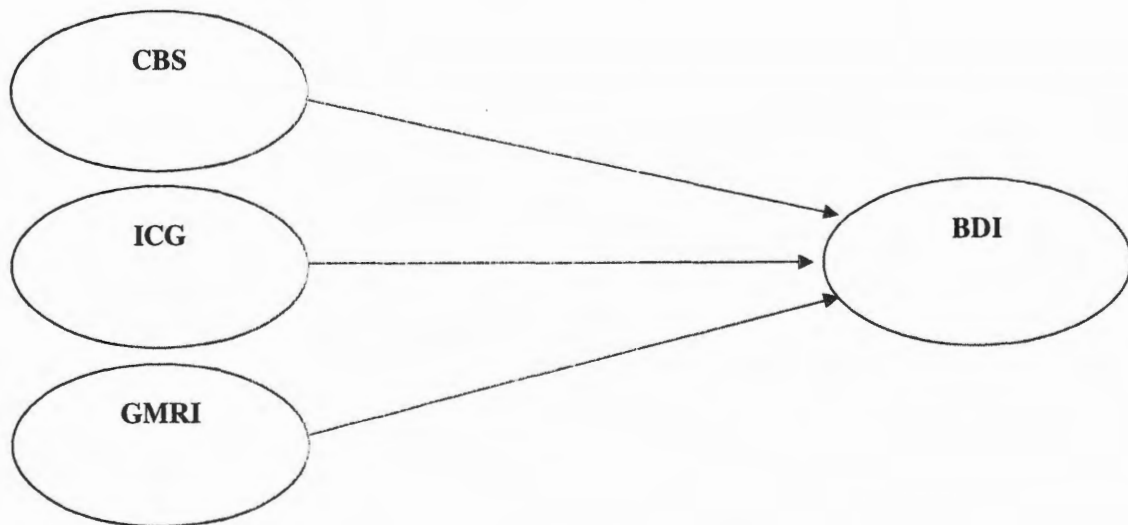


Figure 1. Model predicting depression

The results of the path analysis for the two groups are depicted in Table 2. The model comparison revealed a significant group difference between participants who had lost someone, versus those who did not lose someone in respect to the path CBS on BDI, $X^2(1) = 4.287, p < .05$. The two groups did not differ in respect to the remaining two paths ($ps > .05$). These results indicate that the hypothesized model is most appropriate for individuals who had lost someone recently.



Table 2. Standardized regression weights of saturated path model for loss and non-loss participants.

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<i>Dependent variable</i>	Loss	Non-loss
BDI		
Explained variance	24%	25%
<i>Independent variables</i>		
CBS	.332**	-.102
ICG	.282**	.493†
GMRI	-.418***	.373*

Notes: † $p < .10$, * $p < .05$, ** $p < .01$, *** $p < .001$

In a second analysis we compared the race groups, i.e. black versus non-black participants who indicated that they had lost someone recently, in respect to the proposed model (see Figure 1). Non-black participants consisted of white, coloured and Indian participants. The decision to include these three social groups under one

category was mainly driven by the small sample sizes of the three groups. The means, standard deviations and intercorrelation coefficients of all principle variables for black participants and non-black participants are reported in Table 3.

Table 3. Means (M), Standard Deviations (SD), and intercorrelation coefficients of principle variables.

Variables	1	2	3	4
1 BDI	-		.348**	-.261
2 CBS	.251		.112	.505***
3 ICG	.209	.360	-	.054
4 GMRI	-.012	.529**	.077	-
	M (SD)	M (SD)	M (SD)	M (SD)
Black participants (upper part)	0.71 (0.68)	3.12 (0.979)	2.20 (0.79)	3.45 (0.48)
Non-black participants (lower part)	0.65 (0.68)	2.45 (1.11)	1.83 (0.54)	3.34 (0.46)
<i>t</i> – statistics	<i>t</i> (77) = 0.34; <i>p</i> > .05	<i>t</i> (77) = 2.41; <i>p</i> < .05	<i>t</i> (79) = 1.91; <i>p</i> < .05	<i>t</i> (79) = 0.88; <i>p</i> > .05

Notes: † *p* < .10, * *p* < .05, ** *p* < .01, *** *p* < .001

The group comparison shows that black participants score significantly higher on the CBS and the ICG measures when compared to non-black participants. The results of the path analysis are summarized in Table 4.

Table 4. Standardized regression weights of saturated path model for black and non-black participants.

<i>Dependent variable</i>	Black	Non-black
BDI		
Explained variance	28%	14%
<i>Independent variables</i>		
CBS	.331**	.405
ICG	.331**	.117
GMRI	-.446***	-.319

Notes: † $p < .10$, * $p < .05$, ** $p < .01$, *** $p < .001$



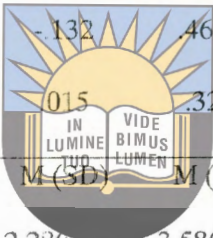
The results revealed only significant coefficients for the group of students who indicated that they had lost somebody. However, the model comparison revealed no significant differences between the two groups ($ps > .05$).

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Study 2: The hypothesis which stated that continuing bonds, complicated grief and belief systems predict depression, was tested for participants who had lost someone recently and participants who did not lose someone recently, separately. Table 5 informs about means, standard deviations and intercorrelation coefficients of all principle variables for participants who had lost someone recently and participants who did not lose someone recently. The results show no significant group differences in the scores of the principle measures.

Table 5. Means (M), Standard Deviations (SD), and intercorrelation coefficients of principle variables.

Variable	1	2	3	4	5	6
1 BDI	-	.083	.464***	-.078	-.295*	-.305*
2 CBS	.092	-	.332**	.615***	.357**	.271*
3 ICG	.401**	.222	-	.125	-.020	-.158
4 GMRI	-.014	.440**	-.008	-	.443***	.499***
5 UBUNTU	-.445**	.415**	-.132	.465**	-	.603***
6 WESTERN	-.247	.292†	.015	.324*	.665***	-
	M (SD)	M (SD)	M (SD)	M (SD)	M (SD)	M (SD)
Recent loss (upper part)	.73(0.68)	3.49(0.98)	2.23(0.89)	3.58(0.63)	4.01(0.81)	3.80(0.88)
Non - loss (lower part)	.76(0.68)	3.25(1.00)	2.44(0.97)	3.41(0.47)	3.97(0.77)	3.81(0.76)
<i>t</i> - statistics	<i>t</i> s (105 – 116) < 1.26, <i>p</i> s > .05					



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Notes: † *p* < .10, * *p* < .05, ** *p* < .01, *** *p* < .001

In the first step, we aimed to replicate the model as used in Study 1 through path analysis (Amos 17.0). The results are presented in Table 6.

Table 6. Standardized regression weights of saturated path model for loss and non-loss participants

<i>Dependent variable</i>	Loss	Non-loss
BDI		
Explained variance	26%	16%
<i>Independent variables</i>		
CBS	.052	-.002
ICG	.486***	.401**
GMRI	-.203	-.018

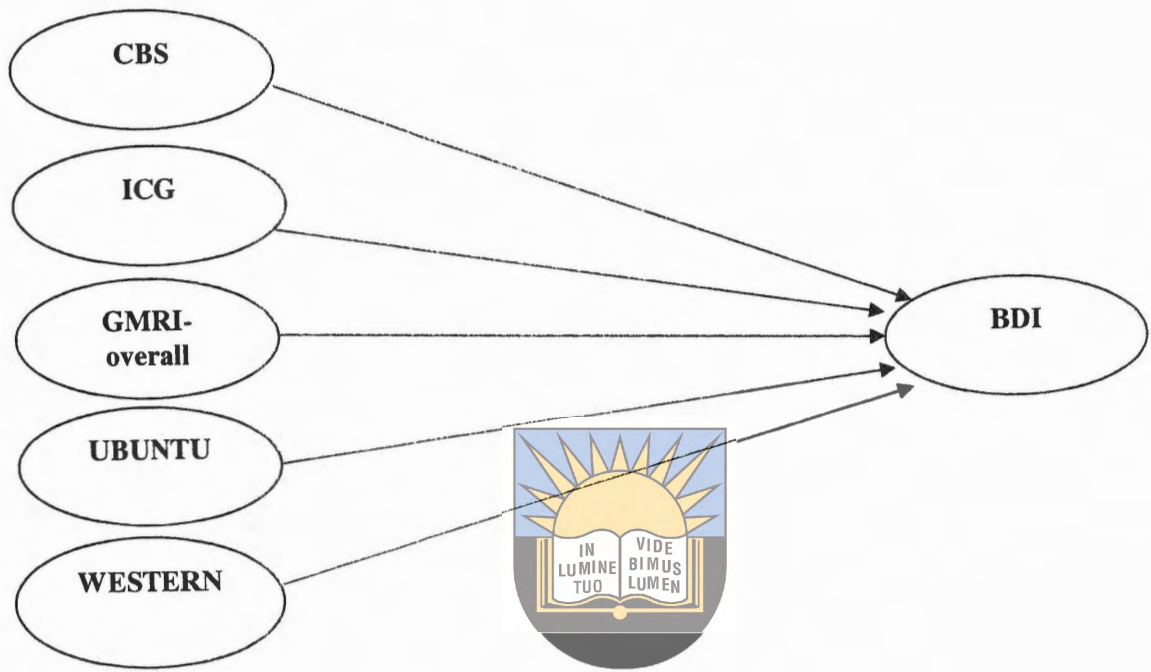
Notes: † $p < .10$, * $p < .05$, ** $p < .01$, *** $p < .001$

The model comparison between participants who had lost someone versus those who had not lost someone, revealed no significant differences ($ps > .05$). These results differ from the results as found in Study 1, where group differences were found in the path CBS on BDI.



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The second aim of Study 2 was to determine whether the inclusion of the two different belief systems (Ubuntu vs. Western) would improve the originally proposed model (see Figure 2).



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Figure 2. Extended model predicting depression. *Together in Excellence*

The extended model was tested for the whole sample since no group differences were found for the basic model. The results of the extended model are indicated in Table 7.

Table 7. Standardized regression weights of saturated path model for the whole sample.

<i>Dependent variable</i>	Whole sample
BDI	
Explained variance	33%
<hr/>	
<i>Independent variables</i>	
CBS	.120
ICG	.374***
GMRI	.011
UBUNTU	
WESTERN	-.333**

Notes: † $p < .10$, * $p < .05$, ** $p < .01$, ***



In order to establish whether the extended model fits the present data better than the original (basic) model, we conducted a nested model analysis. The results revealed that the extended model (baseline model) fits the present data significantly better than the original model (nested model), $X^2(2) = 17.33, p < .001$. These results indicate that the model extension improved the model fit. The extended model indicates that complicated grief (e.g. ICG) increases the likelihood of depression as a consequence, while the belief system of Ubuntu decreases the likelihood of depression.

3.7 Ethical considerations

With reference to both the first and second studies of the present research, ethical clearance was obtained from the department of Psychology at the University of Fort Hare. Furthermore, students were offered the opportunity to undergo counseling if they felt the need for it. However, this service was not made use of in the course of either of the two studies.



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CHAPTER 4

DISCUSSION

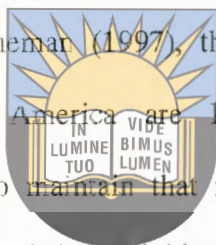
The first aim of the study was to test the model of the bereavement measures and depression. The sample consisted of those who had lost someone and those who did not lose someone. In terms of scores, participants who indicated that they had lost someone, scored lower on the GMRI than those individuals who did not lose someone. However, the two groups did not differ in the relationship between the bereavement measures and depression. In line with previous research, black participants scored significantly higher on complicated grief and continuing bonds when compared to non-black participants (Kawachi & Neimeyer, 2008). However, the model comparison between the two groups for black participants indicated no group differences, which means that the two groups do not differ in the relationship between bereavement measures and depression. The results show that the bereavement measures are associated with depression. Since the relationship could be confirmed, a second study was conducted that aimed firstly to replicate the findings and secondly to test the assumption that belief systems play an important role in bereavement. In line with the literature, we distinguished two belief systems: the Ubuntu and Western belief systems.

Literature suggests a clear distinction between the Ubuntu and the Western belief systems. According to Murithi (2007), the African worldview, known as Ubuntu, involves an ancient African code of ethics which emphasizes the importance of generosity, hospitality, as well as respect for all members of a community; while it furthermore embraces the view that we all belong to a single human family. The

author maintains that people who adhere to the ideals of Ubuntu are caring, friendly, as well as compassionate, share whatever they have, and are available to others. The author views Ubuntu as the improvement of human beings' collective well-being; and in line with this, Bonn (2007) views Ubuntu as the concern for other peoples' welfare. Finally, the latter author states that it could be expected that the transmission of values that are related to Ubuntu, could become diluted in case of the interaction with Western values.

According to Ma and Schoeneman (1997), the cultures of Northern and Western Europe and also North America are known as being generally individualistic; while the authors also maintain that many Western psychologists assume that their culture's perception of the individual as an autonomous entity is universal. The authors report that individualists are people that place emphasis on their private self, more so than on their collective identity; and that their self-concepts may be described as separate, egocentric, autonomous, independent, and self-contained. The authors furthermore note that individualists perceive a clear boundary which separates the self from other people (i.e., independent view of the self, see Markus & Kitayama, 1998), while they also give higher priority to their personal goals than to the goals of a group. Finally, the self-contained individual's main life goals are to become independent from other people (which also involve emotional detachment toward others) and realize one's potential (Ma & Schoeneman, 1997).

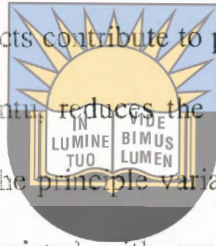
From the above-mentioned it seems clear that that the two worldviews, i.e. Ubuntu and Western worldviews are in fact quite different from each other.



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In terms of the second study, the aim was to replicate the relationship between bereavement scales and depression as found in Study 1. The differences that were found in Study 1, i.e. between those individuals who had lost someone and those who did not lose someone, with regard to the GMRI-scores, could not be replicated. The second aim of the study was to extend the original model by including two belief systems, namely the Ubuntu belief system versus the Western belief system. The extended model fitted the present data significantly better than the original model, which indicates that these two constructs contribute to predict depression. The results indicated that the belief system, Ubuntu, reduces the likelihood of depression. The results of the correlation analysis of the principle variables also show that the belief system of Ubuntu is positively associated with continuing bonds and grief and meaning reconstruction.



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CHAPTER 5: CONCLUSION

Rosenblatt and Wallace (2005; as cited in Neimeyer, Baldwin, & Gillies, 2006) argue that little empirical work has investigated issues pertaining to ethnicity and grieving; while nearly all the research on bereavement is conducted on white populations (Neimeyer et al., 2008). The present study aimed to explore bereavement from a cultural perspective and it included black as well as non-black participants sourced from the multicultural South African society.



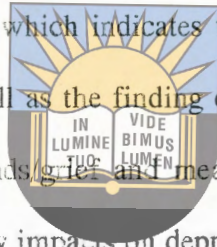
The overall aim of the present study was to identify the relationship between bereavement scales and depression, particularly with regard to complicated grief; since it is prolonged and complicated, it can have a severe impact on not only the physical, but also the psychological health of bereaved individuals, due to its association with depression (see Ott, 2003; and Prigerson & Maciejewski, 2006; as cited in Niemeyer et al, 2008).

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The results of the two studies indicated that depression is indeed associated with bereavement scales. Study 1 replicated the findings that were found in the United States of America, namely that black individuals score higher in certain bereavement measures than non-black individuals do (see the study conducted by Laurie and Neimeyer in 2008, in which higher levels of grief symptomatology was reported by the African American participants than the white participants). However, these differences between black and non-black individuals do not express itself in the relationship between the bereavement scales and depression. Study 2 showed that the

belief system of Ubuntu negatively predict depression, which means that adhering to the belief system of Ubuntu decreases the likelihood of depression. One might consider such a positive impact of Ubuntu on a bereaved individual, with reference to Rubin (1985, 1999; cited in Boerner & Heckhausen, 2003), as the author argues that an adaptive bond to the deceased individual is developed when the bereaved person's connection to the deceased is assimilated alongside the bereaved individual's commitment to other individuals.

The result found in Study 2, which indicates that the Ubuntu belief system negatively predicts depression, as well as the finding of the significant relationships between Ubuntu and continuing bonds/grief and meaning reconstruction; suggests that the belief system not only directly impacts on depression, but might also mediate the relationship between bereavement and depression. Future research should specify the function of belief systems.



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It is deemed necessary to note that the study had various limitations. In the first instance, the samples were comprised of students only, and evidently, there were some participants who had not lost someone dear to them. Secondly, the present study was a correlative study, meaning that one assumes correlative relationships and thus not casual relationships, between constructs. Thirdly, we had a limited number of scales with which to measure the constructs. Beside the mentioned limitations, the study indicated that although ethnic groups might differ in their scores of bereavement measures and depression, they do not differ in the relationships of these measures.

Having said that, it became evident that once different belief systems were introduced in Study 2 the model predicting depression improved. Furthermore, the results demonstrated that not only does complicated grief increase the likelihood of depression as a consequence, but also that the belief system of Ubuntu actually decreases the likelihood of depression. In addition, it was found that the belief system of Ubuntu is positively associated with continuing bonds and grief and meaning reconstruction, which means that the more one adheres to the Ubuntu belief system, the more one is inclined to continue strong bonds with the deceased individual; while also being more inclined to undergo successful grief and meaning reconstruction. The latter suggests that the Ubuntu belief system might support people to reconstruct grief and meaning successfully. However, future research needs to be conducted to test this conclusion. *Together in Excellence*



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As a final point of discussion, one may consider treatment options with regard to bereavement. With specific reference to the treatment of depression associated with bereavement, Auster, Moutier, Lanouette, and Zisook (2008) provide some guidance. The authors maintain that there are various published studies on bereavement-related depression and that these studies indicate the safety and efficacy of various antidepressant medications. They elaborate and refer to four open studies which support the efficacy and safety of Desipramine, Nortriptyline, Escitalopram, and also Bupropion.

From a psychotherapeutic perspective, Auster et al. (2008) refer to a study conducted by Reynolds et al. (1999, as cited in Auster et al., 2008), in which it was found that interpersonal psychotherapy is not more helpful for bereavement-related

depression than placebo, although it is better when administered in combination with antidepressant medications. In addition, and in the case of highly co-morbid or very severe episodes, or in instances where medication has not been successful, a combination treatment which may involve multiple medications or targeted psychotherapy may be the treatment of choice (Auster et al., 2008).



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APPENDIX 1

CONTINUING BONDS SCALE (CBS)

	Not at all true	Slightly true	Moderately true	Considerably true	Very true
1. I seek out things to remind me of the deceased.	1	2	3	4	5
2. I keep items that belonged to or were closely associated with the deceased as a reminder of him or her.	1	2	3	4	5
3. I like to reminisce or speak with others about the deceased.	1	2	3	4	5
4. I have inner conversations with the deceased where I turn to him or her for comfort or advice.	1	2	3	4	5
5. Even though no longer physically present, the deceased continues to be a loving presence in my life.	1	2	3	4	5
6. I am aware of having taken on many of the deceased's habits, values, or interests.	1	2	3	4	5
7. I am aware of the positive influence of the deceased on whom I am today.	1	2	3	4	5
8. I attempt to carry out the deceased's wishes.	1	2	3	4	5
9. I have many fond memories of the deceased that bring joy to me.	1	2	3	4	5



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10. When making decisions, I imagine the deceased's viewpoint and use this as a guide in deciding what to do.	1	2	3	4	5
11. I experience the deceased as continuing to live on through me.	1	2	3	4	5



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APPENDIX 2

INVENTORY OF COMPLICATED GRIEF (ICG)

1. Do you ever feel yourself longing and yearning for the deceased person?

- 1. Less than once a month
- 2. Monthly
- 3. Weekly
- 4. Daily
- 5. Several times a day

2. Do you ever feel drawn to places and things associated with deceased person?

- 1. Less than once a month
- 2. Monthly
- 3. Weekly
- 4. Daily
- 5. Several times a day



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3. In the past month, have you ever felt lonely?

- 1. Less than once a month
- 2. Monthly
- 3. Weekly
- 4. Daily
- 5. Several times a day

4. Was the loss of the deceased person traumatic for you?

- 1. Loss, but not traumatic
- 2. Loss moderately traumatic
- 3. Loss severely traumatic

5. Do you ever try to avoid reminders that the deceased person is gone?

- 1. Less than once a month
- 2. Monthly
- 3. Weekly
- 4. Daily
- 5. Several times a day

6. Do you ever try to avoid reminders of the deceased person?

- 1. Less than once a month
- 2. Monthly
- 3. Weekly
- 4. Daily
- 5. Several times a day

7. Are there any things you used to do before the death of deceased person that you no longer do?

- 1. Yes
- 2. No

(If you made a check mark next to 1, go to C 8. If you made a check mark next to 2

- 1. Less than once a month
- 2. Monthly
- 3. Weekly
- 4. Daily
- 5. Several times a day



25. Do you ever feel angry about the deceased's death?

- 1. Less than once a month
- 2. Monthly
- 3. Weekly
- 4. Daily
- 5. Several times a day

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26. To what extent are you bitter over the deceased's death?

- 1. No sense of bitterness
- 2. A slight sense of bitterness
- 3. Some sense
- 4. A marked sense
- 5. An overwhelming sense

27. Sometimes people who lose a loved one feel uneasy about moving on with their life. To what extent do you feel that moving on (for example, making new friends, pursuing new interests) would be difficult for you?

- 1. Moving on would be a little difficult
- 2. Somewhat difficult
- 3. Very difficult
- 4. Extremely difficult

28. Do you ever have trouble doing the things you normally do because you are thinking about the deceased so much?

- 1. Less than once a month
- 2. Monthly
- 3. Weekly
- 4. Daily
- 5. Several times a day

29. Do memories of the deceased ever upset you?

- 1. Less than once a month
- 2. Monthly
- 3. Weekly
- 4. Daily
- 5. Several times a day



30. Do you ever hear the voice of the deceased speak to you?

- 1. Less than once a month
- 2. Monthly
- 3. Weekly
- 4. Daily
- 5. Several times a day

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31. Do you ever see the deceased stand before you?

- 1. Less than once a month
- 2. Monthly
- 3. Weekly
- 4. Daily
- 5. Several times a day

32. To what extent have you felt on edge, jumpy, or easily startled in the past month?

- 1. No change in feelings of being on edge
- 2. A slight sense of feeling on edge
- 3. Some sense
- 4. A marked sense
- 5. An overwhelming sense

34. In the past month, to what extent has your sleep been disturbed?

- 1. Not disturbed
- 2. Slightly disturbed
- 3. Moderately disturbed

- 4. Very disturbed
- 5. Extremely disturbed

35. Do you feel at all guilty for surviving, or that it is unfair that you should live when the deceased died?

- 1. No sense of guilt over surviving the deceased
- 2. A slight sense of guilt
- 3. Some sense
- 4. A marked sense
- 5. An overwhelming sense

36. Do you ever feel envious of others who have not lost someone close?

- 1. Less than once a month
- 2. Monthly
- 3. Weekly
- 4. Daily
- 5. Several times a day



37. How many months has it been since the deceased's death? Months: _____

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38. How many months after your loss did these feelings begin? Months: _____
(0=immediately)

39. How many months have you been experiencing these feelings? Months: _____
(0=never)

40. Have there been times when you did not have pangs of grief and then these feelings began to bother you again?

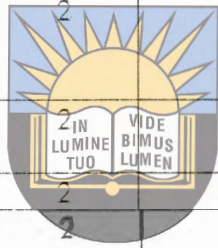
- 1 Yes
- 2 No

41. Can you describe how your feelings of grief have changed over time?

APPENDIX 3

GRIEF AND MEANING RECONSTRUCTION INVENTORY (GMRI)

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1. The time I spent with the deceased was a blessing.	1	2	3	4	5
2. I do not see any good that has come from this loss.	1	2	3	4	5
3. Since this loss, I'm more self-reflective.	1	2	3	4	5
4. I value family more.	1	2	3	4	5
5. I will see the deceased again.	1	2	3	4	5
6. Since this loss, I find myself more alone and isolated.	1	2	3	4	5
7. I've been able to make sense of this loss.	1	2	3	4	5
8. Since this loss, I'm a stronger person.	1	2	3	4	5
9. I can't understand this loss.	1	2	3	4	5
10. I was prepared for the deceased to die.	1	2	3	4	5
11. The deceased was a good person; he/she lived a good life.	1	2	3	4	5
12. I value and appreciate life more.	1	2	3	4	5
13. Since this loss, I've changed my lifestyle for the better.	1	2	3	4	5
14. Memories of the deceased bring me a sense of peace and solace.	1	2	3	4	5
15. This death brought the deceased peace.	1	2	3	4	5



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16. I've lost my innocence.	1	2	3	4	5
17. This death ended the deceased's suffering.	1	2	3	4	5
18. I miss the deceased.	1	2	3	4	5

19. Since this loss, I make more effort to help others.	1	2	3	4	5
20. I feel empty and lost.	1	2	3	4	5

21. I cherish the memories of the deceased.	1	2	3	4	5
---	---	---	---	---	---

22. Since this loss, I value friendship and social support more.	1	2	3	4	5
--	---	---	---	---	---



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23. The deceased was prepared to die.	1	2	3	4	5
---------------------------------------	---	---	---	---	---

24. Whenever I can, I seize the day. I live life to the fullest.	1	2	3	4	5
--	---	---	---	---	---

25. Since this loss, I'm a more responsible person.	1	2	3	4	5
---	---	---	---	---	---

26. I believe the deceased is in a better place.	1	2	3	4	5
--	---	---	---	---	---

27. I feel pain from regrets I have in regard to this loss.	1	2	3	4	5
---	---	---	---	---	---

--	--	--	--	--	--

28. I've come to understand that life is short and it gives us no guarantees.	1	2	3	4	5
29. Since this loss, I've pursued new avenues of knowledge and learning.	1	2	3	4	5

Factor

1. Continuing Bonds

2. Personal Growth

3. Sense of Peace

4. Emptiness & Meaninglessness*

5. Valuing Life

Item #'s

1, 5, 11, 14, 18, 21, 26

3, 8, 13, 19, 22, 25, 29

7, 10, 15, 17, 23

2, 6, 9, 12, 20, 27 [*these items are reverse scored]

4, 12,



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APPENDIX 4

BECK DEPRESSION INVENTORY (BDI)

1. Sadness

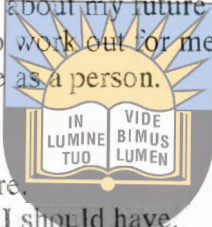
- 0 I do not feel sad.
- 1 I feel sad much of the time.
- 2 I am sad all of the time.
- 3 I am so sad or unhappy that I can't stand it.

2. Pessimism

- 0 I am not discouraged about my future.
- 1 I feel more discouraged about my future than I used to be.
- 2 I do not expect things to work out for me.
- 3 I feel I am a total failure as a person.

3. Past failure

- 0 I do not feel like a failure.
- 1 I have failed more than I should have.
- 2 As I look back, I see a lot of failures.
- 3 I feel I am a total failure as a person.



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4. Loss of pleasure

- 0 I get as much pleasure as I ever did from the things that I enjoy.
- 1 I don't enjoy things as much as I used to.
- 2 I get very little pleasure from the things I used to enjoy.
- 3 I can't get any pleasure from the things I used to enjoy.

5. Guilty Feelings

- 0 I don't feel particularly guilty.
- 1 I feel guilty over many things I have done or should have done.
- 2 I feel quite guilty most of the time.
- 3 I feel guilty all of the time.

6. Punishment feelings

- 0 I don't feel I am being punished.
- 1 I feel I may be punished.
- 2 I expect to be punished.
- 3 I feel like I am being punished.

7. Self-Dislike

- 0 I feel the same about myself as ever.
- 1 I have lost confidence in myself.
- 2 I am disappointed in myself.
- 3 I dislike myself.

8.. Self-Criticalness

- 0 I don't criticize or blame myself more than usual.
- 1 I am more critical of myself than I used to be.
- 2 I criticize myself for all of my faults.
- 3 I blame myself for everything bad that happens.

9. Suicidal Thoughts or Wishes

- 0 I don't have any thoughts of killing myself.
- 1 I have thoughts of killing myself, but I would not carry them out.
- 2 I would like to kill myself.
- 3 I would kill myself if I had the chance.

10. Crying

- 0 I don't cry any more than I used to.
- 1 I cry more than I used to.
- 2 I cry over every little thing.
- 3 I feel like crying, but I can't.



11. Agitation

- 0 I am no more restless or wound up than usual.
- 1 I feel more restless or wound up than usual.
- 2 I am so restless or agitated that it's hard to study.
- 3 I am so restless or agitated that I'm constantly moving or doing something.

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12. Loss of interest

- 0 I have not lost interest in other people or activities.
- 1 I am less interested in other people or things than before.
- 2 I have lost most of my interest in other people or things.
- 3 It's hard to get interested in anything.

13. Indecisiveness

- 0 I make decisions about as well as ever.
- 1 I find it more difficult to make decisions than usual.
- 2 I have much greater difficulty in making decisions than I used to.
- 3 I have trouble making any decisions.

14. Worthlessness

- 0 I do not feel I am worthless.
- 1 I don't consider myself as worthwhile and useful as I used to.
- 2 I feel more worthless as compared to other people.
- 3 I feel utterly worthless.

15. Loss of Energy

- 0 I have as much energy as ever.
- 1 I have less energy than I used to have.
- 2 I don't have enough energy to do very much.
- 3 I don't have enough energy to do anything.

16. Changes in Sleeping Pattern

- 0 I have not experienced any change in my sleeping pattern.
- 1a I sleep somewhat more than usual.
- 1b I sleep somewhat less than usual.
- 2a I sleep a lot more than usual.
- 2b I sleep a lot less than usual.
- 3a I sleep most of the day.
- 3b I wake up 1-2 hours early and can't get back to sleep.

17. Irritability

- 0 I am no more irritable than usual.
- 1 I am more irritable than usual.
- 2 I am much more irritable than usual.
- 3 I am irritable all the time.



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18. Changes in Appetite

- 0 I have not experienced any change in my appetite.
- 1a My appetite is somewhat less than usual.
- 1b My appetite is somewhat greater than usual.
- 2a My appetite is much less than before.
- 2b My appetite is much greater than usual.
- 3a I have no appetite at all.
- 3b I crave food all the time.

19. Concentration Difficulty

- 0 I can concentrate as well as ever.
- 1 I can't concentrate as well as usual.
- 2 it's hard to keep my mind on anything for very long.
- 3 I find I can't concentrate on anything.

20. Tiredness or Fatigue

- 0 I am no more tired or fatigued than usual.
- 1 I get more tired or fatigued more easily than usual.
- 2 I am too tired or fatigued to do a lot of the things I used to do.
- 3 I am too tired or fatigued to do most of the things I used to do.

21. Loss of Interest in Sex

- 0 I have not noticed any recent change in my interest in sex.
- 1 I am less interested in sex than I used to be.
- 2 I am much less interested in sex now.
- 3 I have lost interest in sex completely.




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APPENDIX 5

BELIEF SYSTEMS (UBUNTU & WESTERN)

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
<i>Ubuntu Items</i>					
1. I am who I am because of others around me.	1	2	3	4	5
2. I am happiest when those around me do well because it reflects well on me.	1	2	3	4	5
3. A human being cannot exist in isolation.	1	2	3	4	5
4. My service to others rather than my personal achievements is what gives me worth.	1	2	3	4	5
5. One becomes a human being through other human beings.	1	2	3	4	5
<i>Western Items</i>					
6. Who I am is entirely dependent on my own efforts.	1	2	3	4	5
7. My own views are most important when making decisions.	1	2	3	4	5
8. Self-affirmation is more important than the affirmation of others.	1	2	3	4	5
9. My sense of worth is determined more by my personal achievements than by my service of others.	1	2	3	4	5
10. Independence is something to be strived for	1	2	3	4	5


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