

## **BEREAVEMENT AND GRIEF: THEIR PREDICTIVE IMPACTS ON SENSE OF COHERENCE AMONG NKPOR NATIVES IN ANAMBRA STATE, NIGERIA**

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**ABSTRACT:** *The study examined bereavement/grief and impacts on sense of coherence in Nkpor, Anambra State, Nigeria. Adults (123) of 50 males, 73 females, age-range 23-67, mean-age 38.18 and SD 12.86 in simple random and snowballing samplings participated. Instruments were Sense of Coherence, Bereavement Phenomenological Questionnaire and Inventory of Complicated Grief. Design was correlational with Hierarchical Linear Regression. In findings, bereavement non-significantly predicted “comprehensibility” sense of coherence ( $F_{1, 121}$ ),  $\beta = -.02$ ,  $t = -.19$ ,  $p > .05$ . Grief significantly predicted “comprehensibility” sense of coherence ( $F_{2, 120}$ ),  $\beta = .29$ ,  $t = 3.08$ ,  $p < .05$ . Bereavement negatively significantly predicted “manageability” sense of coherence ( $F_{1, 121}$ ),  $\beta = -.02$ ,  $t = -.19$ ,  $p < .05$ . Grief negatively significantly predicted “manageability” sense of coherence ( $F_{2, 120}$ ),  $\beta = -.52$ ,  $t = -6.20$ ,  $p < .05$ . Bereavement non-significantly predicted “meaningfulness” sense of coherence ( $F_{1, 121}$ ),  $\beta = -.11$ ,  $t = 1.19$ ,  $p > .05$ . Grief non-significantly predicted “manageability” sense of coherence ( $F_{2, 120}$ ),  $\beta = .17$ ,  $t = 1.80$ ,  $p > .05$ . Recommendations: Social support needs to be given during bereavement/grief.*

**KEYWORDS:** bereavement, Grief, Sense of Coherence, Nkpor, Anambra State

### **INTRODUCTION**

Being bereaved shows that life is unpredictable. In the midst of grief associated with bereavement, if one fails to be coherence it may fire-up psychological uncertainty such as apathy, restlessness, frustration, guilt, regret, fear, trauma, depression, anxiety, sadness, sullenness, loss of appetite, anhedonia, difficulty sleeping, nightmares and lowered self-esteem (Alderfer *et al.*, 2009; Antonovsky, 1979; 1987; Eilegård, Steinbeck, Nyberg, & Kreicbergs, 2013).

Sense of coherence (SOC) has three domains namely Comprehensibility, manageability and meaningfulness of one's life. According to Antonovsky (1987) a person with a high feeling of comprehensibility expects that stimuli/events that appear in the future will be rational, understandable and predictable, or if they come as surprises they will be ordered and explicable. Similarly, a person with high feeling of manageability perceives the resources as

adequate and available to meet the demands posed by the stimulus, and still feel able to cope adequately with the situation. A person with high feeling of meaningfulness is more likely to feel that life makes sense and that at least some of the problems and demands are worth investing energy in and worth making commitments for.

A positive, but not directly causal, relationship may exist between the SOC and healthy life style, while negative direct causal could be linked to bereavement, grief, daily living, pain, global health status, depression, functional disability, and perceived learned helplessness (Antonovsky, 1979; 1987; Callahan & Pincus, 2015). The present study examines if bereavement and grief would impact sense of control among Nkpor Natives in Anambra State.

American Psychological Association (2013) defined bereavement as intense yearning or longing for the deceased, intense sorrow and emotional pain, and preoccupation with the deceased or the circumstances of the death. It is

also the objective situation of the loss of someone significant (Archer, 1999; Stroebe, Hansson, Stroebe & Schut, 2001). After losing someone important, the bereaved ones may feel the ache so much that it resembles a physical ache felt after a wound (Parkes & Prigerson, 2010). This may be a parent, sibling, partner, relative or friend. Schut, Stroebe et al. (2001) summarized the factors affecting the outcomes of bereavement under three categories: Individual factors like gender, emotional features, religious beliefs, self-issues; situational factors like the loss that is sudden or anticipated; and lastly interpersonal factors which are social reactions from others (partner, family, close friends etc.). The longer the time that has elapsed since the loss, the less loneliness undermines the sense of coherence, thus strengthening and consolidating sense of hope (Einav & Margalit, 2020).

Grief happens to be another variable of interest to this study and it refers to the range of emotional and physical responses that an individual may experience following the loss of a loved one (Archer, 1999). It can be viewed as a usual reaction to bereavement. The reactions of the person can be emotional or behavioural (Giddens & Giddens, 2000; Parkes & Prigerson, 2010; Stroebe, Hansson, Stroebe & Schut, 2001). Five categories of losses have been identified after which a person experiences the deep sorrow: The loss of a loved one, the loss of identity or status, the loss of the relationship, the loss of a place or a thing, and lastly the loss of capacity (Halifax, 2008).

Engel (1961) argued that grief resembles a departure from the healthy status, and as in physical wounds. Each adult grieves over his/her loss in his/her own manner and pace. Hence, boundaries between normal and pathological or abnormal have become more flexible and coherent (Janssen, Cuisinier & Hoogduin, 1996; Shuchter & Zisook, 2003). Worden (2009) believed that one benchmark of grief moving to completion is when the adult is able to think of the deceased without pain. In determining the time frame for normal grief, Janssen, Cuisinier and Hoogduin (1996) suggested that the first 6 months can be considered as common grieving period during which psychological and somatic problems, or behavioural changes are possible.

On the other hand, APA (2013) defined the abnormal grief reactions as complicated bereavement. Similarly, Horowitz, Wilner, Marmar and Krupnick (1980) stated that pathological/abnormal grief is the intensification of grief to the level where the person is overwhelmed, resorts to maladaptive behaviour, or remains interminably in the state of grief without progression of the mourning process towards completion. Abnormal grief reactions were also linked to the culture's specification of the behaviours' deviation from the expected course (Middleton, Raphael, Martinek & Misso, 2003) of sense of coherence (Herman, 1992).

Moreover, grief cannot be comprehended without full appreciation of its diverse and multidimensional nature. In order to fully understand the grieving process and determine its normality, it is necessary to analyse emotional and cognitive dimensions, coping strategies of the person, continuing relationship between bereaved and the deceased, bereaved one's relationship changes, adjustments of the identity, and how it impact their sense of coherence (Hollins & Esterhuyzen, 2017; Shuchter & Zisook, 2003).

### **Statement of the Problem**

Life begins with birth and ends with death. Still in Nigeria most people are overwhelmed with death of their loved ones. Personal experience from the death of family members has shown to me that death carries with it so much sorrow on the relations of the deceased. The negative implications on the relations are enormous if they fail to properly adjust and cope with the loss of their beloved one. It could damage the individual's sense of coherence and wellbeing. For loss of significant others can cause feelings of sadness, guilt, anger, difficulty in concentrating in other things rather than loss, decreased self-esteem, cognitive problems, crying a lot, avoidance of social situations, eating or sleeping problems, and use of addictive substances (Stroebe, Hansson, Stroebe & Schut, 2001).

Researches are many on the impacts of death on people's sense of coherence in the Western world. However, such cannot be said for Nigeria. Much information on the impacts of

death on sense of coherence in Nigeria has been documented on deductive reasoning and rational thinking. In some cases, such information or knowledge is theologically explained and it ends there. Even though disordered behaviour (whether for a short period or long period) associated with losing a loved one can be physically expressed in the Nigerian and African cultures, yet empirical studies are scarcely carried out on such behaviours. Therefore, the present study examines the impacts of bereavement and grief on sense of coherence among Nkpor natives in Anambra State, Nigeria.

### Research Questions

1. How does bereavement predict “comprehensibility” of sense of coherence among Nkpor natives in Anambra State, Nigeria?
2. To what extent does grief predict “comprehensibility” of sense of coherence among Nkpor natives in Anambra State?
3. In what way does bereavement predict “manageability” of sense of coherence among Nkpor natives in Anambra State?
4. To what degree will grief predict “manageability” of sense of coherence among Nkpor natives in Anambra State?
5. How does bereavement predict “meaningfulness” of sense of coherence among Nkpor natives in Anambra State?
6. How does grief predict “meaningfulness” of sense of coherence among Nkpor natives in Anambra State?

### Purpose of the Study

The purpose of the study is to:

1. Ascertain if bereavement will predict “comprehensibility” of sense of coherence among Nkpor natives in Anambra State, Nigeria.
2. Determine the extent grief will predict “comprehensibility” of sense of coherence among Nkpor natives in Anambra State.
3. Investigate whether bereavement can predict “manageability” of sense of coherence among Nkpor natives in Anambra State.

4. Examine if grief can predict “manageability” of sense of coherence among Nkpor natives in Anambra State.
5. Explore how bereavement will predict “meaningfulness” of sense of coherence among Nkpor natives in Anambra State.
6. Examine whether grief may predict “meaningfulness” of sense of coherence among Nkpor natives in Anambra State.

## LITERATURE REVIEW

### Theoretical Review

#### Bereavement

**Attachment Theory by Bowlby (1978, 1980):** According to this theory, bereavement occurs in four phases. In the phase of numbing, the person experiences intense anger, distress and the length of this period may last for weeks. In the second phase, the person yearns for the lost one and many feelings are present in this stage such as anger, confusion, preoccupation or anxiety. In the third phase of bereavement (disorganization and despair), the bereaved person withdraws herself and there is a deep sadness and despair. In the fourth phase (reorganization and recovery), even if the bereavement is never totally resolved, the person's positive emotions and memories of the lost one take over, his/her energy levels increase, and the person begins returning his/her normal life activities (Bowlby, 1980).

These symptoms of bereavement are similar as stated by Kirkley-Best and Kellner (1982) with other types of bereavement reactions by adults. Adult individuals may have reactions like preoccupation with image or thoughts of anger and reproach, guilt, injustice, despair, sleep or eating disorders, somatic symptoms, depression, hallucinations like hearing the voice of lost one (Kirkley-Best & Kellner, 1982). Doubtlessly, interpretation of Bowlby's theory of bereavement loss should be appreciated. Still, lack of explanations regarding the adult bereavement is missing.

#### Grief

**Kübler-Ross Grieving Theory:** Kübler-Ross's five stage model of grief has been the most known theory in the loss literature and its applicability to different cultures is everlasting. Her theory has been used largely in the psychology area as these stages could be

observed in different kinds of losses (Kübler-Ross & Kessler, 2014). In the first stage of grief is Denial, in which the person is paralyzed with loss. There exists numbness, and shock. This stage does not mean that the bereaved one does not literally know his/her loved one is dead. The person may say he or she cannot believe the loss. This is because the ache felt is too much for the psyche of the bereaved. In this stage, the bereaved found no meaning in the life, and the world becomes meaningless. Telling and retelling of the stories related to the lost one is very common. It is the way of the mind to deal with trauma. With the fading of denial, the bereaved begins to understand the finality of the loss.

In the second stage is Anger. Anger is present and can be directed to oneself, to the lost one or other people such as doctors. The bereaved may be angry to oneself because he or she did not do the necessary things to save the lost one, or he or she did not spend time with him/her. This anger is still normal, and this stage can be visited many times during the grief by understanding all the emotions under the anger. The third stage is Negotiation. The person is in a negotiation and the feeling of guilt accompanies this situation. The bereaved one can do anything to go back to the time to find the necessary treatment, prevent the accident and so on. The person feels like negotiating his/her way out of the pain he feels.

The fourth stage is Sadness, when the person gets over the denial, anger and negotiation, he/she begins experiencing intense sadness that results from realizing the present state. Contrary to clinical depression, experiencing depression after a loss is very natural and an expected response. The final stage is Acceptance. This does not mean that the bereaved person is all right about the loss. Rather, in this stage the person accepts the fact that the beloved one is physically gone, and the loss is permanent. So, there is the need to reorganize and move forward as healing process. Readjustment of the life after the lost one's leaving is possible for the grief individuals. This acceptance is a process, and every person has his/her own time. What has been lost cannot be replaced, but there is need to make new connections, new meaningful relationships, and new

interdependencies (Kübler-Ross & Kessler, 2014).

### **Sense of Coherence**

**Salutogenic Theory by Antonovsky (1987, 1996):** The salutogenic theory illustrates the interplay among sense of coherence (SOC), life experiences, generalized resistance resources (GRRs) and the health ease/disease continuum (Antonovsky, 1987, 1996). Theorist viewed health as a continuum, which he labelled the health ease/disease continuum (Antonovsky, 1987). People can move along this continuum between the two extremes of 'total absence of health' and 'total health' (Antonovsky, 1987). This movement along the health ease/disease continuum is initiated by the stressors that people encounter in everyday life. If people deal successfully with the stressors they can maintain their health status or move towards 'health-ease', whereas unsuccessful coping with the stressors can lead to breakdown and a movement towards 'disease' (Antonovsky, 1987).

In the theory, GRRs are resources within an individual (like attitudes, self-efficacy beliefs, knowledge) or in their environment (like social support, cultural stability) that can be used to counter the stressors of everyday life (Lindström & Eriksson, 2010). If the GRRs are applied successfully, they can prevent stressors from developing into stress, and can lead to the maintenance of movement towards 'health-ease' (Antonovsky, 1987). When the GRRs are not applied successfully, the state of tension may increase leading to breakdown and a movement towards 'disease'. For mobilized GRRs help individuals to deal with stressors by (i) avoiding stressors; (ii) defining them as non-stressors; and (iii) managing the stressors. A good health status may facilitate the acquisition of other GRRs as well (Antonovsky, 1979).

### **Empirical Review**

Einav and Margalit (2020) identified the factors that help bereaved parents cope with loss. In the study, the samples consisted of 81 parents (30 fathers and 51 mothers), who completed questionnaires on the following topics: Family climate, loneliness, sense of coherence and hope. A moderated mediation model revealed that increased levels of loneliness among the parents

predicted lower levels of hope. However, their emotional resources in terms of their sense of coherence mediated this relationship. In addition, the study showed that the number of years since the loss moderated the negative relationship between loneliness and the parents' emotional resources. The interviews conducted extended the understanding of these results, as parents described their ability to continue with their lives and identified their goals in terms of the hope theory, alongside their ongoing pain.

Tanacioğlu (2019) described the experiences of partners who experienced pregnancy loss. For this purpose, qualitative methodology was preferred, and phenomenology method was used in order to reflect the participants' experiences related to pregnancy loss. After conducting pilot study to get feedback about the quality, wording, and structure of sentences, the interview questions were reviewed by the academicians and psychological counsellors. The data of the study were gathered via semi-structured interviews with 10 couples (10 men and 10 women). The couples were interviewed separately, and the transcribed data were analyzed by using thematic analysis method. The codes and themes that were emerged from the data were shaped regarding the research questions and related literature. The results discovered from the data explained four main themes: Motivation to have a baby, short-term and long-term effects of pregnancy loss and factors affecting the grief resolution. The findings of the study revealed that pregnancy loss reactions were similar to reactions to other losses people experience. Moreover, the differences between men and women were highlighted. Results regarding the coping of the bereaved participants showed that having a prior or subsequent child, having positive perceived support from the partner and social environment could be protective factors for the bereaved ones.

Lindblad (2016) evaluated the sense of coherence (SOC) scale's stability and predictive value regarding progression and mortality in breast cancer patients. The study was done utilizing a prospective design with a long-term follow-up in a multicentre cohort at four different Swedish hospitals. Two studies were performed. Of the total cohort, 75% and 87% respectively,

participated in the two studies. In paper I, support for the SOC scale's stability over time (ICC 0.68, effect size 0.06) was demonstrated. The result of the cross-sectional factor analysis revealed a modified three-factor and a second order factor model meeting criteria for goodness of fit. The longitudinal modified second-order factor model confirmed the construct stability character of the SOC scale with an acceptable goodness-of-fit criterion. In paper II, patients with high SOC had a 60% lower risk of breast cancer progression and a 80% lower risk of mortality than patients with low SOC over a median follow-up time of 10 years. The mortality risk declined by 2.3% for every one-unit increase in SOC (breast cancer mortality HR, 0.98; 95% CI, 0.96 to 0.99 and all-cause mortality HR, 0.98; 95% CI, 0.96 to 0.99). After adjusting for potential cofounders, the risk declined by 1.7% (breast cancer mortality) and 1.5% (all-cause mortality). The risk of progression declined by 1.4% for every one-unit increase in SOC (HR, 0.99; 95% CI, 0.97 to 1.00). After adjusting for potential cofounders, the decline was 0.7%.

Xiu *et al.*, (2016) investigated clinical expressions of prolonged grief in samples of 32 Chinese and 33 Swiss bereaved parents, according to the proposed International Classification of Diseases, 11th Revision model of prolonged grief disorder (PGD). Sex differences and predictors (cultural attitudes, sense of coherence, and posttraumatic growth) of PGD were analyzed. In the study result, after controlling for sociodemographic and loss-related sample differences, both samples showed similar PGD symptom profiles, with Swiss parents exhibiting more severe grief-related preoccupation and Chinese parents exhibiting some accessory symptoms and functional impairment to a greater extent. Multivariate analyses revealed for the Chinese sample primary predictions of PGD by life satisfaction, general health and one's world view (social cynicism) and for the Swiss sample by female sex, sense of coherence, and life satisfaction.

### **Hypotheses**

1. Bereavement will significantly predict "comprehensibility" of sense of

coherence among Nkpor natives in Anambra State, Nigeria.

2. There will be significant predictive effect of grief on “comprehensibility” of sense of coherence among Nkpor natives in Anambra State.
3. Bereavement will significantly predict “manageability” of sense of coherence among Nkpor natives in Anambra State.
4. Grief will significantly predict “manageability” of sense of coherence among Nkpor natives in Anambra State.
5. There will be significant predictive impact of bereavement on “meaningfulness” of sense of coherence among Nkpor natives in Anambra State.
6. Grief will significantly predict “meaningfulness” of sense of coherence among Nkpor natives in Anambra State.

#### METHODS

**Participants:** One hundred twenty-three adults of participated in the study. They were drawn from Amafor, Umusiome and Isingwu village of Nkpor, Anambra State, Nigeria. The participants' age is between 23 to 67 with mean age of 38.18 and standard deviation of 12.86 of which 50 (40.7%) were male and 73 (59.3%) were female. Then 34 (27.6%) have Bachelors of Science (B.Sc), 29 (23.6%) have National Certificate Examination (NCE), 20(16.3%) have Higher National Diploma (HND), 15(12.2%) have Ordinary National Diploma (OND), and 25 (20.3%) have Senior Secondary School Certificate (SSCE). 52 (42.3%) are married, 36 (29.3%) are single, 15 (12.2%) are widowed, 12 (9.8%) are separated, and 8 (6.5%) are divorced. 103 (83.7%) are employed and 20 (16.3%) are unemployed. Simple random sampling technique was used to select three communities in Nkpor (Amafor, Umusiome and Isingwu village) out of five communities (Amafor, Ububa, Mgbachu, Umusiome and Isingwu village) for the study. This is to ensure there is equal participation of the communities while snowballing sampling technique was used to select the participants of this study. This is because the researcher cannot assess the participants except through the help of referrers.

**Instruments:** One of the instruments used in study was **Sense of Coherence (SOC) by Antonovsky (1987):** The short-form of the SOC was used in this study (Antonovsky, 1987). This 13 item version includes items measuring each of the three dimensions of SOC. The scale consists of five Comprehensibility items, four Manageability items, and four Meaningfulness items. Each item is presented on a 7-point Likert scale. Five of the items are negatively stated and reversed in scoring, so that a high score always indicates a stronger SOC. Antonovsky (1987) reports the short-form SOC to be reliable and reasonably valid. Sixteen reports using the SOC-13 include alpha reliabilities between 0.74 and 0.91 (Antonovsky, 1987, 1993). In this current study, the researcher reported Cronbach alpha of 0.89 for the overall scale. For subscale Cronbach alpha of 0.77 for Comprehensibility, 0.87 for Manageability, and 0.64 for Meaningfulness using 123 adults from Nkpor, Anambra State.

The second instrument used in the study was **Bereavement Phenomenological Questionnaire by Kissane, Bloch and McKenzie (1997).** The instrument has 22 items designed to measure the emotions like guilt and anger, images and thoughts of the deceased and form of attachment behaviours. Each of the items is rated on four-point rating scale: Continuously=1, Quite a bit of the time=2, A little bit of the time=3, Never=4. Similarly, Kissane, Bloch and McKenzie (1997), reported a Cronbach's alpha of 0.93 for 243 individuals at TI: 0.94 for 101 spouses and 0.92 for 142 offspring. In this study, the researcher reported internal consistency reliability of 0.78 for the scale using 123 adults from Nkpor, Anambra State, Nigeria.

The third instrument used in the study was **Inventory of Complicated Grief by Prigerson et al., (1995).** The scale contained 22 items that measured maladaptive symptoms of loss such as preoccupation with thoughts of the deceased, crying, searching and yearning for the deceased, disbelief about the death, being stunned by the death, and not accepting the death. Participants were asked to report the frequency (0 = never; 1 = rarely; 2 = sometimes; 3 = often; 4 = always) with which they currently experienced each of the emotional, cognitive, and behavioural

states described in the ICG. The internal consistency of the scale was 0.94 and test-retest of 0.80. The concurrent validity of the ICG in relation to other scales showed thus: The ICG total score showed a fairly high association with the BDI total score ( $r = 0.67, p < 0.01$ ), the TRIG score ( $r = 0.87, p < 0.01$ ), and the GMS score ( $r = 0.70, p < 0.01$ ). In this study, Cronbach alpha was 0.93 for the scale using 123 adults from Nkpor, Anambra State.

**Procedure:** The researcher with the help of self-introductory letter which explains the purpose of the study obtained the aid of referrers that assisted the researcher in meeting with the bereaved persons among Nkpor natives. The referrers enabled the researcher to gain access to the bereaved persons since the researcher cannot ascertain who is bereaved without with the help of the referrers from each of the selected communities. After selecting the participants rapport was established with the participants through referrers' aid from each of the selected communities and consent was taken from the respondents and the participants were assured

that their responses could be kept confidential. They were briefed about the study and that there are no wrong or right answers as per the instructions given in the questionnaire. 140 questionnaires were administered, while 123 was properly answered. This was subjected to SPSS version 22 for analysis. And the process took the researcher one month.

**Design and Statistics:** The study adopted correlational design because the objective of the study was to establish the relationship that exists between the study variables. Hierarchical Multiple Linear Regression analysis was used in testing the predictive effect of the variables in the study.

## RESULTS

The results of the data analysis were presented as follows: Descriptive and Zero Order Correlation Matrix Statistics and Hierarchical Multiple Linear Regressions Statistics Tables of Bereavement, Grief and Sense of Coherence (Comprehensibility, Manageability and Meaningfulness).

**Descriptive and Zero Order Correlation Matrix Statistics Table of Bereavement, Grief and Comprehensibility**

Sources	Mean	Std. Deviation	1	2	3
Comprehensibility	12.46	3.31	1.00		
Bereavement	44.26	3.246	.43	1.00	
Grief	49.35	6.62	.03**	.01**	1.00

**Interpretations:** The zero order table indicated that bereavement had no significant correlation with "comprehensibility" of sense of coherence at ( $r = .43, p > .01$ ). This means as bereavement decreases "comprehensibility" decreases. Grief

had significant correlation with "comprehensibility" of sense of coherence at ( $r = .03**, p < .01$ ). This means as grief increases "comprehensibility" also increases.

**Hierarchical Multiple Linear Regressions Statistics Table of Bereavement, Grief and Comprehensibility**

Model 1	R	R <sup>2</sup>	Adj. R <sup>2</sup>	Std. E.E.	df	F	B	t	Sig.
Bereavement	.017 <sup>a</sup>	.001	-.008	3.33	1	.04	-.02	-.19	.850
<b>Model 2</b>									
Bereavement	.271 <sup>b</sup>	.073	.058	3.21	2	9.47	-.13	-1.37	.174
Grief							.29	3.08	.003

**Interpretations:** Results from regression analysis using entered method, indicated that the overall model (bereavement and grief) accounted for 01.0% of the "comprehensibility" of sense of coherence, with  $R = .017, R^2 = .001$ , adjusted  $R^2 = -.008$ , ( $F_{1, 121}$ ), = .04,  $p < .05$ . In model 1, Bereavement did not significantly predict

"comprehensibility" of sense of coherence at ( $F_{1, 121}$ ),  $\beta = -.02, t = -.19, p > .05$ . In model 2, the overall model (bereavement and grief) accounted for 73.0% of the "comprehensibility" of sense of coherence, with  $R = .271, R^2 = .073$ , adjusted  $R^2 = .058$ , ( $F_{2, 120}$ ), = 9.47,  $p < .05$ . Bereavement did not significantly predict "comprehensibility" of sense

of coherence at ( $F_{2, 120}$ ),  $\beta = -.13$ ,  $t = -1.37$ ,  $p > .05$ . Grief had significant prediction on “comprehensibility” of sense of coherence at ( $F_{2, 120}$ ),  $\beta = .29$ ,  $t = 3.08$ ,  $p < .05$ .

**Descriptive and Zero Order Correlation Matrix Statistics Table of Bereavement, Grief and Manageability**

Sources	Mean	Std. Deviation	1	2	3
Manageability	10.43	4.29	1.00		
Bereavement	44.26	3.25	.02**	1.00	
Grief	49.35	6.62	.01**	.01**	1.00

**Interpretations:** The zero order table indicated that bereavement had significant correlation with “manageability” of sense of coherence at ( $r = .02^{**}$ ,  $p < .01$ ). This means as bereavement increases “manageability” increases. Grief had

significant correlation with “manageability” of sense of coherence at ( $r = .01^{**}$ ,  $p < .01$ ). This means as grief increases “manageability” increases.

**Hierarchical Multiple Linear Regressions Statistics Table of Bereavement, Grief and Manageability**

Model 1	R	R <sup>2</sup>	Adj. R <sup>2</sup>	St.dE .E	df	F	$\beta$	t	Sig.
Bereavement	.258 <sup>a</sup>	.067	.059	4.16	1	8.65	-.02	-.19	.004
<b>Model 2</b>									
Bereavement	.541 <sup>b</sup>	.293	.281	3.64	2	38.44	-.06	-.71	.476
Grief							-.52	-6.20	.000

**Interpretations:** Results from regression analysis using entered method indicated that the overall model (bereavement and grief) accounted for 67.0% of the “manageability” of sense of coherence, with  $R = .258$ ,  $R^2 = .067$ , adjusted  $R^2 = .059$ , ( $F_{1, 121}$ ), = 8.65,  $p < .05$ . In model 1: Bereavement had negative significant predictive impact on “manageability” of sense of coherence at ( $F_{1, 121}$ ),  $\beta = -.02$ ,  $t = -.19$ ,  $p < .05$ . In model 2:

The overall model (bereavement and grief) accounted for 93.2% of the “manageability” of sense of coherence, with  $R = .541$ ,  $R^2 = .293$ , adjusted  $R^2 = .281$ , ( $F_{2, 120}$ ), = 38.44,  $p < .05$ . Bereavement did not significantly predict “manageability” of sense of coherence at ( $F_{2, 120}$ ),  $\beta = -.06$ ,  $t = -.71$ ,  $p > .05$ . Grief had significant negative prediction on “manageability” of sense of coherence at ( $F_{2, 120}$ ),  $\beta = -.52$ ,  $t = -6.20$ ,  $p < .05$ .

**Descriptive and Zero Order Correlation Matrix Statistics Table of Bereavement, Grief and Meaningfulness**

Sources	Mean	Std. Deviation	1	2	3
Meaningfulness	10.43	4.29	1.00		
Bereavement	44.26	3.25	.12	1.00	
Grief	49.35	6.62	.17	.01**	1.00

**Interpretations:** The zero order table indicated that bereavement had no significant correlation with “meaningfulness” of sense of coherence at ( $r = .12$ ,  $p > .01$ ). This means as bereavement decreases “meaningfulness” decreases. Similarly,

grief had no significant correlation with “meaningfulness” of sense of coherence at ( $r = .17$ ,  $p > .01$ ). This means as grief decreases “meaningfulness” decreases.

**Hierarchical Multiple Linear Regressions Statistics Table of Bereavement, Grief and Meaningfulness**

Model 1	R	R <sup>2</sup>	Adj. R <sup>2</sup>	Std. E.E.	df	F	$\beta$	t	Sig.
Bereavement	.108 <sup>a</sup>	.012	.003	3.93	1	1.42	.11	1.19	.236
<b>Model 2</b>									
Bereavement	.194 <sup>b</sup>	.038	.022	3.89	2	3.25	.04	.41	.681
Grief							.17	1.80	.074

**Interpretations:** Results from regression analysis using entered method indicated that the

overall model (bereavement and grief) accounted for 12.0% of the “meaningfulness” of sense of



coherence, with  $R = .108$ ,  $R^2 = .012$ , adjusted  $R^2 = .003$ ,  $(F_{1, 121}) = 1.42$ ,  $p < .05$ . In model 1: Bereavement had no significant predictive impact on “meaningfulness” of sense of coherence at  $(F_{1, 121})$ ,  $\beta = -.11$ ,  $t = 1.19$ ,  $p > .05$ . In model 2, the overall model (bereavement and grief) accounted for 38.0% of the “meaningfulness” of sense of coherence, with  $R = .194$ ,  $R^2 = .038$ , adjusted  $R^2 = .022$ ,  $(F_{2, 120}) = 3.25$ ,  $p < .05$ . Bereavement did not significantly predict “meaningfulness” of sense of coherence at  $(F_{2, 120})$ ,  $\beta = .04$ ,  $t = .14$ ,  $p > .05$ . Grief had no significant prediction on “manageability” of sense of coherence at  $(F_{2, 120})$ ,  $\beta = .17$ ,  $t = 1.80$ ,  $p > .05$ .

### Summary of the Findings

#### Correlation:

1. Bereavement did not significantly correlate with “comprehensibility” of sense of coherence among Nkpor natives in Anambra State, Nigeria.
2. Grief did significantly correlate with “comprehensibility” of sense of coherence among Nkpor natives in Anambra State.
3. Bereavement did significantly correlate with “manageability” of sense of coherence among Nkpor natives in Anambra State.
4. Grief did significantly correlate with “manageability” of sense of coherence among Nkpor natives in Anambra State.
5. Bereavement did not significantly correlate with “meaningfulness” of sense of coherence among Nkpor natives in Anambra State.
6. Grief did not significantly correlate with “meaningfulness” of sense of coherence among Nkpor natives in Anambra State.

#### Prediction:

7. Bereavement did not significantly predict “comprehensibility” of sense of coherence among Nkpor natives in Anambra State.
8. Grief significantly predicted “comprehensibility” of sense of coherence among Nkpor natives in Anambra State.
9. Bereavement had negative significant prediction on “manageability” of sense

of coherence among Nkpor natives in Anambra State.

10. Grief also negatively significantly predicted “manageability” of sense of coherence among Nkpor natives in Anambra State.
11. Bereavement did not significantly predict “meaningfulness” of sense of coherence among Nkpor natives in Anambra State.
12. Grief did not significantly predict “meaningfulness” of sense of coherence among Nkpor natives in Anambra State.

### DISCUSSION

The study examined bereavement and grief and their predictive impact on sense of coherence among Nkpor natives in Anambra State, Nigeria. Hypothesis one which stated that bereavement will significantly predict “comprehensibility” of sense of coherence among Nkpor natives in Anambra State, Nigeria was rejected. This shows that as bereavement decreases “comprehensibility” of sense of coherence decreases. Probably this happens because the adults involved have started reorganizing themselves in order to totally resolved the bereavement (Bowlby, 1980).

Hypothesis two which stated that there will be significant predictive effect of grief on “comprehensibility” of sense of coherence among Nkpor natives in Anambra State was accepted. This means that as grief increases “comprehensibility” of sense of coherence increases. Maybe this increase in “comprehensibility” is associated with Kübler-Ross and Kessler (2014) assertion that when a person gets over the denial, anger and negotiation, he or she begins experiencing intense sadness that results from realizing the loss.

Hypothesis three which stated that bereavement will predict “manageability” of sense of coherence among Nkpor natives in Anambra State significantly was confirm negatively. That is to say, as bereavement decreases “manageability” of sense of coherence increases. Possibly, the adult has reorganized and resumes his/her role in the society. That is why Kirkley-Best and Kellner (1982) postulated that complete resolution and recovery from loss can only take place in subsequent rehabilitations.

Unsuccessful coping with the loss can lead to breakdown and a movement towards 'psychological/physiological disease' (Antonovsky, 1987).

Hypothesis four which stated that grief will significantly predict "manageability" of sense of coherence among Nkpor natives in Anambra State was accepted. For as grief increases the ability to manage it increases also. To remember, recollect and reorganize are the ways toward "manageability" and healing that translate into life readjustment of the grief individuals (Kübler-Ross & Kessler, 2014).

Hypothesis five which stated that there will be significant predictive impact of bereavement on "meaningfulness" of sense of coherence among Nkpor natives in Anambra State was not accepted. This means that decrease in bereavement means decrease in "meaningfulness" of sense of coherence. As a result of this, Einav and Margalit, (2020) suggested that the link between bereavement and "meaningfulness" of sense of coherence is indicated by the amount of time that has elapsed since the loss.

Hypothesis six which stated that grief will significantly predict "meaningfulness" of sense of coherence among Nkpor natives in Anambra State was not confirm. This means that as grief decreases meaningfulness of sense of coherence increases. This shows that grief may have affect the feeling of "meaningfulness" in the life of adults. Since, their coping mechanisms may have been touched due to grief they are likely to started feeling terrified, and helpless. By extension may experience flashbacks, re-enactments, irritability, insomnia or avoiding behaviours which is not good to their sense of coherence (Herman, 1992). This could associate with the notion that they can never replace what has been lost. Consequently, making new connections, new meaningful relationships, and new interdependencies become difficult (Kübler-Ross & Kessler, 2014).

### **Implications of the Study**

1. The study will help psychologists understand the connection between bereavement, grief and sense of coherence. It will serve as

therapeutic and treatment plan for bereaved and grieved individuals.

2. Readers will gain insight on how bereavement and grief impact people's sense of coherence (comprehensibility, manageability, and meaningfulness" in life and its detrimental effects.

### **Conclusion**

The study investigated bereavement and grief and their predictive impacts on sense of coherence among Nkpor natives in Anambra State. The statements of the problem, research questions, purpose of the study, theoretical and empirical review were stated. For the testability of the study purpose and research questions hypotheses were stated. And the following observations were made after analyses of the data: Bereavement did not significantly predict "comprehensibility" and "meaningfulness", but negatively predicted "manageability" of sense of coherence among Nkpor natives in Anambra State. Grief significantly predicted "comprehensibility" and "manageability", but fails to predict "meaningfulness" of sense of coherence among Nkpor natives in Anambra State.

### **Recommendations**

1. Enlightenment is needed among the Nkpor Natives since "manageability" of sense of coherence was affected by bereavement. So enlightenment will help them to know how to comprehend and manage their loss without psychological or health consequences.
2. Social supports should be given to the bereaved. Social supports bolster sense of coherence during bereavement and grieving.

### **Limitations of the Study**

1. The study was conducted in a single community this might have affected and skewed the result. Hence, caution should be employed while trying to generalize the findings to other part of the State or culture.

### **Suggestions for Further Studies**

1. There is need of having another study that will assess bereaved persons across the State or nation in order to generalize the findings.

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### APPENDIX 1

#### CONSENT FORM/AGREEMENT

I am above 18 years of age. I have read and understood that the information contained herein is for research purpose. I therefore voluntarily chose to participate and respond to these questionnaires. Tick in any of the boxes below:

Agree  Disagree

#### Sense of Coherence

**Instructions:** For each of the following statements, indicate the extent to which it concerns you by ticking in the appropriate number. 1 = Not at all, 2 = All the time, 3= Rarely, 4= Very Rarely, 5= Sometimes, 6 = Often, 7 = Always.

S/N		1	2	3	4	5	6	7
	<b>Comprehensibility</b>							
1	Has it happened in the past that you were surprised by the behaviour of people whom you thought you knew well?							
2	Do you have the feeling that you are in an unfamiliar situation and don't know what to do?							
3	Do you have very mixed-up feelings and ideas?							
4	Does it happen that you experience feelings that you would rather not have to endure?							
5	When certain events occurred, have you generally found that: you overestimated or underestimated their importance you assessed the situation correctly?							
	<b>Manageability</b>							
6	Has it happened that people whom you counted on disappointed you?							
7	Do you have the feeling that you are being treated unfairly?							
8	Many people, even those with a strong character, sometimes feel like losers in certain situations. How often have you felt this way in the past?							
9	How often do you have feelings that you are not sure you can control?							
	<b>Meaningfulness</b>							
10	Do you have the feeling that you really don't care about what is going on around you?							
11	Until now your life has had: no clear goals – very clear goals and purpose							
12	Doing the things you do every day is: a source of deep pleasure and satisfaction – a source of pain and boredom							
13	How often do you have the feeling that there is little meaning in the things you do in your daily life?							

Developed by Antonovsky, A. (1987)

#### Bereavement Phenomenology Questionnaire

**Instruction:** These questions ask about your experience in relation to the recent loss of your loved one. For each of the following statements, indicate the extent to which it concerns you by ticking in the appropriate number: Continuously=1, Quite a bit of the time=2, A little bit of the time=3, Never=4.

S/ N	Items	1	2	3	4
1	Intrusive thoughts of deceased came into mind				
2	Felt sad				
3	Felt nostalgic				
4	Pined or yearned for deceased				
5	Thoughts of deceased caused distress				
6	Need to talk about deceased				
7	Distress with reminders of deceased				
8	Cried about deceased				
9	Preoccupied with memories				

10	Looked for deceased in familiar places				
11	Felt the situation was unreal				
12	Less organised in daily life				
13	Felt the deceased was present				
14	Felt depressed				
15	Felt anxious				
16	Acted as though deceased were still alive				
17	Felt angry				
18	Searched for deceased				
19	Experienced physical symptoms (pain, discomfort)				
20	Dreamed about deceased as if still alive				
21	Felt that you saw, heard or touched deceased				
22	Felt guilty				

Developed by Kissane, D.W., Bloch, S., & McKenzie, D.P. (1997)

### Inventory of Complicated Grief

**Instructions:** For each of the following statements, indicate the extent to which it concerns you by ticking in the appropriate number. (1 = never; 2 = rarely; 3 = sometimes; 4 = often; 5 = always)

S/N	Items	1	2	3	4	5
1	I feel the urge to cry when I think about the person who died					
2	I find myself thinking about the person who died					
3	I think about this person so much that it's hard for me to do the things I normally do					
4	Memories of the person who died upset me					
5	I feel I cannot accept the death of the person who died					
6	I have feelings that it is unfair this person died					
7	I feel myself longing for the person who died					
8	I feel drawn to places and things associated with the person who died					
9	I can't help feeling angry about his/her death					
10	I feel disbelief over what happened					
11	I feel stunned or dazed over what happened					
12	Ever since he/she died, it is hard for me to trust people					
13	Ever since he/she died, I feel as if I have lost the ability to care about other people or I feel distant from people I care about					
14	I feel lonely a great deal of the time ever since he/she died					
15	I have pain in the same area of my body or have some of the same symptoms as the person who died					
16	I go out of my way to avoid reminders of the person who died					
17	I feel that life is empty without the person who died					
18	I hear the voice of the person who died speak to me					
19	I see the person who died stand before me					
20	I feel that it is unfair that I should live when this person died					
21	I feel bitter over this person's death					
22	I feel envious of others who have not lost someone close					

Developed by Prigerson, H.G., Maciejewski, P.K., III, C.F.R., Bierhals, A.J., Newsome, J.T., Fasiczka, A., Franka, E., Domana, J., & Millera, M. (1995)