An exploratory descriptive study of spousal and parental grief and bereavement of personal functioning among two Batswana groups

Tiny Moshokgo

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Major Advisor: Ann J. Smith

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Date: May, 1998

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ABSTRACT
SOCIAL WORK

MOSHOKGO, TINY
B.S.W. UNIVERSITY OF BOTSWANA, 1991

AN EXPLORATORY DESCRIPTIVE STUDY OF SPOUSAL AND PARENTAL GRIEF AND BEREAVEMENT OF PERSONAL FUNCTIONING AMONG TWO BATSWANA GROUPS

Advisor: Professor Hattie Mitchell
Thesis dated May, 1998

This exploratory descriptive study seeks to explore and examine the effects of spousal and parental grief and bereavement on personal functioning among two selected Batswana groups (bereaved spouses and parents). An exploratory descriptive design was used in this study to provide extensive information on the variables under investigation. A sample of 29 subjects was drawn from Botswana (19 spouses and 10 parents).

A 31 item self administered questionnaire also translated into Setswana was sent to Botswana; and administered in Gaborone (urban setting and the capital city) and Mathathane (a village setting). The 29 subjects who participated in this study were varying in age ranging from 20 years old to 61.

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Frequencies, percentages, t-test and Chi-square were used in this study to measure the relationship between the two selected groups.
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AND PARENTAL GRIEF AND BEREAVEMENT ON
PERSONAL FUNCTIONING AMONG TWO BATSWANA GROUPS

A THESIS
SUBMITTED TO THE FACULTY OF CLARK ATLANTA UNIVERSITY
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR
THE DEGREE OF MASTERS OF SOCIAL WORK

BY
TINY MOSHOKGO

SCHOOL OF SOCIAL WORK

ATLANTA, GEORGIA
MAY 1998
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CHAPTER ONE

INTRODUCTION

Not all African people are given to talking about death.\(^1\) In Botswana cultural heritage death is an accepted part of life; it is comprehensively integrated into the totality of life. Opoku asserts, that the death of a person is always a community affair. The entire community is involved in funeral and burial rites. For example, Opoku cites an Akan proverb that provides this perspective, “ouri antweri obaaks mforo” (“The ladder of death is not climbed by only one person” - in other words, death happens to everybody.)\(^2\) The loss of a loved one is (according to Kim and Jacobs) “a single event with multiple consequences.”\(^3\) The spouse, child, parent or friend dies only once but each response to the loss can itself contribute to further distress. Furthermore, new problems continue to arise as the survivor attempts to adjust to an altered life situation.

This study may also help social workers in the Prince Marina Hospital and


throughout the country to understand not only the cultural heritage of taboo regarding death, but also the ways in which they can adapt to a systemic type of supportive service drawing from the strengths of empirical research and particular cultural traditions. Of course the application of the results of this study may be markedly different from the cultural heritage of taboo regarding talking about death. It can help social workers in Botswana, through education to integrate death, dying, grief, bereavement and mourning into the learning-teaching-learning process.

Communication is everybody's responsibility, whether physician, nurse, social worker, patient, family member, or friend. This study supports the view that whatever improves self-respect, reduces taboos, and encourages open communication in general is likely to have a positive impact on service delivery by social workers on death-related communication. Social workers should not act on assumptions of empirical research without first inquiring into their accuracy. There is a need for further specifications regarding this study for the social work profession.

In the cultural heritage of Botswana, at the announcement of the death of an elderly person, people in the community spend nights at the bereaved's home until the funeral. Close relatives stay with the bereaved for about two weeks and elderly people who are not working stay for a month. The community in the village gathers every evening for a short sermon to give the bereaved family (lefoko la kgomotso) meaning words of comfort until a few days after the funeral. On the eve of the funeral the community holds a watch night service and throughout the night people give words of comfort. It is a common belief that the sun has turned dark on the bereaved (go phirimellwa ke letsatsi). After the funeral the
attendants return to the bereaved’s home; before entering the yard at the gate there will be two large containers filled with water and everybody washes his/her hands with the belief that he/she is cleansing himself/herself from the darkness associated with the death in Setswana called (sefifi).

The death of a spouse, parent, other adult relatives and friends, is an affair in which not only the deceased’s immediate family but the whole community takes part. The death of an adult gives the community the opportunity to give concrete expression to community solidarity.

The announcement of the occasion of the death of a spouse in Botswana requires that the bereaved be traditionally treated. This is done because it is believed that the survivors may end up being seriously ill, i.e. (deaf or suffer some other catastrophic health problems). In Setswana this is named (boswagwadi). From the announcement of the death of a spouse until the funeral rite that widows must stay with the bereaved family for supportive reasons.

After the funeral and burial rites, the widow wears a black or navy blue head scarf and dress; a man who has lost his wife pins a rectangular little piece of black or navy blue cloth on the right hand side of his shirt. The bereaved wears these clothes for a year. There is a widespread belief that the spirit of the deceased cannot go to its destination unless the proper funeral rites are performed. Relatives derive satisfaction from the performance of these funeral rites. A big ceremony or celebration signals the end of the mourning period. At this time the deceased’s property is distributed among survivors (spouse and children). This clearly indicates that mourners can resume a normal life.
Funeral celebrations for a child vary greatly. For instance, infants' funerals are brief and simple, and are usually not characterized by wailing, whereas the death of an older child is more elaborate. Certainly, the death of a child is one of the most traumatic events imaginable; especially if the child was healthy. The mother's anguish can be excruciating. Bereavement over the death of a child is followed by the mother wearing a head scarf and the father pinning a piece of cloth on his shirt. After six months the deceased child's belongings are distributed among the siblings. This is done through a big gathering depending upon the child's age.

According to the Nigerian culture, the funeral rites mark the transition of the deceased into ancestorhood. Not all who die attain ancestorhood. Ancestorhood also depends on the conduct of a person in life. African societies and the manner of death dictate the kind of funeral rites that are performed. Those who lived lives worthy of emulation, or those who lived exemplary lives, are accorded the status of ancestor, for the death constitutes a source of reference for an ethically accepted life. Thus, the death in old age of a person who has led a full and productive life is not strictly an occasion for mourning. Those who attend the funeral of such a person would dress in the customary black or navy blue. This is taken as a mark of the recognition that the person was blessed by God with a full and complete term of life.4

On the other hand, for the child who dies, the question of joining the ancestors does not arise. In many places there is not even the pretense of a funeral. A minor is recognized

to be a human being entitled, in an even greater degree than an adult, to help, affection, and all consideration. Such an individual nevertheless is not regarded as a full person and cannot therefore be a candidate for ancestorhood. "Not even death is credited with the power to transform the immaturity of a child into the necessary maturity of an ancestor. A life cut short, then, indicates an interruption of the normal sequence of events. This brief sketchy characterization of the African cultural heritage regarding funeral and burial rites hopefully will provide the social work profession with the similarities and dissimilarities found in the grief, bereavement and mourning process within this population.

Statement of the Problem

The problem to be considered in this study is: An Exploratory Descriptive Study of Spousal, Parental Grief and Bereavement on Personal Functioning Among Two Batswana Groups.

Spousal, parental grief and bereavement on personal functioning among two group from Batswana is necessary to examine for the social work profession. This study seeks to assess, explore and examine this problem and provide a body of knowledge relevant to the profession of social work. The social worker must explore this area to facilitate communication regarding the themes of death, dying, bereavement, grief and mourning. Social workers must understand the cultural heritage of taboo regarding death and dying. Customs are frequently held to be justified simply because they were established by our ancestors long ago. Social workers must learn to look beyond precedence for the justification of some customs, examine through empirical research and become really wise
professionals that can point out their rationale regarding a practice without making it obligatory.

One of the most disruptive and stressful experiences a person can have is the death of a spouse or child. Certainly, this study is relevant to the social work profession because the knowledge generated will assist social workers in the delivery of counseling services, social workers can grow positively in order to face the new roles and challenges.

The Purpose and Significance of the Study

Lack of empirical information exist in social work education regarding spousal, or parental grief and bereavement on personal functioning among two groups of Batswana. In order to properly serve this population more understanding and information is needed. For the purpose of this study, discussion of the custom or taboo around death is an important consideration for the social worker. It is important for the social worker to understand the reason for the cultural heritage of taboo around death and dying. A custom or taboo is always pragmatic.

The purpose, specifically of this study is to explore, identify and address factors which may adversely impact social workers knowledge and treatment strategies for working with survivors of spousal, parental grief and bereavement on personal functioning among two groups of Batswana. The purpose of this study is to fill a large gap in the knowledge base of social workers regarding this population. The study can aid social workers in recognizing the demand and need for their knowledge, skills and intervention strategies for treatment of this population.
The significance of this study is that there is a need for empirical examination for social workers to obtain information relevant to providing effective service delivery. An understanding of the cultural heritage taboo and the professional needs of this population is essential to developing quality service for the survivors of spousal, parental grief and bereavement on personal functioning.

Guilt can play a major role in any form of grief, bereavement and mourning, this study has particular significant implications for social workers in a culture that has a taboo against talking bluntly about death. Social workers need to recognize survivor guilt as being a frequent, sometimes inevitable, aspect of the mourning process, this should be addressed sensitively, openly and directly.

Wolfelt points out that children suffer more from the loss of parental support than the death experience itself. Social workers need to appreciate that these child survivors are too often neglected because of taboo in the culture surrounding open discussion about death. It is important for the social worker to be aware of the cultural context of the child's grief reactions, as well as preventive interventions for survivors.

The research intern comes from Botswana, where social work is at an infant stage, and from a cultural background where grief and bereavement are acknowledged but not discussed. This study will benefit social workers in Princess Marina Hospital, Department of Social Work and the hospital in general, where there are many clients who experience grief and bereavement. The significance of this study is that it will provide up to date

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information of supportive counseling with spouses, parents, children, other relatives and friends.
CHAPTER TWO

LITERATURE REVIEW

While there is a scant body of literature that is pertinent to the study of spousal, parental grief and bereavement on personal functioning among rural and urban groups from Botswana, there are several studies that have focused on grief, bereavement, death, dying, and the human experience. This review of related research will focus on model of the grieving process; grief, bereavement, mourning, and death in the world of childhood, spousal, parental grief and bereavement on personal functioning; cultural sensitivity and competence and major theoretical perspectives on grief.

Models of Grieving Process

The Kubler-Ross stage theory of dying has been applied frequently to grieving. Her research on Death and Dying showed that dying people often appreciate the chance to talk openly about their situation. She reports that of the more than two hundred terminally ill patients who were asked to participate in interviews at the University of Chicago Billings Hospital, almost all welcomed the possibility of talking to someone who cared.¹

The five stages of the Kubler-Ross Model are (denial, rage and anger, bargaining,

depression, acceptance). Social workers need to understand the process patients go through to come to terms with the fact of dying.

The coping behavior of individuals to life threatening situations has been documented in the work such writers as Grinker and Spiegel, Lindermann, Hambury, and Westberg. The Westberg Model includes the following: (shock and denial, emotions erupt, anger, illness, panic, guilt, depression and loneliness, reentry difficulties, hope and affirming reality). Once a person has died the grief and bereavement process goes through phases as identified by Kubler-Ross, Westberg and others.

Grief and bereavement entail the severance of a bond, present a challenge which all are reluctant to face. More understanding of grief and bereavement is required both by the social workers who serve as support for spouses, parents and children experiencing grief and by those of us who will experience grief, bereavement and mourning themselves.

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2Ibid.


Grief, Bereavement, Mourning and Death

In The World of Childhood

Witnessing the death of a child, sibling, spouse or parent is traumatic under any circumstance, but when the loss is a child, the mourning process is that much more difficult. Children and family members often do not go through the process of mourning and bereavement at the same pace. Frequently, social work providers do not always recognize that children and adults have very different responses to the death of a family member.

Wolfelt writes that a child suffers more from “the loss of parental support than from the death experience itself.” He lists the following major factors influencing a child’s response to death: 1) the relationship with the person who has died - the “meaning” of the death, 2) the nature of the death - when, how and where the person died, 3) the child’s own personality and previous experiences with death, 4) the child’s chronological and developmental age, 5) the availability of family/social/community support and, 6) most importantly, the behavior, attitudes and responsiveness of parents and other significant adults in the child’s environment. For an adequate process of grief and mourning to take place, the energy invested in keeping “toxic family secrets” has to be gradually and gently released.

A death in a family often draws attention and energy away from the needs of the

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10Ibid., 30.
child. For instance, when a parent dies, the surviving parent's grief can interfere temporarily with the ability to care for the emotional or even the physical needs of the child.

That death is a familiar theme to children has been verified by studies conducted in various parts of the world. DeSpelder and Strickland\textsuperscript{11} utilized perhaps three of the most popular accounts of early development regarding death, those of Erikson\textsuperscript{12} and Piaget,\textsuperscript{13} along with the heuristic concepts of Freud.\textsuperscript{14} It was in the work of Kastenbaum,\textsuperscript{15} that one understands that Freud changed his mind about the meaning of death in human development as he grew older. Both the earlier and the later view go in different directions than those taken by most empirical research.

Okafor\textsuperscript{16} has recently observed that in Nigeria, family death education is the province of the mother, whether or not she is fully prepared to carry out this role. Dickinson\textsuperscript{17} found in a study of college students regarding "earliest death-related memory" that these student


still held intense memories of their early childhood experiences with death.

A number of researchers have explored and shown that at about age 9 or 10 children begin to develop a philosophical understanding that death is inevitable for all of us, and to acquire a realistic perception of the meaning of death. Researchers who have explored children’s perceptions of death at different age levels (Nagy, Anthony, Melear) agree that children are ignorant of the meaning of the word “death” before the age of 3 or 4. From about ages 3 to 6, children believe that death is temporary and that a dead person will reappear. At age 6 children begin to understand that death involves the cessation of biological functioning and is final. Children from ages 5 to 9 are often preoccupied with death ritual and will play them out over and over.

Nagy, a Hungarian psychologist studied 378 children, ranging in age from 3 to 10 years. She found that three-age related stages could be established. A number of studies have shown that developmental level is superior to the chronological age as a predictor of the child’s concept time of death.

Death is an emotionally laden subject for both children and adults. According to

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Kastenbaum\textsuperscript{22} most studies of children’s parental bereavement have concentrated on the loss of the father. Several consistent differences have been found in the behavior of children who have suffered parental bereavement as compared with children who have both parents living. Children whose father died tend to exhibit the following characteristics: 1) are more submissive, dependent, and introverted, 2) show a higher frequency of maladjustment and emotional disturbance, including suicidality, 3) show a higher frequency of delinquent and criminal behavior, 4) perform less adequately in school and on tests of cognitive functioning. Age at time of bereavement is an important variable. Children 7 years and younger tend to have more difficulties in the period immediately after bereavement.

Research findings as well as common sense indicated that a child’s understanding of death is usually at the same cognitive level of cognitive development that child shows in dealing with other issues.

Research revealed that there is a connection between children’s psychological adjustment to the death of a parent and vulnerability to depression and anxiety in childhood.\textsuperscript{23} Children of school age are increasingly subjected to feelings of loss and grief as a result of such problems as AIDS deaths in the family. The enormity of this problem is illustrated by Barouth,\textsuperscript{24} parents and grandparents express survivor guilt at having outlived


their child. This can be reflected negatively in their interaction with a surviving child. “Unfinished business” with the deceased, including feelings of guilt anger, blame, and loss are explored.

Segal examined the psychological impact on children who experienced grief and bereavement as a result of parent’s death. He observed that children who have experienced the death of a significant person in their lives may manifest some of the following behaviors: 1) deny the existence of the traumatic event, 2) felt guilt because perceive that they are the cause of the tragedy, 3) internalize or act out their anger about the catastrophe, 4) withdraw or isolate themselves from the stressful event, 5) repress their feelings about the shock, 6) become obsessed with the fear that the remaining parent may also die, 7) seek spiritual comfort in the thought that the dead parent is somewhere in heaven and can be communicated with through prayer, 8) feel confused about the cause of the parent’s death because the facts related to the traumatic event have not been explained to them, 9) become increasingly dependent upon the remaining parent, and 10) develop a closer relationship with an existing sibling or friend as a means of gaining needed emotional support. Social workers must understand these traumatic experiences and help the children to “name” and “claim” painful feelings so that they can move toward problem resolution.

Jill Krementz studied the reactions of eighteen children towards the death of a parent and found evidence of these traumatic behaviors. Most of the children found it difficult to talk about the death of the parent. The inability to talk about their pain and confusion and

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the tendency to withdraw from social situations only resulted in prolonging the grieving process.\(^26\)

The role of religious beliefs and expectations was examined by Anthony and Bhana. They found that what children emphasized most in their thought about death may depend upon cultural influences. For example, Muslim girls, ages 6 through 10, in South Africa showed some basic similarities in their conceptions of death when compared with those in Western nations, which tend to follow Christian tradition. The realization that death is universal and inevitable seems to be grasped at an earlier age by Muslim children than by most of their Western Christian peers. The Muslim children were more likely to believe in the importance of praying for the dead.\(^27\) Social workers must appreciate the fact that there are many variations in children’s thinking about death as they respond to the ideas, actions, and symbols of their cultural backgrounds.

**Spousal and Parental Grief and Bereavement On Personal Functioning**

The affects of childhood bereavement are not limited to childhood. Loss of a significant person in childhood effects subsequent development. In a recent study, Zall found that mothers whose own mothers had died in childhood showed symptoms of


depression, worried about their own death, were overprotective and perfectionistic.  

Central to this awareness is a study by Drayton. He found that the loss of a husband is one of the commonest types of relationship dissolution to give rise to psychological difficulties. Among 171 people who had been referred for treatment of psychiatric problems following bereavement, 45 percent had lost a spouse (35 percent a husband, 10 percent a wife), 22 percent had lost a parent, 14 percent a child and 11 percent other relatives or friends. The remaining 9 percent had multiple bereavements. When death is considered timely, the bereaved person is better prepared psychologically than when death is untimely. But how can one prepare for bereavement?

Most people experience emotional pain when a person close to them dies. Wretmark’s study of twenty-eight bereaved psychiatric patients admitted to a mental hospital likewise finds loss of a husband (ten cases) commoner than loss of a wife (two) and though eight of his cases followed loss of a child, in only one of these was it the father who broke down. The extremely severe and incapacitating reactions were found among mothers who have lost small infants. Clayton study seems to support Wretmark’s study, the death of a child had occurred within six months in a surprisingly high proportion of depressed


psychiatric patients.\textsuperscript{31}

Lundin, in an eight-year follow-up, found more evidence of persisting tearfulness and mourning among parents who had lost a child than among widows and widowers.\textsuperscript{32}

Most people find it difficult to maintain emotional control when a spouse dies. We will draw primarily from the results of two important studies. The first is the classic Harvard Bereavement Study,\textsuperscript{33} it provides an empirical foundation for understanding the experiences of those who have lost a spouse through death. The participants were forty-nine widows and nineteen widowers under the age of 45 years old. They were first interviewed while they were newly bereaved. The bereaved group showed evidence of depression and general emotional disturbance as reflected in restlessness and insomnia, and in having difficulty in making decisions and remembering things. They also consumed more tranquilizers, alcohol, and tobacco than they had done prior to bereavement. Women expressed much more overt anger and bitterness than men at one month and at three months after bereavement and they cried more. By the third month, men were more likely to say that the pain of grief had diminished, they were generally less anxious, and were more willing than women to consider the possibility of remarriage. It seems, therefore, that while overt manifestations of grief were more pronounced in women than men during the first year of


bereavement it was women who were the first to recover from bereavement.

Parks and Weiss’s study confirmed that sudden bereavement is especially stressful to the survivors. Husbands who became widowers usually responded to the impact of the death very much as the widow did. The men differed in the ways they interpreted their feelings and related the death to their entire life pattern.

The findings of Maddison and Walker’s study of 132 American widows between the ages of forty-five and sixty follows. The widows completed a questionnaire about their physical and mental health thirteen months after bereavement. The questionnaire asked for information about no fewer than fifty-six social factors each of which might have been expected to contribute to their state of health, “the only two that were found to bear a statistical relationship to outcome were the age of the widow and the age of the husband. Younger widows had a higher illness score than had old widows.35

Grief and Bereavement on Personal Functioning

Bereavement is a universal experience. No society has been spared the loss of people it valued, loved, and depended on. However, the ways people express their losses are universal. These expressions of personal grief vary somewhat from culture to culture and also change over time.


Showalter, classifies grief into physical symptoms covering, “pain in the chest, shortness of breath, tightness in the throat, muscle weakness, chill/tremors, night sweats, insomnia or inability to eat.” She identified several psychological symptoms as: mental distress, tensions, fears, intense anguish, nightmares and feelings of going crazy. Surviving spouses showed reactions to death anxiety, social isolation, denial, anger, lose of appetite, depersonalization and sleep disturbances.\(^6\)

Bereavement has been discovered to be a causing factor of illness. Women were more likely to develop mental illness symptoms than men were. In a study by Westberg, an attempt was made to assess the severity of emotional upset among widows. It was found that five symptoms of acute grief emerged: somatic distress, preoccupation with an image of the deceased, guilt, hostile reactions and loss of patterns of conduct.\(^7\)

Arbuckle and DeVires study of “The Long Term Effects of Later Life Spousal and Parental Bereavement on Personal Functioning” found that of all familial losses the death of a child stands out as the most disruptive and potentially stressful. In their study women reported greater depression than men. Bereaved spouses reported lower levels of life satisfaction than non-bereaved. Women reported greater fatalism than men; greater


vulnerability than men, and lower levels of completing plans than men.\textsuperscript{38}

Like Arbuckle and DeVires, the study by Sanders on “A Comparison of Adult Bereavement in the Death of a Spouse, Child and Parent” found that the death of a child resulted in intense grief reactions of the somatic type. Furthermore, she noted that the death of a child produced the highest intensities of bereavement as well as the widest range of reactions; the death of a child is also said to be the most difficult and lasting grief to bear particularly than that of a grown up child. The death of a child resulted in a loss of emotions and control of life; exposing parents to being vulnerable to external forces. Older widows experienced more denial and isolation than younger widows.\textsuperscript{39}

Owen, Fulton and Markusen’s study of “Death At A Distance: A Study of Family Survivors” found the death of a child to be the most difficult personal grief experienced. Parents appeared to have the greatest difficulty in resolving such a loss. In reactions to spousal death, the following effects are noted: insomnia, weight loss, confusion, feelings of isolation, headaches, increased consumption of alcohol, tobacco, and tranquilizers and vivid depiction of the spouse.\textsuperscript{40}

The observation from Gutteres, Hazard, and Weston’s study “After a Child’s Death


\textsuperscript{40}Greg Owens, Robert Fulton, and Eric Markusen. “Death At a Distance: A Study of Family Survivors.” Omega, 13, No. 3, 1982-83: 271-280
Factors Related to Parental Bereavement,” found that “the grief of parents whose child has
died is particularly severe, complicated, and long-lasting in comparison to the other types of
bereavement. The study revealed that parents of boys and those whose children died
suddenly reported greater personal despair, anger, hostility, guilt, feelings of
depersonalization, confusion, unreality and dissociation.

The study of Shucter and Zisook on “Hovering over the Bereaved” asserts that “the
disruptive effects of spousal bereavement are far-reaching and long lasting. Their findings
were obtained from two widowers, a widow and a couple who lost a child. They reported
diminished energy, lethargy, fatigue, inability to concentrate on work efficiently, loss of
enthusiasm and sexual interest, depression and irritability.41 These studies on grief and
bereavement appear to be worth serious attention by service providers.

Cultural Sensitivity and Competence

Culture represents a way of life embodied in a set of integrated customs, values and
beliefs. In order to be effective service providers, social work professionals must develop
cultural sensitivity toward different sets of norms and beliefs held by survivors of the death
of a loved one. A cultural competence model that enables clinicians to incorporate cultural
awareness and sensitivity into their methods of intervention and service delivery include the
following elements: making use of natural resources, understanding family values with
regard to roles, strengths, child rearing, and extended family involvement, understanding the

41Stephen R. Shucter and Sidney Zisook: “Hovering Over The Bereaved,” Psychiatric
Annual, (June1990) 327-333.
role of spirituality or religion in the life of the family, assessing the level of acculturation, that is, the respect for differences and diversity, empowering families to use their own strengths and resources to produce change and to advocate for services, understanding the impact of one’s own culture/values upon the care partnership/relationship with families. This model could prove helpful to social workers to obtain cultural understanding rapidly in order to apply it effectively to their clinical interventions.

Culture (the knowledge, art beliefs, and customs transmitted among a group of individuals) has long been recognized as a significant determinant of the behavior and values of members of an ethnic group. Catherine Saunders\(^{42}\) notes that there are also marked cultural differences. Stroebe\(^{43}\) notes, bereaved persons in Bali are expected to distract themselves and participate in cheerful interactions, while those in Egypt are encouraged to share their pain and sorrow with others. Quite possibly there is more than one way to cope effectively with the loss and stress of bereavement, with both personality style and sociocultural expectations having their influence.

**Major Theoretical Framework**

A theoretical perspective on grief can be useful in many ways. It can help to make sense out of the sometimes puzzling outcomes that can be observed in the wake of a death.

One theoretical perspective has dominated the thinking of service providers,


researchers, and educators. The grief work theory was introduced by Sigmund Freud. In his classic paper “Mourning and Melancholia,” Freud discussed grief and mourning as reactions to loss. His work provided valuable insight in structuring the subject of grief. He described the mourning process as one in which the individual makes a gradual withdrawal of attachment from the lost person. He observed that work of mourning “in a nonpathological condition that reaches a state of completion after a period of inner labor.” Freud’s grief work theory filled a major gap at the time that it appeared.

The current interest in attachment behavior and bonding owes much to the investigations of Bowlby who offers a broad framework for understanding both attachment and loss. Bowlby continued to develop the psychoanalytical theory of mourning by examining the grief process in infancy and childhood and its relationship to grief in adults. Bowlby continued to develop the psychoanalytical theory of mourning by examining the grief process in three phases and identified behavior characteristics of each phase. The phases of grief and behavioral characteristics are: 1) Protest, 2) Despair, and 3) Detachment.

Bowlby’s description is consistent with ongoing research into neuroendocrine response to stress bereavement. Grief work is so difficult because it must, with patience and persistence overcome the strong tendency to try to restore the lost loved object through our fantasies and emotions.


Parkes' contribution focuses directly on the interpersonal dimension of bereavement, grief, and mourning. He has conducted some of the most important studies of the psychosocial transitions involved in coping with the loss of a loved one. From his many observations, Parkes has identified three basic components of grief work 1) preoccupation with thoughts of the deceased person, 2) repeatedly going over the loss experience in one's mind, 3) attempts to explain the loss.46

Grief work theory has been challenged by Stroebe, not only is there very little scientific evidence on the grief work hypothesis, but studies that bear on the issues yield contradictory results.47 In other words, clinicians, researchers, and educators may have accepted the grief theory prematurely and without adequate examination. Taken as a whole, the empirical evidence does not back the strong claims made by theorists and clinicians in favor of the grief work hypothesis. There are insufficient studies. There are methodological shortcomings. There are inconsistent findings. Overall... the grief work hypothesis has neither been confirmed nor unconfirmed empirically.

There are a number of alternatives to the long dominating grief work theory. Each theory emphasizes certain aspects of the total grief-and-recovery process. Each have been subjected to systematic research. A person must accomplish certain tasks in order to move through the grief experience and return to a meaningful, satisfying and effectively


functioning life. William Worden theories remain very much under the influence of Freud’s grief work approach. He identified task theories of the grief process: 1) accepts the loss, 2) works through the pain, 3) places the lost person in the past. For Rando, the grieving person does not have to set aside attachments to the deceased to quite the extent recommended by Worden. Rando's basic message is: 1) accept the loss, 2) react to the separation, 3) remember and experience the lost person and relationship, 4) give up the attachment of the lost person and the life that used to be, 5) reinvest emotions and energies in other relationships and activities.

An integrated individual-family model by Moss emphasizes the importance of family dynamics. In most circumstances, the grieving person is part of a family, and the interaction patterns among the individuals in the family may be as important as, or even more important than, the “tasks” or “stages” that occupy individuals. She identifies symptoms of individual grief: 1) somatic (physical), 2) intrapsychic, 3) behavioral. The family symptoms of grief: 1) communication, 2) structural, 3) extrafamily relationships.

The study by Lindermann of grieving after the Coconut Grove fire in 1944 has contributed to the current understanding of the grieving process. He describes anticipatory

grief as a response to an anticipated loss. He used the term morbid grief reaction to describe delayed and dysfunctional reactions to loss. He subsequently identified five categories of symptoms in describing grief: 1) Somatic distress; 2) Preoccupation with the image of the deceased; 3) Feelings of guilt; 4) Hostile reactions; 5) Loss of patterns of conduct. This correlates with Westberg’s findings.

Bugen\(^{52}\) developed a model of grief that has contributed significantly to the understanding of the grief process as a response to loss. This model can be used to predict the outcomes of the grieving process based on the significance of the relationship involved.

Glaser and Strauss\(^{53}\) identified the concept of awareness in describing the relationships between the dying person and family. Several types of awareness contexts are observed as the dying person and family relates to each other: 1) closed awareness; 2) suspicious awareness; 3) mutual pretense; and 4) open awareness.

Erikson\(^{54}\) provides an understanding of and reaction to loss from an age group perspective. As people experience life transitions, they generally gain greater understanding and acceptance of the accompanying losses associated with the transition. The development of the concept of death as a loss proceeds rapidly from the age of 3 years. Erikson outlines the development of the concept of death throughout the life span. For example, a 3 year old


fears separation; does not comprehend permanent separation; 3-5 year olds - believe death is reversible; sleeping, curious about what happens to body; does not understand the concept of death; 6-10 year olds - understands that death is final; views own death as avoidable; associates death with violence; believes wishes can be responsible for death; 11 - 12 year olds - reflect views of death expressed by parents; expresses interest in afterlife as understanding of mortality develops; recognizes death as irreversible and inevitable; 13 - 21 year olds - usually have a religious and philosophical view of death, but seldom think about death; views own death as distant or a challenge, acting out defiance through reckless behavior; previously held developmental awareness of death may still be present; 22-41 year olds - does not think about death unless confronted; emotionally distances self from death; attitude toward death influenced by religious and cultural beliefs 46 - 65 year olds, experience the death of parents or friends; accept own mortality; experience waves of death and decrease anxiety; fear lingering, incapacitating illness; view death as inevitable but from a philosophical viewpoint; freedom from pain, illness, or as a spiritual reunion with deceased others.

Carter\textsuperscript{55} has contributed to the understanding of grief through the identification of themes of bereavement expressed by grieving persons. She identified themes disclosed by people who had experienced the death of a loved one and compared them with the theoretical perspectives of Freud, Kubler-Ross and an existential phenomenological theory based on the work of Frankel, Tillich, and others. She identified features of bereavement that are no

addressed by other theoretical perspectives; 1) griefs changing character, including waves' and intense pain, which may be triggered years after the death; 2) holding an individual process of preserving the fact and the meaning of the loved one's existence; 3) expectations, both social and personal, as to how the bereaved should be coping with the experience; 4) critical importance of personal history in affecting the quality and meaning of individual bereavement.

In essence, the ecological model might be considered an offshoot or interpretation of a systems theory. An ecological approach provides a more specific view of the world and fits with a social work perspective. The following are some of the major terms employed in the ecological perspective: 1) Social environment, 2) Transactions; 3) Energy; 4) Interface; 5) Adapation; 6) Coping, and 7) Interdependence.

According to Meyer, the ecosystem perspective, unifying; conceptual construction, provides a framework for examining and understanding the complexity of a case, while focusing on the interaction and reciprocity of a person and environment. Eco refers to the relationship of a person to environment; systems refers to the interrelatedness, within a systematically defined boundary, of personal and institutional factors impinging on the client. The ecological perspective requires thorough assessment, consideration of interrelated phenomena, and intervention based on contextual considerations. Social workers need to have a broad knowledge base, experience in evaluation interview content, and an awareness of a range of possible interventions, an ability to listen, and the presence of a client who can, and wants to, participate in the process. Social workers also may need to accept that the client may have some problems not amenable to intervention. The ecological perspective
places primary responsibility for successful case intervention on the complex skill of assessment. The process of assessment, uses a rigorous, defined method beginning with 1) exploration; 2) inferential thinking; 3) evaluating; 4) problem definition and 5) intervention planning.\(^{56}\)

This study will use aspects of all the theoretical approaches on grief to inform this study.

**Definition of Terms**

**Bereavement:** Process used to work through the response to a loss.

**Grief:** Emotional response that follows a loss or separation.

**Personal Functioning:** Performing daily living activities without psychological, emotional and social inhibition due to the loss of a spouse or child.

**Spouse:** A female who has lost a husband or a male who has lost a wife.

**Mourning:** All psychological processes set in motion within the individual by a loss. The process of mourning is resolved only when the lost object is internalized, bonds of attachment are loosened and new object relationships are established.

**Parents:** A biological, adaptive, foster or guardian taking custody of a child.

**Child:** A male or female offspring (son or daughter).\(^{57}\)

**Botswana:** A country on the southern part of Africa bordered by South Africa, Namibia, Zambia, and Zimbabwe.

**Batswana:** A group of people residing in the country of Botswana.


Grief: The complex emotional, mental, social, and physical response to the death of a loved one.

Funeral: The rituals, observance, and procedures that accompany the burial or other disposition of the body of a deceased person.

Culture: The sum total of ways of living developed by a group of human beings to meet biological and psychological needs. Elements such as values, norms, beliefs, attitudes, folkways, behavior styles and traditions that are linked together to form an integrated whole that function to preserve the society are embodied in culture.\(^{58}\)

**Statement of Hypothesis**

There is no significant statistical difference between spousal and parental grief and bereavement on the personal functioning among two Batswana groups.

CHAPTER THREE

METHODOLOGY

This study is exploratory descriptive in nature. It is exploratory in that the results will yield important baseline data regarding the variables: spousal, parental, grief and bereavement on personal functioning among selected members of the Botswana population. The descriptive designs are used to provide detailed information on the relationship of certain variables concerning the phenomenon in question.

Setting

The population of the setting (Botswana) is 1,477,630. The age distribution (%): <15:43; 65+: 5. Population density: 7 per square mile, urban. Ethnic groups: Botswana 95% consisting of eight major tribes and several sub-tribes. Principal languages are: English (official) and Setswana. Religion: indigenous beliefs 50% and Christianity 50%. Botswana is in the southern part of Africa her neighboring countries are: Namibia on the North and West; South Africa on the South; Zimbabwe on the Northeast, and Zambia on the North. The capital of Botswana is Gaborone and has an estimated population of 134,000.

Botswana is a democratic multi-party parliamentary country. The life expectancy at birth (1996): 45 years for males; 47 years for females. Births (1,000 population): 33. Deaths (per 1,000 population: 17; infant mortality (per 1,000 live births in 1996): 54.
Botswana a former British colony from 1886 became independent in 1966 September 30th changing her name (Bechuanaland) to Botswana. Cattle raising and mining have contributed to the economic growth.¹ (See The Botswana Map, Appendix G)

**Sampling**

A non-probability convenience was used. The sample consisted of those individuals in Botswana who were convenient to the research, and willing to respond to the researcher’s questionnaire. The sample population was drawn from Mathathane village on the northern part of the country and Gaborone the capital of Botswana. The sample group consisted of twenty-one spoused (widow and widowers) and, nine parents (mothers and fathers). The subjects age ranges from twenty years to sixty-one. The gathering of data was extended over a period of weeks and the researcher was informed that the subjects participated with great difficulty because of the nature of this study (an emotion evoking and a taboo subject).

**Data Collection Procedure/Instrumentation**

A thirty-one item self administered questionnaire was sent to Botswana and used to collect data for this study. The questionnaire was translated into Setswana for participants who could not understand English. This study was anonymous because no names were required on the questionnaire. In administering the questionnaire all human rights were

adhered to and confidentiality was protected.

Letters requesting permission to administer the questionnaire were sent to Gaborone (urban community) and Mathathane (village). Upon completion of the questionnaire the researcher expressed appreciation by sending a thank you letter to all participants for their cooperation. The questionnaire took approximately fifteen minutes to complete. A copy of the final study will be shared with the chief of Mathathan village.

The questionnaire used in this study was adapted from a previous study of Nancy Weber Arbuckle and Brian De Vries on their study; “The Long Term Effects of later Life Spousal and Parental Grief and Bereavement on Personal Functioning.” The instrument consisted of six parts. The first part consists of all demographics and ranges from questions one to nine covering: gender, race, religion, educational level, occupation, economic status, relationship to the deceased and time frame since the death of the loved one. Part two consists of questions ten to twenty measuring the depression of the bereaved. The third section measured life satisfaction and it ranges from questions twenty-one to twenty-five. Part four measured fatalism and was from questions twenty-five to twenty-eight. Part five measures vulnerability in questions twenty-nine to thirty. Part six measured future planning and is question thirty-one.

The instrument has not been listed before on the sample population, for the purposes of this study the questionnaire is considered to be reliable and valid in relation to this sample.

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population only.

Data Analysis

The data on this study was analyzed on the SPSSX computer at Clark Atlanta University. Simple descriptive statistics will be used for the demographic data. The statistics described all percentages and frequencies of the responses to the questionnaire. A T-test was used to measure the relationship between the two groups responses relating to questions thirty-one to thirty-five. Chi-Square was used for question thirty-six.
CHAPTER FOUR

PRESENTATION OF RESULTS

Demographic Data

The data used in this study was collected from Botswana. It consisted of two selected groups (19 spouses and 10 parents.) Demographics are presented first in depression, life satisfaction, fatalism, vulnerability and future planning.

T-test results will be presented at the end of the chapter. The null hypothesis is; There is a significant difference between Spousal and Parental Grief and Bereavement among two selected Batswana groups.

Table 1. GENDER

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Of all spouses who participated in this study 42.1% (8) were male and; 47.9% (11) were female. Parents who responded 60% (6) were male; while 40% (4) were female.
Table 2. AGE

N = 29

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</tbody>
</table>

Responding to this question 5.3% (1) spouse was in the age range 20-30 years while there was no parent in that age range. 21.1% (4) spouses were within 31-40 years and 20% (2) parents were within this age rage. 26.3% (5) spouses were within this age. 36.8 (7) spouses aged 51-60 years while 20% (2) parents were within this age. 10.5% (2) spouses were within 61 and above and 10% (1) parent was in this category.
Table 3. RACE

N = 29

<table>
<thead>
<tr>
<th>Race</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Lost Spouse</td>
<td>Lost Child</td>
</tr>
<tr>
<td>African-American</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Caucasian</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Bi-Racial</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Asian</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Mostwana</td>
<td>19</td>
<td>10</td>
</tr>
<tr>
<td>Total</td>
<td>19</td>
<td>10</td>
</tr>
</tbody>
</table>

On this table of race all respondents 100% (29) were all Batswana.

Table 4. RELIGION

N = 29

<table>
<thead>
<tr>
<th>Religion</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Lost Spouse</td>
<td>Lost Child</td>
</tr>
<tr>
<td>Baptist</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Catholic</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Christian</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Jewish</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>13</td>
<td>6</td>
</tr>
<tr>
<td>Total</td>
<td>19</td>
<td>10</td>
</tr>
</tbody>
</table>

On this table 5.3% (1) spouse was Baptist and no parent was in this category. 10.5% (2) spouses were Catholic and 10% (1) parent was of this religion. 15.5% (3) spouses were
Christians and 30% (3) parents fell in this category. No respondents belonged to the Jewish religion. 68.4% (13) spouses completed the category “other religion” and 60% (6) parents were with this category.

Table 5. **HIGHEST EDUCATION LEVEL COMPLETED**

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Lost Spouse</td>
<td>Lost Child</td>
</tr>
<tr>
<td>Elementary school</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Middle school</td>
<td>10</td>
<td>6</td>
</tr>
<tr>
<td>High school</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Some college</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>College graduate</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>19</strong></td>
<td><strong>10</strong></td>
</tr>
</tbody>
</table>

On this table 15.8% (3) spouses obtained elementary education and 10% (1) parent responded to this question. 52.6% (10) spouses went as far as middle school while 60% (6) parents were within this education level. 5.3% (1) spouse was a graduate of high school and 10% (1) obtained this education. 15.8% (3) spouses were within category “Some College” and no parent responded to this. 10.5% (2) spouses were college graduates and 20% (2) parents graduated from college.
Table 6. **OCCUPATION**

\[ N = 29 \]

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Lost Spouse</td>
<td>Lost Child</td>
</tr>
<tr>
<td>Blue collar worker</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>White collar worker</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Home maker</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>Not currently worker</td>
<td>8</td>
<td>7</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>19</strong></td>
<td><strong>10</strong></td>
</tr>
</tbody>
</table>

Of all the respondents none were Blue-collar workers. 21.1% (4) were White-collar workers and 20% (2) parents filled this category. 36.8% (7) spouses were home-mikers and only 10% (1) parent was. 42.1% (8) spouses were not currently working at the time of the interview while 70% (7) parents were also not working. No one of the two groups completed the section “other.”
Table 7. ECONOMIC STATUS

\[ N = 29 \]

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Lost Spouse</td>
<td>Lost Child</td>
</tr>
<tr>
<td>Low Income</td>
<td>10</td>
<td>5</td>
</tr>
<tr>
<td>Middle Income</td>
<td>8</td>
<td>4</td>
</tr>
<tr>
<td>High Income</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>No answer</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>19</td>
<td>10</td>
</tr>
</tbody>
</table>

52.6% (10) spouses were of low income and 50% (5) parents were of low economic status. 42.1% (8) spouses were middle income earners and 40% (4) fall in this range. There were no spouses in the high income level and only 10% (1) was a high income earner. 5.3% (1) spouse did not respond to this question.

Table 8. RELATIONSHIP TO THE DECEASED

\[ N = 29 \]

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wife</td>
<td>9</td>
<td>31</td>
</tr>
<tr>
<td>Husband</td>
<td>10</td>
<td>34.5</td>
</tr>
<tr>
<td>Mother</td>
<td>5</td>
<td>17.2</td>
</tr>
<tr>
<td>Father</td>
<td>5</td>
<td>17.2</td>
</tr>
<tr>
<td>Total</td>
<td>29</td>
<td>100</td>
</tr>
</tbody>
</table>

Of the 29 participants 31% (9) were widows, 34.5% (10) were widowers, 17.2% (5) were fathers and 17.2% (5) were mothers.
Table 9. **TIMEFRAME SINCE THE DEATH OF THE LOVED ONE**

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Lost Spouse</td>
<td>Lost Child</td>
</tr>
<tr>
<td>1-7 days</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>1-4 weeks</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>1-12 months</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>A Year or more</td>
<td>11</td>
<td>5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>19</td>
<td>10</td>
</tr>
</tbody>
</table>

10.5% (2) spouses had lost their loved one within 1-7 days and no parent responded to this section. 10.5% (2) spouses had lost their partner within 1-4 weeks and parents did not respond in this range. 21.1% (4) spouses’ death occurred within 1-12 months and 50% (5) parents had lost a child within this range. 57.9% (11) spouses lost a partner within a year or more while 50% (5) filled this range.

Table 10. **I FEEL DEPRESSED**

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Lost Spouse</td>
<td>Lost Child</td>
</tr>
<tr>
<td>Hardly ever</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Sometimes</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Most of the time</td>
<td>17</td>
<td>8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>19</td>
<td>10</td>
</tr>
</tbody>
</table>

Of the 19 spouses and 10 parents none of them was hardly ever depressed. 10.5%
(2) spouses were sometimes depressed and 20% (2) parents were sometimes depressed. 89.5% (17) spouses felt depressed most of the time while 80% (8) parents felt depressed most of the time.

Table 11. I FELT THAT EVERYTHING I DID WAS AN EFFORT

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Lost Spouse</td>
<td>Lost Child</td>
</tr>
<tr>
<td>Hardly ever</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Sometimes</td>
<td>8</td>
<td>6</td>
</tr>
<tr>
<td>Most of the time</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>No answer</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>19</td>
<td>10</td>
</tr>
</tbody>
</table>

21.2% (4) spouses and 20% parent responded hardly ever to the statement “I felt that everything I did was an effort.” 42.1% (8) spouses and 60% (6) parents sometimes felt that everything they did was an effort. 36.8% (7) spouses and 10% (1) parent felt that everything he/she did was an effort most of the time. 10% (1) parent did not respond to this statement.
Table 12. MY SLEEP IS RESTLESS

\[ N = 29 \]

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Lost Spouse</th>
<th>Lost Child</th>
<th>Percentage</th>
<th>Lost Spouse</th>
<th>Lost Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hardly ever</td>
<td>1</td>
<td>3</td>
<td>5.3</td>
<td>15.8</td>
<td></td>
</tr>
<tr>
<td>Sometimes</td>
<td>3</td>
<td>2</td>
<td>15.8</td>
<td>10.5</td>
<td></td>
</tr>
<tr>
<td>Most of the time</td>
<td>15</td>
<td>5</td>
<td>78.9</td>
<td>26.3</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>19</td>
<td>10</td>
<td>100</td>
<td>100</td>
<td></td>
</tr>
</tbody>
</table>

5.3% (1) spouse felt his/her sleep was restless hardly ever and 15.8% (3) parents; sleep was restless hardly ever. 15.8% (3) spouses’ and 10.5% (2) parents’ sleep was restless sometimes. 78.9% (15) and 26.3% (5) parents’ sleep was restless most of the time.

Table 13. I AM HAPPY

\[ N = 29 \]

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Lost Spouse</th>
<th>Lost Child</th>
<th>Percentage</th>
<th>Lost Spouse</th>
<th>Lost Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hardly Ever</td>
<td>10</td>
<td>5</td>
<td>52.6</td>
<td>50</td>
<td></td>
</tr>
<tr>
<td>Sometimes</td>
<td>5</td>
<td>3</td>
<td>26.3</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>No answer</td>
<td>4</td>
<td>2</td>
<td>21.1</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>19</td>
<td>10</td>
<td>100</td>
<td>100</td>
<td></td>
</tr>
</tbody>
</table>

52.6% (10) spouses and 50% (5) parents were hardly ever happy. 26.3% (5) spouses and 30% (3) parents were sometimes happy. 21.1% (4) spouses and 20% (2) parents did not respond to the statement “I am happy.”
Table 14. I FEEL LONELY

N = 29

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Lost Spouse</th>
<th>Lost Child</th>
<th>Lost Spouse</th>
<th>Lost Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hardly ever</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>30</td>
</tr>
<tr>
<td>Sometimes</td>
<td>4</td>
<td>1</td>
<td>21.1</td>
<td>10</td>
</tr>
<tr>
<td>No answer</td>
<td>15</td>
<td>6</td>
<td>78.9</td>
<td>60</td>
</tr>
<tr>
<td>Total</td>
<td>19</td>
<td>10</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

No spouse hardly ever felt lonely and 30% (3) parents hardly ever felt lonely. 21.1% (4) spouses and 10% (1) parent felt lonely sometimes. 78.9% (15) spouses and 60% (6) parents did not respond to the statement “I feel lonely” most of the time.

Table 15. PEOPLE ARE UNFRIENDLY

N = 29

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Lost Spouse</th>
<th>Lost Child</th>
<th>Lost Spouse</th>
<th>Lost Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hardly ever</td>
<td>2</td>
<td>4</td>
<td>10.5</td>
<td>40</td>
</tr>
<tr>
<td>Sometimes</td>
<td>9</td>
<td>4</td>
<td>47.4</td>
<td>40</td>
</tr>
<tr>
<td>No answer</td>
<td>8</td>
<td>2</td>
<td>42.1</td>
<td>20</td>
</tr>
<tr>
<td>Total</td>
<td>19</td>
<td>10</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

10.5% (2) spouses and 40% (4) parents felt people were hardly ever unfriendly. 47.4% (9) spouses and 40% (4) parents felt people were unfriendly sometimes. 42.1% (8) spouses and 20% (2) parents did not respond to the statement.
Table 16. I ENJOY LIFE

N = 29

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Lost Spouse</td>
<td>Lost Child</td>
</tr>
<tr>
<td>Hardly ever</td>
<td>13</td>
<td>3</td>
</tr>
<tr>
<td>Sometimes</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>No answer</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>19</td>
<td>10</td>
</tr>
</tbody>
</table>

68.4% (13) spouses and 30% (3) parents hardly ever enjoy life. 21.1% (4) spouses and 40% (4) parents sometime enjoy life. 10.5% (2) spouses and 30% (3) parents did not answer.

Table 17. I DO NOT FEEL LIKE EATING

N = 29

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Lost Spouse</td>
<td>Lost Child</td>
</tr>
<tr>
<td>Hardly ever</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Sometimes</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>No answer</td>
<td>12</td>
<td>63.2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>19</td>
<td>10</td>
</tr>
</tbody>
</table>

10.5% (2) spouses and 50% (5) parents hardly ever felt like eating. 78.9% (15) and (4) parents sometimes did not feel like eating. 10.5% (2) spouses and 10% (1) parent did not respond to the statement.
Table 18. I FEEL SAD

N = 29

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Lost Spouse</td>
</tr>
<tr>
<td>Hardly ever</td>
<td>2</td>
</tr>
<tr>
<td>Sometimes</td>
<td>5</td>
</tr>
<tr>
<td>No answer</td>
<td>12</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>19</strong></td>
</tr>
</tbody>
</table>

10.5% (2) spouses and 20% (2) parents hardly ever feel sad. 26.3% (5) spouses and 30% (3) parents sometimes feel sad. 63.2% (12) spouses and 50% (5) parents did not answer the statement.

Table 19. I FEEL THAT PEOPLE DISLIKE ME

N = 29

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Lost Spouse</td>
</tr>
<tr>
<td>Hardly ever</td>
<td>3</td>
</tr>
<tr>
<td>Sometimes</td>
<td>12</td>
</tr>
<tr>
<td>No answer</td>
<td>4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>19</strong></td>
</tr>
</tbody>
</table>

15.8% (3) spouses and 50% (5) parents hardly ever felt that people dislike them. 63.2% (12) spouses and 30% (3) parents sometimes feel that people dislike them. 21.1% (4) spouses and 20% (2) parents did not respond to the statement.
Table 20. **I CANNOT GET “GOING”**

\[ N = 29 \]

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Lost Spouse</td>
</tr>
<tr>
<td>Hardly ever</td>
<td>4</td>
</tr>
<tr>
<td>Sometimes</td>
<td>6</td>
</tr>
<tr>
<td>No answer</td>
<td>9</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>19</strong></td>
</tr>
</tbody>
</table>

21.1% (4) responses and 40% (4) parents responded to the statement “I cannot get going” with hardly ever. 26% spouses and 20% (2) parents sometimes could not “get going.” 47.4% (9) spouses and 20% (2) parents did not respond.

Table 21. **MY LIFE COULD BE HAPPIER THAN IT IS NOW**

\[ N = 29 \]

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Lost Spouse</td>
</tr>
<tr>
<td>Strongly agree</td>
<td>10</td>
</tr>
<tr>
<td>Agree somewhat</td>
<td>7</td>
</tr>
<tr>
<td>Disagree somewhat</td>
<td>1</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>19</strong></td>
</tr>
</tbody>
</table>

52.6% (10) spouses and 60% (6) parents strongly agree to the statement “My life could be happier than it is now.” 36.8% (7) spouses and 10% (1) parents agree somewhat with the above statement. 5.3% (1) spouse and no parents disagreed somewhat with the
statement. 5.3% (1) spouse and 30% (3) parents strongly disagreed with this statement.

Table 22. THESE ARE THE BEST YEAR OF MY LIFE

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lost Spouse</td>
<td>Lost Child</td>
</tr>
<tr>
<td>Strongly agree</td>
<td>2</td>
</tr>
<tr>
<td>Agree somewhat</td>
<td>2</td>
</tr>
<tr>
<td>Disagree somewhat</td>
<td>2</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>12</td>
</tr>
<tr>
<td>No answer</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>19</td>
</tr>
</tbody>
</table>

10.5% (2) spouses and 30% (3) parents strongly agree with the statement “These are the best years of my life.” 10.5% (2) spouses and 20% (2) parents agree somewhat with this statement. 10.5% (2) spouses and 20% (2) parents disagree somewhat with this statement. 63.2% (12) and 30% (3) parents strongly agree with the above statement. 5.3% (3) spouses did not respond to the above statement.
Table 23. **AS I LOOK BACK ON MY LIFE I AM FAIRLY WELL SATISFIED**

N = 29

<table>
<thead>
<tr>
<th></th>
<th>Lost Spouse</th>
<th>Lost Child</th>
<th>Lost Spouse</th>
<th>Lost Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly agree</td>
<td>3</td>
<td>3</td>
<td>15.8</td>
<td>30</td>
</tr>
<tr>
<td>Agree somewhat</td>
<td>3</td>
<td>0</td>
<td>15.8</td>
<td>0</td>
</tr>
<tr>
<td>Disagree somewhat</td>
<td>7</td>
<td>3</td>
<td>36.8</td>
<td>30</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>5</td>
<td>4</td>
<td>26.3</td>
<td>40</td>
</tr>
<tr>
<td>No answer</td>
<td>1</td>
<td>0</td>
<td>5.3</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>19</td>
<td>10</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

15.8% (3) spouses strongly agree with the statement “As I look back on my life I am fairly satisfied,” while 30% (3) parents strongly agree with the statement. 15.8% (3) spouses agree somewhat with the statement and no parents did not respond in this range. 36.8% (7) spouses and 30% (3) parents disagree somewhat with the statement. 26.3% (5) spouses and 40% (4) parents strongly disagree with the statement. 5.3% (1) spouse did not respond to this statement.
Table 24. **I WOULD NOT CHANGE MY PAST LIFE EVEN IF I COULD**

\[ N = 29 \]

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Lost Spouse</td>
<td>Lost Child</td>
</tr>
<tr>
<td>Strongly agree</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Agree somewhat</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Disagree somewhat</td>
<td>9</td>
<td>3</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>No answer</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>19</td>
<td>10</td>
</tr>
</tbody>
</table>

5.3% (1) spouse strongly agree with the statement “I would not change my past life even if I could,” no parent responded in this range. 21.1% (4) spouses and 20% (2) parents agree somewhat with the statement. 47.4% (9) spouses and 30% (3) parents disagree somewhat with the statement. 15.8% (3) spouses and 40% (4) parents strongly disagree with this statement. 16.5% (2) spouses and 10% (1) parent did not answer the statement.
Table 25. **WHEN BAD THINGS HAPPEN WE ARE NOT SUPPOSE TO KNOW WHY, WE ARE JUST SUPPOSE TO ACCEPT IT**

\[ N = 29 \]

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Lost Spouse</th>
<th>Lost Child</th>
<th>Percentage</th>
<th>Lost Spouse</th>
<th>Lost Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly agree</td>
<td>8</td>
<td>7</td>
<td>42.1%</td>
<td>70</td>
<td></td>
</tr>
<tr>
<td>Agree somewhat</td>
<td>6</td>
<td>0</td>
<td>31.6%</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Disagree somewhat</td>
<td>3</td>
<td>1</td>
<td>15.8%</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>2</td>
<td>2</td>
<td>10.5%</td>
<td>20</td>
<td></td>
</tr>
</tbody>
</table>

Total 19 10 100 100

42.1% (8) spouses and 70% (7) parents strongly agree with the statement “when bad things happen we are not suppose to know why, we are just supposed to accept it.” 31.6% (6) spouses agree somewhat with the statement and no parents responded in this range. 15.8% (3) spouses and 10% (1) parent disagree somewhat with the statement. 10.5% (2) spouses and 20% (2) parents strongly disagree with this statement.
Table 26. **PEOPLE DIE WHEN IT IS THEIR TIME TO DIE, AND NOTHING CAN CHANGE THAT**

N = 29

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Lost Spouse</th>
<th>Lost Child</th>
<th>Percentage</th>
<th>Lost Spouse</th>
<th>Lost Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly agree</td>
<td>8</td>
<td>5</td>
<td>42.1%</td>
<td>50</td>
<td></td>
</tr>
<tr>
<td>Agree somewhat</td>
<td>5</td>
<td>1</td>
<td>26.3%</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Disagree somewhat</td>
<td>4</td>
<td>2</td>
<td>21.1%</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>2</td>
<td>2</td>
<td>10.5%</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>19</strong></td>
<td><strong>10</strong></td>
<td><strong>100%</strong></td>
<td><strong>100%</strong></td>
<td></td>
</tr>
</tbody>
</table>

42.1% (8) spouses and 50% (5) parents strongly agree with the statement, “People die when it is their time to die, and nothing can change that.” 26.3% (5) spouses and 10% (1) parent agree somewhat with the statement. 21.1% (4) spouses and 20% (2) parents disagree somewhat with the statement. 10.5% (2) spouses and 20% (2) parents strongly disagree.
Table 27. **EVERYTHING THAT HAPPENS IS PART OF GOD’S PLAN**

N = 29

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Lost Spouse</td>
<td>Lost Child</td>
</tr>
<tr>
<td>Strongly agree</td>
<td>8</td>
<td>4</td>
</tr>
<tr>
<td>Agree somewhat</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Disagree somewhat</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>19</td>
<td>10</td>
</tr>
</tbody>
</table>

42.1% (8) spouses and 40% (4) parents strongly agree with the statement “Everything that happens is part of God’s plan.” 26.3% (5) spouses and 20% (2) parents agree somewhat with the statement. 31.6% (6) spouses and 10% (1) parent disagrees somewhat with this statement. 30% (3) parents strongly disagree with the statement and no spouses responded to the “strongly disagree” range.
Table 28. IF BAD THINGS HAPPEN, IT IS BECAUSE THEY WERE MEANT TO BE

N = 29

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Lost Spouse</td>
<td>Lost Child</td>
</tr>
<tr>
<td>Strongly agree</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Agree somewhat</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>Disagree somewhat</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>19</td>
<td>10</td>
</tr>
</tbody>
</table>

21.1% (4) spouses and 10% (1) parent strongly agree with the statement “If bad things happen it is because they were meant to be.” 36.8% (7) spouses and 50% (5) parents agree somewhat with the statement. 26.3% (5) spouses and 10% (1) parent disagrees somewhat with the statement. 15.8% (3) spouses and 30% (3) strongly disagree with this statement.
Table 29. **I WORRY THAT SOMETHING BAD WILL HAPPEN TO ME**

N = 29

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th></th>
<th>Percentage</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Lost Spouse</td>
<td>Lost Child</td>
<td>Lost Spouse</td>
<td>Lost Child</td>
</tr>
<tr>
<td>Strongly agree</td>
<td>3</td>
<td>0</td>
<td>15.8%</td>
<td>0</td>
</tr>
<tr>
<td>Agree somewhat</td>
<td>7</td>
<td>4</td>
<td>36.8%</td>
<td>40%</td>
</tr>
<tr>
<td>Disagree somewhat</td>
<td>5</td>
<td>3</td>
<td>25.3%</td>
<td>30%</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>4</td>
<td>3</td>
<td>21.1%</td>
<td>30%</td>
</tr>
<tr>
<td>Total</td>
<td>19</td>
<td>10</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

15.8% (3) spouses strongly agree with the statement “I worry that something bad will happen to me,” and no parent responded to this range. 36.8% (7) spouses and 40% (4) parents agree somewhat with this statement. 26.3% (5) spouses and 30% (3) parent disagree somewhat with the above statement. 21.1% (4) spouses and 30% (3) parents strongly disagree with this statement.
Table 30. **I WORRY THAT SOME BAD WILL HAPPEN TO ONE OF MY LOVED ONES**

\[ N = 29 \]

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Lost Spouse</td>
<td>Lost Child</td>
</tr>
<tr>
<td>Strongly agree</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Agree somewhat</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td>Disagree somewhat</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>19</td>
<td>10</td>
</tr>
</tbody>
</table>

15.8% (3) spouses and 10% (1) parent strongly agrees with the statement, "I worry that something bad will happen to one of my loved ones." 36.8% (7) spouses and 40% (4) parents agree somewhat with this statement. 26.3% (5) spouses and 10% (1) parent disagrees somewhat with the statement. 21.1% (4) spouses and 40% (4) parents strongly disagree with the above statement.
Table 31. ARE YOU THE TYPE OF PERSON THAT PLANS FOR THE FUTURE?

N = 29

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Lost Spouse</td>
</tr>
<tr>
<td>Yes</td>
<td>16</td>
</tr>
<tr>
<td>No</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>19</td>
</tr>
</tbody>
</table>

84.2% (16) spouses responded positively with “yes” to the question “Are you the type of person that plans for the future?” While 90% (9) parents also responded with “yes.” 15.8% (3) spouses and 10% (1) parent responded “no” to this question.
T-TEST RESULTS

Table 32. Difference Between Those Who Had Lost Their Spouse and Those Who Had Lost Their Children on Their Depression Scale

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>SD</th>
<th>df</th>
<th>p</th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lost spouse</td>
<td>26.6</td>
<td>4.06</td>
<td>27</td>
<td>.05</td>
<td>0.414</td>
</tr>
<tr>
<td>Lost child</td>
<td>25.8</td>
<td>6.82</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This table shows that for spouses the mean level was 26.6 and the standard deviation 4.06, the t-value was 0.414. For parents the mean is 25.8 and standard deviation 6.82 with the mean t-value as spouses. This reflects no statistical significant difference between spouses and parents on their depression.

T-TEST RESULTS

Table 33. Difference Between Spouses and Parents on the Life Satisfaction Scale

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>SD</th>
<th>df</th>
<th>p</th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lost spouse</td>
<td>7.26</td>
<td>3.07</td>
<td>27</td>
<td>.05</td>
<td>0.918</td>
</tr>
<tr>
<td>Lost child</td>
<td>6.10</td>
<td>3.56</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

On this table for spouses the mean score was 7.26 and standard deviation 3.07 the t-value is .0918. For parents the mean is 6.10 and the standard deviation 3.56 and the same t-value as spouses this shows no statistical significant difference on this variable between the two groups.
T-TEST RESULTS

Table 34. Difference Between Spouses and Parents on the Fatalism Scale

\[ N = 29 \]

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>SD</th>
<th>df</th>
<th>p</th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lost spouse</td>
<td>13.8</td>
<td>3.33</td>
<td>27</td>
<td>.05</td>
<td>0.836</td>
</tr>
<tr>
<td>Lost child</td>
<td>13.0</td>
<td>4.37</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The mean score for spouses is 13.8 and the standard deviation 3.33 while for parents the mean is 13.0 and the standard deviation and the t-value for these groups is .08366 showing no statistical difference on the fatalism scale.

T-TEST RESULTS

Table 35. Difference Between Spouses and Parents Who Had Lost Their Children on Vulnerability Scale

\[ N = 29 \]

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>SD</th>
<th>df</th>
<th>p</th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lost spouse</td>
<td>4.95</td>
<td>5.08</td>
<td>27</td>
<td>.05</td>
<td>0.070</td>
</tr>
<tr>
<td>Lost child</td>
<td>5.10</td>
<td>6.54</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Spouses mean is 4.95 standard deviation 5.08 whereas for parents the mean is 5.10 standard deviation, 6.54 and the t-value for these groups is 0.070. This shows no statistical difference between spouses and parents on their vulnerability.
CHI-SQUARE

Table 36. **Difference Between Spouses and Parents on Future Planning Scale**

<table>
<thead>
<tr>
<th>Frequency Plan</th>
<th>1 = Yes</th>
<th>2 = NO</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
<td>3</td>
<td>16</td>
<td>19</td>
</tr>
<tr>
<td>Children</td>
<td>1</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Total</td>
<td>4</td>
<td>25</td>
<td>29</td>
</tr>
</tbody>
</table>

The above table shows no statistical difference between the two groups on their future planning.
CHAPTER FIVE

SUMMARY AND CONCLUSION

This exploratory descriptive study seeks to examine and explore spousal and parental grief and bereavement on personal functioning from a sample of 29 Botswana (19) spouses and (10) parents. Information (data) in this study was obtained through the administration of self-administered 31 item questionnaire with respondents age ranging from 20-61. The results of this study required interpretation within the limitations imposed upon this research sample population size, and the sampling procedure. With some limitations the findings have shown that there are adverse impacts of spousal and parental grief and bereavement on personal functioning among widow, widowers, and parents in Batswana. This study calls for social workers; particularly in Batswana to break the walls of these taboo subjects, and pay more attention to research in this area. There is a need for more research than ever before. Social workers need to have full knowledge on how this phenomenon negatively impacts survivors. In that way they will be able to bring about change to this population which is said to be difficult, debilitated, functionally disturbed by grief, bereavement and mourning following the death of their loved one.

For the purpose of this study and interpretation of results there is one hypothesis; “There is no significant statistical difference of spousal, parental grief and bereavement on personal functioning among Batswana. The null hypothesis, “There is significant statistical
difference of spousal, parental grief and bereavement on personal functioning among Batswana. Personal functioning (dependent variable) was categorized into five variables: depression, life satisfaction, fatalism, vulnerability, and future planning. For analyzing this data the t-test was utilized.

The results of the t-test are as follows on the depression scale at .05 probability level, the t-test was 0.414, in this case rejecting the null hypothesis and accepting the hypothesis. On the life satisfaction scale at .05 probability level the t-test score was 0.918 the hypothesis was accepted and the null hypothesis was rejected.

On the fatalism scale at .05 probability level t-test score was 0.836 the hypothesis was also accepted, null hypothesis rejected. With the vulnerability scale at the probability level of .05 the t-test was 0.070 the hypothesis was rejected and the null hypothesis accepted. For this variable "vulnerability" this correlates with the reviewed literature which showed the difference between spousal and parental bereavement. Women being more vulnerable than men. On the variable future planning a Chi-Square was used and there was no statistical significant difference between these two groups as showed in chapter four the hypothesis was accepted.

Limitations

There are several limitations to this study. Translating the questionnaire into Setswana which has many words compared to English resulted in a long questionnaire; it was mentioned to the researcher that participants felt it was time consuming and long. A small sample population size of this study makes it difficult for the findings to be generalized to the total population. The findings of this study may only be directed to the population under
the study. The proportion of spouses (19) to that of parents (10) makes it statistically weak to compare spousal and parental bereavement on personal functioning among these two groups. A replication of this study is necessary for a generalization of the study beyond this population. The cultural background from which the sample population was drawn does not allow for open discussion about this phenomenon; hence a small sample population. The other limitation could be the population uses “Batswana” these might not be applicable to the western, and American culture.

Suggested Research

There is no information on spousal and parental grief and bereavement on personal functioning in Botswana. It is for this reason that a recommendation for social workers in Batswana focuses direction and venture into research on the care of grief and bereavement in general. A replication of this study is suggested. A larger sample population size will be of importance for generalization to the entire population. Variables such as: the type of death, age of the deceased and gender have been said to impact recovery. It is suggested that an examination of these variables be considered for future research and phenomenon of discussion.

Social workers in Botswana are encouraged to use both community, solidarity and their knowledge base in handling grief and bereavement. As educators, they must conduct seminars and workshops in schools, hospitals, and churches regarding grief and bereavement. In addressing a taboo subject such as this it is suggested that cultural sensitivity be seriously taken into consideration.
CHAPTER SIX

IMPLICATIONS FOR SOCIAL WORK PRACTICE

For a long time death, grief and bereavement had been a taboo subject. Recently there has been a plethora of literature on this phenomenon derived from the discipline of psychology, psychiatry, sociology, anthropology and nursing. Grief and bereavement are said to disturb personal functioning particularly in the case of the death of a child and that of a spouse. This certainly warrants social work education to include grief and bereavement in the curriculum.

Venturing into empirical research on the variables of this discussion will enhance and equip social workers skills and knowledge base (hence) their effectiveness and efficiency in their provision of services to the bereaved. The existence of this problem in Botswana poses a challenge to social workers in this country to effect their services in improving their practice, knowledge, theory building and an empirical research in combating this problem.

Zastrow and Ashman\(^1\) suggested that social workers in dealing with the bereaved must assume the following roles: educators, counselors, group facilitators, brokers, and avocator. These authors also came up with ways in which social workers have to relate to the bereaved. Social workers need to accept the idea of their own death. They need to know

how to convey verbally and with body language that they are willing to talk about any concerns that the grieved brings about. To answer the bereaved allegations as honestly as they can. To allow the bereaved to accept the reality of the situation at his/her pace. Helping survivors to accept the dying person’s evitability of death which will help the dying person to do likewise. Social workers must feel free to enforce the bereaved about their inhibitions regarding this phenomenon.

Social workers also need to increase their knowledge base, skills and full understanding of spousal, parental grief and bereavement. This will positively result in being effective, efficient and culturally sensitive and competent hence an productivity. Regarding the conceptual frame work utilized in this study a number of theories have been identified as suitable to this research. To name a few: 1) Sigmund Freud grief work theory, 2) Bowlby’s attachment theory, 3) Parkes’ theory, 4) an integrated individual family model theory by Moss and 5) the ecological perspective were a few chosen for the purpose of this study.

In order for social workers to keep abreast with the changing concepts in relation to the topic of discussion, and in sharpening their skills, more empirical research must be conducted in this area.

It is necessary for social workers particularly in Botswana, in providing spousal and parental grief counseling to put into consideration an important role the community plays in this phenomenon. In a culture that strongly believes and practices community solidarity, regarding the matter of decisions, social workers should combine community support and professional skills and knowledge in their service delivery.
APPENDIX A

Clark Atlanta University
P.O. Box #506
James P. Brawley Drive, S.W.
Atlanta, Georgia 30314

Princess Marina Hospital
P.O. Box 258
Gaborone Botswana
Southern Africa

Dear Mrs. Sophie Mbaia:

My name is Tiny Moshokgo, a second year graduate student at Clark Atlanta University. As part of the requirements for completing the Master of Social Work program at Clark Atlanta University, I am required to prepare a thesis. I have decided to complete "An Exploratory Descriptive Study on Spousal, Parent Grief and Bereavement on Personal Functioning Among Two Groups in Botswana." You are requested to ensure the administration of the enclosed questionnaire to the bereaved spouses and parents in Gaborone. This research will be confidential and will not violate aspects of human subjects rights.

If you have any questions regarding this study you may contact me at (404) 880-66616. Thank you very much for your assistance and cooperation.

Sincerely yours,

Tiny Moshokgo M.S.W.
School of Social Work

Sincerely,

Professor Hattie Mitchell
Thesis Advisor
Mathathane Customary Court
P.O. Box 3
Botswana
Southern Africa

Dear Chief Richard Serumola:

As part of the requirements of completing the master of social work program at Clark Atlanta University I am required to prepare a thesis. I have decided to complete “An Exploratory Descriptive Study on Spousal, Parental Grief and Bereavement on Personal Functioning Among Two Groups in Botswana”. Permission to administer the questionnaire in your village is requested. This research will be confidential and will not violate aspects of human subject rights.

If you have any questions regarding the enclosed questionnaire and this study you may contact me at Tel 404 880 6616. Thank you very much for your assistance and cooperation.

Sincerely Your

Tiny Moshokgo M.S.W.,
School of Social Work

Sincerely

Professor Hattie Mitchell
Thesis Advisor
Mathathane Village  
P.O. Box 40  
Mathathane Botswana  
Southern Africa  

Dear Ms. Mmaluka Moshokgo:  

As a requirement to complete the Master of Social Work Program at Clark Atlanta University I am required to prepare a thesis. I have decided to complete “An Exploratory Descriptive Study on Spousal and Parental Grief and Bereavement on Personal Functioning Among Two Groups in Botswana.”  

Your assistance to translate the enclosed questionnaire into Setswana is greatly solicited. This research is confidential and will not violate aspects of human subjects rights.  

If you have any questions regarding the enclosed questionnaire, you may contact me at (404) 880-6616. Thank you very much for your assistance and cooperation.  

Sincerely Your  

Tiny Moshokgo M.S.W.  
School of Social Work  

Sincerely,  

Professor Hattie Mitchell  
Thesis Advisor
APPENDIX D

Clark Atlanta University  
P.O. Box #506  
James P. Brawley Drive, S.W.  
Atlanta, Georgia 30314

March 19, 1998

To All Participants:

This is to express my sincere gratitude and heartfelt thanks for your cooperation and support in participating in my study. This is greatly appreciated.

Thank you very much.

Sincerely Yours,

Tiny Moshokgo M.S.W.
School of Social Work

Sincerely,

Professor Hattie Mitchell
Thesis Advisor
APPENDIX E

PART I: Demographics

For questions #1-8 circle the answer which best applies to you.

1. GENDER
   a. Male
   b. Female

2. AGE
   a. 20-30
   b. 31-40
   c. 41-50
   d. 51-60
   e. 61 and over

3. RACE
   a. African-American
   b. Botswana
   c. Bi-Racial
   d. Asian
   e. Other

4. RELIGION
   a. Baptist
   b. Catholic
   c. Christian
   d. Jewish
   e. Other

5. HIGHEST EDUCATION LEVEL COMPLETED
   a. Elementary school
   b. Middle school
   c. High school
   d. Some college
   e. College graduate
6. OCCUPATION
   a. Blue Collar Worker
   b. White Collar Worker
   c. Home maker
   d. Not currently worker
   e. Other

7. ECONOMIC STATUS
   a. Low Income
   b. Middle Income
   c. High Income

8. RELATIONSHIP TO THE DECEASED
   a. Wife
   b. Husband
   c. Mother
   d. Father

9. TIMEFRAME SINCE THE DEATH OF THE LOVE ONE
   a. 1-7 days
   b. 1-4 weeks
   c. 1-12 months
   d. A Year or more

PART II: DEPRESSION SCALE

Please answer the following questions that apply to you during your time of loss by circling either (a) hardly ever, (b) some of the time, and (c) most of the time.

10. I feel depressed
    a. Hardly ever
    b. Sometimes
    c. Most of the time

11. I felt that everything I did was an effort
    a. Hardly ever
    b. Sometimes
    c. Most of the time

12. My sleep is restless
    a. Hardly ever
    b. Sometimes
    c. Most of the time
13. I am happy  
   a. Hardly ever  
   b. Sometimes  
   c. Most of the time  

14. I feel lonely  
   a. Hardly ever  
   b. Sometimes  
   c. Most of the time  

15. People are unfriendly  
   a. Hardly ever  
   b. Sometimes  
   c. Most of the time  

16. I enjoy life  
   a. Hardly ever  
   b. Sometimes  
   c. Most of the time  

17. I do not feel like eating  
   a. Hardly ever  
   b. Sometimes  
   c. Most of the time  

18. I feel sad  
   a. Hardly ever  
   b. Sometimes  
   c. Most of the time  

19. I feel that people dislike me  
   a. Hardly ever  
   b. Sometimes  
   c. Most of the time  

20. I can not get “going”  
   a. Hardly ever  
   b. Sometimes  
   c. Most of the time
PART III: LIFE SATISFACTION SCALE

Please answer the following questions that apply to you during your time of loss by circling (a) strongly agree, (b) agree somewhat, (c) disagree somewhat, (d) strongly disagree.

21. My life could be happier than it is now?
   a. Strongly agree
   b. Agree somewhat
   c. Disagree somewhat
   d. Strongly disagree

22. These are the best years of my life?
   a. Strongly agree
   b. Agree somewhat
   c. Disagree somewhat
   d. Strongly disagree

23. As I look back on my life, I am fairly satisfied.
   a. Strongly agree
   b. Agree somewhat
   c. Disagree somewhat
   d. Strongly disagree

24. I would not change my past life even if I could.
   a. Strongly agree
   b. Agree somewhat
   c. Disagree somewhat
   d. Strongly disagree

PART IV: FATALISM SCALE

Please answer the following questions that apply to you during your time of loss by circling (a) strongly agree, (b) agree somewhat, (c) disagree somewhat and (d) strongly disagree.

25. When bad things happen we are not supposed to know why. We are just suppose to accept it.
   a. Strongly agree
   b. Agree somewhat
   c. Disagree somewhat
   d. Strongly disagree
26. People die when it is their time to die, and nothing can change that.
   a. Strongly agree
   b. Agree somewhat
   c. Disagree somewhat
   d. Strongly disagree

27. Everything that happens is part of God's plan.
   a. Strongly agree
   b. Agree somewhat
   c. Disagree somewhat
   d. Strongly disagree

28. If bad things happen, it is because they were meant to be.
   a. Strongly agree
   b. Agree somewhat
   c. Disagree somewhat
   d. Strongly disagree

PART V: VULNERABILITY SCALE

Please answer the following questions that apply to you during your time of loss by circling either (a) strongly agree, (b) agree somewhat, (c) disagree somewhat, and (d) strongly disagree.

29. I worry that something bad will happen to me.
   a. Strongly agree
   b. Agree somewhat
   c. Disagree somewhat
   d. Strongly disagree

30. I worry that something bad will happen to one of my loved ones.
   a. Strongly agree
   b. Agree somewhat
   c. Disagree somewhat
   d. Strongly disagree
PART VI: FUTURE PLANNING

Please answer the following questions that apply to you during your time of loss by circling either (a) yes or (b) no

31. Are you the type of person that plans for the future?
   a. Yes
   b. No

Adapted from Nancy Weber Arbuckle and Brian deVries (1995)
APPENDIX F

MAIKUTLO KA NAKO YA GO LATLHEGLEWA/TLHOKAFALELWA KE BARATWA EBONG BATSADI KANTE MOPATI.
TWWEE-TSWEE SUPA KARABO YA GAGO KA GO AGELELA.

LEKGAMU LA NTLHA

1. a) Monna  
   b) Mosadi

2. Dingwaga  
   a) 20-30  
   b) 31-40  
   c) 41-50  
   d) 51-60  
   e) 61 le go feta

3. LETSO  
   a) Motswana  
   b) MoAsia  
   c) MoAmerika o montsho  
   d)  
   e)

4. TUMEDI  
   a) Mobapotiseti  
   b) Mokatoliki  
   c) Mopentekosite  
   d) Mosione  
   e) Tse dingwe

5. O kgonne go ithuta go fitlha fa kae?  
   a) Sekolo se se botlana (primary level)  
   b) Mophato wa bobedi (J.C.)  
   c) Sekolo se segolwane (Cambridge)  
   d) Ke ithutetse tiro kwa ________________________  
   e) Go fitlha kwa Unibesithing/Kholetsheng

6. Fa o bona tiro ya goga e wela mo legorong lefe?  
   a) Tiro ya me ga ea siama, Dituelo di tlase.  
   b) Ke ya maemo a ntlha (a a kwa godimo)  
   c) Ke Kgona go Itshetsa
d) Ga ke bereke

7. Dituelo kante dipelo tsa gago tsone di wela mo legorong lefe?
   a) Dituelo tsame di kwa tlase
   b) Dituelo tsame di kwa godimo
   c) dituelo tsame di siame / fa gare

8. O ile wa latlhegelwa / tlogelwa ke eng sa gago?
   a) Mosadi
   b) Monna
   c) Mme
   d) Ntate

9. Ke lobaka lo lo kae a ntse a go tlogetse?
   a) Beke
   b) Dikgwedi
   c) Ngwaga
   d) Dingwaga tse __________

LEKGAMU LA BOBEDI

Tswee-tswee agelela maikutlo a gago tota ka nako ya tatlhegelo

10. Ke ikutlwa ke gateletswe ke kamego
    a) Le e seng
    b) Fa gongwe
    c) Go le gantsi/nako tse dintsi

11. Ke dumela gore sengwe le sengwe se ke se dirileng le maitshwaro ame e ne e le maiteko a magolo.
    a) Ga ke tsee jalo
    b) Fa gonwe
    c) Nako tse dintsi

12. Ga ke kgone le gone go robala
    a) Le e seng
    b) Fa gongwe
    c) Nako tse dintsi
13. Ke a itumela mo botshelong
   a) Ga kena boitumelo
   b) Fa gongwe
   c) Go le gantsi

14. Ke ikutlwa ke tlogetswe
   a) Le e seng
   b) Fa gongwe
   c) Go le gantsi

15. Batho ga ba a ema le nna
   a) Le ka molha ope
   b) Nako tsotlhe
   c) Fa gongwe ba ne ba ema le nna

16. Botshelo bo a nmatefelela
   a) Le e seng
   b) Fa gongwe
   c) Go le gantsi

17. Go ja ga go nmatelelele
   a) Le e seng
   b) Fa gongwe
   c) Go le gantsi

18. Pelo yame e gamuketse botlhoko
   a) Le e seng
   b) Fa gongwe
   c) Go le gantsi

19. Ke bona e kete batho ga ba nthate
   a) Ga ke na maikutlo ao
   b) Fa gongwe go ntse jalo
   c) Go le gantsi ke dumela jalo

20. Ga ke kgone go tswelela le botshelo
   a) Go thata tota
   b) Fa gongwe
   c) Go le gantsi
LEKGAMU LA BORARO

Araba ka go agelela

   a) Ke dumela thata-thata
   b) Ke tsaa jalo
   c) Ga ke dumalane
   d) Ga ke dumele gotthelele

22. Ke itumeletse botshelo jwame mo dingwageng tse.
   a) Ke dumela thata-thata
   b) Ke tsaa jalo
   c) Ga ke dumalane
   d) Ga ke dumele gotthelele

23. Le ke tholkafaletswe, ke kgotsofalela botshelo jwa me.
   a) Ke dumela thata-thata
   b) Ke tsaa jalo
   c) Ga ke dumalane
   d) Ga ke dumele gotthelele

24. Ga nkìîla ke fetola maikulo a me ka ga nako ee fetileng le fa go na le kgonagalo
eo.
   a) Ke dumela thata-thata
   b) Ke tsaa jalo
   c) Ga ke dumalane
   d) Ga ke dumele gotthelele

LEKGAMU LA BONE

SERU SE SE RE APERENG MO BOTSHELONG

Supa karabo ka go agelela kante go dira masakana

25. Fa re welwa ke seru sa go thokafalelwa ga re a tshwanela go botsa gore ke ka
goreng re tshwanetse go amogela
   a) Ke dumela thata-thata
   b) Ke tsaa jalo
   c) Ga ke dumalane
   d) Ga ke dumele gotthelele
26. Batho ba a swa fa nako ya bone e gorogile e bile ga gona se se ka fetolang seo.
   a) Ke dumela thata-thata
   b) Ke tsaa jalo
   c) Ga ke dumalane
   d) Ga ke dumele gotlhelele

27. Sengwe le sengwe se se diragalang ke lenaneo la modimo
   a) Ke dumela thata-thata
   b) Ke tsaa jalo
   c) Ga ke dumalane
   d) Ga ke dumele gotlhelele

28. Fa re diragalelwake dilo tse di ulwisang bothoko ke ka gore go tshwanetse
   a) Ke dumela thata-thata
   b) Ke tsaa jalo
   c) Ga ke dumalane
   d) Ga ke dumele gotlhelele

**LEKGAMU LA BOTLHANO**

29. Ke na le letshogo la gore sengwe se se maswe se tlaa ntiragalela
   a) Ke dumela thata-thata
   b) Ke tsaa jalo
   c) Ga ke dumalane
   d) Ga ke dumele gotlhelele

30. Ke na le letshogo la gore sengwe se tlaa diragalela mongwe wa batho ba ke ba ratang.
   a) Ke dumela thata-thata
   b) Ke tsaa jalo
   c) Ga ke dumalane
   d) Ga ke dumele gotlhelele

**LEKGAMU LA BORATARO**

31. Ao a tie o dire lenaneo kante o baakanyetse bokamoso jwa gago
   a) Ee
   b) Nnyaa
The Republic of Botswana

Source: The World Factbook - 1996

Angola Botswana Lesotho Malawi Mauritius Mozambique
Namibia South Africa Swaziland Tanzania Zambia Zimbabwe
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