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## **Social Support and Recovery from Bereavement: A Study among Bereaved Persons in Oyo and Oke-Ogun Areas of Oyo State, Nigeria** (Pp. 223-235)

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### **Abstract**

*Bereavement engenders different reactions. Some individuals are able to return to normal fairly soon, while, others struggle for a long time. During this period of struggle, the bereaved persons need the presence of supporting relationships which will help them to cope successfully with bereavement crisis and recover quickly from it. The study, therefore, investigated how social support helps in reducing symptoms of emotional feelings associated with bereavement and how it enhances recovery from bereavement. The study was carried out among 250 bereaved persons using the descriptive survey research design of the ex-post-facto type. The instruments used for the study are Social Support Assessment Questionnaire, Emotional Feelings Assessment Questionnaire, and Recovery Assessment Questionnaire. Two hypotheses were tested in the study, using analysis of variance. The study established that social support had a significant impact on symptoms of emotional feelings associated with bereavement ( $F = 9.82, df = 1/198, P < .05$ ), and also had a significant impact on recovery from bereavement ( $F = 5.94, df = 1/198, P < .05$ ). Based on the above findings it was recommended*

*that, the bereaved persons should ask for help, get the loss off their chest, and engage in some activities that can divert their mind from their loss.*

**Key words:** Social support, Bereavement, Bereavement crisis, Emotional feelings, Recovery.

### **Introduction**

BUPA (2004) conceived bereavement literally to mean to be deprived by death. Ward et al (1996) described bereavement as the loss of something that is precious. Bereavement, according to Ancher (1997), refers to the death of someone with whom a person had a close relationship. It refers to the socially sanctioned time duration following the death of a significant person that allow for the expression of grief. Therefore, it is a period after a loss during which grief is experienced and mourning occurs. Lindstrom (1998) defined bereavement as vastly a multifaceted stressor, influencing most part of a person's life (including physiological, psychological, sociological and spiritual life style).

Bereavement is characterized by numbness, anger and sadness. It has physiological, emotional, and health effects. Therefore, it can cause physical reactions including sleeplessness, loss of energy and loss of appetite. It can also cause particular problems for the bereaved in certain circumstances around the death (BUPA, 2004), which include a sudden death or unexpected death, miscarriage or death of a baby and so on.

Bereavement can bring about changes in immunomodulation (in particular lower natural killer cell activity). These changes have been demonstrated following bereavement and are associated with repression (Stroebe, et al 1993). Similarly after bereavement, the immune response is temporarily impaired, endocrine changes - such as increased adrenocortical activity and increases in growth hormone as in other situations that evoke depression and distress.

According to Parkes (1998), a variety of psychiatric disorders can also be caused by bereavement. These include psychosomatic disorders, depression (with or without suicide risk), anxiety or panic disorders, post-traumatic stress disorder, delayed or inhibited grief, and chronic grief.

Death has consequential negative emotion conjured in the minds of the bereaved and has been personified in most cultures as a thief and inconsiderate spirit that snatches away significant people or a loved one (Iyanda, 2005), therefore, it laddens people with grief which generates

emotional and physical changes that are detrimental to human well-being (Lord, 1998). Bereavement can lead to sudden death; hence, mortality is increased by it (Ancher, 1997). This is more pronounced in men than women. The cause of death includes heart disease, cancer, suicide and cirrhosis of the liver.

During bereavement crisis, the bereaved persons need adequate support of those that can re-assure them of the normality of grief, explain its symptoms or reassure them that they are not going to die, or that the frightening symptoms of anxiety and tension are not signs of death. Therefore in order to help the bereaved people cope successfully and recover quickly from crisis of bereavement, they need to be given adequate supports.

One of such support is social support which has been defined as interpersonal interactions and relationships that provide individuals with actual assistance or feelings of attachment to other persons perceived as caring (Hobfoll et al 1990). It includes social networks, reports of supportive behaviours and perception of support adequacy (Vaux, 1988), everyday support, potential crisis support, and actual crisis support (Viel and Baumann, 1992), emotional support, tangible assistance and personal assistance (Richman et al 1993), or material, emotional, and instrumental social support (Walsh, 2000).

During bereavement period or crisis, the bereaved individuals need adequate social support which may be material support e.g. food, money, etc) or emotional support (e.g. useful information, advice with personal problems, religious help, time spent with friends, visitation etc), that can come from friends, family members, companions, co-workers, neighbours, church members, and others.

Previous studies on the management of bereavement and coping with bereavement have indeed empirically documented the impact of psycho-social interventions (Richard, 1998; Richard 2000, Iyanda 2005).

In this study, a review of previous works on the impact of social support on recovery from bereavement is done. To this end the works of Tuvider et al (1992) Dalgards (1996), Caserta and Lund (1996), DeVerber (1996), Raphael (1997), Minna (2002), Stroebe (2005), and Iyanda (2005), Hutti (2006), Kreicbergs, Lannen, Onelov and Wolfe (2007), and Maulik, Eaton, and Bradshaw (2010) are reviewed.

Tuvider et al (1992) in their study assigned 113 widowers in their first year of bereavement at random to a mutual help group or to a waiting list, after the

mutual group had received nine semi-structured sessions which focused on grief process, diet, new relationship, exercises and life style issues. No significant difference was found between them.

They also compared a group of 68 widows who had received such support with another 94 who had no such support. A few results reached statistical levels of significance, but there were consistent trends in favour of the supported group. Also, those widows who showed the greatest distress at the time of bereavement benefited most from their counseling.

In a similar study, Raphael (1997) found that high-risk widows that were counseled had better health and adjustment a year after bereavement than control group who were not counseled. DeVerber (1996) also found that the inclusion of a counselor substantially reduced the distress shown by widows in their first year of bereavement.

The effectiveness of talking in a support group by the bereaved persons was investigated by Minna in 2002. Minna (2002) found that half of those people that participated in bereavement support group (i.e. those who acted as story tellers and recipient of other people's stories) benefited greatly from the group. Their participation in the bereavement support group undoubtedly influenced their understanding of their family member's suicide and bereavement. They largely appreciated talking in support groups as a therapeutic measure, since sharing what they were going through with fellow sufferers had efficiently validated their own experience as normal.

Dalgards (1996) investigated the recovery of some families from death of children due to burns. They found that practical assistance, emotional supports, religious confidence, and close involvement in an extended kinship system seem likely to explain their rapid recovery from a type of loss which in other circumstances would have been very traumatic.

In a study among the Yoruba people of Western Nigeria, Adamolekun (1999) found that bereavement salutations among them (verbal phrases) are helpful in addressing the unique mourning situation. She found that the appropriate expression of these phrases form part of the mourning rituals which helped the bereaved to feel cared for and supported.

A review of studies on the role of social support as a moderator of bereavement indicates that there is limited evidence for the widely held assumption that social support helped the bereaved against the impact of the loss experience and/or facilitate recovery.

For instance, Stroebe et al (2005) in their prospective study of 1,532 married individuals obtained information from women who became bereaved during the study on social support. They measured their level of depression before, six, eighteen and forty-eight months after the bereavement. They found that there was a main effect of social support on depressive symptoms, but no indication to buffering or a recovery effect.

Caserta and Lund (1996), examined the extent to which bereavement support group participants engage in social interaction with fellow group members outside of the meeting, demographic influences on outside contact, and the relationship between this social interaction and bereavement outcomes.

Based on the support group intervention, they found that majority of the participants had contact with other group members in addition to the scheduled meetings. The support group participants also reported feeling relatively close to their fellow group members. They found further that men were as likely as women to have outside contact, but they delayed in doing so. Those who maintained some kind of interaction reported less loneliness by the end of the study.

Kreicbergs, Lannen, Onelov and Wolfe (2007) found that patients who had shared problems with others during the child's illness and who had access to psychological support during the last month of their child's life were more likely to have worked through their grief. The effect of social network and social support on mental health service use, following a life event was investigated by Maulik, Eaton and Bradshaw (2010). They found that increased social support from friends and relatives were associated with a 40-60% decreased odds of using specialty psychiatric services after experiencing different life event. They concluded that, overall, social support rather than social networks were more strongly associated with increased mental health service use following a life event.

All the above studies point to the fact that during the period of bereavement, the bereaved persons need adequate social support (emotional support, material support, counseling, spiritual and other forms of support groups). Therefore, the present study aims at finding out whether social support can help in reducing symptoms of emotional feelings associated with bereavement (e.g. anxiety and depression). It also aims at finding out whether social support can bring about rapid recovery from crisis of bereavement.

### **Research Hypotheses**

Two hypotheses were stated and tested in this study. They are:

- I. There is a significant impact of social support on symptoms of emotional feelings associated with bereavement.
- II. There is a significant impact of social support on recovery from bereavement.

### **Methodology**

**Research setting:** The study was carried out among bereaved persons (widows and widowers) in Oyo and Oke-Ogun areas of Oyo State, Nigeria.

**Research Design:** The descriptive survey research design of the ex-post-facto type was adopted for the study.

**Population and sample:** The research population consisted of all bereaved persons in Oyo and Oke-Ogun areas of Oyo State, Nigeria. 250 widows and widowers were purposively selected from this population as sample for the study. The sample size is made up of 125 widows and 125 widowers.

**Research Instrument:** Three instruments were used for the study, namely, Social Support Assessment Questionnaire (SSAQ), Emotional Feelings Assessment Questionnaire (EFAQ) and Recovery Assessment Questionnaire (RAQ).

The first instrument (SSAQ) is divided into two sections, namely sections A and section B. Section A contains 8 items measuring demographic variables, section B contains 12 items measuring social support which were drawn from Zimet et al (1988) multidimensional scale of perceived social support. It yielded cronbach alpha value of 0.80.

The second instrument (EFAQ) contains 19 items measuring emotional feelings. These were drawn from Spielberger et al (1970) scale of emotional feelings. It yielded cronbach alpha value of 0.79.

The third instrument (RAQ) contains 16 items measuring recovery from bereavement. These were drawn from Chicago Consortium for stigma Research (2001) Recovery Assessment Scale. It yielded cronbach alpha value of 0.81.

### **Procedure**

The questionnaires were administered on the participants by the research assistants employed for the study. They explained the contents of the

questionnaire to the bereaved persons who participated in the study. They helped those who could not fill their questionnaire properly to do so.

In all, 250 questionnaires were administered, 50 of them were incorrectly filled and rejected. The remaining 200 copies that were properly filled were used for final analysis.

### **Data Analysis**

Analysis of variance (ANOVA) was used to analyse the research hypotheses.

### **Results and Discussion of Findings**

**Hypothesis I:** There is a significant impact of social support on symptoms of emotional feelings associated with bereavement. The hypothesis was put to test, using analysis of variance. This was based on scores obtained on items measuring the level of social support received by the bereaved persons and items measuring symptoms of emotional feelings experienced by them during and after the loss.

The results obtained from the test are summarized in table 1 below.

Table 1 above revealed that there was a significant impact of social support on symptoms of emotional feelings associated with bereavement ( $F = 9.82$ ,  $df = 1/198$ ,  $P < .05$ ). The result gives support to the hypothesis. Therefore, the first hypothesis was accepted.

The result implies that social support received by the bereaved persons helped them to experience reduced symptoms of emotional feelings associated with bereavement. The above result is in line with the finding of Bylewski (1990) that the care-giver's support has been a successful interaction in helping hospice family members work through emotional problems associated with bereavement.

The result is also supported by the finding of Iyanda (2005) that social support had significant effect on level of emotional stress associated with bereavement. The result is also consistent with the finding of Stroebe et al (2005) that there was a main effect of social support on depressive symptoms.

Based on the above finding, it becomes imperative that bereaved persons should be given adequate social support to enable them experience reduced symptoms of negative emotions, such as anxiety, anger, sadness and depression.

To this end, families, relatives, friends and other care-givers should stay with them, counsel or advise them and give them emotional, financial and material support which will help them cope favourably with the crisis of bereavement, and raising their hope.

**Hypothesis II:** There is a significant impact of social support on recovery from bereavement. The hypothesis was put to test, using analysis of variance (ANOVA).

This was based on the scores obtained on items measuring social support received by the bereaved persons and items measuring recovery from bereavement.

The results obtained from the test are summarized in table 2 below.

Table 2 above presents the impact of social support on recovery from bereavement. The table revealed that social support had a significant positive impact on recovery from bereavement ( $F = 5.94$ ,  $df = 1/198$ ,  $P < .05$ ).

The above result gives support to the hypothesis. Therefore, the second hypothesis was accepted. The result implies that social support received by the bereaved persons helped them to get over the bereavement crisis quickly.

The result is in line with the finding of Dalgards (1996) that practical assistance, emotional support and close involvement in an extended kinship system seem likely to explain the rapid recovery of some families who lost their children due to burns.

However, the result is not consistent with the finding of Stroebe et al (2005) that there was no buffering or recovery effect of social support on bereavement.

The above result suggests that the bereaved persons understudied received adequate social support from those people that care for them (friends, relatives, families, etc.) which helped them to recover quickly from bereavement crisis.

It is imperative therefore, that the bereaved persons must be given adequate social support (financial emotional, material and spiritual support) to enable them to cope successfully with bereavement crisis and recover quickly from their bereavement.



## **Conclusion**

The loss of a loved one is very traumatic. For many, it means that some life spheres never will be as before, while others will normalize over time. Bereavement engenders different reactions. Some individuals are able to return to normal fairly soon, while others struggle for a long time.

During this period of struggle, the bereaved persons need the presence of supporting relationships which will help them to cope successfully with bereavement crisis and recover quickly from it. As revealed in this study, social support received by the bereaved persons understudied helped them to experience reduced symptoms of emotional feelings associated with the loss of their loved one. It also helped them to overcome their loss as quickly as possible.

Therefore, it can be summarily concluded that adequate social support is essential for or crucial to successful coping with bereavement crisis and rapid recovery from it.

## **Recommendations**

Based on findings from the study, the following recommendations are made:

- I. For successful coping, the bereaved individuals should ask for help, get the loss off their chest (talk about it), engage in some activities that can divert minds from their loss (e.g. singing, dancing, painting, etc) and interact with other people in their environment.
- II. Friends and relatives should help by spending much time with the person who has been bereaved. It is not so much words of comfort that are needed, but more the willingness to be with them during the time of their pain and distress. A sympathetic arm around the shoulders will express care and support when words are not enough.
- III. The government and non-governmental agencies or organizations should provide qualified social workers or counsellors who will help the bereaved to overcome their loss and shock.

It is hoped that when these personnel are provided, they will help in organizing bereavement and counselling groups, widow-widow programmes, hospice programmes, individual or group psychotherapy with which the bereaved persons can cope and adjust to the death of their family member or friend, learn to accept the loss, honour the memory of their loved one and adjust to life after the loss.

## References

- Adamolekun, K. (1999). Bereavement salutations among the Yoruba of Western Nigeria. *OMEGA – Journal of Death and Dying* 39, 4, 277-285.
- Ancher, J. (1997). Coping with Bereavement. In Baum, A., Newman, S., Weinman, J., West, R., and McMamms, C. (eds) *Cambridge Handbook of Psychology, Health and Medicine*. New York: Cambridge University Press.
- Black, D. (1997). Coping with Loss. *British Medical Journal*. 316, 931-933.
- BUPA Health Information Services (2004). Bereavement: The process of grieving a loss. Retrieved on 7/3/2007 from <http://www.repsych.ac.uk>
- Bylewski, C.M.; O'Brien-McKenna, A.M., Beardi, L.Y. and Thomas, S.L. (1990). Care-givers support group: One Hospice Approach. *American Journal of Hospice and Palliative Medicine*, 7, 2, 44-48.
- Caserta, M.S. and Lund, D.A. (1996). Beyond Bereavement support group meetings: Exploring outside social contacts among the members. *Death Study* 20, 6:537-556.
- Dalgards, S. (1996). To have and to have not: Multiple Identification of Pathological Bereavement. *Journal of the American Academy of Psychoanalysis*. 14, 337-349.
- DeVerber, A., Deut, A. and Condon, L. (1996). Bereaved children, who cares? *Journal of Psychology*, 69, 7, 270-271.
- Helsing, K.J. and Szklo, M. (1981). Mortality after Bereavement. *American Journal of Epidemiology*. 114, 1, 41-52.
- Hobfoll, S., Freedy, R., Lane, C. and Geller, P. (1990). Conservation of social resources: Social support resource theory. *Journal of Social and Personal Relationships*. 7, 465-478.
- Iyanda, O.G. (2005). Effectiveness of Social Support and Interpersonal Interactions in the management of Bereaved persons in Ibadan Metropolis. Unpublished MSW Project, University of Ibadan, Nigeria.

- Kreicbergs, U.C., Lannen, P., Onelov, E. and Wolfe, J. (2007). Parental Grief After Losing a child to cancer: Impact of Professional and Social Support and Long-Term Outcomes. *Journal of Clinical Oncology* 25, 22, 3007-3312.
- Lindstrom, Q. (1998). Bereavement as a stressor: The Possible Personality changes. *Journal of American Psychiatric Association*. 15, 3, 20-32.
- Lord, B.R. (1998). Perceptions of Social Work Interventions with Bereaved crisis: Some implications for Hospital Social Work practice. *Social Work in Health care Journal* 27, 1, 50-57.
- Maulick, P.K., Eaton, W.W., and Bradshaw, C.P. (2010). The Effects of Social Networks and Social Support on Mental Health Services use, following a Life Event, among the Baltimore Epidemiologic Catchment Area Cohort. *The Journal of Behavioural Health Services and Research* 37, 10.
- Minna, P. (2002). Support group: Psychological or Social Device for Suicide Bereavement. *British Journal on Bereavement*. 30, 4, 403-407.
- Parkes, C.M. (1998). Coping with Loss: Bereavement in Adult Life. *British Medical Journal*, 316, (7134): 856-859.
- Raphael, B. (1997). *Abnormal Grief and Psychiatry. Anatomy of Bereavement*. London: Hutinch Son Publications.
- Hardy, C. (1993). The social support survey: A validation study of a clinical measure of the social support process. *Research on Social Work Practice*. 3, 288-311.
- Hutti, M.H. (2006). Social and Professional Needs of Families After Perinatal Loss. *Journal of Obstetric, Gynecology, and Neonatal Nursing*. 34, 5, 630-638.
- Richard, C. (1998). Less Grief and Mourning in Adults: Understanding Human Behaviour in Health and Illness. *Journal of Psychology*. 84, 94, 498-505.
- Richard, C.G. (2000). Death and Dying: Principles and Practices in Patients care. *Journal of Psychology*. 30, 5, 85-89.

- Stroebe, M.S., Stroebe, W. and Hansson, R.O. (1993). *Handbook of Bereavement: Theory, research and intervention*. New York: Cambridge University Press.
- Stroebe, W., Zech, E. Stroebe, M.S. and Abakoumki, G. (2005). Does social support Help in Bereavement? *Journal of Social and Clinical Psychology*. 24, 7, 1030-1050.
- Tudiver, F., Fermail-Woods, J.S. and Hilditch, J. (1992). Do Widowers use the Health Care? Does intervention make a difference? *Public Medical Journal*. 4, 1, 392-400.
- Vaux, A. (1988). *Social support Theory, Research, and Intervention*, New York: Praeger.
- Viel, H.O.F. and Baumann, U. (1992). Comments on concept and methods. In H.O.F. Viel and U. Baumann (eds) *The Meaning of Social Support* (pp. 313-319). New York: Hemisphere.
- Walsh, J. (2000). *Clinical case management with persons having mental illness: A relationship based perspective*. Canada: Brooks/Cole.
- Ward, W.A., Worden, J.A. and Palmer, S. (1996). *Grief Counselling and Grief Therapy. A Handbook for the Mental Health Practitioner*. London: Tavistock – Routledge Press.

**Table 1: ANOVA, showing the impact of social support on symptoms of emotional feelings associated with bereavement**

Source of variance	Sum of square (ss)	Degree of freedom (df)	Mean square (ms)	F-cal	F-critical	P	Remark
Between Group Variance	358.674	1	358.674	9.82	2.75	.05	Significant
Within Group Variance	7320.905	198	36.519				
Total Variance	7679.579	199	-				

F = 9.82, df = 1/198, P < .05

**Table 2: ANOVA showing the impact of social support on recovery from bereavement**

Source of variance	Sum of square (ss)	Degree of freedom (df)	Mean square (ms)	F-cal	F-critical	P	Remark
Between Group Variance	241.87	1	241.87	5.94	2.75	.05	Significant
Within Group Variance	8058.12	198	40.69				
Total Variance	8299.99	199	-				

F = 5.94, df = 1/198, P < .05