ONTARIO JOURNAL OF
AFRICAN EDUCATIONAL RESEARCH

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Coping Strategies During Bereavement: The case of University of Botswana Students

By

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INTRODUCTION

Recently, there has been an increase in the number of deaths in Botswana resulting from long illnesses, accidents, murder suicides and other causes. As part of the Botswana society, the University of Botswana like any other organisation has experienced a number of deaths involving students and staff. In addition, the university community has also experienced grief and bereavement due to the loss of their family members. To respond to this situation, the Careers and Counselling Centre has offered counselling services and run seminars on death and bereavement. Given the limited number of clients who have sought grief and bereavement counselling and attended seminars on the same issue, it is evident that not all those confronted with grief and bereavement have been reached. It is in view of this that a study to find out the extent of grief and bereavement as well as the coping strategies

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among the university students was undertaken. It was felt the study would also enable the Careers and Counselling Centre and the University at large to strategize on ways to address the issue of grief and bereavement which have been observed to affect the level of performance and achievement of students.

Purpose of the Study

The general purpose of the study was to investigate how the university had been affected with loss in general as well as how it has coped with grief. Additionally the study assessed the impact of grief and bereavement on the university students, and determine the coping strategies and adjustment patterns utilized by the students in times of bereavement and grief.

Significance of the Study

Since its inception, the University of Botswana Careers and Counselling Centre in addition to providing other services has dealt with clients who are grappling with grief and bereavement. The Centre has observed that some clients, notably students, have delayed seeking help until their grief becoming complicated, thus affecting their academic performance. It was felt the study was necessary to help the Centre validate the general impact of bereavement and grief within the university community. Furthermore the study was intended to bring the reality of grief and bereavement within the University of Botswana into awareness to inform possibly any relevant policy and intervention programmes in the area under study.

LITERATURE REVIEW
Introduction

The loss of a loved one through death is one of the most traumatic experiences that individuals face. Since death is a final "parting", it destroys emotional bonds that have been developed and strengthened over a life time (Northern and Yorkshire Centre Registry and Information, 2000). In the case of loss of a child, death shatters hopes and dreams.

There are feelings that are common following the loss of a significant person in an individual's life. These include anxiety, depression, sadness, despair, anger, guilt, loneliness, exhaustion, hallucinations, apathy and disorganization (Worden, 1995 and Center for Advancement of Health, 2003). If individuals are not assisted to deal with these feelings in a healthy way, they may become overwhelmed resulting in ineffective functioning. Hence grieving is essential to aid recovery and adjustment. Repression of feelings and emotions can lead to complicated grief reactions which may result in the bereaved person suffering physical or psychological ill-health.

Although the experiences of loss are universal, people's responses to loss vary widely resulting in no one clearly defined course or process of bereavement or grieving. These responses to grief and bereavement may be influenced by characteristics such as age, gender, history of loss and/or trauma, history of major

depressive disorder, the nature and quality of the relationship with the deceased, type of loss (e.g., anticipated, violent or traumatic), and many others (Rando, 1984).

Intervention strategies

Some authorities on grief and bereavement indicate that the majority of people appear to cope effectively with bereavement-related distress, and most people do not experience problematic grief or adverse bereavement-related health effects (Worden, 1996).

In his study of sex and exposure to death and dying, Alao (1984) observed that in adjusting to the loss of a loved one, about 56% of the participants in his study would want to face the reality of the loss. However, about 38% of the participants would want to adjust through prayers while 5% seek emotional support from others. In the support system, 41% of the participants turn to family members. The participants found other support systems helpful in this order; religious leaders (18%); friends (16%); peers (12%); self and elderly persons in the community (11%).

Men or males have been reported to use more maladaptive ways of coping, such as mental disengagement or self-distraction. Studies (Glass & Flory, 2009) reported that men tend to ignore the problem and behave as if they were not stressed. In their study of coping, Berrocal, Pennato, and Bernini (2009) reported that attempting to inhibit or hide unpleasant feelings, thoughts, and bodily sensations can lead to an increase in the frequency of the same experiences and in the distress they cause. Similar to these findings, Kashdan, Barrios, Forsyth and Steger, (2006) suggested that mental disengagement is a maladaptive coping strategy just like experiential avoidance and that they both could lead to diminished well being and/ or increased distress.

Focusing on and venting of emotions is the tendency to focus on whatever distress or upset one is experiencing and to ventilate those feelings. This coping strategy has been categorized as one of the maladaptive coping mechanisms, Caver, Scheier and Weintraub, (1989). All the same, some authors recognize that focusing on and venting of emotions may sometimes be functional such as in case of loss because it helps to ease the pain (Gohm and Clore, 2002). Eased pain lowers emotional reaction, allowing the affected individual to employ the problem-focused response. Caver, Scheier and Weintraub (1989), state that females tend to use this coping strategy than males.

Several stress theories bear on the conceptualisation of coping strategies. Among the 16 dimensions of coping proposed by Carver, Scheirer, and Weintraub (1989), is the instrumental social support. There is a general consensus that social support moderates stress and/ or its health consequences (Thoits, 1982; Schaefer, Coyne, and Lazarus, 1981; Cohen and McKay, 1984; Pearlin, 1985). Caplan (1974) describes a social support system as formal and informal relationships and groups through which an individual receives the emotional, cognitive, and material support necessary to master stressful experiences. From this perspective, emotional support

refers to behaviours that foster feelings of comfort and lead an individual to believe that he/ she is still loved, admired, respected, and that others are available to provide caring and security (House, 1981; Cohen and Willis, 1985).

Gender differences in coping strategies have been reported by several researchers. For example, Milkie and Thoits (1993) suggest that men have an inexpressive, stoic style of responding to stressors while women have an emotional, expressive style.

Coping has been described as cognitive and behavioral attempts to deal with psychological stress (Lazarus & Folkman, 1984). Other definitions of coping include "a subset of adaptational activities that involves effort" (Lazarus & Folkman, 1984) and "problem solving" (Pargament et al., 1992). In addition, Folkman and Lazarus (1984) distinguished between problem-focused and emotion-focused coping. Problem-focused coping involves an actual change in the situation at hand; whereas, emotion- focused coping describes a change in a person's reaction to a particular situation to a particular situation. Folkman and Markowitz's (2000), suggest that coping is multifunctional, is influenced by personality dispositions and social resources, and is definitely dependent on the individual's appraisal of the stressful situation.

Another coping strategy is the use of denial. This is a stage or a phase that one goes through following grief. It is a response, reaction, defence mechanism that protects those grieving from the suffering, pain and hurt. Some authors explain it as a mask to hide feelings, emotions and repress the truth of our loss. Some people especially men, admitting that they are being out of control, vulnerable, expressing embarrassing emotions is unheard of. Other people are unemotional, calm, unconcerned, avoiding, whilst other's isolate themselves yet not addressing the pain, or act childlike and needing reassurance. According to Kubler-Ross (1969), denying the death when it has actually happened is trying to avoid the inevitable.

Studies that have the use of religion in coping include Pergament and Han (1986) and Pergament (1997). In some cultures, where people have used religion as a coping behavior, prayer, religious thoughts and thoughts of God were the most frequently mentioned coping responses.

Individuals during coping with loss have relied on emotional social support. Emotional social support refers to help given to people in distress. Such people include those in crisis situations, tortured by unreasonable fear, grappling with stress that results from serious illness, and people who are grieving because of the loss of someone. Emotional social support takes different forms. It can be physical or material. The recipient of emotional social support is encouraged by the feeling that someone or people love and care about the circumstances she/he finds himself/herself. Social support reduces stress and it stimulates the development of coping strategies and thus contributes to recovery and healthy well being (Eric 1987). Thuen (1997) also found that people in various stages of bereavement received emotional social support largely from family and friends.

Loss of a loved one due to death can be very confusing and shocking resulting in unbearable pain. Accepting loss is a huge undertaking and some people

may resort to abusing alcohol because acceptance in their minds is like giving up on the person they loved dearly and lost. Alcohol abuse for some is expressing their grief so people don't see their pain and sadness. For some, it is numbing, not wanting to feel, drinking the pain away or "drowning my sorrows". What people do not realize is that, alcohol or any other substance distort and interfere with feelings and denies one the ability to deal with the pain. It does not mean grief will disappear. Instead, the problem could be bigger and by the time one realizes that the loss was real, and one could be dealing with another issue of dependency on alcohol.

Suppression of competing activities as a coping strategy involves the suppression of involvement or processing of other activities so as to fully concentrate on the challenge. Some people cope through focusing on their grief and avoiding or putting aside other pressing issues or activities so as to focus on the stressful issue at hand; the loss of a loved one. Carver, Scheirrer and Weintraub (1989), state that the individual may even let other things slide away in order to deal with the stressor. According to Corr, Nabe and Corr (2000), this helps the individual to recollect and re-experience the deceased and relationship shared. This allows the individual to get in touch with his/ her own feelings about the loss. The ability to avoid other activities allows an individual to be more focused in giving full attention and time to the situation at hand. This is echoed by Brammer and Abrego (1981) who view this as deliberately attending to one problem at a time to the exclusion of other things.

Problem focused coping is generally viewed as an adaptive mode of coping that involves actively planning or engaging in a specific behaviour to overcome the problem causing distress (Folkman and Lazarus, 1984). When undergoing grief, one often experiences a broad range of emotions and these intense emotions interfere with appetite, sleep and the thinking process. Since grief takes a toll on every aspect of an individual's life, it requires taking back control through planning. In order to do so, it is important to take an inventory of one's physical, spiritual, emotional and mental functionality in order to determine where one is lacking the most, so as to improve.

Folkman (1997), states that planning is one of the coping processes that are associated with positive psychological states in the context of intense distress. Part of planning may include forming a new identity and a way of living without the deceased or readjusting to move adaptively into the new world without forgetting the deceased.

People may also use humour to help themselves deal with difficult and stressful situations. In the past, this behaviour was seen as a maladaptive response. Moran and Hughes (2006), indicate that the benefits of humour occur even in circumstances that are extreme or hopeless. They gave an example of the gallows humour, where one laughs at one's own circumstances. In this respect, we see humour as allowing an individual to become a spectator of their own life and give themselves feedback which allows them to spontaneously modify concepts and beliefs, situations and objects and to give new meaning to their situation. Humour

does not "take away' the negative situation the individual finds himself/ herself in, rather it changes the perception of the situation.

Positive reinterpretation may also be utilized during bereavement. This is a process as well as an outcome phenomenon that follows an event with mental or emotional, psychological and physical stress. In the aftermath of the stressful event such as a loss of a loved one, an individual experiences emotional and cognitive toll, this initiates the development of coping strategies (both positive and negative). Positive coping strategies leads to changes within a bereaved person such as changes in perceptions of the self e.g. recognition of personal strength and pursuit of new possibilities; changes in interpersonal relationships. One engages in self-disclosure, emotional expressiveness, compassion and giving to others;   and philosophies about life that includes sense of meaning, appreciation of life, setting of priorities and spiritual development.

METHODOLOGY
Research Design
The research design was a retrospective survey of what subjects had experienced when faced with grief and bereavement and how they have coped or not coped. The participants in this study were University of Botswana Students. The participants were stratified by faculty and by year/level of study at UB. The stratification ensured adequate representation of key groups who might have differential experiences of grief. The student database from each faculty was used as the sampling frame, from which 10-15 % of students were randomly selected from each stratum.

Instruments
Instruments used for collecting data included Core Bereavement Items by Burnett, Middleton, Raphael and Martinek (1997), Cope Inventory by Carver, Scheier and Weintraub (1989) and general questionnaire to gather background information and culture specific items not covered in the two above. Pilot testing was done to ensure clarity and to validate the instruments. The layout of the questionnaires was modified to make them user friendly and easy to complete by subjects. The psychometric properties of the instruments were not be significantly altered with the additional items. Satisfactory reliability and validity of instruments had been established by authors of the instruments that were used in data collection.

Data Analysis
Since the focus of this paper was on coping strategies, the data reported in this paper was based mainly on the data generated from the responses to the Cope Inventory. The data were analyzed using percentages and chi-square to determine which of the students' demographic variables wee associated with each of the strategy in the Cope Inventory.

Findings

The findings of factors associated with the different coping strategies used by respondents are presented in this section. In Figure 1, the distribution of respondents by extent to which they used each coping strategy is shown. To make the figure easier to interpret, the percentage of students who rarely used each coping strategy is excluded. Thus, only the respondents occasionally (15%) or frequently (2%) used substances as a coping strategy are shown against this method, and the remaining 83% of respondents rarely use the method are left out. As shown in figure 1, relatively few respondents use substances (17%) or laughing, joking and making fun of the situation (19%) as a coping strategy. Behavioural disengagement (27%) and denial (29%) are also used by a minority of respondents. Each of the remaining 11 strategies is used by more than half of the respondents. Top among these are Positive Reinterpretation and Growth (73%), Religious coping (71%) and Acceptance (70%).
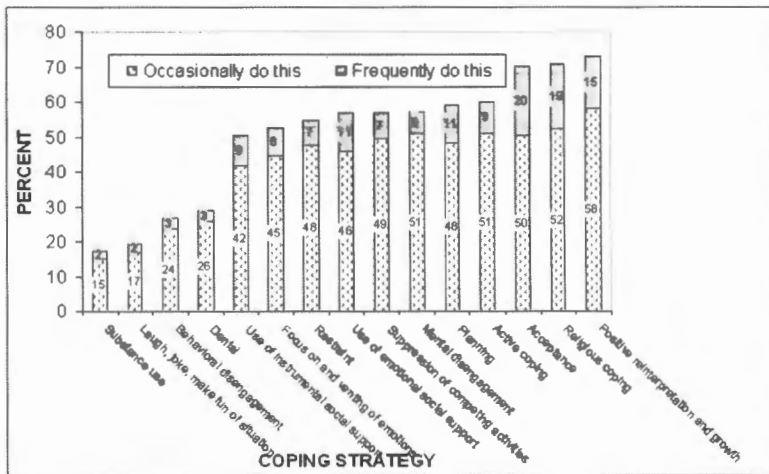

Figure 1: Extent to which bereaved students use various techniques for coping

Statistical analysis was aimed at determining which of 12 demographic factors and other experiences such as number of losses, time elapsed after most recent loss of respondents was associated with each of the 15 coping strategies. The test of statistical significance was done using the Pearson chi-squared tests of association technique. The 12 factors are shown in Table 1.

Positive reinterpretation and growth

As shown in Table 2, only 2 of the 12 characteristics of respondents investigated were found to be associated with use of positive reinterpretation and growth. These were religious affiliation (p=0.007) and total number of recent losses (p=0.009).

Table 1: Positive reinterpretation and growth and Demographic characteristics

Demographic and other factors	Positive reinterpretation and growth		
	Chi-square	*df*	*Sig.*
Gender of Student	.178	2	.915
Marital Status of Student	3.102	4	.541
Age at the last Birth day	4.936	6	.552
Ethnic/Racial Background	3.208	4	.524[a]
Religious Affiliation	14.085	4	.007
On Campus Status	1.629	2	.443
Are You Studying Full Time or Part time	.966	2	.617
Marital Status of parents or guardian	2.293	4	.682
Months since most recent bereavement	10.150	8	.255
Total number of family be reavements	6.511	6	.368
Total Number of non-family bereavements	9.039	6	.171
Total number of recent losses	13.434	4	.009

As indicated in Table 2, the majority of Christians (60%) say they occasionally use positive reinterpretation and growth compared with (48%) for African Traditional religion and 56% for other religions. In addition, 16% of Christians say they frequently use positive reinterpretation and growth compared with 14% for African Traditional and 6% of others. Hence relatively more Christians use positive reinterpretation and growth as a coping strategy than other religious affiliations.

Although almost the same percentage of believers in African Traditional religion us the method as other non-Christian believers, a much higher percentage of the later (14%) frequently use this method compared with other non-Christians (6%).

Among respondents who had one to four (1–4) loses, 12% frequently use positive reinterpretation and growth, compared to 19% of respondents who had 5 – 9 loses and 17% of respondents who had 10 or more loses. Conversely, 31% of those who had 1–4 loses never or rarely use positive reinterpretation and growth compared with 21% among those with 5 or more loses. Hence, more respondents with 5 or more losses tended to use this method than those with less than 5 losses.

Table 2: Use positive reinterpretation and growth to cope by Religious affiliation number of losses.

	Positive reinterpretation and growth			Total Responded	
	Rarely do this	Occasionally do this	Frequently do this	Percent	Count
Religious Affiliation					
African Traditional	38.1	47.6	14.3	100	105
Christian	24.2	60.1	15.7	100	619
Others	38.9	55.6	5.6	100	36
Total Responded (%)	204 (26.8)	442 (58.2)	114 (15.0)	100	760
Total number of loses					
1--4	31.2	56.7	12.1	100	388
5--9	21.1	59.8	19.1	100	251
10 or more	20.5	62.4	17.1	100	117
Total Responded (%)	198 (26.2)	443 (58.6)	115 (15.2)	100	756

Mental disengagement

Although a high percent (57%) of respondents used mental disengagement as a coping strategy, none of the 12 demographic factors investigated was associated with use of mental disengagement. Hence, students appear to be equally likely to use mental disengagement irrespective of their demographic characteristics, or the number of losses.

Table 3: Use of Focus on and venting of emotions by gender, residence, mode of study and number of losses.

	Focus on and venting of emotions			Total	
	Rarely do this	Occasionally do this	Frequently do this	count	Percent
Gender					
Male	54.8	40.3	4.8	372	39.0
Female	42.7	47.3	9.9	583	61.0
Total	453 (47.4)	426 (44.6)	76 (8.0)	955	100
Residence					
On Campus	43.8	47.2	9.0	523	55.3
Off Campus	51.7	41.5	6.9	422	44.7
Total	447 (47.3)	422 (44.7)	76 (8.0)	945	100
Mode of Study					
Full Time	47.9	44.3	7.8	927	97.6
Part time	21.7	60.9	17.4	23	2.4
Total	449 (47.3)	425 (44.7)	76 (8.0)	950	100
Number of Losses					
1--4	52.4	40.4	7.2	475	52.3
5--9	43.6	47.5	8.9	305	33.6
10 or more	40.3	52.7	7.0	129	14.2
	434	405	70	909	100

There was a strong association (p <0.001) between gender of respondent and the use of venting of emotions as a coping strategy for bereavement. As indicated in Table 3, the majority of males (55%) rarely focus on venting of emotions as a coping strategy, whereas the majority of females (57%) use this method. Furthermore, relative fewer males (5%) frequently use venting of emotions as a coping strategy compared with 10% of female respondents.

Respondents who were resident on campus differed slightly (p = 0.048) from those resident off campus in using focus on venting of emotions to cope with bereavement. The majority of off-campus respondents (52%) rarely do this compared to 44% of on-campus students. Also, relatively fewer off-campus respondents (7%) frequently use venting of emotions compared to on-campus students (9%).

The use of venting of emotions as a coping strategy was also dependent on mode of study (p=0.027). A much higher percentage of full time students (48%) rarely use this strategy compared to part time students (22%). Conversely, a smaller percentage of full time students (8%) use venting of emotions compared to part-time students (17%).

There is a moderate association (p = .042) between the number of losses that the respondents have gone through and the use of focus in venting of emotions as a coping strategy to bereavement. The majority (52%) of respondents with one to 4 losses rarely use this strategy in comparison to 44% of respondents with five to nine losses and 40% for respondents with 10 or more losses. About 40% of respondents with 1 to 4 losses occasionally use venting of emotions compared with 48% of those with 5 to 9 losses and 53% for those with 10 losses or more losses.

Use of instrumental social support

The use of instrumental social support was not dependent on the respondent's demographical background. Of the 12 factors investigated, only the number of losses (both family and non-family members) was statistically related to the use of instrumental social support.

The majority of respondents who have not lost any relative or have lost under 10 relatives do not use instrumental support for coping, whereas only 23% of those who have lost 10 or more relatives do not use this method. By contrast, 23% of those who have lost 10 or more relatives use instrumental support frequently compared with 7% for those who have lost 1-4 and 5-9 relatives, and 5% for those who have not lost a relative.

The use of instrumental social support to cope with losses of non-family members depends on the number of losses (p = 0.048). A higher percentage of respondents with 1 to 4 losses of non-family members (51%) rarely do this compared to those with 5 to 9 losses of non-family members 42% and those with more than 10 losses of non-family members (42%). For respondents who occasionally do this, the percentages are about 43% for 1 to 4 losses, about 44% for those with 5 to 9 losses and about 41% for those with more than 10 losses. A higher

percentage about 17% of those with more than 10 losses frequently do this, compared to those with 5 to 9 losses, about 14% and 7% for those with 1 to 4 losses.

Use of Active Coping
The use of active coping with bereavement depends only on residence status (p = 0.036) and total number of losses (p=0.047). A higher percentage of on-campus respondents (11%) frequently use active coping as strategy to cope with bereavement compared to about 6% of off-campus respondents. Occasionally, about 50% of the campus respondents and about 52% of off-campus respondents use active coping strategy.

There is a slight association (p = 0.047) between use of active coping and the number of losses. A higher percentage (44%) of respondents with 1 to 4 losses rarely use active coping, compared to 36% of respondents with 5 to 9 losses and 34% of respondents with more than 10 losses. Almost 14% of respondents with 10 or more losses frequently use Active coping compared with 9% of respondents with 5 to 9 losses and about 7% of respondents with 1 to 4 losses. In conclusion: only two background variables, type of residence (whether on-campus or off-campus) and the number of losses are associated with the use of active coping.

Use of Denial
Three factors are significantly associated to the use of denial as a coping strategy. These are religious affiliation (p=0.050), marital status of parents or guardian (p=0.024) and total number of losses (p=0.047). A vey higher percentage (72%) of Christian respondents rarely use denial as a coping strategy compared to 64% of African Traditional respondents and 54% of respondents with other religions. Very Few respondents (3%) frequently use denial as a coping strategy irrespective of background.

The use of denial to cope with bereavement is associated with the marital status of parents or guardians of respondents (p = 0.024). Relatively more respondents who are married/living together (32%) occasionally or frequently use denial compared with single/never married (27%) and other respondents (19%). The use of denial as a coping strategy depends on the total number of losses (p = 045). Respondents with larger number of losses have greater likelihood to use denial than those with fewer losses. Among those with 10 or more losses, 36% use denial occasionally or frequently, compared to 31% and 24% among respondents with 5-9 and 1-4 losses respectively.

Use of Behavioural Disengagement
The majority of students rarely engage in behavioural disengagement as a coping strategy. Significantly more (p=0.021) off campus students (76%) rarely used behavioural disengagement compared with on-campus students (71%). Students who stayed on campus were significantly more likely to frequently use this method than those who stayed off campus.

Religious affiliation was also strongly associated with behavioural disengagement (p <0.001). Christians tend to be less likely to use behavioural disengagement than African Traditional and other worships. The use of behavioural disengagement is also dependent on months since the most recent loss (p=0.006). There is no clear pattern however. Those most likely to use this method had their most recent loss less than 1 year ago or between 3—5 years.

Use of Religious Coping   •
Religious affiliation was the only factor significantly associated (p<0.001) with the use of religion as a coping strategy. As shown in Figure 2, those who follow African Traditional religion were less likely to us religion as a coping strategy compared to Christians or other religions. However, comparatively few Christians (9%) frequently use religion compared with African traditional (19%) and Others (19%). Most Christians and those who follow other religions tend to use religion occasionally.
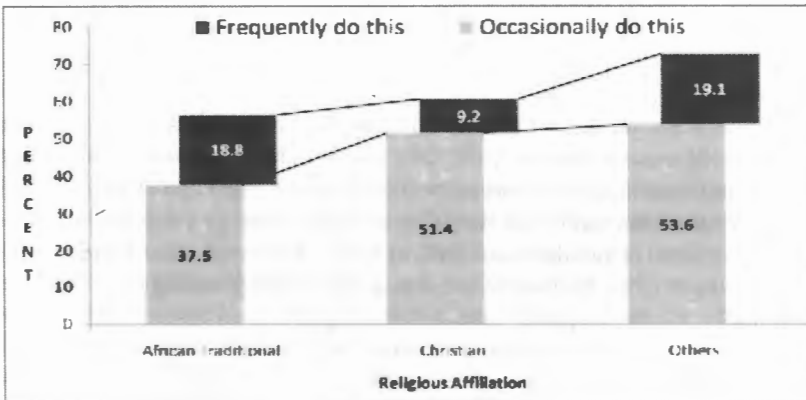

Figure 2: Distribution of respondents by Religious coping and religious affiliation

Use of Restraint
There was a significant difference (p=0.021) between married respondents and single/never married in the use of Restraint as a coping strategy. Over half (56%) of married respondents rarely used restraint compared with 45% of single/never married and 34% of others. Age appeared to be an important determinant in the use of restraint (p=0.038). Respondents aged 20 to 24yrs were more likely to use restraint than those aged under 20 or those aged 25 and over. While 52% of those aged under 20yrs and 49% of those aged 25years or over rarely used restraint, only 38% of those aged 22-24 and 45% of those aged 20—21 rarely used restraint.

The time that has elapsed since the most recent loss was also a determinant of the use of restraint (p=0.009).Those who have recently experience loss and those

who experience loss a long time ago appeared more likely to use restraint than those who experienced loss a little while ago. The least use of restraint was among those who experienced loss some 3-5years ago (51% rarely used restraint). On the other hand 46% and 38% of those who experienced loss 1-3years ago and under 1year ago respectively rarely used restraint, compared with 41% and 35% of those whose most recent loss were 5-10years ago and over 10yrs ago respectively.

Emotional Social Support and Acceptance
The only factor that was related to the use of emotional social support was the total number of losses (p=0.030). Those with 1—4 losses were less like to use emotional social support (52%) compared to those with 5-9 losses (63%) and those with 10 or more losses (62%).

Male and female respondents differed slightly (p=0.027) in using acceptance as a coping strategy. Relative more females (72%) use acceptance compared with males (66%).

Age was also related to the use of acceptance (p=0.003). Relatively more respondents (75%) aged 22-24 and those aged 20-21 yrs (75%) acceptance (75%) compared with others such as those under 20yrs (61%) and those aged 25 years and over (66%).

Religious affiliation was significantly related to use of acceptance (p=0.002). The Majority (56%) of those following faiths other than Christianity (27%) and African Traditional (35%) rarely used acceptance. Conversely, relatively more Christians (21%) frequently use acceptance compared with African Traditional (15%) and Others (17%).

Use of Suppression of competing activities and Planning
The use of suppression of competing activities as a coping strategy differed between full time and part-time students (p=0.002). Relatively more part-time students (66%) used suppression of competing activities compared with full time students (57%). Use of suppression of competing activities also depended on the ethnic/racial background of respondents (p=0.033). The majority (58%) of Africans used this method, while relatively fewer (36%) of other racial groups use the method. Use of suppression of competing activities to cope was also dependent on the total number of losses (p=0.015). The more the total numbers of losses, the greater the likelihood of using this method. For example, 53% of respondents who have lost 1—4 relatives and friends use this method, compared with 60% and 64% of those who have lost 5-9 and 10 or more friends and relatives respectively.

Gender of respondent was moderately associated with use of planning as a coping strategy (p=0.036). Relatively more female students (62%) compared to males (54%) used planning as a coping strategy. There was a greater tendency (p=0.061) among Christians to use planning as a coping strategy than among followers of other faiths. A good majority 62% of Christians use planning compared with 52% and 44% of followers of African Traditional and other faiths respective.

Use of Laugh, joke, make fun of situation

Although the vast majority of respondents (81%) do not use laughing, joking and making fun of the situation as a coping strategy, there is a significant association (p=0.022) between use of this method as a coping strategy and gender. Relatively more males (23%) laugh, joke and make fun of the situation than females (17%). Use of Laugh, joke, make fun of situation was associated with mode of study (p=0.003). A significantly higher proportion of full time students (82%) rarely used this method, compared part-time students (59%). Conversely, 2.4% of full time students frequently used this method, whereas no part-time students reportedly used this method frequently.

Another factor associated with use of laugh, joke and make fun of situation was ethnic/racial background (p=0.013). Relatively fewer Africans (19%) used this method compared with other racial groups (33%).

DISCUSSION & CONCLUSION

This study indicates that the most frequently used strategies by more than half of the respondents included positive reinterpretation and growth, religious coping and acceptance which are adaptive modes of coping. Nevertheless, the percentages of students found to be using some forms of maladaptive modes of copping call for concern and need for professional assistance. The high percentage of respondents (57%) who use mental disengagement, a maladaptive coping strategy suggests the need to assist the target population under study, with the use of more adaptive coping strategies when faced with loss.

The study revealed that majority of males (55%) rarely focus on venting of emotions as a coping strategy whereas the majority of females (57%) use this method.   This finding is in agreement with the report by Caver, Scheier and Weintraub (1989) which showed that females tend to use this coping strategy than males. The venting of emotions from literature review has been described as both adaptive and maladaptive, depending on how it is used. This strategy is seen as functional if it helps to ease the pain of loss. Cultural expectations could also be responsible for the use of this strategy in coping with loss. It is important to examine how venting of emotion is used by students to ensure its positive effect in coping.

Another significant finding in this study is that some demographical variables of the subjects such as mode of residence (i.e. on-campus vs. off-campus) mode of study (i.e. full time vs. part time) were seen to be associated with the use of certain coping strategies used after loss.   Cognizance of such demographical variables could be helpful in the provision of grief counselling and therapy by the established support departments in the university. For instance, a higher percentage on-campus students was found to utilize active coping strategy in loss compared to off-campus students. A possibility could be lack of easy access to professional help to the off-campus students but which their on-campus counterparts enjoy more easily as they are resident on campus. A higher percentage of part time students were observed using suppression of competing activities and planning as a coping

strategy to loss when compared to full time students. It would be helpful to explore further the rationale for this behavior and possibly determine if the higher course load of full time students compared to part time students has any significance in this observed response.

In conclusion, it is clear from this study that students when faced with loss of a family member, friend or colleague, have used both adaptive and mal adaptive strategies for coping. Consequently, there is need for the availability of a range of professional services to enable all grieving students cope with their loss. The extent to which students seek assistance from these facilities can also affect the progress of their recovery.

Understanding the style of coping commonly utilized by a group can be helpful in determining the prevalence of both maladaptive and adaptive behaviours adopted by the group when faced with loss and can inform the intervention strategies to assist such group. Knowledge about the preferred source of help utilized by students during bereavement and grief could also be an indicator to quality of help received. This study has also revealed that the preferences for support during bereavement as indicated by students were from family members, friends, religious setting before the established structures in the university like the Careers & Counselling Centre and the Health and Wellness department. It is important that the students also adequately utilize the services available in the established structures for this purpose in the university.

Being an academic institution, it will be helpful to share the findings of this study with other stakeholders in the university so that they can also appreciate what students go through in the process of grief and bereavement, and the possible consequences for their studies and performance. The quality of intervention and support available to the bereaved students could affect positively or negatively the bereavement process. A clear procedure for assisting students who are grieving will be helpful in providing prompt service. Whereas some students have the resources and capacity to cope with loss, others cannot. Students who experience difficulty in coping with their loss will need grief counselling or grief therapy. It is important to help students who mourn, work through their grieving so that they come to terms with the reality of the loss, experience the pain or grief through adaptive modes and adjust to a life without the deceased. Students will also benefit from assistance where they are able to develop the ability to experience, express and adjust to painful grief-related changes and eventually stay healthy and keep functioning, which the established professional departments can easily offer.

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