THE RELATIONSHIP BETWEEN ANTICIPATORY LOSS AND PSYCHOLOGICAL ADJUSTMENT IN GRIEVING AMONG YOUNG MUSLIM STUDENTS

A Thesis Submitted to the School of Humanities & Social Sciences in Partial Fulfilment of the Requirements for the Degree of Master of Arts in Clinical Psychology

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STUDENT’S DECLARATION

I, the undersigned, declare that this is my original work and has not been submitted to any other institution, or university other than the United States International University – Africa in Nairobi for academic credit.

Signed ___________________________  Date ______________________

This thesis has been presented for examination with my approval as the appointed supervisor.

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ABSTRACT

**Background:** mourning is a necessary activity after losing a loved one to death. An individual needs to be in touch with reality as well as be able to withdraw their attachment from the deceased through grief work. Unfortunately with the rapid processes of burying their dead, Muslims may not have the necessary “time-frame” to grieve and psychologically adjust to the loss. **Method:** A statistics analysis was performed to investigate if there was a correlation between anticipated loss and psychological adjustment among young Muslim students of the United States International University-Africa, to explore if there were any differences in the psychological adjustment of the first year undergraduate students compared to fourth year students’ prior anticipation of the grief and loss and to analyse any gender differences in the psychological adjustment between the Muslim male students and Muslim female students who had gone through anticipatory loss and grief. **Results:** The research results showed that indeed, there was a relationship between AG and psychological Adjustment. However there were no statistically significant differences in age or gender in psychological adjustment when the students experienced the anticipatory loss. **Conclusion:** There was no positive effect of anticipatory grief on psychological adjustment with either the male or female students. However, the importance of social support during the grieving period is re-enforced, so as to prevent any complication like complicated grief.

**Keywords:** mourning, grief work, anticipated loss, psychological adjustment, complicated grief
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Dedication

I dedicate this thesis to my parents Farida and Mohamed. Eternal gratitude to them for having always been a pillar of strength for me, they have been there for me physically, mentally, emotionally and intellectually in every step of my life; a true gift I have been blessed with. Mom, I thank you for all the sacrifices you have made for me. Dad, I pray you’re in eternal peace now, until we meet again in Jannah if ALLAH wills.
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Abbreviations/Acronyms

AG: Anticipatory Grief
AGS: Anticipatory Grief Scale
BEQ-24: Bereavement Experience Questionnaire short version with 24 items.
CG: Complicated Grief
PA: Psychological Adjustment
PPMCC: Pearson Product Moment Correlation Coefficient
SPSS: Statistical Package for the Social Sciences
USIU-A: United States International University - Africa
CHAPTER 1

INTRODUCTION AND BACKGROUND

1.0 Introduction

To understand anticipatory loss and grief, it is important to understand what death entails. Dying is an integral part of our lives and it most definitely is inescapable. Kubler-Ross, a significant figure when it came to the ever feared concept of death, suggested that death was revered and dreaded at the same time because “perhaps it reminds us of our human vulnerability in spite of all our technological advances. We may be able to delay it but we cannot escape it” (Kubler-Ross, 2009, p.5). Experiencing the anticipation of death cannot be an easy journey for a patient suffering from terminal illness as well as the surviving kin who will be left behind to grieve during and after the loss.

Grief is the reaction one instantly and automatically goes through in terms of their emotions and behaviour when a love tie is severed (Parker & Prigerson, 2010). Seigel and Weinstein (1983) define anticipatory grief/loss (AG) as a process in which individuals who are confronted with the expectation that they will experience a significant loss in the near future begin the grieving process in anticipation of that event. They believed that this was a positive adaptive response to the impending loss because it equipped one with the necessary emotional and mental ammunition to be able to begin or be aware of the changes they will have to go through after the actual loss. The need for anticipatory grief work begins when individuals begin to feel the physical, psychological, or spiritual impact of the impending death of a loved one or when they first realize that an illness will be terminal and that death will be a looming concept to have to deal with (Huber & Gibson, 1990).
This chapter covers how the concept of anticipatory began and the major proponents who believe that having prior knowledge about one’s death does make a huge difference in the psychological adjustment of the individual going through the loss, as well as those who believe it does not make a difference. It also entails how not being able to adjust psychologically to the said loss can have a ripple effect on one’s normal functioning i.e. the educational responsibilities that the students are expected to achieve may not be accomplished if the said student is locked on a recurrent loop of memories and thoughts of the loved one they lost.

1.1. Background of the study

Mourning refers to a varied and diverse psychological response to a loss of a significant individual in one’s life; it involves a reorganization of the survivor’s sense of self as a key function of the process (Hagman, 2016). Anticipatory grief is a narrower construct that refers to the grief that arises from anticipated losses that have not yet occurred, it encompasses both the grief arising from an anticipated loss and the efforts to cope with that loss (D’Antonio, 2014).

During the period of anticipatory grief, mourners often feel that their actions, decisions or even what they articulate with words will make a difference in the outcome. Consequently, their uncertainty may make them feel especially guilty about taking or not taking certain actions concerning the patient’s care (Seigel & Weinstein, 1983). When it comes to the psychological adjustment of AG, “deaths following chronic illness may still be perceived as sudden or unexpected by surviving adults who are not yet ‘ready,’ by children whose developmental stages inhibit their understanding that the death is inevitable, and following multiple cycles of relapse and improvement” (Murray, Toth and Clinkinbeard, 2010, p.21). On the other hand, Huber and Gibson (1990) suggest that those who allow feelings of loss prior to an expected death can gradually absorb the reality of
the loss over time, be able to finish unfinished business, and begin to change their assumptions about life and identity. Furthermore, they conveyed that there is reason to believe that experiencing grief prior to the death of a loved one may in fact speed recovery from the loss following the death.

Mourning has been defined as the voluntary social expression of loss and varies from culture to culture. Ng (2005) says that there are religious and cultural rituals that comfort and reassure the mourners by helping them to make sense of death and personal loss. He further reports that for a Muslim, death marks the transition from one state of existence to the next. There are distinct rituals that Muslims go through in terms of the deceased. When a Muslim dies the eyes and mouth are closed using soft material like cotton wool and the limbs are straightened. The body is then washed and shrouded in simple, unsewn pieces of white cloth called Caffan. A funeral prayer is held in the local mosque, after which a funeral procession to the graveyard is conducted where the family and community members follow it, and this is where a final prayer is said as the deceased is buried lying on the right side, head toward the north, feet towards the south, and the face turned towards Mecca.

All these events ideally should occur in rapid succession and in many cases the dead are buried within hours of death. According to the Hadith (the traditional sayings of the Prophet Mohammed), Muslims must bury the dead immediately. Given the speed with which all these processes is done, it could become difficult for a Muslim to process the loss and mourn since one has to confront the experience of bereavement in order to come to terms with loss and avoid detrimental health consequences (Stroebe & Schut, 2010).

Kubler Ross (2009), in her book *Death and Dying*, came up with the five stages that individuals go through in what she referred to as “the stages of dying” which are denial, rage and anger, bargaining, depression then finally acceptance. However, Ross
and Kessler (2014) go on to say that these five seemingly neatly packed stages were never meant to help tuck messy emotions into neat packages. They are responses to loss that many people have, but there is not a typical response to loss as there is no typical loss because at the eventual end of the road, our grief is as individual as our lives.

Lindemann (1944) was the first to refer to the term anticipatory grief, which he described as an astonishing reaction his research stumbled upon whereby individuals experienced genuine grief reactions after experiencing separation and not bereavement. Anticipatory grief (AG) is the syndrome whereby he initially noticed observation of in women who anticipated the potential death of their menfolk in World War II; they were engrossed entirely in the concern of the possible loss of their menfolk that they actually went through the stages of grief. Lindemann maintained that the anticipation of death enabled the process of ‘grief work’, normally precipitated by death itself, to commence prior death,” (Evans, 1994). Lindeman coined the term ‘anticipated grief’ to describe premature mourning. However, Lindemann, also noted cases wherein the grief work of AG had been accomplished so effectively that, by the time surviving soldiers returned home, some family members had become prematurely and totally detached and had already begun establishing new relationships. Lindemann cautioned about the disastrous nature of this possible outcome and advocated preventative intervention to encourage a more positive effect of this anticipatory grief work (Fleming, 1998).

Another theorist who made an impact on our thinking about loss and grief was Freud, in his book, mourning and melancholia, said grief and mourning is a necessary activity after losing a loved one to death; that an individual needs to be in touch with reality as well as be able to withdraw their attachment from the deceased; he referred to these activities as ‘grief work.’ (Warden, 2014).
Individuals who go through grief show different characteristics and symptoms. It is a process that is frequently manifested emotionally in the bereaved person as sadness, shock, guilt, and numbness. However, grief is not limited to the emotional domain but can also present behaviorally, cognitively, physically, socially, and spiritually; This may be evidenced by sleep disturbances, chest tightness, confusion, dry mouth, social withdrawal, and searching for meaning (D’Antonio, 2014).

The present study is mainly to find out whether there is a correlation between experiencing the anticipatory loss and how well one can psychologically adjust to the said loss, in spite of having prior knowledge of the pending death of a loved one. Given that Muslims in general do not dwell in preserving the dead and taking time to bury the loved one, does this affect their psychological adjustment after the loved one passes on? Sarhill, LeGrand, Islambouli, Davis, and Walsh, (2001) report that Muslims have spiritual explanations for a person’s death particularly that of a child and guilt is a common component of bereavement and is provided for during the grieving process. They further suggest that the Muslim faith encourages sharing of grief and also provides the means for resolving it. This study intends to find out whether all these Islamic beliefs supports or hinders the psychological adjustment of Muslims in terms of losing a loved one.

It is important for individuals to develop coping strategies as well so as to be able to survive the significant loss in their lives as well as move on and not develop psychopathologies or go through detrimental health consequences.

In relation to this present research, which intends to find out if the anticipatory factor of losing a close relative has any effect on the psychological adjustment in grieving specifically among young Muslim adults, it is important to add that Islam is a religion that stresses on the importance of having faith in God. It also stresses that a Muslim (believer in Islam) should never surrender to despair and that true happiness is the happiness in the
hereafter (Bahakim, 1987). Bahakim further adds on that death to the Muslim is but only a step towards transferring their soul to the creator and any pain that precedes death is but a test of faith for which he would be rewarded in the hereafter. It is this complete submission to the will of God that helps individuals cope with the impending death of a loved one.

Muslims are counselled to be faithful and patient in the face of suffering because it is believed that Allah does not cause earthly suffering as a punishment. However, suffering may be used as a way for Muslims to gain grace and mercy (Leong, Olnick, Akmal, Copenhaver, & Razzak, 2016). Al-Gamal and Long (2010) found out that parents (97.1% of the sample were Muslims) of children newly diagnosed with cancer suffered, distressed and were depressed just as parents of children who were diagnosed 6-12 months earlier, however, the intensity of anticipatory grief and distress of the latter group was lower than the former group. On this note, the present study seeks to find out whether Muslims do actually go through anticipatory grief and if they are able to adjust psychologically even after the actual loss of their loved one.

Controversies arise when dealing with either sudden loss of an individual’s loved one or an anticipated loss. It would seem obvious to most that there would seemingly be advantages when dealing with a loss that was previously anticipated and there would consequently be benefits in terms of psychological adjustment in grieving following the loss. Bonanno (2004) found out that there are many studies that strongly support the idea that many individuals will go through little or no grief at all even after 18 months after the bereavement in the case of an expected loss of their spouses. On the other hand, Smith (2005) carried out a study that indicated that despite the fact that the participants anticipated the loss of their significant other 12 months prior to their death, only some of them reported that the anticipation somewhat facilitated their psychological adjustment.
There are controversial studies when it comes to gender differences in psychological adjustment after anticipatory loss. Carr (2004) reported that widows experienced higher levels of personal growth 6 months after their loss than do widowers, however, bereaved men with high levels of support fared just as well as bereaved women. This shows that the gender differences in experiencing AG could be reasoned to the kind of support individuals get after the loss of their loved one. In contrast to this, women and, in particular, family caregivers who were daughters showed higher levels of anxiety on experiencing the loss (Soleimani, Lehto, Negarandeh, Bahrami, & Chan, 2017). Research studies show that women appear to be more loss-oriented following bereavement, feeling and expressing their distress at their loss; men more restoration-oriented, actively engaging with the problems and practical issues associated with loss (Stroebe, & Schut, 2010). Other research suggest that there are no gender differences in psychological adjustment to widowhood (Sasson & Umberson, 2013).

The study involves two variables: the anticipation of the loss of the significant other in one’s life, this could be a parent, a child, a close friend or even a relative whose death would normally cause anxiety to the surviving kin/relative. The second variable is the psychological adjustment, particularly of young Muslim adults. It is important to know the effect the expected loss can have on young adults who are in the prime of their lives, beginning to assume the responsibilities of independence or even students studying in colleges.

1.2. Statement of the problem

Stroebe and Schut (2010) found that the Muslim community on the island of Bali would be described as restoration-oriented, in that they showed little or no overt sign of grief and outwardly continued their daily life as though nothing untoward had happened, whereas the Muslim community in Egypt expressed their grief openly, gathering together
to reminisce and share anguish over their loss. Between these two distinct orientations they found that “There will gradually (and unevenly) be less attention to loss-oriented and more to restoration-oriented tasks. For example, early in bereavement there is generally comparatively little attention to forming a new identity and far more to going over the events to do with the death, while over time a gradual reversal in attention to these different aspects is likely to take place” (Stroebe & Schut, 2010, p. 283).

Unfortunately there has been scanty research done in Kenya to assess how individuals cope with anticipatory grief or even the actual palliative care. UNICEF and the International Children’s Palliative Care Network (2013) found a huge gap between the need and the actual provision of palliative care in majorly three countries: Kenya, South Africa and Zimbabwe. It was found that more than 9 million children died in developing countries due to HIV/AIDS and chronic illnesses like cancer.

It is important for providers to recognize the symptoms associated with anticipatory grief in order to manage the experience and respond in an appropriate and meaningful way (Shore, Gelber, Koch, & Sower, 2016). Individuals need to be aware of what exactly it is they are going through so as to be able to seek help in terms of tapping into their social support, taking good care of themselves – taking into consideration even the physical and psychological symptoms they go through while experiencing anticipatory grief. The coping mechanisms can be functional or dysfunctional. Functional coping could facilitate the patient’s adaptation to his or her new environment; for example, belief in fate or karma would help patients endure their misfortune (Ng, 2005).

Therefore, teaching individuals about the nature of grief and anticipatory mourning as well as developing necessary coping skill is an important first step in assisting them (D’Antonio, 2014), especially the students who have a lot going on in their plates so as to be able to balance all that is happening in their lives as well as perform
relatively well in their examinations so as to be able to graduate. Because there is very little information on this, there is justification for similar researches to be conducted. The researcher was optimistic that the information found in this research would be helpful in creating awareness and psycho-educate the youth on the signs and symptoms of AG thereby assisting them to be able to manage the symptoms. In addition, exploring past coping mechanisms with the Muslim students will provide information regarding previously effective supportive measures, if they had any, and help to establish new coping skills if they adopted negative coping strategies (Shore et al., 2016)

1.3. Purpose of the study

The purpose of this study was to find out what Anticipatory Grief is, the significance of going through Anticipatory grief and its effect on psychological adjustment of young Muslim students.

1.4 Research objectives

1. To investigate if there is a correlation between anticipated loss and psychological adjustment among young Muslim students.

2. To explore if there are any differences in the psychological adjustment of the first year undergraduate students compared to fourth year students’ prior anticipation of the grief and loss.

3. To analyse any gender differences in the psychological adjustment between the Muslim male students and Muslim female students who have gone through anticipatory loss and grief.

1.5 Research questions

- Is there a correlation between anticipated loss and psychological adjustment among young adults?
• What differences did the anticipated loss or bereavement make in the first year students’ psychological adjustment compared to senior year students?

• Were there any differences in the psychological adjustment between male and female young adults when both experienced anticipatory bereavement?

1.6 Significance of the study

The study could create more awareness for Kenyans on the importance of palliative care which will enable the terminally ill patients as well as the surviving kin be able to attain professional support. The awareness of the importance of palliative care will also enable the surviving kin gain necessary skills to be able to adjust psychologically after the great loss.

The study may be able to assist the Muslims in terms of being able to determine and figure out their symptoms of anticipatory grief as well as master specific coping strategies while going through the grief. It could equip them with the necessary psychoeducation to understand what it is they are actually going through and adjusting skills so that they can be able to manage the symptoms thereby balancing out their educational responsibilities and duties.

It will also add onto the local data on anticipatory grief and how individuals adjust differently to the loss.

1.7 Scope of the study

The study was conducted to determine whether there is a correlation between anticipatory loss and the psychological adjustment among young Muslim students. The delimitation of the study is that the Muslim participants will be selected from a variety of undergraduate students so as to also compare any differences if at all, between the first and second years (freshmen) and the third and fourth years (seniors) as mentioned in the
second objective of the research paper. The participants are exclusively the students of the United States International University-Africa, because given the researcher is a student of the afore mentioned university, she automatically gets approval to carry out the research within the institution as opposed to other institutions where they rejected for the research to be carried out, therefore the Muslim students at USIU-A are a convenient sample. Another delimitation of the study is the exclusion of any participant below 18 years of age; due to the ethical consideration of not being able to sign the consent form without the presence of a guardian; therefore, there is no requirement for an assent form or parental consent form. The age of adulthood in Kenya is considered at 18 years of age.

The limitation of the study is that the research study involved only students from the United States International University- Africa. This is a restriction because one cannot generalize the results to all Muslim students in other universities.

1.8 Definitions of terms

**Anticipatory Grief** - refers to the internal experience of an individual to the expected or inevitable losses that have not yet occurred.

**Complicated grief** - is characterized by intense yearning for the deceased, feeling a lack of meaning after the loss, an inability to trust others, and impairment in daily functioning.

**Grief Work** - a series of activities that involves an individual being in touch with reality as well as withdraw their attachment from the deceased/loss.

1.9 Chapter Summary

The research was about investigating whether there is a relationship between anticipatory loss and psychological adjustment in grieving among young Muslim adults. This involved finding out if having prior knowledge about the impending death of a loved
one, would make any difference in the aftermath of the loss and if the ability to psychologically adjust to the loss is easier or not, compared to the adjustment one has to go through when the loss of a loved one is unexpected and sudden.

The chapter covered the background of the study, the statement of the problem, the purpose of the study, research objectives and questions, significance of the study, the scope of the study as well as definitions of terms. The following chapter will cover the literature review.
CHAPTER 2

LITERATURE REVIEW

2.0 Introduction

The following chapter that is the review of the research paper, will cover in depth, under the theoretical and literature review, what anticipatory grief entails and some of its pathognomonic symptoms that majority of the individuals go through. “Anticipatory grief is a psychodynamic concept that has received a considerable amount of attention in the professional literature on dying, grief, and mourning but surprisingly little empirical study” (Seigel & Weinstein, 1983, p.61) which is why the comprisal data will also cover research on how children, and not only Muslim students, who have lost their parents and/or siblings go through AG as well as how adults respond to the anticipated loss of their spouse.

A conceptual framework that systematically reviews how individuals typically go through AG and what their emotional, mental and physical responses are like to the loss before the bereavement as well as after the loss of their loved ones will be included. The theoretical review will also cover Bowlby’s attachment styles in relation to how the distinct styles of individuals cope with anticipatory grief and whether they undergo prolonged grief after the loss of a loved one.

As mentioned before, given the limited research done on Muslim students, and that too local research in Kenya, the chapter will cover how children; young children who experienced AG through losing their siblings and parents, and older middle-aged children who lost their parents through terminal illnesses and spouses who experienced AG. This is so the research will be able to assist the Muslim students expound on their coping strategies and adjustment skills during and after the AG experience. The chapter will also
cover the existing research on the differences between how male and female psychologically adjust to the experience of AG, as well as any existing research on age differences.

2.1 Theoretical Rationale

The research was guided by Bowlby’s work on “Processes of Mourning”. The theoretical framework was based on the somewhat predictable nature of the processes of mourning when an individual lost a loved one, despite the varied behavioural responses. Sweeting and Gilhooly (1990) encapsulated his theory on three stages of mourning:

1. The urge to recover the lost object; this was characterised by a yearning and searching behaviour, and frequent anger.
2. Disorganisation and despair; this was characterised by aimless or restless behaviour, depression and apathy.
3. Reorganisation and resumption of life directed towards a new object.

Individuals going through anticipatory grief exhibit varied behavioural responses, the above three stages, however, are observed as they follow a predictable sequence of mourning.

Islam teachings offer a transpersonal approach to death and dying. They remind us that we are much more than our physical bodies and that death is a natural and inevitable transition. When death and dying are embraced within a transpersonal paradigm, individuals may experience a decrease in fear, denial, and unconscious living and an increase in trust, acceptance, consciousness, and ultimately, existential meaning. (Evans, 2008). Fulton defines grief as “an intra-psychic reaction to loss of indeterminate duration and intensity in which its expression is a function of both individual and social elements” (2003). There are three concepts of grief, all of which differ from the other in various
Anticipatory grief is experienced when a loved one, or a close relative is facing the inevitable death of someone/something they care for and are attached to in one way or another. Preparatory grief is when the dying individual has knowledge beforehand of his/her impending death and are already grieving about what they will leave behind; this was developed by Ross (2009). Then finally we have the most commonly known which is the conventional grief that involves the feelings of sorrow and loss that one feels after the death or loss of a loved one.

Some researchers claim that there are definitely positive effects of having had prior knowledge on the impending loss of a loved one. While other researchers have failed to demonstrate a positive effect of anticipatory grief on the post-death grief experience, or have even reported evidence to suggest negative effects (Evans, 1994). As evidenced above anticipatory grief and psychological adjustment has been an issue that has long been debated since anticipatory grief took the limelight.

2.2 Literature Review

2.2.1 Anticipatory Grief

This research study will first focus on anticipatory grief which was coined by Lindemann as mentioned previously. Moon (2016) relays a small piece of Lindemann’s findings that suggests how anticipatory grief took the limelight:

A soldier returning home from deployment is thoroughly rejected by his wife, which is attributed to the wife’s processing of AG (Anticipatory Grief) towards psycho-emotionally relinquishing the marital relationship. In other words, the wife worked through the anticipation of her husband’s unlikely return home from war to such a degree that re-establishing the living bond, when he survived the mission and reappeared at stateside, became an ordeal (p. 417).
This suggests that Lindemann’s AG was initially on the focus of severing ties with the loved one who was to die. The main focus of his coined concept was on the grief that a person might experience when the loss of a close loved one was anticipated, but had not yet occurred (D’antonio, 2014).

There has not been a universal definition of anticipatory grief and researchers across the globe have varying definitions. “Grief is a reaction to separation, and in the case of anticipatory grief, it is a reaction to the threat of death rather than death itself” (Bouchal, Rallison, Moules & Sinclair, 2015). Rando, a prominent figure in AG and mourning defines anticipatory grief (AG) as the phenomenon that encompasses the processes of mourning, coping, interaction, planning, and psychosocial reorganization that are stimulated and begun in part in response to the awareness of the impending loss of a loved one (death) and in the recognition of the associated losses in the past, present, and future that are experienced (Holly & Mast, 2009).

There are some influencing factors that are associated with anticipatory grief. These are divided into four major categories:

### 2.2.1.1 Physiological factors
Rando suggested five physiological variables that contribute towards the anticipatory grief of the surviving kin/relative. These are: the griever’s physical health; the amount of the griever’s energy depletion; the amount of rest, sleep, and exercise available to and engaged in by the griever; the griever’s use of drugs, alcohol, cigarettes, and caffeine; and the griever’s nutrition (Evans, 1994).

### 2.2.1.2 Psychological factors
Studies examining risk factors for AG are relatively rare. However, empirically, AG has been associated with psychological distress- including intrusive thoughts and
yearning; anxiety; depression, intense anger, emotional dysregulation, and other atypical grief reactions; hopelessness; lower levels of well-being; lower quality of life; and greater caregiver burden (Burke et al., 2015). Psychological responses to grief can vary depending on many variables; personality differences can play a role in how one reacts psychologically to a loss. Gender differences also come in hand; men and women react differently when it comes to grief. There are statistically significant differences between Muslim mothers and Muslim fathers who were expecting the deaths of their children diagnosed with terminal cancer in terms of somatization, depression, anxiety and the Global Stress Index: the mothers had statistically significantly higher distress than fathers (Al-Gamal & Long, 2010).

2.2.1.3 Interpersonal factors

Meier, Carr, Currier and Neimeyer (2013) have reported that there have been a number of theorists who have proposed that attachment insecurities present a major risk factor for complications in the grieving process. The two general alternative primary orientations from secure attachments, according to Bowlby are anxious and avoidant attachments which play a hand in prolonged complicated grief. Avoidant attachment is characterized by dismissing the threat or danger and relying on the self as much as possible. Persons with avoidant attachment may be uncomfortable being close with other people and have difficulties forming close relationships (Haak, Keller & DeWall, 2017). Individuals who score high on avoidant attachment have negative beliefs about others and are better off maintaining emotional distance from most of their relationships.

The other precarious attachment is anxious attachment which is characterized by the extent to which individuals are vigilant to attachment-related cues. They have ongoing fears of being abandoned by people close to them and have a desire to be close to their relationships (Donges et al., 2015). Persons who score high on this dimension are often
dependent in interpersonal relationships but constantly worry that others will not be available in distressing situations; they have a negative evaluation about self but have high regard for other (Meier et al., 2013).

A study was carried out to investigate if there was an association between prolonged grief risk and the two characteristic attachment styles. The results showed that the attachment style characterized by high preoccupation with relationship and depression (i.e. anxious attachment style) presented a higher risk of experiencing a prolonged grief after the death of the loved one (Lai et al., 2014), more so than the avoidant attachment style; this was concurrent with many research studies.

2.2.1.4 Sociocultural factors

Despite death being a universal concept, how people respond and react to it varies widely across the globe. Cultural and religious experiences also have a mediating influence on the resolution of grief; the length of mourning and views about how one can publically and privately express their grief differs widely and is influenced by societal, familial and cultural background (Sood, Razdan, Weller & Weller, 2006).

It is almost impossible to discriminate between normal and pathological grief symptomatically because both of them are seemingly the same, and the criteria for the discrimination differ among cultures (Miyabashi & Yasuda, 2007). How an individual responds to the anticipated loss of a close relationship depends on the context of one’s culture as well as social connection and relationship of the individual to the deceased. Cultural and religious expectations and customs vary tremendously regarding the management of grief. This includes which deaths are marked, the people who should express grief and how they are supposed to grieve, how long mourning should continue,
and whether and how the dead should be remembered or forgotten (Oyebode & Owens, 2015).

Given the purpose of this study is to enlighten the Muslim students in spite of the Islamic teachings on loss and grief, that Allah does not cause suffering as a form of punishment and that total submission to His will is what brings greater reward for the individual suffering, it still does not entail that going through the process of the mourning even before actually losing the loved one is wrong to do or a sin. In relation to the process of mourning, as mentioned before, Kubler Ross, in her book *Death and Dying*, came up with the five stages that individuals go through (1973, p. 34-106));

1. Denial- is a typical reaction when a patient learns that he or she is terminally ill. This is an important and necessary stage because it helps cushion the impact of the patient’s awareness that death is inevitable.

2. Rage and Anger- is where the patient resents the fact that others will remain healthy or alive while he or she may die.

3. Bargaining- involves the patient accepting the fact of death but tries to grab onto any hope they find their way, by means of striking bargains for more time. The bargaining is mostly done with God, e.g. that they will be good or do something if they in return get at least a week, month or years longer to live.

4. Depression- at first, the individual mourns past losses, things they left unfinished, the wrong things they did and so on. This is when they enter the phase of preparatory grief, where they get ready for the inevitable death. They become more quiet and distant.
5. Acceptance - they finally accept their fate. Kubler Ross defines this as the final stage where “it is neither happy nor an unhappy stage. It is devoid of feelings but it is not resignation, it’s really a victory”

The study’s purpose is also to equip said Muslim students with the necessary coping skills to be able to adjust relatively well even as they go through the AG so as to not plummet their education responsibilities and be able to graduate. It is therefore significant to include the various research done on different aged children as well as adults, so as reconcile all the different symptoms the participants went through during AG and the different styles of coping that assisted them through the grieving phase.

2.2.2 Nuclear Characteristics of AG

Coelho and Barbosa (2016) carried out an intensive review that used data from 1990 all the way to October 2015, so as to analyze and synthesize recent research in order to develop further knowledge about the family experience of AG during a patient’s end of life. They found, through the data systematic comparison, 10 major themes around family experience during a patient’s end of life, which correspond to AG nuclear characteristics. I used their findings of comparison data to form a flowchart that shows how individuals, in majority, react and experience the anticipatory mourning or grief of their loved one.
Comprehension of the flowchart

Due to ease in the understanding of the conceptual framework and how each of the themes and process of the AG works, the phases and processes are described and explained according to Coelho and Barbosa (2016).

- **Anticipation of death**: this is described as the recognition of the proximity of death, having an intuitive feeling of knowing and noticing that one’s loved one is dying. This phase represents the transitioning of the onset of the AG process. Some people refuse to deal with the situation of the terminal illness, while others accept the severity of the diagnosis and begin to plan and anticipate the death of the patient so as to cope with the impending loss.

- **Emotional distress**: because the family members cannot accept the proximity of their loved one’s anticipated death, the anticipated perception of death means a threat of loss and therefore represents a main cause of distress during the illness. Caregivers also ruminate about feelings of sadness for losing a loved one and for the patient suffering; they undergo feelings of helplessness as well as compassion fatigue.

- **Intrapsychic and interpersonal protection**: due to the intense emotional distress that the family members go through, many of them protect themselves with what Coelho and Barbosa (2016) refer to as intrapsychic protection mechanisms. These entail feelings like numbness, repression, spirituality and rationalization so that the surviving family members can make decisions without being emotionally overwhelmed.

- **Hope**: because the patient has not ‘gone’ yet, the surviving members are instilled with hope and they dedicate their life in taking care of the patient. The family members hope that the patient will get better and their suffering will cease. On the
hand, some families lose hope when they witness the signs of death e.g. how the patient has lost weight, stops eating or responding (Beng et. al., 2014). However, they focus their hope elsewhere; hope that the patient dies peacefully, they hope that the patient realizes that the family members did all they could to care for him/her and that they loved them and even after their death, they will be missed (Gunnarsson & Ohlen, 2006).

- **Exclusive focus on the patient care**: due to the patient’s suffering from the illness, the family members are compelled to help and tend to value the time that they spend with the patient. The studies showed that the exclusive focus on the care of the patients is also a way to mitigate their sense of helplessness by feeling they did all they could in ensuring comfort, companionship, and emotional support to the dying family member.

- **Personal losses**: although the family members’ motivation to take care of the patients brings them strength (Gunnarsson & Ohlen, 2006), studies have shown that it is still inevitable for the patients to go through increasing caregiver burden that is more often than not, followed by sleep deprivation due to hypervigilance in watching out for the patient. Restrictions on personal autonomy (limited freedom as well as suppressing their personal needs) of the family are another consequence of the exclusive focus on the patient.

- **Relational losses**: in relation to the patient’s continued degradation of the health, the surviving family members take over the roles of the patient that he/she could previously do on their own. This makes it even more clear to them of the patient’s disability and proximity of death (Sutherland, 2009).
• **Ambivalence**: the fact that the surviving family have to think of the death of the patient while they are still alive causes several dilemmas that lead to intensive ambivalence. For instance, the caregivers should be fierce and strong in the face of the patient’s illness, but at the same time, prepare themselves of the patient’s impending death. Another ambivalence is when the caregivers have to be extra careful in maintaining the dignity of the patient, while grieving the loss of the patient’s own personality (Sutherland, 2009). The exception to this ambivalence is the coexistence of both feelings of joy and sadness that emerges from the positive aspects of care at end of life that is mainly related to the presence and the ability to communicate with the patient. (Pusa et al., 2012).

• **End-of-life Relational tasks**: when it comes to caregivers’ close proximity, this is usually accompanied by emotional closeness as well. When the family members realise that they haven’t been there much for the patient or spent enough time with them in the past, they are overcome with feelings of remorse; they feel the intense need to get closer to the patient by completing end-of-life tasks such as reviewing life events, talking and sharing with the patient’s life experiences (Cluckey, 2007).

• **Transition**: after the emotionally intense turmoil of care that the family members went through and the difficulties that they all had to go through, many people perceive that the death has not just ended the suffering of the patient but also the burden of care for the surviving family members, all of which brings relief (Wong & Chan, 2007). However, for some, that feeling of peace and tranquillity as well as the finality of moving on with their lives is not possible. Some claim that the pain and anguish that they go through at the death of their loved one is the most intense even when they feel relief that the patient’s suffering is finally over (Clukey, 2007).
2.2.3 Age Differences

Research on children’s/adolescents’ response to anticipatory grief

There are quite a number of research studies that have been carried out to determine how children experience grief after the loss of someone they held significant to them. Studies have found that bereaved children and adolescents are at high risk for depressive symptoms, anxiety, somatic complaints, and academic difficulties, compared with children and youth who are not grieving (McGurl, Seegobin, Hamilton & McMinn, 2015).

Siblings are fellow developmental travellers as they grow together and experience challenges of developing prosocial skills; this is what forms that strong bond that exists between and among siblings (Stormshak, Bullock, & Falkenstein, 2009). To sever this long established bond can be extremely detrimental to children and adolescents. Likewise, losing a parent is one of the most serious and devastating experiences that can befall a child say Howell, Shapiro, Layne and Kaplow (2015), but either way, “children depend heavily on their immediate caretaking environment to facilitate their grief and mourning” (Shapiro, Howell & Kaplow, 2014).

Paris, Carter, Day and Armworth (2009) carried out a research study that was investigating the impact of sibling loss on children through self-report. The researchers’ concluding findings suggested that:

Children demonstrated varying levels of grief and trauma, regardless of the type of loss they experienced (whether it be sudden or anticipated); the circumstances of the sibling’s death did not make any difference on the children’s emotional responses. Adults may benefit from the opportunity to anticipate and prepare for a loved one’s death. However, unlike adults, children’s developmental level
influences how they perceive death. It is possible that children may not be capable of preparing psychologically for anticipated death, so that even an anticipated death feels sudden or traumatic (p. 78).

An alternative also is when children, fail to understand the irreversibility and finality of death; this could lead the children to ask when the deceased would be coming back. Thus, the bereavement experience may be affected by children’s understanding of the concept of death. (Barrera et al., 2013).

Children have different grieving responses according to research in sibling bereavement. Children who undergo bereavement of the loss of their sibling most often than not, undergo guilt, sadness, depression, excessive crying and even anxiety. However, their emotional responses are usually for different reasons that are individualistic to each child’s reasoning. Fanos, Little and Albert (2009) took self-reports from the participants who claimed to have underwent sibling guilt when they were younger and had lost a sibling to death: one claimed that it was “maybe my fault because I didn’t want another brother,” after she wished her mother’s pregnancy would be of a sister. Another participant felt guilty for his parents not being able to grieve the loss of their children (the participants’ brother and sister), who died in the space of 2 years, for fear he would be in distress.

In other instances, it is dependent with what the circumstances surrounding the death of a loved one was that results in either adapting well to the anticipatory grief or forming pathologies while mourning. Individual characteristics of the children themselves may, in fact, help to distinguish those who function within the adaptive range from those who continue to struggle in the aftermath of the loss of a loved one (Howell et al., 2015).
Indeed, the very nature of anticipated deaths may create more instances in which children are exposed to potentially disturbing elements, for instance, witnessing disturbing medical procedures and/or the dying person’s progressive deterioration during repeated hospital visits than they are to sudden deaths e.g., witnessing a loved one being carried away by ambulance following a heart attack, being informed that a loved one has died in a car accident (Kaplow et al., 2014).

Comparing children who lost a significant individual in their lives, LaFreniere and Cain found that children who lost their parents showed greater psychopathology as well as showed heightened shyness, timidity and withdrawal than children who had experienced the trauma of having their parents’ divorce or being separated from their parents. To further the effect on children of having lost a parent to death, Guldin and his colleagues (2015) conducted a research study that found parental death during childhood was associated with a long lasting increased risk of suicide among offspring.

An unusual, yet interesting research study was carried out by Hansen, Sheehan, Stephenson and Mayo (2015) who investigated adolescents of deceased hospice parents and found that the adolescents reported of a continued bond with their parents through three main ways:

- **Inner guide** - the adolescents described this as an enduring voice of or messages from the deceased parent e.g. remembering their teachings or being the person their deceased parent wanted them to be.
- **Encounters** - the adolescents described them as unexpected experiences with a deceased parent e.g. seeing and talking to them (however, the study considered this a way of promoting effective bereavement through making sense of the loss rather than pathological).
• Mementos- the adolescents tended to stay attached and hold on to the deceased parents’ items and belongings as a way to connect with them.

When a loved one is going through palliative care, or is diagnosed with a terminal illness of which death is a concept that is always looming on the head of the surviving kin, then it can be detrimental for the students to cope especially considering their social as well as educational responsibilities do not cease. The above research observations on children can be construed as unique ways of coping and adjusting psychologically in relation to the loss of the loved one; these different ways to continue the bond can be helpful in building the necessary coping skills to overcome the possibility of psychopathology or complicated grief. It may also help Muslim students not to feel alienated if they underwent such coping strategies in the first place and thought they were going “crazy”. The awareness of normalizing different coping strategies is significant so as to encourage the Muslim students to be more open to social support and not wither in their own bereaving misery; this way, carrying out their duties in different areas of their lives becomes somewhat manageable and doable. Islam values life above all else, which is why it strongly encourages individuals to strive hard so as to live; this means that if experiencing AG requires seeking help in any way, be it social support, therapy, reliving memories of the deceased, crying and so on then by all means, an individual should do so so as to not undermine their health in any way.

Adult response to anticipatory grief

“Receiving a diagnosis of a terminal disease triggers a variety of important reactions in the dying person and his or her family. The period of time between receiving a terminal diagnosis and death is often a time filled with sorrow, anxiety, uncertainty, and fear” (Holley & Mast, 2009). Having time between actually knowing a death will occur
for a loved one and the actual loss puts family members, in particular, spouses, into a state of anticipatory grief and a period of anticipatory mourning (Clukey, 2007).

When a spouse dies, the survivor must not only adjust to the loss of a close relationship, but also manage the daily decisions and responsibilities that were once shared by both spouses (Carr et al., 2000).

Gilliland and Fleming (1998) conducted a research study that was investigating the similarities between spouses of terminally ill patients prior to (anticipatory grief) and following the death (conventional grief). The following is what concluded as the results:

Anticipatory grief was associated with more intense levels of acute symptomatology than conventional grief. Specifically, the spouses of terminally-ill patients endorsed significantly higher levels of atypical grief responses, as well as marginally higher levels of anger and loss of emotional control, prior to the death of their spouses than following these deaths (p. 554-555).

This is to mean that the results opposed many research studies including Rando’s suggestions that it is not possible to actually experience and accept the emotional trauma associated to losing someone to death prior to the actual loss.

In instances where the spouses were the primary care givers, Costello (1999) suggests that the said spouses experience ‘compassionate fatigue’ which caused the spouses to feel “a degree of residual guilt concerning the relinquishment of their role as primary care giver.” Several factors have been found to increase the likelihood of developing complicated grief, including loss of primary attachment figures, difficulties making some meaning of the loss, and violent causes of death (Rozalski et al., 2017). In support of this view, research findings have shown that those who experience a loss from
a violent cause of death experience more severe complicated grief (CG) symptoms than those bereaved by a natural cause of death e.g., heart attack, stroke, or cancer (Currier, Holland, & Neimeyer, 2008).

A longitudinal study was carried out by Carr and her colleagues (2000) to find out if marital quality had any effect on the psychological adjustment. They found that depression that follows widowhood was a significant effect that followed having lost a spouse and was not predicted differently no matter the quality of marriage, as opposed to yearning, which is considered a core component of grief was dependable and affected by marital quality (i.e. those experiencing high levels of warmth and instrumental dependence and low levels of conflict in their marriages).

Does the quality of death actually make any difference in the psychological adjustment of the spouses? Carr (2003) suggests that one component of the “good death” which is positive relationships with spouses prior to death, may be associated with elevated grief among the widowed during the earlier stages of bereavement. If the final days together bring the spouses closer together, then the loss of the partner can be profound to the surviving spouse.

When comparing psychological adjustment in spouses who expected their significant other’s death and those who experienced unexpected deaths, Burton, Haley and Small (2006) found that those who experienced unexpected death were associated with worsening depression after the loss than the spouses who expected the loss of their partners.

2.2.4 Gender differences in response/adjustment to anticipatory grief

Cross-sectional studies have found widowhood to be more difficult for men, whereas longitudinal studies have found either no gender differences or, occasionally, that women are more unfavourably affected by widowhood (Lee & DeMaris, 2007). This
discrepancy could be because in the short run, the effects of widowhood are usually adverse and profound compared to in the long-term where the effects tend do mellow and moderate out.

Researchers have found that forewarning (anticipatory grief) was a significant factor in positive adjustment in cases where the deceased spouse had experienced prolonged severe suffering, (more than 1 month), and had experienced a time of unhappiness in their marriage. However, this was a factor for widows, but it did not apply for widowers (Reynolds & Botha, 2006).

Yeh (2002) examined gender differences in parental distress among 164 Taiwanese couples whose children were at different stages of treatment for cancer. There was a statistically significant difference between mothers and fathers in terms of somatization, depression, anxiety and the Global Stress Index; mothers had statistically significantly higher distress than fathers. He explains the differences could have been because mothers were more closely involved with taking care of their ill children, which could explain why mothers had a more difficult time accepting the impending death of their children more so than the fathers. In contrary, Al-Gamal and Long (2010) carried out a cross-sectional study between Jordanian parents to compare anticipatory grief among parents whose children were newly diagnosed with cancer and those whose children were diagnosed 6-12 months earlier. They found that there were no differences in distress between both mothers’ and fathers’ anticipatory grief.
2.3 Conceptual Framework

*Figure 2.2: Conceptual model for the research study*

Developed by the Researcher (2019).

The study was mainly to find out whether there is a correlation between experiencing the anticipatory loss and how well one can psychologically adjust to the said loss. The above conceptual model for the this research study is presented in figure 2.4, with the Independent variable indicated as the Anticipatory loss and the Dependent variable indicated as the Psychological adjustment.

AG has been associated with psychological distress including intrusive thoughts, yearning, anxiety, depression, intense anger, emotional dysregulation, and other atypical grief reactions like hopelessness, lower levels of well-being, lower quality of life and greater caregiver burden (Burke et al., 2015). Psychological responses to grief can vary depending on many variables; personality differences can play a role in how one reacts psychologically to a loss as well as age; children and adults react differently to anticipatory loss as previously explained. Gender differences also come in hand; men and women react differently when it comes to grief.
2.4 Chapter Summary

This chapter covered aspect of clarifying the anticipatory grief as a real concept as well as clearing the uncertainty that follows AG, together with expounding on the typical characteristics that are associated with AG. AG is a highly stressful and ambivalent experience due to anticipation of death and relational losses, while the patient is physically present and needed of care (Coelho & Barbosa, 2016).

The chapter covered the theoretical review on Bowlby’s processes of mourning, and how it is relatable to the different ways individuals go through AG. It also covered the risk factors of AG, as well as the significant differences between male and female in terms of how they cope with AG and the conceptual framework that was based on the work of Coelho and Barbosa (2016) who did an integrative literature review on family anticipatory grief.

The subsequent chapter will be covering the research methodology including the research design, how the sample will be collected as well as the systematic method of collecting the data.
CHAPTER 3

RESEARCH METHODOLOGY

3.1 Introduction

The aim of this study was to find out if there is a relationship between the anticipatory loss and psychological adjustment in grieving among young adults. The chapter covered the research design, the population covered, sampling design, data collection method and tools, as well data analysis and the ethical considerations. Because the study is directed towards finding the relationship between two variables, a correlational research design was to be used. Two test tools were used:

i. The Anticipatory Grief Scale (Appendix 2), a 27 item questionnaire that assesses for both manifestations of grief before the loss of the loved one, as well as coping behaviours.

ii. The short form Bereavement Experience Questionnaire with 24 total items (BEQ-24) will be used to assess the participants’ components of experiencing the grief after the loss of the loved one (Appendix 3)

3.2 Research design

The research utilized questionnaires mentioned above to gain information, therefore the research design was based on correlational research method, so as to attain the quantitative data that was necessary to determine the correlation between the two hypothesized variables; anticipatory loss and psychological adjustment.

3.3 Population

Because morning is a voluntary social expression of loss that varies from culture to culture, it was essential to target a population that particularly has Muslims who come from various cultures as well so that the cultural aspect does not make an effect on the
general results of the targeted population of Muslim students. Given that the students
from USIU-A is diverse in relation to gender, social class, economic and cultural
background, it provided the ideal population for the research study. The research study
therefore, took place in the United States International University- Africa, the sample was
derived from the undergraduate population of the students studying in the university.

3.4 Sampling design

The natural setting of the university is in the form of scheduled classes; this would
have made it easier to use cluster sampling so as to target the Muslim students while they
are in their classes, however on enquiring from the Academic and Student Affairs
Division, the researcher found that due to the fact that USIU-A is a secular institution,
this meant that the students were not categorized by their respective religion. There was
no particular way of finding out how many Muslim students were there and how to target
the Muslim students while they were in session with their classes. The sampling design
used therefore was purposive sampling. There are many types of purposive sampling,
given the nature of the research however, where the researcher needed to target the
Muslim students, the researcher used the homogeneous type of purposeful sampling.

3.5 Sampling frame

Considering there is no way of establishing exactly how many Muslims are there
in USIU-A, the researcher needed to target the praying areas where Muslims are known
to converge for prayers.

3.6 Sample size

Assuming that USIU-A has an 11% Muslim population (Kenya population
Census, 2009), then from the current undergraduate student population of 4700, the
number of Muslims can be approximated to be around 517 students. Using Slovin’s
formula for sample size calculation, we shall require at least 110 participants for a 5% margin of error and 95% confidence interval.

3.7 Data collection method

The quantitative data required for the research study was collected with the use of questionnaires. The two questionnaires used as mentioned previously are the Anticipatory Grief Scale and the Bereavement Experience Questionnaire-24 which will be expounded below.

3.7.1 Anticipatory Grief Scale

Theut, Jordan, Ross and Deutsch (1991) developed the Anticipatory Grief Scale (AGS) which is composed of 27 items that are grief related and rated on a 5-point Likert scale that range from 1 (being strongly agree) to 5 (being strongly disagree). The AGS assesses the components of grief as well as coping behaviors and was originally created and intended for individuals whose loved ones were diagnosed with dementia, the wording can be changed to suit the purpose of this research study.

Due to the short time limit of the study, it was not possible to target the participants who are currently undergoing anticipatory grief (those that have a loved one diagnosed with a terminal illness and thereby, their death being confirmed as inevitable), rather the wordings of the AGS was changed accordingly to how the participant felt and what they went through looking back to the event of having grieved the anticipatory loss; the study will target those who have already gone through the process of AG and will be answering the questions in the AGS as they remembered having gone through the grief.

The advantages of the AGS is that it involves the coping behaviors individuals went through while anticipating the loss of their loved one; this clarifies not only for the participants their strengths and how best to improve their coping skills but also benefit the
research study in identifying if anticipatory loss does make and effect on an individual’s psychological adjustment, in terms of their coping behaviors.

The Alpha Coefficient for the AGS was 0.84 indicating good internal consistency. The AGS was positively and significantly correlated with the depression (p < 0.001), anxiety (p < 0.001), and hostility (p < 0.001) dimensions of the SCL90-R, demonstrating construct validity (Theut, Jordan, Ross, & Deutsch, 1991). Considering the AGS has 27 items, all of which are answered using a Likert scale, the highest possible score a participant could score is 135- if each scale is given a value to its own representative scale, this would show that the participant was going through intense grief experiences due to the expected loss of the loved one. The lowest possible score would be 27. The advantage of using the AGS is that clinicians, social workers, and counsellors can identify the problems an individual may be experiencing before the death of the relatives and that proper interventions can take place to avert long-term negative outcomes after the death (Johansson & Grimby, 2014).

3.7.2 Bereavement Experience Questionnaire-24

The Bereavement Experience Questionnaire-24 (Guarnaccia & Hayslip, 1998) is the short form of the original Bereavement Experience Questionnaire which initially had 67 items with 8 factor structure. The BEQ-24 is a 24 items and 3 factor structure questionnaire that includes Existential loss/ Emotional needs, Guilt/ Blame/ Anger and Preoccupation with thoughts of the deceased. Pearson correlations and alpha internal consistency reliabilities for the item means in each of the 3 sub-scales were calculated and the three subscales showed strong alpha reliability (which was at .94 for the entire 24 items) without being excessively long or having redundant items (Guarnaccia & Hayslip, 1998). The BEQ-24 is more advantageous because it is shorter and less taxing for the participants who will be thrown back to a moment in their life which could have been
very distressing. It assesses components of the experience of grief; how one experienced the grief at the time before the loss.

Given that the BEQ-24 has 24 items, all of which are similarly answered using a Likert scale, the highest possible score a participant could score is 96- if each scale is given a value to its own representative scale, this would show that the participant was going through intense bereavement experience due to the impending loss of the loved one. The lowest possible score would be 24.

3.8 Research Procedure

The Researcher was able to conduct the study only after the IRB had approved. The researcher approached the appropriate sample (Muslim undergraduates) during the time the Muslims would converge for congregational prayers. After which, they were informed about the research and what it entailed as well as their freedom to choose not to participate in the research. Those who agreed to participate were then given the consent form to sign followed by the questionnaires to be filled. After the completion of the questionnaires, the students were presented with the debriefing form which ensured the availability of counselling services offered by the university in the case of any distress caused by their participation.

3.9 Data analysis

Given the quantitative quality of the research study, the methods of analyzing the data that was used included average mean, Pearson’s Product Moment Correlation Coefficient (PPMCC), as well as hypothesis testing (using T-test). The data collected from the questionnaires involving the categories of anticipated loss in relation with psychological adjustments was coded appropriately using SPSS so as to find the PPMCC which assisted in finding out if correlation exists between the two said variables in the
first objective. *T*-test or the ANOVA was used to find out whether there were any statistically significant differences between the psychological adjustments of the males and females as well as the first and fourth years.

### 3.10 Ethical considerations

The first and foremost Ethical consideration that was expected was confidentiality. This was achieved by maintaining anonymity of all the participants by not including their personal information like names while filling the questionnaires. As well as not providing any wording in the final work of the thesis that might identify the participant.

The participants voluntarily participated and were free from being coerced to participate as well as free to decline to participate by filling in the questionnaires.

There was an informed consent form (attached in the appendices) that informed the participants of the purpose of the research and any potential risks of the distress they may have gone through after being thrown back to their loss of a loved one.

Safety was ensured during the study; no participant was to go through any research procedure that could cause them harm.

Debriefing of the participants was done after the study had been done. This was also provided in the debriefing form attached in the appendices.

### 3.11 Chapter Summary

The chapter covered research design, the population covered, sampling design, the sample size as well as the sample frame. It also included data collection method and tools, the validity and reliability of the instruments used in the research paper, as well data analysis and the ethical considerations.
CHAPTER 4

RESULTS AND FINDINGS

4.1 Introduction

This chapter presents the research findings obtained from data sampled from students related to the relationship between anticipatory loss and psychological adjustment in grieving among young Muslim students. The findings are presented according to the following thematic areas; background information of students, the response rate, the findings and interpretation that were analyzed by use of percentages, mean, standard deviation and Chi-Square tests.

4.2 Background Information of the Students

The study sought the background information of respondents as to understand their demographic features on gender, and their level of study which is first years or fourth years which was important to understand their general differences and the following findings were revealed.

4.2.1 Response Rate

From the data collected by the use of questionnaires, the students were asked to fill in the anticipated loss and psychological adjustment in which the questionnaires were on rated scale. The questionnaires that were distributed to the students were 110 in which 90 questionnaires were returned for the data analysis. The remaining 20 questionnaires were not returned because of the non-response in which the respondents were not comfortable filling in. The 90 returned questionnaires represented a response rate of 82% which was adequate for the analysis.
4.2.1 Gender of Students

The study findings from Figure 4.1 indicated that there were more male involved in participation of the study compared to their female counterparts. The results showed that 53% were male and 47% female.

![Figure 4.1: Gender of Students](image)

4.2.2 Year of Study

The study findings indicate that 54% of the respondents were first years while 46% were fourth years (Figure 4.2).

![Figure 4.2: Year of Study](image)
4.3 Analysis between Anticipated loss and Psychological adjustment among Muslim Students.

The Table 4.1 indicates the correlations analysis between anticipated loss and psychological adjustment among young Muslim students. From the findings there was a weak positive and significant correlations between students who had gone through anticipated loss and psychological adjustment. The correlation was significant at 0.05 level since (r = 0.252, p = 0.017) implying that there was a significant relationship between anticipated loss and psychological adjustment among young Muslim students.

Table 4.1: Correlation Analysis between Anticipated loss and Psychological adjustment

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<th>Anticipated loss</th>
<th>Psychological adjustment</th>
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<td>Anticipated loss</td>
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<td></td>
<td>Sig. (2-tailed)</td>
<td>.252*</td>
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<td></td>
<td>N</td>
<td>90</td>
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<tr>
<td>Psychological adjustment</td>
<td>Pearson Correlation</td>
<td>.252*</td>
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<td>Sig. (2-tailed)</td>
<td>.017</td>
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<td></td>
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*. Correlation is significant at the 0.05 level (2-tailed).

4.4 Age Differences in the Psychological Adjustment

The second objective of the study was to examine the differences in the psychological adjustment of the first-year compared to fourth year students’ prior anticipation of the grief and loss. The following questions indicates the responses of how the respondents reacted to them. The mean value closer to 5 indicate strong agreement while low values indicate a strong disagreement on the statement.

From the findings majority of the students indicated they day dreamed about how life with their loved one was before the diagnosis was made the first years had M= 3.388 and SD= 1.426, while fourth years had M= 3.342 and SD= 1.257. The results that was to
indicate that students felt close to their loved one who was dying; first years had M= 4.245 and SD= 1.051 fourth years had M= 3.927 and SD= 1.311, the students seemed to be more irritable than before their loved one’s illness most of the first year tend to agree with M=3.449 and SD=1.324 while fourth years M= 3.195 and SD= 1.229. The results showed that students preoccupied with thoughts about their loved one illness in which first year students had M= 3.816 and SD= 1.253 while fourth years M= 3.902 and SD= 1.158.

The research sought to understand whether the students discovered new personal resources since their loved one’s illness was diagnosed; first years had M= 3.245 and SD= 1.451 while fourth years had M= 3.024 and SD= 1.35. Students agreed that they had missed their loved one the way they used to be, first years’ results indicated M= 4.184 and SD= 1.236 while fourth years had M= 4.342 and SD= 0.883, students felt alone since they were diagnosed and the results of the first years had M= 4.490 and SD= 7.495 while fourth years M= 3.707 and SD= 1.209. The question on whether they were able to move ahead with their life the first year had M= 3.245 and SD= 1.315 while fourth years = 3.098 and SD= 1.463, the students blamed themselves for their loved one’s illness most of the first years disagreed with M= 2.408 and SD= 1.567 while fourth years also disagreed with M= 1.781 and SD= 1.107, on whether they found it hard to concentrate on their work since the diagnosis was made most of the first years agreed with M= 3.429 and SD= 1.242 while fourth years had M= 3.098 and SD= 1.281.

The students personal resources to help them cope with their loved one illness in which first years scored lower; M= 2.816 and SD= 1.149 while fourth years had higher M= 4.293 and SD= 8.210, the question on whether the students had periods of tearfulness as they thought about the course of their loved one’s illness; first years had M= 3.694 and SD= 1.245 while fourth years M= 3.707 and SD= 1.167. The results indicated that
students felt detached from their loved one where the first-year students had $M= 3.000$ and $SD= 1.307$ while fourth years had $M= 2.854$ and $SD= 1.315$. The question on whether students felt a need to talk to others regarding their loved one’s illness; first years had $M= 3.367$ and $SD= 1.334$ while fourth years had $M= 3.390$ and $SD= 1.302$.

Participants in the study felt it was unfair that their loved one was dying where most of the first year had $M= 3.653$ and $SD= 1.332$ indicating they agreed with the statement while fourth years had $M= 3.342$ and $SD= 1.543$.

The students found it hard to sleep where most of the first year agreed to a small extent with $M= 3.388$ and $SD= 1.367$ while fourth years had $M= 3.488$ and $SD= 1.381$. On whether no one will ever take the place of their loved one in their life majority of the first year had $M= 4.755$ and $SD= 5.886$ while fourth years had $M= 4.976$ and $SD= 8.144$. The students agreed that if they avoided some people since their loved one’s diagnosed was made the first year had $M= 3.204$ and $SD= 1.307$ while fourth years $M= 2.976$ and $SD= 1.255$ which fourth year students indicated that they disagreed. They also agreed that their loved one was diagnosed, they found it more difficult to get along with certain people where first year had $M= 3.225$ and $SD= 1.229$ while fourth years had $M= 4.366$ and $SD= 8.185$ indicating they strongly agreed. The students wondered what their life would be like if their loved one had not been diagnosed the first year had $M= 3.857$ and $SD= 1.568$ while fourth years had $M= 3.439$ and $SD= 1.266$. The participants felt more competent since their loved one was diagnosed where first years had $M= 2.959$ and $SD= 1.172$ while fourth years had $M= 3.805$ and $SD= 6.516$.

The research also sought to find out if the students got angry when they thought about their loved one’s dying where the first years had $M= 3.306$ and $SD= 1.342$ while on the other hand the fourth years had $M= 3.171$ and $SD= 1.548$, on the diagnosis was made for their loved one, they didn’t feel interested in keeping up with the day-to-day activities
such as watching television, reading newspapers, and meeting friends the first years had M= 3.184 and SD= 1.286 while fourth years had M= 3.342 and SD= 1.196. The question on the students were unable to accept the fact that their loved one was dying where M= 3.510 and SD= 1.356 while fourth years had M= 3.415 and SD= 1.284. The students indicated that they were functioning well before their loved one was diagnosed where the first years had M= 2.837 and SD= 1.297 while fourth years had M= 3.171 and SD= 1.243. The students indicated that they were planning for the future where first had M= 3.510 and SD= 1.227 while fourth years M= 3.390 and SD= 1.263.

From the findings of the study, most of the variables had a p-value greater than 0.05 implying that the difference in means is not statistically significant. However, there was one variable “I blamed myself for my loved one’s illness” which showed a statistical significance. Table 4.2 shows the differences in the psychological adjustment of the first-year compared to fourth year students’ prior anticipation of the grief and loss.
Table 4.2: Age Differences in the Psychological Adjustment

<table>
<thead>
<tr>
<th>Statements</th>
<th>First year</th>
<th></th>
<th>Fourth year</th>
<th></th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>I day dreamed about how life with my loved one was before the diagnosis was made.</td>
<td>3.390</td>
<td>1.426</td>
<td>3.342</td>
<td>1.257</td>
<td>0.87</td>
</tr>
<tr>
<td>I felt close to my loved one who was dying.</td>
<td>4.250</td>
<td>1.051</td>
<td>3.927</td>
<td>1.311</td>
<td>0.21</td>
</tr>
<tr>
<td>I seemed to be more irritable than before my loved one’s illness.</td>
<td>3.450</td>
<td>1.324</td>
<td>3.195</td>
<td>1.229</td>
<td>0.35</td>
</tr>
<tr>
<td>I was preoccupied with thoughts about my loved one and his/her illness.</td>
<td>3.820</td>
<td>1.253</td>
<td>3.902</td>
<td>1.158</td>
<td>0.74</td>
</tr>
<tr>
<td>I discovered new personal resources since my loved one’s illness was diagnosed.</td>
<td>3.250</td>
<td>1.451</td>
<td>3.024</td>
<td>1.351</td>
<td>0.46</td>
</tr>
<tr>
<td>I very much missed my loved one the way he/she used to be.</td>
<td>4.180</td>
<td>1.236</td>
<td>4.342</td>
<td>0.883</td>
<td>0.50</td>
</tr>
<tr>
<td>I felt very much alone since the diagnosis was made.</td>
<td>4.490</td>
<td>7.495</td>
<td>3.707</td>
<td>1.209</td>
<td>0.51</td>
</tr>
<tr>
<td>I was able to move ahead with my life.</td>
<td>3.250</td>
<td>1.315</td>
<td>3.098</td>
<td>1.463</td>
<td>0.62</td>
</tr>
<tr>
<td>I blamed myself for my loved one’s illness.</td>
<td>2.410</td>
<td>1.567</td>
<td>1.781</td>
<td>1.107</td>
<td>0.03*</td>
</tr>
<tr>
<td>I found it hard to concentrate on my work since the diagnosis was made.</td>
<td>3.430</td>
<td>1.242</td>
<td>3.098</td>
<td>1.281</td>
<td>0.22</td>
</tr>
<tr>
<td>I had the personal resources to help me cope with my loved one and his/her illness.</td>
<td>2.820</td>
<td>1.149</td>
<td>4.293</td>
<td>8.210</td>
<td>0.22</td>
</tr>
<tr>
<td>I had periods of tearfulness as I thought about the course of my loved one’s illness.</td>
<td>3.690</td>
<td>1.245</td>
<td>3.707</td>
<td>1.167</td>
<td>0.96</td>
</tr>
<tr>
<td>I felt detached from my loved one.</td>
<td>3.000</td>
<td>1.307</td>
<td>2.854</td>
<td>1.315</td>
<td>0.60</td>
</tr>
<tr>
<td>I felt a need to talk to others regarding my loved one’s illness.</td>
<td>3.370</td>
<td>1.334</td>
<td>3.390</td>
<td>1.302</td>
<td>0.94</td>
</tr>
<tr>
<td>I felt it is unfair that my loved one was dying.</td>
<td>3.650</td>
<td>1.332</td>
<td>3.342</td>
<td>1.543</td>
<td>0.31</td>
</tr>
<tr>
<td>I found it hard to sleep.</td>
<td>3.390</td>
<td>1.367</td>
<td>3.488</td>
<td>1.381</td>
<td>0.73</td>
</tr>
<tr>
<td>No one will ever take the place of my loved one in my life.</td>
<td>4.760</td>
<td>5.886</td>
<td>4.976</td>
<td>8.144</td>
<td>0.88</td>
</tr>
<tr>
<td>I avoided some people since my loved one’s diagnosis was made.</td>
<td>3.200</td>
<td>1.307</td>
<td>2.976</td>
<td>1.255</td>
<td>0.40</td>
</tr>
<tr>
<td>I felt I had adjusted to my loved one’s illness.</td>
<td>3.040</td>
<td>1.241</td>
<td>4.146</td>
<td>6.475</td>
<td>0.25</td>
</tr>
<tr>
<td>Since my loved one was diagnosed, I found it more difficult to get along with certain people.</td>
<td>3.230</td>
<td>1.229</td>
<td>4.366</td>
<td>8.185</td>
<td>0.34</td>
</tr>
<tr>
<td>I wondered what my life would be like if my loved one had not been diagnosed.</td>
<td>3.860</td>
<td>1.568</td>
<td>3.439</td>
<td>1.266</td>
<td>0.17</td>
</tr>
<tr>
<td>I felt more competent since my loved one was diagnosed.</td>
<td>2.960</td>
<td>1.172</td>
<td>3.805</td>
<td>6.516</td>
<td>0.38</td>
</tr>
<tr>
<td>I got angry when I thought about my loved one’s dying.</td>
<td>3.310</td>
<td>1.342</td>
<td>3.171</td>
<td>1.548</td>
<td>0.66</td>
</tr>
<tr>
<td>Since the diagnosis was made for my loved one, I didn’t feel interested in keeping up with the day-to-day activities (television, newspapers, friends).</td>
<td>3.180</td>
<td>1.286</td>
<td>3.342</td>
<td>1.196</td>
<td>0.55</td>
</tr>
<tr>
<td>I was unable to accept the fact that my loved one was dying.</td>
<td>3.510</td>
<td>1.356</td>
<td>3.415</td>
<td>1.284</td>
<td>0.73</td>
</tr>
<tr>
<td>I was then functioning about as well as before my loved one was diagnosed.</td>
<td>2.840</td>
<td>1.297</td>
<td>3.171</td>
<td>1.243</td>
<td>0.22</td>
</tr>
<tr>
<td>I was planning for the future.</td>
<td>3.510</td>
<td>1.227</td>
<td>3.390</td>
<td>1.263</td>
<td>0.65</td>
</tr>
</tbody>
</table>
The independent-samples t-test (or independent t-test, for short) compares the means between two unrelated groups on the same continuous, dependent variable. To find out Psychological adjustment of the first-year compared to fourth year students’ prior anticipation of the grief and loss Levene’s Test for Equality of Variances was conducted. This is a test that determines if the two conditions have about the same or different amounts of variability between scores. The value of Sig. is greater than .05 which means that the variability in between psychological adjustment of the first-year and fourth year students’ is about the same. That the scores do not vary too much more than the scores in the other. The results for the T-test tell us if the Means for the two groups were statistically different (significantly different) or if they were relatively the same. The Sig (2-Tailed) value is greater than 0.05 where the value was (Sig. Value = 0.731). Therefore, we can conclude that there was no statistically significant difference between psychological adjustment of the first-year and fourth year students. The differences between conditions Means are likely due to chance.

**Table 4.3: Independent Samples Test**

<table>
<thead>
<tr>
<th></th>
<th>Levene's Test for Equality of Variances</th>
<th>t-test for Equality of Means</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>F</td>
<td>Sig.</td>
</tr>
<tr>
<td>Anticipated loss</td>
<td>.095</td>
<td>.759</td>
</tr>
<tr>
<td></td>
<td>Equal variances assumed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Equal variances not assumed</td>
<td></td>
</tr>
</tbody>
</table>

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4.5 Gender differences in the psychological adjustment

The third objective of the study was to determine the gender differences in the psychological adjustment between the Muslim male students and Muslim female students who have gone through anticipatory loss and grief. The results of the study indicated the responses of how the respondents reacted to questions. The mean value closer to 5 indicate almost always while low value indicates a respondent have never gone through anticipatory loss and grief. The students indicated that they have never felt life has no meaning with male having M= 2.208 and SD= 1.110 while female had M= 2.167 and SD= 0.961. The students had lost interest in their work where male had M= 2.292 and SD= 0.944 while female had M= 2.095 and SD= 0.821, thought they were losing their mind where male had M= 2.063 and SD= 1.099 while female had M= 2.119 SD= 0.993 in which most of the students disagreed with the statement.

The results showed that students felt they needed to be emotionally close to someone where male students had M= 2.688 and SD= 1.014 while female had M= 2.810 and SD= 0.943, and being emotionally distant from people, male students had M= 2.479 and SD= 1.031 while female had M= 2.429 and SD= 0.991. The students felt afraid to be alone where male students had M= 2.146 and SD= 1.185 while female had M= 3.262 and SD= 6.530. The students disagreed on the contributions to the death of their loved ones where male had M= 1.688 and SD= 1.035 while female had M= 1.667 and SD= 0.954. The students felt that they were responsible for the death where male students had M= 1.896 and SD= 1.134 while female had M= 1.810 and SD= 1.087. The students felt guilty about some things they said or did after the death where male had M= 2.479 and SD= 1.238 while female had M= 2.310 and SD= 1.070.

The researcher sought to understand if the students felt guilty about their little, unimportant things where male students had M= 2.292 and SD= 1.051 while female had
M= 2.143 and SD= 0.899, about if they felt angry at the deceased person where male had
M= 1.667 and SD= 0.975 while female had M= 1.714 and SD= 0.970. They were also
asked if they felt unable to recall the deceased's image where male had M= 1.625 and 0.937
while female had M= 1.810 and SD= 1.174. The findings indicates that searching for the
one who died where male had M= 1.625 and SD= 0.937 while female had M= 2.119 and
SD= 1.087. The students yearned for the deceased person where male had M= 2.354 and
SD= 1.101 while female had M= 2.857 and SD= 1.049, the deceased was guiding them in
which most students disagreed with the statement where male indicated a mean of M=
1.813 and SD= 0.938 while female had M= 2.214 and SD= 1.094.

The results of the findings indicated that students spent time looking at deceased's
pictures, clothing, belongings where male had M= 2.208 and SD= 1.031 while female had
M= 2.714 and SD= 1.132, students preoccupied with thought of deceased person where
male students had M= 2.563 and SD= 0.987 while female had M= 2.929 and SD= 0.973,
and students disagreed that they could not bear to sort or part with the deceased's belongings
where male students had M= 1.958 and SD= 1.031 while female students had M= 2.524
and SD= 1.153.

The findings of the study indicated that the differences between males and female
were not statistically significant where the p-value was greater than 0.05. However, males
and females differed on several variables such as, “found themselves searching for the
one who died” (p= 0.023), “yearned for the deceased person” (p= 0.03), “spent time
looking at deceased's pictures, clothing, belongings” (p= 0.029), and “the students could
not bear to sort or part with the deceased's belongings” (p= 0.016). The Table 4.3 below
shows the summary of the gender differences in the psychological adjustment between
the Muslim male students and Muslim female students who have gone through
anticipatory loss and grief.
<table>
<thead>
<tr>
<th>Statements</th>
<th>Male</th>
<th>Female</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Felt life has no meaning</td>
<td>2.208</td>
<td>2.167</td>
<td>0.850</td>
</tr>
<tr>
<td>Lost my religious faith</td>
<td>1.563</td>
<td>1.5</td>
<td>0.745</td>
</tr>
<tr>
<td>Lost interest in my work</td>
<td>2.292</td>
<td>2.095</td>
<td>0.298</td>
</tr>
<tr>
<td>Thought I was losing my mind</td>
<td>2.063</td>
<td>2.119</td>
<td>0.800</td>
</tr>
<tr>
<td>Lost interest in activities I previously cared about</td>
<td>2.458</td>
<td>2.524</td>
<td>0.768</td>
</tr>
<tr>
<td>Felt like I was watching myself go through the motions of living</td>
<td>2.417</td>
<td>2.643</td>
<td>0.296</td>
</tr>
<tr>
<td>Felt a need to be emotionally close to someone</td>
<td>2.688</td>
<td>2.81</td>
<td>0.558</td>
</tr>
<tr>
<td>Felt emotionally distant from people</td>
<td>2.479</td>
<td>2.429</td>
<td>0.814</td>
</tr>
<tr>
<td>Felt afraid to be alone</td>
<td>2.146</td>
<td>3.262</td>
<td>0.248</td>
</tr>
<tr>
<td>Thought I contributed to the death</td>
<td>1.688</td>
<td>1.667</td>
<td>0.922</td>
</tr>
<tr>
<td>Felt that some person was responsible for the death</td>
<td>1.896</td>
<td>1.81</td>
<td>0.714</td>
</tr>
<tr>
<td>Felt guilty about some things I said or did after the death</td>
<td>2.479</td>
<td>2.31</td>
<td>0.492</td>
</tr>
<tr>
<td>Thought that there are some very real reasons why I feel guilty</td>
<td>2.458</td>
<td>2.214</td>
<td>0.259</td>
</tr>
<tr>
<td>Felt guilty about things I did/said before the death</td>
<td>2.333</td>
<td>2.429</td>
<td>0.684</td>
</tr>
<tr>
<td>Felt angry at myself</td>
<td>2.625</td>
<td>2.071</td>
<td>0.265</td>
</tr>
<tr>
<td>Felt guilty about little, unimportant things</td>
<td>2.292</td>
<td>2.143</td>
<td>0.476</td>
</tr>
<tr>
<td>Felt angry at the deceased person</td>
<td>1.667</td>
<td>1.714</td>
<td>0.817</td>
</tr>
<tr>
<td>Felt unable to recall the deceased's image</td>
<td>1.625</td>
<td>1.81</td>
<td>0.410</td>
</tr>
<tr>
<td>Found myself searching for the one who died</td>
<td>1.625</td>
<td>2.119</td>
<td>0.023*</td>
</tr>
<tr>
<td>Yearned for the deceased person</td>
<td>2.354</td>
<td>2.857</td>
<td>0.030*</td>
</tr>
<tr>
<td>Felt the deceased was/is guiding me</td>
<td>1.813</td>
<td>2.214</td>
<td>0.064</td>
</tr>
<tr>
<td>Spent time looking at deceased's pictures, clothing, belongings</td>
<td>2.208</td>
<td>2.714</td>
<td>0.029*</td>
</tr>
<tr>
<td>Was preoccupied with thought of deceased person</td>
<td>2.563</td>
<td>2.929</td>
<td>0.081</td>
</tr>
<tr>
<td>Could not bear to sort or part with the deceased's belongings</td>
<td>1.958</td>
<td>2.524</td>
<td>0.016*</td>
</tr>
</tbody>
</table>

The research conducted a t-test between psychological adjustment between the Muslim male students and Muslim female students who have gone through anticipatory loss and grief Levene’s Test for Equality of Variances was conducted. Since the value of Sig. is greater than 0.05 this means that the variability between psychological adjustment of the Muslim male students and Muslim female students is the same. That the scores for male do not vary too much more than the scores for female students. The Sig (2-Tailed) value is greater than 0.05 where the value was (p= 0.311). The conclusion is that there
was no statistically significant difference between psychological adjustment between the Muslim male students and Muslim female students.

### Table 4.5: Independent Samples Test

<table>
<thead>
<tr>
<th>Psychological adjustment</th>
<th>Levene's Test for Equality of Variances</th>
<th>t-test for Equality of Means</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>F</td>
<td>Sig.</td>
</tr>
<tr>
<td>Equal variances assumed</td>
<td>.472</td>
<td>.494</td>
</tr>
<tr>
<td>Equal variances not assumed</td>
<td>-.472</td>
<td>.494</td>
</tr>
</tbody>
</table>

### 4.6 Chapter Summary

This chapter has presented the results and findings of the study which have been interpreted on the three research objectives. It has explained the quantitative data analysis, on the gender split, year of study split for the respondents, percentages and mean have also been explained. This was attained through the research questions of the study. The next chapter resents discussion, conclusion and recommendations of the study.
CHAPTER 5

SUMMARY, DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter covered the summary, discussion, conclusion and future recommendations of the study. The discussion focused on the critical findings of the research that was conducted in relation to the objectives outlined in chapter 2. The conclusions were based on the main research findings correlation between anticipatory grief and psychological adjustments among the young Muslim students of USIU-A. Finally, the chapter covered the recommendations of the research study and how it could be improved in the future.

5.2 Summary of the key findings

One of the goals of the research study was to find out the correlation between the anticipated loss and later psychological adjustment to this loss, according to the findings, there was a significant relationship between the two; the Pearson chi-square value was at 0.05 indicating that there was a significant relationship between anticipated loss and psychological adjustment among young Muslim students.

The second goal was to find out the differences in psychological adjustment after experiencing anticipatory loss between the 1st years and 4th years. The Sig (2-Tailed) value is greater than 0.05 where the value was (Sig. Value= 0.731). Therefore, we can conclude that there was no statistically significant difference between psychological adjustment of the first-year and fourth year students. There were some experiences that were experienced quite differently when comparing the two and some that were experienced similarly, however it can be concluded that the differences between conditions Means are likely due to chance.
For the third goal on the gender differences in psychological adjustment, the differences did not stand out either but some experiences as well were felt differently. The Sig (2-Tailed) value is greater than 0.05 where the value was (p=0.311). The conclusion is that there was no statistically significant difference between psychological adjustment between the Muslim male students and Muslim female students.

5.3 Discussion of the Results

5.3.1 Correlation between anticipatory loss and psychological adjustment

The first objective of this study was to find out the correlation between the anticipatory loss and the psychological adjustment among young Muslim students in USIU-A. The research question guiding this objective was ‘Is there a correlation between anticipated loss and psychological adjustment among young adults?’

According to the research study, results showed that there was a weak significant relationship between anticipatory loss and psychological adjustment. This argument contrasts research findings found by Nielson, Neergaard, Jensen, Bro and Guldin’s (2016), which concluded that there is no positive effect of grief during the caregiver or in our case, the surviving kin’s post-loss outcome; and this supports the original hypothesis of AG which was assumed to alleviate caregiver’s grief during bereavement because the emotional bonds were relinquished in time during the grief work that was before the loss. The current study concurs with the above statement given that the correlation between anticipatory loss and psychological adjustment among Muslim students was significant.

The research also re-enforces the value of social support, such as validating the grief feelings the surviving victim is going through, reframing roles and even anticipation of future losses and relationship reformulation can be helpful techniques addressed to AG (Coelho, de Brito, & Barbosa, (2017).
5.3.2 **Age Differences in Psychological Adjustment**

The second objective of this study was to explore if there were any differences in the psychological adjustment of the first year undergraduate students compared to the fourth year students after having experienced anticipatory loss. The research question guiding this objective was ‘what differences did the anticipated loss make in the first year students’ psychological adjustment compared to senior year students?’ To find out Psychological adjustment of the first-year compared to fourth year students’ prior anticipation of the grief and loss another t-test was conducted. The Sig. Value= 0.731, which was greater that the Sig. value .05, which meant that the variability between psychological adjustment of the first-year and fourth year students was about the same. Therefore, we can conclude that there was no statistically significant difference between psychological adjustment of the first-year and fourth year students. The differences between conditions Means are likely due to chance.

5.3.3 **Gender Differences**

The third objective of this study was to analyse any gender differences in the psychological adjustment when they experienced anticipatory loss. The research question guiding this objective was ‘were there any differences in the psychological adjustment between young male and female students when both experienced anticipatory bereavement?’ The t-test was conducted using the SPSS to compare the psychological adjustment between the Muslim male students and Muslim female students who have gone through anticipatory loss and grief. The Sig (2-Tailed) value was found to be greater than 0.05 where the value was (p= 0.311). This meant that there was no statistically significant difference between psychological adjustment between the Muslim male students and Muslim female students.
There have been several research studies that have been undertaken to find out if
gender is an important moderator of the impact of bereavement however, the evidence is
sparse and far from conclusive (Leopold & Lechner, 2015). The current research study
however, conclusively found that there were no significant differences in psychological
adjustment between the Muslim male students and the Muslim female students.

5.4 CONCLUSIONS

The research study was conducted in the premise of USIU-A. The 90 out of 110
volunteers who agreed to participate in the survey were undergraduates from the 1st year
(freshmen) to the 4th year (seniors). The method of collecting data was through a survey
that involved two questionnaires, both of which the students were to answer voluntarily.
There were a total of 90 undergraduate students who participated in the study 47% of
whom were female and 53% were male; as well as 46% were senior students and the
remaining 54% were freshmen.

The 3 main objectives of the research study were: 1) the correlation between
anticipated loss and psychological adjustment among the Muslim students of USIU-A, 2)
the differences in the psychological adjustment between the freshmen and the senior
students and 3) the gender differences in the psychological adjustment between the
Muslim male students and the Muslim female students. All the objectives were met.

The only significant relationship that was found was with the first objective,
whereby the correlation between the AG and psychological adjustment among the
Muslim students was significant. There was no significant differences in the
psychological adjustment between the 1st and 4th years; any differences found were likely
due to chance. There was no significant differences either in the psychological
adjustments between the male and female students.
5.5 RECOMMENDATIONS

Based on the research findings, it is important to try and get as much social support during the grieving period so as to prevent any complication like complicated grief. Therefore, it would be significant for USIU-A to come up with several programs that would help their young students be able to attain the social support needed for any kind of loss that the students are going through; be it loss of a loved one, a pet or even the dropping of grades (which is still experienced as a loss).

5.5.1 SUGGESTIONS FOR IMPROVEMENTS

The data collection was mainly done through self-reported questionnaires, there is a possibility of the participants not being completely honest about their opinions on bereavement as they experienced anticipatory loss. It would be a great improvement to find a way of collecting the data so that the participants give their utmost honest experiences such as carrying out a longitudinal study so as to focus on natural observation of the participants.

It might also be helpful to conduct a subject-by subject analysis rather than analysing a whole group as one. This might actually bring better clarity on individual differences in later adjustment which might shed brighter light on the risk of poor coping skills both before and after the loss of a loved one.

5.5.2 SUGGESTIONS FOR FUTURE RESEARCH

This study was carried out on students from USIU-A which is a private university. The number of participants (N=90) are clearly not enough to generalize the results to the whole of Kenya’s university students. Therefore, to increase validity of the study, further research could look into larger samples that are gotten from various demographics.
Due to the limited amount of time for the research, the study had to focus on individuals who had already lost their loved ones. It would be an improvement on the future researches could target participants who were actually in the process of anticipating the loss of their loved ones all through after the actual loss to observe any possible differences in psychological adjustment, in other words, a longitudinal research study would improve the results of the study.

5.6 SUMMARY

The above thesis was about finding out whether there was a relationship between anticipatory loss and the psychological adjustment in grieving among young Muslim students. The purpose of this study was to find out the significance of going through AG considering the high expectations students have not only of themselves but what the environment has of them. The methods used to collect data from the participants were mostly survey questionnaires. The research design therefore was based on descriptive, correlational research design and quantitative data.

The results showed that indeed, there was a significant relationship between AG and psychological adjustment among Muslim students. “There are several pathways through which experiencing a loved one’s death may influence psychiatric disorders. Bereavement is a major life stressor, and stressful life experiences in general are associated with later onset of many physical and mental disorders” (Keyes, et al., 2014, p.867). The research findings necessitate the importance of social support in grieving for one’s loss even during the anticipatory anxieties of being close to losing a loved one (that is, before the actual loss) so as to avoid further grieving complications. There are several obtainable evidence indicates that lack of social support can result in depression (Stice, Ragan & Randall, 2004, p.155&159). There are several things that can be practised or
learned when dealing with anticipatory grief such as acknowledging what one is going through. Everyone experiences grief in their own personalised way, therefore it is important to know that it is okay and acceptable for you to grieve before the death or loss of your loved one. Journaling your feelings and what you are going through may help organize your turmoil of emotions. Counselling is also a fundamental requirement especially when one feels like their feelings of grief are overwhelming.

It is therefore important for all institutions from schools/universities to hospitals to come up with several support systems so as to assist people going through any sort of bereavement.
REFERENCES


APPENDICES

Appendix 1

Consent form for participation

The relationship between anticipatory grief/loss and psychological adjustment among young adults

Please read this document carefully. Your signature is required for participation. You must be at least 18 years of age to give your consent to participate in research.

My names are Walji, Husna Mohamed, and I am pursuing a Master’s of Arts in Clinical Psychology. The policy of the Department of Psychology is that all research participation in the Department is voluntary, and you have the right to withdraw at any time, without prejudice, should you object to the nature of the research. Confidentiality as well as your privacy will be prioritize and to ensure this, your identity will not be included in any of the written records or the findings. A number will be assigned to your questionnaires to ensure privacy as well but your only information that will be required is your gender.

You are entitled to ask questions and to receive an explanation after your participation. You will be voluntarily required to answer the following questionnaires.

The purpose of the research study is to investigate if there is a relationship between better psychological adjustment when a particular loss and grief one went through was predetermined and anticipated. The two questionnaires that you will be required to fill include the Anticipatory Grief Scale that assesses the components of grief as well as coping behaviors and the Bereavement Experience Questionnaire-24 that assesses components of the experience of grief; how one experienced the grief at the time. This is not an exam, therefore there are no right or wrong answers. Everyone will be required to just answer as honestly as you can.

Please remain seated to answer the questionnaires, which will take you about fifteen minutes to do so. Debriefing will be done when everyone is done.

My Consent to Participate:
By signing below, I confirm my questions have been answered and I consent to participate in this study.

______________________________  ____________________  ___________
Signature of Participant                 Date             Gender

______________________________  ___________
Principal Researcher                                    Date

Participant Number: _________
Appendix 2

Anticipatory Grief Scale

Gender _________

Answer the questions by circling the numbers 1-5 against all of the items below. The numbers represent your response.

<table>
<thead>
<tr>
<th>Questions</th>
<th>Survey scale: 1= strongly disagree, 2=disagree, 3= neutral, 4= agree, 5=strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>At the time I experienced the anticipatory grief:</td>
<td></td>
</tr>
<tr>
<td>I daydreamed about how life with my loved one was before the diagnosis was</td>
<td>1  2  3  4  5</td>
</tr>
<tr>
<td>made.</td>
<td></td>
</tr>
<tr>
<td>I felt close to my loved one who was dying.</td>
<td>1  2  3  4  5</td>
</tr>
<tr>
<td>I seemed to be more irritable than before my loved one’s illness.</td>
<td>1  2  3  4  5</td>
</tr>
<tr>
<td>I was preoccupied with thoughts about my loved one and his/her illness.</td>
<td>1  2  3  4  5</td>
</tr>
<tr>
<td>I discovered new personal resources since my loved one’s illness</td>
<td>1  2  3  4  5</td>
</tr>
<tr>
<td>was diagnosed.</td>
<td></td>
</tr>
<tr>
<td>I very much missed my loved one the way he/she used to be.</td>
<td>1  2  3  4  5</td>
</tr>
<tr>
<td>I felt very much alone since the diagnosis was made.</td>
<td>1  2  3  4  5</td>
</tr>
<tr>
<td>I was able to move ahead with my life.</td>
<td>1  2  3  4  5</td>
</tr>
<tr>
<td>I blamed myself for my loved one’s illness.</td>
<td>1  2  3  4  5</td>
</tr>
<tr>
<td>I found it hard to concentrate on my work since the diagnosis was</td>
<td>1  2  3  4  5</td>
</tr>
<tr>
<td>made.</td>
<td></td>
</tr>
<tr>
<td>I had the personal resources to help me cope with my loved one and his/her</td>
<td>1  2  3  4  5</td>
</tr>
<tr>
<td>illness.</td>
<td></td>
</tr>
<tr>
<td>I had periods of tearfulness as I thought about the course of my</td>
<td>1  2  3  4  5</td>
</tr>
<tr>
<td>loved one’s illness.</td>
<td></td>
</tr>
<tr>
<td>I felt detached from my loved one.</td>
<td>1  2  3  4  5</td>
</tr>
<tr>
<td>I felt a need to talk to others regarding my loved one’s illness.</td>
<td>1  2  3  4  5</td>
</tr>
<tr>
<td>I felt it is unfair that my loved one was dying.</td>
<td>1  2  3  4  5</td>
</tr>
<tr>
<td>I found it hard to sleep.</td>
<td>1  2  3  4  5</td>
</tr>
<tr>
<td>No one will ever take the place of my loved one in my life.</td>
<td>1  2  3  4  5</td>
</tr>
<tr>
<td>I avoided some people since my loved one’s diagnosis was made.</td>
<td>1  2  3  4  5</td>
</tr>
<tr>
<td>Statements</td>
<td>Scale 1</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
<td>---------</td>
</tr>
<tr>
<td>I felt I had adjusted to my loved one’s illness.</td>
<td>1</td>
</tr>
<tr>
<td>Since my loved one was diagnosed, I found it more difficult to get along with certain people.</td>
<td>1</td>
</tr>
<tr>
<td>I wondered what my life would be like if my loved one had not been diagnosed.</td>
<td>1</td>
</tr>
<tr>
<td>I felt more competent since my loved one was diagnosed.</td>
<td>1</td>
</tr>
<tr>
<td>I got angry when I thought about my loved one’s dying.</td>
<td>1</td>
</tr>
<tr>
<td>Since the diagnosis was made for my loved one, I didn’t feel interested in keeping up with the day-to-day activities (television, newspapers, friends).</td>
<td>1</td>
</tr>
<tr>
<td>I was unable to accept the fact that my loved one was dying.</td>
<td>1</td>
</tr>
<tr>
<td>I was then functioning about as well as before my loved one was diagnosed.</td>
<td>1</td>
</tr>
<tr>
<td>I was planning for the future.</td>
<td>1</td>
</tr>
</tbody>
</table>
### Appendix 3

**Bereavement Experience Questionnaire-24**

By

CHARLES A. GUARNACCIA AND BERT HAYSLIP

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University of North Texas, Denton

<table>
<thead>
<tr>
<th>Questions</th>
<th>1= never, 2= sometimes, 3= often, 4= almost always</th>
</tr>
</thead>
<tbody>
<tr>
<td>How often did you experience this feeling or thought in the past?</td>
<td></td>
</tr>
<tr>
<td>Felt life has no meaning</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>Lost my religious faith</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>Lost interest in my work</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>Thought I was losing my mind</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>Lost interest in activities I previously cared about</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>Felt like I was watching myself go through the motions of living</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>Felt a need to be emotionally close to someone</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>Felt emotionally distant from people</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>Felt afraid to be alone</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>Thought I contributed to the death</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>Felt that some person was responsible for the death</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>Felt guilty about some things I said or did after the death</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>Thought that there are some very real reasons why I feel guilty</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>Felt guilty about things I did/said before the death</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>Felt angry at myself</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>Felt guilty about little, unimportant things</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>Felt angry at the deceased person</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td></td>
<td>1</td>
</tr>
<tr>
<td>------------------------------</td>
<td>-----</td>
</tr>
<tr>
<td>Felt unable to recall the deceased's image</td>
<td></td>
</tr>
<tr>
<td>Found myself searching for the one who died</td>
<td></td>
</tr>
<tr>
<td>Yearned for the deceased person</td>
<td></td>
</tr>
<tr>
<td>Felt the deceased was/is guiding me</td>
<td></td>
</tr>
<tr>
<td>Spent time looking at deceased's pictures, clothing, belongings</td>
<td></td>
</tr>
<tr>
<td>Was preoccupied with thought of deceased person</td>
<td></td>
</tr>
<tr>
<td>Could not bear to sort or part with the deceased's belongings</td>
<td></td>
</tr>
</tbody>
</table>
Appendix 4

Debriefing form

This study is concerned with finding the relationship between anticipatory loss and grief and psychological adjustment among young adults. Thank you for having participated in the survey questions.

The tasks that was required of you was to answer the two questionnaires that had a total of 51 items/questions. In the event that answering the questions had any effect on you whatsoever e.g. caused distress, please visit the counseling centers on the campus of United States International University- Africa for professional help and support.

Please rest assured that the data collected will maintain confidentiality as well as privacy; no identifying information will be recorded in the findings and the final written record. In any case that the participant would like more information about the research study or any inquiries about outsourced counseling support, you may contact Husna Walji on husnawalji@gmail.com

Once again, thank you for your valuable participation.

Sincerely,

Walji, Husna Mohamed