

AN ABSTRACT OF THE DISSERTATION OF

Ruth Kinyuy Lange for the degree of Doctor of Philosophy in Counseling presented on December 9, 2016

Title: Psychological Elements of Trauma and Grief among Young Bansa Widows in Cameroon.

Abstract approved:

Cass Dykeman.

Because of disease, industrialization, and regional conflicts, young widowhood is an expanding phenomenon in many parts of the world. Young widows face many challenges that can lead to mental health problems. The young widows have to make adjustments to fit their new roles as bread winners of the families, having to play both parental roles and also other roles required by extended family members and the community. In this dissertation, young widows are defined as women under the age of 46 whose husbands died suddenly, or after a protracted illness. These survivors are at a greater risk of psychiatric and mental health issues. Such mental health conditions experienced by surviving spouses include, but are not limited to, PTSD, depression, and anxiety. These issues can in turn cause a prolonged period of grief or even complicate existing grief level. The grieving process is usually characterized by stages of denial, resistance, sorrow, and acceptance.

The country of Cameroon has not been immune from this deleterious expansion of young widowhood. Although the experiences of widowhood have been documented, to date relatively little research about widows in Cameroon has been

accomplished. As such, little information is available regarding the experiences of widows in Cameroon. This knowledge gap leaves young widows in this country vulnerable to structural forces that can exacerbate mental health issues. As such, a study was undertaken to look at two psychological sequela of young widowhood. This study examined these sequelae through the lense of the experiences of young widowhood in one tribe. Specifically, the Banso (i.e., the Nso of the Bamenda Grassfields in the Northwest Region of Cameroon). The two psychological sequela were: (1) post-traumatic stress disorder (PTSD), and (2) grieving style.

In order to document the participants' PTSD and grieving patterns, a cross-sectional, observational study was conducted. The PTSD Diagnostic Scale (PDS) was used to provide a brief but reliable self-report measure of post-traumatic stress disorder (PTSD) among study participants. Although the PDS has four parts, only Part 3 was used for this study. This part is a 17-question survey listing problem areas related to experiences of very stressful and traumatic experiences. The validated Grief Pattern Inventory (GPI) was used to determine the grieving styles of the study participants. Participants included 51 widows from ages 18 to 46 years, residing in a small commune in the Northwest Region of Cameroon. These widows were part of a widows' self-help group that meets once a month.

Findings indicated that 72% of the target population met established criteria for a PTSD diagnosis. The results of the current study also show that 55% of the young Banso widows' grieving styles were intuitive and 39% was blended. These findings have counseling, treatment, policy, social justice, and research implications. The current study presented some of the first details on two

psychological sequela of young widowhood in an African setting. Three implications emerged from these details. First, the prevalence results point to need for advocacy for mental health awareness. Second, the diversity of grief styles encountered suggests the need for further grief education amongst both lay people and health professionals. Third, the presence of varying grief styles advances the idea that treatments specifically tailored to the different styles requires development.

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Psychological Elements of Trauma and Grief among
Young Bansa Widows in Cameroon

by

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I understand that my dissertation will become part of the permanent collection of Oregon State University libraries. My signature below authorizes release of my dissertation to any reader upon request.

Ruth Kinyuy Lange

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DEDICATION

I dedicate this dissertation in memory of my beloved father Joseph Ngah Lange, whose untimely death inspired me to investigate the mental health issues that young widows face as a result of the death of their spouses. My father taught me that education is my passport to freedom and respect. He always told me that if I wanted to be respected in society, by my spouse, in my place of work, and in the community, I needed to have a higher level of education and knowledge about life in general. My father was an educator and a great leader. He impacted lives through his work and leadership. He was a servant leader and I am following in his footsteps. I stand on my father's shoulders and I know that he continues to watch over me and my children every moment of our lives. I know I have made you proud with this PhD. I love you Papa.

Chapter 1: Introduction

In their writings, Ferraro, (1989), and Stroebe & Stroebe, (1993) state that bereavement has been identified as one of life's most stressful events (as cited by Bennet and Soulsby, 2012), resulting in a variety of adjustment challenges for young Bansa widows. Young widows have been characterized as women less than 47 years of age whose husbands have died suddenly (Vachon, 1976). Several studies have examined bereavement consequences among widows, whether the death of their husband occurred early or in his midlife, particularly when the demise was untimely (Marris, 1958; Parkes, 1992; Parkes & Weiss, 1983). Bennet & Soulsby (2012) report that widowhood is commonly experienced by women (i.e., widows) and men (i.e., widowers) usually in their later stages of life (that is, by those over 65 years of age). For example, in Great Britain more than 36% of all people aged 65 years or older are widowed, (Office of Population Census and Survey [OPCS], 1990). According to the report from OPCS, 1990, it is estimated that more than one-third of elderly people will face widowhood and bereavement implications (as cited by Bennet & Soulsby, 2012). Although widowhood most often occurs in later years, the circumstances often dictate varying challenges among survivors when a spouse dies at an earlier age (Lowe & McClement, 2010). Challenges that young Bansa widows may experience include declines in their mental health status. For example: post-traumatic stress disorder or PTSD, anxiety, and depression (Jacobs et al., 1989), short-term declines in physical health (Ferraro, 1989),

limited social participation and interactions (Dimond, Lund, & Caserta, 1987), and premature mortalities (Jones & Goldblatt, 1986).

The death of a loved one is generally very painful especially if the individual has died suddenly. The death of a spouse is no exception. According to Barrett (1977), the death of a spouse is consistently seen as a major source of stress requiring more readjustment than any other event in life. The tangible and intangible losses experienced due to the death of a spouse are numerous, complex, confounding, and often result in cumulative effects (Diguilio, 1992). Hiltz (1977) and Diguilio (1992) categorized widowhood implications across the following three areas: financial, emotional, and social crisis. These areas are very much related and can give rise to bereavement and grief such as withdrawing to survive the separation and loss. Parkes and Weiss (1983) reported that younger widows suffer more psychologically, while older widows experience more physical problems. Some of the psychological stressors that young widows experience include: (a) sleep disturbance, (b) loss of appetite, (c) depression, (d) generalized anxiety and fear, (e) feelings of guilt, (f) indecision, (g) poor memory, (h) emptiness, (i) bitterness, and (j) hopelessness (Bowlby, 1980). Loneliness is another significant problem that most young widows face (Caine, 1978). Similar to non-widows, young widows have a need and desire for emotional intimacy. However, the young widow's desires are most often not met because her spouse is no longer available. While younger widows are faced with financial insecurities and the burden of raising their children alone (Guckin, 2002), they have also been identified as experiencing greater levels of depression (Blanchard, Blanchard, & Becker, 1976; Zisook & Schuchter, 1991), more severe grief reactions (Ball, 1977), and lower morale (Kowalski & Bondmass, 2008).

The remainder of Chapter 1 contains a review of the literature discussing the demography of Jakiri—the location of the study site, traditional mourning practices, causes of death among African men, and grief styles. More specifically, the subsequent sections of the chapter will (a) present select demographics for the town of Jakiri, the study site location; (b) review the literature describing Cameroon funereal and mourning traditions; (c) examine the literature on the etiology of death among African men; (d) discuss the theory of instrumental and intuitive grief styles as a context lens for understanding bereavement implications among the target population (i.e., young Bansa widowers); and (e) discuss the Grief Pattern Inventory-Revised (GPI-R) and Post-Traumatic Stress Disorder (PTSD) Diagnostic Scale (PDS) as a valid and reliable instruments to measure grief styles and screen for the presence of PTSD, respectively.

Demography of Bui Department and its Marital Culture

Bui Department is an area in the Northwest region of Cameroon. This area is considered to be a division that has a population of more than 350,000 inhabitants. One of the main dialects of the people in this region is Lamso. However, given the development and diversity of its population, many other languages are spoken, including English, Pidgin English, Hausa/Fulfulde, and French. The current inhabitants of Bui Department consist of people from different parts of the country with different cultures, religious beliefs, tribes, and professions. Due to the diversity of this district, there are many people from different tribes all over Cameroon that reside in Bui Department. The main occupation of the people is farming. Bui Department is part of the larger Nso' culture and pays homage and respect to the Fon (traditional ruler who is also considered a royal) of Nso'.

The information in this section is reported from a study conducted by Lantum (1976), which focused on the nuptiality in a representative commune of this department. The study consisted of a cross-sectional survey of 237 couples who married during the 2-year period of 1976-1978. The study found that there is a significant contrast between men and women's modal ages at marriage. Following the marital culture, it was certain that the young people in the Bui Department hardly ever marry in their age groups. The study showed that the males preferred much younger girls, while the girls preferred much older men. This observation is consistent with the cultural expectations of manhood in the Bui Department community, which states that a young man must be psychologically mature and demonstrate a certain degree of socio-economic stability before he can marry. Young men in the Bui Department community are expected to detach themselves from their parents, own their own home, learn a trade, and ensure a reliable and visible source of income. Young men also voluntarily take part in social and psychological competition of wife seeking. The study also found that only about 53% of the males in the study presumably completed these criteria before the age of 30. This situation, of course, imposes a generally large age difference between the husbands and wives. Perhaps the main determinant of mate selection in this instance is the sense of marriage responsibility rather than "falling in love," which is a common theme among the younger people.

Inferences from the study also showed that the females were perceived as being socially, psychologically, and biologically more mature at a younger age than their male counterparts. This may explain why they take on marriage responsibilities as early as 15 to 17 years of age. Of the 237 couples surveyed, there were 224 cases where the husbands were older than their wives. Further investigation on the age differential between the

couples, using five-year age difference intervals, found that the difference range was from 1-50 years. Other key findings were that: (a) 72 couples had husbands who were 5-9 years older than their wives, (b) 51 couples had husbands who were 1-4 years older than their wives, (c) 37 couples had husbands who were 10-14 years older, (d) 15 couples had husbands who were 15-19 years older, (e) 13 had husbands who were 20-29 years older, and (f) 13 had husbands who were 30-34 years older than their wives. The remaining 10 couples had husbands who were more than 35 years older than their wives. In general, 45% of husbands were at least 10 years older than their wives. About 11% of husbands were at least 30 years older than their wives. The mean was 11.3 years for the two years of study; the mean was 12.5 years for 1976/77 and 9.6 years for the year 1977/78.

Another factor of the marital culture in Cameroon is that childbearing females are handed over to an adult male who is considered ready to perform the functions of a husband for the good of the entire community or society, or a male who is just in need of a wife (Lantum, 1976). Considering these factors, society builds in social privileges and guarantees for the viability of the marriages. In this light, adults are therefore considered marriage market commodities where widows are usually few because the death of a husband does not usually make the widow available for another marriage since wife inheritance is widely practiced in many African cultures (Lantum, 1976).

Ya'akov (2004) reported that almost 50% of the adult females in the North African Jewish communities of Ottoman Palestine were widows; there were nearly two adult women for each North African Jewish male in the country. While taking into account the numerous risks in childbirth, mortality rates were still higher for men. This rate can perhaps be attributed to men more often working in unprotected places and in

hostile populations when compared to women who mostly worked in their homes or the homes of their employers. One of the factors contributing to the numbers of these widows is the age difference between spouses, which tends to rise with second and third marriages. Men aged 30 or 40 married girls of 10 and 12, and men as old as 80 or 90 married women who were just old enough to bear children. These practices made it easy for women to become widows at an early age and left them with fewer possibilities for remarriage (Bensimon-Donath, 1968).

Due to the marital culture of the older men marrying younger girls, older males who die leave young widows with enormous responsibilities. These responsibilities include taking care of themselves and the children. These women often face mental health issues and multiple life challenges. Most of the times, they do not have an understanding and awareness of the symptoms of mental health problems and how to manage them appropriately. It is important to note that, although the giving away of daughters for marriage by the parents or marriage guardians is still a common practice, the choice of a husband is increasingly becoming the responsibility of the daughters themselves (Fanso, 2011)

In the face of increased economic individualism and the women's emancipation movement, which was fostered by the introduction of foreign human rights legislation into the emerging African legal systems, there has been a decrease in the practice of "arranged marriages" in the Bui Department of Cameroon and Africa as a whole (Fanso, 2011). According to Lantum (1976), 92% of the women in the study reported farming as their principal occupation from 1976 to 1978. Given the increase and diversity of the population, the embrace of technology, infrastructure development, more women going

to school, and people becoming more open minded, women seem to be more self-reliant, taking on trades like sewing, cosmetology, retail businesses, nursing, and clerical work. This self-reliance has also reduced to some extent the level of poverty among the widows and women of this region in general. A study needs to be conducted to see if that is still true and to what extent the culture of arranged marriages is still respected.

Impact of Traditional Mourning Practices

The impact of traditional mourning practices upon bereavement is multifaceted. Many African women (just like many women around the world) do not look forward to widowhood. The reason is not just because of the pain of losing a spouse and a close relationship, but widowhood come with a lot of Women in Africa dread widowhood not only because it is associated with the loss by death of a loved one (bereavement), but also because it is associated to degrading and excruciating mourning customs. (Ogunbamila & Adeyanju, 2010). Research by Ogunbamila and Adeyanju, (2010) defined “bereavement” as covering emotions and behaviors that encompass the grief and mourning of an individual whose loved one has died. On the other hand, Ogunbamila and Adeyanju, (2010) continued that “Grief refers to the emotional responses, especially distress, caused by any loss, including an approaching death and the death itself, while mourning relates to actions usually related with grief” (p. 645).

Research by Rosenblatt and Nkosi (2007) on Zulu widows reported that many survivors residing in South Africa lived in poverty and appeared to grieve more about poverty than about their husbands. For some of these widows “grief seemed much more about finances than about love and emotional attachment” (Rosenblatt and Nkosi, 2007, p. 75). The traditional mourning practices seemed to be a distraction from the

grieving process for some of these widows. The widows would be pre-occupied with following the instructions/prescriptions of the older widows and making sure that they abide by all the rules and demands of these veteran widows instead of truly grieving. The young widows will want to please the older widows in order to avoid disapproval and potential harsher treatment from them during the allocated mourning period (Kyei, 1992). Some of the widows spoke about feelings of unreality and grieving in ways similar to reported feelings of young widows in economically developed societies such as North America, Europe, and Australia. Some of the similar experiences are (a) feeling loss of companionship, hopes, dreams, family relationships (Lowe & McClement, 2010); (b) higher levels of depression among young widows (Blanchard et al., 1976; Zisook & Schuchter, 1991); (c) financial insecurities and the challenge of raising children (Guckin, 2002, as cited in Lowe and McClement, 2010); (d) more severe grief reactions (Ball, 1977); and (e) lower morale (Kowalski & Bondmass, 2008, as cited in Lowe and McClement, 2010). There seem to be similarities in the mourning customs across African cultures, from the sub-Saharan African widows (Adetunji, 2001), to the North African widows (Ya'akov, 2004), to the South African widows (Roseblatt & Nkosi, 2007), and finally to the West African widows (Ogunbamila & Adeyanju, 2010). They all have mourning traditional rites and periods of mourning, which usually last a year.

Some of the mourning rites in the Banson tribe in Cameroon, just like in some other parts of Africa, include sitting in a corner on the floor for seven days with the widow's head bent facing down; the widow is not allowed to bathe for seven days or to shake hands with any males. The widow is often considered the prime suspect for the death of her husband and more often than not she and her children are evicted from their home. If

the late husband has a brother, he can inherit the widow for his wife. The widow is expected to shave her head two days after the husband is buried.

These dehumanizing and hurtful practices can lead to some psychological problems. For example, the widows in Cameroon and especially those of the Banso tribe, similar to South African Zulu widows are “seen as contaminated with death and dangerous to others” (Rosenblatt & Nkosi, 2007, p. 78). For this reason, the widows would customarily wear what is considered “mourning garments” for a period between six months and a year after the loss of their spouses. Men who have lost their spouses and children who have lost a parent do observe some of the mourning ritual but their observance is a little different and less pervasive like those observed by the widows. The mourning rituals for bereaved men are less demanding. (Carton, 2003).

Most cultures in Africa and especially in Cameroon have gender stereotypes that put women at a disadvantage and often cause them to suffer from depression and anxiety (Rosenblatt & Nkosi, 2007). There seems to be little or no help put in place (depending on the country, town or village) for women to cope with the problems they face as a result of widowhood, and many people in the community have little understanding of some of these mental health issues. The West African widows have a tendency to suffer from emotional problems such as depression, anxiety, and stress (Sossou, 2002). There is also a possibility that the customs and traditions surrounding the mourning of a husband, and the expectations and demands upon the widow, can result in complicated grief (Fasoranti & Aruna, 2007).

Ungar and Florian (2004), found that some research had reported on the importance of social support to widows’ adaptation to spousal bereavement. In their research, Stroebe

and Stroebe (1993), also reported the vital role that social support plays in the lives of widows as well as married women. A study by Wortman, Silver, and Kessler (1993), however, did not find “a direct correlation between the widows’ subjective perception of their support and adaptation”.

Causes of Death Among African Men

Common causes of death for men in Africa include HIV/AIDS, alcoholism, heart attack, and other chronic illnesses (Ungar & Florian, 2004). The most stigma and shame is assigned to death by HIV/AIDS (Ashforth, 2005). The percentage of young widows in countries with high HIV/AIDS prevalence rate is higher than in countries with lower prevalence rates (Adetunji, 2001). HIV/AIDS is an expensive cause of death in Africa and the disease usually results in a reduction of work hours and consequently a loss in income for the family (Ungar and Florian, 2004). Therefore, at the time of death of their spouses, most of the African widows might be owing many people including family members, friends, banks, hospital bills and other organizations where they could possibly borrow money. Worse still, property inheritance norms in some Africa cultures like in the Ijaw tribe in Nigeria (Adeyanju & Ogungbamila, 2013), the Zulu tribe in South Africa, (Rosenblatt & Nkosi, 2007), and in the Bansa tribe in Cameroon, may place the widows at a predicament as kinsmen of the deceased would divide the property of the deceased to his children (preferably sons) and to his surviving siblings (Adeyanju & Ogungbamila, 2013). Examples of some of the inheritance include houses, life insurance policies, furniture, television and any other tangible assets (Owen, 1994). Some of the deceased man’s family could also claim his pension, livestock, equipment, land, and any other valuable assets he might have owned.

The death of a husband could also be attributed to witchcraft in most African societies and this is no different in the Bansa tribe. In her study, Ashforth (2005) reported that death by witchcraft made perfect sense in the Zulu culture.

This explanation means that the “death was caused by the malevolence of someone quite possibly known to the deceased and perhaps to the widow. A death by witchcraft may, like a death by murder, lead to feelings of anger and may call for revenge” (Rosenblatt & Nkosi, 2007, p. 74), and therefore could affect the grieving process of the widow.

Theory of Instrumental and Intuitive Grief Styles

Most of the information in this sub-section was taken from Martin and Wang’s 2006 pilot study of the development of a tool to measure instrumental and intuitive styles of grieving, and also from Doka and Martin (2010). In past decades, some experts in the area of bereavement and grief have challenged what they termed the “grief work hypothesis” which suggested that healthy grieving is accomplished only through openly expressing intense feelings (Stroebe, 1997; Wortman & Silver, 1989). This rigid characterization of grief has led many mental health professionals and others to categorize many men and some women as not grieving properly (Martin and Wang, 2006). In their 2000 book “Men Don’t Cry...Women Do: Transcending Gender Stereotypes of Grief”, Martin and Doka defined grief as

“psychic energy created by an individual’s desire to maintain her world before the loss, to accommodate the changes caused by the loss, and to incorporate these changes into her new world” (pp. 14-15). This psychic energy of grief, caused by the loss of a loved one or any loss experienced by an individual, can be converted into physical, affective, spiritual and cognitive domains (Martin & Doka, 2000). Some of the physical reactions that an

individual can have while grieving include, but are not limited to: bodily aches and pains, and malaise (Lindemann, 1944; Parkes, 1987). Grief may also be experienced in the form of guilt, sadness, relief and/or hopelessness (Raphael, 1983; Sanders, 1993). Reevaluating beliefs and finding meaning of the loss has also been observed as spiritual reactions to grief (Doka 1994). Cognitive reactions to grief in forms of dreams or hallucinations related to the deceased can also be experienced (Worden, 1991).

Based on the different ways that people experience grief, Martin and Doka (2000) asserted that gender may influence grief but it alone cannot decide the way an individual grieves (pp 99-100). They concluded that there are two major patterns of grief: Instrumental and Intuitive (2000, p.31). In their previous writings on grief, Martin and Doka (1996), pioneered the concepts of “masculine” and “feminine” grief styles, but changed the names of the styles once it became clear that grief style was not gender-determined. Their proposed model of adaptive grief styles emerged: a continuum model of grieving, with the intuitive style on one end of the continuum, the instrumental style on the other end and the blended style in the middle. The instrumental and intuitive grievers contrast “in terms of the experience of grief, the expression of grief, and the primary adaptive strategies that grievers choose to adjust to their losses” (Martin & Doka, 2000, p. 29). The intuitive grief pattern is an emotional and affective expression of grief. Intuitive grievers often express the pain from their loss through tears and develop symptoms such as but not limited to “depressed mood, confusion, anxiety and loss of appetite” (Martin & Doka, 2000 p. 37). The main way that they adapt to loss is by sharing their feelings with others. Some of the expert of grief work found that more women than men demonstrate the intuitive grief style (McDowell, Stillion, Doka, Martin, & Stillion,

1998). It has been found that more women than men use self-help groups, Osterweis et.al., (1984), and some possible reasons for this is that men have been known to be more exclusive, rational and self-analyzing, intellectual when grieving (Cook, 1988; Hogan & Balk, 1991; Lang & Gottlieb, 1993).

The instrumental grief style is associated with thinking, acting, and less with expression of strong emotion. Instrumental grievers often yearn to own their feelings (Martin & Doka, 2000). Here, emotions associated with grief are expressed more in a physical manner such as restlessness, cognition or action. Some of the adaptive ways that instrumental grievers use tend towards cognitively processing and immersing themselves in related activities (Martin & Doka) The two noted that “Instrumental grievers tend to direct their psychic energy to activities while grieving” (Martin & Doka, 2000, p. 4). A good example will be from Glick et. al., (1974) who found that widowers try to be practical and concentrate on solving the problems that come as a result of the loss, such as taking charge of the household and caring for the children (Martin & Wang 2006). It is worth noting that instrumental grievers do experience feelings, although emotions are typically more modulated and private. Some instrumental grievers simply address their feelings by redirecting their energies toward resolving the problems generated by the loss. Anger is an emotion that instrumental grievers are more “willing to express especially when their efforts to implement their adaptive strategies are thwarted or misunderstood. They value maintaining more control over their behaviors and are usually more uncomfortable sharing their feelings with others” (Martin & Doka, 2000. pp. 69-72). It is important to note that Martin & Doka believe that “the two patterns represent

differences in degree, not kind and it is extremely rare to find people who belong purely to either type” (2000. p. 32).

The blended grief pattern lies in the middle of the continuum and “represents a balance between the intuitive and instrumentals styles. It is also difficult if not impossible to find people with a perfectly blended style. Most blended grievers include more of one extreme than the other” (Martin & Wang, 2006. p. 266). Doka and Martin (2011) gravitated from viewing gender as the principal determinant of grief style, to seeing the roles that gender, personality and culture play in shaping these patterns.

Doka and Martin (2011) identified and described three factors that influence the grieving styles in both males and females. These factors include: (a) personality, (b) gender role socialization, and (c) culture. A person’s personality is based on the sum of an individual’s distinguishing personal qualities. These qualities can naturally propel someone toward an intuitive style while others might be more inclined toward the instrumental grieving style. Also, gender role socialization is a very important determinant of grieving styles. Given that individuals are socialized based on gender role expectations from birth, there are some acceptable limits to emotional expression as well as ways that males and females are expected to respond to loss. In many cultures gender role standards other ways that the culture influences grief and the styles in which grief is experienced and expressed. Culture affects other aspects of the grieving process as well, like the cultural norms in many African cultures, which might influence how males and females grieve.

The professional literature reports a variety of traditional mourning rituals among females in Africa. One common ritual involves a widow wearing a charm for the entire 40-day funeral celebration period to protect her from the deceased. It is believed that such charms (a) preserve the mental balance, and (b) keep the bodily organs, genitals in particular, unimpaired (Kyei, 1992). Other common rituals involve: (a) the preparation of the corpse and laying it in state, and (b) women serving as channels or mediums of communication with the deceased (Kyei, 1992). For example, while a husband lies in state, it is common for the widow to sit on the floor with the other family members and cry in loud voices. During this period, a new widow's actions are governed, regulated, and dictated by a female (usually a more experienced and older) attendant. The emphasis of the attendant's guidance is on external emotional expression. For instance, an attendant might instruct the widow to not greet or talk to anybody without her permission. These descriptions suggest a cultural pull toward the formation of an intuitive grieving style because the focus of these rituals is on external emotional expressions. However, no research literature presently exists to answer this question.

Description of Manuscript #1

Rationale for the manuscript. The purpose of this study was to examine and document posttraumatic stress disorder (PTSD) levels among young Banso widows.

How manuscript addresses research gap. The scholarly literature is void of research examining PTSD (presence versus absence) among young Banso widows in Cameroon, and in Africa as a whole. Given the dearth of knowledge about this vulnerable population, a closer examination is needed.

Target journal for publication. *African Journal of Trauma*. The journal influence factor is 0.24.

Statement of research question. Three research questions guided this study. The first question was: What is the prevalence rate of PTSD for young Banso widows in Cameroon (using a cutoff score of 16)? The second research question was: What are the prevalence rates of PTSD symptom severity categories (0 = no rating, 1 – 10 = mild, 11 – 20 = moderate, 21 – 35 = moderate to severe, 36+ = severe)? And the third research question was: Does the prevalence rate of moderate to severe PTSD symptoms amongst Young Banso widows in Cameroon differ from the moderate to severe PTSD symptoms prevalence rate reported for a general population of African Women (i.e., 4.9%)?

Description of the methodology. In order to document the level of PTSD among young Banso widows in Cameroon, a cross-sectional, observational study was conducted. This study was conducted following the STROBE protocol (Vandenbroucke et al., 2007). This design employs a convenience sample. This sample was appropriate and convenient for this study because the researcher attempted to raise awareness and document any traumatic experiences that these widows would have faced or are still facing after the death of their spouses. These traumatic experiences might affect the way that they grieve. It was also important to document the PTSD levels to be able to contribute to the development and implementation of adequate types of interventions, assist in the development of mental health programs, and develop adequate policies regarding human rights and mental health issues of women in Cameroon.

Description of Manuscript #2

Rationale for the manuscript. The purpose of this study was to examine grief patterns among young Banso widows in Cameroon, Africa.

How manuscript addresses research gaps. Several reasons exist that justify investigating young Banso widows' grieving styles. First, there is a dearth of scholarly literature on this subject. Bennett (1997) suggested that one of the issues that need to be addressed is the assessment of the mental health needs of widows. Sossou (2002) also noted the importance in examining the effects of psychological oppression and widowhood practices in the West African societies. Second, the generalizability of Doka and Martin's (2010) influential theory of instrumental, blended, and intuitive grief styles to an African context is unknown. Third, this study can give a voice to an undermined and understudied group of women in the Cameroonian community (Creswell, 2007).

Target journal for publication. *Journal of Loss and Trauma*. The impact score of this journal is: 0.707

Statement of Research Question. Two research questions guided this study. The first question was: What is the frequency of each grieving style within young Banso widows in Cameroon? The second one was: Does the percentage employing a certain grieving pattern differ from an even bimodal distribution?

Description of the methodology. In order to document the grieving patterns among young Banso widows in Cameroon, a cross-sectional, observational study was conducted. This study was conducted following the STROBE protocol (Vandenbroucke et al., 2007). This design employed a convenience sample. Such a sample was appropriate and convenient for this study because the researcher wanted to raise

awareness and document any human rights issues based on the mourning rituals and customs that these widows would have faced or are still facing as a result of the death of their spouses. It is also important to document the grieving patterns to be able to contribute to the development and implementation of adequate types of interventions, assist in the development of mental health programs, and develop adequate policies and adjustments regarding human rights and mental health issues of women in Cameroon.

An a priori power analysis for chi-square goodness of fit test was completed by employing G*Power 3.1.9.2 (Faul, Erdfelder, Buchner, & Lang, 2009). The effect size for this type of analysis is Cohen's w (Cohen, 1992). The specific effect size was the average Cohen's w reported by Harned, Najavits, and Weiss (2006). The input parameters were: (a) test family = 2; (b) statistical test = goodness of fit tests: contingency tables; (c) type of power analysis = *a priori*: compute required sample size given α , power, and effect size; (d) $w = 0.52$; (e) power ($1 - \beta$ err probability) = 0.90; (f) $\alpha = .05$; and (g) degrees of freedom (df) = 2. The G*Power output noted a sample size of 47 and an actual power of 0.95.

The thematic linkage between the two manuscripts is four-fold. Specifically, the linkages are: (a) establishing baseline levels of critical mental health issues of young widows in Cameroon (i.e., PTSD and grief), (b) raising awareness on social justice and human rights issues for young widows in Cameroon, (c) experiences of young widows in Cameroon around mental health, and (d) giving attention to the topics of grief styles and PTSD levels of the young Bansa widows will better inform service providers and law makers about the unique needs and experiences of this vulnerable population. An in-depth examination of these four areas will be found in the research manuscripts.

Layout of this Dissertation

This dissertation is divided into four chapters. Chapter 1 is the general introduction and summaries of the studies providing information on their backgrounds, the literature reviews, a brief description of the methodologies, and a description of how the studies are thematically linked. A glossary of the key terms is also provided. Chapter 2 is a report of the original report of a research manuscript. Chapter 3 is a report of the original report of a research manuscript. Chapter 4 presents a general conclusion of the dissertation providing the results, a discussion of the research process for both studies, and the implications of the results for both studies. The bibliography section contains all the references cited in the dissertation and other sources reviewed.

Glossary

Banso. A tribe in Bui Division, in the North West Region of Cameroon, West/Central Africa.

Blended Grief Style. Blended or mixed grievers use a combination of intuitive and instrumental grieving styles but may gravitate more towards one style- either the intuitive or instrumental style.

Cameroon. A country located in the West Central part of Africa.

Instrumental Grief Style. This is an adaptive grieving style based more in physical, cognitive or action strategies and less focused on emotion.

Intuitive Grief Style. This is an adaptive grieving style based more in emotional experience and expression of grief.

Young Widow. These are women under the age of 46 whose husbands died suddenly or through protracted illnesses.

Chapter Two: A Research Manuscript

The Prevalence of PTSD Among Young Bansa Widows in Cameroon

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Abstract

There are an estimated 250 million widows across the globe, and more than 500,000 of these individuals are projected to reside in Cameroon. Despite these statistics, to date relatively little research about widows in Cameroon has been accomplished. As such, little information is available as to the mental health status of Cameroonian widows. The purpose of the current study was to examine and document post-traumatic stress disorder (PTSD) levels among the young Banso widows in Cameroon. This design employed a convenience sample. Findings indicated that 72% of the target population met established criteria for a PTSD diagnosis. This rate was three times the known PTSD rate among widows in the United States. Select social justice and human rights implications were discussed.

Keywords: Post-traumatic Stress Disorder (PTSD), PTSD Diagnostic Scale (PDS), Young Banso Widows, Mental Health Issues

The Prevalence of PTSD Among Young Bansa Widows in Cameroon

The death of a loved one is generally very painful and traumatic, especially if the individual has died suddenly. The death of a spouse is no exception. When survivors lose a spouse at a young age, additional challenges are oftentimes realized (Lowe & McClement, 2010). According to Barrett (1977 p. 24), “the death of a spouse is consistently seen as a major source of stress requiring more readjustment than any other event in life”. Vachon (1976) defined young widows as women under the age of 45 whose husbands died suddenly” (as cited in Lowe and McClement, 2010 p. 263). Vachon found that these survivors are at a greater risk of psychiatric and mental health issues. In this dissertation, the age of participants was increased to 46 to make it possible to achieve the requisite number of participants. Such mental health conditions experienced by surviving spouses include, but are not limited to, PTSD, depression, and anxiety. These issues can in turn cause a prolonged period of grief or even complicate existing grief levels.

There exists solid research that PTSD is a known sequela of widowhood experiences (Shear & Smith-Caroff, 2002; Zisook, Chentsova-Dutton, & Shuchter, 1998). However, research literature is relatively void of information on psychological grief and trauma among young widows—especially in an African context. Hence, the need to document the prevalence rate of such psychological phenomenon in an African young widow population.

To prepare for this study, a review of the literature was carried out on articles related to young widowhood and PTSD. The information that emerged in this review formed two topics areas. These areas were: (a) the known psychological consequences of

young widowhood, and (b) the nature of the specific African cultural context of the participants. After these two topics are explored, the research questions that guided this study will be detailed.

The tangible and intangible losses experienced due to the death of a spouse are numerous, complex, confounding, and often result in cumulative effects (Digulio 1992). Hiltz (1977) and Digulio (1992) categorized widowhood implications across the following three areas: financial, emotional, and social crisis. These areas are related and can give rise to bereavement and grief behaviors such as withdrawing to survive the separation and loss. Parkes and Weiss (1983) reported that younger widows suffered more psychologically, while older widows had more physical problems. Some of the psychological stressors that young widows experience include: (a) sleep disturbance, (b) a loss of appetite, (c) depression, (d) generalized anxiety and fear, (e) feelings of guilt, (f) indecision, (g) poor memory, (h) emptiness, (i) bitterness, and (j) hopelessness (Bowlby, 1980). Loneliness is another significant problem that most young widows face (Caine, 1974). Similar to non-widows, young widows have needs and desires for emotional intimacy. However, the young widow's desires are most often not met because her spouse is no longer available. While younger widows are faced with financial problems and the weight of raising their children by themselves (Guckin, 2002), they have also been recognized to encounter higher levels of depression (Blanchard, Blanchard, & Becker, 1976; Zisook & Schuchter, 1991), lower morale (Kowalski & Bondmass, 2008) and more severe grief reactions (Ball, 1977), (as cited in Lowe & McClement, 2010).

Relatively little research has been conducted relevant to mental health issues (Lowe & McClement, 2010), and more specifically, post-traumatic stress disorder

prevalence among young Bansa widows. It is important to note that most of such research has been conducted in the United States of America and has involved older widows (Blanchard et al., 1976; Boeck, 1991; Derman, 1999; Guckin, 2002; Parkes & Brown, 1972; Shaffer, 1993). Despite the fact that these studies have added instructive knowledge in this area, new knowledge generated cannot be generalized to young widows in Third World Countries, especially in Africa and Cameroon in particular.

In their phenomenological study of five young Canadian widows' experiences, Lowe and McClement (2010) reported the following losses: (a) the loss of companionship, which is also one of the main problems for young widows (Caine, 1974); (b) loss of hopes and dreams; and (c) loss of relationships. Lowe and McClement (2010) also reported that the experience of widowhood significantly affects women's physical and emotional health. According to a qualitative study conducted by Parkes and Brown (1972), physical changes such as sleep disturbances and changes in appetite and weight are experienced. Kowalski and Bondmass (2008), in a cross-sectional, self-reported study involving 271 widows, revealed that physical symptoms such as gastrointestinal changes and pain, as well as psychological problems of anxiety and hopelessness, were experienced by participants. In a study of the impact of age and mode of death on 80 widows between the ages of 18 and 75, Ball (1977) found that widows' ages 18 to 46 years demonstrated grief reactions that were more severe than those of the older widows.

Ya'akov (2004) reported that almost 50% of the adult females in the North African Jewish communities of Ottoman Palestine were widows, and so there were nearly two adult women for each North African Jewish male in the country. While taking into account the numerous risks in childbirth, mortality rates were still higher for men. These

high mortality rates can perhaps be attributed to men more often, working in unprotected places and in hostile populations when compared to women who mostly worked in their homes or those of their employers. One of the factors contributing to the number of widows was the age differences between spouses, which tends to rise with second and third marriages. Men age 30 or 40 married girls of 10 and 12, and men as old as 80 or 90 married women who were just young enough to bear children. These practices made it easy for women to become widows at an early age and left them with fewer possibilities for remarriage (Bensimon-Donath, 1968).

The cultural context of this study is Bui District of Cameroon's Northwest region. This area is considered a subdivision or a rural area that has a population of more than 350,000 inhabitants. The main dialect of the people in this district is Lamso. However, given the development and diversity of its population, there are many other languages spoken, including: English, Pidgin English, Hausa/Fulfulde, and French. Due to the diversity of this district, there are people from different tribes all over Cameroon that reside in this district. The main occupation of the people is farming. This district is part of the larger Nso' culture and pays homage and respect to the Fon (the traditional ruler who is also considered a royal) of Nso'.

The information in this section is reported from a study conducted by Lantum (1976), which focused on the nuptiality in a representative subarea in this region of Cameroon. The study consisted of a cross-sectional survey of 237 couples who got married during 1976-1978. The study found that there is a significant contrast between the men and women's modal ages at marriage. Following the marital culture, it was certain that the young people in this subarea hardly ever marry in their age groups. The

study showed that the males preferred much younger girls, while the girls preferred much older men. This observation is consistent with the cultural expectations of manhood in the subarea, which states that a young man must be psychologically mature and demonstrate a certain degree of socio-economic stability before he can marry. Young men in the subarea are expected to detach themselves from their parents, own their home, learn a trade, and ensure a reliable and visible source of income. Young men also voluntarily take part in the social and psychological competition of lovemaking and wife seeking. The study also found that only about 53% of the males in the study presumably completed these criteria before the age of 30. This situation, of course, imposes a generally large age difference between the husbands and wives. Perhaps the main determinant of mate selection in this instance is the sense of marriage responsibility rather than “love,” which is a common experience among the younger people.

Inferences from the study also showed that females were perceived as being socially, psychologically, and biologically more mature at a younger age than their male counterparts. This may explain why they assume marriage responsibilities as early as ages 15 to 17. Of the 237 couples surveyed, there were 224 cases where husbands were older than their wives. Further investigation on the age differential between couples using a 5 years age-difference interval, found that the difference range was from 1-50 years. Other key findings were that: (a) 72 couples had husbands who were 5-9 years older than their wives, (b) 51 couples had husbands who were 1-4 years older than their wives, (c) 37 couples had husbands who were 10-14 years older, (d) 15 couples had husbands who were 15-19 years older, (e) 13 had husbands who were 20-24 years older, and (f) 13 had husbands who were 30-34 years older than their wives. The remaining 10 couples had

husbands who were 35 years and older than their wives. In general, 45% of husbands were at least 10 years older than their wives, (Hurt, 2006). About 11% of husbands were at least 30 years older than their wives. The mean was 11.3 years for the two years of study; the mean was 12.5 years for 1976/77 and 9.6 years for 1977/78.

Another factor of the marital culture in Cameroon is that childbearing females are handed over to an adult male who is considered ready to perform the functions of a husband for the good of the entire community/society, or a male who is just in need of a wife (Lantum, 1976). Considering these factors, society builds in social privileges and guarantees for viability of the marriages. In this light, adults are therefore considered marriage market commodities where widows are usually few because the death of a husband does not usually make the widow available for another marriage since wife inheritance is widely practiced in many African cultures.

Due to the marital culture of the older men marrying younger girls, older males who die and leave young widows with enormous responsibilities. These responsibilities include taking care of themselves and the children. These women are often met with a lot of mental health issues and life challenges to deal with. Most of the time they do not have an understanding of mental health symptoms and how to manage them appropriately. It is important to note that, although the giving away of daughters for marriage by the parents or marriage guardians is still a common practice, the choice of a husband is increasingly the responsibility of the daughters themselves (Fanso, 2011).

In the face of increased economic individualism and the women's emancipation movement, which was fostered by the introduction of foreign human rights legislation into the emerging African legal systems, there has been a decrease in the practice of

“arranged marriages” in Cameroon as well as Africa as a whole (Fanso, 2011).

According to Lantum (1976), 92% of the women in the study identified farming as their principal occupation from 1976 to 1978. A study needs to be conducted to see if that is still true, and to what extent the culture of arranged marriages is still respected. Given the increase and diversity of the population, the embrace of technology, infrastructural development, more women going to school, and people becoming more open minded, women seem to be more self-reliant, taking on trades like sewing, cosmetology, retail businesses, nursing, and clerical work. This self-reliance has also reduced to some extent the level of poverty among the widows and women of this region in general.

Given the aforementioned gaps in the peer reviewed literature, three research questions were developed to address this gap. The first research question was: What is the prevalence rate of PTSD for young Bansa widows in Cameroon? The second research question was: What are the prevalence rates of PTSD symptom severity categories? The final research question was: Does the prevalence rate of moderate to severe PTSD symptoms among young Bansa widows in Cameroon differ from the moderate to severe PTSD symptoms prevalence rate reported for a general population of African women?

Method

Design

In order to document the level of PTSD among young Bansa widows in Cameroon, a cross-sectional, observational study was conducted. This study was conducted following the STROBE protocol (Vandenbroucke et al., 2007). This design employed a convenience sample. This sample was appropriate and convenient for this study for two reasons. First, the group was accessible since the researcher already knew

some of the members of the group and second, the researcher is from the same tribe as the widows and can easily translate in to the native dialect, any information that was not understood by the widows. These mental health and human right issues, instituted through mourning rituals, might affect the way the widows grieve. It is also important to document the PTSD levels to be able to contribute to the development and implementation of adequate types of interventions, assist in the development of mental health programs, and develop adequate policies regarding human rights and mental health issues of women in Cameroon.

A priori power analysis was conducted using G*Power 3.1.9.2 (Faul et al., 2009). For the third research question, the results form a two cell table of frequency counts (Cell A = No Rating/Mild; Cell B = Moderate/Moderate to Severe/Severe). As such, the power analysis was for a binomial test. The required Hedges' g was drawn from Resick, Nishith, Weaver, Astin, and Feuer (2002). The following input parameters were employed: (a) test family = exact; (b) statistical test = proportion: difference from constant (binomial test, one sample case); (c) the type of power analysis = *a priori*: compute required sample size given α , power, and the effect size; (d) one-tailed, (e) $g = 0.50$; (f) power ($1-\beta$ err probability) = 0.8; (g) $\alpha = .05$; and (h) constant proportion = .049. The G*Power output suggested a sample size of 40.

Participants

The participants were drawn from a widow support group that operates in a small town in the northwest region of Cameroon and meets once a month. This group contained 72 widows. From this total number, some group members were excluded from the study for the following reasons: (a) those outside young widow age range ($n = 18$), (b) lack of

English proficiency ($n = 1$), and (c) those who declined to participate ($n = 2$). As such, 51 young widows participated in the study. Ages of the participants ranged from 18 to 46 years ($\bar{M} = 25$, $SD = 12$).

Measures

Age. To protect the identities of the participants, Figure 1 shows that the ages of widows were grouped in three categories with intervals of 10. The groups were: 18-27, 28-37, and 38-46. Of the 51 participants who took part in the survey, four were between the ages of 18 and 27 (7.8%), 19 were between the ages of 28 and 37 (37.3 %), and 28, which was the majority group, were between the ages of 38 and 46 (54.9%).

Number of years widowed. To determine the length of time the participants had been widowed, they were placed into three groups. The number of years were grouped in intervals of 10 years as follows: 0-10, 11-20, and 21+ as shown in Figure 2. All 51 participants responded to this question; 39 (76.5%) participants had been widowed between 0 to 10 years, 11 (21.6%) were widowed between 11 to 20 years, and 1 (2.0%) participant had been widowed for more than 21 years.

PTSD status. PTSD status was determined through the use of the PTSD Diagnostic Scale (PDS), (Foa, Cashman, Jaycox, & Perry, 1997). The PDS was used for this study because it has been employed and normed within the African context/population (Ertl et al., 2010). The PDS has four parts, however, only Part 3 was used for this study. This part is a 17-question survey listing problem areas related to experiences of very stressful and traumatic experiences; Part 3 has a 4-point rating scale beginning from 0 (not at all) to 3 (5 or more times per week/almost always). As such, total scores can range from 0 to 51. A cut-off score of 10 was used to determine PTSD

status (Mahenge, Stockl, Likindikoki, Kaaya, & Mbwambo, 2015). PTSD status was coded as follows: 0 = No and 1 = Yes. The PDS has been compared to the Structured Clinical Interview for DSM-III-R (SCID; Spitzer, First, Gibbon & William, 1989) in a general population of trauma victims and has been found to comparatively yield appropriate results for the diagnosis of PTSD; the PDS has also been found to show a good test-retest reliability and internal consistency (Foa et al., 1997). The PDS has been shown to have an internal consistency of 0.92., with a sensitivity of 0.89 and a specificity of 0.75 (Mahenge et al., 2015). The internal consistency of the current study was .96.

PTSD symptom severity categories. Part 3 of the PDS was used to classify each participant as to PTSD symptom severity category. These categories are: none (Part 3 score = 0); mild (Part 3 score = 1–10); moderate (Part 3 score = 11–20); moderate to severe (Part 3 score = 21–35); and severe (Part 3 score = 36–51) (Foa et al., 1997; Mahenge et al., 2015). PTSD symptom ranges were coded as follows: 0 = none, 1 = mild, 2 = moderate, moderate to severe = 3, moderate to severe = 4, and severe = 5.

PTSD moderate to severe symptom range compared to a general sample of African women. The moderate to severe PTSD symptoms prevalence rate, reported for a general population of African women was: 4.9% (Mahenge et al., 2015). To determine the moderate to severe PTSD symptoms prevalence rate for the participants, Part 3 of the PDS was used. A cut-off score of 11 from Part 3 of the PDS was used for Research Question Two (Mahenge et al., 2015). Moderate/severe PTSD symptoms (i.e., > 10) were coded as follows: 0 = No and 1 = Yes.

Procedures

This study was submitted to and approved by the Oregon State University Institutional Review Board (IRB). Participants were informed about the purpose of this research and how their participation was going to impact this study and this area of research. Sociodemographic data was collected from all participants.

All 72 widows/members of the self-help widows' group were contacted; 51 (76%) met the criteria of young widow and agreed to take part in the survey. The research process was explained to the participants (i.e., how the survey was going to be administered and how the questions would be answered). Some of the technical terms were explained to the participants using direct translations in the native dialect for better understanding and comprehension of the questions and process. The informed consent was read to the participants with intentional pauses to give them the opportunity to ask clarifying questions about the process and the study.

Two pieces of demographic information were collected for this study: the age of the participants and the number of years widowed. The ages and years of widowhood were grouped in intervals of 10 years, in an effort to protect the identities of the individual participants. Participants were also reassured that their identities would be protected. They were all aware that they could withdraw from the study at any time without judgment or consequence. The participants were not compensated for their participation. The participants were divided into four groups to reduce the risk of overcrowding and to ensure efficiency of the process. The participants did not have a time limit to answer the questions in order to reduce anxiety and the pressure to finish "on time." The surveys were completed within an hour.

Data Analysis

The following descriptive statistics from Part 3 of the PDS will be reported: mean, median, standard deviation, and skewness. Also reported will be the percentage of participants that: (a) meet the criteria for PTSD, and (b) have PTSD symptoms in the moderate to severe symptom range. A one sample z test for a proportion was employed (Daly & Bourke, 2008). The probability level for statistical significance was drawn from the study involving a general population of African women (4.9%; Mahenge et al., 2015). The significance level was set at .05. All analyses were conducted using Microsoft Excel.

Results

The descriptive statistics obtained for Part 3 of the PDS were as follows: $\bar{x} = 25.86$, $SD = 12.98$, $Mdn = 27.00$, $skewness = -0.17$, $min = 0$, $max = 51$. The percentages for the PTSD symptom severity categories were: none = 6%, mild = 18%, moderate = 16%, moderate to severe = 55%, and severe = 5%. A one sample z test for a proportion was used to ascertain if the number obtained experiencing PTSD symptoms in the moderate to severe symptom range differed from level of that same symptom range in a general population of African women. The results were statistically significant (tails = 2, successes = 44, sample size = 51, hypothesized value = .049, z test statistic = 26.92, $p < .05$).

Discussion

This study examined the prevalence of PTSD among young Banso widows, the prevalence rates of the PTSD symptom severity categories, and whether the moderate to severe PTSD symptoms among young Banso widows differed from that reported for a general population of African women. The results from this study indicate that 42

(82.4%) of young Bansa widows suffer from PTSD. There exist six possible reasons for the results encountered for the first research question that should be considered (i.e., overall prevalence rate). The first possible reason was that, most of these widows, were accused by their in-laws and other people in the community of causing the death of their spouses. Most of the times, these widows did not have a way of proving the contrary and defending themselves. They were therefore left at the mercy of the church, community and other law abiding citizens to protect them and their children from possible harm.

Second, some of the widows had or almost had their homes and other valuable property seized from them by their in-laws. Some of the young widows lost their homes to their in-laws because they did not have a marriage license. The widows who had marriage licenses were protected by the law.

Third, these young widows suffered from physical and emotional problems. Most of the widows reported that they developed high blood pressure, anxiety, and depression due to the enormous stress and traumatic experiences they suffered after the death of their spouses. Most of the widows did not have the finances to pay for medical treatment and just endured the pain silently.

Fourth, financial hardship is a major problem with the young widows in this study. Most of the widows talked about not having the financial means to pay school fees and tuition for their children and to take care of their daily needs. They had to borrow money from their self-help group or family members and thus incur further indebtedness.

Fifth, some of the brothers-in-law of these widows threatened to take them as wives. They had to fight for their freedom and to extricate themselves from the situation. Some of them were beaten when they refused to marry their deceased spouse's brother.

Some of them were locked out of their houses with the hopes that they would suffer enough and give in to the marriage.

Sixth, most of the widows do not get any support from their in-laws or family members. They are left to fend for themselves and their children. Family members and their in-laws hardly ever called or visited to check on the widows and their children. Some of the in-laws and family members were happy that the widows were suffering and waited to see them die.

The aforementioned six stressors fall within the psychosocial stressor categories known to impact PTSD symptomology. In their classic study of the inter-relationship between psychosocial stressors and PTSD, Gleser, Green, and Winget (1981) discovered six potent psychosocial stressors. Wilson, Smith, and Johnson (1985) augmented these six with four additional categories that emerged from their research. Of the 10 categories, five are relevant to the psychosocial stressors noted above. These categories were: (2) degree of bereavement; (4) duration of trauma; (5) degree of displacement in home community; (7) degree of exposure to death, dying, and destruction; and (10) proportion of community affected by trauma. In sum, the aforementioned six stressors served to exacerbate the trauma inherent in any experience of young widowhood.

In terms of the second research question (i.e., symptom categories), one probable reason stands out. The fact that 55% of the widows reported to have moderate to severe symptoms of PTSD could be attributed to their young age at the time of the loss and the enormous stress that they experienced before and after the death of their spouses. Most of the young widows were inexperienced and lacked the ability to withstand the pressures from their in-laws, family members, and other members of the community at the time

their husbands died. Also, the afore mentioned stigmatization and isolation contributed to the development of PTSD symptoms.

With reference to the third research question (rate different from a general population), two reasons for the results are most likely. First, the results encountered could be because unlike other women who are married and have support from their husbands and the community, the young widows were isolated and most of them lost their social status after the death of their spouses. Having almost no support from people while mourning the death of your beloved spouse can be very stressful, isolating and lonely.

The second likely reason for the results might be the many responsibilities that the young widows had to single handedly take on after the death of their husbands. Most other women do not have to worry about taking on providing shelter, food, security, medical bills, education, and other social amenities for their families. Having to solely take care of the family at a young age could be anxiety provoking and traumatizing.

There were three limitations to the present study that should be noted. First, the sample population for the current study was small, consisting of only young widows of the Bansa tribe who attended the sampled self-help group, and the results cannot be generalized to widows of other tribes on Cameroon. More research needs to be done on the prevalence rate of PTSD with a larger cross section of both older and younger widows from other tribes in order to make generalizations of findings to all the widows in Cameroon. It is important to note that, there might be other young Bansa widows who do not attend the support group and may therefore have a different PTSD profile from those sampled in this study.

Also, while the PDS has demonstrated an internal consistency of 0.92, acceptable sensitivity of 0.89, and specificity of 0.75, PTSD was not assessed using a structured clinical interview, the preferred assessment method. Also, the PDS measure explores PTSD symptoms only when a severe traumatic event is experienced (Mahenge et al., 2015). Finally, although the PDS has been validated and used with war-affected adolescents and adults in Uganda (Ertl et al., 2010), this measure has not been used with young widows in any African country. The third limitation involved the stigma in regards to mental health in the Banso tribe, and in Cameroon as a whole, which makes it difficult for people to report symptoms of PTSD as a result of social desirability influences.

With regard to research implications, two should be considered. First, there is a paucity of research on the mental health problems and challenges of young African widows. The results from this study suggest the need for more studies to correlate the study's findings and to find ways to improve the mental health challenges that this vulnerable population faces every day.

Second, more structured clinical interviews and measures should be used to assess the level of PTSD among young widows in Cameroon and in Africa as a whole, which might result in common themes. Open ended questions in qualitative research might provide an in-depth analysis of their challenges, struggles, causes of their mental health problems, and ways to help ameliorate their situations.

In connection to practice implications, two should be noted. First, the young Banso widows who are part of the self-help group usually receive advice, counseling, and some sort of financial support from their older and more experienced peers in the group. However, the findings of this study indicate that 55% of women surveyed had moderate

to severe PTSD symptoms, but lack appropriate resources to help them heal from these symptoms. Education and skills training on recognition, treatment, and or referral for mental health symptoms needs to be intensified among lay counselors, community leaders, and other clergy to help this vulnerable population of widows. Mental Health First Aid is a great program that can be implemented in the community to impart basic knowledge on recognizing signs and symptoms of mental health problems, and offering appropriate help or referral for treatment. Professionals like medical personnel, social workers, and police officers, whose jobs require them to interact with members of the community every day, could also be trained to screen for symptoms of mental health issues to provide appropriate help and referrals for treatment.

Second, there seems to be a limited number of trained mental health professionals in the Banson tribe and in Cameroon as a whole. Therefore, training more mental health professionals needs to be one of the priorities when crafting legislation on women's health in Cameroon. The current study shows a high prevalence rate of moderate to severe PTSD symptoms among young Banson widows. This generates a need for improved mental health services for widows.

This study was aimed at documenting the levels of PTSD among young Banson widows in Cameroon. The study was conducted following the STROBE protocol (Vandenbroucke et al., 2007). The design employed a convenience sample. The results indicated that 55% of widows experienced moderate to severe symptoms of PTSD and more than 80% of widows had moderate to severe PTSD symptoms, higher than the general population of African women.

Some of the reasons for these results are the young age of widows, traditional mourning rites and customs, lack of education, and financial instability. Some of the implications for this study are that more mental health professionals and other professional who interact with these widows quite often need to be trained on the basic signs and symptoms of mental health problems so that they can provide appropriate treatment interventions and referrals when needed. Also, policy makers need to make policies that eradicate practices that violate the basic human rights of the young Bansa widows. Future studies should examine the relationship between the PDS and the clinician assessment of PTSD symptoms with widows from other tribes and community groups. Such studies will be able to provide further information on the PTSD symptoms in different groups and demographics.

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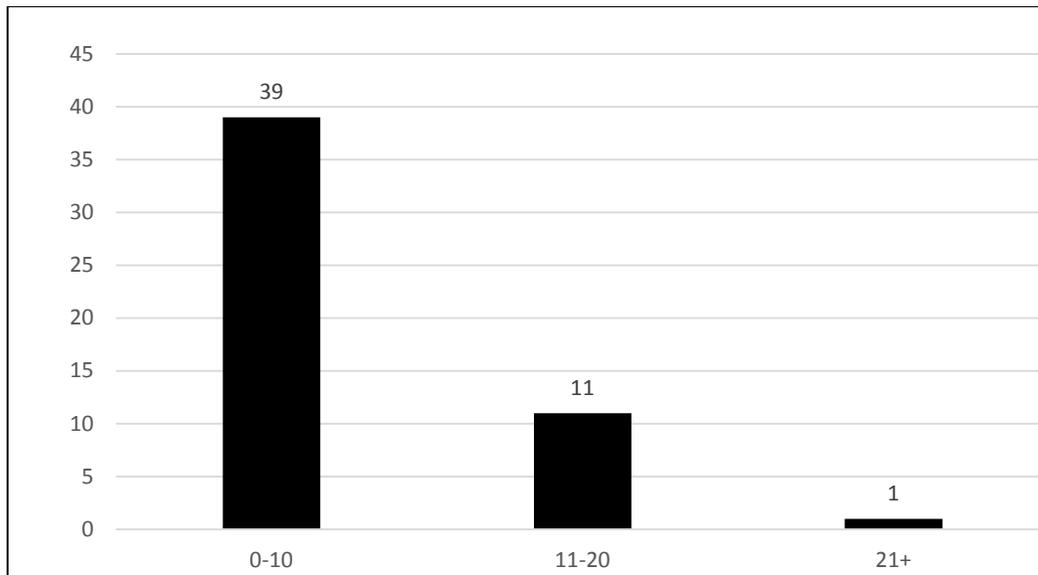


Figure 1. Count within the years of widowhood categories of the participants.

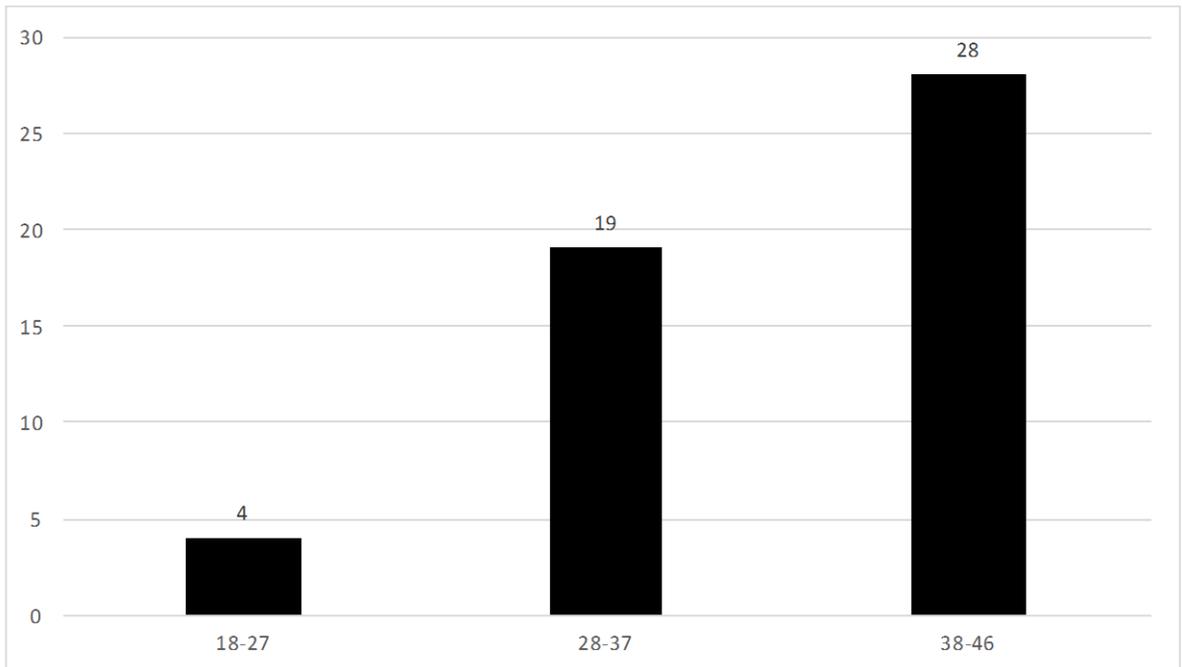


Figure 2. Count within the age categories of the participants.

Chapter Three: A Research Manuscript

Grieving Styles of Young Bansa Widows

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Abstract

Grieving is manifested differently around the world depending on culture, social desirability and social norms. Little is known about grieving patterns in Africa. As such, a study of the grieving patterns of young widows of the Banso tribe of the Cameroon was conducted. This examination used Doka and Martin's (2010) model of adaptive grieving styles as the lens for this research. This model delineates a continuum of grief styles: instrumental on one end, intuitive on the other, and blended in the middle. This present study used the validated Grief Pattern Inventory (GPI) to determine if young Banso widows are intuitive, instrumental, or blended grievers. The study employed a cross-sectional design. The results indicated that 47% of the participants were intuitive grievers and 41% were blended grievers. Policy, research and clinical implications emerging from the results were presented.

Keywords: grief styles, intuitive and instrumental grief, young Banso widows, Grief Pattern Inventory, mourning rites, bereavement

Grieving Styles of Young Banso Widows

Bereavement has been noted as one of life's most stressful events, encountered by many in their lifetime (Ferraro, 1989; Stroebe & Stroebe, 1993). A lot of research has been carried out on bereavement, whether occurring in one's early or mid-life, and particularly when the death of a spouse is untimely (Marris, 1958; Parkes, 1992; Parkes & Weiss, 1983). Widowhood is a common event for people in the later stages of life (i.e., those over 65 years of age), (Bennett & Soulsby, 2007). For example, in Britain more than 36% of all people aged 65 years or older are widowed (Office of Population Censuses and Surveys, 1990). According to the Office of Population Censuses and Surveys (as cited in Bennett, 1997), It is estimated that more than one-third of elderly people will have to face the impacts of bereavement and widowhood. Although widowhood is expected to occur in later years, when the death of a spouse occurs at an earlier age, the circumstances dictate varying challenges among surviving spouses.

Several circumstances justified this investigation into the young Banso widows' grieving style. First, there is a dearth of literature on this subject. Bennett (1996) suggested that one of the issues that needed to be addressed was the assessment of the mental health needs of widows. Sossou (2002) also noted the importance in examining the effects of psychological oppression and widowhood practices in the West African societies. Second, the generalizability of Doka and Martin's (2010) influential theory of instrumental, intuitive, and blended grief styles to an African context is unknown. Third, this study can give a voice to an undermined and understudied group of women in the Cameroonian community (Creswell, 2007).

Bereavement and widowhood provide various challenges. Declines in mental health (Jacobs et al., 1986) and short-term declines in physical health (Ferraro, 1989) are often reported. There may be declines in social interactions (Dimond, Lund, & Caserta, 1987); and there could even be early deaths. (Jones & Goldblatt, 1986).

When reviewing literature related to the grieving styles of young Bansa widows, three key themes emerge: first, the impact of traditional mourning practices upon widows; second, the common causes of death for African men; and third, the impact of the theory of instrumental and intuitive grief styles. Subsequent to the literature review, the research questions will be presented.

The impact of traditional mourning practices upon bereavement is multifaceted. Many African women do not want to face spousal bereavement (widowhood) not only because it is associated with the loss of a loved one, but also, because it comes with dehumanizing and agonizing mourning and funeral rites (Ogunbamila & Adeyanju, 2009). Ogunbamila and Adeyanju (2009) further indicated that bereavement covers emotions and behaviors that encompass the grief and mourning of a person who has suffered the loss of a loved one. Grief signifies the emotional responses, especially distress, caused by any loss, including an approaching death and the death itself, while mourning refers to actions customarily related to grief.

Rosenblatt and Nkosi's (2007) study on Zulu widows reported that many widows residing in South Africa lived in poverty and appeared to grieve more about having to face poverty than about the loss of their husbands. In some cases, the traditional mourning practices seemed to get in the way of the widows truly mourning their husbands as they wished to. Some of the widows spoke about feelings of unreality and

grieving in ways similar to reported feelings of young widows in economically developed societies such as North America, Europe, and Australia. Some of the similar experiences were: (a) feeling loss of companionship, hopes, dreams, family relationships (Lowe & McClement, 2011); (b) higher levels of depression among young widows (Blanchard, Blanchard, & Becker, 1976; Zisook & Schuchter, 1991); (c) lack of financial resources and the challenges of raising children (Guckin, 2002); (d) more severe grief reactions (Ball, 1977); and (e) lower self-confidence or low self-esteem (Kowalski & Bondmass, 2008). There seem to be similarities in the mourning customs across African cultures, from the sub-Saharan African widows (Adetunji, 2001), to the North African widows (Ya'akov, 2004), to the South African widows (Rosenblatt & Nkosi, 2007), and to the West Africa widows (Ogunbamila & Adeyanju, 2009). They all have traditional mourning rites and periods of mourning, which are usually between six months to a year.

Some of the mourning rites in the Bansa tribe in Cameroon, just like in some parts of Africa, include sitting in a corner on the floor for seven days with the widow's head bent facing down, and not being allowed to bathe for seven days or to shake hands with any males. The widow is often considered the prime suspect for the death of her husband and more often than not, she and her children are evicted from their home. If the deceased husband has a brother, he can inherit the widow for his wife. The widow is expected to shave her head the day after the husband is buried.

These dehumanizing and hurtful practices can lead to some psychological problems. For example, the widows in some tribes in Cameroon similar to the Ijaw widows in Nigeria and the South African Zulu widows are "seen as contaminated with death and dangerous to others" (Rosenblatt & Nkosi, 2007, p. 74). For this reason, they

must typically wear special mourning cloths for a period of six months to a year following the death of their husbands (Rosenblatt & Nkosi, 2007). Some exceptions are made in the observance of the mourning customs for children who have lost a parent and widowers. The widowers are mostly exempt from the more demanding mourning rituals while the children follow a simpler version of the rituals. (Carton, 2003).

Most cultures in Africa and especially in Cameroon have gender stereotypes that put women at a disadvantage and may cause them to suffer from depression and anxiety especially after the death of their spouse. There is little help available for women to cope with these mental health problems and the communities have little understanding of some of these mental health issues. The West African widows have a tendency to suffer from emotional problems such as depression, anxiety, and stress (Sossou, 2002). There is also a possibility that the customs and traditions surrounding the mourning of a husband, and the expectations and demands on the widow, can complicate grief (Fasoranti & Aruna, 2007).

The professional literature reports a variety of traditional mourning rituals among females in Africa. One common ritual involves a widow wearing a charm for the entire 40-day funeral celebration period to protect her from the deceased (Kyei, 1992). It is believed that such charms (a) preserve the mental balance, and (b) keep the bodily organs, genitals in particular, unimpaired (Kyei, 1992). Other common rituals involve: (a) the preparation of the corpse and lying it in state, and (b) women as channels or mediums of communication with the deceased (Kyei, 1992). For example, while a husband lies in state, it is common for the widow to sit on the floor with other family members and cry in loud voices. During this period, a new widow's actions are governed, regulated, and

dictated by an older and more experienced widow also called an attendant. The focus of the attendant's guidance is on external emotional expression. For instance, an attendant might instruct the widow to not greet or talk to anybody without her permission. These descriptions suggest a cultural pull toward the formation of intuitive and blended grieving styles because the focus of these rituals is more on external emotional expressions. However, no research literature presently exists to answer this question.

Ungar and Florian (2004) found that, many studies reported on the important contribution of social support to how widows cope with spousal bereavement. Stroebe and Stroebe (1993) noted the importance of social support to married women as well as to widows. An exception to this, however, is a longitudinal study by Wortman, Silver, and Kessler (1993), which did not find a direct correlation between the widows' subjective perception of their support and adaptation (Ungar & Florian, 2004).

Common causes of death for men in Africa include HIV/AIDS, alcoholism, heart attack, and other chronic illnesses (Ungar & Florian, 2004). The most stigma and shame is assigned to death by HIV/AIDS in particular (Ashforth, 2005). The proportion of young widows is higher in countries with high HIV prevalence rates than in countries with low prevalence rates (Adetunji, 2001). HIV/AIDS is an expensive cause of death in Africa and the disease usually results in financial loss due to days lost from work by the caregiver who is usually the spouse. Therefore, at the time of death of their husbands, many widows may already be in debt. Worse still, property inheritance norms in some cultures, like in Cameroon, might place the widows at a disadvantage as kinsmen of the deceased husband might repossess all his valuable possessions and other assets such as televisions, radios, and life insurance policies (Owen, 1994). Some of the deceased man's

family could also claim his pension, livestock, equipment, houses, businesses, land, and any other valuable assets he might have owned.

The death of a husband could also be attributed to witchcraft in most African societies and this is no different in the Bansa tribe. Such death makes perfect sense in Zulu culture (Ashforth, 2005), which means, “The death was caused by the malevolence of someone, quite possibly known to the deceased and perhaps to the widow. A death by witchcraft might, like a death by murder, lead to feelings of anger and may call for revenge and therefore affect the grieving process of the widow” (Rosenblatt & Nkosi, 2007).

Martin and Doka, 2000; Doka and Martin (2010) posited that there is a continuum of grieving styles. They suggest that central to this concept are the differences in the ways an individual experiences grief, as well as the way grief is expressed. To differentiate these styles on the continuum, Doka and Martin (2011) described both the intuitive and instrumental grief styles, based on both internal experiences and external expressions. According to Martin and Wang, (2006), the intuitive griever converts more of his or her energy into the affective domain and tend to spontaneously express his/her grief through crying and sharing inner experiences with others. On the other end of the continuum are the instrumental grievers, who convert more grief energy into the cognitive and action domains. They may channel their energy into activity and may also prefer to talk about problems rather than their feelings. Doka and Martin (2011) indicate that some individuals have a more blended style of grieving, using a combination of intuitive and instrumental grieving style strategies. Even though they may utilize a mix of strategies,

most blended grievers do show a preference for one style or the other (Martin & Wang, 2006).

Doka and Martin (2011) also identified and described three factors that influence the grieving styles in both males and females. These factors include: (a) personality, (b) gender role socialization, and (c) culture. A person's personality is based on the sum of his or her distinguishing personal qualities. These qualities can naturally propel someone toward an intuitive style, while others might be more inclined toward the instrumental grieving style. Also, the gender role socialization is a very important influence on grieving styles. Given that individuals are socialized from birth based on the gender role expectations of their culture, they may learn cultural limits to emotional expression as well as ways that males and females are expected to respond to loss. In this way, culture influences the ways in which grief is experienced and expressed. Culture may also influence differences in the ways males and females grieve.

Given the dearth of knowledge about the grieving patterns in this vulnerable population, a closer examination is needed. To meet this need, three research questions were examined. The first question was: What are the mean, median, standard deviation, and skewness on the Grief Pattern Inventory-Revised (GPI-R) for young Bansa widows? The second question was: What were the percentages encountered for intuitive, blended, and instrumental styles amongst young Bansa widows? The third question was: Does the frequency of young Bansa widows employing intuitive, blended, or instrumental grief styles differ from an even distribution? As noted previously, both theory and some research points to a greater prevalence of the intuitive grief style among females (Doka & Martin, 2011; Martin & Wang, 2006). However, an even distribution was chosen given

the lack of specific evidence for any other distribution when including the blended grief style.

Method

Design

In order to document grieving styles among young Banso widows in Cameroon, a cross-sectional, observational study was conducted. This study was conducted following the STROBE protocol (Vandenbroucke et al., 2007). This design employed a convenience sample. Such a sample was appropriate because of the goal to raise awareness and document any human rights violations that these widows would have faced (or are still facing) as a result of their grieving patterns after the death of their spouses. It is also important to document grieving patterns to be able to contribute to the development and implementation of adequate types of interventions, assist in the development of mental health programs, and develop adequate policies regarding human rights and mental health issues of women in Cameroon. Price (2013) noted that convenience samples are useful when “humanitarian assistance is needed during human rights or natural disasters; records of individual experiences of violence can help catalyze emergency responses” (p. 1).

An a priori power analysis for chi-square goodness of fit test was completed by employing G*Power 3.1.9.2 (Faul, Erdfelder, Buchner, & Lang, 2009). The effect size for this type of analysis is Cohen’s w (Cohen, 1992). The specific effect size was the average Cohen’s w reported by Harned, Najavits, and Weiss (2006). The input parameters were: (a) test family = 2; (b) statistical test = goodness of fit tests: contingency tables; (c) type of power analysis = *a priori*: compute required sample size

given α , power, and effect size; (d) $w = 0.52$; (e) power ($1 - \beta$ err probability) = 0.90; (f) $\alpha = .05$; and (g) degrees of freedom (df) = 2. The G*Power output noted a sample size of 47 and an actual power of 0.95.

Participants

The potential pool of participants was composed of widows ($N = 72$) who were part of a self-help widow support group that meets once a month in a small town in the northwest region of Cameroon. This group was founded by a widow. The goal and aim of this group is to bring widows together around their common problems, such as bringing up their children, taking care of themselves (e.g., maltreatment from the in-laws), and bringing some closure around the loss of their husbands. The group is nonpolitical and nondiscriminatory in regards to denomination, race, or tribe. Of the 72 potential participants, 51 met the criteria and provided GPI- R results complete enough to be included in this study. The ages of the actual participants ranged from 18 to 46 years ($\bar{x} = 25$, $SD = 12$). A participant flowchart can be found in Figure 3. It is important to note that there might be other young Banso widows in the area who do not participate in the self help group and might have different experiences and outcomes.

Measures

Grief Pattern Inventory- Revised (GPI-R). The grieving patterns self-report measure used for this study was the GPI-R. This revision was based upon the initial research done by Martin and Wang (2006) on the original GPI, which had 14 questions. The GPI-R (as modified for this study) is a 10-question self-report measure operationalizing Martin and Doka's (2000) model of grief style. The measure has two subscales: (1) Instrumental Grieving, and (2) Intuitive Grieving. The measure asks

participants to rate different thoughts and feelings about their grieving patterns on a 5-point, partially anchored Likert scale. The anchors were 1 = Strongly Disagree, and 5 = Strongly Agree. Martin and Wang (2006) examined the construct validity of their measure using the Grief Experience Inventory (Sanders, Mauger, & Strong, 1985); they found that: the intuitive score significantly ($p < 0.05$) correlated with Despair ($r = 0.30$), Loss of Control ($r = 0.51$), Depersonalization ($r = 0.29$), and Somatization ($r = 0.27$). The instrumental score was significantly correlated with Atypical Response ($r = 0.358$) and negatively correlated with Loss of Control ($r = -0.48$). Moreover, the intuitive and instrumental scores were negatively correlated ($r = -0.525$) at the level of 0.01 or less.

Martin and Wang (2006) suggested a revised measure for the five most intercorrelated items from each subscale. For the intuitive subscale these items were: 1, 2, 3, 6, and 9. For the instrumental subscale these items were: 4, 5, 7, 10, and 11. Thus the final (GPI-R) had 10 items equally split between the instrumental style ($n = 5$) and the intuitive style ($n = 5$). The total score for the GPI-R has a potential range of 10 to 50. Lower raw scores indicated a more instrumental style and higher raw scores a more intuitive style. For the purpose of this study, a person's grieving pattern was categorized using the following raw score on the GPI-R: (a) 10 to 23 = Instrumental; (b) 24 to 36 = Blended; and (c) 37 to 50 = Intuitive.

Procedures

Prior to carrying out the study, a proposal was submitted and approved by the Oregon State University Institutional Review Board. The process of administering and answering the questionnaires was explained to the participants. Some of the technical terms were explained to the participants using direct translations in the native dialect for

better understanding and comprehension. The informed consent was read to the participants and they were encouraged to ask clarifying questions.

Two demographic questions were asked that included the age of the participants and the number of years widowed. The ages and years of widowhood were grouped in intervals of 10 years, in an effort to protect the identities of the individual participants. Participants were also reassured that no identifying information would be collected. They were all aware that they could withdraw from the study at any time without judgment or consequence. The participants were not compensated for their participation.

After the participants completed the survey, they were debriefed on the purpose of the study, and a brief description of the study. (Martin & Wang, 2006). The participants received the researcher's contact information and were encouraged to contact her with any concerns or questions about the study. They were also given a list of local counselors that they could contact in case they needed to talk to someone about individual mental health problems.

Data Analysis

In terms of the first research question, the following GPI-R results will be reported: (a) mean, (b) median, (c) standard deviation, and (d) skewness (g_1). In reference to the second research question, percentage for each grief style will be detailed (i.e., intuitive/blended/instrumental). For the final research question, a chi square goodness of fit test (Cochran, 1962) was calculated to examine whether the three grieving styles were distributed evenly (i.e., 17: .17: .17). All analyses were completed using Microsoft Excel.

Results

Amongst the young Banso widows, the following statistics of the GPI-R were encountered: $\bar{x} = 34.35$, $Mdn = 35.00$, $SD = 7.77$, $g_1 = -0.81$, $min = 15$, $max = 47$. The skewness reported can be classified as falling in the moderate range (Bulmer, 1979). The percentages for the three grief categories were: (a) instrumental = 6 (12%); (b) blended = 21 (41%); and (c) intuitive = 24 (47%). The result from the chi square goodness of fit test was statistically significant, $\chi^2 (2, n = 51) = 10.94$, $p < .05$.

Discussion

While numerous studies have examined the grieving styles and mourning rituals in some populations in Africa and around the world, much remains unknown about the grieving styles of vulnerable populations like young African widows. The purpose of this study was to determine if certain grieving styles predominate amongst young Banso widows.

In terms of the first research question (i.e., GPI-R psychometrics), and second research question, (i.e., percentile breakdown of the three grieving styles), the most interesting results were the moderate negative skew and predominance of the intuitive grieving style. The possible reasons for the specific skewness and predominance encountered will be addressed in the discussion on the results for the third research question.

In reference to the third research question (i.e., whether there was an even distribution of grieving styles), two possible reasons for the finding of greater prevalence of the intuitive style were considered. First, Martin and Wang purported in their 2006 study that females are more likely to be intuitive grievers than instrumental grievers.

Martin and Wang's characteristics of instrumental grievers reflect persons who channel most of the energy generated by bereavement into the cognitive domain rather than the affective. Fewer females are instrumental grievers because they are more likely to want to express their feelings openly. It is common for some African women to wail, scream, and shout in agony while grieving. This grief style is what is expected of women in the Banson tribe in Cameroon. Anything short of that after the death of any family member, especially the spouse, gives cause for suspicion and possible isolation by family members and the community at large. Therefore, there may be strong cultural pressure for these women to grieve in more ways that are intuitive.

The second possible reason for the intuitive and blended grieving styles is due to the impact of the traditional mourning rites, customs, and expectations of the Banson tribe in Cameroon. The women are caught between the responsibilities of taking care of their homes and complying with the norms of society. They are expected to follow traditional customs and mourning rituals at the expense of their freedom and happiness. By respecting some of these mourning rituals and traditions, the widows inadvertently sacrifice their parental responsibilities and even the right to choose what they want for themselves and their children without the influence of their in-laws and other community constraints and obligations. Some of the extended family obligations include: taking care of their in-laws, working on their farms, staying with the in-laws, and doing whatever the in-laws need done in the house or "compound." Some of the widows are expected to become wives to their deceased husband's brother and sometimes, if they do not have support from their own families or cannot stand up for themselves, they end up in predicaments like marrying their brother in-law in order to have a place to live and some

sort of support from their in-laws for their children. Some of these widows do not receive financial assistance from their families or in-laws. They have to work on other people's farms for a small wage and sell their farm produce to make a living. Enduring such circumstances causes some of the widows to have a blended grief pattern where they will wail and cry but at the same time will have to take actions and make decisions for themselves and their children. Some of the widows take actions to solve the problems brought upon them by their bereavement like filing complaints against their in-laws who want to take away everything from them, moving to another area and possibly get a job.

With the many stressors that affect these young widows, it is possible that they spend the majority of their time crying and wondering how they will take care of their children and themselves. They sometimes do not realize how their mental health is greatly affected by feeling overwhelmed and stressed by these responsibilities.

From the above-mentioned possible reasons for the results in this study, it is evident why there is a high number of the young widows in the study who identified with the intuitive and blended grief patterns. Given that the blended style represents a balance between the intuitive and instrumental styles, (Martin and Wang, 2006), and given that most of these young widows have to adjust and adapt to responsibilities that were formally carried by their spouses, pulls many of them toward the middle of the continuum of the grief patterns. Again, Martin & Wang (2006) state that instrumental grievers tend to direct their psychic energy to activities, which confirms what Glick, Weiss & Parkes (1974) found. They realized that widowers try to be realistic and focus on solving the problems arising from the loss of their wives like taking care of the children and managing the household (Martin & Wang, 2006). Just like those widowers,

the young widows in this study have to solve problems and take on roles that they did not have to before their bereavement.

Although this study contributes to the existing body of knowledge about the grieving patterns of the young Banso widows in Cameroon, it is important to note that there are some limitations to the study. First, the sample population for the current study, which consisted of young widows of the Banso tribe, was small and the results cannot be generalized to widows of other tribes in Cameroon. Also, there were probably other young widows in the area whose experiences are different since the sample consisted only of young widows in the self-help group. Second, the stigma towards mental health in the Banso tribe and in Cameroon as a whole is high, which makes it difficult for people to report mental health problems caused by mourning rituals and traditions as a result of social desirability influences. This stigmatization may have caused some of the widows not to report their exact feelings about the death of their husbands and how they grieve. Finally, although the GPI-R has been validated and used with women in the first world countries, it is important to note that more research needs to be done with other women's groups in Africa, and in Cameroon in particular, to continue to prove the validation of the measure in the African continent.

The current study contains results that may suggest future directions for (a) research, (b) policy development, and (c) mental health practice. In terms of research, this study provides an overview of the grieving patterns of young Banso widows based on Doka and Martin's (2006) three patterns of grief, thereby giving researchers a spring board for further research with similar populations. Vulnerable populations such as widows are hardly given much attention due to their size or just due to lack of interest.

The literature in this study provides information about the fast growing population of young widows in Cameroon and in Africa, which emphasizes the need for more studies on widows' mental health issues (psychological and emotional), and how widowhood affects their overall quality of life.

The results also contain two possible implications for policy development. First, policy makers can implement policies that better support widows and their need for mental health services. Also, having this information will help non-governmental organizations and others who want to help, to provide appropriate resources to this group of women. It is important to note that a widow whose grieving style does not conform to the mourning rites and traditions of the Bansa tribe may be treated differently and discriminated against. That is, if a widow's adaptive grief style is instrumental, it might be assumed that she did not love her husband because she does not demonstrate her grief through the expression of emotions like crying in a loud voice, (Kyei, 1992). Mental health practitioners should take note of such situations and plan services and resources that meet the needs of such persons. Furthermore, resources can be made easily available and accessible by the government, churches, and other philanthropic groups to these widows who have very limited access to mental health services.

Finally, the results from this study contained two implications for mental health practice. First, in addition to contributing to improvements in grieving styles amongst young widows, mental health professionals will be able to design treatment protocols that fit and address the unique needs of young African widows. A greater understanding of the grieving styles makes designing mental health responses to grief within this population easier. Second, this study provides added knowledge to the body of research

in the mental health field, giving a spring board for further research in related grief areas, given the fact that limited research exist on grieving styles of young widows.

This study was developed to provide a clear picture of the grieving styles of the young Bansa widows who are part of a self-help nonpolitical, nondenominational group in a subdivision in the northwest region of Cameroon. The study of the grieving patterns was based on Doka and Martin's (2000) and Martin and Doka, (2010) grieving styles which range on a continuum (intuitive, blended and instrumental). This study has provided data to support Doka & Martin's (2000) theory that most women grieve intuitively and some have the blended grief style. The results from this study show that most of the sampled widows in the self-help group are intuitive and blended grievers. These results were possible given the implications of some of the cultural expectations like the possibility of the deceased's family inheriting everything that belonged to him including his surviving wife and children.

This study provides information for mental health practitioners and other professionals (like the medical personnel, police officers, and other community workers) on how to help this vulnerable and often forgotten group of women in our society. Policy makers will also be in a good position to use the information from this study to make better decision concerning the welfare of these widows.

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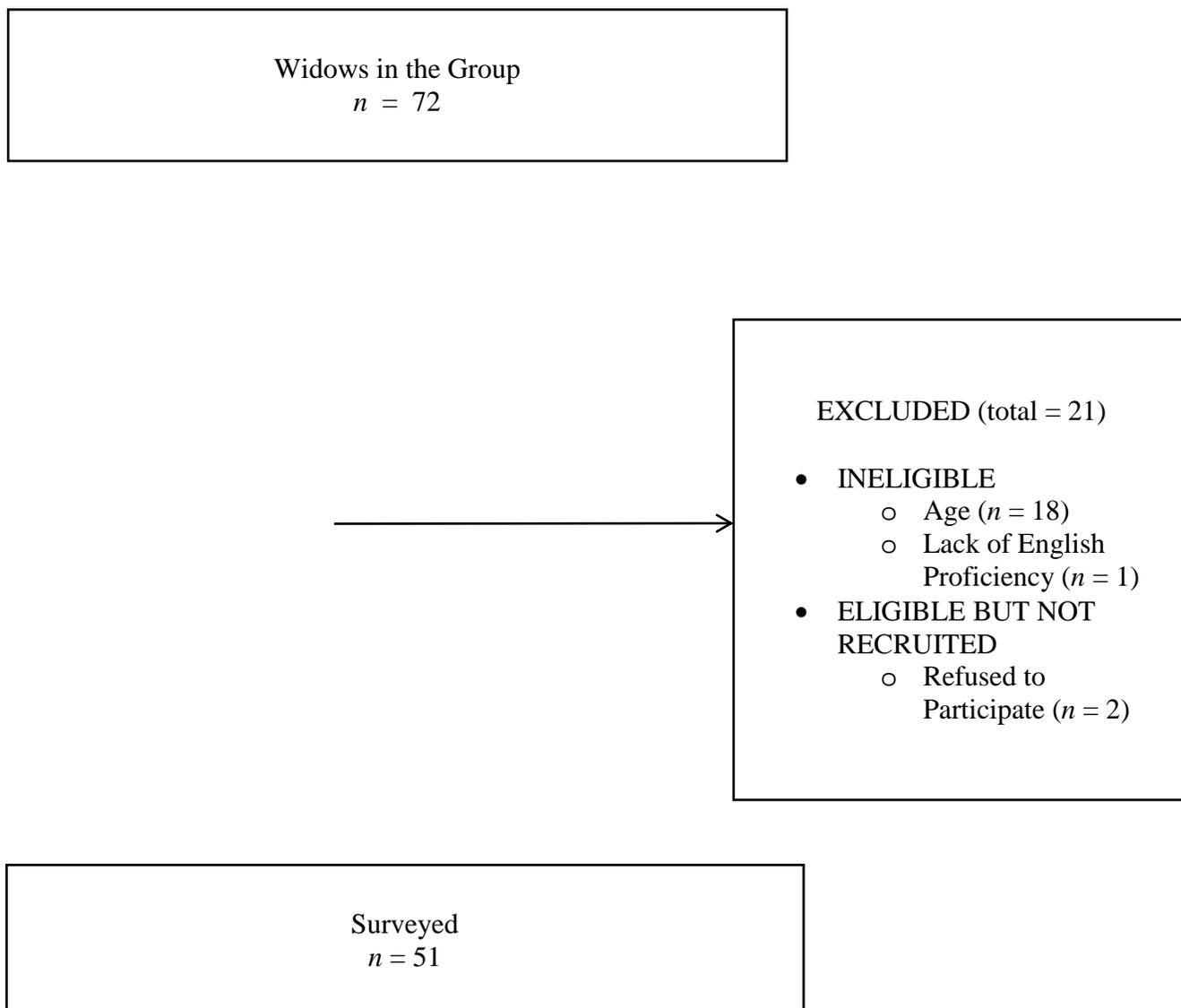


Figure 1. Participant flowchart.

Chapter 4: Summary

Overview

This dissertation set out to investigate psychological elements of trauma and grief among young Bansa widows in Cameroon. To achieve these goals, two research studies that are thematically linked were conducted. A review of literature on trauma and grief among young widows showed scarcity in research done with this population, especially in the African context. Literature also shows that there is a relationship between the degree of bereavement and loss of significant others and level of PTSD symptoms and grieving style (Wilson et al., 1985).

The results from both studies indicated that the young Bansa widows have a higher level of PTSD than the general African population of women and are more intuitive grievers. This chapter is divided into the following four sections: (a) a brief summary of Manuscript #1; (b) a brief summary of Manuscript #2; (c) a discussion linking both articles; and (d) a discussion on the research imperatives and future research on issues addressed in the dissertation.

Summary of Manuscript 1

The first study employed the PTSD Diagnostic Scale to determine the level of PTSD among the young Bansa widows. The findings indicated that these young widows had a higher rate of moderate to severe of PTSD symptoms compared to the general population of African women. The results were statistically significant (tails = 2, successes = 44, sample size = 51, hypothesized value = .049, z test statistic = 26.92, $p < .05$). The moderate to severe level of PTSD symptoms category had the most prevalence rate of 55%.

There were four possible limitations to the present study that should be noted. First, the sample population for the current study was small, consisting of young widows of the Banso tribe, and the results cannot be generalized to widows of other tribes on Cameroon. Since all participants were part of a support group, and not all young widows self-identified as needing this assistance, results may also not be generalizable to all young Banso widows. Second, although the PDS has demonstrated an internal consistency of 0.92, acceptable sensitivity of 0.89, and specificity of 0.75, PTSD was not assessed using a structured clinical interview, the preferred assessment method. Third, the PSD is a self-reported instrument and there is a possibility that some of the widows could have not reported accurately their symptoms for fear of being labeled due to the stigmatization of mental health illnesses in Cameroon. Finally, although the PDS has been validated and used with war affected adolescents and adults in Uganda (Ertl et al., 2010), this measure has not been used with young widows in any African country.

There exist six possible reasons for the results encountered for the first research question that should be considered (i.e., overall prevalence rate): (a) accusations of the widows by their in-laws of being responsible of their death of their spouse, (b) threats and possibility of in-laws taking away all valuable property from the widows, (c) physical and emotional problems, (d) financial hardships, (e) traditions and cultural norms of in-laws inheriting the widows as wives, and (e) lack of any kind of support from family members and the community as a whole.

The reason for the results of the second research question (i.e., symptoms categories) could be the young age of the widows at the time of death of their spouses, their inexperience in life, and the stress that comes from losing a spouse.

Two reasons account for the results of Research Question 3: (a) The isolation from family and community after the death of their spouses, and (b) the enormous responsibilities that the widows have to take on single handedly after the death of their husbands.

With regard to research, two implications should be considered: (a) the results from this study suggest the need for more studies to correlate its findings and to find ways to improve the mental health challenges that this vulnerable population faces every day, and (b) more structured clinical interviews and measures should be used to assess the level of PTSD among young widows in Cameroon and in Africa as a whole.

There are two practice implications from this study: (a) education and skills training on recognition, treatment, and referrals for mental health symptoms needs to be intensified among lay counselors, community leaders, and other clergy to help this vulnerable population of widows; and (b) training more mental health professionals needs to be one of the priorities included in legislation on women's health in Cameroon. The current study shows a high prevalence rate of moderate to severe PTSD symptoms among young Banso widows. This makes for a need in improved mental health services for widows.

Summary of Manuscript #2

The second study investigated the grieving styles of the young Banso widows based on Martin and Doka's (2000) continuum of grieving styles with intuitive grieving at one end of the scale and instrumental grieving at the other; a blended style falls somewhere "in the middle." The results indicated, that 47% of the participants were intuitive grievers, followed by 41% who were blended grievers. These results confirm

what Martin and Doka (2000) posited, that women are more likely to be intuitive grievers.

While numerous studies have examined the grieving styles and mourning rituals in some populations in Africa and around the world, much remains unknown about the grieving styles of vulnerable populations like young widows. The purpose of this study was to determine if certain grieving styles predominate amongst young Banso widows.

In terms of the first research question (i.e., GPI-R psychometrics) and second research question (i.e., percentile breakdown of the three grieving styles), the most interesting results were the moderate negative skew and predominance of the intuitive grieving style. The possible reasons for the specific skewness and predominance encountered will be addressed in the discussion on the results for the third research question.

In reference to the third research question (i.e., the even distribution of grieving styles), two possible reasons for the results should be considered: (a) the characteristics of intuitive grievers matches how more women grieve; and (b) impact of the traditional mourning rites, customs, and expectations of from the widows in the Banso tribe in Cameroon.

There are three possible limitations to the second study: (a) the sample population was small, which makes it difficult to generalize the results to widows of other parts of Cameroon, and since all participants were part of a support group, and not all young widows self-identified as needing this assistance, results may also not be generalizable to all young Banso widows; (b) high levels of stigmatization towards mental health problems, mourning rituals, customs, and traditions made it difficult for the widows to

honestly report how they grieve; and (c) the GPI-R has been validated with populations in First World countries and not with an African population. This study is probably the first of its kind with an African population.

The current study contains results that may suggest future directions for (a) research, (b) policy development, and (c) mental health practice. In terms of research, this study provides an overview of the grieving patterns of young Bansa widows based on Doka and Martin's (2006) three patterns of grief, thereby giving researchers a spring board for further research with similar populations.

The results contain two possible implications for policy development: (a) first, policy makers can implement policies that better support widows need to mental health services, (b) this study also provides data that can be used for the education of local and community leaders of the dangers and mental health ramifications of some of the traditional mourning rituals.

Some of the implications from this study include (a) the implementation of improved mental health treatment interventions; and (b) the study serves as a spring board for further research on grieving style of other community groups especially in Cameroon and in other African populations.

Thematic Linkage of the Two Manuscripts

The thematic linkage between the two manuscripts is four-fold. The linkages are: (a) establishing baseline levels of critical mental health issues of young widows in Cameroon (i.e., PTSD and grief), (b) raising awareness on social justice and human rights issues of young widows in Cameroon, (c) providing psychoeducation for young widows in Cameroon around mental health, and (d) giving attention to the topics of grief styles

and PTSD levels of the young Banzo widows. This will better inform service providers and lawmakers about the unique needs and experiences of this vulnerable population.

Overall Knowledge Gaps and Research Imperatives not Visible when each Manuscript is Considered Individually

The scholarly literature is void of research examining PTSD (presence versus absence) among young Banzo widows in Cameroon and in Africa as a whole, as well as the grieving styles of this population. Given the dearth of knowledge about this vulnerable population, a closer examination is needed.

Several conditions justify this investigation of the young Banzo widows' grieving styles and PTSD symptoms. First, there is a dearth of scholarly literature on this subject. Bennett (1996) suggested that one of the issues that need to be addressed is the assessment of the mental health needs of widows. Sossou (2002) also noted the importance in examining the effects of psychological oppression and widowhood practices in the West African societies. Second, the generalizability of Doka and Martin's (2010) influential theory of instrumental, blended, and intuitive grief styles to an African context is unknown. Third, these studies give a voice to an undermined and understudied group of women in the Cameroonian community (Creswell, 2007).

Relationship of the Manuscripts to Personal Future Research Agenda

The two studies in this dissertation serve as a springboard in the research areas of interest in my career as a counselor educator and researcher. Working with underprivileged populations, especially women and young girls, has been a passion of mine since I was growing up as a young girl in Cameroon. As a researcher and counselor educator, it is imperative that I continue to research topics and areas that impact the

mental health of these vulnerable populations in Cameroon and in Africa as a whole. Literature so far shows a huge gap of knowledge about mental health issues of women and children in Africa. It is my goal to investigate and assess their mental health issues and how it has been impacted by trauma, domestic violence, traditional customs, and other possible human rights violations that women and young girls could be facing in the African continent and in Cameroon in particular.

Advocacy is another area that is very dear to my heart. The current studies in this dissertation give basic information on the level of PTSD symptoms (trauma) and grieving styles. Much still needs to be known about how these women are coping with their current status of widowhood and what can be done to help them. Doing a qualitative study with open-ended questions, interviews, observations, and participation in their activities will provide a rich in-depth understanding of the mental health issues and other problem areas as a whole of these young widows. Advocating for the respect of the basic human rights for women and young girls is very important to my career. Few studies have been done to investigate violence against women and young girls in Cameroon. Conducting studies that look at the predicaments of this population and finding possible solutions to ameliorate their conditions is something I will be working on throughout my career as a counselor educator and researcher.

Policies that directly impact the lives of women and young girls might exist, but investigating their effectiveness is an area I would love to investigate. Progress has been made in the last decade in Cameroon to protect the rights of women and children, but much work needs to be done. With studies proving the effectiveness or ineffectiveness of

the current policies, will be a great piece of information that policy makers could use as reference in an effort to make changes in this area.

It is important to formulate treatment interventions that fit this particular population, taking into consideration their particular needs, cultural norms, belief systems, level of education, and socioeconomic status. Conducting more studies that assess the mental health needs of women and young girls in different community groups in Cameroon and in Africa as a whole is very important to bridge the gap of knowledge in this area of research.

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APPENDIX

Appendix A: IRB Approval Email

**EXEMPT
 DETERMINATION**

Date of Notification	12/21/2015		
Study ID	7103		
Study Title	psychological elements of trauma and grief among young Banso widows in Cameroon		
Principal Investigator	Cass Dykeman		
Study Team Members	Ruth Lange, Vong Ratts, Debbie Rubel		
Submission Type	Initial Application	Date Acknowledged	12/21/2015
Level	Exempt	Category(ies)	2
Funding Source	None	Proposal #	N/a
PI on Grant or Contract	N/A	Cayuse #	N/A

The above referenced study was reviewed by the OSU Institutional Review Board (IRB) and determined to be exempt from full board review.

EXPIRATION DATE: 12/20/2020

The exemption is valid for 5 years from the date of approval.

Annual renewals are not required. If the research extends beyond the expiration date, the Investigator must request a new exemption. Investigators should submit a final report to the IRB if the project is completed prior to the 5 year term.

Documents included in this review:

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Protocol | <input checked="" type="checkbox"/> Recruiting tools | <input type="checkbox"/> External IRB approvals |
| <input checked="" type="checkbox"/> Consent forms | <input checked="" type="checkbox"/> Test instruments | <input type="checkbox"/> Translated documents |
| <input type="checkbox"/> Assent forms | <input type="checkbox"/> Attachment A: Radiation | <input type="checkbox"/> Attachment B: Human materials |
| <input type="checkbox"/> Alternative consent | <input type="checkbox"/> Alternative assent | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Letters of support | <input type="checkbox"/> Grant/contract | |

Comments:

Principal Investigator responsibilities:

- Certain amendments to this study must be submitted to the IRB for review prior to initiating the change. These amendments may include, but are not limited to, changes in funding, , study population, study instruments, consent documents, recruitment material, sites of research, etc. For more information about the types of changes that require submission of a project revision to the IRB, please see: http://oregonstate.edu/research/irb/sites/default/files/website_guidancedocuments.pdf
- All study team members should be kept informed of the status of the research. The Principal Investigator is responsible for ensuring that all study team members have completed the online ethics training requirement, even if they do not need to be added to the study team via project revision.
- Reports of unanticipated problems involving risks to participants or others must be submitted to the IRB within three calendar days.