

THE INFLUENCE OF PARENTAL DEATH ON THE MEASURES OF MEANING AND DEPRESSION IN A SAMPLE OF HIV AND AIDS HEALTH EDUCATION VOLUNTEERS

A INFLUÊNCIA DA MORTE PARENTAL NAS MEDIDAS DE DEPRESSÃO E SENTIDO NUMA AMOSTRA DE VOLUNTÁRIOS DE EDUCAÇÃO PARA SAÚDE EM HIV E AIDS

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Abstracty. The levels of meaning and depressive symptoms, of HIV and Aids Health Education Volunteers (N=24), who are bereaved (lost one or both parents) (N=13) and those who are non-bereaved (N=11), were investigated. A pre-experimental design, one group pretest-posttest design, was used. The participants' age ranged from 20 to 39 years (M= 27.13; SD= 5.25). T-tests for paired samples revealed that, the PIL scores of non-bereaved participants improved from moderate sense of meaning, in the pre-test, to high sense of meaning, in the post-test; and their BDI scores improved from mild depressive symptoms to normal fluctuations. Interestingly, similar improvements were noticed in the PIL and BDI scores of bereaved participants, even though their scores were lower, in both measures. In this way, Viktor Frankl's theory of sense of meaning was found to be helpful in improving well-being; especially of bereaved participants.

Keywords: Bereavement, Depression, HIV & Aids, Parents, Sense of Meaning, Wellbeing.

Resumo. Foram investigados os níveis de sintomas depressivos e de sentido de voluntários de educação para saúde em HIV e Aids (N=24), que estão em luto (perderam um ou ambos os pais) (N=13) e não estão em luto (N=11). Foi utilizado um desenho pré-experimental, com um grupo de desenho pré-teste/pós-teste. A idade dos participantes variava entre 20 e 39 anos (M=27,13; SD=5,25). Testes t para amostras emparelhadas revelaram que, os resultados do PIL em participantes não em luto melhoraram de "senso moderado de sentido", no pré-teste, a "alto senso de sentido", no pós-teste; e os seus resultados no BDI melhoraram desde sintomas de uma depressão leve a flutuações normais. Interessantemente, melhorias similares foram notadas nos resultados do PIL e do BDI de participantes em luto, apesar de seus resultados serem mais baixos, em ambas as medidas. Desta forma, a teoria de senso de sentido de Viktor Frankl demonstrou ser útil na melhoria do bem-estar; especialmente de participantes em luto.

Palavras chave: Luto, Depressão, HIV & Aids, Pais, Senso de Sentido, Bem-estar.

INTRODUCTION

Parental death has a significant impact on the lives of children. When a child loses a parent, one of the things we expect is that the child will be able to “bounce back” after a short period of grieving (Black, 2005). The reality of the situation is that, bereaved children need support, understanding and counselling, to help them cope with the loss (Auman, 2007). Research contends that bereaved children are a vulnerable population, which is at an increased risk for social impairment and psychopathology (Fain-Leslie, 2002). Of significance is that, childhood parental loss does not seem to affect children only in their early stages of development, but it affects them throughout their adult years.

Research on bereavement indicates that parental death is associated with different outcomes on an adult. One of the significant findings is that adults who lost their parents in childhood are more likely to demonstrate lower levels of self-confidence and some degree of depression than non-bereaved individuals (Bubber, 1995; Mack, 2001; Schultz, 2007). This could be as a result of the crushing sense of loss, the yearning, cherished identification with a beloved parent, continuing attachment beyond death and the continued loss of power, aggravated by poor support systems (Waisanen, 2004). Considering the significant role that parents play in the development of their children’s sense of meaning (Makola, 2007), loss of a parent could also have an impact on their levels of meaning.

OBJECTIVES AND RESEARCH QUESTIONS

The purpose of this study is to investigate the influence of parental death on the participants’ sense of meaning and depression. Its overarching objective is to determine whether the levels of meaning and depressive symptoms of HIV and Aids Health Education Volunteers, who have lost one or both parents, differ from those of participants who still have both parents; and whether Viktor Frankl’s theory of sense of meaning could be used to improve their well-being.

Research Questions

The study will attempt to answer the following research questions:

- Does the levels of meaning, of HIV and Aids Health Education Volunteers who have lost one or both parents, differ from those who still have both parents?
- Does the levels of depression of HIV and Aids Health Education Volunteers who have lost one or both parents, differ from those who still have both parents?
- Is there an improvement in the levels of meaning and depressive symptoms, as a result of the workshop on sense of meaning?

METHOD

The research is quantitative in nature. Data will be collected by means of a Biographic questionnaire, the Purpose in Life Test (PIL), and Beck Depression Inventory (BDI).

Research Design

A pre-experimental design, one group pretest-posttest design, has been used, to evaluate the influence of the independent variable (workshop) on the dependent variable (PIL score/sense of meaning). According to Borg and Gall (1989) this design is justified in situations where one is attempting to change attitudes, behaviour, or knowledge that is unlikely to change without the introduction of an experimental treatment (e.g. few students learn research design “independently” without instruction).

Participants

Convenience sample of 24 volunteers, from the Information, Education and Communication (IEC) Cluster of Matjhabeng HIV and Aids Consortium, was used.

Accordingly, a demographic description of the workshop respondents will be given.

Age	Range (20 to 39 years), mean (27.13), standard deviation (5.25), mode (26), median (26)
Gender distribution	8 male (33%), 15 female (63%), and 1 not indicated (4%)
Home language	14 South Sotho (58%), 1 Setswana (4%), 9 Xhosa (38%)
Domicile	2 Urban (8%), 15 Semi-urban (63%), 4 Rural (17%), 3 Missing (12%)

Measuring Instruments

Biographic questionnaire. A self compiled biographic questionnaire was used to gather the biographic details of the participants.

Purpose in Life Test (PIL) of Crumbaugh and Maholick (1969). This was administered to measure the extent to which participants experience a sense of meaning and purpose in their lives. According to the criterion provided by Crumbaugh and Maholic (1969), scores of 92 or less are indicative of low meaning, and scores of 112 and more indicate definite purpose in life, with moderate meaning in between.

Beck Depression Inventory (BDI-IA) of Beck and Steer (1993). This scale was administered to measure the levels of depression and depressive symptoms of the participants. The scores for the BDI can be interpreted as follows: Scores below 10 are considered normal, and indicate normal fluctuations in daily life. Scores from 10-18 indicate mild to moderate depression, from 19-29 indicate moderate to severe depression, and scores of 30-63 indicate severe depression.

Procedure

Pre-test

The researcher administered the biographic questionnaire, the Purpose in life test (PIL) and Beck Depression Inventory (BDI) to 24 participants.

Workshop

Immediately after the pre-test, the researcher presented a three days workshop to

the participants. The workshop was based on Viktor Frankl's theory of "Meaning in Life". In this workshop the researcher presented the theory (based on a self compiled manual), as well as practical exercises, i.e. songs and videos with themes of meaning and purpose.

Post-test

The researcher re-administered the Purpose in Life test and Beck Depression Inventory to 23 participants. One participant was absent, and thus did not complete the post-test scale. The main purpose of re-administering the questionnaires was to determine whether the workshop did have an influence on the participants' feelings of purpose (as measured by the PIL) and depression (as measured by the BDI).

Ethical Considerations

Permission was obtained from the management of Matjhabeng HIV and Aids Consortium to involve the Health Educators in this research. The Health Education Volunteers invited to participate in this research were informed that they were free not to participate. The researcher obtained the participants permission to use the data for research purposes and assured them that there would be no personal identifiers.

Data Analysis

Data was analysed quantitatively. The data from the one group pretest-posttest design was analysed with a correlated t test. The scores of the pre-test (Purpose in life and Beck Inventory) were compared to the scores of the post-test (Purpose in life and Beck Inventory). A t-test for paired samples was computed on the complete sets of pre- and post-test PIL and BDI scales to test the significance of this improvement.

RESULTS

From the demographic description it can be seen that two thirds of the workshop participants were female. More than half of the respondents were Sesotho speaking, and more than a third spoke Xhosa. Only one Setswana speaker participated in the workshop. When the domicile of the workshop participants was asked, it could be seen that the majority of the participants came from semi-rural areas, which was to be expected as most of them stayed in Thabong Township. The age of the respondents ranged from 20 to 39 years, with a mean of 27.13 and a standard deviation of 5.25. Both the mode and median lay on 26, very close to the mean.

The status of the workshop participants' parents are shown in Figure 1 and Figure 2.

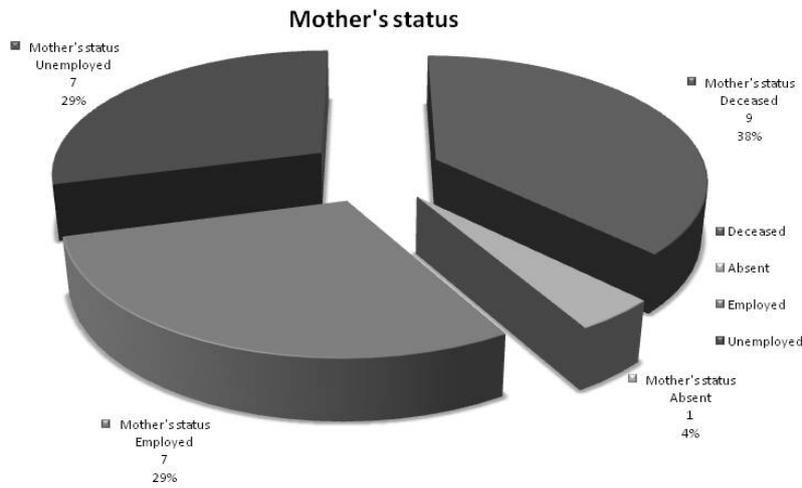


Figure 1 Mother's status

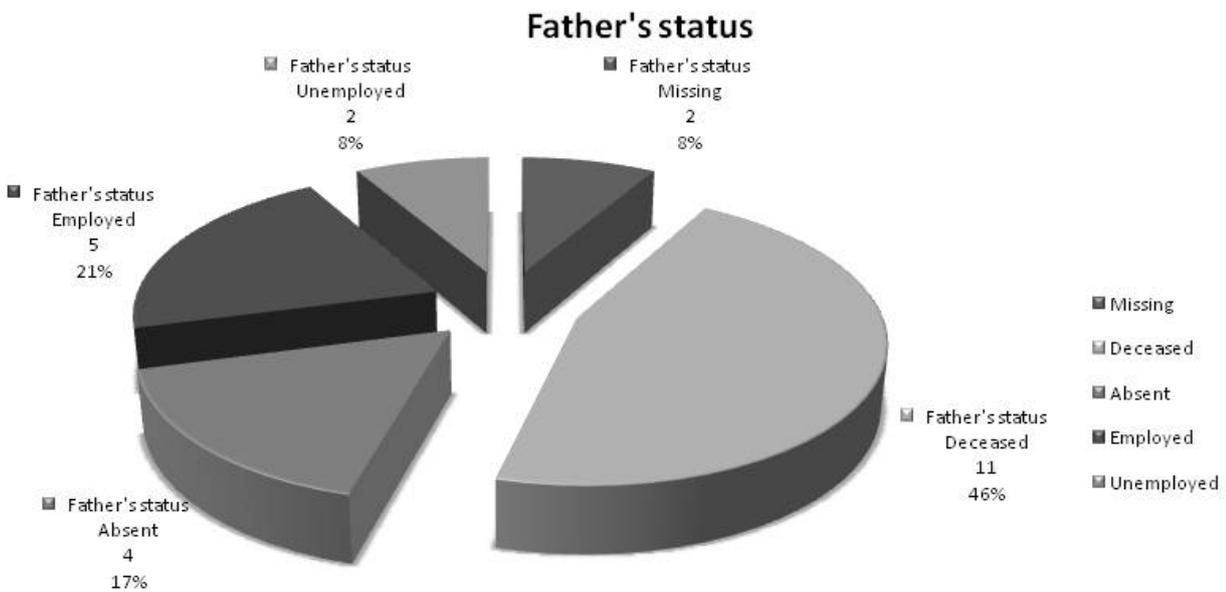


Figure 2 Father's status

What stands out in these figures is the large number of respondents whose mother (37.5%) and/or father (45.8%) were already deceased (in fact, seven, or 29.2%, of the respondents indicated that both their parents were deceased, and a further six, or 25.0%, had only one living parent). In total, 13, or 54.17%, of the participants had suffered the loss of one or both of their parents. This is especially significant, given the relatively young age of the respondents.

Participants, with both parents still living, were found to be slightly younger (Table 1). A two-sample t-test assuming unequal variances comparing the mean ages of the two groups so formed, showed

that the group with both parents living was indeed significantly younger than the other group ($t=2.5$, $df=22$, $p<0.05$).

Table 1 Comparison of Ages of Participants with Both Parents Alive and One or Both Parents Deceased

	Combined	One or Both Parents Deceased	Both Parents Living
N	24	13	11
Minimum	20	24	20
Maximum	39	39	30
Mean	27.13	29.31	24.55
Median	26	26	25
Mode	26	26	20
Standard Deviation	5.25	5.35	3.96

Influence of the Death of a Parent

Table 2 shows the PIL scores for the participants, divided into those who had suffered the loss of either or both of their parents, compared to those whose parents were both still alive.

Table 2 PIL Scores Before and After Workshop Compared by Status of Parents

	One or Both Parents Deceased			Both Parents Living		
	Pre-test Score	Post-test Score	Improvement	Pre-test Score	Post-test Score	Improvement
Mean	96.58	111.92	15.33	107.36	123.91	16.55
Median	96	117	16	109	122	18
Mode	119	126	16	112	115	7
SD	20.49	16.65	18.15	8.48	10.12	7.41
Min	67	82	-27	90	105	7
Max	127	130	47	122	140	32

Table 3 shows the same information for the BDI. Interestingly, those participants who had suffered the loss of either or both of their parents obtained lower purpose in life scores (=96.58) than those participants both of whose parents were still alive (=107.36).

Table 3 BDI Scores Before and After Workshop Compared by Status of Parents

	One or Both Parents Deceased			Both Parents Living		
	Pre-test Score	Post-test Score	Improvement	Pre-test Score	Post-test Score	Improvement
Mean	19.67	13.42	-6.25	14.64	10.18	-4.45
Median	19	10	-6	11	6	-3
Mode	16	8	-5	6	6	-5
SD	8.53	10.66	6.33	8.79	11.02	8.59
Min	8	0	-19	6	0	-27
Max	33	34	3	32	39	7

The same held for their depression scores, with those participants who had suffered the loss of either or both of their parents showing much higher depression scores (=19.67) than those participants both of whose parents were still alive (=14.64). When these scores were tested with the two-sample t-test assuming unequal variances, the results were not significant (PIL: $t=-1.7$, $df=15$, $p=0.06$; BDI: $t=1.4$, $df=21$, $p=0.09$). It should be noted, however, that the results only barely missed significance, and perhaps with a larger sample size, the results might well have been significant.

Furthermore, the difference persisted even after the workshop—those participants who had suffered the loss of one or both of their parents still obtained lower purpose in life scores (=111.92) than those participants both of whose

DISCUSSION

Parents play a significant role in the development of a sense of meaning in their children (Makola, 2007); thus, loss of a parent could have an impact on the children's levels of meaning. The current study investigated the influence of death of a parent / or parents on the purpose in life and depression scores of HIV and Aids Health Education Volunteers. The age of the respondents ranged from 20 to 39 years, with a mean of 27.13 and a standard deviation of 5.25. Both the mode and median lay on 26, very close to the mean. In total 13, or 54.17%, of the participants had suffered the loss of one or both of their parents. This is especially significant, given the relatively young age of the respondents. One slight mitigating factor in this consideration was that when the sample was split into those who had had at least one parent

parents were still alive (=123.91). The same held for their depression scores, with those participants who had suffered the loss of either or both of their parents still showing higher depression scores (=13.42) than those participants both of whose parents were still alive (=10.18). Interestingly, the post-workshop scores showed a wider gap between the PIL scores of the two groups, with that now being significant on the 5% level ($t=-2.1$, $df=18$, $p=0.03$), but a smaller gap between the BDI scores of the two groups, with the significance deteriorating even more ($t=0.7$, $df=21$, $p<0.24$). Of course, the implication of the maintenance of the distinction between the scores for the two groups is that the effect of the workshop was felt equally by both groups (Table 2 and Table 3 show very similar improvements for both groups).

deceased, and those who had both parents still living, it was found that the latter group was slightly younger. A two-sample t-test assuming unequal variances comparing the mean ages of the two groups so formed, showed that the group with both parents living was indeed significantly younger than the other group.

Interestingly participants who lost one or both parents showed lower purpose in life scores than those whose parents were still living. The same results were shown for their depression scores; with those participants who had suffered death of either or both parents showing higher depression scores than those participants whom both parents were still alive. When tested on the two-sample t-test the findings barely missed significance.

The same outcome was achieved in the post workshop scores, with participants who lost

one or both parents remaining less purposeful in life, than those with two parents. Once more, similar results were shown in their depression scores. It was interesting to note that the post workshop scores showed a wider gap between the score of the two groups, which is now significant on the 5% level. However the gap of the BDI scores was smaller, with the significance deteriorating further.

Of course the implication of the maintenance of the distinction between the scores for the two groups is that both groups felt the effect of the workshop equally.

Limitations of the study

The study had several limitations. The sample size was too small. The sample of HIV and Aids Health Educators may not be representative of all bereaved people; however it may still be useful in assessing the levels of meaning and depressive symptoms of bereaved and non-bereaved participants.

CONCLUSION

Several lessons can be drawn from this study. Firstly, Parental death has a significant impact on the lives of children. This impact seems to affect children throughout their lives. The age of the respondents in the current study ranged from 20 to 39 years. 54.17% of the participants had suffered the loss of one or both of their parents. The group with both parents living was found to be significantly younger than the other group.

Secondly, the outcome of this study suggests that participants who lost one or both parents attained lower purpose in life scores and

higher depression scores, than those whose parents were both still alive. The levels on meaning of non-bereaved participants improved from moderate sense of meaning, before the workshop, to high sense of meaning, after the workshop; with their depression scores improving from mild depressive symptoms to normal fluctuations. Interestingly, even though participants who lost one or both parents achieved lower levels of meaning and higher depression scores than those with both parents, their levels of meaning also improved from moderate sense of meaning, before the workshop, to high sense of meaning, after the workshop. In addition, their depression scores also improved from moderate depressive symptoms, to mild depressive symptoms.

Last, but not least, Viktor Frankl's theory of sense of meaning was found to be helpful in improving well-being, especially of bereaved participants. This was significant considering that people who have lost their parents need to be given more support. Interventions need to foster resilience and positive adjustment as well as respond to feelings of loss and grief.

Overall, we can conclude that, that Viktor Frankl's theory of meaning in life has a great potential in fostering psychological wellbeing. This intervention will be more effective in supporting children who have lost their parents, especially through HIV & Aids, regain their meaning and purpose of existence. Viktor Frankl, who is the founder of this theory, mentions that people, who lack meaning in their lives, end up in despair or self-devaluation. As a result, when people do not see value in themselves their libido becomes rampant and

they end developing Multiple Concurrent Partners (MCP) which results to the rapid spread of HIV & Aids, because of the sex networks that develop from MCP. This theory helps people to see value in themselves. Thus

helping bereaved volunteers regain their sense of meaning will in turn assist them in their everyday duties of educating people about HIV and Aids.

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