NEAR EAST UNIVERSITY

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IDENTITY DISTURBANCE: THE RELATIONSHIP BETWEEN PARENTAL DEATH, SENSE OF SELF, RESILIENCE AND COPING STYLES

M/Sc. THESIS

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Nicosia

June, 2022

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M.Sc. THESIS

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June, 2022

Approval

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Declaration

I hereby declare that all information, documents, analysis and results in this thesis have been collected and presented according to the academic rules and ethical guidelines of Institute of Graduate Studies, Near East University. I also declare that as required by these rule and conduct, I have fully cited and referenced information and data that are not original to this study.

DAMILOLA L. ADEKUNLE

01./11./2022

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Foremost, I would like to thank God for life and for giving me the strength to complete this thesis. Without Him, I would not have been able to do any of this.

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Very importantly I think I deserve to pat my own back. Completing a master's thesis is such a big feat and I am so, so proud of myself.

DAMILOLA L. ADEKUNLE

Abstract

Identity Disturbance: The Relationship between Parental Death, Sense of Self, Resilience and Coping Styles

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This thesis investigates the relationship between parental death, the sense of self, identity disturbance, resilience and coping styles in emerging adults. The death of a parent is a traumatic incident for individuals to experience and could have adverse effects on the strength of their sense of self as well as their identity, resilience level and the type of coping styles they use. The purpose of this study was to examine the relationship between parental death and these four variables. The study consisted of 90 participants aged 18-30 years old, split equally among three groups; the single parent group, the two-parent group and parent who have experienced parental death. Data was collected online through Google forms. The study showed that there was no significant difference between parental death and the sense of self, identity disturbance, and resilience among the three groups; although, there was a significant difference between parental death and a specific coping strategy i.e. problem focused coping. Both emotion focused coping and avoidant coping were found to have no significant difference among the three groups. Problem focused coping was found to be used less by individuals who had experienced parental death compared to individuals from single parent and two parent households. These findings could be put in mind by therapists and counselors when working with individuals who are working with individuals who have experienced parental death.

Keywords: parental death, sense of self, identity disturbance, resilience, coping strategies.

ÖZ

Kimlik Bozukluğu: Ebeveyn Ölümü ile Benlik Duygusu, Dayanıklılık ve Başa Çıkma Tarzları Arasındaki İlişki

Adekunle, Damilola, L.

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Bu tez, beliren yetişkinlerde ebeveyn ölümü, benlik duygusu, kimlik bozukluğu, dayanıklılık ve başa çıkma stilleri arasındaki ilişkiyi araştırmaktadır. Bir ebeveynin ölümü, bireylerin deneyimlemesi gereken travmatik bir olaydır ve benlik duygularının yanı sıra kimlikleri, dayanıklılık düzeyleri ve kullandıkları başa çıkma tarzları üzerinde olumsuz etkileri olabilir. Bu çalışmanın amacı ebeveyn ölümü ile bu dört değişken arasındaki ilişkiyi incelemektir. Çalışma, 18-30 yaşları arasında, üç gruba eşit olarak bölünmüş 90 katılımcıdan oluşmuştur; tek ebeveynli grup, iki ebeveynli grup ve ebeveyn ölümü yaşayan ebeveyn. Veriler, Google formları aracılığıyla çevrimiçi olarak toplanmıştır. Çalışma, üç grup arasında ebeveyn ölümü ile benlik duygusu arasında anlamlı bir fark olmadığını gösterdi; üç grup arasında ebeveyn ölümü ve kimlik bozukluğu arasında anlamlı bir fark bulunmadı; ebeveyn ölümü ile dayanıklılık arasında anlamlı bir fark yok; son olarak, ebeveyn ölümü ile belirli bir başa çıkma stratejisi, yani problem odaklı başa çıkma arasında önemli bir fark vardı. Hem duygu odaklı başa çıkma hem de kaçınan başa çıkmanın üç grup arasında anlamlı bir fark olmadığı bulundu. Bu sonuçlar, katılımcılar ebeveyn ölümü yaşayanlar ve yaşamayanlara göre analiz edildiğinde tekrarlandı. Ebeveyn ölümü yaşayan bireylerin problem odaklı başa çıkmayı tek ebeveynli ve iki ebeveynli hanedeki bireylere göre daha az kullandıkları bulunmuştur. Bu bulgular, ebeveyn ölümü yaşamış bireylerle çalışan bireylerle çalışırken terapistler ve danışmanlar tarafından akılda tutulabilir.

Anahtar Sözcükler: ebeveyn ölümü, benlik duygusu, kimlik bozukluğu, dayanıklılık, başa çıkma stratejileri, beliren yetişkinli

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CHAPTER I

Introduction

The study of the self has been the focus of several researchers, especially psychologists. It has been linked to several developmental stages (Maree, 2021), neurological changes (Lanius et.al., 2020), a pivotal part of identity (Maree, 2021), and in general, an important part of an individual useful in understanding, diagnosing and improving that individual's quality of life due to its influence on emotional distress and relationship with personality or/and psychological disorders (Basten & Touyz, 2020). Although the impact of trauma has been studied as an indicator or precursor for maladaptive development in individuals (Basten & Touyz, 2020), it is important to analyze the direct relationship between trauma and an individual's sense of self. This research aims to analyze the relationship between a specific form of trauma (parental bereavement), the sense of self, and identity, specifically identity disturbance, resilience and coping strategies.

According to the American Psychological Association (2013), trauma is a result of experiencing a highly negative and stressful event. Most times, these events present an element of shock or surprise. Individuals that have been exposed to a traumatic event can experience disbelief, denial, shock, or suffer long-term emotional, physiological, and psychological symptoms. Blum (2003) specifies a difference between the expected loss of an elderly parent and the unexpected loss of a young child and cites that when the death of the loved one is expected, or rather, as a part of life's natural life cycle, the individual goes through grief normally as opposed to pathologically, which would be the case when a parent loses their child to death (as this is not the natural progression of life). It is important to note that it is possible the death of a parent can be equally as shocking to a child when the parent has not lived to old age and dies at a stage that is considered untimely. Arguably, most individuals feel this way until late adulthood, when they have fully transitioned into their own lives and created a stable family for themselves.

To understand the depth of trauma and its unhinging effect, a line that details its gravity comes to mind. It states "something alien breaks in on you, smashing through

whatever barriers your mind has set up as a line of defense. It invades you, occupies you, takes you over, becomes a dominating feature of your interior landscape" (Erikson, 1991, p. 458). As individuals internalize traumatic events as a threat to them, their response to them leads to increased fear, insecurity, and anxiety, and could weaken their sense of self (Hurvich, 2006). Unsurprisingly, there are differences when assessing how various individuals react to exposure to trauma. Some of the negative effects could be reflected on the coping strategies or resilience level of the individual.

Statement of the Problem

There is insufficient research on the relationship between parental loss, the sense of self, and identity disturbance, especially its relationship on resilience and coping. Although it might seem like no link exists, we must remember parents are our first connection to the world. Good parents aid personal development and that job is made more difficult when left to just a single parent. As though that doesn't complicate things enough, there's the question of the effect of the death of that parent on the sense of self and identity of that individual. What identity-related issues do individuals in emerging adulthood face when they have experienced the death of a parent? Jones and Martini (2021) analyzed the effect of the death of a parent on the sense of self in emerging adults when it occurs during that developmental stage but did not make a comparison to a group that did not experience this to differentiate if this is a phenomenon present in just emerging adults who have lost a parent, or simply one that occurs to individuals in that age range regardless of their parental status.

It is also of importance to study how resilience and coping strategies used by individuals can be affected by the death of a parent. Losing one's parents before adulthood can lead to crises associated with identity confusion or disturbance (Meyer-Lee et.al., 2020) and is also linked to the presentation of maladaptive behaviors in that individual, depression (Meyer-Lee et. al. 2020), or even suicidal ideation or behaviors (Serafini et.al., 2015).

Purpose of the study

In light of the gap that exists in literature, this research aims to place a distinction in possible identity changes between individuals who are suffering from parental bereavement and those who are not. The research attempts to analyze if a difference exists between the sense of self in individuals, specifically emerging adults, who have suffered the death of a parent in their household in comparison to those with surviving parents. It also examines if a difference exists in resilience levels and coping between the aforementioned groups.

This study aims to achieve three primary objectives:

Objective 1. Identify if, as well as what type of a relationship exists between parental bereavement and the sense of self in emerging adults.

Objective 2. Identify if, as well as what type of a relationship exists between parental bereavement and identity disturbance in emerging adults.

Objective 3. Identify if a difference exists between resilience levels and coping strategies in emerging adults who have experienced parental bereavement.

Hypotheses

The present study hypothesizes the following:

Primary Hypotheses

Hypothesis I. Individuals who have experienced the death of a parent will have a significantly weaker sense of self than those who have two surviving parents and those in single-parent households.

Hypothesis II. Individuals who have experienced the death of a parent will have significantly higher levels of identity disturbance than individuals who have not experienced the death of a parent.

Secondary Hypotheses

Hypothesis III. Individuals who have experienced the death of a parent will use significantly higher levels of avoidance coping and less levels of problem-focused

coping and emotion focused coping strategies than individuals who have not experienced the death of a parent.

Hypotheses IV. Individuals who have experienced the death of a parent will have significantly lower resilience levels than individuals who have not experienced the death of a parent.

Significance of the study

There is limited research on how significant loss such as this affects identity. There is even less research when trying to examine this phenomenon in emerging adulthood. This is surprising as it is generally agreed that this developmental stage is where incorporation into identity roles occurs, as the age range is when individuals leave home and explore life on their own. This research could be fundamental in explaining why certain differences exist between emerging adults at this critical stage of development and how these differences play out and are not explicitly defined by a crisis in identity formation vs. confusion (Erikson, 1950). It emphasizes the role parents and parental loss has on the strong connectedness one might feel to their sense of self and could highlight how losing that sense of self can have negative consequences for identity. The results, if significant, could also make contributions to effective psychotherapies for those dealing with grief as well as provide more information on the possible etiology of identity crises. This could be useful for clinicians e.g., for understanding certain personality disorders associated with the sense of self such as borderline personality disorder, as well as for assisting individuals suffering from bereavement.

Limitations of the Study

Possible limitations for this study include difficulty generalizing the results past the age group it was focused on (emerging adulthood). Also, consideration was not given to the severity or manner of the relationship between the participant and the

parent, which could be a factor that could potentially influence the reaction or response of the individuals to the death of the primary parent. The concept of identity is a broad topic in psychology, defined by multiple dimensions and although care was taken, it is possible the research placed a greater focus on the sense of self as opposed to a global representation of identity itself.

Definitions

The following are some important terms used in the study:

***Identity*:** In simple terms, identity is defined as the accumulation of categorized data about the self (Clayton, 2013). The identity you express depends on the context or situation.

***Identity disturbance*:** As concerned within this study, relates to identity confusion of pre-established role commitments made by individuals. It also refers to instability to regulate one's sense of self (Neacsiu, et. al., 2015).

***Sense of Self*:** The sense of self can be explained as the notions or perceptions one has of themselves (Flurry & Ickes, 2007).

***Parental Death*:** The death of a parent experienced by a child.

***Resilience*:** Resilience refers to the ability of an individual to persevere and maintain positive mental health in the face of adversity (Herman, et. al., 2011).

***Coping*:** Coping involves an individual's efforts to reduce stress in difficult situations (Compas, et. al., 2001) whereas coping strategies refer to the ways the individual engages in these self-regulatory behaviors.

CHAPTER II

Literature Review

This chapter covers research-related concepts, a theoretical framework, and specific research related to the topic that can be found in the existing literature. It delves into previous studies on the sense of self, identity as well as the various theories highlighting its formation, including the attachment and social identity theory, resilience, coping styles, and the concepts of grief and bereavement. Existing links between the aforementioned variables are explored in detail to provide a framework of support for the current research.

A pioneer in identity-related research is Erikson (1950) whose psychosocial development stages mention several crises that need to be resolved for an individual to progress from infancy to late adulthood. As part of this development process, Erikson states identity versus role confusion is a crisis that must be overcome by adolescents to develop a strong sense of self and personal identity. Although Erikson's identity versus role confusion stage is typically between ages 12-18, identity evolves through time and is influenced by the experiences lived by an individual, their past, present, and their hopes for the future.

Theoretical Framework

There are several variables of interest in the current study, and the relationship between the multiple independent variables and the dependent variables is to be studied. The independent variables include parental death, resilience as well as coping styles while the dependent variables include the sense of self and identity disturbance, two similar but slightly distinct constructs. Utmost care is given to explain each of these variables in relation to the current study while keeping it factually accurate in line with previous studies. The different variables, as well as supporting theories, are discussed further below:

Sense of Self

The sense of self according to the APA Dictionary of Psychology (n.d.) is defined as how an individual identifies themselves i.e. their feelings of identity and how they differentiate themselves from others as unique entities or beings. According to Flury and Ickes (2007) individuals with a weak sense of self often feel like they do not know who they are and have a difficult time figuring out their ideologies. The sense of self has been linked to the presentation of several personality disorders and identified as an important part of an individual's identity (Basten & Touyz, 2020).

It is possible for trauma to have a large impact on the sense of self. The effects experienced could be either cognitive, wherein individuals have strong negative thoughts or core beliefs about themselves, or somatic and therefore presented physically in form of bodily pains or discomfort (Lanius et. al., 2020).

Weak Sense of Self vs. Strong Sense of Self

Although the study of the sense of self is mostly tied to research on borderline personality disorder, Flury and Ickes (2007) sought out isolating the sense of self as a variable in its own right due to its link to other areas of *identity disturbance*. Individuals with a stronger sense of self are claimed to have firmer self-images or concepts compared to those with a weaker sense of self (Cuperman, Robinson & Ickes, 2014). Flury and Ickes (2007) broke down a weak sense of self into four distinct aspects:

i. a lack of understanding of oneself
ii. the likeliness to confuse one's feelings, thoughts, and opinions with others
iii. sudden shifts in one's feelings, opinions, and values
iv. the feeling that one's very existence is tenuous

Identity

Identity is the totality of categorized data about the self (Clayton, 2013). The identity an individual expresses is dependent on the context or situation they find themselves in. For example, an individual who is a wife, mother, or teacher will have different roles to play

in those specific contexts and it might be inappropriate to act within the contexts of a particular role in an environment that is incongruent with it (e.g., acting like a mother to her students or as a teacher with her partner). Identity isn't a singular feature, but rather an accumulation of the various roles an individual expresses in their daily lives. Therefore, it is important for the different aspects of identity not to clash. In light of this, Stryker (1994) defines identity salience as the likelihood of a particular part of the identity to be manifested in a social context. Emerging adulthood (ages 18-25) is a period of time with the potential for identity exploration (Arnett, 2000) and commitment perhaps due to the newfound independence of the individual. Therefore, individuals are still at a developmental stage with the potential to strengthen their sense of self and identity.

Identity Formation

Research into identity is extremely broad and made up of several theories, these are explored further below:

The Social Identity Theory

The social identity theory (Tajfel, 1974) classifies identity formation based on the *social categorization* of in-groups and out-groups. Individuals form their identity based on the various group memberships they believe they belong to, be it race, gender, ethnicity, nationality, etc. In doing so, they take on an 'us' versus 'them' mentality, where they tend to express certain biases unintentionally. One way in which they do this is by exaggerating the commonalities they share with their 'in-group', as well as the differences between them and the 'out-group'. This creates a desire to be better than the out-group and a tendency to focus mostly on their positive attributes while focusing more on the negative attributes of the out-group. This self-comparison occurs as a result of the self-categorization of the individual. The theory proposes three stages that individuals go through when identifying with a social group (Mcleod, 2019).

i. The first stage is social *categorization* which can occur as an unintentional part of processing and understanding one's environment.

Here, an individual groups objects and people in order to identify them. They make use of social groups such as gender, race, religion, sexual orientation, sports teams, ethnicity, etc. to categorize the people around them. These groups have attributes to differentiate them from other groups, as well as principles they ascribe to themselves.

ii. The second stage is *social identification*. After the categorization of several social groups around them, individuals introspect and compare themselves in relation to the various groups and search for matches. They take on the roles, duties, and identity of the group they self-categorize as and this becomes a part of their identity.

iii. Lastly, the *social comparison* takes place. As the individual has effectively categorized the various groups according to their understanding of what each group entails, and after they have internalized being part of certain groups, they begin to compare and contrast themselves against the other group as a way to preserve their understanding and categorization of the groups as explained previously above.

Although the social identity theory focuses on social groups, it is possible for individuals to feel like they belong to the family they are born into as they are members of that group, which is not just a social group but, sometimes, a biological one. This association is one of the first groups that play a role in identity formation as it has an impact on how the individual attempts to differentiate themselves from the 'group', i.e., the family and factors in the development of their personal identity.

Identity Statuses

Marcia (1980) proposed the multidirectional identity statuses, which lead to *identity formation*. He builds upon Erikson's stipulated crisis in adolescence and outlines four identity statuses based on the degree of identity exploration and identity commitment:

i. The first identity status he outlines is *identity diffusion.* This is a phase where the individual has no identity exploration and no identity commitment. This is because at this stage the individual commits to nothing and is simply "going with the flow", so to speak. There are no established goals yet, no commitment or deep desire for true self-exploration or to explore potential pathways.

ii. The next stage is *identity foreclosure*. This is characterized by low exploration and high commitment. At this stage, the individual commits to the identity set out for them. For example, a child commits to the religious views of their parents without exploring their personal interests. Here, the individual is not actively exploring other pathways they could take, or who they could become rather, they accept what has been outlined for them, most likely by their parents.

iii. *Identity moratorium*. This signifies a period of high exploration and low commitment showing a desire to 'find one's self" without committing to a single role. Individuals begin to question their beliefs, values, and goals and set out to examine what they consider truly important to them. At this point, they do not yet truly or completely know who they are but are exploring who they would like to be. According to Marcia, this group is active in an *identity crisis*.

iv. Lastly, *identity achievement*. This occurs after exploration of the self has occurred and the individual has made a commitment to their identity. The individual has explored various belief systems, values, and other things they believe are of importance and are aware of the things they consider important and an integral part of who they are. Hence, they commit to this and are aware that their identity is centered around it.

It is important to note not all individuals get to this level. Also, the multidirectionality of the statuses implies there is no fixed or linear direction for experiencing any of them. Hence, there are various factors that affect where one is at in their identity development, especially given that development is not linear.

Identity Disturbance

According to the American Psychiatric Association (APA, 2013) identity disturbance is related to pathological identity problems created by an unstable *sense of self* in the individual. Although, it must be noted that literature attempts to show a difference between Erikson's normative identity crisis and pathological identity disturbance (Sekowski et al., 2021). Kaufman (2014) categorizes identity into three groups based on existing literature:

i. Consolidated identity: A healthy certainty about who one is and their identity. The individual is consistent in their beliefs, values, and opinions and has a strong sense of who they are.
ii. Disturbed identity: This refers to problems or uncertainty an individual has about their identity or who they are. Unlike consolidated identity, individuals in this group are inconsistent in their beliefs, values, and opinions and are heavily dependent on others in their own beliefs of who they are.
iii. Lack of identity: Although, not as mainstream as the previous two groups, this refers to a feeling of emptiness and brokenness within an individual. Individuals in this category do not feel like they know who they are.

Resilience

Resilience refers to the ability to adopt or maintain a healthy psychological perspective in the face of, or after experiencing, difficulties or challenges (Stewart et al., 2011). Smith et al. (2008) explained resilience as the ability of an individual to recover, adjust, withstand or bounce back from a stressful or novel situation. According to the APA dictionary, there is a range of factors that determine an individual's resilience capabilities such as:

i. How individuals interact with their environment.
ii. Their access to good social resources.

iii. Coping strategies.

Wingo et.al. (2010) conducted research on resilience and depression specifically in individuals that have experienced abuse in childhood or been exposed to trauma. The cross-sectional research included 792 adults, predominantly African-American, who were examined based on the four variables aforementioned; depression was measured using the Beck Depression Inventory (BDI); resilience using the Connor-Davidson Resilience Scale (CD-RISC); childhood abuse was measured using the Childhood Trauma Questionnaire (CTQ); lastly, the Traumatic Events Inventory was used to assess other traumas. The forms of abuse measured by the Childhood Trauma Questionnaire included physical abuse, emotional abuse, and sexual abuse. The Traumatic Events Inventory covered assessment of exposure to a wide array of other trauma such as serious accidents, sexual assaults, physical assaults, sudden terminal diseases etc. The result showed although being exposed to childhood abuse and other trauma had a significant effect on depressive symptom severity, resilience had a significant moderating effect on this symptom severity.

A more recent study by Ding et.al. (2017) analyzed both the moderating and mediating effects of resilience in Chinese children who have experienced childhood trauma. The study used a large sample of 6406 students recruited from multiple schools all aged between 9-17 years. Three scales were used to measure the variables of interest. Similar to the study by Wingo et. al. (2010), the Connor-Davidson Resilience Scale (CD-RISC) was used to measure resilience whereas the short form of the Childhood Trauma Questionnaire (CTQ) was used i.e. the CTQ-SF. Lastly, depression was measured using a different scale altogether, the Center for Epidemiological Studies Depression Scale (CES-D) which measured depression based on four subscales namely: depressive mood, somatic symptoms, interpersonal relations, and positive affect. The results of the study showed resilience had both a mediating and moderating role between childhood trauma and depressive symptoms, albeit only a partial role in the former instance (i.e., it was only a partial mediator between childhood trauma and depressive symptoms).

Coping Strategies

According to the APA dictionary, coping is a mechanism inclusive of both cognitive and behavioral strategies to deal with stressful or negative situations in the individual. Lazarus and Folkman (1984) broke the coping process down into three main parts:

i. The stressor – This is the event or the main source of the stress
ii. Cognitive appraisal – This encompasses evaluation of the stressor/event to assess the severity of it, possible resources and ways to manage it.
iii. Coping mechanisms - These are the available strategies that could be used by the individual to deal with the stressor.

Furthermore, Lazarus and Folkman (1984) famously categorized coping strategies into two types:

i. Problem-focused coping – This involves taking steps or action to mitigate the event or deal with the stressor itself.
ii. Emotion-focused coping – This type of coping involves reappraising the stressor or even reducing the negative emotions attached to it and hence, reducing the level of stress triggered by it.

Carver (1997) split coping strategies into 14 subscales: acceptance, emotional support, humor, positive reframing, religion, active coping, instrumental support, planning, behavioral disengagement, denial, self-distraction, self-blaming, substance use, and venting. They went further to group the subscales into three categories:

i. Emotion-focused coping – This includes acceptance, emotional support, humor, positive reframing, and religion.
ii. Problem-focused coping – This category involves active coping, instrumental support, and planning.
iii. Dysfunctional coping – Behavioral disengagement, denial, self-distraction, self-blaming, substance use, and venting are grouped into this category.

Grief

Grief can be described as the pain felt after a major loss (APA Dictionary of Psychology, n.d.). Grief is a natural aspect of losing a loved one to death. The dual-modal process of grief (Stroebe & Schut, 2001) breaks down the grieving or mourning process into two stressors;

i. *loss orientation* (primary stressor) and

ii. *restoration orientation* (secondary stressor).

As these two stressors must be overcome by individuals, they undertake loss orientation coping and restoration orientation coping.

i. *Loss-oriented coping* involves the activities that the individual participates in to overcome their pain and come to terms with the death of the bereaved e.g., crying over the deceased

ii. *Restoration-oriented coping* involves taking over the deceased's previous activities and forming new identities. This is particularly noteworthy in understanding how grief can lead to changes in an individual's identity.

Aspects of Grief

Shear and Mulhare (2008) delve into two areas of grief namely; acute grief and complicated grief. It is important to understand both aspects as it opens the door to the various ways individuals are affected by, process, and handle bereavement and grief.

i. *Acute grief:* This occurs after a person is made aware of the death of their loved one. The individual goes through a 'separation response' and response to stress. There is a higher risk of this if the death of the loved one is unexpected or ghastly. They could experience hallucinations where they hear the deceased's voice, see or even simply sense them. The individual goes through intense emotions, dominantly negative, and deeply misses and wants the presence of their dead, loved one. This is important to note as the individual may begin to experience confusion about their identity, an important aspect of the current study. They could also experience various health problems including psychological changes such as anxiety, depression etc. as well as physical changes like higher

cortisol levels, heart rate, blood pressure, and sleep problems. It is important to understand that overall, it could lead to changes in the individual's immune system.

ii. *Complicated grief:* Complicated grief (prolonged grief disorder) is an intense form of grief that extends longer than the typical timeline of the rest of the population. It also negatively affects the daily functioning of the individual. It can occur after the death of any loved one although, it is prevalent in the loss of a romantic partner, even more so when parents face the death of their children. It is not as common when it involves the loss of a parent. This is not to say it does not occur when a child loses their parent, only that it is not as common when compared to the former. Individuals who experience this also face health issues similar to those present in acute grief. In addition to this, they could also go through periods of substance abuse and suicidal ideation. Apart from the feelings of persistent sadness, they tend to stay in disbelief of their loved one's death.

Parental Bereavement

Although grief is primarily linked to death, it could also be as to be presented as regret, remorse, or sorrow (APA, n.d.). On the other hand, bereavement is used as the term specifically in relation to the death of a loved one (APA, n.d.). Individuals who experience bereavement i.e., the death of a loved one tend to experience distress and go on to grieve and mourn that person in their own way. Within the scope of this research, parental bereavement refers to emerging adults who have experienced the death of their parents.

Simbi et. al., (2020) conducted a study to examine the relationship between early parental loss in childhood and depression in adults using published case-controlled studies. A total of nine studies were selected. The study set strict inclusion criteria which included:

i. Case-controlled studies
ii. Previous research which examined the relationship between parental loss and depression in adults.
iii. Previous research that broke down the various possible definitions of parental loss such as; the death of a single parent or both parents, permanent separation of the parents, and permanent or temporary (specifically for a minimum of 6 consecutive months before the child has turned 18) separation.
iv. Mandatory English published studies.
v. No limitations on studies based on location, publication date, and ethnicity.

The result of the study showed that the death of a parent, parental separation, and the loss of a parent before the age of 18 were risk factors for depression in adulthood.

Azuike et.al. (2021) compounded a comprehensive literature review to assess the effect of bereavement or early parental loss on childhood mental health. The study analyzed and selected a total of eight thoroughly vetted articles based on their inclusion and exclusion criteria. Via analysis of the articles, four themes emerged:

i. The age of the child when the parent died
ii. The reason behind the death of the parent
iii. The type of parental death (i.e. mother, father, or both)
iv. Cascading circumstances (e.g. economic changes, resources for coping etc.)

The result of the study found that there are some cascading events that could worsen the effects of the death of the parental death on the young child.

On the other hand, Guzzo and Gobbi (2021) conducted a review of previous literature to examine the effects of parental death during adolescence. The method included; selecting articles, scrutinizing the articles so as to single out significant excerpts,

compiling the excerpts into themes, and writing a discussion centered around each theme. The types of scales adopted led to the use of a coding system which caused a lot of diversity in the reactions to parental death, the impacts of parental loss, and how grief is responded to. The four main themes based on the coding system included:

i. Reactions to the parental death
ii. The social/environmental impact of the death on the adolescent
iii. Cognitions about the deceased parent.
iv. Coping behaviors.

The results of the review of previous studies reiterated the various consequences of the death of a loved one. Most of the symptoms disclosed included the presentation of mood disorders and suicidal ideations, addiction, sleeping problems, anxiety, and a higher risk for psychological disorder even after age 19, as well as a higher risk for physical or health problems like cardiovascular diseases. It could also affect social parts of their life, like success or/and interest in school and their relationship with friends. Another important issue to note is that parental death in adolescence could potentially lead to lower self-esteem and a higher sense of hopelessness.

Related Research

Sense of Self and Identity

Ickes (2012) hypothesized that individuals with a strong sense of self would have reached *identity achievement* while individuals with a weaker sense of self would be at the stage of *identity moratorium, identity diffusion*, or *identity foreclosure*. Their hypothesis was confirmed. They also found that age was a predictor of identity status as individuals were less likely to be in the *identity diffusion, moratorium,* or *foreclosure* stage the older they got, a finding consistent with previous research. Kaufman et al. (2014) in the development of the Self-Concept and Identity Measure (SCIM), factored in several items in the *Disturbed Identity* subscale. Amongst others, *identity diffusion* was one of the key aspects associated with it. Cuperman et al. (2014) studied the malleability of self-concepts (how easily they can be shaped, altered, or changed) when an individual

does not have a strong sense of self. In doing so, the study cross-referenced the strength of the sense of self scale in relation to *identity statuses* proposed by Marcia.

Grief, the Sense of Self, and Identity

Schultz (2007) examined the influence of the death of a mother on identity development in women in emerging adulthood where she found that they experienced a shift in their sense of self after the death of their mothers and felt like they had to take on new roles which brought about identity changes as well. There was also a change in their relationship with the surviving parent as some participants felt more distant while others felt closer to their fathers. All in all, they felt distinctive changes within them that came with the death of their mothers, evident in how their identity transformed as they grieved and coped with it. Also, losing someone to death can create doubts and uncertainty about the notions individuals have about the world and themselves (Servaty-Seib, & Taub, 2010) which can lead to a need to rethink or change their worldviews as well as reconstruct a new persona for themselves.

Piecing these theories together, it becomes clear that although the road to identity formation is not a clear one, it is important for healthy individuals to solve the crises they face in order to be contributing members of society. Furthermore, there is limited research on how losing a parent affects the sense of self and identity and how it can negatively impact an individual.

Individuals from single-parent households are likely to have a higher dependency on their parent and thus, the death of the primary parent is expected to lead to lower grief adaptability which has been linked with higher depressive symptoms and a lower sense of self (Jones & Martini, 2021). This lowered sense of self is hypothesized to be a contributing factor in identity disturbance following the death of the parent. It is further hypothesized that resilience and good coping strategies will be negatively correlated to a weak sense of self.

Parental Bereavement and Identity

It is clear that attachment early in life plays a role in the development of identity. However, there is limited research on how losing a parent affects the sense of self and identity.

Rugala (2000) examined the relationship between parental death and the development of identity in late adolescence and early adulthood. Factors like psychosocial development, attachment, acculturation, ethnicity, parental bonding, and sex were also assessed in order to understand their relationship with identity formation. The sample consisted of 622 undergraduate college students from the United States via a convenience sampling technique. To be considered for the research, participants needed to have been a minimum of seven years of age when they experienced the loss of their parent in order to be certain they understood the concept of death. In order to assess the variables of interest, the *Bidimensional Acculturation Scale* was used to measure acculturation, the *Parental Bonding Instrument* was used to measure overall parental bonding and parental bonding with the deceased parent, and the *Measures of Psychosocial Development* was used to examine the individual's level of identity conflict resolution as well as 14 questions from the *Identity Conflict Resolution Scale* to measure identity development. The study stated six research hypotheses in relation to identity development but found no significant results in relation to them. In summary, it found no significant relationship between parental bereavement and identity development, as well as with respect to its interaction with sex, ethnicity, parental bonding, and acculturation.

Cait (2005) conducted a study analyzing 18 women, between ages 18 through 45, who lost a parent to death when they were between ages 11 to 17, the effect it had on the family dynamic between them and the surviving parent, and its influence on identity development. The participants were recruited from two all-female colleges using convenience sampling. A *qualitative* design method was adopted as data was collected via a semi-structured interview to assess the variables. Results found that the majority of the women in the study (14 out of 18) felt like their role had changed into that of a caregiver for their surviving parent or for themselves from a lack of emotional support

which led them to take on the role of caregiver in their other intimate relationships and eventually seek out intimate relationships that could take on the role of caregiver for them. In families where there was open communication, this led to better self-esteem in the individual and a better influence on identity while in cases where communication was more rigid, individuals felt alienated and became more independent.

Another study by Cerniglia et.al (2014) investigated the relationship between parental loss and psychological functioning using three groups in a three-year longitudinal study. The first group consisted of individuals who lost their parent between birth to three years of age, the second group consisted of individuals who lost their parent between the ages of three to ten and lastly, and the third group consisted of individuals who had experienced no parental loss. The sample consisted of 151 participants from schools in central Italy. The exclusion criteria included those who experienced other forms of trauma such as abuse; those with psychiatric diagnoses; from households of divorce, or adoption; those who had bad economic issues; and those who had bad illnesses. Individuals who did not complete their questionnaire or give consent were also excluded from the study. Various measures were used in measuring different aspects of psychological functioning such as: *The Symptom Check-List (SCL-90-R)* to assess psychological distress and symptoms, *The Eating Attitudes Test (EAT-40)* to assess eating habits, and *The Adolescent Dissociative Experience Scale (A-DES)* to assess dissociation. Parents of the participants were given the SCL-90-R at the first testing in the study (T1) as well as three years after, at the second time of testing (T2). The study found that experiencing parental loss between ages 11 to 13 (pre-adolescence) years of age caused greater psychological malfunctioning in the individual than if it occurred between ages 14 to 16 (adolescence). It also showed that individuals who experienced this loss between birth to three years of age had more persistent issues in psychological functioning over time. Adolescents who experienced the death of a mother were found to have higher dissociation than those who experienced the death of a father. Also, it was noted that the "psychological profile" of the surviving parent had ramifications on the symptoms presented by the pre-adolescents and adolescents.

Recent research by Jones and Martini (2021) presents a related study to this proposed research as they aimed to link the effects of parental loss on the sense of self by observing its impact on depression and grief adaptation. The sample included 328 emerging adults (18–30 years old) in the United Kingdom. Several measures were used to collect data such as the *Texas Revised Inventory of Grief-II Scale,* the *Sense of Self Scale,* and *Beck's Depression Inventory-II*. Results showed the greater the elapsed time since the death of the parent, the more adapted to grief the participant was while adaptation to grief was lower if they had a higher dependency on the parent they had lost. There was also a negative correlation between the sense of self and depression while the levels of depression were dependent on the adaptive abilities to grief. Although the gender of the parent was not of significance to results, the level of dependency on the parent was negatively correlated with grief adaptability.

Grief and Identity Confusion

Bellet et. al. (2020) analyzed identity confusion in *complicated grief.* The study examined, using qualitative methods, the aspects of sense of self that were different between bereaved individuals who experienced complicated grief and those who did not. The sample included 77 individuals (adults), with a mean age of 45.4, who had experienced the death of a loved one. The majority of the participants had experienced the death of a parent, followed by the death of a sibling, then the death of a spouse and child. The death of their loved one was, in order, majorly due to long-term illness/natural causes, illness, accidents, homicides, suicides etc. It was statistically determined that 49.4% of the participants possibly had a complicated grief diagnosis. There were other various measures used to collect and analyze data. The *Inventory of Complicated Grief (ICG)* is a self-report questionnaire that analyzes the severity of complicated grief symptoms. It was used to identify possible participants with complicated grief. Another measure used was the *Quick Inventory of Depressive Symptomatology – Self Report (QIDS-SR)* which is also a self-report questionnaire that analyzes the extremity of depressive symptoms. The *Twenty Statements Test (TST),* a self-report questionnaire, was used to examine the self-concept of participants, an important part of the study.

Lastly, the Modified Verbal Self-Fluency Test (VSF) was used to examine the sense of self in participants in relation to the different ways they responded to the self-descriptive statements presented. The statements were coded based on nine aspects namely; demographic information, likes and dislikes, activities, social aspects of the self, psychological qualities, physical descriptions, possessions and competencies, historical descriptions/statements about the past or future self, and an 'other' category. The scoring of the coding system involved various characterizations. Firstly, the *self-fluency score* is the *quantitative* interpretation of the individual's total amount of unique self-descriptive statements. It was also analyzed *qualitatively* by the percentage of statements coded; this was identified as the *self-profile*. Diversity in participants was measured (Self-Diversity score). Self-statements were also put in the history category mentioned above into statements about the past self (past category) and future self (future category) in order to address their aim i.e., to figure out if individuals with complicated grief will identify more with their past self or future self. The results found that individuals who did not have complicated grief used less descriptive statements i.e., they had lower self-fluency scores as well as less self-diversity scores and self-relevant statements although, the differences between the groups stopped here. It was not evidenced in other self-concept category descriptors.

Resilience and Coping

The ability to deal with hardships in life is an important aspect of maintaining good psychological functioning which could be particularly important when dealing with grief. In regard to this, Newton (2012) conducted a *qualitative* study examining the use of coping skills after parental loss in emerging adulthood. The sample was obtained using a convenience sampling technique. It included 10 individuals, in the United States, who had to be a minimum of 18 years old and maximum of 26 years old when they experienced the death of a parent. The death also had to have happened at least three years and at most ten years before the interview. It was found that most participants did not count immediate family members as pillars of support unless prompted while few noted the surviving parent as well as some extended family members as sources of

support. Only a single participant felt the need to go home to help out and put a pause to their personal identity exploration whereas the remaining participants stuck to seeking out their independence. Participants also returned to their roles at work and school fairly quickly in an attempt for things in their lives to feel normal again which had either a positive or negative effect depending on how they used the resources available to them. They listed some coping methods they partook in mostly the use of religion, faith, and physical activities. It was evident that the loss impacted the identity of the participants but it seemed as tie passed for them, they were able to move gracefully through their grief and accept though their grief would always be a part of their life, they could find still have good lives.

Moosa and Munaf (2012) explored the differences that exist in coping strategies among clinical and non-clinical groups. They hypothesized that the clinical group would use more emotion focused coping than the non-clinical group and also that the non-clinical group would use problem focused coping more than the clinical group. The research sample consisted of 120 patients with a range of psychological disorders such as anxiety, depression, etc. gotten from psychiatric hospitals and centers for treatment. The non-clinical group consisted of 120 participants. Both groups ranged from 18-45 years and were matched equally with 80 males and 40 females in each group. A purposive sampling technique was used. The study used three measures; the *Personal Information form,* to collect personal information about the participants, the *Case History Sheet,* to collect past and present information about possible psychological issues of the participants in the study and lastly, *The Coping Response Inventory-Adult Form* to measure coping responses of the participants. Results found that there was no significant difference in the use of emotion-focused coping between the clinical and non-clinical group. Although, they found a significant difference in the use of problem focused coping between the clinical and non-clinical group. Another thing to note is in the problem-focused coping, they found no difference between the female clinical group and the female non clinical group.

Julal (2013) conducted a study to analyze the use of the support services provided by universities to their students according to the type of problem-focused coping strategy used by the student and its effectiveness. The study included 131

psychology undergraduate students with a mean age of 19. The research used various measures such as *Problem-Focused Coping Styles (PF-SOC)* used to measure if the individual uses a *reactive*, *reflective* or *suppressive* problem-focused coping style; the *Zung Self-rating Depression scale* and the *Zung Self-rated Anxiety Scale* were also to measure psychological distress in the participants. Demographic information was gathered about the participants and they also stated if they had been through any personal difficulties. Lastly, they were asked to indicate the problem-focused services they used in the university. The results of the study showed that participants who used the reflective problem-coping strategy and experienced personal difficulties were more likely to use the student social support services provided by the university. Furthermore, it showed that if the student did not use more effective problem-focused coping strategies, they were more likely to experience psychological distress.

Kennedy et. al. (2018) investigated the relationship between childhood bereavement and stress resilience in late adolescence. The sample consisted of Swedish potential conscripts gotten from the national register and all their biological first-degree relatives were identified. Experiencing the death of a first degree relative such as their parent or sibling was noted as a primary indicator for psychological stress. This was the measure of childhood bereavement. As the participants included potential conscripts, the military administered a stress resilience test to them all to ensure they could handle the stress of the military duties they would be exposed to without further psychological breakdown or distress. Cognitive ability of the participants was also measured and scored in line with stress resilience. The Swedish census records were also examined in order to gain access to the socioeconomic characteristics of the mother and father according to employment and education level. Furthermore, the psychiatric health of the participants' parents was evaluated to clarify if they had a diagnosis either as inpatients or outpatients. The results of the study showed most of the participants, a little over half, had high stress resilience while the others had moderate and low resilience levels. It was also observed that experiencing the death of someone close in childhood was linked with lower stress resilience than those who had not. In fact, it was found that the conscripts who had experienced bereavement in childhood had almost over half of a higher risk for low resilience levels than those who had not experienced bereavement. They found that

death of the father increased the risk for low resilience (by 71%) more than the death of a mother (which put the risk at 42%) and the death of a sibling (which increased the risk to 29%). It was also noted that bereavement consistently led to lower stress resilience regardless of age, although this relationship was stronger the older the child was with preschoolers having the weakest associations, and teenagers having a higher risk for a drop in their stress resilience levels. This result stayed significant regardless of the nature of death (i.e., the source of their bereavement) and even if their parents had been hospitalized in the past for psychological disorders.

Porter and Claridge (2019) examined the needs of emerging adults following the death of a parent. The sample included 15 participants ages 18 to 32, in the United States, who had experienced parental bereavement between ages 18 to 30. A convenience and snowball sampling technique was used. The *qualitative* study used an original semi-structured interview created by the authors to collect data but also included two open-ended questions from the *Adult Attachment Interview* in order to measure the parental attachment of the participants. Results showed participants went through three phases of emotions; the first phase was immediately after the death of the parent (*immediate emotional experience*) where participants had mixed feelings of shock, sadness, frustration, anger, and numbness even when the death was anticipated. The second phase (*in-between emotional experience*) occurred after the initial shock and feelings surrounding the death of the parent had subsided exhibited when some participants began to blame themselves for not doing enough to help the parent, and some felt angry at their parents for not taking better care of themselves while some repressed their emotions. In the third phase (current emotional experience), participants had consistent feelings of sadness but were more willing to embrace their grief as a way to keep the memories of their loved ones alive. In conclusion, although the death of the parent brought about stressors (some specific to emerging adulthood) in the participants and elicited various negative emotions, participants showed resilience in their grief. In spite of pausing aspects of their life related to personal development and growth such as completing college or starting a career, which contributed to distress, participants did well in dealing with their loss.

CHAPTER III

Methodology

This chapter details several subfields such as: the research design, the processes involved in participants selection, data collection tools, procedure, data analysis and the ethical steps taken into consideration in order to protect participants and the validity of the study.

Research Design

An experimental, quantitative, research design method was used for this study. This method, specifically the differential research method, was used because of the nature of the research. Due to the inability to manipulate the independent variable, i.e., the death of a parent, participants were selected based off the natural occurrence of the event instead. This experimenter-selected independent variable (Price et al., 2017) was used to categorize participants into their respective groups. In simpler terms, the research used a quasi-experimental design method as it was the most ethical and suitable method for isolating the independent variable of interest and studying its relationship with the dependent variables. To cater for the large volume of participants as well as the participant characteristics required, individuals were recruited online through a convenience sampling technique. The measures for collecting data were coded into online software (Google forms) in order to: to allow ease of access to participants, reach a wide base of individuals, restrict participants to a single response each, and easily extract data unto the software used for data analysis, Statistical Package for the Social Sciences (SPSS).

Population and samples

Participants recruited varied across several countries. As the research focused on emerging adulthood as the age group of interest, it was mandated that participants be between age 18-29 (Arnett et.al., 2014). A total of 90 participants were recruited for the study; each group consisted of 30 participants. Participants were split into three groups; two control groups, and one treatment group. The first control group consisted of emerging adults raised by both parents who were both still alive at the time of testing. The major determinants to be considered a member of this group was for both parents (either biological or not) to be alive and be legally married or civil partners, as is sometimes the case with same-sex couples, at the time of the participant's response. The second control group consisted of emerging adults who were raised by a single parent and the cause for this single-parent household was not the death of the other parent. For the sake of this research, this meant two parents had to be alive, but they were either separated, divorced, or the participant had simply never met the other parent. As long as the participant was raised in a single-parent household and the reason was not parental death, participants were grouped into this category. On the other hand, the treatment group consisted of emerging adults who had experienced the loss of a parent. Participants could have come from single parent households or two parent household, as long as the parent who raised them (applicable in single-parent households) had died, they were deemed suitable for this category. Participants were grouped in this way to ascertain that if a relationship existed between the independent variable and dependent variables, it was truly related to the death of a parent and not simply the absence of one. Participants could be adopted only if the adoption did not occur at adolescence but rather at birth or infancy. This is because previous research has shown a higher rate of adoption disruption or failure in older children (Berry & Barth, 1990; Kadushin & Seidl, 1971; see also Sharma, McGue & Benson, 1996). There is also the possibility of older children forming an insecure attachment style when adoption occurs at a later age (Howe, 2001).

Table 1.

Socio-demographic information of participants

Demographic Variables	Demographic information	*N*	Percent %	Cumulative Percent %
Gender	Female	60	66.7	66.7
	Male	28	31.1	97.8
	Non-binary	2	2.2	100.0
Household Group	Two Parent	30	33.3	33.3
	Single Parent	30	33.3	66.7
	Deceased Parent	30	33.3	100.0
	18	2	2.2	2.2
Age	19	13	14.4	16.7
	20	9	10.0	26.7
	21	12	13.3	40.0
	22	13	14.4	54.4
	23	16	17.8	72.2
	24	10	11.1	83.3
	25	6	6.7	90.0
	26	4	4.4	94.4
	27	2	2.2	96.7
	29	3	3.3	100.0

Table 1 above shows the socio-demographic information for the participants in the study. It shows a total of 60 females (66.7%), 28 males (31.1%) and 2 non-binary (2.2%) individuals as part of the research participants. The participants are also split evenly among the three groups with 30 (33.3) individuals in the two-parent household, 30 (33.3) individuals in the single parent household and 30 (33.3) individuals in the

household that has experienced the death of a parent. The minimum age of participants was 18 and the maximum age was 29.

Data Collection Tools

The following data collection tools were used in the study: a demographic questionnaire, the Sense of Self Scale, the Brief-COPE, the Brief Resilience Scale, and the Self-Concept and Identity Measure. The measures were given to all participants in all three groups. The measures were also keyed into SPSS and the data collected was analyzed using this software.

Demographic Questionnaire

A demographic questionnaire was used to collect demographic information from participants. The information collected included: age, sex, gender, education level, ethnicity, relationship status, household type (single parent, two-parent), status of parents' life (deceased or alive), closeness to deceased parent if applicable, as well as the participant's age when the parent died. The information collected was selected not only to analyze the characteristics of the research sample, but also to confirm viability for participation in the study.

Primary Measures

The Sense of Self Scale (SOSS). The SOSS by Flury and Ickes (2007) is a 12-item measure with a 4-point Likert scale used to measure the strength of the individual's sense of self. The scale highlights four aspects as part of what is considered a weak sense of self in order to assess this. These aspects are; difficulty understanding oneself, inconsistency in one's feelings, opinions and values, confusion of one's feelings, thoughts, and perspectives with those of others and feeling like one's existence is fragile (Flury & Ickes, 2007). The scale is suitable for use in the age group of interest i.e., emerging adulthood (18-29 years) and has a high level of internal consistency and test-retest reliability as well as high convergent and divergent validity. The internal reliability was assessed using Cronbach's alpha with an alpha level of 0.86 and test-retest reliability of 0.83. It also shows high convergent validity as it has a high

correlation with the Borderline Syndrome Index ($r = 0.68$, $p < .01$) and the Identity Impairment Scale ($r = 0.73$,$p < .01$), as well as a negative correlation with the Rosenberg's Self-Esteem Measure ($r = -0.67$, $p < .01$).

The measure is rated with response options from 1 (very uncharacteristic of me) to 4 (very characteristic of me). The minimum score an individual can attain is 12 while the maximum amount possible is 48. This is due to the fact that the maximum number of points an individual can get per question is 4, while the minimum is 1. Three items on the scale are reverse scored. These questions are: "I have a pretty good sense of what my long-term goals are in life", "I have a clear and definite sense of who I am and what I'm all about", and "I tend to be very sure of myself and stick to my own preferences even when the group I am with expresses different preferences". A higher score generally indicates a weaker sense of self and vice versa. Each participant in each group had their total score in the sense of self scale analyzed as part of the study. The scale can typically be completed in an average of ***two minutes***.

The Self-Concept and Identity Measure (SCIM). The SCIM by Kaufman et. al. 2015 is a brief 27-item self-report measure that was used to measure if an individual is exhibiting identity disturbance using a 7-point Likert scale. The measure was developed to assess identity dimensions and categorize them as healthy or disturbed. This scale has been validated for use in normative samples, as opposed to treatment samples, making it a suitable measure for participants in this study. The measure categorizes identity into three constructs or subscales namely; consolidated identity (healthy identity, stable over time), disturbed identity (confusion, instability, identity crisis) or a lack of identity (brokenness, emptiness). It has high internal consistency with a cronbach alpha level of 0.89 and high test-retest reliability (Cronbach alpha = 0.93, $r = 0.88$; intraclass correlation coefficient = 0.88) and good construct validity.

The measure has response items rated from 1 (Strongly Disagree) through 7 (Strongly Agree), and an 'I don't know' option if participants were unsure of what option to pick. A higher score generally indicates a greater chance of identity disturbance and vice versa. Each participant in each group had their total score in the sense of self scale

analyzed as part of the study. The scale can typically be completed in an average of ***four minutes***.

Secondary Measures

Brief-COPE Scale. The Brief-COPE (Carver, 1997) was incorporated into the study in order to study if a relationship exists between coping mechanisms and parental death in emerging adulthood. The scale is applicable for measuring how individuals have been able to deal with challenges or different types of hardship in their life. It is a 28-item self-report questionnaire with a 4-point Likert scale designed to measure effective and ineffective coping strategies. The scale has response items rated from 1 (I haven't been doing this at all) through 4 (I have been doing this a lot). This scale was chosen due to the recognized impatience of participants answering the questions in the full scale, i.e., Coping Orientation to Problems Experienced -COPE (Carver, 1997). In addition, consideration was given to the total amount of questions of all the measures in the study, and the Brief-COPE was selected as an attempt to prevent fatigue in participants while maintaining the validity and reliability of the dimension being studied as the scale was found to have good psychometric properties. The scale can typically be completed in an average of ***three minutes***. It consists of 14 subscales with two questions in each scale. These subscales include: self-distraction, active coping, substance use, use of emotional support, use of instrumental support, behavioral disengagement, venting, positive reframing, planning, humor, acceptance, religion, self-blame (Carver, n.d.). All of the subscales have good reliability with an alpha level above .60 except denial (.54), acceptance (.57) and venting (.50). None of the subscales have any reversals in terms of coding and scoring. It is possible to get a minimum score of two (I haven't been doing this at all) and a maximum score of eight (I have been doing this a lot) on each subscale (Shirley Ryan AbilityLab, 2015). This scale does not make use of an overall score rather, each subscale is calculated. High scores in particular subscales suggest a high usage of the subscales as coping strategies (DeDios-Stern, Lee & Nitsch, 2017). The authors do not specify another way to conduct grouping and scoring of the scale but according to NovoPsych (2021), previous literature has attempted several ways to group the subscales such as into two factors, i.e., approach coping versus avoidant coping

(Eisenberg et al., 2012), or adaptive vs maladaptive coping (Meyer, 2001) or using a three-factor model (Dias, Cruz & Fonseca, 2012; see also Cooper et al., 2006). The three-factor model (Dias, Cruz & Fonseca, 2012) was used for the purpose of this study. Hence, the subscales were grouped into: problem-focused coping, emotion focused and avoidant coping. To calculate the scores for each subscale, the total score was calculated for the respective subscale, followed by finding the average.

Problem-Focused Coping Subscale. Problem-focused coping strategies are aimed at identifying and solving the problem or stressor by the individual (Lazarus & Folkman, 1984). Individuals are more likely to engage in this coping strategy when they believe they can make changes to the stressor (Carver, Scheier & Weintraub, 1989; Lazarus & Folkman, 1984).

Emotion-Focused Coping Subscale. These coping strategies are based on an attempt to alter how the stressor is being perceived by them (Lazarus & Folkman, 1984). Individuals are more likely to engage in this type of coping strategy when they believe the stressor can not be successfully dealt with or avoided and must be tolerated (Carver, Scheier, & Weintraub, 1989; Lazarus & Folkman, 1984).

Avoidant Coping Subscale. This type of coping is displayed when an individual makes no attempt to deal with stressor rather, they ignore or deny its existence (Boals, Vandellen & Banks, 2011).

Brief Resilience Scale. The Brief Resilience scale by Smith et. al. (2008) is a short scale used to assess an individual's capacity to bounce back from difficult situations. The test shows good convergent validity and predictive discriminant validity. It also has a test-retest reliability value of 0.69 in one sample and 0.62 in a second sample. It consists of 6 items as a self-report questionnaire on a 5-point Likert scale, with 1 meaning (Strongly Disagree) to 5 (Strongly Agree). The minimum score possible on this scale is 6 and the maximum is 30. This is because every item has a minimum score of 1 and a maximum score of 6. Three items on the scale are reversed scored, these items are respectively numbered 2, 4 and 8. To find the final score for each participant on this scale, the sum of each question answered is divided by the total number of

questions responded to by the participants (n=6). Technically considered the average, this score is used to determine the rating of the participant on the Brief Resilience Scale. Numerically, a score in the range of 1.00 - 2.99 is considered low resilience, a score in the range of 3.00 - 4.30 is rated as normal resilience and lastly, a score in the range of 4.31 - 5.00 is scored as high resilience (PsyToolkit, 2021; Smith, 2013). The scale has good psychometric properties; it shows good convergent and discriminant predictive validity as well as good internal consistency and test-retest reliability (Smith et al., 2008). The scale can typically be completed in an average of ***one minute***.

Data Collection

Approval from the ethical committee was first secured before data collection and analysis began. The data collection process was streamlined to make the process easier on participants. This was done by simply coding the aforementioned measures into an online platform – Google forms. Confidentiality was ensured as participants were not required to give their real names but rather identifiers for data tracking processes. Participants were made aware of the steps towards confidentiality involved in their participation and the information shared. Informed consent was gotten prior to participation and awareness was made of the voluntariness and that participation could be withdrawn at any time. The demographic questionnaire was the first measure given to the voluntary participants. The first scale on the form for participants was the Brief Resilience Scale (BRS) due to the short number on the self-report questionnaire in order to get participants acquainted to the process. Next was the Brief-COPE, as it is a slightly longer form. In order to ensure participants did not feel overwhelmed by the process, this scale was situated after a short form, i.e., the BRS. The Sense of Self Scale (SOSS) and the Self-Concept and Identity Measure both respectively came after the BRS. The given measures were given to measure resilience, coping strategies', the strength of sense of self and identity disturbance respectively. The measures were given in this order to account for possible boredom or impatience of individuals when filling the questionnaires so as to ensure the full completion of the questionnaires by the participants. Participants were debriefed after completing the questionnaire in order to

ensure they were fully aware of the process they had undertaken. Absolutely no compensation was offered to participants for participation in the study.

Data Analysis Procedures

IBM SPSS version 24 was used to conduct statistical analysis on the demography and correlation between the variables. A normality test was carried out to test for normality and equal variance between the participants. A breakdown of the data properties is outlined in Table 2 below.

Table 2.

Data properties

Variables	*N*	Minimum	Maximum	Mean	Std. Dev	Skewness	Skewness Std. Error	Kurtosis	Kurtosis Std. Eror
Sense of Self	90	14.00	46.00	29.41	7.50	-.001	.25	-.86	.50
Identity Disturbance	90	1.56	4.81	3.34	.74	-.21	.25	-.63	50
Resilience	90	1.83	5.00	3.24	.69	.10	.25	-.56	.50
Problem Focused Coping	90	9.00	32.00	23.06	5.25	-.39	.25	-.22	.50
Emotion Focused Coping	90	20.00	45.00	32.01	5.76	.12	.25	-.48	.50
Avoidant Coping	90	8.00	27.00	17.73	4.53	.12	.25	-.64	.50

A quantitative method design was used. Quantitative analysis was used to measure the degree of correlation between the variables, i.e., participants who have suffered parental

death and the strength of sense of self as well as identity disturbance, resilience and coping styles. A one-way ANOVA analysis will be conducted to test if any relationship or variation exists between the variables.

Research Plan and Process

In the first stage of the research, Sense of Self Scale, Self-Concept and Identity Measure, Brief Resilience Scale and Brief-COPE Scale permissions were gotten from researchers who developed or adapted the scale taken before they were used. Usage permissions for measuring tools can be found in Appendix F, Appendix G, Appendix H and Appendix I..	Oct 2021
In the second stage, permission was obtained from the Near East University Ethics Committee by applying via e-mail. The Ethics Committee Approval is included in Appendix J.	Oct 2021 – Nov 2021
In the third stage, convenience and snowball sampling technique were used by distributing the online form via Google Forms to individuals between age 18-30 years of age. It included participant consent forms, demographic questionnaire, the scales of interest and a debrief form.	Dec 2021- April 2022
Literature Review and examination of related research	Jan 2022 - May 2022
Statistics made with the data obtained from the participants, the findings obtained as a result of the analysis, literature were discussed accordingly and conclusions and recommendations were made.	April 2022 May 2022

CHAPTER IV

Results

In this chapter, in-depth analysis will be done on the results regarding the relationship between parental death, the sense of self and identity disturbance. Further analysis will be done to analyze the relationship that exists between resilience, coping strategies and parental death. In order to further isolate the independent variable, extra analysis was conducted to determine the differences that exist purely between the group that have experienced parental loss and the groups that had not. This can be seen in tables 4, 6, 8, 10, 12 and 14.

Hypothesis I.

Table 3.

Comparison of sense of self based on household type

Variable	Household Type	*N*	Mean	SD	F	DF	p
Sense of self	Two-Parent	30	28.10	5.99	0.69	2	0.51
	Single Parent	30	29.97	8.55			
	Deceased Parent	30	29.41	7.80			

The first variable shown above is the sense of self compared across three groups; the two-parent household (M=28.10), single parent household (M=29.97) and deceased parent (M=29.41). The result in table 1 shows no significant difference between the groups as determined by one-way ANOVA F (2, 87) = 0.69, p= 0.51.

Table 4.

Comparison of sense of self based on parental status

Variable	Deceased Parent	*N*	Mean	SD	T	p

Table 4. (continued)

Sense of Self	Yes	30	30.17	7.80	0.67	0.51
	No	60	29.03	7.38		

The first variable analyzed according to parental status is the sense of self as shown in table 2. This shows the mean in the group that had faced parental loss (30.17 ± 7.80) is slightly higher than the mean in the group that had not faced parental loss (29.03 ± 7.38). A comparison of the sense of self between the two groups based on their parental loss status using the t-test showed there were no statistically significant differences between the sense of self and parental loss ($t = 0.67$, $p = 0.51$).

Hypothesis II.

Table 5.

Comparison of identity disturbance based on household type

Variable	Household Type	*N*	Mean	SD	F	DF	p
SCIM	Two-Parent	30	3.25	0.65	0.40	2	0.67
	Single Parent	30	3.42	0.75			
	Deceased Parent	30	3.33	0.82			

The second variable analyzed identity disturbance across all three groups. Although, there are slight variations in the mean for the two-parent group (M= 3.25), single parent groups (M= 3.42) and deceased parent group is (M= 3.33), the one-way ANOVA showed no significant difference between them $F(2, 87) = 0.40$, $p= 0.67$

Table 6.

Comparison of identity disturbance based on parental status

Table 6 (Continued).

Variable	Deceased Parent	*N*	Mean	SD	T	p
Identity	Yes	30	3.33	.82	-0.05	.96
	No	60	3.34	.70		

The second variable analyzed according to parental status is identity disturbance as shown in table 4. This shows the mean in the group that had faced parental loss (3.33 ± 0.82) is about the same as the mean as of the group that had not faced parental loss (3.34 ± 0.70). Further analysis between the two groups based on their parental loss status as determined by the t-test showed there were no statistically significant differences between identity disturbance and parental loss (t = -0.05, p = 0.96).

Hypothesis III.

In order to analyze coping strategies, results were analyzed by grouping categorizing the scale into three subscales as shown in table 7-10 below. One-way ANOVA was used to compare the means and if significant differences exist between groups based on their household type.

Table 7.

Comparison of problem focused coping based on household type

Variable	Household Type	*N*	Mean	SD	F	DF	p
Problem Focused Coping	Two-Parent	30	24.03	4.36	3.17	2	0.05*
	Single Parent	30	24.00	4.61			
	Deceased Parent	30	21.13	6.20			

P=0.05

The first subscale as shown in table 5 above is problem focused coping. The means in both the two-parent household (M=24.03) and single parent household (M=24.00) are in close range, although the deceased parent household has a lower mean than both groups

(M= 21.13). The results of this analysis show a significant difference between the groups as determined by one-way ANOVA F (2,87) = 3.17, p=0.05. A Fisher's Least Significant Difference (LSD) post hoc test revealed that the difference in groups was statistically significantly different between the deceased group (M= 21.13 ± 6.20) and the single parent group (M= 24.00 ± 4.61) (p= 0.03), as well as between the deceased group (M= 21.13 ± 6.20) and the two-parent group (24.03 ± 4.36) (p= 0.03). No significant difference was found between the single parent household and two parent household (p= 0.98).

Table 8.

Comparison of problem focused coping strategies based on parental status

Variable	Deceased Parent	*N*	Mean	SD	T	p
Problem Focused Coping	Yes	30	21.13	6.20	-2.53	.013*
	No	60	24.02	4.45		

P<.05

The third variable analyzed according to parental status is the problem focused coping strategy as shown in table 8. This shows the mean in the group that has faced parental loss (21.13 ± 6.20) is lower than the mean of the group that has not faced parental loss (24.02 ± 4.45). Further analysis between the two groups based on their parental loss status as determined by the t-test showed there were statistically significant differences in the problem focused strategies and parental loss (t = -2.53, p < 0.05).

Table 9.

Comparison of emotion focused coping based on household type

Variable	Household Type	*N*	Mean	SD	F	DF	p

Table 9 (Continued).

Emotion Focused Coping	Two-Parent	30	31.63	5.42	0.29	2	0.75
	Single Parent	30	32.67	5.22			
	Deceased Parent	30	31.73	6.67			

Emotion focused coping is the second subscale depicted in table 9 above. The means across the three groups show comparable figures with the two-parent household (M = 31.63) and deceased parent household (M=31.73) in closer range than the single parent household (M= 32.67). The results of the one-way ANOVA show no significant difference F (2,87) = 0.29, p= 0.75.

Table 10.

Comparison of emotion focused coping strategies based on parental status

Variable	Deceased Parent	*N*	Mean	SD	T	p
Emotion Focused Coping	Yes	30	31.73	6.67	-.32	.75
	No	60	32.15	5.30		

The fourth subscale analyzed according to parental status is the emotion focused coping strategy as shown in table 10. This shows the mean in the group that has faced parental loss (31.73 ± 6.67) is lower than the mean of the group that has not faced parental loss (32.15 ± 5.30). Further analysis between the two groups based on their parental loss status as determined by the t-test showed there were no statistically significant differences in the emotion focused strategies and parental loss (t = -0.32, p = 0.75).

Table 11.

Comparison of avoidant coping based on household type

Table 11 (Continued).

Variable	Household Type	*N*	Mean	SD	F	DF	p
Avoidant Coping	Two-Parent	30	16.70	4.41	1.44	2	0.24
	Single Parent	30	18.67	4.71			
	Deceased Parent	30	17.83	4.39			

The last subscale, avoidant coping, shows slight differences in the means between the two-parent household (M= 16.70), single parent household (M=18.67) and deceased parent household (M= 17.83). Although as determined by the one-way ANOVA, no significant differences exist F (2,87) = 1.44, p = 0.24.

Table 12.

Comparison of avoidant coping based on parental status

Variable	Deceased Parent	*N*	Mean	SD	T	p
Avoidant coping	Yes	30	17.83	4.39	.15	.88
	No	60	17.68	4.63		

The fifth variable analyzed according to parental status is the avoidant coping strategy as shown in table 12. This shows the mean in the group that has faced parental loss (17.83 ± 4.39) is about the same as the mean of the group that has not faced parental loss (17.68 ± 4.63). Further analysis between the two groups based on their parental loss status as determined by the t-test showed there were no statistically significant differences in the avoidant coping strategies and parental loss (t = 0.15, p = 0.88).

Hypotheses IV.

Table 13.

Comparison of resilience based on household type

Table 13 (Continued).

Variable	Household Type	*N*	Mean	SD	F	DF	p
Resilience	Two-Parent	30	3.38	0.66	0.99	2	0.38
	Single Parent	30	3.16	0.65			
	Deceased Parent	30	3.18	0.76			

Analysis of the resilience variable among the three groups; two-parent household (M= 3.38), single parent household (M=3.16), and deceased parent household (M=3.18) showed little variation between the means. The results in table 11 shows no significant differences between the groups as determined by one-way ANOVA F (2,87) = 0.99, p = 0.38.

Table 14.

Comparison of resilience based on parental status

Variable	Deceased Parent	*N*	Mean	SD	T	p
Resilience	Yes	30	3.18	.76	-0.59	0.56
	No	60	3.27	.66		

The sixth variable analyzed according to parental status is resilience as shown in table 12. This shows the mean in the group that had faced parental loss (3.18 ± 0.76) is about the same as the mean as of the group that had not faced parental loss (3.27 ± 0.66). Further analysis between the two groups based on their parental loss status as determined by the t-test showed there were no statistically significant differences between the resilience levels and parental loss (t = -0.59, p = 0.56).

CHAPTER V

Discussion

The primary aim of the current research was to examine the relationship between the sense of self, identity disturbance and parental death in emerging adulthood. Further analyses were also done to see the relationship between parental death on resilience and coping strategies in individuals.

Shockingly, most of the variables investigated showed no statistically significant effects. Furthermore, only one variable was statistically significant i.e., problem focused coping style. Upon examination of the research hypotheses and objectives, it was found that the strength sense of self was relatively the same among the three groups present in the study; two-parent, single parent and deceased parent group. The same result was found upon analyzing the research sample in two groups i.e., the group that had experienced parental loss and those who had not.

The next variable, identity disturbance showed no significant difference amongst the three groups as well. The same was true when the comparison was made based on participants who had experienced parental loss and those who had not. Further analysis into resilience gave the same results as the prior variables whereas analysis of the coping styles showed a significant effect for one of the subscales as predicted – problem focused coping. The current research will be discussed further below in relation to current literature on the subject matter and the strengths, as well as the limitations will also be detailed.

A study by Jones (2021) found that the depression was a predictor of the sense of self in parental bereaved individuals. A negative relationship was found between both variables. They also found that dependency on the deceased parent did not predict the sense of self. Furthermore, they proposed more research had to be done comparing a parental bereaved group to one which had not experienced parental loss. This is relevant as the current study finds that there is no significant difference in the sense of self between in the group that experienced the death of the parent and the group that didn't. This means both the parental loss group and the group that did not experience parental

loss had comparable scores in the sense of self scale. It is possible the current research differs from this due to the nature of the research and variables analyzed. Whereas Jones and Martini (2021) looked into the grief adaptability and depression in line, i.e., its correlation with the sense of self, this research aimed to see if a direct relationship existed between the sense of self and parental death. Also, Simbi et. al., (2020) found that parental death increased risk factors for depression if the death occurred before the age of 18. This could further explain the contradicting result found in this study. Moreover, although Schultz (2007) found that women experienced a shift in their sense of self after experiencing maternal death, it could be as a result of doubts about themselves and the world brought on by experiencing the death of someone they care about (Servaty-Seib, & Taub, 2010), a consequence of acute or complicated grief (Shear & Mulhare, 2008). All in all, it seems like there are several variables that could be linked to the lower sense of self highlighted in previous literature. It seems likely the significant difference might exist due to the gender of the parent lost, the age when the parent was loss or due to other variables like depression and levels of adaptability to grief.

The next variable investigated was identity disturbance which showed no significant difference existed among the group which had experienced parental death versus those who had not. On one hand, this is in line with Rugala (2000) which found no significant relationship between parental bereavement and identity development. On the other hand, Schultz (2007) not only found that women experienced a shift in their sense of self after experiencing maternal death but also that this shift affected their identity development. Whereas, Cait (2005) found that the change in identity development was related to the change in family dynamic between the women who had experienced parental death and the surviving parent. Cerniglia et.. al (2014) found that the age the loss was experienced, the gender of parent who died as well as the “psychological profile” of the parent who survived were all related to the psychological functioning of the individuals who had lost a parent to death. This shows that the current research is somewhat in line with these. It seems like the relationship that might exist between parental death and identity disturbance, much like the sense of self, is mediated and moderated by a variety of variables and might not be as a direct result of the death of a parent.

Coping strategies was analyzed based on three subscales; problem-focused coping, emotion focused coping and avoidant coping. Only one of the subscales found a statistically significant difference between groups; this subscale is problem-focused coping. Results of the current research showed that individuals who had gone through parental death used problem coping strategies less than individuals in both single and two parent households. In fact, there was no significant difference when comparing the single parent household group with the two-parent household. Even when comparisons were further made strictly based on if individuals had experienced parental loss or not, it was found that the difference between both groups was still significantly different from individuals who had experienced parental death, having a lesser level than those who had not. This is in line with results from the study by Moosa and Munaf (2012) which found that problem focused coping was used more by normal individuals in comparison to individuals experiencing psychological distress. The implication of this is a vicious cycle as there is a possibility of more significant psychological distress when less problem focused coping is used (Julal, 2013). On the other hand, the use of emotion-focused coping was not statistically different between groups. Interestingly, this is also in line with Moosa and Munaf (2012) where no significant difference was found between their clinical and nonclinical group based on emotion coping strategies. Most surprisingly, avoidant coping showed no significant difference between groups based on household type or parental death status. Although, these results could be as a result of the individual nature of coping strategies (Newton, 2012).

The last variable examined was resilience levels across the groups. The result of this analysis showed no significant difference exists between individuals in single, two-parent and bereaved households. This is contrary to previous research by Kennedy et. al. (2018) which found that experiencing loss in childhood was linked to lower resilience levels although; the older the individual was at the point of suffering the loss, the lower their levels of resilience.

The current study makes contribution to the present-day literature as it builds upon previous research and clarifies the type of relationship that exist between the proposed variables of study although, there are certain limitations that exist. Firstly, the sample

size might be a reason as to why certain effects were not found. Also, the age in which the death of the parent occurred was not controlled for which could also have affected the outcome of the study as well as the gender of the parent that died.

CHAPTER VI

Conclusion and Recommendations

Conclusion

The current study focused on the relationship between several variables and parental loss. Analyses were conducted to investigate the sense of self, identity disturbance, resilience and coping strategies among individuals in single parent households, two parent household and deceased parent households. Upon examination of the data gathered for the research, several results came to light. These results are further discussed below.

Firstly, the results showed there was no significant difference between the sense of self in individuals raised in the three separate household types i.e., two parent, single parent and deceased parent household. When analysis was done between simply those who had lost a parent and those who had not, the difference between the two groups remained insignificant, further confirming the results. The same was found for resilience levels between the groups (even when split into according to household type and parental death status). The analysis of coping strategies brought interesting results as both emotion focused coping strategies and avoidant coping strategies showed no significant difference in groups whereas there was a statistically significant difference in the use of problem focused strategies. This significant difference was found when the comparison was made according to household type with individuals in the deceased parent group using this coping strategy less than the other two groups. It was even more pronounced when the comparison was made according to parental death status between the groups.

Recommendations According to Findings

The findings of this study showed that the most significant relationship with parental death lies within the use of problem focused coping strategies.

Individuals who have experienced the death of a parent are shown to use problem focused coping less than individuals in two parent household and single parent households. The following are recommended in line with the findings of this study:

- Individuals who have experienced loss should be encouraged to engage in more problem focused coping strategies.
- It could be worth teaching emerging adults the different types of problem focused coping styles so as to equip them to deal with challenges if the need arises.
- Based on the result of this study, researchers should note the possibility that there is no direct significant effect between parental death and the strength of sense of self and identity disturbance rather; the effect could lie in the existence of other mediating or moderating variables. This can be incorporated into therapy sessions by clinicians.
- Consideration should be made on the coping strategies being used by individuals who have experienced the death of a parent during counseling sessions. This will be beneficial in making a treatment plan for individuals dealing with grief.

Recommendations for Further Research

- Future studies should be replicated with a larger sample in order to increase the reliability of the study.
- The study consisted primarily of a specific demographic and future research should be expanded to include others and increase external validity.
- Future research should alienate possible confounding variables in order to reconfirm the relationship that exists between the groups.
- It would also be a beneficial contribution to literature if future studies focus on other variables like the age of the individuals at the time of death of the parent, the gender of the parent that died and the nature of the death of the parent.

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APPENDICES

Appendix A

Sense of Self Scale

This scale contains a number of statements concerning personal attitudes and characteristics ranging from 1- “very uncharacteristic of me” to 4 – “very characteristic of me”.

1. I wish I were more consistent in my feelings
2. It’s hard for me to figure out my own personality, interests, and opinions
3. I often think how fragile my existence is
4. I have a pretty good sense of what my long-term goals are in life
5. I sometimes wonder if people can actually see me
6. Other people’s thoughts and feelings seem to carry greater weight than my own
7. I have a clear and definite sense of who I am and what I’m all about
8. It bothers me that my personality doesn’t seem to be well-defined
9. I’m not sure that I can understand or put much trust in my thoughts and feelings
10. Who am I? is a question that I ask myself a lot
11. I need other people to help me understand what I think or how I feel
12. I tend to be very sure of myself and stick to my own preferences even when the group I am with expresses different preferences

Appendix B

Self-Concept and Identity Measure (SCIM)

This scale was used to measure identity disturbance in the research participants. It uses a 7-point Likert scale with options that range between 1- “Strongly Disagree” and 7- “Strongly Agree”.

1 - Strongly Disagree

2 - Disagree

3 - Somewhat Disagree

4 - Neither Agree Nor Disagree

5 - Somewhat Agree

6 - Agree

7 - Strongly Agree

1. I know what I believe or value
2. When someone describes me, I know if they are right or wrong
3. When I look at my childhood pictures, I feel like there is a thread connecting my past to now
4. Sometimes I pick another person and try to be just like them, even when I’m alone
5. I know who I am
6. I change a lot depending on the situation
7. I have never really known what I believe or value
8. I feel like a puzzle and the pieces don’t fit together
9. I am good
10. I imitate other people instead of being myself
11. I have been interested in the same types of things for a long time
12. I am so different with different people that I’m not sure which is the “real me”

13. I am broken
14. When I remember my childhood, I feel connected to my younger self
15. I feel lost when I think about who I am
16. At least one person sees me for who I really am
17. I always have a good sense about what is important to me
18. I am so similar to certain people that sometimes I feel like we are the same person
19. I am basically the same person that I've always been
20. I feel empty inside, like a person without a soul
21. My opinions can shift quickly from one extreme to another
22. I no longer know who I am
23. I am more capable when I am with others than when I am by myself
24. No one knows who I really am
25. I try to act the same as the people I'm with (interests, music, dress) and I change that all the time
26. I am only complete when I am with other people
27. The things that are most important to me change pretty often

Appendix C

The Brief Resilience Scale

This scale was used to measure the resilience levels of individuals across the three groups using a 5-point Likert scale to indicate how much they disagree or agree with each of the statements.

1 = Strongly Disagree 2 = Disagree 3 = Neutral 4 = Agree 5 = Strongly Agree

1. I tend to bounce back quickly after hard times.

2. I have a hard time making it through stressful events.

3. It does not take me long to recover from a stressful event.

4. It is hard for me to snap back when something bad happens.

5. I usually come through difficult times with little trouble.

6. I tend to take a long time to get over setbacks in my life.

Appendix D

Brief-COPE

The Brief-COPE was used to analyze the various coping styles used by participants across the three groups. It uses 4-point Likert scale ranging from 1 “I haven’t been doing this at all” to 4 “I’ve been doing this a lot”.

1 = I haven't been doing this at all

2 = I've been doing this a little bit

3 = I've been doing this a medium amount

4 = I've been doing this a lot

1. I've been turning to work or other activities to take my mind off things.
2. I've been concentrating my efforts on doing something about the situation I'm in.
3. I've been saying to myself "this isn't real".
4. I've been using alcohol or other drugs to make myself feel better
5. I've been getting emotional support from others
6. I've been giving up trying to deal with it.
7. I've been taking action to try to make the situation better
8. I've been refusing to believe that it has happened.
9. I've been saying things to let my unpleasant feelings escape.
10. I’ve been getting help and advice from other people.
11. I've been using alcohol or other drugs to help me get through it.
12. I've been trying to see it in a different light, to make it seem more positive.

13. I've been criticizing myself.
14. I've been trying to come up with a strategy about what to do.
15. I've been getting comfort and understanding from someone.
16. I've been giving up the attempt to cope.
17. I've been looking for something good in what is happening.
18. I've been making jokes about it.
19. I've been doing something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping.
20. I've been accepting the reality of the fact that it has happened.
21. I've been expressing my negative feelings
22. I've been trying to find comfort in my religion or spiritual beliefs.
23. I've been trying to get advice or help from other people about what
24. I've been learning to live with it.
25. I've been thinking hard about what steps to take
26. I've been blaming myself for things that happened
27. I've been praying or meditating
28. I've been making fun of the situation.

Appendix E

Participant Information and Informed Consent Form

Dear Participant,

Please take a few minutes to read the following information on this research carefully before you agree to participate. The data collected as part of this research will provide information on if a relationship exists between parental bereavement and the sense of self. This data will be collected through questionnaires that should take less than 15 minutes to complete. If you agree to participate in this research, a demographic questionnaire will be given as well as well as a compilation of questionnaires to assess the necessary variables. All responses will be kept by the research team for 2 years after the completion of the study. They will then be deleted from all our databases. Your identity will be kept confidential and anonymous.

Participation in this research is completely voluntary you can withdraw at any time. Your identity will not be shared with anyone. By completing the form below, you agree to participate in the research. The data collected during this study will be used for academic research purposes only and will only be presented at national/international academic meetings and/or publications. You can withdraw from the study at any time by contacting us. If you withdraw from the study, all data collected from you will be deleted from our database and data about you will not be used in the study. If you have any questions or concerns regarding this matter, please contact us at the contact information below.

Assist. Prof. Dr. Ezgi ULU

Department of Psychology,

Near East University

Email: ezgi.ulu@neu.edu.tr

Laura Adekunle

Graduate Student,

Near East University

Email: 20206880@neu.edu.tr

By ticking the below, you give consent participate in the study.

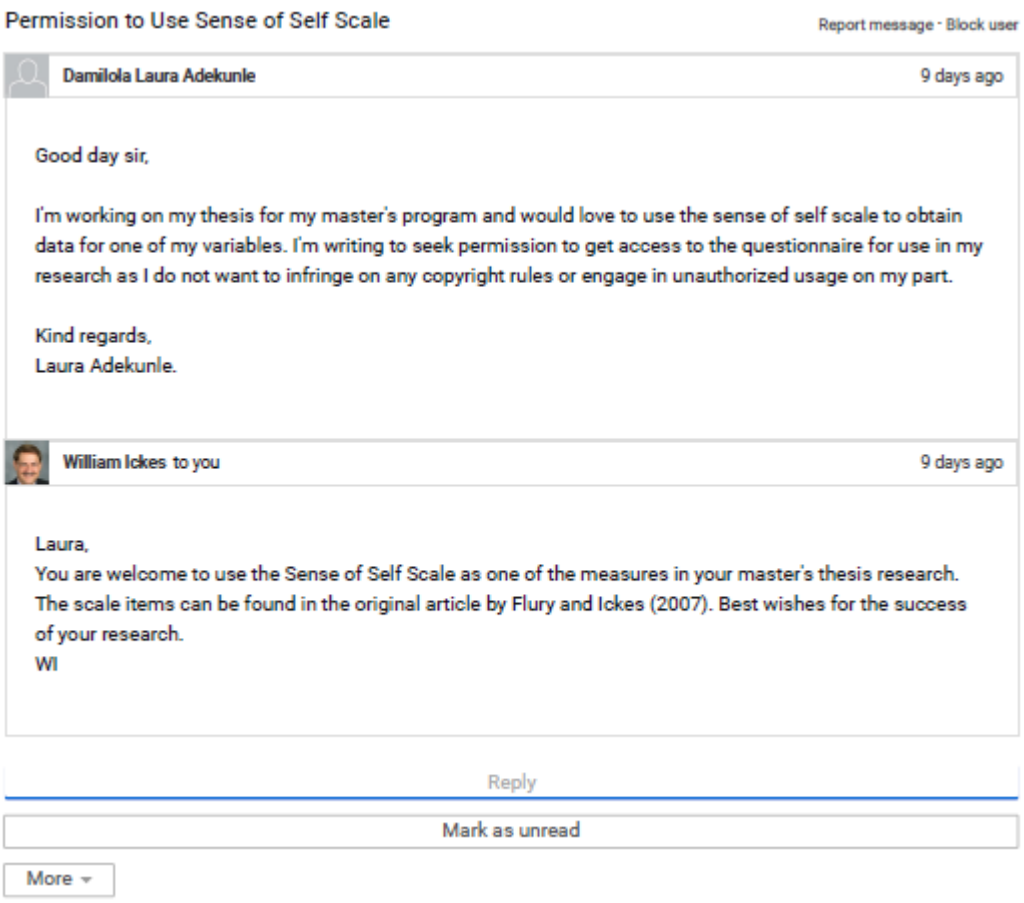
☐ I give consent voluntarily to participate in this research and I am fully aware I can withdraw at any time.

In order to preserve anonymity, please provide an identifier. A copy of this signed form will be sent to your email, if requested. Your ID should include your first name, four letters and two digits/numbers (e.g Laura ASDF12)

ID: _____

Appendix F

Permission to use the Sense of Self Scale



Permission to Use Sense of Self Scale

Report message - Block user

Damilola Laura Adekunle 9 days ago

Good day sir,

I'm working on my thesis for my master's program and would love to use the sense of self scale to obtain data for one of my variables. I'm writing to seek permission to get access to the questionnaire for use in my research as I do not want to infringe on any copyright rules or engage in unauthorized usage on my part.

Kind regards,
Laura Adekunle.

William Ickes to you 9 days ago

Laura,
You are welcome to use the Sense of Self Scale as one of the measures in your master's thesis research. The scale items can be found in the original article by Flury and Ickes (2007). Best wishes for the success of your research.
WI

Reply

Mark as unread

More

Appendix G

Permission to Use the Self-Concept and Identity Measure

Request to Use the Self-Concept and Identity Measure
2 messages

Laura Adekunle <lauradadekunle@gmail.com> Wed, Oct 20, 2021 at 10:50 PM
To: ekaufma5@uwo.ca

Good day Ma'am,

I hope this email finds you well.

I'm working on my thesis for my master's program and would love to use this scale to obtain data for one of my variables. I'm writing to seek permission to get access to the questionnaire for use in my research as I do not want to infringe on any copyright rules or engage in unauthorized usage on my part.

Kind regards,
Laura Adekunle.

Erin Kaufman <ekaufma5@uwo.ca> Thu, Oct 21, 2021 at 12:30 AM
To: Laura Adekunle <lauradadekunle@gmail.com>

Go right ahead, Laura. It's on my research gate page.

Erin Kaufman, Ph.D.
Assistant Professor
Clinical Psychology
University of Western Ontario
Westminster Hall
361 Windermere Road
London, ON N6A 3K7
519-661-2111 ext 83665.
https://www.researchgate.net/profile/Erin_Kaufman

Appendix H

Permission to Use the Brief Resilience Scale

Laura Adekunle <lauradadekunle@gmail.com> Thu, Oct 28, 2021 at 7:02 PM
To: bwsmith@unm.edu

Good day sir,

I hope this email finds you well.

I'm working on my thesis for my master's program and would love to use the Brief Resilience Scale to obtain data for one of my variables. I'm writing to seek permission to get access to the questionnaire for use in my research as I do not want to infringe on any copyright rules or engage in unauthorized usage on my part.

Kind regards,
Laura Adekunle.

Bruce Smith <bws0513@gmail.com> Fri, Oct 29, 2021 at 11:00 PM
To: Laura Adekunle <lauradadekunle@gmail.com>

Hi Laura,

Thanks for your interest in the *Brief Resilience Scale (BRS)*. As of August 2021, the *BRS* has been cited over 2,900 times (see attached figure with citations through 2020), used in over 40 countries, and translated in at least two dozen languages.

You are welcome to use it free of charge and for as much as you like. I attached the original validation article and the latest *User Guide for the Stress Adaptation Scale*, which includes the *BRS and the* more recently developed *Brief Thriving Scale (BTS)*.

Also, in case it may be helpful to you, I also attached an informal *Translation Guide for the Brief Resilience Scale* and an article on translating measures in case you want to use it for a language other than English.

Finally, I attached a free positive psychology workbook that the Center for Applied Positive Psychology of Albuquerque, New Mexico, U.S.A. and I recently created to help everyone be more resilient in coping with challenges of the pandemic and its aftermath. This workbook is based on a positive psychology course that was refined and tested over a 10 year period and has consistently been shown to increase resilience, happiness, and well-being and decrease anxiety, depression, and stress. Please feel free to pass it or the following links to whoever you want.

Here are the links where you can download as many copies as you want and you can get can a printed copy at Amazon.com for the minimal no profit to us cost of $5.92:

Appendix I

Free Access to Use the Brief-COPE

meaningfulness to the patients in a previous study. In creating the reduced item set, we also "tuned" some of the scales somewhat (largely because some of the original scales had dual focuses) and omitted scales that had not appeared to be important among breast cancer patients. In this way the positive reinterpretation and growth scale became positive reframing (no growth); focus on and venting of emotions became venting (focusing was too tied to the experiencing of the emotion, and we decided it was venting we were really interested in); mental disengagement became self-distraction (with a slight expansion of mentioned means of self-distraction). We also added one scale that was not part of the original inventory--a 2-item measure of self-blame--because this response has been important in some earlier work.

You are welcome to use all scales of the Brief COPE, or to choose selected scales for use. Feel free as well to adapt the language for whatever time scale you are interested in.

Citation: Carver, C. S. (1997). You want to measure coping but your protocol's too long: Consider the Brief COPE. *International Journal of Behavioral Medicine*, 4, 92-100. [abstract]

Following is the BRIEF COPE as we are now administering it, with the instructional orientation for a presurgery interview (the first time the COPE is given in this particular study). Please feel free to adapt the instructions as needed for your application.

Scales are computed as follows (with no reversals of coding):

Self-distraction, items 1 and 19
Active coping, items 2 and 7
Denial, items 3 and 8
Substance use, items 4 and 11
Use of emotional support, items 5 and 15
Use of instrumental support, items 10 and 23
Behavioral disengagement, items 6 and 16
Venting, items 9 and 21
Positive reframing, items 12 and 17
Planning, items 14 and 25

Appendix J

Ethics Committee Approval

YAKIN DOĞU ÜNİVERSİTESİ

BİLİMSEL ARAŞTIRMALAR ETİK KURULU

18.11.2021

Dear Damilola Laura Adekunle

Your application titled **"Identity Disturbance: The Relationship Between Parental Bereavement and Sense of Self and the Role of Resilience and Coping Strategies as Maintaining Factors in Emerging Adulthood"** with the application number NEU/SS/2021/1147 has been evaluated by the Scientific Research Ethics Committee and granted approval. You can start your research on the condition that you will abide by the information provided in your application form.

Assoc. Prof. Dr. Direnç Kanol

Rapporteur of the Scientific Research Ethics Committee

Direnc Kanol

Note: If you need to provide an official letter to an institution with the signature of the Head of NEU Scientific Research Ethics Committee, please apply to the secretariat of the ethics committee by showing this document.

Appendix K

Turnitin Similarity Report

Adekunle Damilola Laura tez

ORİJİNALLİK RAPORU

%11	%8	%7	%5
BENZERLİK ENDEKSİ	İNTERNET KAYNAKLARI	YAYINLAR	ÖĞRENCİ ÖDEVLERİ

BİRİNCİL KAYNAKLAR

1	researchspace.ukzn.ac.za İnternet Kaynağı	%1
2	Ronen Cuperman, Rebecca L. Robinson, William Ickes. "On the Malleability of Self-image in Individuals with a Weak Sense of Self", Self and Identity, 2012 Yayın	%1
3	Submitted to University of Texas, Permian Basin Öğrenci Ödevi	%1
4	digitalcommons.georgefox.edu İnternet Kaynağı	<%1
5	Judith M. Flury, William Ickes. "Having a weak versus strong sense of self: The sense of self scale (SOSS)", Self and Identity, 2007 Yayın	<%1
6	www.science.gov İnternet Kaynağı	<%1
7	link.springer.com İnternet Kaynağı	<%1

CURRICULUM VITAE

Personal Data

Name:	Damilola L. Adekunle
Date of Birth:	July 29, 1999
Place of Birth:	Kano, Nigeria
Marital Status:	Single
Nationality:	Nigerian
Current Address:	Nural dormitory, Eastern Mediterranean University, Famagusta, Northern Cyprus
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Educational Background

- BA Psychology/ Eastern Mediterranean University-2020
- M.Sc. General Psychology/ Near East University/Graduate School of Social Sciences-2022

Skills

- Leadership
- Microsoft Office
- Teamwork
- Strategic Planning
- Critical Thinking
- Good Communication