



# Assessing the Psychological Effects associated with Sexual Bereavement among Couples following the Death of their Child

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## ABSTRACT

The article aimed to discuss the psychological effects associated with sexual bereavement in the Didi Location of the Eastern Cape. The article investigated 12 participants using a qualitative approach, a descriptive and explorative research design, and a phenomenology cum case study as a specific research study. Worden's Four Stages of Mourning provided the article with a theoretical frame. The findings established that the memory of the lost child is grief-provoking, declining intimacy after the death of one's child, and losing a child establishes episodes of anger and outbursts. The article recommends that the Department of Health deploy, and station registered counsellors, social workers, and psychologists in the communities to advocate for and assist communities undergoing trauma and bereavement ensuring that these bereavement psychological services are accessible to the wider communities. The article is essential to widen the horizon of literature to future researchers in the domain of sexual bereavement.

*Keywords: Sexual Bereavement, Psychological Doldrums, Trauma and Grieving, Declining Sexual Intimacy, Hallucinations*

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## INTRODUCTION

Sexual bereavement is a grieving process that results in couples or parents losing their desire or motivation to be intimate.<sup>1</sup> For Lindemann, the aggravation and misery experienced by parents who lose a child usually subject them to a pernicious state of anguish and agony.<sup>2</sup> Furthermore, when a child dies, leaving the parents behind, the phenomenon could be followed by a litany of agonies, one being driven to a state of sexual bereavement.<sup>3</sup> This also affects the parents' social and cultural well-being.<sup>4</sup> This phenomenon subjects bereaved couples or parents to psychological disturbances that, among other things, include hallucinations, persistent complex bereavement, trauma, illusions, delusions, depression, and so forth. Some studies globally have confirmed that when a parent loses a child, they usually experience visual or auditory hallucinations.<sup>5</sup>

<sup>1</sup> Alice Radosh, "What Is Sexual Bereavement": We Do Not about It Enough," October 13, 2017.

<sup>2</sup> Erich Lindemann, "Symptomatology and Management of Acute Grief," *American Journal of Psychiatry* 101, no. 2 (1944): 141–48.

<sup>3</sup> Radosh, "What Is Sexual Bereavement": We Do Not about It Enough."

<sup>4</sup> Julie B Kaplow et al., "Out of the Mouths of Babes: Links between Linguistic Structure of Loss Narratives and Psychosocial Functioning in Parentally Bereaved Children," *Journal of Traumatic Stress* 31, no. 3 (2018): 342–51.

<sup>5</sup> Isaku Kurotori and Satoshi Kato, "A Clinical Case of Grief Hallucination through the Mourning Work Normal Grief and Spiritual Care," *Seishin Shinkeigaku Zasshi= Psychiatria et Neurologia Japonica* 117, no. 8 (2015): 601–6.

One of the consequences of sexual bereavement is the emergence of psychological severe effects.<sup>6</sup> These effects can include depression, cognitive distortions, disrupted sleep patterns, hallucinations, and delusions.<sup>7</sup> Grief and bereavement impact individuals uniquely, often leading to a reduced sex drive or difficulties with sexual intimacy following trauma. Moreover, sexual bereavement profoundly affects one's emotional and psychological state.<sup>8</sup>

The primary symptom of grief is a negative emotional response, which can encompass a wide range of feelings, such as depression, guilt, anger, and anxiety. These psychological effects often unfold in distinct phases rather than all at once, and they can manifest physically, like the symptoms of depression. Moreover, individuals may experience anorexia, insomnia, pervasive fatigue, and a significant decline in energy levels.<sup>9</sup> Additionally, according to Fava and Fortenberry, psychosomatic ailments and a weakened immune system are common physiological manifestations of grief.<sup>10</sup>

Lindeman articulated that those intense emotional episodes, such as uncontrollable weeping or wailing and heightened psychomotor agitation, are also typical, reflecting the profound psychological distress experienced by the grieving individual.<sup>11</sup> Grief can significantly alter a person's thought processes, leading to feelings of detachment from reality, disbelief, confusion, and difficulties with memory and concentration.<sup>12</sup> Furthermore, grief can impact personal relationships, often causing social withdrawal and feelings of distance or resentment towards previously healthy connections. This social isolation can exacerbate the emotional and psychological burden of grief.<sup>13</sup>

Researching changes in sexual self-esteem, body image, and sexual role expectations in the context of bereavement can offer valuable insights into the psychological effects of losing a loved one.<sup>14</sup> Understanding these changes is crucial for developing effective intervention grief and bereavement management programmes. Conducting such studies in the Didi location is important for establishing and advocating for support programmes that can address the complex psychological challenges associated with grief and sexual bereavement. This researcher hopes the gesture can contribute immensely to mitigating the profound impact of grief on sexual health and overall well-being.

One of the spinoffs of sexual bereavement is a manifestation of severe psychological effects that, among other things, include grief, depression, cognitive distortion, disrupted sleep, hallucination and delusion. Fava and Fortenberry contended that grief and bereavement impact everyone differently, sometimes resulting in a lower sex drive or struggles with sex after trauma, and losing a child may lead to sexual bereavement.<sup>15</sup> Moreover, bereavement can alter thoughts, leading to detachment, disbelief, confusion, and memory issues. It can also affect relationships, causing social withdrawal and resentment, an impediment to the individual's ability to engage in intimate activities with their partners. These psychological effects often appear in phases and can manifest physiologically, like in the case of depression. According to Bilge et al., some symptoms include anorexia, insomnia, fatigue, diminished vitality, as well as psychosomatic ailments, and an impaired immune response.<sup>16</sup> Furthermore, grief and bereavement are conglomerated intense emotional episodes, reflecting deep psychological turmoil and heightened psychomotor agitation. Studying changes in sexual self-esteem, body image, and sexual role expectations can provide deeper insight into the psychological effects of bereavement, making such studies important for developing intervention programmes in the Didi location.

<sup>6</sup> Paul A Boelen and Maarten C Eisma, "Anxious and Depressive Avoidance Behavior in Post-Loss Psychopathology: A Longitudinal Study," *Anxiety, Stress, & Coping* 28, no. 5 (2015): 587–600.

<sup>7</sup> Kurotori and Kato, "A Clinical Case of Grief Hallucination through the Mourning Work Normal Grief and Spiritual Care."

<sup>8</sup> Radosh, "What Is Sexual Bereavement": We Do Not about It Enough."

<sup>9</sup> Cigdem Bilge et al., "Effect of Shift Working on Depression Prevalence and Sexual Life of Female Nurses: A Correlational Study in Turkey," *International Journal of Sexual Health* 32, no. 4 (2020): 357–64.

<sup>10</sup> Nicole M Fava and J Dennis Fortenberry, "Trauma-Informed Sex Positive Approaches to Sexual Pleasure," *International Journal of Sexual Health* 33, no. 4 (2021): 537–49.

<sup>11</sup> Lindemann, "Symptomatology and Management of Acute Grief."

<sup>12</sup> Bilge et al., "Effect of Shift Working on Depression Prevalence and Sexual Life of Female Nurses: A Correlational Study in Turkey."

<sup>13</sup> Kaplow et al., "Out of the Mouths of Babes: Links between Linguistic Structure of Loss Narratives and Psychosocial Functioning in Parentally Bereaved Children."

<sup>14</sup> Sallie Foley, "Older Adults and Sexual Health: A Review of Current Literature," *Current Sexual Health Reports* 7, no. 2 (June 17, 2015): 70–79, <https://doi.org/10.1007/s11930-015-0046-x>.

<sup>15</sup> Fava and Fortenberry, "Trauma-Informed Sex Positive Approaches to Sexual Pleasure."

<sup>16</sup> Bilge et al., "Effect of Shift Working on Depression Prevalence and Sexual Life of Female Nurses: A Correlational Study in Turkey."

This study therefore aims to explore the psychological effects associated with grief and sexual bereavement among couples following their child's death in the Didi location.

## **THEORETICAL FRAMEWORK**

### **Worden's Four Tasks of Mourning**

The psychological effects associated with grief and sexual bereavement among couples following their child's death can be examined through the application of the four Tasks of Mourning theoretical frames by William Worden. Worden's model focuses on the healing process after loss. The four tasks of mourning are accepting the reality of the loss, processing the pain of grief, adjusting to a world without the deceased, and finding an enduring connection with the deceased. Worden emphasises the importance of these tasks in processing grief. While Kubler-Ross' model suggests that accepting one's loss can be difficult, especially if the person is close to the deceased person, parents who grieve may face hardships in accepting, leading to sexual grief and bereavement or dysfunctional relationships. Societal expectations in bereavement can create a gap between parents mourning their child's death. Additionally, gender dynamics play a pivotal role, with women taking longer to heal while men are expected to be strong and resilient. During the acceptance stage, there may be no sexual intimacy.<sup>17</sup>

The second step of Worden's model involves enduring the pain and grief, which affects individuals emotionally, cognitively, physically, and spiritually. Although people may often hear others say that they should "get over" their grief, Worden explains that this is a necessary task in one's journey through the grief process. Couples might face different experiences during this process as their grieving strategies differ. According to Kurotori and Kato, grief impacts people in different ways, often lowering people's sex drive and intimacy and thereby developing sexual bereavement.<sup>18</sup>

According to Worden, the third task is to adjust to a world without the deceased. In Worden's mourning task, the grieving parents are more likely to be in solidarity. However, this is based on the understanding and the meaning of the deceased's death. Adjusting to the world without the loved one who has died is not easy as the bereaved are more likely to experience a litany of traumatic and grieving experiences, such as delusions, hallucinations, etc. This phase requires solidarity among the bereaved parents to foster comfort and support.

## **METHODOLOGY**

### **Research Approach and Design**

This study employed a qualitative research approach to directly capture and establish diverse perspectives, experiences, and views on the psychological effects related to grief and sexual bereavement among couples after the loss of a child. This approach also allowed the researcher to explore the attitudes, emotions, and experiences embedded in the studied phenomenon. The research utilised an exploratory and descriptive design as it explored and described the nuances associated with grief and sexual bereavement of couples in the Didi Location. The study also adopted a phenomenology cum case study as a specific research design as it involved an in-depth investigation of a few samples for insight and lived experiences, not generalisation. As Cooper and Quick noted, this design helped gain insights into the phenomenon.<sup>19</sup> It provided an initial understanding of the psychological effects associated with grief and sexual bereavement of couples in this context. Following George's guidelines, the study offered a detailed description of sexual bereavement and its related psychological impacts.<sup>20</sup>

### **Study Area**

The study was conducted at the Didi location under Winnie Madikizela Mandela Municipality, Alfred Nzo District Municipality in the Eastern Cape, South Africa. The exact location of the research study area is Amangutyana A/A, Didi location, Bizana, 4800 situated near Bizana town. This location is

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<sup>17</sup> J. William Worden, "Grief Counseling and Grief Therapy. A Handbook for the Mental Health Practitioner" (Springer, 1982).

<sup>18</sup> Kurotori and Kato, "A Clinical Case of Grief Hallucination through the Mourning Work Normal Grief and Spiritual Care."

<sup>19</sup> Cary Cooper and James Campbell Quick, *The Handbook of Stress and Health: A Guide to Research and Practice* (John Wiley & Sons, 2017).

<sup>20</sup> Tegan George, "Semi-Structured Interviews: Definitions, Guide & Examples," Scribbr, 2022, <https://www.scribbr.com/methodology/semi-structured-interviews>.

predominantly occupied by black people and coloured people, all of them range from middle class to lower class. Moreover, isiXhosa and English are dominant languages with a bit of isiZulu.

The phenomenon of sexual bereavement among couples following a child's death is considered socially relevant in this area. Consequently, there have been several cases of divorce and dysfunctional marriages after the death of a child; hence, this area was the perfect geographical area to conduct the study to investigate the impact of sexual bereavement.

### **Study Population**

The target population is the group from which the sample is drawn. It comprised individuals with all the characteristics the researcher is interested in investigating.<sup>21</sup> This study's population included women and men aged 27 and older residing in Ward 13 of the Didi location of Alfred Nzo District Area, South Africa.

### **Sample Size**

According to Cooper and Quick a sample size is the number of participants included in a study. In the current study, the researcher conveniently selected 12 participants and was able to investigate all of them, as the saturation principle did not reduce the sample size.<sup>22</sup>

### **Sampling Methods and Techniques**

Contacting and reviewing the entire population was almost impossible due to time and budget constraints. In the current study, a non-probability sampling method was used. According to McMillan and Schumacher, non-probability sampling is a method of selecting units from a population using a subjective method.<sup>23</sup>

Furthermore, a snowball sampling technique was used to select the participants, which allowed for participants' referrals. Babbie and Mouton define snowball sampling as a sampling method where participants introduce the researcher to other potential participants possessing the necessary characteristics of the study population.<sup>24</sup>

### **Data Collection Methods**

The study involved in-depth interviews to explore participants' experiences and emotions regarding the psychological impact of sexual bereavement after losing a child. Throughout the interview, the researcher focused on maintaining objectivity by keeping the ego in check, avoiding centrality in discussions, and remaining neutral in speech, tone, and body language. The research assistant ensured that all the participants' temperamental gestures were captured. Note-taking and observation were also essential features of in-depth interviews. They leveraged data reliability and precision.

### **Data Collection Process**

The data collection process was cross-sectional as it took a shorter period. Each session lasted between 30-40 minutes, with the researcher facilitating the conversation and probing their contribution. The aim was to understand the lived experiences of the couples, and not to test a hypothesis.

### **Data Analysis**

The researcher employed thematic analysis, a method defined by Creswell (2014) as a series of techniques for analysing textual data to uncover and describe themes.<sup>25</sup> This approach involves a systematic coding process, exploring meanings and offering a depiction of social reality through the emergence of themes. The identified themes offered detailed insights into the psychological impact of sexual bereavement on couples after the loss of their child.

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<sup>21</sup> George, "Semi-Structured Interviews: Definitions, Guide & Examples."

<sup>22</sup> Cooper and Quick, *The Handbook of Stress and Health: A Guide to Research and Practice*.

<sup>23</sup> J. H. McMillan and S. Schumacher, *Research in Education: Evidence-Based-Inquiry* (New York: Pearson, 2014).

<sup>24</sup> Earl Babbie and Johann Mouton, "The Practice of Social Science Research," *Belmont, CA: Wadsworth*, 2014.

<sup>25</sup> John W. Creswell, *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches*, 4th ed. (Thousand Oaks, CA: Sage Publications, 2014).

## Ethical and Legal Requirements

The researcher obtained an ethical clearance (Reference number: REC/4(XXVII)/2024) to collect data at the Didi location in Bizana and was familiar with the institution's ethics policy. The principal researcher established a good rapport with the potential participants, who then signed an informed consent to participate in the study. The researcher adhered to a litany of ethical requirements, such as protecting the participants by using pseudonyms, assuring the participant's confidentiality of their data, and informing them that it was entirely voluntary participation and that one was free to withdraw from the interview process if they felt uncomfortable. The researcher's assistant was also a qualified counsellor to process any debriefings in case of an emotional outburst.

## PRESENTATION OF FINDINGS

This segment presents the results of the perceptions, experiences and standpoints of 12 study participants who were interviewed. The first section of the findings will present the demographic characteristics of the research participants. The second part of this section will present the emergence of the themes.

**Table 1: Demographic information of the participants**

Pseudonyms	Age	Gender	Race	Educational status	Employment status
Participant 1	40	M	Black	Degree	Employed
Participant 2	27	M	Black	Grade 12	Employed
Participant 3	33	F	Coloured	Grade 12	Employed
Participant 4	35	F	Black	Degree	Employed
Participant 5	28	F	Coloured	Grade 6	Unemployed
Participant 6	60	F	Black	Grade 1	Unemployed
Participant 7	30	F	Black	Grade 12	Self-employed
Participant 8	39	F	Black	Degree	Employed
Participant 9	40	M	Black	Diploma	Employed
Participant 10	42	F	Coloured	Grade 12	Self-employed
Participant 11	46	M	Coloured	Grade 7	Unemployed
Participant 12	52	M	Black	Grade 8	Unemployed

### Age range

The interviewed couples had ages ranging from 27 to 60. These participants were considered mature and relevant in providing information about sexual bereavement following their child's demise. This supports the likelihood that the goal of the study, which was to investigate psychological effects associated with grief and sexual bereavement among couples who lost a child through death, was achieved. The thorough assessment of this group enhanced the study's reliability and trustworthiness.

### Gender

Findings revealed that most stakeholders were female, with five males and seven females participating. Regarding the key informants, findings revealed that there were more men than women, with the community headman being female and the pastor and the community leader being male. This portrays a relatively balanced equation of gender of the participants.

### Race

Most people in the Didi location spoke isiXhosa. However, the neighbourhood is home to residents of different races, including the Coloureds. Consequently, most key participants were black Xhosa speakers, followed by people of colour. Nonetheless, the residents of the Didi location are predominately black, which reflects the apartheid-era demographic segregation that forced black people to live in remote locations like townships and rural areas. The researcher included a diverse ethnic grouping, such as the Coloured people residing in the area, to reflect a balanced racial diversity in the study area.

### Educational Qualification

The participants' educational backgrounds ranged from grade 1 to holding a bachelor's degree, with more than half of the study participants having educational levels between grades 6-12, suggesting they could understand the questions well and offer relevant responses. Moreover, it was notable that fewer participants faced the challenge of reading and answering some questions, and the researcher assisted them in understanding.

### Employment status

The findings of this study indicated that six participants were employed, four were unemployed, and two were self-employed. While having 50% of the participants employed and two self-employed was an intense socio-economic relief, it was concerning that the four unemployed might be living in abject poverty.

### Marital status

Most participants were married women and a few single women whose partners were working outside the town. This marital status did not reflect the South African marriage nomenclature, where more than 50% of the population is single.

### Socio-economic Status

The results show that couples did not rely heavily on social grants, as six (6) were employed, and two (2) were self-employed. This means they possibly had modest socio-economic positions that could influence an understanding of grief and sexual bereavement when the death of their child occurs.

**Table 2: The emergent themes**

No.	Themes
1	The memory of the lost child is grief-provoking.
2	Declining intimacy after the death of one's child.
3	Losing a child establishes episodes of anger and outbursts.

### The memory of the deceased child is grief-provoking

The findings of this study established that a large proportion of participants frequently experienced grief-provoking memories, especially when they encountered reminders of the demise of their child/children. This triggered feeling of guilt and thoughts that they had failed to prevent the death. This implies that the death of a child was likely to provoke socio-emotional and psychological doldrums, hallucinations, delusions, illusions, and other mental disturbances that were likely to promote grief and sexual bereavement.

The following sentiments support the finding:

*“kunzima emphfumlweni andikwazi ukuzixolelela ndiziva ingathi ikhona into engandiyenzile ukuvala isehlo sokubhujelwa ngumntana maxesha amaninzi andihlaliseki ingathi ndime kwi ndawo enye kwaye ngamanye amaxesha ingathi xandiyeka ukucinga ngaye izoba ngathi andikhathili.” (Participant 1)*

*Emotionally, it isn't easy to forgive myself. I sometimes think that I should have done something to prevent the incident of losing my child. Most of the time I feel unsettled and sometimes emotionally overwhelmed to the extent of losing the power of intimacy.*

*“I find it very difficult to even step out of the incident. Sometimes I would wonder how I could stop thinking about my deceased child. Some people do not understand how it feels because one's thoughts revolve around the loss, especially at night when one sees something reminding oneself of their child.” (Participant 5)*

*“Because of how my daughter died, it was not easy for me to move on from the loss. I frequently experience flashbacks of the accident because I was there when the incident took place. The event makes me struggle to sleep and focus. My relationship with my partner was shattered because I failed to relate to her intimately. This aggravated sexual bereavement. (Participant 9)*

The sentiments expressed above by the study’s participants convey how the demise of one’s child or children is grief-provoking and, therefore, affects the couple’s intimacy, leading to sexual bereavement.

### **Declining intimacy after the death of one’s child.**

Study findings established that the death of a couple’s child led to socio-emotional and negative psychological events, which affected the couple’s intimacy and set the stage for sexual bereavement. The following sentiments support the finding:

*“emva kokubhujelwa ngunyana walapha ekhaya zange ndizive ndinguluwa ndandinguye ekuqaleni maxa wambi ibangase ndihlale ndodwa ndingathethiswa kuba andikaxoli yindlela inyana wam owahamba ngayo yayibangathi abantu bayandihleba ndizive ndinoxinzelelo lwentloko nomyeni wam asisafani nakuqala ngamanye xesha amaninzi ingase kwayena angabikho ecalen kwam ndandingenawo nomdla wasekamereni oko kwehla isehlo”*

*“After the death of our son, I lost myself, and most of the time I felt like I could just be alone and contemplate the incident. I was in so much pain because of how he died. I also felt like everyone was gossiping about me and mocking me about my situation, and I would feel engulfed by negative emotions and feelings; my husband and I were not the same as before, and I had lost the urge to be intimate as well. I am experiencing sexual bereavement”. (Participant 4)*

*“I experienced nightmares because everything seemed worthless and useless. The only thing I do is isolate myself and let my mind control myself. At some point, I was deeply drowning in a river of my sorrows I did not realise that my relationship with my partner was also drowning”. (Participant 12)*

Axiomatically, the participants verbatim above elucidate how the loss of a child respectively affected the couple’s feelings, daily functioning, and intimacy, resulting in sexual bereavement.

### **Losing a child establishes episodes of anger and outbursts**

The findings of the study revealed that a large proportion of the participants experienced anger and outbursts after the unfortunate and excruciating event of losing their child. Consequently, this resulted in sexual bereavement among couples. The following assertions support the finding above:

*“The death of our baby boy was a hard pill to swallow as I am still grieving. Even this day, things took a sharp curve between me and my husband after we lost our child. I would get so angry at him sometimes for nothing, and sometimes shout and yell at him. I think I blamed him for what happened even though we could have done nothing to prevent the incident.” (Participant 3)*

*“mna no tata walapha ekhaya sike sangavani for ixesha bendinamaxesha wokuba ndizive ndinomsindo ukubhekisa kuye ibengase angangandithethisi and lonto ibangele ukuba ndishiya umzi wethu ndagoduka kuba bendingakwaz nokumjonga. Ewe kona sikwazile ukulungisa izinto emveni kokuba ndiye ndaphola ndabona nokuba bendisenziwa kukuzila akanasandla ekuswelekeni komntana wethu kukuthi nje ngamanye amaxesha bendisiva ingathi akayiva lee ndiyivayo mna.” (Participant 7)*

*“My husband and I did not get along for some time after we lost our baby girl. This happened because I was so angry at him that I left our home and went to my parent’s home to cool off. What made me angry was that I felt like he was not feeling the same amount of pain I was feeling. However, we sorted out things, and I realised I was wrong.*

The above verbatims manifest how the death of a child creates anger among couples or parents, and this leads to dysfunctional relationships that aggravate sexual bereavement.

## DISCUSSION

The profiles of the participants provided in Table 1 revealed that most of the study participants' ages were from age 27 to 60 years old, while the key informants' ages ranged from age 48 to 70 years. This connotes that the participants were all adults and reliable enough to make feasible and sober decisions. This indicates contention by Hugar et al., who argue that Piaget concluded in his theory of cognitive development stages, which asserts that humans gain their full reasoning capacity when they are 12 years and older.<sup>26</sup> Thus, it is reasonable to assume that the age of the study participants was reliable enough to make sound and sober decisions about the phenomenon of sexual bereavement.

The study findings revealed that female participants outnumbered their male counterparts. Generally, women are more likely to imprint their emotions and feelings and use talking therapy to debrief themselves, contrary to their male counterparts who shy off adopting talking and socialization therapy. This mirrors a study by Foley, who postulated that women are more open to speaking about their feelings while men may use specific defence mechanisms such as intimacy and substance use.<sup>27</sup> This creates an environment where there is no harmony between the couple, and that gives rise to sexual bereavement.

The findings from Table 1 show that many participants were educated, with their level of education ranging from grade 1 to grade 8, as well as grade 12, with diplomas and degree qualifications.

The findings of this study revealed that fewer female participants were unemployed, with some employed and fewer self-employed. In contrast, male participants had a higher employment rate, with only two unemployed. This unemployment level in South Africa has brought in higher levels of inequality that have made South Africa one of the most unequal societies in the world. The findings of the current study revealed that participants consistently reported significant psychological effects following the loss of their child, making it very difficult for them to escape trauma. They indicated that they frequently experienced anniversary effects, where grief and pain resurfaced on significant dates related to their child's death. Freud supported these observations, identifying the key mental features of melancholy as intense depression, disinterest in the outside world, loss of the ability to love, inhibition of all activity, and a severe decline in self-respect.<sup>28</sup> This decline often manifests as self-reproach and self-insults, ultimately leading to a delusional expectation of punishment.

Olympia further confirmed that it is common for the bereaved to undergo episodes of dejection, dismay, hurt, depression, and other psychological pains after the death of a loved one or the loss of a job.<sup>29</sup> These experiences demonstrate that participants often oscillate in their state of grief, with memories of the lost child continually reopening old wounds. Baloyi and Makobe-Rabothata also attested that depression is a prevalent manifestation of grief for many bereaved individuals, emphasising that depression can be the most challenging and prolonged stage of grief, representing a typical response to a significant loss.<sup>30</sup>

Study findings established that the death of a couple's child triggers a series of socio-emotional and psychological events that ultimately affect the couple's intimacy and pave the way for sexual bereavement. During the grieving period, couples may withdraw from each other, driven by their intense grief or by a desire to avoid exacerbating their spouse's grief. Consequently, the marital relationship suffers.<sup>31</sup> Although sexual intercourse has numerous benefits, including pain reduction and mood enhancement, grief can elevate stress chemicals in the brain and, in some cases, trigger depression or

<sup>26</sup> Shivayogi M Hugar et al., "Evaluation of the Relevance of Piaget's Cognitive Principles among Parented and Orphan Children in Belagavi City, Karnataka, India: A Comparative Study," *International Journal of Clinical Pediatric Dentistry* 10, no. 4 (December 2017): 346–50, <https://doi.org/10.5005/jp-journals-10005-1463>.

<sup>27</sup> Foley, "Older Adults and Sexual Health: A Review of Current Literature."

<sup>28</sup> Sigmund Freud, "Tauer Und Melancholie," *Internationale Zeitschrift Für Ärztliche Psychoanalyse [International Journal for Medical Psychoanalysis]* 4, no. 6 (1917): 288–301.

<sup>29</sup> Olympia, " 'Grief and Loss': Washington State Employee Assistance Program," 2017, <https://in.ewu.edu/hr/wp-content/uploads/sites/40/2017/08/Grief-and-Loss.pdf>.

<sup>30</sup> Lesiba Baloyi and Molebogeng Makobe-Rabothata, "The African Conception of Death: A Cultural Implication," 2014.

<sup>31</sup> C. R. Alvarado, "How to Navigate Sexual Intimacy after a Child Loss," *Reader's Digest*, 2022, <https://www.readersdigest.co.uk/lifestyle/dating-relationships/how-to-navigate-sexual-intimacy-after-child-loss>.

worsen existing depression. These physiological changes can make it harder to feel interested in intimacy or to derive the same pleasure from it.<sup>32</sup>

The grief process often involves a complex interplay of emotional dysregulation, attachment insecurity, and disrupted communication patterns.<sup>33</sup> Alvarado revealed that intense emotional pain and mourning can lead to depressive symptoms, anxiety, and emotional numbing, which further strain the relationship.<sup>34</sup> Partners struggling with grief might exhibit avoidance behaviours, reducing physical and emotional intimacy. This disruption in sexual functioning is usually compounded by feelings of guilt, anger, and sadness, contributing to a decline in overall relationship satisfaction and stability.<sup>35</sup>

The findings of the study also established that participants reported that they had significant episodes of anger and outbursts, which led to dysfunctional relationships because the situation disrupted their normal daily functioning. Boelen and Eisma contended that the bereaved tend to manifest anger and outbursts toward the world, partner, and sometimes the deceased.<sup>36</sup> Foley argued that parents who lost their child are more likely to be angry because they feel they should have done something to prevent the death, or their significant other should have done something to curb the situation that led to the death of their child.<sup>37</sup>

## RECOMMENDATIONS

The Department of Health must deploy and station registered counsellors and psychologists in the communities to assist communities undergoing trauma and bereavement. The professionals mentioned above could collaborate with social workers and other Indigenous interventions to strengthen their advocacy for these communities. These communities must also be educated about the reality of the socio-emotional and psychological doldrums that accompany the loss of a child by couples. Advocacy of this phenomenon is more likely to seed and foster awareness about the psychological effects associated with sexual bereavement.

Further, since the research domain suffers from a shortage of mental health services, forcing residents to travel long distances for care, it would be important that psychological services are brought closer to the people to avoid the extortionate fees from the private providers. Communities should also be helped to work on their preconceived notions about clinical interventions toward bereavement, making it particularly challenging for them to access them. This has elevated the stigma associated with seeking psychological services associated with bereavement and its concomitant quagmires.

## CONCLUSION

Conclusively, the current study illuminated psychological effects that emanate from the death of child which led to the existence of sexual bereavement among couples in the Didi location of Eastern Cape in South Africa. The primary aim was to assess psychological effects associated with sexual bereavement among couples. Therefore this article yielded that the memory of the deceased is triggering, decline of intimacy among couple, and that the loss of a child creates outburst of anger. This underscore the aftermath of losing a child which eventually disrupts intimate relationship between the couple. Furthermore, this also highlight how excruciating and plaguing when the couple lose a child because the relationship takes a certain paradigm shift and that is more likely to complicate the dynamic of their relationship.

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