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# RESILIENCE AND COPING STRATEGIES OF GHANAIAN YOUNG ADULTS WHO LOST BOTH PARENTS BEFORE AGE TWENTY-ONE

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## ABSTRACT

This qualitative phenomenological study investigates the lived experiences, resilience factors, and coping strategies of young adults in Ghana who lost both parents before age 21. Drawing upon Resilience Theory (Masten, 2014) and the Dual Process Model of Coping (Stroebe & Schut, 2010), the study recruited 16 participants (10 female, 6 male) aged 22–35 years through purposive and snowball sampling from Accra, Kumasi, and Cape Coast. Participants completed in-depth semi-structured interviews exploring their experiences of loss, subsequent living arrangements, emotional and psychological responses, support systems, coping mechanisms, and pathways to resilience. Data were analysed using Interpretative Phenomenological Analysis (IPA), yielding six superordinate themes: (1) The Cascading Loss of Parents, Home, and Identity; (2) Sibling Separation as Secondary Trauma; (3) Extended Family as Both Refuge and Source of Strain; (4) Faith as Central Coping Resource; (5) Academic Achievement as Survival Strategy; and (6) Forged Independence and Premature Adulthood. Findings reveal that double orphanhood extends beyond the loss of parents to encompass loss of home, siblings (through separation), financial security, and sense of identity. Participants described profound loneliness, the burden of being passed between reluctant relatives, and pressure to achieve academically as proof that they were worthy of investment. Faith in God was the most frequently cited coping resource, followed by academic focus and self-reliance. Protective factors included at least one consistent adult supporter, sibling reunification in adulthood, and meaning-making through helping other orphans. These findings inform psychosocial interventions, extended family support programmes, and policy for orphaned young adults in Ghana.

**KEYWORDS:** *Double orphanhood, parental loss, resilience, coping, young adults, Ghana, qualitative research.*

## 1. INTRODUCTION

The loss of both parents before adulthood is among the most devastating trajectories a child can experience. Unlike the loss of a single parent, where the surviving parent may provide continuity of care, security, and identity, double orphanhood represents the complete collapse of the nuclear family structure (Norman, 2020). The child loses not only both attachment figures but also, in many cases, their home, their siblings (through separation), their financial security, and their sense of belonging in the world.

Globally, an estimated 140 million children have lost one or both parents, with sub-Saharan Africa bearing the highest burden. In Ghana, approximately 1.2 million children have experienced orphanhood, with a significant proportion having lost both parents (Bassam, 2024). The causes are multifaceted: maternal mortality, accidents, non-communicable diseases (cancer, heart disease, stroke), and increasingly, HIV/AIDS-related deaths. Unlike in Western contexts, where formal foster care or adoption systems are available, Ghanaian orphaned children are typically absorbed into the extended family system aunts, uncles, grandparents, or more distant relatives assume caregiving responsibilities (Banson, 2020).

However, the extended family system, while culturally idealised, is often strained. Relatives may be economically unable to support additional children, may have their own competing responsibilities, or may accept orphans reluctantly due to social pressure rather than genuine willingness. In such contexts, double orphans may experience what participants in this study described as “being passed around” moving between relatives who tolerate rather than welcome them.

The psychological impact of double orphanhood is likely more severe than single-parent loss. The child loses the surviving parent’s grief-buffering presence, may be separated from siblings (different relatives take different children), and may face economic precarity if family assets are dissipated or claimed by relatives. Yet the specific experiences, resilience factors, and coping strategies of double orphans have received remarkably little empirical attention. Most research on childhood bereavement has focused on single-parent loss, and most orphan studies have focused on HIV-affected children in institutional care (orphanages), not those raised within extended families.

In Ghanaian society, cultural norms discourage open emotional expression, and orphaned children may receive messages to “be strong” and not burden their caregivers. Grief may be

silenced, leading to unprocessed loss that resurfaces in young adulthood. At the same time, Ghanaian religious culture predominantly Christian provides meaning-making resources: the belief that deceased parents are in heaven, that God has a plan, and that prayer provides comfort (Wilmot, 2021).

This qualitative study addresses these gaps by asking: What is the lived experience of young adults in Ghana who lost both parents before age 21? How did they cope with loss, separation, and transition? What factors promoted resilience, and what factors hindered adaptation? And what lessons do their experiences hold for supporting double orphans?

## 2. STATEMENT OF THE PROBLEM

Despite growing attention to childhood bereavement and orphanhood, significant gaps remain in understanding the lived experiences of double orphans in Ghana. These gaps are problematic for several interconnected reasons (Wilmot, 2023). First, double orphans have been conflated with single-parent orphans in most research. Studies rarely distinguish between children who have lost one parent versus both, despite the qualitatively different experience of having no surviving parent. This conflation obscures the unique vulnerabilities and needs of double orphans (Tristan, 2022).

Second, the extended family system, while celebrated as a protective factor in African child welfare, has not been critically examined from the perspective of double orphans themselves. When relatives accept orphans reluctantly, when siblings are separated, or when orphans experience exploitation or neglect within extended family care, the system fails. Without understanding these experiences, policymakers cannot design interventions to strengthen extended family care. Third, sibling separation has received almost no research attention (Yulk, 2020). When both parents die, different relatives may take different children, resulting in siblings growing up apart. The psychological impact of this secondary separation losing siblings in addition to parents has not been quantified or qualitatively described. Fourth, faith and religious coping are widely assumed to be protective in Ghanaian contexts, but the specific mechanisms through which faith supports resilience have not been explored. Understanding whether and how religious beliefs help double orphans process grief is essential for clergy training and church-based support programmes.

Fifth, no published qualitative study has examined the lived experiences of double orphans raised within extended families in Ghana, focusing specifically on those who lost both parents before age 21 and have now reached young adulthood. This study addresses these

gaps by providing rich, contextualised qualitative data on the resilience and coping strategies of young adult double orphans in Ghana.

## 3. PURPOSE OF THE STUDY

The purpose of this qualitative phenomenological study is to investigate the lived experiences, resilience factors, and coping strategies of young adults in Ghana who lost both parents before age 21 and were raised within extended family systems.

## 4. OBJECTIVES OF THE STUDY

- To describe participants' experiences of the loss event and the immediate aftermath, including funeral rituals and initial care arrangements.
- To explore the emotional and psychological impact of double orphanhood during childhood and its persistence into young adulthood.
- To examine the role of extended family systems in providing care, support, or additional strain.
- To understand the experience of sibling separation (where applicable) and its long-term effects.

## 5. LITERATURE REVIEW

### 5.1 Theoretical Review

This study is guided by Resilience Theory (Masten, 2014) and the Dual Process Model of Coping (Stroebe & Schut, 2010). Resilience Theory identifies protective factors that promote positive adaptation despite significant adversity, including (a) close relationships with competent caregivers, (b) cognitive and self-regulation skills, (c) positive self-perceptions, (d) motivation to succeed academically, and (e) connections to prosocial organisations (schools, churches). This study explores which of these factors were present or absent for double orphans in Ghana.

The Dual Process Model posits that effective grief coping involves oscillation between loss-oriented coping (focusing on the deceased, experiencing grief) and restoration-oriented coping (attending to life changes, new roles, distractions). This model is particularly relevant for double orphans, who must simultaneously grieve their parents and adapt to radically changed living circumstances.

### 5.2 Empirical Review

International research has established that orphaned children are at elevated risk for depression, anxiety, post-traumatic stress, and academic difficulties (Cluver et al., 2019). Double orphans fare worse than single-parent orphans on most outcomes. Protective factors include kinship care (extended family), school connectedness, and religious involvement. In Ghana, limited research exists. A quantitative study found that double orphans in institutional care had poorer mental health outcomes than those in kinship care (Annan et al., 2020). A qualitative study of maternal orphans found that faith and extended family were central coping resources (Asamoah & Osafo, 2021). No published study has focused specifically on double orphans who lost both parents before age 21.

## 6. METHODOLOGY

### 6.1 Research Design

This study adopted a qualitative, phenomenological design (Creswell & Poth, 2018). Phenomenology is particularly suited for exploring the lived experience of a phenomenon in this case, double orphanhood from the perspective of those who have experienced it. The goal is to capture the essence of the experience, identifying common themes across participants while honouring individual variations.

### 6.2 Research Approach

A constructivist-interpretivist research philosophy guided the study (Lincoln & Guba, 1985). Constructivism assumes that reality is socially constructed and that knowledge is co-created through the interaction between researcher and participant. This approach is appropriate for exploring subjective, meaning-laden experiences such as grief, loss, and resilience.

### 6.3 Study Setting

The study was conducted in Accra, Kumasi, and Cape Coast, Ghana three cities representing Ghana's coastal, central, and northern hinterland regions. Interviews took place in private, comfortable settings chosen by participants, including private offices at the University of Ghana, University of Cape Coast, hotel conference rooms, and participants' homes.

### 6.4 Study Population

The study population comprised Ghanaian young adults aged 22–35 years who experienced the death of both biological parents before their 21st birthday and were raised within Ghanaian families (not institutional care). Inclusion criteria: (a) age 22–35 years at participation, (b) death of both biological parents before age 21, (c) raised in Ghana (not abroad), (d) raised within family (extended or nuclear) rather than orphanage, and (e) able to

provide informed consent in English. Exclusion criteria: (a) death of one parent only, (b) institutional care for more than one year, (c) current acute psychiatric episode, and (d) inability to recall childhood experiences.

### 6.5 Sampling Technique

Purposive sampling combined with snowball sampling was employed (Patton, 2015). Initial participants were identified through university counselling centres, church youth groups, and referrals from social workers. Subsequent participants were referred by initial participants. Sampling continued until thematic saturation was achieved (Guest, Bunce, & Johnson, 2020).

### 6.6 Sample Size

Phenomenological studies typically achieve saturation with 10–25 participants (Creswell & Poth, 2018). This study recruited 16 participants, which fell within this range and proved sufficient to achieve thematic saturation.

**Table 1: Participant Demographics. (N = 16)**

| Characteristic | N | % |
|---|---|---|
| **Gender** | | |
| Female | 10 | 62.5 |
| Male | 6 | 37.5 |
| **Age at participation** | | |
| 22–25 years | 5 | 31.3 |
| 26–30 years | 7 | 43.8 |
| 31–35 years | 4 | 25.0 |
| **Age at first parental loss** | | |
| 0–5 years | 3 | 18.8 |
| 6–10 years | 7 | 43.8 |
| 11–15 years | 4 | 25.0 |
| 16–20 years | 2 | 12.5 |
| **Age at second parental loss** | | |
| 0–5 years | 1 | 6.3 |
| 6–10 years | 4 | 25.0 |
| 11–15 years | 6 | 37.5 |
| 16–20 years | 5 | 31.3 |
| **Parents lost** | | |
| Mother first, then father | 9 | 56.3 |
| Father first, then mother | 6 | 37.5 |
| Both parents same event (accident) | 1 | 6.3 |
| **Cause of death** | | |
| Illness (cancer, malaria, stroke) | 8 | 50.0 |
| Maternal mortality (childbirth) | 4 | 25.0 |
| Accident (motor vehicle) | 3 | 18.8 |
| Violence (robbery) | 1 | 6.3 |
| **Were siblings separated?** | | |

| | | |
|---|---|---|
| Yes | 12 | 75.0 |
| No | 4 | 25.0 |
| **Current education level** | | |
| Secondary | 3 | 18.8 |
| Bachelor's degree | 9 | 56.3 |
| Master's degree | 4 | 25.0 |

### 6.7 Data Collection Instruments

**Semi-Structured Interview Guide.** An interview guide was developed based on Resilience Theory, the Dual Process Model, and existing literature on orphanhood. The guide included open-ended questions organised into six sections: (a) childhood before orphanhood, (b) experience of each parental loss and funeral rituals, (c) immediate aftermath and care arrangements, (d) childhood emotional and behavioural responses, (e) coping resources and support systems, and (f) long-term impact on adult life.

Sample questions included: "Can you tell me about your life before your parents died?" "What do you remember about the day you learned of your parents' death?" "Who took care of you after your parents died?" "Were you and your siblings kept together or separated?" "What helped you cope during that time?" "How did your faith or religious beliefs help you?" and "How has this experience shaped who you are today?"

**Demographic Questionnaire.** A brief questionnaire collected information on age, gender, education, current occupation, age at each parental loss, cause of death, living arrangements after loss, and sibling separation status.

### 6.8 Data Collection Procedure

Interviews were conducted between October 2025 and January 2026. Each participant completed one in-depth interview lasting 90–150 minutes (mean = 112 minutes). Interviews were conducted in English, the primary language of all participants. Interviews were audio-recorded with participants' written consent. After each interview, the researcher recorded field notes capturing observations about participant affect, environmental context, and emerging themes. Participants received a small incentive (GHS 50 mobile credit) upon completion.

The researcher was mindful of the sensitive nature of the topic. Participants were reminded before each interview that they could skip any question or terminate the interview at any time without consequence. A list of mental health referral resources was provided to all participants.

### 6.9 Data Analysis Procedure

Data were analysed using Interpretative Phenomenological Analysis (IPA; Smith, Flowers, & Larkin, 2021). IPA is specifically designed for exploring how individuals make sense of significant life experiences. The analysis proceeded through six phases: (1) reading and re-reading transcripts for immersion, (2) line-by-line initial noting (descriptive, linguistic, conceptual), (3) developing emergent themes, (4) searching for connections across themes to form superordinate themes, (5) moving to the next case while bracketing previous themes, and (6) looking for patterns across all cases to integrate final superordinate theme structure.

Trustworthiness was enhanced through member checking (four participants reviewed their transcripts and theme summaries), prolonged engagement (the researcher spent 10 weeks in the field), peer debriefing (two colleagues reviewed the analysis), and an audit trail documenting all analytical decisions.

## 7. FINDINGS

Analysis yielded six superordinate themes.

**Table 2: Superordinate Themes and Subthemes.**

| Superordinate Theme | Subthemes |
|---|---|
| 1. Cascading Loss of Parents, Home, and Identity | Losing the family home; "Who am I now?"; The erased childhood |
| 2. Sibling Separation as Secondary Trauma | The scattering; Growing up alone; Reunification as healing |
| 3. Extended Family as Both Refuge and Source of Strain | The reluctant caregiver; "I was a burden"; Gratitude and resentment |
| 4. Faith as Central Coping Resource | God as surrogate parent; Prayer as conversation with the dead; Church as family |
| 5. Academic Achievement as Survival Strategy | Excellence as proof of worth; School as escape; The pressure to succeed |
| 6. Forged Independence and Premature Adulthood | No safety net; Self-reliance as armour; The lost childhood |

### 7.1 Theme 1: Cascading Loss of Parents, Home, and Identity

Participants described that losing both parents was not a single loss but a cascade of losses: parents, then home, then siblings, then identity.

**"Losing the family home."** One participant described being displaced:

*"After my mother died, my father's brother came and took everything. The house, the car, my father's business. I was sent to live with his family, but I was not welcome. I lost not just my parents but my room, my bed, my photographs, everything that said I belonged somewhere."* (Participant 03, female, lost mother at 7, father at 12)

**"Who am I now?"** Another participant described an identity crisis that persists into adulthood:

*"When both your parents are gone, you lose your mirror. You lose the people who knew you from the beginning. I still struggle to answer the question 'Where are you from?' Because home was my parents, and they are gone."* (Participant 09, male, lost both parents in an accident at age 9)

**"The erased childhood."** A participant reflected:

*"I have almost no memories of my childhood before they died. It is like my life started when I went to live with my aunt. The first part was erased. I do not know if that is trauma or just time, but it feels like a hole."* (Participant 14, female, lost mother at 5, father at 10)

### 7.2 Theme 2: Sibling Separation as Secondary Trauma

Twelve of sixteen participants (75%) reported being separated from at least one sibling after parental death. This separation was described as a second, sometimes equally painful, loss.

**"The scattering."** One participant described:

*"We were five children. After my mother died, my father's family took my two brothers. My mother's family took my two sisters and me. We were scattered like seeds. I did not see my youngest brother for ten years."* (Participant 06, female, lost mother at 8, father at 14)

**"Growing up alone."** Another participant, an only child, described a different kind of loneliness:

*"I had no siblings. After my parents died, I was completely alone. Other orphans at least had brothers or sisters who understood. I had no one who shared my memory of my parents. It was the most isolating feeling."* (Participant 11, female, lost mother at 6, father at 11)

**"Reunification as healing."** A participant who was reunited with siblings as adults described:

*"When I found my sister again, we were separated for fifteen years. I cried for three days. She remembered things I had forgotten. She had photographs I had never seen. Finding her was like finding a piece of myself that had been lost."* (Participant 15, male, lost mother at 4, father at 9)

### 7.3 Theme 3: Extended Family as Both Refuge and Source of Strain

All participants were raised by extended family (grandparents, aunts, uncles). While expressing gratitude for not being placed in institutional care, participants described significant strain.

**"The reluctant caregiver."** One participant described:

*"My aunt took me because the family pressured her. She did not want me. She made that clear every day. I ate last. I slept on the floor. I was reminded constantly that I was a burden. But I had nowhere else to go."* (Participant 02, female, lost mother at 9, father at 13)

**"I was a burden."** Another participant internalised this message:

*"I learned very early not to ask for anything. Not for school fees, not for food, not for love. I was grateful for the roof over my head, but I knew I was not wanted. That knowledge shapes everything about how I move through the world."* (Participant 08, male, lost both parents by age 11)

**"Gratitude and resentment."** A participant described the ambivalence:

*"I am grateful to my grandmother. She did not have to take me. But I am also angry. She never asked how I was feeling. She never hugged me. She provided food and shelter, but she did not provide love. I carry both gratitude and resentment, and I do not know how to reconcile them."* (Participant 13, female, lost mother at 6, father at 15)

### 7.4 Theme 4: Faith as Central Coping Resource

All 16 participants described religious faith as central to their survival. The majority identified as Christian, with one Muslim participant.

**"God as surrogate parent."** One participant explained:

*"When I felt completely alone, I talked to God. I believed that He was my father now. That my mother was in heaven watching me. That belief kept me alive. Without it, I would have given up."* (Participant 01, female, lost mother at 8, father at 14)

**"Prayer as conversation with the dead."** A participant described praying as a way of maintaining connection:

*"When I pray, I talk to God, but I also talk to my parents. I tell them about my day. I ask them for help. I know that is not theology, but it comforts me. It makes me feel like they are not completely gone."* (Participant 10, male, lost both parents by age 10)

**"Church as family."** Another participant described the church as a substitute family:

*"The women in my church became my mothers. They paid my school fees. They invited me for Christmas dinner. They hugged me when I cried. The church was the family I did not have."* (Participant 16, female, lost mother at 11, father at 17)

### 7.5 Theme 5: Academic Achievement as Survival Strategy

All participants described academic achievement as both an escape and a survival strategy. Education was the pathway out of precarity.

**"Excellence as proof of worth."** One participant described:

*"I knew that if I did not get good grades, my aunt would stop paying my school fees. I also knew that my only way out, the only way to not be a burden forever, was to succeed. I studied as if my life depended on it, because it did."* (Participant 05, female, lost mother at 6, father at 12)

**"School as escape."** Another participant described:

*"School was the only place I was treated normally. At home, I was the orphan. At school, I was just a student. I loved school because I could forget, for a few hours, who I was and what I had lost."* (Participant 12, male, lost both parents by age 8)

**"The pressure to succeed."** A participant described the burden:

*"Everyone expected me to fail. Everyone expected the orphan to drop out, to get pregnant, to end up on the street. I succeeded partly to prove them wrong. But that pressure needed to be perfect has never left me."* (Participant 04, female, lost mother at 10, father at 16)

### 7.6 Theme 6: Forged Independence and Premature Adulthood

Participants described being forced into adulthood far earlier than their peers.

**"No safety net."** One participant explained:

*"My friends could fail. They could quit a job, make a mistake, or ask their parents for help. I could not. If I failed, there was no one to catch me. That knowledge made me careful, anxious, and incredibly independent."* (Participant 07, male, lost both parents by age 13)

**"Self-reliance as armour."** Another participant described:

*"I do not know how to ask for help. I learned that no one was coming to save me. I had to save myself. That has made me successful, but it has also made me unable to trust anyone fully. I always expect to be abandoned."* (Participant 06, female, lost mother at 8, father at 14)

**"The lost childhood."** A participant reflected with sadness:

*"I never had a childhood. From age 10, I was worrying about school fees, about where I would sleep, about whether I would eat. I saw my friends playing, laughing, and being carefree. I was never carefree. Not one day."* (Participant 02, female, lost mother at 9, father at 13)

## 8. DISCUSSION

This qualitative study provides the first in-depth exploration of resilience and coping among young adult double orphans in Ghana. Six principal findings warrant discussion.

First, double orphanhood is a cascade of losses extending beyond parents to include home, siblings, identity, and childhood itself. This finding challenges interventions that focus narrowly on grief for deceased parents without addressing the full scope of loss. Practitioners must assess and address housing instability, sibling separation, identity disruption, and economic precarity.

Second, sibling separation was reported by 75% of participants and described as a secondary trauma nearly as painful as losing parents. This finding has urgent policy implications: when orphaned children are placed with relatives, every effort must be made to keep siblings together. Current practices, which prioritise finding any willing relative for each child regardless of sibling unity, are causing significant psychological harm.

Third, extended family care is a double-edged sword. While all participants expressed gratitude for not being institutionalised, many described reluctant caregivers, emotional neglect, and internalised feelings of being a burden. Extended family support cannot be assumed; it must be assessed, and struggling caregivers need material and psychological support.

Fourth, faith is the central coping resource. Religious beliefs provide meaning, comfort, surrogate attachment, and community. Church-based support programmes for orphans are promising but require training for clergy on grief and trauma.

Fifth, academic achievement serves as both a survival strategy and a source of pressure. Schools are ideal settings for supporting double orphans through fee waivers, counselling, and mentorship programmes. However, the pressure to succeed must be acknowledged and addressed.

Sixth, double orphans forge premature independence, often at the cost of trust and intimacy in adulthood. Self-reliance is adaptive in childhood but may become maladaptive when it prevents seeking help or forming close relationships in adulthood.

**Limitations.** Retrospective recall bias is possible. The sample over-represents university-educated participants (81% had bachelor's or master's degrees), potentially missing the experiences of double orphans who did not achieve educational success.

## 9. CONCLUSION

This qualitative study investigated the resilience and coping strategies of young adults who lost both parents before age 21 in Ghana. Double orphanhood extends beyond parental loss to encompass cascading losses of home, siblings, identity, and childhood. Sibling separation is a secondary trauma requiring urgent policy attention. Extended family care provides refuge, but often at the cost of emotional neglect. Faith is the central coping resource. Academic achievement serves as a survival strategy but creates pressure. Premature independence forges self-reliance at the cost of trust. These findings inform psychosocial interventions, policy, and practice for double orphans in Ghana.

## 10. RECOMMENDATIONS

**Prioritise Sibling Unity in Placements.** Social welfare authorities must mandate that orphaned siblings be placed together wherever possible. Financial support should be increased for relatives willing to keep sibling groups intact.

**Support Extended Family Caregivers.** Relatives caring for double orphans need material support (school fees, food, healthcare) and psychological support (counselling, respite care) to prevent caregiver strain and resentment.

**Develop Church-Based Orphan Support Programmes.** Given faith's centrality, churches should establish structured programmes pairing double orphans with trained church volunteers who provide consistent emotional support.

**Train Teachers and School Counsellors.** Schools should identify double orphans and provide fee waivers, academic support, and trauma-informed counselling.

**Create Mentorship Programmes.** Young adult double orphans who have achieved stability should mentor younger orphans, providing modelling of resilience and pathways to success.

**Conduct Longitudinal Research.** Future research should follow double orphans from childhood into adulthood to identify critical intervention windows.

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