The needs of widowed parents in assisting their children in the grieving process

by

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SUMMARY

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The goal of the study was to explore the needs of widowed parents in assisting their children in the grieving process. The researcher chose this specific research topic for a number reasons, primarily based on her own observations and contact of her external world as the researcher had either come into direct contact with, or become aware of families in her community where one of the parents in families with children in early and/or middle childhood had passed away. Loosing a parent through death is a very traumatic experience for a child. How the child reacts to and deals with this trauma in the long-term, is greatly influenced by how the remaining parent reacts to and deals with the death him or herself, as well how he or she assists the child in the grieving process. Secondly, the research topic fits within the social work context as bereaved families may turn to the social work profession for guidance and assistance in understanding and resolving their loss. Therefore, the researcher was of the opinion that it would be of value to gain knowledge of the specific needs of the widowed parents in helping their children during the grieving process in order to offer these families more direct, focused and valuable assistance.

The researcher made use of a qualitative approach in order to explore and gain an understanding of the needs of widowed parents' experiences in assisting their children in the grieving process. The researcher used applied research for her study, as it was hoped that the information gained would provide further knowledge to help the social work profession in assisting widowed parents and their children in the grieving process.

Seven respondents were identified and chosen primarily through a non-probability sampling technique of purposive sampling. As the initial number of respondents were limited, the researcher also made use of the snowball sampling technique to further increase her sample. Data for the study was gathered by means of semi-structured one-to-one interviews, with the use of an interview schedule in order to gain a detailed picture of the widowed parents' perceptions and experiences of helping their children come to terms with the death of their

parents.

In studying the literature the researcher focused on two main aspects. Firstly, the children's grieving process, including their understanding of death, reaction to the death of a parent, as well as the actual grieving process of parentally bereaved children. Secondly, the researcher focused on the needs of widowed parents in assisting their children in the grieving process, including the important role they play in this process, their own emotions, challenges they are faced with in this process, the impact the death has on the family's functioning in relation to Maslow's hierarchy of needs and finally the availability and use of support systems for widowed parents.

The findings of the study showed that all the respondents were aware of the impact the death had on their children, especially as most of the deaths were sudden and unexpected. Many needs were experienced, including telling the children about the death, loneliness, and perhaps the most difficult of all, finding a balance between expressing their own grief so that their children felt free to grieve but at the same time not falling apart completely, thereby overwhelming their children. Overall the researcher found that it appeared more important to the widowed parents that their children's needs be taken care of above their own.

In concluding the study the researcher was of the opinion that grieving the loss of a loved one involves much more than just a process of steps. It encompasses a wide range of tasks, emotions, thoughts and behaviours. Therefore, in terms of helping to meet the needs of widowed parents in assisting their children in the grieving process, one cannot just make assumptions and based on this follow a set formula. Families, with children in early and middle childhood, who have lost a parent through death, find themselves in a very vulnerable and fragile state. The way they deal with the loss and the support they are given both informal and formal, can have a very significant impact on the future functioning of the remaining family members both individually and as a whole. Therefore, it is imperative that those assisting the family through the loss have knowledge of their needs so that they can assist them in a way that can bring about healing and restoration.

KEY TERMS

Needs

Widowed

Parents

Early childhood

Middle childhood

Assisting

Grieving process

Bereavement

Grief

Loss

Mourning

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CHAPTER ONE : GENERAL INTRODUCTION

1.1   INTRODUCTION

Being a fairly new parent herself, the researcher has had first hand experience of all the planning a married coupled usually embark on when expecting a child, in order to prepare themselves as best they can for this event. The mother to be immerses herself in literature on pregnancy, giving birth and taking care of a newborn baby. Together the couple will decide on issues such as natural versus cesarean birth, routine versus demand feeding, having the child sleep with them or in his or her own room and so the list goes on. Once the child is born and goes through each developmental stage, the couple continue planning and preparing themselves and the child for each new event such as going to play school, primary school and all the other aspects that go along with raising a child. Except for making financial provisions, the one event the couple is seldom prepared for, especially on an emotional level, is the tragic loss should one of them die. Couples seldom, if not ever, discuss how the remaining spouse will cope with this loss and how he/she will help his/her child/children work through the loss of one of their parents.

Lewis (1999:148) states that "... the loss of a significant person is always traumatic for the child in some way. The closer the person is to the child and the more important the deceased's role in taking care of the child, the more traumatic the loss". The author also states that "... the effects of bereavement seem to be worse when children are not helped to understand and resolve their loss ... and ... the child's reaction to the trauma and long-term consequences can be influenced enormously by the response of caring adults" (Lewis, 1999:147). The above author further notes that in helping a child resolve the loss successfully and to minimise the distress they will need extra attention, comfort and physical love which should ideally be received from a consistent caregiver in a familiar environment (Lewis, 1999:149,150).

In other words, in the researcher's own interpretation, what the above author is expressing, is the fact that children do undergo emotional stress when one of their parents dies and the support and understanding they receive from the other parent is a significant factor in helping them successfully resolve this loss. However, what happens when the remaining parent does not feel capable of understanding and meeting the child's needs during this difficult process? In the researcher's opinion, it is at this point that social workers can play a significant role in giving widowed parents the support and guidance they need in order to assist their children come to terms with and resolve the loss of their parents. Social workers, in turn, can only fulfill this role successfully if they have full knowledge and understanding of the widowed parents' needs with regard to helping their children in the grieving process.

1.1.1 LITERATURE PERSPECTIVE AND VIEW OF EXPERTS

Corr (1998:147) states that it is very difficult for most people to understand the concept of death and even more so for children. Children may not view death exactly as adults do but this does not mean that they have no concept of death. Lewis (1999:147, 148) believes that the reason children understand and experience death differently is based on their developmental stage and own unique individuality as well as the fact that when children experience the loss of a parent they will experience emotional distress expressed in different ways. They may show grief through their behaviour, thoughts, emotions and/or physical symptoms. To gain an understanding of children's concept of death those adults involved in helping them come to terms with the loss of a parent "... need to attend to the whole of an individual child's development, and to that child's life experiences, individual personality, efforts to communicate or express grief, and ways of seeking support" (Corr, 1998:147).

Expanding further on this idea Corr (1998:147) is of the opinion that children have to accomplish four tasks in grieving the loss of their parent to resolve this loss successfully. These four tasks encompass cognitive, affective, behavioural and valuation aspects, namely "... to understand and try to make sense out of what has happened; to express emotional and other responses to the loss, to commemorate the loss through some formal or informal remembrance; and to learn how to go on with living and loving" (Corr, 1998:148). Furthermore, Charkow (1998:117) believes that children who are given an opportunity to understand death and to grieve the loss of their parent will gain strength and character from this experience. They may become more compassionate and sensitive to others who experience pain and losses, will learn coping skills and most of all appreciate the precious and tentative nature of human experience.

During an interview with Verster (2004) the researcher found that her thoughts on children and grieving echoed the opinions of the above authors. Firstly, she stated that the death of a parent is a common phenomenon and occurs in all cultures and is not gender, economic or socially biased. When the death of a parent occurs, adults, including the remaining parent tend to forget that children also go through a grieving process. After the funeral and when life is expected to go on they also expect the children to pretend that everything is alright and to go carry on with their day to day tasks. The child is expected to have control over his or her emotions and suppress any negative feelings. This includes grieving, as grieving is very often seen as something negative. Therefore, children are not given sufficient time to grieve. Between the time of the death and the funeral emotions are very intense. However, soon after this adults and children are expected to be fine and sympathy from friends and family appears to come to a gradual end. Another aspect which makes it difficult for parents to understand that a child grieves just as much as them is the gestalt principle of 'the here-and-now' which results in the child switching easily between emotions from sadness to happiness from one moment to the

next depending what task requires his/her attention at that time. Finally, upon learning of the researcher's topic Verster (2004) was in agreement that a child will be better able to cope if his/her remaining parent is given insight into how much the death affects him/her and can learn more about the grieving process of children.

In formulating this research question, the researcher was of the opinion that very often the remaining parent is dealing with his/her own grief and feels ill-equipped to support a child through the crisis and loss. The more support and assistance these parents can receive in this regard, the more likely they are to give their children the care, support and understanding that they need to resolve the loss of their parent. Van der Merwe (2004) who does a lot of grief counselling with adults expressed that she has found in her practice that many parents struggle with their own grief because they are unable to cope with their children's grief. Therefore, she is also of the opinion that if the parent can gain insight and understanding of their child's grieving process and gain skills to assist them with this, they in turn will be better able to work through their own grief.

1.1.2   RATIONALE FOR THE STUDY - OBSERVATION OF REALITY

The researcher chose this specific research topic based on her contact and observation of her external world. When a researcher becomes aware of his/her surroundings and begins to observe certain aspects regarding people or circumstances he or she may begin to ask questions related to these observations. In such instances the researcher may experience a sense of professional responsibility to investigate the answers to these questions in order to make a contribution to the knowledge basis of his or her profession. In other words, what has taken place is that a concrete problem has been observed in reality and from this a topic for research has emerged (Fouché, 2002a:96). Huysamen (1994:2) concurs with the above author and makes mention of everyday observations as a source of research problems. The author goes on to explain how in daily dealings researchers are often confronted by phenomena that arouses curiosity thereby generating questions of concern regarding human behaviour. This was certainly the case in the researcher deciding upon her topic of research as explained below.

Over the past four years the researcher had either come into direct contact with, or become aware of families in her community where one of the parents of children in early and/or middle childhood had passed away. The researcher was, and still is of the opinion that, this crisis is not isolated to her community alone but that many communities face the same crisis. The researcher also became aware that in many of these instances the families turn to the social work profession for guidance and assistance. Therefore, the researcher was of the opinion that it would be of value to gain knowledge of the specific needs of the widowed parents in helping their children in the grieving process, in order to offer these families the valuable assistance

which they require from the social work profession. In the researcher's opinion optimal intervention is often hindered by a lack of knowledge. Therefore, the benefit of the study would be to help the social work profession gain more knowledge and understanding of the widowed parents' needs in helping their children deal with the loss of their parent. Improved knowledge and understanding of these needs will allow social workers to give more direct, focused and valuable guidance and assistance to widowed parents. Furthermore, as stated above, children are able to cope more successfully with the loss of a parent if they are helped to understand and resolve the loss and receive comfort and support from the remaining parent. Therefore, as the widowed parents' needs are understood and met by the social work profession, it would ultimately result in their children receiving the understanding, comfort and support that they need to resolve their loss successfully.

1.2 PROBLEM FORMULATION

Fouché (2002b:106-113) discusses the three factors which determine how research problems are formulated namely the unit of analysis, the research goal and research approach. Mouton (1996:91) regards the unit of analysis as the object, entity or phenomenon to be studied. In other words, what it is that the researcher wishes to investigate. Bless and Higson-Smith (2000:64) further simplify this by describing the unit of analysis as "... the person or object from whom the social researcher collects data".

According to Collins (1999:42) "... an area for investigation is defined in terms of the important questions which have not yet been answered, and in terms of the additional information still needed".

From the above theory regarding problem formulation the researcher concluded that for her research the unit of analysis is widowed parents. The area of investigation regarding important questions not yet answered or of which additional information is still required referred to their needs in assisting their children through the grieving process.

Lewis (1999:37) discusses adult reactions to childhood trauma (the trauma in terms of this study is the loss of a parent through death) and notes that when children are involved in a trauma their caregivers (widowed parents) may also be affected. Lewis (1999:37) further emphasises that it is important that the parents gain an understanding of their own reactions to the trauma so that they can assist the child effectively, especially as they may also be experiencing similar feelings as the child. Parents are likely to worry about the long-term effects of the trauma on the child and may fear that they will be damaged permanently. Due to the stresses and anxieties that the parents are experiencing regarding the child they too may struggle to function effectively at

home and work (Lewis, 1999:37). These stresses and anxieties include amongst others:

- how to tell the child about the death of his/her parent;
- the difficulties and changes that now occur in the family environment as a result of the significant other's death including financial strains;
- all the responsibility with regard to carry out discipline and routine having to be carried out by the remaining parent;
- helping the child come to terms with the loss and continue to fulfill his day to day functions for example going to school, completing homework assignments and fitting in with his/her peer group (Lewis, 1999: 158-167).

In the researcher's opinion the above mentioned highlights the fact that when children experience trauma such as the loss of a parent, the remaining parent often feels overwhelmed and experiences feelings of inadequacy in their ability to help their children deal with the loss of the other parent. It is at this point that the social work profession can play a very important role. The researcher is strongly of the opinion that it is the role of social workers to help people function better in their social environment which includes family, work, friends and any other roles and functions they fulfill in society. When a family experiences the loss of a significant other through death it becomes difficult for them to function effectively in their various relationships and roles. Therefore, in the researcher's opinion through gaining knowledge and an understanding of widowed parents' needs as they work through the grieving process, specifically with their children, the social work profession can assist the entire family, that is, the remaining spouse and children to once again function effectively in their relationships and roles in society.

To summarise the researcher proposed to embark on the following study in order to explore the needs of widowed parents in assisting their children in the grieving process in order to fill a knowledge gap within the social work profession of how it can best assist these widowed parents with this task.

1.3   PURPOSE, GOAL AND OBJECTIVES OF THE RESEARCH STUDY

1.3.1   PURPOSE OF THE RESEARCH STUDY

When referring to the purpose of a research study a distinction is made between the choice of an explorative, descriptive, explanatory, correlatory or evaluative research study (Fouché, 2002b:109). As the purpose of this study, the researcher chose to conduct an exploratory study. An exploratory study is conducted in order to gain insight into a phenomenon, situation, community or individual (Bless & Higson-Smith in Fouché, 2002b:109). The researcher attempted to answer a "what" question due to a lack of knowledge or to become better

acquainted with a situation (Fouché, 2002b:109).

Within this exploratory study the purpose is to determine the needs of widowed parents in assisting their children in the grieving process and furthermore as mentioned under section 2 to fill a knowledge gap within the social work profession of how it can assist in this process.

1.3.2   GOAL AND OBJECTIVES OF THE RESEARCH STUDY

Webster's School and Office Dictionary (1995: 192,193) defines the word goal as "... the result towards which effort is directed" and the *Cassell Concise Dictionary* (1998:581) defines goal as the "... end of one's ambition". On the other hand compared to goals, Fouché (2002b:107) refers to objectives as being "... more concrete, measurable and more speedily attainable ... the steps one has to take, one by one, realistically at grass-roots level, within a certain time-span, in order to attain the dream" (Fouché, 2002b:107,108).

From the above definitions it is the researcher's understanding that the goal of the study refers to something broad or general that the researcher would like to achieve. The objectives are very specific, practical, measurable and attainable steps which the researcher undertakes in order to achieve the goal.

Based on this understanding gained from the above definitions and descriptions regarding a goal and objectives the researcher formulated the following goal and objectives of her study:

1.3.2.1   GOAL OF THE RESEARCH STUDY

The goal of this particular study was to explore the needs of widowed parents in assisting their children in the grieving process.

1.3.2.2   OBJECTIVES OF THE RESEARCH STUDY

The objectives of this study were:

- To undertake a literature review in order to:
- conceptualise the grieving process of the child within the early and middle childhood developmental phases.
- to identify the needs of the widowed parents in assisting their children in this process as perceived by various authors.
- To explore the intervention strategies that have been undertaken to meet the needs of widowed parents in assisting their children in the grieving process.
- To explore through empirical study the needs of widowed parents in assisting their children with the grieving process.
- To come to conclusions and make recommendations regarding the needs of widowed

parents in assisting their children with the grieving process in order to better understand this phenomenon which will be of value to the social work and other helping professions in offering widowed parents more direct, focused and valuable guidance and assistance in helping their children through the grieving process.

1.4 RESEARCH QUESTION

When deciding to undertake a study the researcher will usually follow a certain model outlining the various steps of the research process. In following this process the researcher will be required to make choices between a number of aspects depending on the type of research approach that will be followed. One of these choices is between a hypothesis, research question or research statement. If the researcher decides to conduct a quantitative study a hypothesis will be formulated, on the other hand if a choice to conduct a qualitative study is made a research question is formulated (Fouché & Delport, 2002:85-87). As the researcher chose to do a qualitative study a research question was formulated. Mouton (1996:93) describes the research question as "what one wants to know".

The research question which this study attempted to answer was "What are the needs of widowed parents in assisting their children in the grieving process?".

1.5 RESEARCH APPROACH

The choice of a research approach lies between a quantitative or qualitative approach. The researcher made use of a qualitative approach in her study.

According to Fouché and Delport (2002:79) qualitative research aims to understand social life and the meaning people attach to it. In other words, it deals with the participants' meanings, experiences and perceptions. Strauss and Corbin (1998:11) would appear to agree with this description of qualitative research in stating that "It (*qualitative research*) can refer to research about persons' lives, lived experiences, behaviours, emotions, and feelings" and that qualitative research is often chosen by researchers as it "... attempts to understand the meaning or nature of experiences of persons with problems" (Strauss & Corbin, 1998:11). The authors further state that "... qualitative methods can be used to obtain the intricate details about phenomena such as feelings, thought processes, and emotions that are difficult to extract or learn about through more conventional research methods" (Strauss & Corbin, 1998:11). In her study the researcher attempted to gain an understanding of the widowed parents' perceptions and experiences regarding the phenomena of assisting their children in the grieving process. The final goal was to gain an understanding of their needs rather than to find an explanation thereby

qualifying this research approach as qualitative rather than quantitative (Fouché & Delport, 2002:79).

Fouché (2002b:106) outlines reasons as proposed by Cresswell for undertaking qualitative research. The researcher is able to identify a number of these reasons as relating to her study. Firstly, according to Cresswell (in Fouché 2002b:106) the research question in qualitative research relates to the "what" or "how". In this study the research question is related to the "what". In other words, the study is focused at finding out *what* the needs of widowed parents are in assisting their children through the grieving process. Secondly, Cresswell states that a qualitative research is undertaken when "... a topic needs to be explored" (Cresswell in Fouché 2002b:106). In her study the researcher explored the needs of the widowed parents in assisting their children through the grieving process. Therefore, the outcome will not be an explanation of why the needs occur but rather a description of what these needs are, thereby presenting a detailed view of the topic. Thirdly, the researcher studied individuals, in other words the widowed parents, in their natural setting and finally in presenting the results of the study the researcher has told "...the story from the point of view of the participants rather than as an expert witness who passes judgment on participants" (Cresswell in Fouché 2002b:106).

In qualitative research "... the observed data exist in a non-numerical form, such as reports of conversations in participant-observer research and ethnographic research" (Rosnow & Rosenthal, 1999:81). In support of this aspect of qualitative research Reid and Smith (in Fouché & Delport 2002:80) state that "... methods such as participant observation and unstructured interviewing are used to acquire an in-depth knowledge used to guide further study". In other words, in most cases, the researcher conducts one-to-one interviews with the participants and the information is recorded and results submitted in a descriptive format not numerically. For her study the researcher gathered the data through interviewing methods and use d descriptive results to give her findings.

Reid and Smith (in Fouché & Delport, 2002:80) further state that a valid understanding can only be gained through knowledge that is acquired and accumulated first hand by the researcher. The researcher therefore conducted all the interviews and gathered the data herself.

1.6   TYPE OF RESEARCH

According to Fouché (2002b:107-108) "...applied research ... is aimed at solving specific policy problems or at helping practitioners accomplish tasks. It is focused on solving problems in practice" (Fouché, 2002b:107-108). Huysamen (1994:34) agrees with this description of applied research in stating that "... applied research ... is undertaken specifically with a view to solving

some or other psychological, educational or social problem in clinical, counselling, educational, industrial, military or forensic psychology or social work" (Huysamen, 1994:34).

In her practice as a social worker the researcher has come across a number of families where one of the spouses has died and the remaining parent has felt overwhelmed by the task of helping their children deal with the death of their parent. The researcher, therefore, decided to undertake this specific study to gain a better understanding of the widowed parents' needs in assisting their children in the grieving process in order to provide them with the necessary assistance in this regard, in other words finding a solution to a problem that occurs in practice. Although the study was not undertaken specifically to develop an intervention strategy, it was aimed at understanding a social problem for which intervention strategies can be developed (Schilling in De Vos, 2002a:396). Therefore, the research undertaken for this study was applied research.

1.7   RESEARCH STRATEGY

As the researcher used a qualitative approach in her research, a research strategy was used to conduct the study as opposed to a research design which is used in conducting quantitative research (Fouché & Delport, 2002:85).

A research strategy refers to the "formula" that the qualitative researcher selects in order to study the phenomena as related to the research goal. However, it should be noted that in qualitative research it is usually the researcher's choices and actions that will determine which strategy he/she will select rather than the strategy having an effect over his/her choices and actions (Fouché, 2002c:272).

For this particular study the researcher decided to make use of phenomenology as her research strategy. According to Fouché (2002c:273) "... this approach aims to understand and interpret the meaning that subjects give to their everyday lives ... reduce(ing) the experience to a central meaning" (Moustakas in Fouché, 2002c:273). To do so the researcher needs to enter the "life world" of the subjects being studied, entering into their shoes as it were. This can best be achieved by the researcher making use of participant observation and interviews in order to collect data. Finally the end product will be a description of the essence of the experience that is being studied (Fouché, 2002c:273).

Trochim (2001:159,160) refers to phenomenology as focusing on "... people's subjective experiences and interpretations of the world" (Trochim, 2001:159,160). In other words, the researcher making use of a phenomenological research strategy is wanting to understand the

world as it appears to the individuals being studied. Leedy and Ormrod (2001:153) simplify this explanation of phenomenology by describing it as "... a person's perception of the meaning of an event, as opposed to the event as it exists external to the person" (Leedy & Ormrod, 2002:153). Similar to Fouché's (2002c:273) description of phenomenology as stated above, Leedy and Ormrod (2001:153) further regard phenomenology as "... a study that attempts to understand people's perceptions, perspectives, and understandings of a particular situation" (Leedy & Ormrod, 2001:153). Taking this description into account the researcher's study attempted to understand the widow/widower's perceptions, perspectives and understandings in terms of assisting their children in the grieving process.

Leedy and Ormrod (2001:153,154) also outline the following information regarding a phenomenological study:

- Through studying a number of perspectives regarding the same situation, the researcher is able to make certain generalisations regarding the experience. This is an objective that the researcher hoped to achieve through her research. It was hoped that by obtaining information from a number of widowed parents regarding their needs in assisting their children through the grieving process the researcher would be able to formulate certain generalisations of this experience.

- In phenomenological studies researchers make use mainly of lengthy interviews as their form of data collection. The specific interview type being unstructured during which the researcher works closely with the participants to "... arrive at the heart of the matter" (Tesch in Leedy & Ormrod, 2001:153). The researcher used semi-structured one-to-one interviews as her method of data collection (See section 1.7.1).

- During data analysis the researcher tried to identify common themes which emerged from the various participants' descriptions of their experiences. Identified common themes formed a large basis of the researcher's data analysis.

- The final result is a general description of the phenomenon, as seen through the eyes of people who have experienced firsthand. This aspect of the phenomenological study links with one of the main aspects of qualitative research as described in section 1.6, in other words that the final result is presented in a descriptive form and not numerical. As stated previously in this proposal the researcher has presented her findings in a descriptive format.

Finally, the researcher chose phenomenology as her research strategy as opposed to a case study due to the fact that in her findings she has given detailed descriptions of this phenomenon from the perspective of a number of respondents as opposed to only describing the phenomenon from the perspective of one or two individuals.

1.7.1 DATA COLLECTION TECHNIQUE : SEMI-STRUCTURED ONE-TO-ONE INTERVIEW

According to Greef (2002:302) researchers make use of semi-structured interviews when they wish to gain a detailed picture of the respondent's beliefs, perceptions and/or account of the research topic, especially if the researcher is investigating a topic which is complex, controversial or personal. Based on this, the researcher was of the opinion that a semi-structured one-to-one interview was the most suitable data collection technique for this particular research as the researcher hoped to gain a detailed picture of the respondents' perceptions, accounts and difficulties in helping their children come to terms with the loss of one of their parents - a very personal and sensitive topic. Furthermore, in substantiation of the researcher's motivation for using a semi-structured one-to-one interview, Fontana and Frey (2000:653) emphasise the difference between unstructured and structured interviewing. According to these authors structured interviewing aims to capture exact data that can be coded in order to explain behaviour with pre-established categories but unstructured interviewing attempts to gain an understanding of the complex nature of behaviour without imposing any prior categorisations which could limit the information obtained.

1.7.1.1 INTERVIEW SCHEDULE

Greef (2002:302) discusses the fact that a semi-structured one-to-one interview allows for flexibility to take place during the interview, even though the researcher will approach the interview with a set of predetermined questions or an interview schedule. The predetermined questions enable the researcher to consider beforehand what aspects he or she hopes to explore during the interview and review wording of questions, especially regarding sensitive topics. Briefly, in drawing up an interview schedule, the researcher will take into consideration the overall topic to be discussed in the interview and then decide on broad themes or areas he or she wishes to cover during the interview and finally these are placed into a sequence of questions beginning with the less sensitive and slowly moving into very sensitive areas. However, it must be noted that this merely takes on the form of a guideline for the interview process and the interviewer is free to explore interesting aspects that may emerge during the interview related to the topic of research but not necessarily covered in the interview schedule. In this way the respondent is viewed as the expert on the subject and given full opportunity to tell his or her story in terms of his or her own experience and perceptions.

Grief and the loss of a spouse is a very complex and diverse issue to explore. In this research, the researcher wanted to specifically explore the widow/widower's experiences regarding their children's grieving process. Therefore, the use of an interview schedule helped to ensure that the interviews remained focused on this specific aspect of the loss. The researcher began the interview with very broad non-threatening topics, for example a short family background, when

the loss occurred and what the cause of death was. After these questions had been answered the researcher gradually moved into more sensitive and personal areas, such as what has been the most difficult aspects with regard to their children's grief whilst dealing with their own grief at the same time. (See Addendum A for complete outline of interview schedule utilised by researcher during the semi-structured one-to-one interviews.)

Finally, as mentioned in section 1.7.1, it is important to remember that in a semi-structured one-to-one interview the researcher is not bound by the interview schedule. It merely serves as a guideline to help steer the interview in a certain direction and cover certain areas of interest. Therefore, at times during the interviews the researcher allowed the respondents to discuss other aspects of interest related to the research topic which were not directly covered by the interview schedule.

At this point the researcher also makes mention of the fact that two of the interviews were conducted with a translator. The two respondents' mother tongue was Zulu and they could not speak English fluently, and the researcher was unable to converse in Zulu.

1.7.2   DATA ANALYSIS

According to De Vos (2002b:339,340) "... data analysis is the process of bringing order, structure and meaning to the mass of collected data ... (and) is a search for general statements about relationships among categories of data". Leedy and Ormrod (2001:154) support this statement referring to the fact that a large basis of the researcher's data analysis is identifying common themes which emerge from the various participants' descriptions of their experiences. De Vos (2002b:340) discusses the following steps in the process of qualitative data analysis:

1.7.2.1 DATA COLLECTION AND RECORDING

Although De Vos (2002b:340) has written about this step under data analysis after describing methods of data collection it actually takes place before the data is collected from the respondents. In the researcher's opinion this emphasises the fact that the researcher already needs to be considering his or her method of data analysis before even collecting the data. This step entails planning beforehand to record and organise the data in a systematic manner in order to make retrieval of the information during data analysis less complicated and time consuming. This then also implies that this step takes place not only before data collection but during as well, once again emphasising the close relationship between data collection and data analysis in a qualitative study (De Vos, 2002b:340-341).

For the purpose of this study the researcher conducted semi-structured one-to-one interviews which were tape-recorded. At the same time the researcher also made notes during the

interviews of aspects which she felt were of particular importance or significance. Therefore, the data collected was quite substantial after which the researcher organised a system where the tape recordings were clearly labeled and the notes kept in a systematic manner so that the two could easily be matched when the researcher began the actual process of data analysis.

1.7.2.2 MANAGING DATA

This step can best be explained by using the word organise and is the first step apart from the actual data collection. It is during this step that the researcher will organise the information collected into files, index cards or computer files to enhance efficiency for later analysis (De Vos, 2002b:343). For this study the researcher tape-recorded the interviews. Therefore, at this stage of the data analysis the researcher transcribed the interviews so that she had something concrete and tangible to work with when she finally analysed the data.

1.7.2.3 READING AND MEMOING

According to De Vos (2002b:343) it is important that before the researcher begins analysing the data that he/she first becomes fully acquainted with the data. This is done by reading the data over and over again. At the same time the researcher can also begin writing memos made up of short phrases, ideas or key concepts along side the field notes or transcripts. In this way the researcher begins to make sense of what seems totally overwhelming and unmanageable. Therefore, at this stage in the study the researcher began reading the transcripts, familiarising herself with the content and making notes in the margins which became the first step towards identifying common themes.

1.7.2.4 DESCRIBING, CLASSIFYING AND INTERPRETING

This step of the process can be regarded as the core aspect of data analysis and it is during this step that most of the data analysis work takes place as the researcher makes sense of the data collected and merges the information into a coherent whole (De Vos, 2002b:344).

Firstly the researcher set about describing the data seeking "... to identify the salient, grounded categories of meaning held by participants in the setting" (De Vos, 2002b:344). Secondly, De Vos (2002b:344) describes how the researcher will go about classifying the data breaking it down into a number of general themes which in turn are broken down further into sub-themes. This is done so that the data can be reduced to small manageable themes to be written up later in the final narrative. Finally, the researcher interpreted the data based on a combination of her own opinions, thoughts and insights as well as a social science construct.

In terms of this study this was therefore the most lengthy process for the researcher based on the fact that semi-structured one-to-one interviews were used as the means of data collection.

The researcher was required to sift through a substantial amount of information in order to identify the common themes and their sub-themes. Once this lengthy process had been completed the researcher then began making her interpretations. At this stage she based her interpretations firstly on her own thoughts and insights based on her knowledge and skills and then scientifically validating, verifying, substantiating and/or giving new ideas based on a social science construct based on the literature and the opinions of other experts in this field.

1.8   PILOT STUDY

According to Strydom and Delport (2002:337) in qualitative research a pilot study is usually carried out in a more informal manner than is the case in quantitative research, with a few respondents who have the same characteristics as those with whom the main investigation is to be carried out. The main purpose being, to determine certain trends. Through this process clarity regarding the questions asked can be obtained regarding the specific areas and questions to be asked during the investigations.

Although it is important that a pilot study be conducted regardless of whether qualitative or quantitative research is being undertaken (Strydom & Delport, 2002:337), in the researcher's opinion it is not always feasible to carry out a pilot study in the formal sense when the researcher is conducting semi-structured interviews with limited respondents with whom very personal and sensitive matters will be discussed.   Therefore, in the instance of this research, the researcher made the decision not to undertake a pilot study as related to qualitative research. The main motivation being that at this stage of the research process the number of respondents known to the researcher were limited and based on the sensitive nature of the research topic, in the researcher's opinion, it was not ethical to carry out a pre-test with no further contact or follow-up.

Therefore, the only form of the pilot study which the researcher undertook was a discussion with experts (Strydom & Delport, 2002:337). This was done in order to ascertain whether the information which the researcher covered in the interviews was relevant to the study. The researcher consulted with the supervisor and lectures at the University of Pretoria by submitting a written draft of the interview schedule with the specific themes which the researcher explored, the guided questions that were asked during the interview, as well as an outline of the format of the interviews.

1.8.1   FEASIBILITY OF THE STUDY

Strydom (2002a:219) regards the cost and duration of a study as two very important aspects which must be taken into account when considering the feasibility of the study. Rubin and

Babbie (1997:105) identify along with cost and duration, the scope, ethical considerations and co-operation required from individuals involved in the study as also having to be considered in determining whether or not the study is feasible.

The researcher identified travelling, telephone and printing costs as the main expenses involved in this study. The researcher was required to travel in order to obtain information from literature, consult with experts and conduct interviews. To make this feasible the researcher decided to only use respondents who lived in the same residential area as herself, where the researcher was able to easily make contact with them. Telephone costs were incurred in making arrangements to consult with the experts, conduct the interviews and in making use of the Internet during the literature study. All costs were financed by the researcher herself.

Time is always a factor to be considered and in the case of this study the responsibility lay with the researcher to ensure that the study was completed in the time frame set by the Department of Social Work and Criminology for mini-dissertations of a Masters Degree.

The ethical aspects and co-operation of individuals involved is discussed under section 1.10. At this point the researcher notes that the feasibility of the study is also affected by the respondents' willingness to make themselves available and give up of their time and emotional energy to participate in the one-to-one interviews. A few respondents who reside in Polokwane were identified by means of non-probability sampling. The respondents indicated in preliminary discussions regarding the study that they were prepared to make themselves available for the study. Additional respondents in this area were recruited through snowball sampling.

1.9 RESEARCH POPULATION, SAMPLE AND SAMPLING METHOD

1.9.1 RESEARCH UNIVERSE AND POPULATION

In order to understand what the research population is comprised of a distinction must be made between the research universe and population. According to Arkava and Lane (in Strydom & Venter 2002:198) the universe is ".. all potential subjects who possess the attributes in which the researcher is interested". Therefore, in terms of this study, the universe was widowed parents. "Population, on the other hand, is a term that sets boundaries on the study units. It refers to individuals in the universe who possess specific characteristics" (Arkava & Lane in Strydom & Venter, 2002:198). Bless and Higson-Smith (2000:84,85) define population as the set of elements (objects or people) which are the focus of the research from which the researcher wants to determine certain information and then make generalisations based on these results. In other words, population refers to the "... totality of persons, events, organisation units, case records or other sampling units with which the research problem is concerned (Strydom &

Venter, 2002:199).

1.9.2   POPULATION BOUNDARIES AND TIME FRAME

According to Neuman (2000:201) in defining the population the researcher must specify the "... unit being sampled, the geographical location, and the temporal boundaries of populations" (Neuman, 2000:201). Therefore, in the case of the researcher's study the population was defined as widowed parents of early and middle childhood children. As the researcher wanted to conduct a phenomenological study and required a number of respondents, in terms of the geographical location and temporal boundaries the population was further defined as widowed parents in the Limpopo Province, living in the city of Polokwane and in the Province of Kwa-Zulu Natal, living in Durban Upper Highway Area. These are the two areas in which the researcher resided during the duration of the study. In terms of time frame it would be preferable if the spouses death took place in the past three years.

1.9.3   SAMPLE

Strydom and Venter (2002:199) discuss the use of a sample in a study in order to make it more feasible. In almost all cases it is not possible to make contact with all members of the population of interest, the main reason being time and cost restraints. Instead a sample is chosen from the population of interest with whom the research will be conducted in order to produce a better quality of research with more in-depth information. The above also applied to this research study in that it would not have been feasible for the researcher to conduct interviews with every widowed parent who has lost a spouse in the past three years in the geographical areas as outlined above. Instead only a number of them were chosen to be included in the study. In this study the researcher proposed using 8 respondents for her sample. In making this selection the researcher made use of sampling methods.

1.9.4   SAMPLING METHOD

As the researcher conducted a qualitative study she chose to make use of non-probability sampling methods. Non-probability sampling methods are used in qualitative research as the researcher specifically wants to "... seek out individuals, groups and settings where the specific processes being studied are most likely to occur ... since the researcher is in pursuit of understanding all aspects of his research topic (Denzin & Lincoln in Strydom & Delport, 2002:334).

The researcher used the following non-probability sampling techniques:

1.9.4.1 PURPOSIVE SAMPLING

This was the primary sampling technique utilised to choose respondents for the study. In purposive sampling a particular case is selected as it illustrates a specific feature or process that is of interest to the study (Strydom & Delport, 2002:334). Neuman (2000:198) explains that "... purposive sampling occurs when a researcher wants to identify particular types of cases for in-depth investigation. The purpose is less to generalize to a larger population than it is to gain a deeper understanding of types". Furthermore, Strydom and Delport (2002:334) note that in order to choose these cases the criteria for selecting respondents must be clearly identified and formulated.

As stated in section 1.9.2 the first criteria was that the widowed parents live in Polokwane, Limpopo Province and Durban Upper Highway Area, Kwa Zulu Natal where the researcher was able to make contact with them easily (feasibility). Secondly, the respondents had all lost a spouse within the past three years from the date of the interviews. The researcher was of the opinion that, the more recently the loss occurred ensured obtaining richer data as the experience, thoughts and emotions were more real and tangible than had the loss occurred a number of years ago. The last criteria that the researcher followed was that the children of the respondents be in early and/or middle childhood when the loss occurred.

The researcher proposed having 8 respondents for the study. Five of the respondents, who fit the criteria as stated above, were already known to the researcher by means of purposive sampling. The researcher also consulted with professionals in the field, in order to locate further respondents who would fit with the criteria.

1.9.4.2 SNOWBALL SAMPLING

As the initial number of respondents was limited, the researcher also utilised snowball sampling to further increase her sample. In snowball sampling the researcher collects data on or from the few members of the target population he or she is able to locate and from the information gained from these individuals is able to locate further samples in the population (Strydom & Delport, 2002:336). It often occurs that when a person experiences a certain phenomenon they become aware of other people who have also experienced the same phenomenon. In the case of this study it did occur in a few cases that some of the respondents of the initial sample knew of further parents who had also experienced the loss of a spouse with whom the researcher was able to make contact for the purpose of her research study.   In this way the size of the sample was slightly increased.

1.10   ETHICAL ISSUES

In the following section the researcher discusses the ethical issues that pertain to this particular study. According to Strydom (2002b:63) "Ethics is a set of moral principles that are suggested by an individual or group, are subsequently widely accepted, and offer rules and behavioural expectations about the most correct conduct towards experimental subjects and respondents, employers, sponsors, other researches, assistances and students". By following ethical guidelines the research is creating standards by which he or she is able to evaluate his/her own behaviour. In other words, in the researcher's understanding, the author is conveying the fact that all research should be carried out in a moral and ethical manner where all respondents are treated with respect and dignity.

Furthermore, just as the values of the social work profession should become a part of who the social worker is as a person and fully integrated into all aspects of him/herself, so too should ethical principles become part of the researcher's personality to such an extent that all decision making he/she makes is ethically guided (Strydom, 2002b:63).

1.10.1   HARM TO RESPONDENTS

According to Strydom (2002b:64) subjects may be harmed in two ways during research investigations, namely physically and/or emotionally. However, in the social sciences although it should not be totally ignored, physical injury is not likely to occur. The main injury which may occur is that of emotional injury. Rubin and Babbie (1997:61) also talk about psychological harm. This kind of harm is often difficult to predict and determine but may have greater far-reaching consequences than physical injury (Strydom, 2002b:64). The researcher has an ethical responsibility to protect the respondents against harm and this responsibility is not only to try minimise or repair the harmful effects after the research has been conducted but to inform the respondents of the possible harm prior to the investigation, thus preparing them for any possible dangers and affording them an opportunity to withdraw from the investigations should they so choose. On the other hand the outcome of the research and its potential to help improve circumstances can often outweigh the discomfort that needs to be endured during the investigations in order to bring about positive change (Strydom, 2002b:64).

In the case of the researcher's study the emotional or psychological discomfort that occurred, was that the respondents were required to discuss a very emotional and painful life circumstance and one that they were still in the process of working through. It was, therefore, important that the researcher had fully prepared the respondents concerning the investigations and informed them of what information they were required to discuss, and allowed them the opportunity to withdraw had they felt they were not emotionally strong enough to discuss the death of their spouse. During the study it did occur that one possible respondent who was

approached to partake in this study declined as he did not feel emotionally strong enough to partake in the study. The researcher also referred him to professionals who would be able to help him work through his grief. Due to the sensitive area of investigation, whilst conducting the study with the respondents the researcher also showed sensitivity to the issue and experience of the respondents and treaded carefully in delicate areas. The researcher also made provision for debriefing of respondents (See section 1.10.7).

1.10.2   INFORMED CONSENT

Williams (in Strydom 2002b:65) explains informed consent as follows:

> Obtaining informed consent implies that all possible or adequate information on the goal of the investigation, the procedures that will be followed during the investigation, the possible advantages, disadvantages and dangers to which the respondents may be exposed, as well as the credibility of the researcher, be rendered to potential subjects or their legal representatives.

In other words, as Neuman (2000:96) simply explains it, informed consent does not mean that the researcher merely gets permission from the respondents but that they know what and why they are being asked to participate in, to make an informed decision. Gaining "... informed consent ensures the full knowledge and cooperation of subjects, while also resolving, or at least relieving, any possible tension, aggression, resistance or insecurity of the subjects" (Strydom, 2002b:66). Strydom (2002b:65) further outlines that participants must be competent to give consent both legally and psychologically and be aware that they can withdraw from the investigations at any time should they so choose.

As the researcher required the full co-operation of the respondents for her research investigation and needed to obtain a vast amount of personal information from them it was imperative that their formal consent was gained in writing, taking all the above aspects of informed consent into account (See Addendum B).

To assist the researcher in the process of data analysis the researcher tape-recorded the interviews. The respondents were informed of this fact to which they gave their written consent (see Addendum B). The respondents were also notified that all records will be destroyed after the release of the results of the degree.

1.10.3   DECEPTION OF RESPONDENTS

Bailey (1994:463) discusses a number of ways in which research subjects may be deceived:

- To study subjects without them being aware of the study and therefore not obtaining their prior consent to be a part of the study.
- Informing the subjects of the study and obtaining their consent but then deceiving the subjects regarding the true nature or reason for the research.
- Gaining the subjects' consent to be a part of the study and then deceiving them during certain procedures of the investigation, for example, administering drugs and not informing them of the real effects of the drug.

The above illustrates what Rosnow and Rosenthal (1999:68) refer to as active deception (giving false information) and passive deception (withholding information). The authors also include making use of cameras, microphones or any other technical equipment to record the interviews without the prior consent of the respondents as deception.

Deception may occur on two levels, either deliberately as explained above or indeliberately in other words when the researcher is initially not aware of the deception until later on in the investigation. When deception occurs in this manner it is the researcher's responsibility to immediately inform the respondents and take the necessary action (Strydom, 2002b:67).

From the above the researcher was made aware that deception in any form, at any time during the study would have been unethical. It was therefore the researcher's responsibility to ensure that no deception occurred during the study. The researcher made sure that all the respondents were fully informed of the reasons and goal of the study, the extent of their involvement and the information they contributed to the study, making them aware of the recording equipment and what will be done with this data after the study was completed.

1.10.4 VIOLATION OF PRIVACY/ANONYMITY/CONFIDENTIALITY

In terms of research Strydom (2002b:67) gives the following explanation regarding the difference between privacy and confidentiality in stating that "... privacy implies the element of personal privacy, while confidentiality indicates the handling of information in a confidential manner". Therefore, by affording respondents the opportunity to give information anonymously they can be assured of privacy (Strydom, 2002b:67). Rubin and Babbie (1997:62-63) also draw a clear distinction between anonymity and confidentiality. Anonymity occurs when the researcher is unable to identify a given respondent with a given response. Therefore, the word anonymity, and not anonymous is used due to that fact that although the respondents identity may be known to the researcher, the researcher is not able to identify that specific respondent's responses. In confidentiality the researcher can identify a given response with a given

respondent but makes a promise to the respondents, which he or she is ethically bound to, not to mention the identity of the respondents in any publications.

Due to the nature of this particular research, only confidentiality was applicable. It was not practical for the respondents' identity to remain anonymous and unknown to the researcher as one-to-one semi-structured interviews were used as the means of data collection. The researcher was able to assure the privacy and confidentiality of the respondents by gaining their consent in the use of the tape recordings and by having employed all means possible to protect the privacy of the respondents; by having obtained the respondents' co-operation and consent where their privacy was encroached upon.

1.10.5   ACTIONS AND COMPETENCE OF RESEARCHER

According to Strydom (2002b:69) "Researchers are ethically obliged to ensure that they are competent and adequately skilled to undertake the proposed investigation".   Bailey (1994:464,465) is of the opinion that it is vital that the researcher has a qualification in form of a professional degree and license to conduct the research and must have affiliation with an institution that will regulate the research.   This is even more important when sensitive investigations are involved. Furthermore, it is important that right from the initial proposal of the investigation right through to writing up the report the researcher must always maintain ethical responsibility (Strydom, 2002b:69).

The researcher is of the opinion that, her current degree and experience in the social work field ensured that she had the necessary knowledge and skills to carry out this research project and to have conducted interviews with the respondents in a competent manner. The researcher is a qualified social worker registered with the South African Council for Social Service Professions. At the same time the researcher also conducted her research project under close supervision to ensure that this competence was maintained.

1.10.6   RELEASE OR PUBLICATION OF THE FINDINGS

All formal research should be presented in a written format.   The written report must be compiled as accurately as possible, be objective, clear and not contain ambiguous information in order to be fully understood by its readers (Strydom, 2002b:71,72). Strydom (2002b:72) goes on to state that any form of bias must be avoided as this is regarded as unethical. Strydom (2002b:72) further notes that plagiarism is an offense and therefore, recognition must be given to all sources and experts consulted.   Any shortcomings or errors in the study should be admitted in the report and finally all subjects should be informed in an objective manner regarding the findings as a form of recognition and gratitude for their participation without compromising confidentially (Strydom, 2002b:72).

In writing the final report, the researcher took note of the above aspects of publishing her findings as the time spent and hard work given to the study would be of little value if the findings were not published in a manner that meets all the professional requirements of a research study.

1.10.7 DEBRIEFING OF RESPONDENTS

Debriefing sessions should take place at the end of the investigations with the respondents. Strydom (2002b:73) summarises the reasons for debriefing as follows:

- By allowing an opportunity for debriefing sessions after the study respondents can work through their experiences. In this way the researcher can also minimise any harm that may have occurred.
- Debriefing is also an opportunity to clear up any misconceptions that may have arisen.
- In cases where the respondents may have benefited from any therapeutic aspect of the research termination and withdrawal must be undertaken and handled with sensitivity (Strydom, 2002b:73).

Blanck *et al.* as well as Jones and Gerard (in Rosnow & Rosenthal, 1999:72) mention a further advantage of debriefing, namely that it provides the researcher with "... an opportunity to explore what transpired beneath the surface in the study (and) ... may reveal what each participant thought about the study, thereby providing the researcher with an experiential context within which to interpret the results, and with possible leads for further investigations".

The researcher was very aware that debriefing formed a very important part of her study. For a majority of the respondents there was a short time span between when the losses occurred and when the interviews took place. For those respondents who had lost their spouse less recently, talking about the experience also brought back emotions and thoughts for which they needed to obtain closure. For the purpose of debriefing sessions the researcher referred the respondents to trained professionals in grief counselling to help them deal with any unfinished business that came to the fore during the interviews. The researcher approached Sonnet Scheepers who resides in Polokwane and Sally Olds who resides in the Upper Highway area of Kwa Zulu Natal both of whom are qualified social workers in private practice who agreed to make themselves available to conduct debriefing sessions with the respondents.

1.11 LIMITATIONS OF THE STUDY

The researcher identified two limitations of this study:

- The study is not able to provide generalised information due to the small size of the sample.

- Although a sample size of eight respondents was originally proposed, the researcher was only able to interview seven respondents. This was primarily due to two factors. Firstly, the criteria of the respondents in terms of population boundaries was very specific. The death had to have occurred in the past three years at the time of the interview, and the children had to be in early or middle childhood at the time of the death. Therefore, in many instances possible respondents were made known to the researcher, but due to the fact that they did not fit within the population boundaries the researcher was unable to conduct interviews with them. Secondly, the researcher relocated to a new province before she was able to complete the interview process. This meant having to identify new respondents in another community in which she was not well known. Despite having contacted a number of other professionals and schools in the area, many were hesitant to refer possible respondents and after nine months the researcher was only able to interview three further respondents. As the time limit for the study was drawing to a close and the researcher had already been working on the study for over three years, the researcher and her supervisor made the decision to end the interview process and finalise the findings.

1.12 DEFINITIONS OF KEY CONCEPTS

1.12.1 NEEDS

The *Concise Oxford Dictionary* (1992:793) defines a need in the context of this study as "... a want or requirement; circumstances requiring some course of action; necessity; a crisis an emergency". In his work on community development Swanepoel (1997:108) emphasises that a need is not just an entity that is unspoken or a feeling of discomfort which is experienced vaguely. A need must be properly identified to be addressed.

The researcher was, therefore of the opinion that needs in terms of this study referred to those requirements that parents have in terms of assisting their children in the grieving process. These requirements could be experienced on an emotional and physical level.

1.12.2 WIDOWED

The *Cambridge International Dictionary of English* (1995:1663) defines widowed using the following explanation "... if you have been widowed you husband or wife has died". The *Concise Oxford Dictionary* (1992:1402) defines a widow as "... a woman who has lost her husband by death and has not married again" and a widower as "... a man who has lost his wife by death and has not married again". Therefore, in terms of this study, widowed referred to either a

woman or man who had lost their husband or wife, respectively by death.

1.12.3   PARENTS

The *Concise Oxford Dictionary* (1992:864) defines a parent as "... a person who has begotten or borne offspring; a father or mother; a person who has adopted a child". The *Cambridge International Dictionary of English* (1995:1026) defines a parent as "... mother or father to a person" and the *Cassell Concise Dictionary* (1998:962) as "a father or mother; an organism from which others are produced". In this research study parents referred to fathers and mothers who had either borne or adopted a child(ren).

1.12.4   CHILDREN

The *Concise Oxford Dictionary* (1992:195) defines children as "...young human being(s) below the age of puberty". For this study the researcher will be gathering information from parents of children in early and middle childhood. Botha, Van Ede, Louw, Louw & Ferns (1998:232) classify children between the ages of approximately two years to six years of age as falling into early childhood. Early childhood is also sometimes referred to as the preschool period (Botha *et al.*, 1998:232). Louw, Van Ede & Ferns (1998:322) classify children between the ages of six to twelve years as being in middle childhood. Therefore, as pertaining to this study, children were distinguished as those either in early childhood or middle childhood according to their chronological age.

1.12.5   ASSISTING

The *Cassell Concise Dictionary* (1998:74) describes assist as "... to aid, to help, to give support or succor; an act of assisting. The *Concise Oxford Dictionary* (1992:65) defines the term assist as "help". It is classified as a noun or verb. In the context of this study assist was regarded as a verb, in other words something that the widowed parents actively do - that is helping their children through the grieving process.

1.12.6   GRIEVING PROCESS

When a person grieves they "... suffer grief, at the death of another", in other words "... deep or intense sorrow or mourning", due to the death of someone *(The Concise Oxford Dictionary,* 1992:519). *The Cassell Concise Dictionary* (1998:1056) defines process as "... a course or method of proceeding or doing", and *Webster's School and Office Dictionary* (1995:360) as "... a systematic series of actions directed to some end". Boerner and Wortman (1998:289) give the following definitions of bereavement, grief, loss and mourning which are all concepts related to the grieving process:

- "Bereavement: Objective situation of a person who has suffered the loss of someone significant."

- "Grief: Emotional response/experience of a number of psychological, behavioral, social, and physical reactions to one's loss."

- "Loss: The term loss can refer to a physical loss (loss of a person), and/or to a psychosocial loss (loss of a certain role in life, loss of hopes or expectations for the future)."

- "Mourning: Actions expressive of grief, which are shaped by social and cultural mourning practices and expectations" (Boerner & Wortman, 1998:289).

Taking the above into account process is defined as "... a course of action or a series of stages" *(The Concise Oxford Dictionary,* 1992:951).

Therefore, in this study, the grieving process referred to the various stages that children go through as they mourn the death of their parent. Worden (1996:12-16) discusses the grieving process of children in terms of the following mourning tasks the child can be expected to go through:

- Task 1: To accept the reality of the loss - this involves working through the initial shock of the death and the inevitable denial which follows soon after.

- Task 2: To experience the pain or emotional aspects of the loss - this includes feelings of sadness, anger, guilt and anxiety.

- Task 3: To adjust to an environment in which the deceased is missing.

- Task 4: To relocate the dead person within one's life and find ways to memorialize the person.

The grieving process of children will be discussed in more detail in the literature review.

1.13.   CONTENTS OF THE RESEARCH REPORT

The outline of the research report is as follows:

- Chapter 1 - General introduction (research methodology) as contained herein. This chapter can be regarded as the plan or blue print of how the study was conducted and what the researcher hoped to discover from the study.

- Chapter 2 - Literature Study. As discussed in paragraph 1.10.1 the literature study provided a means for the researcher to become acquainted with and gain knowledge and understanding of the research topic based on information which had already been documented on the specific topic. In consulting the literature the researcher specifically focused on how children can be expected to react to the death of a parent and how they grieve as well as what kind of impact the death of one of their parents has on their emotional and behavioural functioning and what advice is given to parents to help them cope with their children's reactions.

- Chapter 3 – The Empirical study. This section details the findings of the information collected during the one-to-one semi-structured interviews and the data analysis. According to De Vos (2002b:339) "Data analysis is the process of bringing order, structure and meaning to the mass of collected data". Therefore, as well as detailing the findings, the researcher also scientifically validated the findings in this chapter with the literature, which is relevant when undertaking a phenomenological study.

- Chapter 4 - Conclusions and Recommendations. The conclusions and recommendations are based on information from the literature study and findings of empirical work. This section summarises the findings of the study and outlines recommendations to others in the helping profession concerned with the phenomenon studied.

CHAPTER TWO : LITERATURE REVIEW

The researcher has divided this chapter into two sections. The motivation for doing so was based on the fact that although both sections relate to the grief of children who have lost a parent through death, the researcher wanted to explore two different aspects related to this grief. Firstly, in section Section A the researcher explored the grieving process of children whose parents have died. Secondly, in section B the researcher explored the needs of the widowed parents in assisting their children in the grieving process.

SECTION A : THE GRIEVING PROCESS OF CHILDREN WITHIN EARLY AND MIDDLE CHILDHOOD DEVELOPMENTAL STAGES

2.1 INTRODUCTION

When discussing children and grief one of the most commonly asked questions is "Do children actually grieve?" According to Holland (2001:50), because many adults do not feel that children are able to understand death, they do not need to grieve. Furthermore, Pennells and Smith (1995:7,9) have found that many adults find it difficult to comprehend that children can experience the same range of emotions including shock, numbness, despair, anger and guilt, as adults do when experiencing the death of a loved one. Even when adults come to this realization they will often try to shelter children from these emotions to protect them from the pain. This reaction is not healthy as it denies children the opportunity of overcoming the loss and learning to deal with painful situations. By acknowledging the death and allowing children the opportunity to express their feelings of grief enables the child to resolve and integrate the experience in a healthy manner. If this does not happen children can be left with a very unhappy and unfulfilled childhood that could even lead to mental problems later in life (Pennells & Smith, 1995:7-8).

Webb (2002:13) further states that although all findings seem to show that children's grief is different from that of adults it cannot be denied that they do indeed grieve and quotes Wolfelt who stated that "... grief does not focus on one's ability to 'understand' but instead upon one's ability to 'feel'. *Therefore any child mature enough to love is mature enough to grieve*". (Italics researcher's own to emphasise answer to question 'Do children grieve?')

From the above statements it can clearly be concluded that children are affected by the loss of a significant loved one and they do grieve. This chapter will therefore focus on children's understanding of death according to their developmental level, their reactions both emotional and behavioural when they experience the loss of a parent and the process they go through

when grieving.

2.2 EARLY AND MIDDLE CHILDHOOD DEVELOPMENTAL STAGES

Before discussing the grieving process of children as based on current literature the researcher once again highlights the fact that this study makes a distinction between children in early and middle childhood developmental stages. This distinction has been made as children react and deal with death differently based on their developmental stages. This statement is supported by Dyregrov (1991:9) who notes that a child's understanding of death is directly related to the child's cognitive development. It would appear that Webb (2002:4, 59-60) and Goldman (2000:42-43) also agree with this statement as both these authors make reference to Jean Piaget's theories on children's cognitive development in correlation to their understanding of death.

Botha *et al.* (1998:232) classify children between the ages of approximately two years to six years of age as falling into early childhood also referred to as the preschool period (Botha *et al*., 1998:232). Louw *et al.* (1998:322) classify children between the ages of six to twelve years as being in middle childhood. When discussing children and grief many authors (Compare Webb, 2002:5-7; Dyregrov, 1991:11-13; Pennells & Smith, 1995: 11-12; Barash, 1999:36) further divide middle childhood into two stages being approximately five to nine and nine to twelve years as they have observed a difference in these two age groups' understanding of death and grieving process.

2.3 CHILDREN'S UNDERSTANDING OF DEATH

2.3.1 EARLY CHILDHOOD (2 to 6 years)

As stated above in discussing a child's reaction to and understanding of death Webb (2002:4-5) has correlated her findings with the work of Jean Piaget. According to Piaget children in early childhood function in the preoperational stage during which their thinking is concrete (literal) and the child may distort reality to fit in with his or her idiosyncratic understanding despite any logical contradictions. Children in this stage are often referred to as being egocentric, in other words, they only view the world from their own interpretation and believe that everyone else also sees it the same way. Children in this developmental stage find it difficult to understand that death is final and the person will not come back. They will tend to believe that there is something they can do to bring the person back again. Webb (2002:5) also makes reference to the work of Nagy who found that children between the ages of 3 to 5 years view death as a temporary state and something that can be changed despite the reality they have been told and experienced. In other words even though the child may attend his or her parent's funeral and see the body be

taken away in the coffin, they may still ask when the parent is coming home.

Goldman (2000:42) who also refers to the work of Jean Piaget in discussing children's understanding of death sums up the early childhood's concept of death as being magical, egocentric and causal. She further notes the following points of the early childhood's thinking concerning death.

- Death is temporary and partial, a reversible journey from which people return.
- Dead people can be revived by feeding them or making them warm.
- Dead people can still use their senses and think.
- Dead people live in boxes connected underground or on clouds in heaven.
- Child believes things he or she does or thinks can cause the death of others – egocentric thinking. If they said something bad to their parent they caused their death.
- Child finds it difficult to differentiate between death and sleep and may show fear regarding sleep and darkness.
- Child estimates average life spans inaccurately for example the child may say that people live to be 150 years old.

Staudacher (1987:129) gives the following practical examples of the above mentioned points. The author found that because children of this age are preoccupied with their own bodily functions and characteristics they will have similar questions about the person who has died "'How does he play now?'; 'How will she get out of the box and through the ground when she wakes up?'; 'Can he still eat cookies and spaghetti?'; 'Does she cry?'; 'Is he warm?'"(Staudacher, 1987:129). A child whose pet has died in early childhood may still react as if the pet is alive. He or she will call after it, look for it under the table or bed and even ask to feed it. This type of thinking can be linked to cartoon characters who get blown up or run over and then miraculously survive and continue as if nothing ever happened. Dyregrov (1991:9) confirms Staudacher's thinking and found that many of the questions children of this age ask about death centre around the dead person's physical well-being – "do they get food?", "are they warm?"

As children's thinking at this stage is concrete Dyregrov (1991:10) discusses the fact that they will also find it difficult to understand abstract concepts about death – such as "Mommy has gone to be with Jesus in heaven". Children will then ask how they can go visit mommy or when is she coming back. Therefore, when discussing death with children of this age adults should avoid abstractions that will confuse their understanding even more. Lewis (1999:151) suggests explaining to the child exactly what dead means and not using abstract, vague and confusing phrases such as "passed away" as these are too confusing and do not help in the child's understanding of the parent's death. It is better to say things such as "Mommy is dead. She

can't come home. Her body has stopped and she can't eat or talk or play anymore". The child may still ask when the parent is coming home, and the remaining parent needs to be patient continually giving the same explanation.

In their very short and limited experience of life children in early childhood conceive time as being circular. Their lives are filled with routines that are repeated over and over again, they wake-up, go through the daily routines, go to sleep and the next day the cycle is repeated. Their lives are filled with a lot of repetitions. Therefore they will tend to apply this same thinking to death. People live, die and then live again and this thinking also contributes to their misunderstanding of the finality of death (Dyregrov, 1991:11).

Dyregrov (1991:11) also discusses the impact that magical thinking has on these young children's concept of death. Magical thinking refers to the fact that they believe everything centres around them. They believe that it is their thoughts, feelings, actions and wishes that causes things to happen to them and those around them. Therefore, in terms of their understanding of death they believe it was something they did or said that caused the death or that they can do something to bring the deceased back again.

From the above discussion it is the researcher's understanding that the biggest challenge faced when helping children in early childhood come to terms with the loss of a parent is their limited understanding of the finality and irreversibility of death and helping them understand that nothing they have thought, said or done caused the death or can bring their parent back again. This could be very emotionally draining for the remaining parents who themselves are trying to come to terms with the loss. However, despite their limited understanding of death Dyregrov (1991:10) confirms that children at this age are still able to understand that someone is not present and will react strongly to the loss.

2.3.2 MIDDLE CHILDHOOD (6 to 12 years)

Webb (2002:4-6) has found that between the ages of 7 and 8 years most children come to the realization that death is irreversible, inevitable and universal. This is mainly due to the cognitive development and experience that children achieve at this stage during which the egocentric thinking is reduced and the child is able to reason more logically enabling him or her to comprehend more accurately the mysteries of life and death. However, it must be noted that despite this new and more accurate understanding of death the child in this developmental stage is not yet able to fully comprehend that death can happen to them. They are aware of its inevitability but associate it more with something that happens to other people especially older people. There is a level of awareness that it will happen to them but they believe it will only happen in the very distant future when they become old so it is not something that occupies

their thoughts and attention now (Solnit in Webb, 2002:5). Death therefore is still something external for the child of 6 to 8 years. According to Staudacher (1987:129) children in this age group will also believe that death comes from an external source not a person – a bogeyman, monster, ghost, skeleton or angel who comes and takes people away. As a result they will also believe that if they are clever enough or try hard enough they can escape or run away from death. At the same time Dyregrov (1991:11-12) notes that they are able to understand that death occurs as a result of something external such as accidents or violence or inner processes such as illness and old age. As they are able to understand more regarding the causes of death and accept its inevitability and finality they should be given more details to help them cope better.

When the child reaches 9 to 12 years of age his or her cognitive thinking develops further helping him or her to develop a deeper understanding of death. By the age of 12 the child is able to deal with many variables at once and can also grasp the concept of abstractions and hypothesis. Along with the realistic understanding of the finality and irreversibility of death – a concrete concept - the child can also grasp an understanding of the abstract nature of death – spirituality and the possibility of life after death (Webb, 2002:6-7). Lonetto (in Webb, 2002:7) confirms however, that as is found in children between the ages of 7 and 9, children between the ages of 9 and 12 will still perceive death as something that will only happen to them in the far distant future and something that is reserved only for the aged. The only difference now is that they no longer view it as something with an external source for example a bogeyman, but can understand the biological process of death (Staudacher, 1987:130).

Using the work of Piaget for her findings Goldman (2000:43) sums a child's concept of death in middle childhood, as curious and realistic entailing the following:
- Child is curious about birth and death and wants to know more details about death.
- Child can internalize universality and permanence of death and is able to grasp the concept that all bodily functions stop. Understanding that dead people can't breathe, move, hear or see.
- Child's thoughts and fears of death are logical.
- Child can grasp concept of afterlife.
- Child can accurately estimate how long people live.
- Child can understand occurrence of death in specific observable concrete terms and may ask questions such as "In what ways can people die? – illness, car accidents, war, murder.
- As stated above, however, children still believe that it is only the aged who die.

The researcher concurs with the above findings on children's understanding of death based on the different developmental levels. Over the past year and half she has worked with a family of two young boys now aged 3 and 8 years whose father died in a car accident. The youngest boy will often ask his mother where his dad is and when he is coming back. The oldest boy by contrast understands that his dad has died and will never be coming back again. In fact he often gets upset with his little brother when he continually asks these questions.

2.3.3 RELIGIOUS AND/OR CULTURAL INFLUENCES

According to Webb (2002:14) it is not only children's cognitive and emotional development that influences their understanding of death but that the religious and cultural values of the family also has a significant role to play. These two factors will not only influence how the death will be perceived and understood by the child but also the rituals that the child will partake in and the type and length of mourning that will be regarded as acceptable by the family (McGoldrick in Webb, 2002:15).

At this point the researcher will not go into a lengthy discussion about different religious and cultural beliefs about death but merely highlight the fact that it is essential for individuals working with families of bereaved children to be aware of the influence the religious and cultural beliefs of the family will play in the child's understanding of death and his or her grieving process and to be respectful of these aspects.

2.3.4 THE EFFECT OF CLICHÉS AND EUPHENISMS ON CHILDREN'S UNDERSTANDING OF DEATH

Goldman (2000:39-41) discusses how important the choice of words used to tell children about death is. Adults will often make the mistake of using clichés rather than the word "dead" when talking to children about death, usually to protect them from the pain and harsh reality of death. However, if this explanation is too abstract especially in the case of younger children it could cause more confusion and ultimately make the grieving process more complicated. One example the author cites is when adults often make the mistake of saying that the deceased parent has gone away on a long trip – children will then ask :Where they have gone?, when are they coming back?, and why didn't they say good-bye?" Furthermore every time someone goes away they will be afraid that they won't come back. The author believes it is far better to say "Dad died in a drowning accident. We all feel so sad, but we will get through it together" (Goldman, 2000:40). Barnard and Morland (1999a:24) agree with this standpoint and caution adults to avoid using what they term euphemisms for a person who has died such as "gone to sleep" as this can confuse children's understanding about death and sleeping and even cause them to be afraid to go to sleep at night.

The researcher is also of the opinion that even when talking to children about death in general and not necessarily bereaved children it is important not to use clichés and euphemisms so that when they are confronted with a death either in their own family or friend's they can have a better understanding of death.

2.4   CHILDREN'S REACTION TO THE DEATH OF A PARENT

Before beginning this discussion the researcher quotes Masur (in Webb, 2002:56) as well as Worden (1996:9) in order to convey to the reader the enormous impact the death of a parent has on children and therefore it should not be surprising that children react in such intense and diverse ways.

> Only in childhood can death deprive an individual of so much opportunity to love and be loved and face him with such a difficult task of adaptation.

> The loss of a parent to death and its consequences in the home and in the family change the very core of the child's existence.

2.4.1   EARLY CHILDHOOD (2 to 6 years)

At this stage children begin to develop a greater degree of independence which enhances their self-esteem. When they experience the death of a loved one at this young age it undermines their self-confidence and a world which they once trusted becomes unreliable and insecure. They will cry a lot, yearn for their parent and become clingy diminishing their new acquired independence. Even though they try to make sense of what has happened it is very confusing for them to comprehend and understand and they will have to be told repeatedly about their parents' death (Pennells & Smith, 1995:11).

Dyregrov (1991:43) confirms that children at this age who experience a crisis situation are the most helpless and passive and become very dependent on adults to help them regain balance in their lives. Children at this age already have a heightened sense of anxiety when it comes to separations and rejections making them even more vulnerable to the death of a parent resulting in them displaying even more anxious attachment behaviour. They will show anxiety around strangers, become clingy and cry a lot and need a lot of reassurance. Geis, Whittlesey, McDonald, Smith and Pfefferbaum (in Kirwin & Hamrin, 2005:75) found that this separation anxiety in early childhood often occurs to a higher degree after the death of a father.

At this childhood stage regressive behaviour may also be observed such as wetting and soiling of their clothes, sleep disturbances and acting out usually in the form of temper tantrums (Dyregrov, 1991:43). Johnson (in Kirwin & Hamrin, 2005:68) believes that children regress in

this manner as a means of returning to a safer time in the family before the death occurred. It is also difficult for adults to comprehend whether or not children of this age actually grieve as they will often alternate between grieving behaviour and play. Geis *et al.* (in Kirwin & Hamrin, 2005:68) attribute this to their short attention span and difficultly to deal with the intense emotions of the loss for a prolonged time. Children in early childhood are therefore most likely to use play activities to cope with these intense emotions.

In the researcher's understanding childhood grief is the most difficult to understand at this age level due to two main factors. Firstly children have not developed the ability to verbalise their thoughts and emotions clearly so it is difficult to know exactly how much the loss has impacted them and secondly because they can switch so easily between grieving behaviour and what adults interpret as normal play. This may lead those adults helping and supporting them to be under the impression that they are fine and that the loss has not impacted them to a great degree when in fact the child may not be coping at all and as time goes on the effects of the loss can become more severe.

2.4.2 MIDDLE CHILDHOOD (6 to 12 years)

According to Schlozman (2003:91) at this stage children are just beginning to experience a sense of independency and exploring the world on their own. Parents may be allowing them to do tasks on their own such as walking to school, catching a bus and taking more ownership for their learning, all of this giving them a sense of mastery over their world. When they experience a trauma as severe as loosing a parent they are likely to regress developmentally and loose this sense of control that they had over their world. They may even regress to the magical thinking of early childhood and experience guilt around the loss believing that it was something they did that caused the death.

Furthermore, Pennells and Smith (1995:11) discuss the fact that children between the ages of 5 and 9 years will have also acquired skills of social integration. Therefore, their reaction to the loss will be in correlation to their interactions with others. They will observe and discover who they can trust with their thoughts and emotions. They will watch how the adults around them grieve and will sometimes even deny themselves of their own grief in order to protect other adult's feelings. Although it was discussed in section 2.3.2 that children between the ages of 9 and 12 do not believe that death is something that can happen to them right now. Pennells and Smith (1995:12) believe that the death of a close loved one makes the reality of death so much more real for them they may begin to dwell on the possibility of their own death. The child may therefore develop psychosomatic symptoms based on his or her preoccupation with death or as an attempt to draw attention to his or her own distress.

According to Dyregrov (1991:44) children in middle childhood may be better able to deal with the death of a parent as they will have acquired more skills and coping strategies to deal with crises than children in early childhood. By using fantasy in their play they can act out various things they can do to empower themselves and even take out revenge on the person they hold responsible for the death. This helps to minimize feelings of helplessness. However, this does not mean that children in middle childhood will easily overcome the loss and it is still a long and painful process for them.

Dyregrov (1991:44-45) also discusses the following behavioural and emotional reactions that may be observed in children of middle childhood:

- adverse affect on school work;
- lowered affective state and depressive symptoms;
- anxiety;
- guilt;
- identification with the lost parent;
- various regressive behaviours;
- aggressive outbursts;
- withdrawal from peers;
- daydreaming;
- denial and suppression of thoughts and feelings;
- inability to share thoughts and feelings with others.

Another difficulty for children of this age who experience the loss of a parent is the adverse affect it has on their interactions with their peers. They don't want to seem different and this thought may be intensified by some peers who may actually tease them because they are different. They want to be independent like their peers but constantly live in fear of being abandoned and so find it difficult to be on their own. The world is no longer as carefree and fun as it was before their parent died and they begin to view life differently to their peers (Geis *et al*. and Johnson in Kirwin & Harmin, 2005:69).

In the researcher's own interpretation it would appear that childhood grief is more easy to identify in this age group. They are able to verbalise their feelings more easily and their emotional and behavioural reactions appear to be more congruent and reflect their grief more than that of children in early childhood. The danger here is that in a family with children in both early and middle childhood the older child may be given more support regarding his or her grief and the younger child's grief may be overlooked. The researcher's thoughts are confirmed by Dowdney, Wilson, Maughan, Allerton, Schofield and Skuse (1999) who in their studies on psychological disturbance and service provision in parentally bereaved children found that

children under the age of 5 years were less likely to be offered professional services than older children.

2.4.3   GENDER DIFFERENCES

According to Dyregrov (1991:52) this aspect is seldom discussed when referring to children and grief, however, the author found that many parents will comment that they have observed differences between how their children of different genders have responded to the death of a parent. Some of these differences include:

- Boys tend to talk less about the death and do not express their feelings willingly. It is even difficult for them to express their feelings in writing.
- Girls tend to cry more.
- Girls will become more anxious and fearful.
- Girls will find it more difficult to concentrate on day to day tasks especially school work.
- Girls tend to find and make use of a support system such as a good friend more easily than boys.

In his research Worden (1996:91) found similar differences as above between the reactions of girls and boys, as well as the following:

- Girls are more sensitive to family arguments and fights.
- Girls presented with more somatic symptoms.
- Girls speak more about death with surviving parent.
- Girls showed more attachment in the long-term to the deceased parent with an idolized view of the parent and made a point of keeping objects belonging to the deceased parent close to them.
- Boys show more problems with behaviour.
- Boys appear to struggle with more learning difficulties after the death of a parent.

Geis *et al.* (in Kirwin & Hamrin, 2005:75) found that boys, especially those in middle childhood displayed more difficulties in their school work and if the deceased parent was their father a decline in the self-esteem was also observed. Dyregrov (1991:54) believes that beside the obvious difference in socialization of boys and girls the main reason for these differences could be that as their way of coping males seem to be able to suppress events more easily and put them in the past and focus on the future. On the other hand females have a need to confront their feelings in order to work through losses.

2.4.4 GENERAL EMOTIONAL AND BEHAVIOURAL GRIEF REACTIONS OBSERVED IN BEREAVED CHILDREN OF ALL AGES AND GENDERS

As stated previously in this chapter the death of a parent is a very stressful and traumatic experience for children. Therefore, it is not surprising that children will show a wide variety of both emotional and behavioural reactions when dealing with this loss. In section 2.4.1, 2.4.2 and 2.4.3 the researcher focused on the different reactions of children in early and middle childhood as well as gender differences. However, in conducting this literature review the researcher found that many authors (Compare Goldman, 2000:49; Holland, 2001:67-68; Dyregrov, 1991:13-27, Worden, 1996:55-73 & Lewis, 1999:153-158) discuss a variety of reactions common to all childhood regardless of their age or genders. These will now be discussed.

Lewis (1999:153) notes that children will show various behaviours, thoughts, feelings or physical symptoms as they grieve. These may not always be obvious to adults as the children are too young or too overwhelmed by their emotions to express their grief verbally and so instead will show it though behavioural symptoms. There is no right or wrong way for bereaved children to react, instead each child will react in his or her own way and be given the support and help he or she needs as he or she deals with this traumatic experience and overwhelming feelings.

In his study with 70 volunteers aged from preschool (under 5 years) to adolescence who had lost a parent, Holland (2001:68) found that the children displayed the following range of emotional reactions upon first hearing the news of their parents' death.

REACTION	%
Disbelief	31
Numbed	27
Tears	13
Shock	13
Relief	13
No recall	11
Fear	10
Sadness	9
Guilt	7
Why me	6
Embarrassed	6
Anger	4
Lost/alone	4
Premonition	4

(Holland, 2001:68)

Table 1: Children's emotional reactions when told their parent has died

Goldman (2000:49) gives a very comprehensive list of the symptoms (reactions) of normal grief including various behaviours, thoughts, emotions and physical symptoms as follows:

- Behaviour: sleeplessness, loss of appetite, poor grades, crying, nightmares, dreams of the deceased, sighing, listlessness, absent mindedness, clinging, over activeness, social withdrawal, verbal attacks, fighting, extreme quiet, bed-wetting, excessive touching, excessive hugging.

- Thought patterns: inability to concentrate, difficulty making a decision, self-destructive thoughts, low self-image, preoccupation, confusion, disbelief.

- Feelings: anger, guilt, sadness, mood swings, depression, hysteria, relief, helplessness, fear, loneliness, anxiety, rage, intense feelings, feeling unreal.

- Physical symptoms: headaches, fatigue, shortness of breath, dry mouth, dizziness, pounding heart, hot or cold flashes, heaviness of body, sensitive skin, increased illness, empty feeling in the body, tightness in chest, muscle weakness, tightness in throat, stomachaches.

The researcher will now discuss some of these reactions in more detail. The emotions of shock, disbelief, sadness, guilt and anger will be discussed under section 2.5.2.1.

2.4.4.1 SLEEPLESSNESS

This behavioural reaction can be in the form of the bereaved child finding it difficult to fall asleep at night and/or experiencing interrupted sleep during the night. Sleep disturbances can be intensified if the person who told the child about the death used phrases including the word 'sleep' for example "Mommy has gone to sleep for a long time and will not wake up again". The child will then be anxious that if he or she goes to sleep they will not wake up again or worse still won't want the remaining parent to go to sleep for fear they will also not wake again. Sleep disturbances are very common because at night bereaved children do not have daily activities to distract them and keep them occupied and so at night their thoughts become more preoccupied with the deceased person (Dyregrov, 1991:17-18).

Frequent waking from bad dreams or nightmares is also a very common reaction. Children will then become anxious when going to sleep for fear that the dream will reoccur. Due to this anxiousness children may not want to sleep on their own and demand to sleep with the remaining parent or siblings. Dyregrov (1991:18) has also found that if children are not given an opportunity during the day to talk about their fears, anxieties and the deceased parent then they are more likely to experience bad dreams and nightmares.

2.4.4.2   SOCIAL WITHDRAWAL

Many parentally bereaved children will isolate themselves from their peers. Especially in childhood, children who have not experienced the death of a loved one are ignorant of the pain this causes and may tease bereaved children about the loss without realizing the severity of their actions. Dyregrov (1991:25) shares about a twelve year old boy whose friends mocked him because he no longer had a father and how he became the victim of bullying and stigmatization. A grieving child is already very sensitive and vulnerable emotionally and even the tiniest comment not meant with any harm can easily trigger hurt. Other children are afraid to talk to their peers about the loss, or answer curious questions for fear they will loose control of their emotions and start crying and so isolate themselves further from their peers. Therefore, to avoid all this extra pain and confusion bereaved children find it easier to withdraw from their peers. On the other hand their peers may not know how to react to them or what to say and so they themselves will withdraw from the bereaved child (Dyregrov, 1991:25).

Interactions with peers can become further strained if the death of a parent results in the family having to move away and the children have to attend a new school. They then have to deal with the loss of their familiar peers and surroundings and the challenge of making new friends. This can be too overwhelming and they may not have enough energy or coping skills to deal with this as well as the loss of their parent and so they choose to rather withdraw (Dyregrov, 1991:26).

2.4.4.3   PERSONALITY CHANGES

According to Dyregrov (1991:26) personality changes may not be drastic. Children may just become more quiet and withdraw or become anxious. However, if children do not receive adequate help in the grieving process personality changes can become more dramatic and permanent.

Worden (1996:69-71) discusses the impact that the death of a parent has on children's self-efficacy and self-esteem. Self-efficacy refers to children's "locus of control", in other words the perception they have regarding their ability to affect and change what happens to them as opposed to being controlled by fate or other outside influences. Bereaved children tend to perceive that they have less control over what happens to them compared to non-bereaved children. With regards to self-esteem, as is naturally expected, a marked drop in the level of bereaved children's self-esteem is detected over time. The author does not give a detailed explanation for this. However, the researcher attributes this to the absence of the child no longer receiving the love, support, encouragement and unconditional positive regard from the deceased parent. All which are vital elements in building-up a child's self-esteem. Further, if bereaved children are stigmatized and teased by their peers and experiences difficulty with their school performance then these two aspects will also impact on their self-esteem and feelings of

self-worth.

2.4.4.4 REGRESSIVE BEHAVIOUR

Regressive behaviour is observed in children of all ages. This aspect has already been discussed in section 2.2.1 and 2.2.2.

2.4.4.5 DIFFICULTY WITH SCHOOL WORK

One of the main reasons that parentally bereaved children experience difficulty with their school work is due to problems they have maintaining attention and concentration on their school work. This is as a result of their thoughts continually being interrupted by the death. The overwhelming emotions also take up a lot of their energy levels causing their thinking and doing processes to become slower. Learning seems to take twice as long and they often loose their train of thought. Difficulty in school work may even occur to a higher degree if the death was very sudden or traumatic. These problems can continue throughout the first few years following the loss (Dyregrov, 1991:23-24). In his initial research of parentally bereaved children Holland (2001:37) only found short term problems with school work, however, in subsequent research his findings concurred with Dyregrov that the difficulties may continue over a longer period. The researcher is also of the opinion that when the death initially occurs children will naturally have difficultly in concentrating and completing their school work. Then, even when they reach a stage where they are once again able to cope emotionally and cognitively they would have lost out on a portion of their school work and it may be difficult for them to catch up to their peers.

Worden (1996:67-69) found that bereaved boys more than girls tend to experience problems with their school performance and may even develop learning problems that continue throughout their school career. A decline in school performance may also occur if the deceased parent was the one who played the most significant role in terms of assisting and encouraging the child with his or her school work. Poor school performance also has an impact on bereaved children's self-esteem and may result in more acting out behaviour.

2.4.4.6 FEAR AND ANXIETY

According to Dyregrov (1991:15) this is a very common reaction in children when they have lost a parent as the sense of security they had in the world is taken away. The anxiety usually centres around the fear that something bad may happen to the remaining parent. These feelings of fear and anxiety can be observed in a number of behaviours:

- Small children become more clinging and demanding showing a high degree of separation anxiety.
- Various comments and questions reveal their concern that something will happen to the remaining parent.

- Fear of their own death which becomes very evident at night time when the child will not want to sleep alone.

- If the loss was very sudden and traumatic the child may become very jumpy. The child becomes more alert to danger and this state of hypersensitivity can also cause physical symptoms such as headaches, muscle tension and pain and usually result in a loss of concentration and difficulties in memorizing which has a direct effect on their school work.

- Children may also develop phobic behavior especially if they were present when the death occurred. They will not want to hear about the event or go to the place where it occurred. They may not even want to be around other people who were also present when the death occurred.

- Some children become very cautious for fear that a new death may occur. If their parent died in a car accident, every time the remaining parent goes out they will plead with them to be careful and want to prevent them from driving if possible (Dyregrov, 1991:16).

The above feelings of fear and anxiety are confirmed and discussed by Staudacher (1987:131) and Worden (1996:58-61) who also include the following fears and anxieties:

- Fear of being unprotected (Staudacher, 1987:132)

- Fear of sharing feelings – this is usually based on the child not wanting to upset those around him or her who are also grieving (Staudacher, 1987:132).

- The more changes and disruptions that take place in the child's life after the parent's death the greater the anxiety as they loose more control over their world (Worden, 1996:58).

- Along with the fear that something will happen to the remaining parent is that they won't have the capability or resources to take care of themselves and their remaining siblings (Worden, 1996:59).

2.4.4.7 PHYSCIAL SYMPTOMS

Dyregrov (1991:24) notes that parentally bereaved children may complain about headaches, stomach aches or sore muscles. These complaints usually draw the attention of adults and this attention then reinforces the symptoms. If the parent died of a terminal illness the child may even complain of similar symptoms observed in the parent before they died.

When no medical evidence can be found for these symptoms it is known as somaticization. According to Worden (1996:64) somaticization in bereaved children is an expression of grief. Furman (in Worden, 1996:64) even hypothesized that somaticization is more likely to occur in younger children who have limited verbal ability to express their grief. In substantiation of this hypothesis Dyregrov (1991:24) includes a case study of a three year old girl who suddenly lost her dad to an accidental death. Three weeks after the death this little girl was awake one night due to vomiting and high fever. At one point she turned to her mother and said that the reason

she is so sick is because she is sad that her dad has died.

A common somatic symptom is headaches. Worden (1996:64-65) found that a lot of children reported having headaches that they could not explain and did not recall experiencing before the loss. Somaticization is usually most prevalent in the first year after the loss with a slight reduction in the second. It is also more common in children whose family experienced a large number of disruptions after the death of their parent, or children who had a close relationship with the deceased parent and still feel highly connected to them even after the death.

On the other hand, some children do experience genuine illness after the death of a parent. An interesting aspect regarding this is that unlike somatic symptoms which slowly decrease over time the rate of illness seems to increase over time and then eventually decreases after the second year. Once again illness is more prevalent in families that experienced more disruption as a result of the loss and where conflict levels were higher. As stated previously illness appears to occur more in younger children (Worden, 1996:65-66).

Another interesting aspect that occurs related to physical symptoms, is accidents. According to Worden (1996:66-67) studies show that parentally bereaved children appear to have more accidents than non-bereaved children. This may be for a number of reasons. Self-punishment due to the guilt they experience, getting the deceased to return or unconsciously evoking their presence – when children hurt themselves parents will come to their aid especially mothers. It was further found that children who frequently had accidents showed more anxious behaviour, social withdrawal, attention seeking and aggressive behaviour.   As in the case with somatic symptoms and illness accidents appeared to occur more in families that were not coping with the loss and had high levels of conflict. Boys also appear to have more accidents, where as girls will develop somatic symptoms or illness. Once again highlighting the different reactions to the loss of a parent between boys and girls.

2.4.4.8 MATURITY

Parentally bereaved children are often forced due to circumstances to grow-up and mature quicker than non-bereaved children. They have had to face the harsh realities of life and develop a higher degree of coping skills sooner. This can lead to them acquiring the ability to have more compassion and considerations for others (Dyregrov, 1991:27). Due to a change in roles in the family they may be required to fulfill a higher number of tasks in the house that require them to become more independent (Worden, 1996:71-72).

The above discussion has highlighted the fact that children's reaction to the loss of a parent can be both very intense and diverse. In the researcher's understanding not all children will display

all of these reactions and they may not all occur in the same order or at one specific time. However, it is important that the remaining parents and those working with bereaved children be aware of these reactions and recognize them as part of the grieving process rather than just normal childhood acting out or negative behaviour. Very often these reactions are a cry for help and an indication that the child is not coping with the loss and may mean that more intervention on a professional level is required.

2.4.5   INFORMATION GIVEN REGARDING THE DEATH

Finally, Holland (2001:75) found that it is not only children's age at the time of the death that affected their understanding and reaction to the death but also the information given to them regarding their parents' death. The use of euphemisms and clichés has been discussed in section 2.3.4. In this section the researcher focuses on the aspect of when adults withhold information concerning the parents' death in order to protect children. Withholding information in order to protect children from the pain and suffering of their parents' death may actually have an adverse effect. Many of the respondents in Holland's study reported that not been given enough information made it even more confusing and difficult for them to understand and deal with the loss of their parent. One respondent in the study (Holland, 2001:75) recalled being told that she need not worry when her mother, who subsequently died, was going to hospital for an operation. It was only later that she found out it was a very serious operation and the chances of her mother's survival was actually very slim. The respondent felt that she had been denied the opportunity to prepare for her mother's death and say good-bye. This impacted on her grieving process.

Holland (2001:76) found that in some instances children only found out the truth surrounding their parents' death much later on in life, in some cases even after receiving help in dealing with the loss. The affects of this are obvious. For adults it is easy to gain information surrounding a loved one's death but not so for children. For children access to this information is often not made available to them or they do not have the skills to know what questions to ask. The above stresses the importance of giving children correct factual information regarding their parents' death, on the other hand the adults undertaking this difficult task should also bare in mind the child's age and convey this information using appropriate language that will be understood by them (Holland, 2001:80).

In the researcher's opinion the death of a parent is already very traumatic and leaves children with a sense of having no control over their world. Withholding information that can help them understand and cope with this loss further disempowers them. Children are able to understand, accept and deal with their parents' death more easily, although still painful, if they are given the correct facts surrounding their parents' death. These thoughts of the researcher are

substantiated in Staudacher (1987:147) in the following quotes from bereaved children: "I wish I knew more details because it would help me get over it faster – I'd like to know what happened and how it happened. It would help me realise that it really did happen"; "You just want to get the facts so you won't have to think about it again".

2.5   THE GRIEVING PROCESS OF PARENTALLY BEREAVED CHILDREN

2.5.1   BEREAVEMENT, LOSS, GRIEF AND MOURNING

When referring to death and loss the words grief, bereavement and mourning are often used interchangeably. However, according to both Goldman (2000:25) and Webb (2002:7) although the use of these words often gives the impression that they are synonyms, in other words one and the same, the authors are of the opinion that this is a myth and although they all do pertain to death and loss they each have their own separate meanings. Boerner and Wortman (1998:289) concur with these separate meanings and also include a definition for "loss" in their explanation of these terms.

- Bereavement – This is the state of having lost something (Goldman, 2000:25) and the individuals who find themselves in this state will most likely experience psychological, social and physical stress (Webb, 2002:7). In the context of this study it refers to a child who has experienced the death of a parent.

- Loss – This can refer to a physical loss as in the case of this study the loss of a parent or a psychosocial loss such as the loss of a role in life or the loss of expectations and hopes for the future (Boerner & Wortman, 1998:289). The researcher is of the opinion that when a child's parent dies they suffer both a physical and a psychological loss. The child has not only lost his or her parent but also the hopes and dreams they had of living and growing-up with that parent. Dyregrov (1991:29) echoes these thoughts in stating that "Among different types of deaths, the death of a parent has the greatest consequences for a child. Not only do they lose a person who is responsible for love and daily care, but the death often leads to less stability and an overturning of their daily life". Holland (2001:128-131) also explores the fact that when children loose a parent it is often accompanied by other physical losses as well, such as moving to a new home which may be in a different city resulting in them having to change schools and so there is the added loss of friends, teachers and all that is familiar to them.

- Grief – This is a normal internalized emotional response or reaction the child will have regarding the loss of his or her parent (Goldman, 2000:25). Boerner and Wortman (1998:290) refer to grief "... as a set of psychological (emotions, cognitions and perceptions), behavioural, social and physical responses that can impact a bereaved person's life in a variety of ways". To summarise, grief is the way the child responds to the death of his or her parent either through his or her emotions, thoughts, behaviours, physical condition, social

interactions or a combination thereof. This aspect was discussed in detail in section 2.4.

- Mourning – This occurs when the child takes the internal experience of grief and expresses it outside of his or her self. It can be in the form of a tradition ritual (funerals), creative ritual (writing a letter to the deceased parent) or a behaviour. In many cases bereaved children will mourn by exhibiting various behaviours – often viewed by others as negative rather than words. These behaviours may include anger and hostility towards others and bodily distress (Goldman, 2000:25). To further expound on this Webb (2002:8) refers to Grossberg and Crandall who found that mourning entails the initial grief reaction right through to the point where resolution of the loss and grief is found.

2.5.2   GRIEVING PROCESSES OF CHILDREN

When discussing the actual process that children go through when they grieve the loss of a parent the researcher found that no two authors refer to the same process. (Compare Goldman, 2000:37; Worden, 1996:11-16; Wells, 1988:4-8.) Some do not refer to a specific process at all but discuss how children grieve in terms of their emotional and behavioural responses. (Compare Pennells & Smith, 1995:9-13; Capewell, 1999:31-32; Dyregrov, 1991:12-27; Webb, 2002:7-14.) An explanation of this would be the work of Holland (2001:28-32) in which he discusses various models of loss. The author is of the opinion that although models are useful in that they provide explanations, guidance and a framework on which to understand the experience of bereavement he cautions that they should be used as rough guides and not in a dogmatic manner. Secondly, the author feels that although models of loss may reflect adult mourning to a large degree they may not always be adaptable for children's experiences of loss. Goldman (2000:27) reflects the above authors thoughts when she states that "The concept of stages of grief is often misunderstood to be progressive and alike for everyone in every way. Grief work is unique to every adult and every child. Each person approaches it in his or her own way and at his or her own pace".

Perhaps the main point, therefore, to be considered when discussing the grieving process of children is the view point of Bowlby as quoted in Webb (2002:21):

> If the experience of loss is likened to the experience of being wounded or being burned, the processes of mourning that follow loss can be likened to the processes of healing that follow a wound or burn. Such healing processes, we know, may take a course which in time lead to full, or nearly full, function being restored … In the same way processes of mourning may take a favorable course that leads in time to restoration of function, namely to a renewal of the capacity to make and maintain love relationships.

Therefore, the focus is not so much on an actual model of loss which parentally bereaved children have to follow but rather that one recognises that grieving is a process of healing that they naturally undergo as they come to terms with the loss and then once again find stability and balance in their lives and are able to function in their daily lives again.

Furthermore, Barnard and Morland (1999b:7) state that "... it is the children's ordinary life that should be recognized as (the) place for this recovery, growth and development to take place". In order to give a general guideline and framework of children's grieving process for the purpose of this study the researcher will discuss the three models as outlined by Holland (2001:28-32) which he found are most often referred to with regards to grief work with children. The researcher will also incorporate into this discussion the work of the authors mentioned above.

2.5.2.1 THE STAGE MODEL OF LOSS

In his interpretation Holland (2001:29-30) feels that the stage model of loss perceives the bereaved person as taking on a passive role in the grief process compared to the task models where their role becomes more active. As an example of the stage model of loss Holland (2001:29-30) refers to the work of Elisabeth Kubler-Ross who first developed the stage model during her work with terminally ill patients. In her findings the patients appeared to move through a series of stages from when they were told about their illness until they came to a point of acceptance. Later these stages were also applied to people who were bereaved. The stages include:

shock

- denial
- anger
- guilt
- depression
- resolution/acceptance.

The bereaved person moves from an initial stage of shock and denial until finally he or she reaches the stage of resolution where the mourning is completed and the person can once again resume most of his or her normal day to day living without the death having a major impact as it did initially when the loss first occurred. Later studies revealed that people do not progress through the stages in a rigid order. They may pass through the stages but not in a fixed order and could return to earlier stages before finally moving onto resolution (Parks in Holland, 2001:30). With regards to children and grieving Furman (in Holland, 2001:30) found that in many instances children first have to come to terms with the loss before they can complete grieving and continue progressing in their development.

Dyregrov (1991:13-23) discusses a number of emotional reactions observed in bereaved children. These emotional reactions correlate with the stages of grief as listed above although they may not occur in the exact order and will be used as a frame of reference in discussing the stage model of loss.

*Shock and Disbelief (**Shock & Denial**)*

Children will express shock and disbelief in phrases such as " 'It can't be true', you are wrong and I don't believe you' "(Dyregrov, 1991:13). This reaction is often observed in older children as they refuse to accept the reality of the death keeping the pain at a distance. On the other hand children may show very little or no reaction at all, often alarming the person sharing the news. However, this reaction is also very normal and is an expression of the child's shock at being told their parent has died. Denial is also a mechanism that protects the child from being totally overwhelmed emotionally. This can also be viewed as an apathetic reaction as if the child's feelings are stunned and the child will continue with his or her activities as if nothing has happened (Dyregrov, 1991:14). Dyregrov (1991:29) continues to substantiate the need for these reactions in stating that the death of a parent "... is so penetrating that the child needs to keep the realities at a distance, not so they can lose contact with the reality, but because the emotional magnitude can only be taken in step by step". Children may even displace their feelings and will express their grief by showing stronger emotions than expected when watching a movie, reading a book or hear about other's suffering (Dyregrov, 1991:29, 31). Furthermore, Goldman (2000:30) also notes that even when children continue to play as normal it does not mean that they are not grieving. The child may actually be using the play as a means to work through his or her feelings. Hack (in Barash, 1999:36) states that "... play is a healthy, healing and appropriate activity for children." Based on this interpretation researcher is of the opinion that it should not be surprising when children react in this manner upon hearing about the death of their parent. They need play to process the information and the overwhelming feelings that inevitably follow.

Finally, according to both Holland (2001:68) and Lewis (1999:154) shock is a very common reaction both in children and adults when first told about the death of a loved one. In his findings with 70 respondents who experienced the death of a parent in childhood Holland (2001:68) found that over three-quarters of the respondents reported that when they were initially told about the death they were unable to fully absorb the news or were unable to give any response.

*Dismay and Protest (**Shock & Denial**)*

In contrast with children who react with shock some children will show dismay and protest, crying uncontrollably and are not able to be consoled (Dyregrov, 1991:14).

***Anger** and Acting Out*

According to Dyregrov (1991:20) anger and acting out is a very common reaction in grieving children and can be expressed both physically and verbally – hitting and kicking and/or stating negative feelings towards the deceased or those close to them. Children's anger may be directed towards:

- death as a person for taking away their parent.
- God for taking their parent away.
- adults, especially when they exclude them from their grief.
- others who should have prevented the death.
- themselves for not having prevented the death.
- those they feel are responsible for the death – for example doctors for not having made mommy or daddy better, the other driver if it was a car accident.
- the deceased parent for having deserted them.
- the remaining parent – this is a very complicated emotion as it can be because they hold the other parent responsible for the death, to get a reaction from that parent to shake them out of his or own grief or severe depression or possibly to put a distance between themselves and the parent because they are afraid of loosing the remaining parent as well (Dyregrov, 1991:20-21).

Goldman (2000:56) believes that children often act out their feelings of anger towards others as a way of coping with the overwhelming sense they feel of not being able to have any control over the loss of their parent. Children are also taught from a young age that it is not socially acceptable to express anger. Then when they suffer the loss of a parent they are overcome with these feelings of anger, but because of social expectations try to hold them back and eventually project these feelings onto another person or object. Bereaved children should be told that it is natural to feel angry and be allowed to own it and express it in a way that brings healing (Goldman, 2000:5-57). Furthermore, according to Dyregrov (1991:32) if the child idolized the deceased parent their feelings of anger can be even more complicated if they find themselves feeling angry towards the deceased person. This anger will inevitably be accompanied by guilt and the child is more likely to express this anger towards his or her surroundings.

Dyregrov (1991:21) also noted that boys find it more difficult to express their grief than girls and therefore they are more likely to act out in this angry manner. It should therefore not be interpreted entirely as something negative but be understood as their means of expressing their anger and depression.

Finally, in his research Worden (1996:63-64) found that children's anger was usually more common and frequent in families were the remaining parent was not coping due to various factors such as poor resources and support, low family cohesion, very small children, many changes.

Guilt, *Self-reproach and shame*

In the discussion of children's understanding of death according to their developmental stages (section 2.3) it was noted that children, especially younger ones react to death from a egocentric point of view. Due to this fact feelings of guilt, self-reproach and shame are very natural emotions in the grieving process. Children will believe that it was their own thoughts, emotions or actions that caused the death of their parent (Dyregrov, 1991:22). When the child was angry with his or her parent he or she may have told them to go away and never come back and now they are gone forever. The child will firmly believe that had he or she not said this the parent would still be alive.

Self-reproach is evident in children thinking about and expressing all the things they did not get to do with the deceased person or wish they had done. This occurs more frequently when the death was sudden and there was no time to say a proper good-bye (Dyregrov, 1991:22).

Feelings of shame are closely linked to those of guilt and is linked to things they may have said or done which they now interpret as having brought about the loss. If they were present when the death occurred they may even blame themselves for not having being more proactive in preventing the death even though they have been told it was not their fault and there was nothing they could have done to prevent the death (Dyregrov,1991:22-23).

Staudacher (1987:133) found that children's guilt can often arise out of the following distorted thoughts:

- Punishment for their misbehaviour;
- As a result of their wish for that person to be dead;
- Because they did not love the person enough;
- They should have been the one who died.

Guilt can also take the form of regrets for things that they said or should have said or did. For example not obeying their parents' instructions, being rude to their parents and not apologizing for this behaviour, or not telling their parents that they loved them (Worden, 1996:61).

*Sadness and Longing **(Depression)***

At some point all children who have lost a parent will display sadness and a longing for the parent. Bowbly (in Boerner & Wortman, 1998:290-291) who did extensive research on children's early separation from their mother, "considers grief to be a form of separation distress that triggers attachment behaviour such as angry protest, crying and searching for the lost person", and believed that these behaviours form part of the stages of grief. According to Barash (1999:36) part of this process in the stages of grief is accepting that death happens and then coming to grips with the sadness that the loss brings.

Sadness may be expressed in various ways from frequent crying to isolation and withdrawal from others and/or closing themselves off and not being willing to talk about the parent or their feelings (Dyregrov, 1991:18). In his research Worden (1996:58) found that children's sadness tends to decrease within the first year of bereavement and after two years most children only seem to cry occasionally. Furthermore, in his research Worden (1996:55-56) found that the degree of crying in bereaved children differs widely, some children will cry uncontrollably for long periods and adults will find it difficult to console them while others will only cry for a short duration. Those that cry often are usually very connected to the deceased parent in that they would often think about them, talk to them and dream about them. Girls usually tend to cry more than boys. On the other hand, even though children will feel immense sadness they may withhold their tears in order to protect the remaining parent to give them the impression that they are okay and can cope with the loss. It has also been found that depression in childhood grieving is more common if the mother is the surviving parent (Geis *et al.* in Kirwin & Hamrin, 2005:75).

As they experience this immense sadness for the deceased parent children will also long to share the day to day activities that they used to with the parent from hugs and kisses, to doing homework and playing games. This longing becomes even more severe when they witness other children being with their mother or father. Longing may also be expressed in various behaviours:

- Particularly smaller children may physically *search for the deceased* person going from room to room to try and find them or expecting to see them in familiar places.
- In order to still feel close to the deceased parent children may also show a *preoccupation with memories* of the deceased person continually requesting to look at photographs, have letters read to them or hear stories about the deceased parent. They may even go as far as to carry around an object of the deceased parent or hide things in a special place. One boy that the researcher has worked with who lost his father keeps a treasure box in a special place in his room with photographs and other items that remind him of his father.

- To experience a *closeness* to the deceased parent children may frequently go to that parent's cupboard to breathe in their smell or ask to sleep in their bed or sit in their favourite chair. The feeling of wanting to be close to the deceased parent can become so intense that the child may actually think that they are in the room with when they reach out to touch them realise that they are not there.

- Another characteristic behaviour is to show *identification* with the deceased parent. In this instance the child will act out or behave in ways characteristic of the deceased person or try and take on the roles previously held by the deceased person. This behaviour also helps to ease the pain of the loss. This behaviour can also take place on a conscious or unconscious level. This may occur either to console other family members or to receive love and recognition. Identification can become a concern when the child develops a fantasy that they have a special connection inside of them with the deceased. The concern lies in the fact that this may be a way of deflecting from the grief they feel (Dyregrov, 1991:18-20).

Furthermore, Worden (1996:56-57) explains that sadness and longing often occur in a cycle. Children will think about the deceased parent and the things they used to do together or wish that they could be here now to observe, support and share in new experiences. This longing to have the parent present becomes so intense that sadness and crying inevitably follow. This is what makes processing grief such difficult work for the bereaved children, not only do they grieve the loss of their parent but also all the hopes, dreams, wishes and unfinished expectations they had in their relationship with the deceased parent (Rando in Kirwin & Harmin, 2005:70).

Finally, Jewett (in Dyregrov, 1991:20) explains that the conflict the child experiences of needing to let go but at the same time wanting to hold on is at the basis of all grief and is part of the process that enables the child to come to terms with the loss step by step.

Resolution

Boerner and Wortman (1998:292) found that most authors believe that a stage of resolution is reached when the bereaved person can accept the loss on an emotional and intellectual level. In other words that they have been able to make sense of the loss and can think about the deceased person with little or no distress. In relating this to the grief process of children Pennells and Smith (1995:9) state that children will move through the stages of grief until they reach a stage where they are able to accept the death of their parent and are able to function and live again without the daily presence of the deceased person. When this takes place they have reached the stage of resolution.

However, when referring to various literature on children's grieving processes the researcher did not find that many authors refer to a stage of resolution. Instead, it would appear that some authors prefer to focus on a final stage of accommodation (Rando in Boerner & Wortman, 1998:293; Webb, 2002:10). This aspect is discussed under section 2.5.2.2. – Task IV.

Finally, in conclusion of this discussion on the stage model of loss the researcher found that many authors do not make specific reference to the stage model of loss or refer to other models when discussing grief and children. (Compare Dyregrov, 1991; Webb, 2002; Staudacher, 1987; Pennells & Smith, 1995; Goldman 2000, Worden, 1996; Bereavement, 2004.) However, most of these authors do discuss various emotional responses which correlate to the stages in the stage model of loss. Therefore, the researcher concludes that although this model is no longer regarded as the main reference when discussing grief work many aspects of the model are still relevant and can be applied to grief work although perhaps in not such a rigid manner as was first proposed.

2.5.2.2 THE TASK MODEL OF LOSS

In the task model the bereaved person is perceived as being more active in the grieving process than in the stage model of loss as the model focuses on the person actively working through certain tasks instead of passively passing through a series of stages (Holland, 2001:29-30). In the task model of loss a further two models have been developed, namely the task model and psychological task model.

2.5.2.2.1 TASK MODEL

Worden (1996:12) developed a task model in which he conceives the mourning process as consisting of four tasks and which he also believed can very easily be applied to work with bereaved children within the context of their cognitive, emotional and social development (Worden, 1996:12). As part of adapting to the loss of a parent he believes that children must work through and come to some form of resolution to each one of these tasks. Baker (in Kirwin & Hamrin, 2005:73) also developed a task model of loss before that of Worden's. Baker's model identified more tasks than Worden's, however, many similarities can be identified between the two as shown in the following comparison table extracted from Kirwin and Hamrin (2005:73). Both Baker and Worden also agree that the bereaved do not necessarily move through the various tasks in any particular order and different tasks can be worked through at different times.

	Baker's Tasks	Worden's Tasks
Early phase	1. Understanding the fact that someone as died and the implications of this fact. 2. The children focus on the protection of themselves and their families.	Task 1-accepts the reality of the loss.
Middle phase	1. Accepting and emotionally acknowledging the reality of the loss. 2. Exploring and re-evaluating the relationship to the lost loved one. 3. Facing and bearing the psychological pain that accompanies the recognition of the loss.	Task 2-Experience the emotional pain of the loss. Task 3-Adjust to a new environment, where the deceased is missing.
Late phase	1. The child needs to invest in a new relationship with others. 2. The child must be able to internalize the lost relationship with the deceased person that will be there for him/her over time. 3. The child will be able to return to their current developmental level and activities. 4. The child will be able to cope with the return of painful affect at different times in their developmental transitional periods.	Task 4- Relocate the deceased within one's life and find ways to memorialize the deceased.

(Kirwin & Hamrin, 2005:73)

Table 2: Comparison of Baker and Worden's task models of grieving.

For the purpose of this literature review the researcher will discuss Worden's Task Model in more detail as it is a newer model adapted from Baker's model and it would appear that when Worden (1996:12) designed the model it was undertaken in a way so that it could be easily adapted to grief work with children.

Task I: To accept the reality of the loss

According to Worden (1996:13) the first task is for children to accept the reality of their parents' death and understand that they will never return. This has to take place before they can begin to work through the emotional aspects of dealing with the loss. Furthermore, the author is of the opinion that this acceptance can only really take place when the child is able to understand the finality and irreversibility of death which only occurs in middle childhood. Therefore, although children in early childhood may be told that their mother or father is never coming back they may regularly ask where their parent is and when they are coming home. This also implies that even if they reach some understanding and acceptance of the loss in this developmental stage it may have to be revisited again when they move into middle childhood.

Worden (1996:13-14) further states that in order for children to successfully work through this first task they need to be told about the death in an accurate manner using language that is suited to their developmental level. This will probably also have to be repeated to them over time. When they ask questions about the death it must be understood that this is their way of coming to terms with the reality of the death. Furthermore, when helping children work through this task those involved should also be aware that there is a difference between children coming to an understanding and acceptance of the loss and the natural tendency of wishing the death had not happened and that the deceased parent will return. Webb (2002:12) found that this

often occurs when the parent's death was very sudden and the child did not have an opportunity to say good-bye as in the case where the parent has a terminal illness and the child can be prepared for their death. The author gives the example of an interview Krementz had with a girl of 11 years of age who lost her father in a car accident when she was 9 years old. At 11 the girl would have reached the developmental level of understanding the finality and irreversibility of death, yet she still expressed thoughts of her dad returning. In the researcher's interpretation of this account it would appear that the author felt this was more a natural wish of a bereaved child to still have her father around rather than her not understanding the finality and irreversibility of death.

Task II: To experience the pain or emotional aspects of the loss

The death of a parent can be very overwhelming for children, and there is a wide variety of emotions that need to be worked through. Worden (1996:14) believes that when children are not being given the opportunity to work through these emotions they will be expressed in other ways such as physical somatic symptoms or through negative behaviour. Therefore, they should be given plenty of space and time to work through all their emotions especially since their coping capacities are not as well developed as adults. These emotions may include sadness, anger, guilt, anxiety and other emotions associated with loss.

In working through their emotions Worden (1996:14) further believes that the remaining adults have a great influence on bereaved children and without even realizing it they become role models for the children dealing with grief. Goldman (2000:28) echoes these thoughts and states that "Parents, teachers, and adult friends are significant models for children. How adults mourn sets an example for surrounding children". When adults allow themselves to be sad or angry and express this in front of children it gives the children permission to feel this way as well. If they hide these feelings the bereaved children may feel that they too have to do the same. However, by expressing the wide range of emotions associated with loss significant adults can play a vital role in assisting children to acknowledge and release their own feelings especially those of anger and guilt (Goldman, 2000:28).

Task III: To adjust to an environment in which the deceased is missing

This task is shaped in many ways by the role the deceased person played in the child's life and that of the family. Very often the loss of a mother can have a greater impact as she would have fulfilled more roles than a father, such as primary caretaker and providing emotional support. It should also be noted that this adjustment will be a life long process for the child as they continue to go through important life events for example starting school, graduating on to high school and then university, getting married, having children of their own. During each of these experiences children may have to mourn the loss once again (Worden, 1996:15).

Task IV: To relocate the dead person within one's life and find ways to memorialize this person

Society, especially modern society is often under the false impression that a bereaved person has only fully grieved the loss of a loved one when they are able to let go. Worden (1996:15-16) tends to disagree with this point of view. Children should not be brought to a point where they are expected to forget the deceased parent but instead to "... find a new and appropriate place for the dead in their emotional lives – one that enables them to go on living effectively in the world" (Worden, 1996:15-16). They need to find an understanding of who and what role the deceased parent now plays in their lives. Therefore, rather than separating themselves from the dead, children need to be helped to see the relationship from a new and different perspective now. Webb (2002:10) who has worked extensively with bereaved children has found that this perspective and way of thinking about grief in children makes sense. She has found that when children are encouraged to have an ongoing attachment relationship with their deceased parent it can help them cope with and overcome the many stresses they face as a result of the loss. Rando (in Boerner & Wortman, 1998:293) found that in dealing with the loss of a parent many children develop memories, feelings and behaviours that keep them connected to the deceased parent which was comforting and helpful to them. Even once the children were coping with the loss they did not appear to relinquish ties with the deceased as suggested in the stage model of loss (resolution).

Finally, Worden (1996:16) is of the belief that most children are capable to work through the tasks of mourning successfully, however, this outcome is not dependent on the child's strengths and abilities alone but is also influenced by the following factors:

- How the death occurred – sudden, violent or due to terminal illness, as well as the rituals that the child was involved in surrounding the loss.
- The relationship the child had with the deceased parent both before and after the death.
- The surviving parent's ability to continue his or her role in the child's live and their own grieving process.
- Dynamics within the family – size, structure, ability to cope and support one another, communication and how much stress and disruption is added to the child's daily life.
- Support from extended family members, friends, teachers and significant others.
- The child's age, gender, self-perception and understanding of death.

2.5.2.2.2 PSYCHOLOGICAL TASK MODEL

Goldman (2000:37-53) gives a very comprehensive explanation of the four psychological tasks originally devised by Sandra Fox, which she believes children need to work through in order to grow beyond the loss. It is the researcher's understanding that these tasks were devised as it

was felt that children of all ages can be helped to work through these tasks and they can be applied to all types of losses from the death of a loved one to losses as a result of divorce, or people close to them moving away. The researcher will discuss these psychological tasks as they relate to the death of a parent.

The tasks are as follows:

First Psychological Task : Understanding

This is the first psychological task as before children can grieve they need to make sense out of death. Goldman (2000:38) defines death as when the body stops working and believes that in order to help children understand death they should be told this followed by an explanation according to that family's belief. For example children in a Christian home will probably be told that the deceased parent is now gone to be with Jesus in heaven. The psychological task of understanding therefore applies to all developmental levels as the explanation given to the child should be in line with their perception and understanding of death (Goldman, 2000:38). This is a very important factor to consider when telling children about the death of their parent as it sets the foundation for the remainder of the psychological tasks and whether or not children will successfully work through them. Under this psychological task Goldman (2000:39-41) also discusses the importance of the choice of words used to tell children about the parent's death so as not to confuse children's understanding of what has happened and help them accept the loss. This aspect has been discussed under section 2.3.4.

Second Psychological Task : Grieving

According to Goldman (2000:46-47) grieving is the next psychological task that children need to work through and encompasses the wide range of emotional and behavioural reactions children go through when they have lost a loved one. This psychological task appears to entail the stages of the stage model of loss as discussed under section 2.5.2.1. Goldman (2000:47) refers to four stages namely, shock and despair; searching and yearning; disorganization and despair; and finally rebuilding and healing. The author also acknowledges that this is not a rigid process but interchangeable and that it is continuous especially as children move from one developmental stage to another they may go through certain stages once again. The author then continues to discuss the behaviour, thought patterns, feelings and physical symptoms of the normal grief process. Most of these aspects have been discussed in detail under section 2.5.2.1 and will not be referred to again under this section.

Third Psychological Task : Commemorating

In the third psychological task of commemorating children begin to explore and find ways of remembering the deceased parent. This can be done formally and or informally and usually involves a creative expression from making a commemorative plaque or paying a tribute to the

person in writing to planting a tree in memory of the deceased person. This helps children reflect on the value of the life of the deceased person and helps them to work through their feelings of pain and hopelessness (Goldman, 2000:50). When children are finding it difficult to grieve their deceased parent, the remaining parents are advised to help them re-define the relationship with the deceased parent in acknowledging that " 'This parent used to be a part of my everyday life. Now this parent can be acknowledged for the role he/she played in my younger days and can remain a fond memory and inspiration.' This can be done by reminiscing, putting together a photo album, celebrating the parent's birthday, etc" (*Child not grieving*, [sa]).

Fourth Psychological Task : Going on

Finally, Goldman (2000:51) discusses the importance of encouraging children to go on with other activities in their lives especially those which bring fun and pleasure. Children need to understand that if they participate in a fun activity it does not mean that they have forgotten the deceased parent but that it is important that they also continue to experience things and risk loving and enjoying life. When children begin going on it can also be seen as a signal that they have begun to let go of the guilt often accompanied with loosing a parent.

In conclusion of the psychological task model Goldman (2000:51) states the following:

> Understanding, grieving, commemorating and going on are important parts of the child's process of loss, change, and growth. Recognising these tasks can create a richer picture of where the child is in his or her process. Caring adults can see if a child is stuck in one particular task and help him or her to work with and through the grief.

2.5.2.3 THE CONTINUING BONDS MODELS OF LOSS

This is a fairly recent model of grief. In this model the bereaved child maintains links with his or her dead parent, the bonds are not severed but continue on into time (Silverman & Klass in Holland, 2001:31). This model therefore challenges the perspective that grief is resolved in a manner that the bereaved child disengages from the deceased parent. The routes of this model can, therefore, be found in ancient culture beliefs where the deceased "remains" with the bereaved (Yamamoto in Holland, 2001:31). Many cultures have specific days of the year where rituals take place to remember the ancestors and their graves are visited (Holland, 2001:31-32). In South Africa many of our African cultures place a large emphasis on ancestors who lived before them and the role that they continue to play in their lives even today.

In the researcher's opinion the children's animated movie "The Lion King" is also an example of this model. Before Mufasa is killed he talks to his son Simba about the stars and tells him that

"The great kings of the past look down on us from those stars. So whenever you feel alone remember that those kings will be there to guide you … and so will I". After his father is killed Simba looks at the stars and remembers his father's words. It is this that gives him the strength and courage he needs to face his foes and reclaim his place as king.

Although the researcher was only able to obtain limited information on this model the researcher identified a certain correlation between this model and the fourth task of the task model – Relocate the deceased within one's life and find ways to memorialize the deceased and the third psychological task of the psychological task model – commemorating. Both these tasks talk about children finding a new place for the deceased person in their life and finding ways to continue remembering them and celebrating the role they played in their lives.

2.6   CONCLUSION OF SECTION A : THE GRIEVING PROCESS OF CHILDREN WITHIN EARLY AND MIDDLE CHILDHOOD DEVELOPMENTAL STAGES

This section of the chapter has been very lengthy as the researcher discovered that a lot of research has been done regarding the grieving process of bereaved children, including parentally bereaved children. The literature is also very extensive and deals with many aspects of childhood grief, from their understanding of death, their emotional, cognitive, physical and behavioural reactions, as well as various stages or tasks they encounter as they work through their grief. This knowledge has led the researcher to conclude that childhood grief is not straight forward and simple but a very complicated process. The death of a parent has a very real and dramatic impact on all areas of a child's life. This fact needs to be acknowledged and the myth that the child will soon get over the loss and be fine dispelled. Children must be given the opportunity to grieve and express their thoughts and feelings as they come to terms with this loss and find a way to carry on without the deceased parent's presence in their lives.

SECTION B : IDENTIFICATION OF THE NEEDS OF WIDOWED PARENTS IN ASSISTING THEIR CHILDREN IN THE GRIEVING PROCESS

2.7   INTRODUCTION

The previous section of this chapter dealt extensively with the grieving process of children. At the conclusion it was found that the death of a parent has a very real and dramatic impact on all areas of a child's life and that childhood grief is not straightforward and simple but a very complicated process. In addition, when discussing children and bereavement many authors discuss the fear that if children are not given the proper assistance and support they need in the grieving process then they will be at risk of mental illness or other dysfunctional behaviour. (Compare Sandler, Ayers, & Romer, 2002:945; Kirwin & Hamrin, 2005:62; Worden, 1996:95; Dowdney *et al.*, 1999.)

Both Worden (1996:35,95) and Saldinger, Porterfield and Cain (2004:331) confirm that one of the main factors that influences how a child will cope with the loss of a parent and the successful outcome of the grieving process is the remaining parent's attitude, behaviour and how they handle the loss. Therefore, the researcher has felt that it is important to concentrate on the needs of widowed parents in assisting their children through the grieving process and echoes the words of Wells (1988:38) who states that "... if you want to help bereaved children, start by helping their widowed parents". In this section, the needs of widowed parents in terms of assisting their children in the grieving process is discussed from various authors' points of view focusing on their emotions, the challenges they have to face and very briefly what assistance can be given to them.

2.8   EMOTIONS OF WIDOWED PARENTS

As widowed parents are also going through a grieving process they will most likely display the same wide range of emotions associated with loss, in other words, numbness and shock, anger, guilt, sadness and depression and finally letting go (Bereavement, 2004). However, the unique factor in this instance is the impact that the emotions of the widowed parents have on their children.

Wells (1988:38) discusses the fact that very often a young parent's death is untimely and sudden leaving the remaining parent feeling a deep sense of shock and even numbness as the reality of their new role has not sunk in yet. The author also found that mothers, especially, can

become so shattered by their spouses' death that they are unable to devote their thoughts towards their children in the early days after the death (Wells, 1988:42). Saldinger *et al.* (2004:312) also note how the initial reaction of numbness can cause bereaved spouses to detach from their children.

Worden (1996:38-39) sites depression and immense sadness as one of the most common emotions of bereaved parents. As discussed in the first section of this chapter, this is a very common reaction in grief and it is experienced by both adults and children. The tragic part about depression, in this instance, is the negative effect it has on bereaved spouses' ability to meet their children's needs. Yet how do bereaved spouses avoid this? They too are mourning the loss of a loved one who they miss terribly, and at the same time have to face the realisation that they have to raise their children on their own.

Finally, Staudacher (1987) discusses the fact that it is quiet normal for bereaved spouses to become preoccupied with their own death as they deal with the reality of their spouses' death. Even though their death may not be any more imminent than it was before their spouses died they become more aware of the immortality of life. Furthermore, in the case of widowed parents with children, just as the children fear that something will happen to the remaining parent, Wells (1988:40) notes that the remaining parent also has the same fear. They are now more afraid than ever of becoming terminally ill or involved in an accident and leaving their children orphaned.

As can be seen from the above, widowed parents do indeed suffer from the same intensity of emotions as their children. Just as children should not be denied the opportunity of grieving their parents' death so too these widowed parents should not be denied grieving their spouses' death. Therefore, it is hoped that this study will help gain insight into how both widowed parents and their children can be guided through this grieving process.

2.9   CHALLENGES FACED BY WIDOWNED PARENTS

To emphasise the challenges faced by widowed parents Saldinger *et al.* (2004:312) state that "Spousal loss forces adult survivors to make painful adjustments in handling the tasks of family life: logistical, social, financial, and parental. Parenting is arguably the most complicated of these endeavors". Some of these parenting challenges include:

2.9.1   TELLING CHIDLREN THAT THEIR PARENT HAS DIED

Woolsey [sa] states that "... one of the most difficult tasks following the death of a loved one is discussing and explaining the death with the children in the family. This task is even more

distressing when the parents are in the midst of their own grief". This statement reflects the researcher's own thoughts. In Section A of this chapter the researcher discussed the importance of what and how the children are told about their parent's death. However, as a widowed parent even with all this knowledge, how do you find the inner strength and courage to tell your children something as devastating as the death of their parent that you know will change their lives forever? Wells (1988:39) relates such thoughts of a widowed mother who stated "I can't tell them their daddy is dead, I can't".

2.9.2 ATTENDING TO THEIR OWN GRIEF AND THEIR CHIDLREN'S GRIEF SIMULTANEOUSLY

A lot of emphasis is placed on the fact that children must be given the time and space to grieve, but what about the remaining parent. As discussed in section 2.8 they also need time and space to grieve but due to the demands of their children they often have to put this on hold. This can even cause them to become angry and resentful towards their children (Wells, 1988:40). Therefore, as Staudacher (1987:61) and Worden (1996:36) note, the remaining parent faces a great challenge as they have to deal with their own emotional reactions as well responding to their children's needs. There is often a concern that if the remaining parent is affected by depression or a mental illness they will not be able to respond to their children's needs. However, even the normal responses of sadness and pain associated with the loss can affect the parents' ability to respond to their children's needs.

Wells (1988:29) emphasizes this challenge in stating that "The remaining parent has to cope and handle the situation as best he or she can, knowing that he or she is *not* the longed for person". Especially in the case of very young children they will sense the unhappiness but cannot comprehend that the remaining parent is experiencing the same sadness and sorrow as they are and instead of comforting them will become more demanding, placing even more of an emotional strain on that parent (Wells, 1988:39-40).

Having the knowledge that how well they respond to their children's needs will affect how well they will accommodate to the loss can often only add further pressure and guilt on the remaining parents. Added to this challenge, in families where there is more than one child, parents have to deal with the fact that each child grieves differently so what works for one may not work for the other and so the parent has to respond to each child's needs individually (Wells, 1988:38).

Worden (1996:38) found that many fathers found it easier to adjust and attend to the basic needs of their children and running the home, but were still unable to attend to their children's emotions. He even found that some depressed mothers were able to show more sensitivity to their children's emotions than non-depressed fathers. Boerner and Silverman (2001:212) as

well as Saldinger *et al.* (2004:331) make a distinction between what they term child-centred coping strategy and a parent-centred coping strategy. In the former strategy the widowed parent is able to identify and respond to their children's needs appropriately, but in the latter the widowed parent focuses more on their own needs. Boerner and Silverman's (2001:212) findings also seemed to show that widowed mothers find it easier to adopt a child-centred coping strategy than fathers. The researcher would like to emphasise the fact that this study does not directly distinguish between widowed mothers and fathers and the information in this paragraph relates to the findings of the above authors in their individual studies and this may not always be the case. Barash (1999:36) discusses a case study in which a husband was faced with the death of his wife after a terminal illness and how it was his ability to identify and respond to his children's needs in a positive way that helped them deal successfully with the grieving process.

In summary, the greatest challenge is, therefore, for the remaining parent to find a balance between being able to meet their own needs and those of their children (Silverman in Boerner & Silverman, 2001:212). The researcher interrupts this statement as implying that widowed parents should not feel that they are not allowed to show their grief to their children. Instead they should grieve alongside them discussing the dead parent "... with laughter as well as tears (so that) he or she will become not a myth, but a parent they can remember as a real person" (Wells, 1988:42). In the internet article *With hard times* [sa] the author found that being with her children when she felt depressed helped her to feel better again. Her children themselves stated that it helped to see her also be sad and then get up again and carry on. Through this the family has learnt to support one another and they grieve together instead of individually shutting each other out. In *Dead, but not gone* [sa] the author also found that one of the best ways to deal with the death and grief was for the family to work through the loss together, to talk to each other, to cry together, to laugh together and to always keep talking about the deceased parent. By the widowed parents sharing their own feelings they are able to help their children to also talk about their feelings.

2.9.3   FINANCIAL BURDEN

In most families the father is depended upon as the primary means of economic support. Based on this fact Worden (1996:37) found in his studies that for many fathers it was not possible to take time off work when their wives were seriously ill and they had to return again to work soon after their wives' death. By contrast many wives who lost their husbands found it easier to negotiate flexible working hours to be there for their children. For those that had no choice and had to work full-time they often experienced a lot of tension in their need to work to support the family financially and be there physically and emotionally for their children. On the other hand, work often offered an escape for the remaining parent which could also be tied with guilt feelings.

Although the above author did acknowledge that some wives had to work full-time after their husbands' death he appeared to give the impression that this was the minority. However, in the researcher's opinion the effect is greater. Most households are not able to survive on one income alone and so not only would the death of a spouse mean that the remaining parent has to return to work or work longer hours, but the family will be under financial strain with only one parent to support it financially. This also means an added stress and adjustment on the remaining parent and children as they may have to make financial adjustments to their lifestyle along with all the other changes that the family is going through.

2.9.4   MAINTAINING STABILITY IN THE HOME

One of the biggest challenges in maintaining stability in the home is the change of roles that takes place when one parent dies. In order to maintain stability the remaining parent has to learn to take on various new roles in addition to their present roles (Sandler *et al*., 2002:951). Worden (1996:38) noted that many fathers felt very unprepared for the role of a single parent, especially those who had not been used to taking care of household chores and running the household. It took one father a year to come to the realization that he had not only lost his wife but that his children had also lost their mother and he had to take responsibility for getting them to school, keeping their grades up and seeing that all the day to day household chores are taken care of. Andrew Bass who became a widowed father after the 9/11 tragedy stated the following regarding his new role as a single parent "I never envisioned the scenario of being a single parent. Everything is solely upon me and I am responsible and accountable for everything, every day … that's the hardest part. It's totally opposite of what I knew and what I was". The article goes on to discuss how Bass is now responsible for seeing to all the household chores – cleaning, laundry, doing dishes, taking care of his son in early childhood while at the same time having to hold down a full-time job in order to take care of the financial needs of his family (Foston, 2003).

In their studies Boerner and Silverman (2001:207-208) also found that the bereaved fathers found it more difficult to fulfill the role of single parent and maintain continuity and stability in the home environment. Even though some fathers did try hard to put some kind of routine in place it was not always easy for them to follow this through as they worked long hours and were not always home to ensure that these routines were followed through. Mothers on the other hand seemed to be able to maintain stability far more easily and recognized the need for this. One mother related how she felt it was important to keep the children's lives as normal as possible doing the same things they had always done and keeping changes to a minimum. The main reason for this may have been that in the families who participated in the study, the role of the widowed mothers did not appear to change as dramatically as the widowed fathers and

therefore at the same time expectations and roles of the children were also more consistent in the mother-headed families. The mothers also tended to be more nurturing whereas fathers appeared to take on a more administrative approach (Boerner & Silverman, 2001:209).

The researcher is also of the opinion that in families each parent has their own individual roles that they take on and contributions they make to the family. When one of the parents die a huge gap is left and the pressure lies on the remaining spouse to now fulfill his or her role and that of the deceased parent, in order to try and create some stability and continuity in the family. Mothers may have to become more authoritative and discipline the children more and fathers have to be more nurturing towards the children. These may not be roles that they are familiar or even comfortable with and this challenge can become very overwhelming for the widowed parent.

2.9.5   CHANGES IN RELATIONSHIP WITH CHILDREN

Worden (1996:40) states that "The death of a parent significantly affects a child's relationship with the remaining parent … the physical and emotional availability of the surviving parent has a great influence on the child's relationship with that parent … (as well as) the gender of the surviving parent and the ages of the children". The author further states that basically one of two dynamics takes place, either the relationship becomes closer or the parent and child become drawn apart as the surviving parent becomes the target of the child's acting-out-behaviour and anger.

In his study with parentally bereaved families Worden (1996:40, 41) came across the following findings:

- Two thirds of children felt closer to the surviving parent – this mostly occurred where the children were younger.
- Adolescents, especially boys, did not feel closer to the surviving parent but rather to a sibling.
- Many children stated that they felt closer to the deceased parent prior to the death than they did to the surviving parent now.
- Many children felt that it was difficult to be close to the surviving parent because they felt they had changed and were now more tense to be around.
- More mothers reported tension between themselves and their children than fathers in the first year, despite the fathers finding it more difficult to cope. However, by the second year after the loss this seemed to even out.
- Conflict was more likely when the surviving parent was very depressed, the family were less cohesive and there were many changes and stressors in the family.

In assessing the above the researcher noted that many of these factors are beyond the parents control, for example gender and ages of the children. Therefore, this once again highlights just how enormous the challenges are that widowed parents have to face especially since many of these factors are beyond their control.

2.10 MASLOW'S HIERARCHY OF NEEDS

In the social sciences no discussion on needs would be complete without taking into consideration Abraham Maslow's theory on the hierarchy of needs. Moore (2002:336-338) discusses how Maslow believed that a large part of human behaviour could be explained in terms of need gratification. In other words, how a person functions in his day to day life will largely depend upon what needs he is trying to fulfill. Maslow identified five needs which he arranged in a hierarchy. The first four are basic needs, physiological, safety, love and self-esteem. Once these are met a person becomes aware of his/her need for self-actualisation. Maslow found that the lower needs were the most urgent and only once these are being met consistently will the person become aware of the other needs.

2.10.1 PHYSIOLOGICAL NEEDS

Physiological needs are related to a person's survival on a physical level and include hunger, thirst, oxygen, sleep, activity, sensory stimulation and sexual gratification. These needs are homeostatic and when gratified restore equilibrium inside a person's body. Physiological needs are the most basic of all the hierarchy needs and if not met will dominate all the other needs and even cloud a person's vision of the future (Moore, 2002:338-339).

In terms of this study, the researcher is of the opinion that physiological needs can play a very significant role with regards to the needs of widowed parents. If the spouse who died was the sole breadwinner and no provision was made for the future, his/her death will have a significant impact on the family's grieving process. It would probably be very difficult for a widow or widower to mourn the loss of his/her spouse on an emotional and psychological level when most of his/her thoughts are preoccupied with the day to day survival of the family, especially in a poverty-stricken family where the biggest concern is where their next meal will come from. Therefore, although they will miss the physical presence of the deceased and mourn their death even more so they will mourn the reassurance of having their basic needs met.

2.10.2 SAFETY NEEDS

Once a person's physiological needs are being met with reasonable consistency the need for safety becomes dominant and a person's functioning becomes focused on "... achieving security, stability, protection, structure, law and order, limits, and freedom from fear" (Moore, 2002:339). As discussed previously, a child's need for safety becomes very urgent when he/she loses a parent. Therefore, in the researcher's opinion, this need is twofold in terms of the grieving family. Firstly, the surviving parent's sense of safety and security has been affected. The spouse who he/she relied on for physical, emotional and psychological support is no longer there and he/she now has to find other ways to fulfill these needs. At the same time as trying to fulfill this need for him/herself, the remaining spouse has to re-create a sense of safety and security for his/her child/children. In the researcher's opinion, if the spouse was killed in a car accident, the victim of crime or a natural disaster, the need of safety and security will probably be more dominant than in a family where the spouse died of an illness or other natural causes.

2.10.3   NEED FOR AFFILIATION AND LOVE

When the physiological and safety needs have been met and continue to be met on a regular basis a person will become aware of his/her need to belong and to give and receive love (Moore, 2002:393). When a person loses a spouse this need automatically becomes unfulfilled. However, in the researcher's opinion the intensity and urgency of this need may not be immediate. Straight after the spouse dies the widow/widower is most likely to be consumed with all the preparations for the funeral and may have the direct support of friends and family. Therefore, although they will be aware that his/her spouse has died the widow/widower may not begin to really miss that person and his/her companionship immediately. However, as time passes and the reality of the death becomes more apparent the remaining spouse will find more and more each day that they are preoccupied with a need for love and affiliation and even though they have children to care for and whom love is shared with, it is not the same as the love they shared with their spouse. By the same token if the family is under a lot of financial pressure and there is uncertainty regarding their physical needs, although the remaining parent may miss his/her spouse, his/her need for love and affiliation may not be as prominent as he/she is continually plagued with the day to day worries of basic survival.

2.10.4   THE NEED FOR SELF-ESTEEM

According to Moore (2002:340-241) self-esteem refers to a person's need to evaluate him/herself positively and is divided into two categories. The first set encompasses those needs based on a person's achievements, from which the person derives "... a sense of efficiency, capability, achievement, confidence, personal strength and independence" (Moore, 2002:341). The second set relates to the esteem of others and "... includes social standing, honour, importance, dignity and appreciation.   People need others to recognise and appreciate their

competence" (Moore, 2002:341).

In discussing the need for self-esteem Moore (2002:340) notes that this need usually only occurs when the need for love has been satisfied to the point where it is no longer a motivating force. However, in terms of this study the researcher is of the opinion that it would probably occur slightly differently. As discussed in paragraph 2.10.3 when a person's spouse dies their need for love and affiliation is no longer being met and as they initially mourn the loss of their spouse it is unlikely that they will be driven to find another partner to meet this need. However, if the first two needs of survival and safety are being met then the widow/widower may still find him/herself in a place where the need for self-esteem is a driving force. As the widows/widowers adjust to their new roles as single parents they may have a intense driving force to become efficient and capable of accomplishments in order to boost their confidence and help themselves to feel stronger and more independent. Especially where a widow/widower depended on his/her spouse to meet the family's survival needs, he/she may find that as he/she takes on this responsibility successfully he/she will automatically be meeting the need for self-esteem.

2.10.5   THE NEED FOR SELF-ACTUALISATION

The first four needs of Maslow's hierarchy of needs as discussed above are regarded as basic needs and once a person reaches a place where these are met on a satisfactory and regular basis, the person is able to start functioning at the level of self-actualisation. In this stage growth motivation occurs. Growth motivation encompasses seventeen meta-needs namely: effortlessness, knowledge and understanding, truth, justice, meaningfulness, beauty, order, simplicity, perfection, wholeness, completion, totality, uniqueness, aliveness, goodness, autonomy and humour. If a person is to reach maximum growth these needs must also be fulfilled (Moore, 2002:341). Self-actualisation is therefore "... the process of becoming all one is capable of being, making full use of all one's abilities, talents and potential .. (and is) ... an exciting idea because it encourages the person to discover and realise his or her highest potential and, in doing so, to become a fully functioning, goal oriented being" (Moore, 2002: 342).

In terms of this study when the remaining parents reach a point where they find themselves reaching out to other families in similar circumstances and assisting them through the grieving process they will have reached the need for self-actualisation. This is obviously an example and not all widowed parents will express this need in the same way, but basically when they find themselves giving time and energy to the seventeen meta needs as discussed above then they have reached the stage of self-actualisation.

Finally, as related to this study Moore (2002:343) discusses the fact that it may happen that a person who previously functioned on a higher level may make a temporary return or regression to a lower level. So, the bereaved spouses/parents, who were functioning on the level of self-actualisation before their spouses' death may find themselves once again being preoccupied with the basic physiological, safety and affiliation and love needs for the period that they are grieving and adjusting to their new life circumstances before they are able to function again at the level of self-actualisation.

2.11   WHAT CAN BE DONE TO ASSIST WIDOWED PARENTS?

Reviewing Wells (1988:38-39) the researcher is under the impression that society seems to be under the notion that widowed mothers cope better than widowed fathers. The author found that often when a mother dies other mother-figures such as a granny or aunt will naturally step in and help, providing the children with sustenance, care, hugs and cuddles. However, when a father dies it is rare for other men to step in. Temporary help may be offered, for example, mowing the lawn or fixing the car, but no emotional support is given to the children.

In the researcher's opinion, however, regardless of whether you are a widowed mother or father the circumstances are very overwhelming and support and assistance is necessary. Widowed parents won't always get it right, a previously loving mother may become cold and distant or a previous aloof parent becomes overly loving and protective or a father who cannot face being at home will come home late from work and take the family away on weekends to avoid facing the empty space at home removing the children from what may still be safe and familiar for them (Wells, 1988: 40-41). Charkow (1998:119) states that parents should be open to the fact and "understand that they are not always able to provide their children with all that they need, and seeking outside support is not reflective of their incompetence". Sovern [sa] illustrates why it is necessary for widowed parents to also take care of themselves with a very practical metaphor from flying. Before taking off the flight attendants go through the safety procedures in the case of an emergency. When they illustrate the use of the oxygen masks they always inform travellers with small children to first fasten their own mask before attending to their children. In other words, once you have taken care of yourself and can breathe you are more capable of helping your children breathe. The same applies to widowed parents. The better care they are taking of themselves and their own grieving process the stronger and better equipped they will be to take care of their children.

Support and assistance can be obtained in the following ways:

2.11.1 ROLE OF EXTENDED FAMILY AND FRIENDS

There is no doubt that extended family are invaluable at this time. The more support the remaining parent receives the easier it is for them to give their children the physical closeness and emotional support that they need (Wells, 1988:40). For those parents who are unable to cope having another adult available to help support their children is invaluable, especially if this support can be obtained within the extended family (Charkow, 1998:119).

Wells (1988:43) relates the story of a 29 year old widowed parent Tessa. Tessa had no extended family whom she could turn to for support after the death of her husband and was left feeling isolated and alone. After two years since her husband's death she was still unable to cope with her own grief or that of her children. Fortunately, her doctor recognized what was happening and referred her to professional help. However, had she had the support of an extended family much of her pain and suffering and that of her children could have been avoided.

Andrew Bass, the widowed father discussed in section 2.9.4, who Foston (2003) wrote an article about, found the comfort and support of family and friends invaluable in helping him grieve the loss of his wife and advises all grieving spouses to do the same. stating that widowed parents should:

> Never keep anything inside. Talk to somebody. If somebody offers you help, take it. You cannot do everything by yourself or you will burn out, and your child needs you to be mentally and emotionally strong … they (friends and family) genuinely care and they want to help you get through in the best way they know how. Getting better makes you a better parent; growing stronger makes you a better person.

The researcher herself cannot emphasise the importance and need for support from extended family and friends better than the above bereaved father.

2.11.2 PROFESSIONAL INTERVENTION

Professional help can take the form of individual or family therapy or support groups specifically aimed to meet the needs of bereaved families. In the case of Tessa discussed above, she did not feel able to attend a support group and continued individual therapy with a psychiatrist. Her children, on the other hand, attended a support group with other bereaved children where they were able to understand that they were not that "different" and encouraged and empowered to

carry on.

The researcher came across a very interesting journal article by Sandler *et al*. (2002:945-956). This article discusses an experimental family bereavement program that was designed and implemented specifically to meet the needs of parentally bereaved children and the remaining parent. All the family members participated in a twelve week program where separate courses were conducted for children, adolescents and the parents in group work settings. Based on the researcher's interpretation of the article, it would appear that although the sessions were very structured with specific topics to be discussed at each session, members were given an opportunity to share their experiences, needs and emotions after which they were taught various coping skills. The program appeared to be very successful with a very low drop-out rate with more than 90% of the families completing the course. Follow-up interviews were conducted on completion of the program and 11 months later with very satisfactory results. Specifically, with regard to the remaining parents, there appeared to be a marked impact on positive parenting, coping, reduced stress and most importantly an improvement in mental health. The children showed a decrease in depression, anxiety and acting out behaviour. For the researcher this article stresses the importance and value of a support group and the positive contribution it can make in empowering widowed parents in assisting their children through the grieving process.

In the article *Where to go from here* [sa] the author encourages widowed parents to find support groups both for their children and themselves. In the author's experience she found that it helped the children learn healthy ways to grieve, to realise that they were not the only ones who have lost a parent and there were other children who could also relate to them. For the author herself she found it a great opportunity to get out of the house and spend time with other adults that she truly felt understood all that she was going through. The author also emphasizes that widowed parents cannot help their children if they don't help themselves.

2.12   CONCLUSION OF SECTION B : IDENTIFICATION OF THE NEEDS OF WIDOWED PARENTS IN ASSISTING THEIR CHILDREN IN THE GRIEVING PROCESS

In compiling this section of the chapter, the researcher came across a wide variety of literature that discusses in length the grieving experiences of bereaved children, the risks regarding mental illness in both the parents and children, as well as a wealth of knowledge and advice on how to help parentally bereaved children. Although this advice is very helpful and extensive it is primarily approached from and based on the needs of the children and what research has shown they require in order to work through the loss. The researcher did not come across any literature, except for one or two articles on the internet, that have been specifically written from the widowed parents' viewpoint, addressing their struggles and needs. The researcher, is

therefore of the opinion that there is still a knowledge gap with regards to specifically addressing widowed parents' needs. Something that reassures and encourages them is that many of their struggles are normal and this empowers them to find the strength and resources they need to work through this very difficult task of helping their children grieve whilst dealing with their own grief.

CHAPTER THREE : THE EMPIRICAL STUDY

3.1   INTRODUCTION

The previous chapter focused on what has already been written and documented about bereaved children, in early and middle childhood, who have lost a parent. The purpose of this was for the researcher to become acquainted with and gain knowledge and understanding of the research topic. Therefore, the focus was on what has been documented regarding how children initially react to the death of a parent, how they grieve this loss, as well as the overall impact the death of a parent has on their physical, emotional, behavioural and social functioning. Secondly, the chapter focused on the available knowledge regarding the experience of widowed parents in terms of their needs and what advice is given to them to help them cope with their children's reactions to their parents' death, as well as their own grieving process.

The following chapter will focus on the empirical study that was completed in order to reach the goals and objectives of the study, which were derived from the problem formulation, as stated in chapter one. In other words, to explore the needs of widowed parents in assisting their children in the grieving process.

3.2   RESEARCH METHODOLOGY

3.2.1   Research Approach

The researcher made use of a qualitative approach in her study. According to Strauss and Corbin (1998:11) "It (*qualitative research*) can refer to research about persons' lives, lived experiences, behaviours, emotions, and feelings" and that qualitative research is often chosen by researchers as it "... attempts to understand the meaning or nature of experience of persons with problems" (Strauss & Corbin, 1998:11). In her study, the researcher attempted to gain an understanding of the widowed parents' perceptions and experiences regarding the phenomenon of assisting their children in the grieving process. The final goal was to gain an understanding of the widow parents' needs, rather than to find an explanation, thereby qualifying this research approach as qualitative rather than quantitative (Fouché & Delport, 2002:79).

3.2.2   Type of Research and Research Strategy

The researcher chose applied research as the type of research to be undertaken, as it was aimed at understanding a social problem for which intervention strategies can be developed. Furthermore, as a qualitative approach was used, phenomenology was chosen as the research strategy. This research strategy aims to understand and interpret the meaning that subjects give to their everyday lives. To do this the researcher had to enter the "life worlds" of the

respondents to ensure that the end product was a description of the essence of the experience of the widowed parents in assisting their children in the grieving process.

3.2.3 Data Collection Technique : Semi-structured one-to-one interview

A semi-structured one-to-one interview, guided by an interview schedule was conducted with the respondents in order to gather the data. According to Greef (2002:302) researchers make use of semi-structured interviews when they wish to gain a detailed picture of the respondents' beliefs, perceptions and/or account of the research topic, especially if the researcher is investigating a topic which is complex, controversial or personal.

3.2.4 Research population, sample and sampling method

The research population refers to the people, who are the focus of the research, from which the researcher wants to determine certain information. In the case of the study, population was defined as widowed parents of early and middle childhood children living in Polokwane, Limpopo Province and Durban Upper Highway Area, Kwa-Zulu Natal who had lost a spouse in the last three years at the time the interview was conducted. From this population a sample of 7 respondents were identified through non-probability sampling methods of purposive sampling and snowball sampling. Purposive sampling was utilised as the researcher wanted to identify particular types of cases for an in-depth investigation in order to gain a deeper understanding of the needs of widowed parents in assisting their children in the grieving process in order to increase the knowledge basis within the social work profession. In order to obtain the quota of respondents, the researcher made further use of snowball sampling.

3.2.5 Method of Data Analysis

According to De Vos (2002b:339, 340) "... data analysis is the process of bringing order, structure and meaning to the mass of collected data ... (and) is a search for general statements about relationships among categories of data". Leedy and Ormrod (2001:154) support this statement explaining that a large basis of the researcher's data analysis is identifying common themes which emerge from the various participants' descriptions of their experiences. To do this, the researcher needs to describe, classify and interpret the data in order to make sense of the data collected and merge the information into a coherent whole (De Vos, 2002b:344), the end result of which is found in this chapter.

In order to present this chapter, the researcher has sifted through a substantial amount of information gained from the semi-structured one-on-one interviews, identifying common themes and their sub-themes. For each theme and sub-theme identified the researcher has also included her own interpretations based on thoughts and insights from her own knowledge and skills. These have then been scientifically validated, verified, substantiated and/or presented

with new ideas based on the social science construct from the literature and the opinions of other experts in this field.

3.3   FINDINGS AND INTERPRETATION

Before discussing the information gained from the interviews the researcher has given a brief background of the respondents interviewed in order to contextualise the information. The respondents have been listed according to the order in which they were interviewed.   The interviews took place from 21 October 2005 to 4 September 2006.   The researcher has also included a table listing this information for quick reference, see Addendum C.

Respondent A is a female whose husband died of a stroke. At the time of his death the respondent had a young girl aged 2 years 10 months and an infant girl aged two months. The interview was conducted 2 years and two months after the respondent's spouse died, at which time the children were aged five years and two years four months.   The respondent had remarried.

Respondent B is a female whose husband died after a prolonged illness as a result of alcohol poisoning. At the time of his death, the respondent's oldest daughter was 15 years of age and her youngest son was nine years of age. The focus of the interview was on her son who was 12 years old at the time of interview. The interview was conducted 2 years and seven months after the respondent's husband died.   It should also be noted that respondent B and her husband were divorced at the time of his death. The main reason for the divorce was his prolonged abuse of alcohol which made it difficult for them to continue living together. However, despite these circumstances there was still an extremely close emotional bond between them and neither of them began new relationships after the divorce. The respondent took care of him all through his illness and was with him in the hospital before he died. Therefore, in terms of grieving, she was not only grieving the loss of her children's father but also a companion and friend with whom she still shared a very close bond.

Respondent C is a female whose husband died in a car accident. At the time of his death, the respondent's two boys were aged 10 years and 15 years. The interview was conducted five months after the respondent's husband died and focused on the boy of 10 years.

Respondent D is also a female whose husband died in a car accident. At the time of the accident her oldest boy was aged 5 years 11 months and the younger boy was 17 months old. The interview was conducted two years after the respondent's husband died at which time the two boys were aged 8 years 11 months, and 3 years 6 months respectively.

Respondent E is a female whose husband was shot to death while at work; he was a taxi driver. The respondent has six children. At the time of the interview two of these children were already adults over twenty years of age, two in their teenage years, one in middle childhood, a girl aged eleven years and a boy, in early childhood, aged five years. The interview was conducted one year and one month after the respondent's husband died. The researcher made use of a translator to conduct this interview, as mentioned in 1.7.1 as the respondent's mother tongue is Zulu, and she is not fluent in the English language.

Respondent F is a female whose husband died of an asthma attack complicated by tuberculosis. The respondent has three children. The ages of the two boys were seven years ten months and eight years nine months respectively at the time of their father's death. The respondent's infant daughter was 1 year nine months old at the time of her father's death. The interview was conducted six months after the respondent's husband died at which time the ages of the children were 9 years 3 months , 8 years four months and two years three months. This interview was also conducted with the use of a translator, as in the case of respondent E.

Respondent G was the only male respondent. His wife died of a head injury presumed to be the result of an epileptic seizure. He has one son who turned 10 years old a few days after his mother's death. The interview was conducted eight months after the respondent's spouse died.

In the presentation of the data, when referring to the various respondents' children and the deceased spouses, the researcher has made use of the initials of their first names.

From the seven interviews conducted with the widowed parents of children in early and middle childhood, the researcher identified the following themes and sub-themes as condensed in the following diagrams:
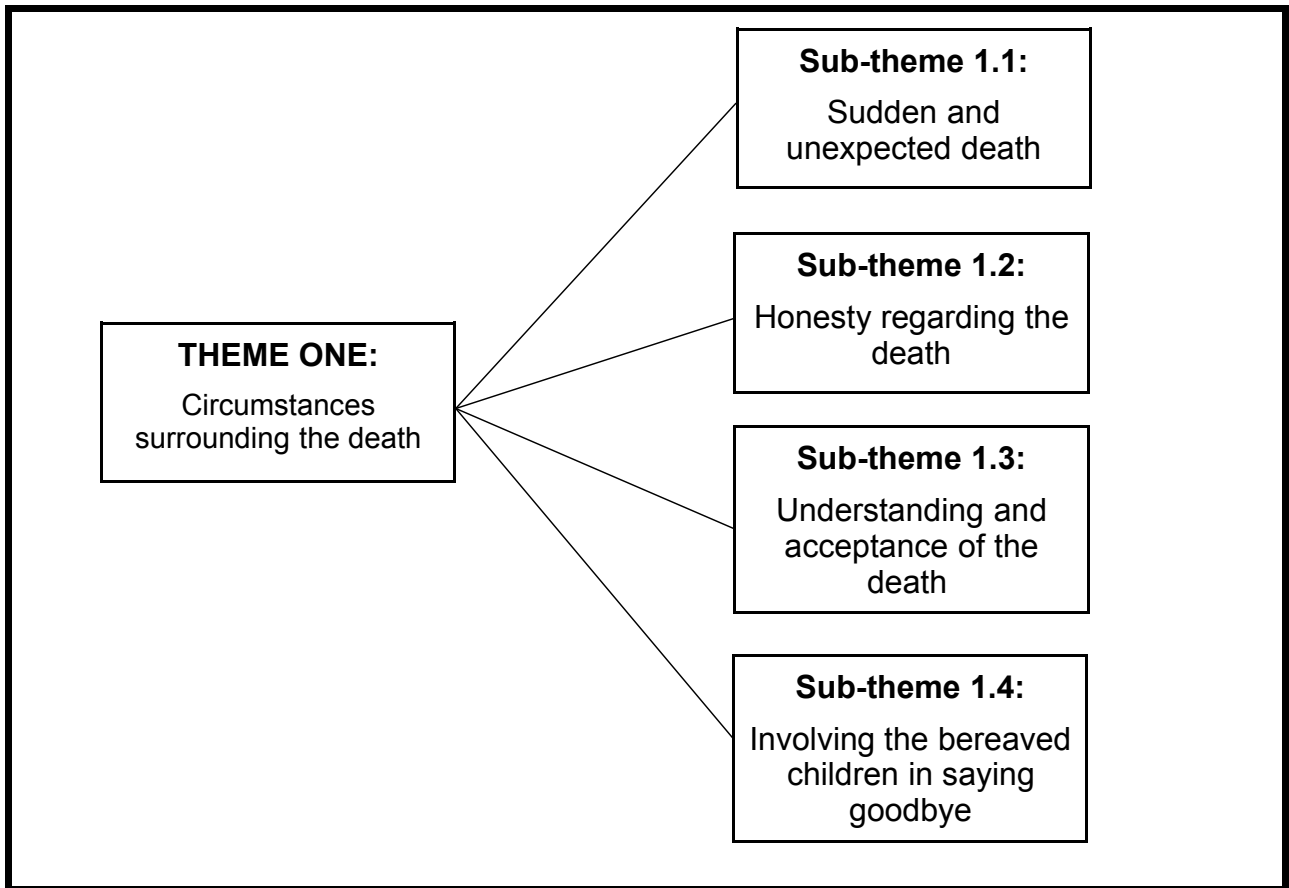
FIGURE 1 : THEME ONE AND SUB-THEMES
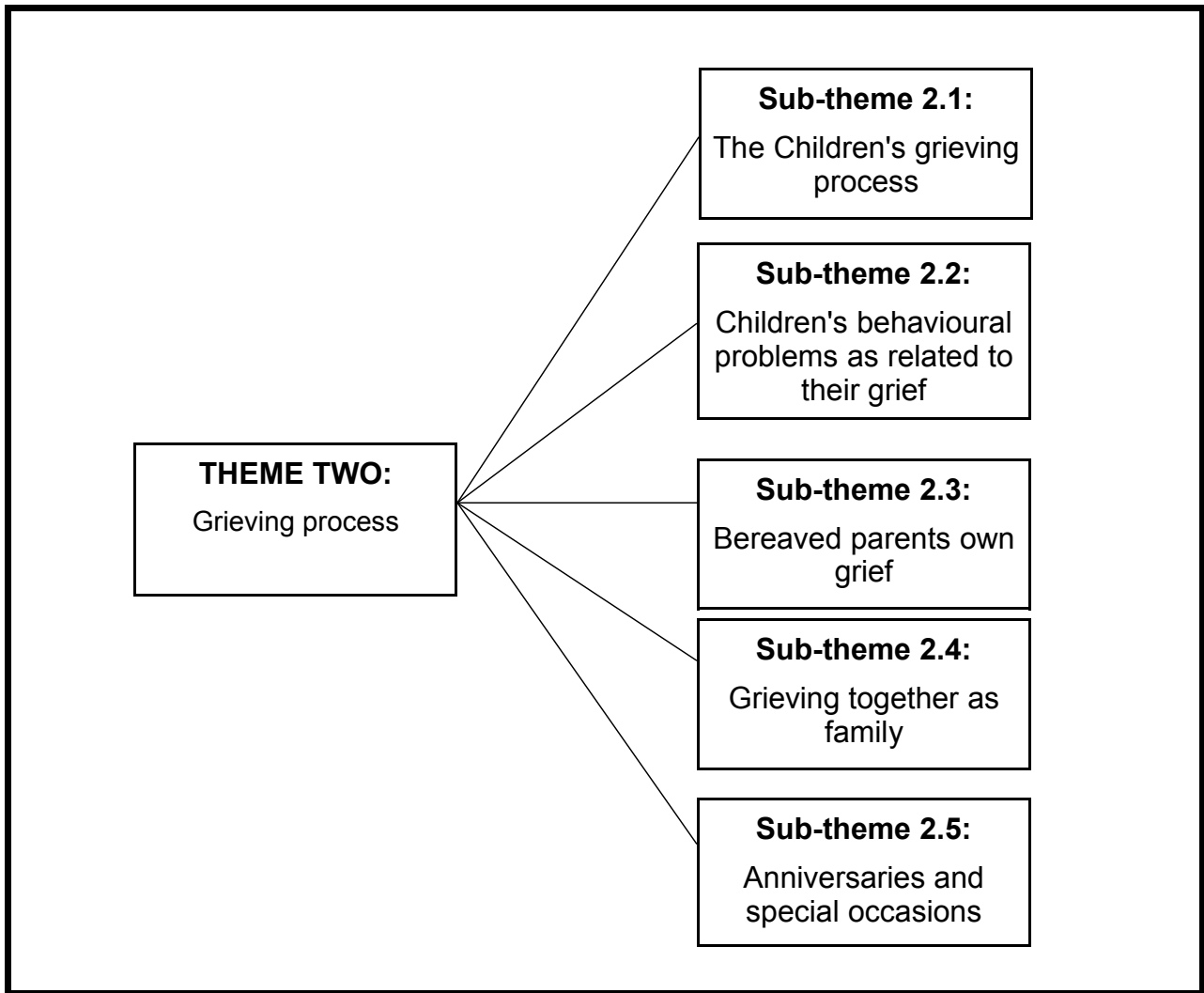
FIGURE 2 : THEME TWO AND SUB-THEMES
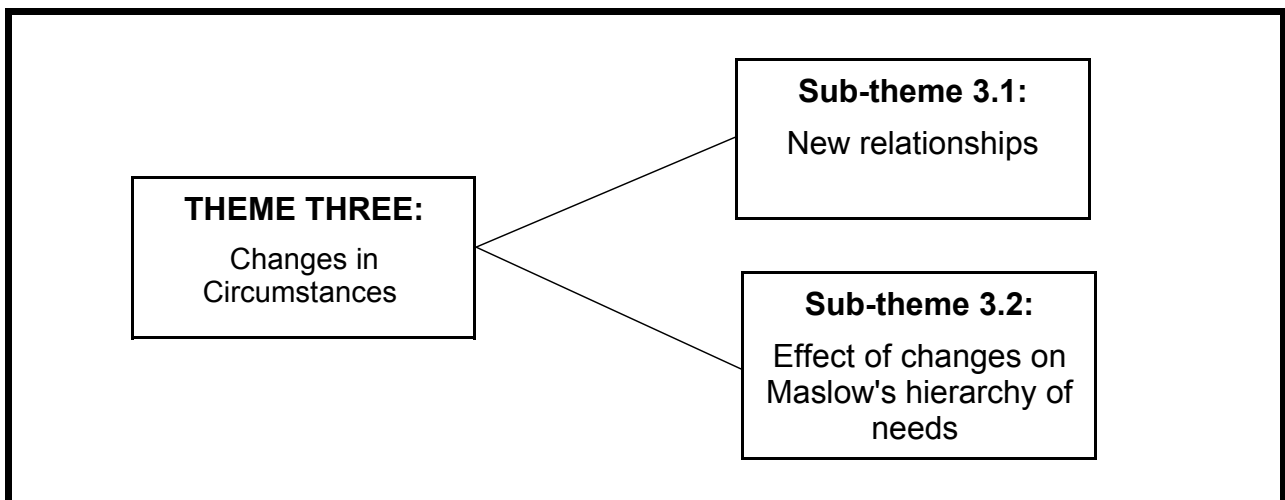
FIGURE 3 : THEME THREE AND SUB-THEMES
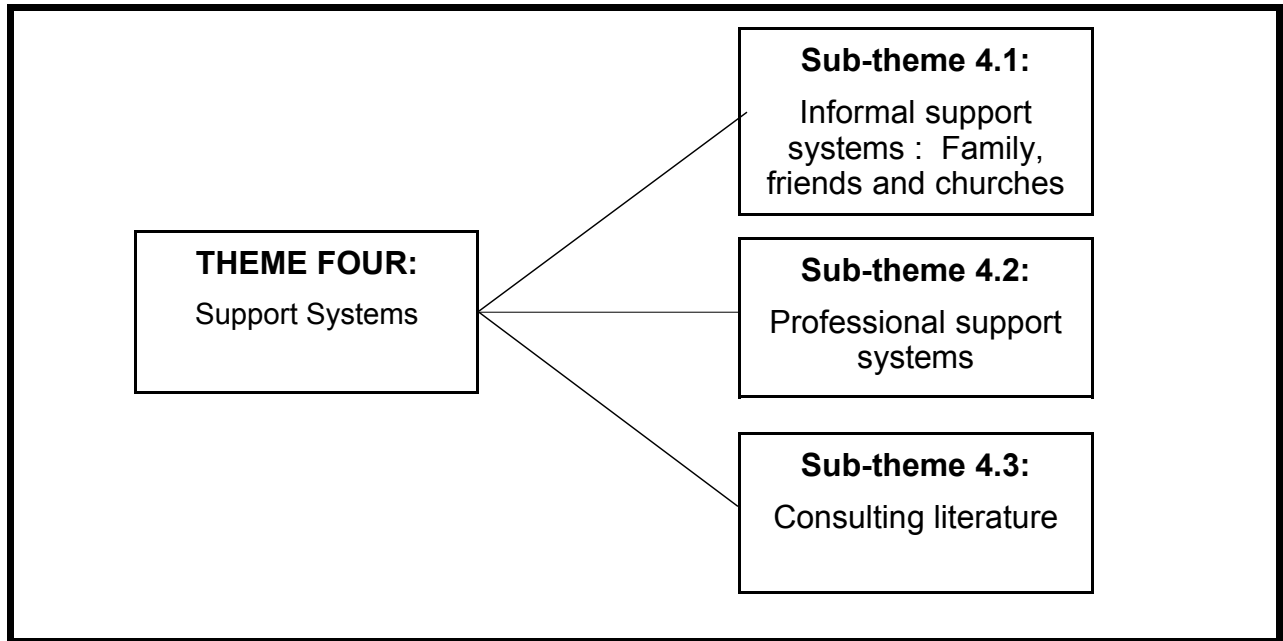
FIGURE 4 : THEME FOUR AND SUB-THEMES

3.3.1   THEME ONE : CIRCUMSTANCES SURROUNDING THE DEATH

This theme focused on the circumstances immediately surrounding the parents' deaths, specifically exploring whether the death was sudden or not. Thereby, focusing on the influence the type of death had on the grieving process, in terms of the family being prepared for the death, having an opportunity to say good-bye and the children's understanding of their parents' death. The researcher also explored with the respondents how and what they initially told their children regarding their parents' death and their acceptance thereof.

3.3.1.1 SUB-THEME : SUDDEN AND UNEXPECTED DEATH

The following circumstances surrounded the deaths of the respondents' spouses:

He died of a stroke. - A

He had an alcohol problem which resulted in liver malfunction. Part of his brain had been affected too. - B

It was a car accident but it looks like he was the victim of a hi-jacking. - C

He passed away after being involved in a car accident. - D

He was shot. - E (As related by translator)

> **He suffered from asthma and contracted tuberculosis and then he died. - F
> (As related by translator)**

> **Since childhood she suffered from epilepsy. I was busy doing extensions
> and I hadn't carpeted yet and you know when somebody has a fit their
> body shakes so she could have hit her head repeatedly and been
> concussed and lost blood, but I can't say. They just say that the cause of
> death was a head injury and loss of blood. - G**

Only respondent B's and F's family were prepared for the death and given the opportunity to say good-bye to their loved one.

> **The last week he went down very fast.   He went to hospital on the
> Tuesday afternoon at 5 o'clock and by the Friday he passed away. On the
> Tuesday night my daughter went with my son and I to the hospital and
> they both had a good discussion with him. On the Wednesday night my
> daughter went with me again and afterwards she said to me, "He is going
> to die" and I said, "Yes, I don't know when but I feel the same". On the
> Thursday I said to the children, "We mustn't fool around, we need to go
> and say good-bye to him".   ....   In the last few days he was able to
> prepare himself (for his dad's death) which helped. - B**

Respondent F's children had been exposed to many deaths in the past year, before their father's death, so they were anticipating his death because he had been ill.

> **She has lost her father, brother and sister who were also ill, so since their
> father was ill they expected that he would die too. - F (As related by
> translator)**

For all the other respondents, the death was sudden and unexpected. It was not something they could be prepared for and they were not able to say good-bye beforehand. According to Lewis (1999:148) "Traumatic bereavement refers to situations where the death is sudden, violent and unexpected ... The child is unable to say goodbye. The child may be shocked by the sudden loss".

Wells (1988:38) explores the fact that very often a young parent's death is untimely and sudden,

leaving the remaining parent feeling a deep sense of shock and even numbness as the reality of their new role has not sunk in yet.

> **It was very sudden and difficult. I didn't think that he would go out and not return. - C**

> **You never think it is going to happen to you. It never, ever crossed my mind. It never crossed my mind once. One day he goes to work and never comes back again and that's it. - D**

The above findings indicate that of the seven respondents only two of the respondents' spouses, namely respondent B and F, did not die suddenly and unexpectedly. Respondent B's spouse died of a terminal illness linked to alcohol abuse. Respondent F's spouse died of tuberculosis due to complications as a result of him being an asthmatic. In all the other cases, namely respondent A, C, D, E and G, the deaths were very sudden and unexpected either due to crime, car accidents or other physiological causes. Therefore, only respondents B's and F's family were given the opportunity to say good-bye to their loved one, for all the other respondents it was something they were unprepared for.

From these findings, the researcher would concur with Wells (1988:38), that very often in families with children in early and middle childhood, the death of a parent is very sudden and unexpected, leaving the remaining family members in a state of shock and disbelief. Therefore, in the researcher's opinion, from the onset the needs of widowed parents become evident. Not only do they have to struggle to come to terms with the death of their spouse and deal with their own emotions of shock and disbelief, but, at the same time, they have to help their children work through similar emotions.

3.3.1.2 SUB-THEME : HONESTY REGARDING THE DEATH

During his research, Holland (2001:75) found that withholding information in order to protect children from the pain and suffering of their parents' death may actually have an adverse effect in the long term. In fact, not giving children enough information can actually make it more confusing and as a result they battle to understand and deal with the loss of their parent. In conducting the interviews with the respondents, it became apparent that all of the respondents understood the need to, and felt it was important to be honest with their children about their parents' death explaining it in a way that they could best understand according to their developmental level.   As respondent A stated:

I explained the whole process to her. That his brain didn't get enough oxygen and so it couldn't breathe and that's why he died. I wanted her to know exactly what happened. Eventually it will make sense. I didn't want to say all kinds of other things and then one day have to tell the truth. ... When she asked a question I answered it right there and I tried to be honest. - A

The other children were told about their parents' death as follows:

When I got the call, M had got up and I said to him "There has been an accident and I have to go; Dad's been involved". ... I got back and M had come to open the garage door and he looked at me and said "Tell me mom, tell me" and I said to him, "Daddy didn't make it". The paramedic told K that there had been an accident and his daddy had died. - C

We got together with R the next morning, the whole family, and we explained what had happened to him and how it had happened and he was very emotional. He never said a word. He just said that he couldn't believe it. - D

She was honest with them and told them exactly how he died, that he was shot. - E (As related by translator)

She just told them that their father had died. She has lost her father, brother and sister after they had been ill, so since their father was ill they expected that their dad would die too, so it was not a shock for them. - F (As related by translator)

Respondent G's child was the first to find his mother's body. In the researcher's opinion, this further impacted on the trauma of losing his mother, and after his mother's death this child displayed a lot of hysterical behaviour and emotional trauma.

When we got home the house was dark. We went into the house, and we went to the bedroom but couldn't find her in the room. We went from the bedroom to the lounge. We looked in the lounge and she wasn't there. We went outside because we thought she was busy getting the washing off the line. While I was outside looking at the washing line for her, B went

**back in and went to where the computers are and found her lying dead on
the floor. - G**

This approach of being honest and helping the children understand the death as best as they can correlates with the first psychological task of the Psychological Task Model of bereavement. In other words, it is important that children have an accurate explanation of their parents' death and that they form some understanding of death according to their developmental level as it sets the foundation for the remainder of the grieving process, and has a significant effect on whether or not they will work successfully through their grief (Goldman, 2000:38).

Furthermore, Goldman (2000:39-41) discusses how important the choice of words used to tell children about the death is. Adults will often make the mistake of using clichés rather than the word "dead" when talking to children about death, usually to protect them from the pain and harsh reality of death. However, if this explanation is too abstract, especially in the case of younger children, it could cause more confusion and ultimately make the grieving process more complicated. Respondent A, who understood the importance of, and made a point of being honest with her daughter about her father's death, also highlighted the painful part of acknowledging a loved one's death.

It took about two weeks before I could actually tell her that he was dead. I couldn't say the word "dead". I said to her that he is not coming back. He is in heaven now and is not coming back. Then eventually when I did say it she would say it over and over "Daddy dead, Daddy dead" repeating it the whole day, so that made it even worse. - A

These findings clearly showed the researcher that all the respondents were very aware of, and understood the importance of being honest with their children regarding their parents' death. In the researcher's opinion this was a very important aspect in helping the family to deal with the initial shock and anxiety of the death and begin the grieving process. By telling their children the truth, the respondents did not place themselves under unnecessary anxiety in having to hide facts from their children. Secondly, being open and honest also gave the family an opportunity to begin sharing their grief together.

3.3.1.3 SUB-THEME : UNDERSTANDING AND ACCEPTANCE OF THE DEATH

Dyregrov (1991:9) noted that a child's understanding of death is directly related to their cognitive development. This was substantiated by the researcher's findings.

In a way I think that she is too young to really understand and to really grieve the way you are supposed to grieve. Maybe when she is older she will be able to realise the loss, the real experience of the loss, exactly what did she lose. - A

For D we just left it at first (telling him about his father's death). He obviously knew that there was something wrong but he couldn't talk and communicate with us. Then eventually he used to take out photographs and we used to show him pictures and tell him that's his daddy. As he got older he would ask "Where is Daddy?" and then we explained exactly what happened and we will talk to him about it now that he is older. We told him that Daddy was in a car accident, and he knows exactly where, because we go there quite often, and he will say that his daddy is with Jesus. - D

Because the smallest one was so young he didn't really understand what had happened; he thought that his dad would still be coming back. The girl seemed to show more emotion as she understands more. The little one showed less emotion, probably because he didn't really understand what had happened. - F (As related by translator)

Although painful, the researcher found that the respondents also felt it important that the children fully understand the permanent nature of death, in other words, that no matter how the children felt, or what they did there was no way of bringing their parents back.

She asked a lot of questions in the beginning and we spoke about him a lot and she always used to say, "If... , if...., If he gets better". Then I would have to explain that "dead" means he won't get better and he won't be coming back. It took her over a year to realise that he is actually not coming back. A year later, one of her friends in her class went into hospital and we just popped in there to visit her and as we walked into the hospital, where he died she said, "We're going to visit Daddy." It just never made sense to her. This was a year later and I thought by then she knew that he was gone, and then it all came back, and I realised that as little as what I'm going to accept it she isn't either. So it's difficult. I think

when they are a little bit older and they can actually understand the meaning of death, but when you are three you haven't lost anything in your life. - A

In his little Christmas wish, he wrote a letter, and he said he wishes he could have his dad back. And then I sat him down ... he wrote all kinds of nice things, and then in between that he said "... and my other wish is that I wish I could have my daddy back", and then he carried on. And then I called him and we sat down and we had a chat again and I said that it doesn't matter what you do or what you wish for ... because he needs to understand, he needs to realise that it is reality. He is never coming back. And I thought I should just sit with him again and say to him, "R, you have got to think of the good times and you've got to know how your dad felt about you", and I went through the whole thing again with him. "No matter what you want, what you feel, what you think he is never going to come back". He doesn't like hearing that, but I believe it is important to tell him this. - D

Webb (2002:4-5) found that children in early childhood find it difficult to understand that death is final and that the person will not be coming back. They will tend to believe that there is something they can do to bring the person back. They view death as a temporary state and something they can change despite the reality that they have been told and the experience of the loss. The researcher viewed this as a painful aspect for the respondents in dealing with their children's grief. Continually reminding their children that their parent has died and was not coming back is also a painful reminder to them that their spouses were truly gone and would not be a part of their lives anymore.

In contrast the older children, those aged between six and twelve years, accepted the finality of their parents' death and understood that their parents would not be coming back. Webb (2002:4-6) found that when children reach middle childhood they are able to understand the irreversible, inevitable and universal nature of death. What the researcher did find, however, was that many of the children in middle childhood did show concern as to where their parents were now. In all these instances the children were told that their mother or father was in heaven with Jesus. This answer appeared to offer them comfort and help them accept their parents' death.

But, he said, "Mom I haven't asked the question why, and I choose not to because I believe that he is in a better place and I believe that God is with us, comforting us and we are all drawing our strength from Him". - C

They believe in God, they believe that their father is in heaven and one day when they die they will see him again, so this brings them comfort. - F (As related by translator)

And then he wanted to know, "How did she go to heaven? How do I know that her soul is in heaven?" And then I explained to him how we believe that when someone dies their soul goes to heaven and that one day when we die we will also go up there and see her and be with her. - G

Goldman (2000:43) noted that children in middle childhood are able to grasp the concept of after life and in his research found that it is the belief in afterlife that made a significant contribution to helping the children come to terms with their parents' death. Webb (2002:14) discusses the fact that it is not only children's cognitive development and emotional development that influences their understanding of death, but that the religious and cultural values of the family also has a significant role to play.

In the researcher's opinion, these findings clearly indicate a modern approach in helping children deal with the reality of their situation. A few decades ago adults thought it was better to not involve the children and tell them as little as possible in order to protect them from emotional pain. However, this did not bring about the desired results as not only did the children have to struggle to deal with the trauma of losing a parent but they were also left feeling confused. In this study it would appear that even though painful, the respondents felt it was necessary that their children be told as much as possible so that they could fully understand and come to accept the finality of their parents' death.

3.3.1.4 SUB-THEME : INVOLVING THE BEREAVED CHILDREN IN SAYING GOODBYE

McGoldrick (in Webb, 2002:15) found that the rituals in which the child partakes after his or her parent's death, has an influence on the way he or she perceives and understands the death. In most of the instances the widowed parents allowed their children to attend the deceased parents' funeral as they felt this was a vital part in helping the children come to terms with the finality of their parents' death and to say goodbye. Respondent B's children actually asked if they could speak at their dad's funeral, which their mother allowed.

> **When we were driving in the car to Johannesburg, to fly down to Durban for the funeral, K was sitting next to me and said to me, "Mom I want to talk about Dad at his funeral" and then he started writing down in the car what he wanted to say. My older son then decided that he would like to say something too. So they both spoke at the funeral. They were so brave and I was so proud of them. Everyone was crying. - C**

From the literature study and based on her own knowledge, the researcher has become very aware of the fact, that having an opportunity to formally say good-bye is an important part of the grieving process. As stated above, in this study, the researcher found that the respondents were very aware of and sensitive to this need and aspect of their children's grief. In allowing their children to attend their parents' funerals they gave them an opportunity to formally say good-bye, thereby, assisting them in coming to terms with their parents' deaths and beginning a healthy path in the grieving process.

3.3.2   THEME TWO : GRIEVING PROCESS

The researcher identified the following four sub-themes within this main theme:

- The children's grieving process
- Children's behavioural problems as related to their own grief
- Bereaved parents' own grief
- Grieving together as a family
- Anniversaries and special occasions

3.3.2.1 SUBTHEME ONE : THE CHILDREN'S GRIEVING PROCESS

At some point all children who have lost a parent will display sadness and a longing for the parent. Sadness may be expressed in various ways, from frequent crying, to isolation and withdrawal from others, and/or closing themselves off and not being willing to talk about the parent or their feelings (Dyregrov, 1991:18). In his research, Worden (1996:55-56) found that the degree of crying in bereaved children differs widely. Some children will cry uncontrollably for long periods and adults will find it difficult to console them, while others will only cry for a short duration. Those that cry often are usually very connected to the deceased parent in that they would often think about them, talk to them and dream about them.

> **A week or two later it was the April school holidays and I could see that the loss was terrible for him. He talked lots about his dad. Like one week after his father died he went to visit friends. He had been vomiting and**

the next day he told them, "I was vomiting the whole night and I don't even have a father to tell it to". And we were in tears, because that is just something you tell your father or mother. And then I think he realised his loss and then he began to cry about his father's death. Even now he can cry a lot. - B

When the paramedic told K that there had been an accident and that his daddy had died, he just started crying. ... About three or four weeks after that K had a bad patch. He just wept for three hours non-stop. It had been so long since he had seen his dad and he said, "Mom, I just miss him so much" and he just cried and cried and there was nothing I could do. - C

He was very emotional, he cried a lot and was very depressed. He still is very emotional but he has his good days and he has his bad days, or sometimes it's good weeks and bad weeks. It just depends what is happening in his life. He has got better, but he is still very up and down emotionally and he is very sensitive about family issues. - D

They cried a lot when they heard their father had died. ... Sometimes they will become very quiet for no reason. When she asks them "Why are you so quiet?", they will come up with a strange excuse, like, "I am just looking out at the house to see how is it", but she senses that their quietness indicates that they are thinking about their father and that they miss him. - E (As related by translator)

Respondent's G's boy expressed his grief by wanting to be close to physical things that belonged to his mother.

What they did, they took her clothes, because I said, "I won't have a need for the clothes"; she was one of a triplet. So I said to the sisters, "If any of the clothes fit any of you, take them and use them and clean it out now". So they did. And he was just going off his head. "This is Mommy's!". He

even wanted her slippers, the ladies' slippers. He wanted to wear the slippers. He wanted to take everything that was his mom's. Eventually, I had to take him to one side. I showed him her rings and her jewellery in the safe and told him that nobody will take that, that will stay his. Eventually he calmed down. ... The place where she was lying, nobody was allowed to touch that place or step onto that place. He actually first took newspaper and put it over it so that if you walked there you had to walk around it. You weren't allowed to walk on top of it. And then eventually we got our minister and an elder from the church to come and bless the house, and B then put a rose where we found her body. Now he is happy after they blessed the house, after everything has been done and you can walk there. He has moved out of his room and he has moved into the room where she died. He feels very happy where she was and her things, to be close to her. And he is pretty happy. He has taken over her computer; I have allowed him to. ... On Saturday night he took photos of her and of when he was born, he's got one of these beds with toy boxes underneath, and he took the photos of the whole family and stuck them on the lids. I was upset in the beginning because I wanted to take photos of the whole family and put them in frames. But then afterwards I thought it is nothing to worry about because he wanted to do it. So he's got it there. He's got one photo that he keeps in front of his bed. Its a photo of when he was born and was lying in the little incubator and both my wife and I are looking at him and that photo he takes with him wherever he goes. He went to the Berg with the school and he took that photo with him. So it goes wherever he goes. - G

Respondent A's child coped with her grief by imagining that her father was an angel up in heaven.

Her favourite story at that time was the one of John, where God gave John the vision of heaven, and she would always say this angel is Daddy and he is dancing or doing this tonight, or whatever. ... Seeing her friends with their fathers was also very difficult for her. If another daddy came to fetch one of her friends, they would run into their daddy's arms and she should just stare and say, "If my daddy came then I will also do this." She

> **would imagine things. She still talks about him a lot and watches all our home movies on DVD ... so he is still in her heart and mind. - A**

In contrast Respondent F did not notice any changes in her children to indicate that they were/are grieving. In the past year they have been exposed to a lot of deaths in the family and as a result have come to accept death as a natural part of life. They also have a very strong faith in God and so firmly believe that their father is in heaven and they will see him again one day. The respondent feels that this is why they have not found it difficult to deal with their father's death.

> **They didn't cry. ... They believe that if somebody is ill then they have to die. This comes from previous experiences of their other relatives who were sick and then died. So when they saw that Daddy was sick they knew that he is also going to die. ... They believe in God, they believe that their father is in heaven and one day when they die they will see him again so this brings them comfort. - F (As related by translator)**

Respondent G's son found his mother's body after she died and was very traumatised by her death. For a long time this boy suffered with feelings of guilt. He wondered if he and his dad hadn't gone out that day, but had stayed at home instead, then maybe they could have done something to prevent his mother's death.

> **And then the questions started coming into his life. Where he started asking me, "Daddy, didn't we perhaps kill Mommy?" - G**

Dyregrov (1991:22-23) writes about the feelings of shame and guilt which children often experience when they lose a parent. If they were present when the death occurred they may even blame themselves for not having been more proactive in preventing the death, even though they have been told it was not their fault and there was nothing they could have done to prevent the death.

When respondent G's child first found out his mother's body would be cremated he became very distraught. Goldman (2000:49) notes that the trauma of losing a parent often causes feelings of hysteria, anxiety, rage, intense feelings and feelings of helplessness.

What happened is that, when he found out that we were not going to bury her but have her cremated because I didn't want to bury her, he actually went berserk. When he heard, he said, "You are killing Mommy's soul and she can't go to heaven. You are killing Mommy!", and he just carried on. He shouted and he ran through the house and he went berserk. "You are killing Mommy. Her soul's not going to heaven now. She can't go to heaven" and he didn't understand. I had to take him to one side and tried to explain that she is already in heaven. She is there already and it is just the body now that is left here. And eventually, I got him to calm down and he seemed to understand. - G

Overall, the findings in this sub-theme were very encouraging for the researcher. Lewis (1999:147) refers to Bowlby who writes that "... a child can resolve loss successfully if the child is allowed to ask all kinds of questions, ... and has the constant, reliable, comforting presence of a parent or adult whom the child trusts". In this study it appeared that the respondents were aware of, and sensitive to their children's need to grieve over the loss of their parent. The children were allowed to openly express a wide range of emotions, including guilt, sadness and anger and at the same time received the love and comfort that they needed from their remaining parent. As a result of respondents' ability to allow them to grieve openly, the researcher found that overall, although still difficult and painful, most of the children were coping relatively well with the loss of their parent.

3.3.2.2   SUB-THEME : CHILDREN'S BEHAVIOURAL PROBLEMS AS RELATED TO THEIR GRIEF

This aspect differed widely between all of the respondents.

Respondent G related how his wife had been the disciplinarian in the home and responsible for instilling routines and schedules.   Now that his mom had died, it was almost as if his son took advantage of the situation and did not make an effort to continue with these routines. The respondent began to realise that it was now his responsibility to ensure that his son followed these routines and that he had to take on the role of disciplinarian, enforcing rules, boundaries and routines. The respondent found that next to loneliness, this change in roles, has been the hardest aspect of his wife's death.

What we used to do was that she used to start the supper and then I used to do the last bit of cooking and she would sit with him and help him with his homework. She was the strict one. We have still got it on the wall, our list of rules. When he gets home his bags must be taken to his room,

he must go and bath. He must take his homework books out so that we can see his books. While we are busy he must carry on with his homework. If he empties his bin in his room, he gets marks for it and he gets rewards for it afterwards. So there was a whole list and the list is still on the wall there. And she was the strict one, the control one and I was more his friend. He thought that I was his big mate. ... He has tried his luck with me, to push the boundaries to try and take over. Like I am the boss and I will do what I want to do, and I had to change his attitude towards me. I had to spell it out to him "this is it, this is what you will do". And it has been difficult because we were always the big mates and now all of a sudden the mates have changed to the dad and son. The punishment, and it never used to be that way before, but now all that has changed completely and now being the dad I have had to be stricter. ... What worries me is that he keeps asking me, "Dad why are you cross?" because I was always the fun one. We used to get in the car and I used laugh and joke with him while we travelling in the car. I had to explain to him that I am not cross but my mind has a lot to think about now, like what are we going to eat for supper and things I need to take care of in the house. - G

Sandler *et al.* (2002:951) acknowledges respondent G's thoughts and feelings stating that one of the biggest challenges in maintaining stability in the home is the change of roles that takes place when one parent dies, and in order to maintain stability, the remaining parent has to learn to take on various new roles in addition to their present roles. Worden (1996:38) also noted that many fathers felt very unprepared for the role of a single parent, especially those who had not been used to taking care of household chores and running the household. Andrew Bass who became a widowed father after the 9/11 tragedy felt very much the same as this respondent and stated the following regarding his new role as a single parent "I never envisioned the scenario of being a single parent. Everything is solely upon me and I am responsible and accountable for everything, every day … that's the hardest part. It's totally opposite of what I knew and what I was" (Foston, 2003).

According to Dyregrov (1991:44-45) children in middle childhood whose parents have died may have the following behavioral and emotional reactions – adverse affect on school work, lowered affective state and depressive symptoms, anxiety, guilt, identifications with the lost parent, various regressive behaviours, aggressive outbursts, withdrawal from peers, daydreaming, denial and suppression of thoughts and feelings and the inability to share thoughts and feelings

with others.

Respondent D's son, who was six years old at the time of his father's death and who had an extremely close relationship with his father, became very depressed after his father's death. He showed no interest in school, any of the sports he used to take part in before his dad's death and would generally mope around and play computer games all day and tell his mom how sad he was and how much he missed his father. He would also display anger towards his younger brother.

> **He was very emotional; he still is very emotional, but he has his good days and his bad days or sometimes it's good weeks and bad weeks. "So you noticed a lot of depression in your older son?" Yes ... And I remember in the very beginning with sport. That first year he was not interested in anything. There was no activity that interested him whatsoever, and the teachers advised that I shouldn't pressure him into anything, that I should just leave him and let him deal with it on his own. And then he did, he slowly got back into it. ... My older son definitely antagonises his younger brother all the time. - D**

Goldman (2000:56) believes that children often act out their feelings of anger towards others as a way of coping with the overwhelming sense they feel of not being able to have any control over the loss of their parent. At the same time, when they suffer the loss of a parent they are overcome with these feelings of anger, but because of social expectations try to hold them back and eventually project these feelings onto another person or object. Dyregrov (1991:21) also noted that boys find it more difficult to express their grief than girls and, therefore, they are more likely to act out in this angry manner. It should, therefore, not be interpreted entirely as something negative but be understood as their means of expressing their sadness and depression.

Respondent D's boy's academic performance was severely affected, to the extent that he eventually had to be placed in a remedial class for a year so that he could be given time to refocus on his schoolwork. Worden (1996:67-69) found that bereaved boys more than girls tend to struggle with their school performance.

> **My older son had to be placed in remedial class at the beginning of this year, because he just wasn't coping. And now he is getting the prize for the child who excelled the most in that class. - D**

Dyregrov (1001:23-24) believes that one of the main reasons parentally bereaved children struggle with their schoolwork is due to the fact that their thoughts and emotions are overwhelmed and consumed by their parents' death. This makes it hard for them to stay focused or concentrate on their schoolwork. Their grief also takes up a lot of energy, slowing down their thought processing resulting in their schoolwork taking twice as long and not as easily absorbed and understood.

> **B's school marks haven't been as high as they used to be but they haven't gone so low that he is failing. So I feel that they haven't been bad considering the trauma he has been through. So I am not making an issue of it and I have a meeting with his teacher once or twice a term so that we can monitor how he is doing and how I can help him. - G**

A number of authors discuss the fact that when children in early childhood experience the death of a parent it undermines their self-confidence. The world which was once trustworthy and reliable and in which they felt secure becomes the exact opposite. (Compare Pennells & Smith, 1995:11; Dyregrov, 1991:43; Kirwin & Hamrin, 2005:75.) As a result they become very dependent on their primary caregiver, clinging to them and becoming very anxious when they are separated from them.

Respondent D's younger son, who was only seventeen months old at the time of his father's death, did not display any behavioural problems for the first year and a half after his father's death. However, since his third birthday, it would seem that he has begun to understand and process his father's death and his mother has begun to notice a change in his behaviour.

> **D has become impossible; he has become very naughty and he is very demanding. He demands a lot of attention, especially from me. If there is somebody in the room then he is climbing all over me, and if I am talking to somebody then he is distracting me and pushing my face towards him trying to draw attention all the time. He has become very, very, very insecure. He is very clingy and he has to be with me all the time and if I move from one part of the house to the other part of the house and I haven't said to him, "D I am going here,'' then he goes hysterical. I have to be in his sight all the time. It's very demanding and hectic. Every time I leave for work, he likes to be told what is happening for the day, what time he is going to school, whoever is going to fetch him that day. He likes to know; he must know what is happening. He is feeling very**

insecure. In the last six months it has become very bad. I think that he has got older and he realises that his dad has gone and that he is not coming back. And now that he can communicate, this is his way of showing that he knows there is a problem and that there is something missing. Before that he was alright; it's just been now that he is getting older. - D

This respondent's experience reflects Dyregrov's thoughts regarding children's reaction to death at this developmental stage, in other words, that although they are not able to fully understand the concept and finality of death they are able to realise that the person is no longer present and will react strongly to the loss (Dyregrov, 1991:10).

Respondent B, who herself is a social worker, was very aware that due to the extremely close relationship that her ex-husband and son shared, he was not able to cope with the death of his father and soon after his death arranged for her son to see a psychologist. In this instance, there was a lot of unfinished business. His parents had divorced due to his dad's alcoholism, his dad had been terminally ill for a long time due to his excessive and extended abuse of alcohol, and the boy had been diagnosed with ADHD which resulted in additional behavioural problems.

At the funeral he was acting out, very naughty, very busy. ... I am still very worried about my son. For a while I thought he was okay. I thought he was over it. I really thought he had processed the death but he is still quite a complicated child to manage. I'm not sure if that is because of his ADHD or because of trying to deal with the loss of his father and as he gets older he misses a father figure in his life. I think he feels very powerless about the whole thing. I think he still misses him. I think he can deal better with the missing but I think he feels powerless. He would like to have a father in his life who is there to protect him and do the things that fathers and sons do together. - B

It is interesting to note that in all the above cases, except for respondent G, all the children were boys who had lost their fathers, with whom they had shared a very close relationship.

Respondents C, E and F said that they had not experienced any negative behaviour in their children since their parents had died.

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Has the older one expressed any anger or behavioural problems? No. - E (As related by translator)

Have they shown any behavioural problems? No, they are not aggressive at all. They are very polite. - F (As related by translator)

Respondent C felt her son has been able to deal with his dad's death in this calm manner due to a number of factors. Firstly, they are very dedicated Christians and their faith plays an important role in their lives and how they have handled their father's death.

But I have been blessed. You know I could have had a teenage delinquent on my hands. But it all stems from the way you bring them up – those values and those morals are so evident. ... The acceptance is there and it stems from the grounding that these kids have had. You know, I go to a good church, both my children are involved in everything and that really helped. - B

Secondly, both the respondent's and her deceased husband's jobs required that they travel a lot and so the family were always aware of and had openly discussed the risk that something may happen to one of them. So, although one is never fully prepared for a loved one's death, it was something the family had openly explored.

But you see the way my late husband and I were with the boys, we used to talk very openly with them about death. With the jobs that we did anything can happen. He used to say, "You know if you are driving and you are hi-jacked what will I do in that situation?" So we used to talk about it because we were aware of the risk. We are very open with our children because they are exposed to so much out there and if I keep them sheltered at home then they wouldn't be able to cope out there. - C

Thirdly, the respondent and her two boys have openly grieved the loss of their father together and continually keep his memory alive.

I don't shield myself away from them; I grieve with them. If I am crying, I am crying with them. - C

Finally, and a factor which the respondent believes has been a key to her children coping so well, is that life has not stopped. Everything they planned to do while their father was alive they

have done or will do in the future. The respondent has also ensured that routines have remained the same and in general that there have not been many changes to the children's day to day lives.

> **We are very close. Everything we do, we do together. I don't want them to feel now that their dad is not around we can't do anything anymore. All the decisions and plans Dad made with us we are still going to do ... everything that we decided as a family we are seeing through. We made a decision as a family, when my husband was still alive, to immigrate to Australia, so I am going to see if I can make that still happen on my own. And I think this is what is helping us through this, because we haven't stopped. ... But I will say to them, even now, when it comes to discipline, "You know what, don't think that just because dad is not around that you guys can get away with things". We talk about everything; there is nothing taboo for us; nothing that we cannot talk about. There is still an openness. There is discipline; there is still routine in their lives, so nothing has changed. The only thing – and I keep saying to them, nothing has changed. Dad's just not here physically. Everything that we did we are going to carry on doing ... there is still security here. - C**

Respondent A, who had two very small girls when her spouse died, said that she did not experience extreme acting out behaviour. Her toddler, who was at the age where having tantrums is common, would throw tantrums from time to time. Sometimes these were just normal tantrums for a child of this age and at other times the respondent did find that they could be more intense. The respondent did wonder if this wasn't because she was picking up on her mother's own anger or due to her own feelings of sadness which she was unable to verbally express.

> **There may have been isolated moments when it was difficult but they would be in the moment. She would throw a tantrum but it would be over in five minutes. When she stopped screaming, it would be over. There were times when I left her there to scream and I knew I wouldn't cope. I knew if I stayed there, I would hit her unnecessarily. I thought it was better for me to rather just leave her and let her scream for a few minutes, go to the next room, drink a cold glass of water and get myself back together again and then go back to her. I didn't want to pass my anger onto her. In that way I was able to cope with her outbursts. - A**

Wells (1988:39-40) explains that this kind of behaviour is common in very young children. They will sense the unhappiness but cannot comprehend that the remaining parent is experiencing the same sadness and sorrow as they are and instead of comforting them, in some cases, will become more demanding, placing even more of an emotional strain on the parent.

This sub-theme highlights one of the greatest challenges in terms of the widowed parents' needs. Most of the respondents appeared to be aware that at some point their children were going to display behavioural problems. And as can be seen from the findings, many of the children did display behavioural problems common among children who have lost a parent. The challenge, however, in the researcher's opinion, is to find a balance between acknowledging this behaviour as part of the grieving process and at the same time instilling boundaries and discipline to prevent it from turning into delinquent and/or problematic behaviour. In these instances, many of the respondents appeared to turn to professionals for help, either teachers or therapists specialised in dealing with bereavement in children.

3.3.2.3 SUB-THEME : BEREAVED PARENTS' OWN GRIEF

Worden (1996:38-39) found that depression and immense sadness are the most common emotions of bereaved parents. In this study, the researcher also found that loneliness and depression were common and reoccurring themes.

> **I must say I was miserable. I couldn't laugh. I couldn't smile. It was awful and still you just had to carry on. - A**

> **There were days when the kids were at school that I came home and I would just cry. I thought I am strong, and a week after we buried my husband, I fell apart at the mall and I phoned my sister. That was when I had to go and close his accounts, and it hit me like a ton of bricks that this is reality. That was the only real time when it was very bad. I do have my ups and downs and I am open about it .... at night time when we go to sleep I always say, "Good night, Dad." I used to call him Dad, and the kids do the same thing. - C**

> **Sometimes she finds it difficult to sleep at night when she thinks of her husband and how will she look after the children now. - F (As related by translator)**

Making peace with his wife's death and finally being able to say good-bye was an important part

of Respondent G's grieving process.

> **I went through a bad patch about a month ago when I had to fill in the Insurance form. I had to go to the police to say whether it was murder because they had a case opened up against me. While I was waiting at the police station for them to fill in the form I saw the file lying there and I started reading what had happened and all of it came back and I started crying. But I think after that I made peace now. And I have made peace with everything. I know what happened and she's dead. I wasn't there and I couldn't have helped her and I have made peace with that now. And now, with the help of my friends telling me that I have to move on with my life, I am starting to carry on with my life. I have started to finish my building alterations which we were halfway through before my wife died and I wasn't able to complete them up until recently when I was finally able to make peace with what happened and finally say good-bye. - G**

All of the respondents said that the most difficult aspect of their grief was the loneliness they experienced after their spouses' death. During the day when they were at work and/or kept busy with caring for their children it wasn't too bad. However, at night-time when the children were in bed and the reality of their situation would become apparent, they would find themselves feeling very lonely and missing their spouses more than ever. Weekends were also very difficult and coming home from work on a Friday was very depressing as they had to face the reality of an "empty house" without their spouses. They no longer felt like going out and doing things as they would observe families with moms, dads and children and this was a painful reminder of their own loss.

> **I think loneliness had a big part in it because you do, you get terribly lonely. During the week it is fine, you are busy with work and it's just eat and sleep. Then Friday comes and you go home and you think, "It's Friday, now what?" You can't go out because your kids are too small. Yes, it's terribly lonely. Saturday evening you haven't got anything to do. You just sit there and you don't watch TV and you put the kids to bed and you say, "What now?" And Sunday you go to church and you drive back home to an empty house and you don't always want to go somewhere. You want to stay at home. - A**

The most terrible part was the loneliness. Even though we were divorced, we were still friends and emotionally attached to one another. He was still my best friend and we spent a lot of time together, just talking. Now I no longer have that. - B

It was terrible. I think on my part, the loneliness. Coming home at night to an empty house, you know you don't have that stimulation of an adult. That was the hardest for me. At first I wouldn't spend weekends at my house. I would always take the kids and go to my mom and dad. ... It was lonely. It was awful but I think the fact that the kids were there; they kept me going and I knew that I had to keep going for the sake of the children and then I suppose with work as well you are stimulated and kept busy which does help a lot. So it is only really in the evenings, night-time, once you get home and have attended to the kids. I started doing a lot of sports. I go to gym every day now as well, just to keep me occupied. The worst time was when the kids used to go to bed at night. Then I just used to get into bed and read and feel sorry for myself and ball my eyes out most nights. But you have good days and bad days and I just had to keep positive. - D

What I find, did find and still do find very difficult is that I only have my son as a friend and a partner and I miss the grown-up conversation. You can't share your private and personal things with your child. You can't tell your child everything that is really happening in life concerning me and that I miss a lot. When my son used to go and bath that is the time that my wife and I used to talk and share about what is happening in our lives and I don't have that now. Sometimes I just really need to talk to somebody and I don't know who to talk to. So I'll stand in front of her photos and talk to her. At first when I did it I thought I was going crazy but I realised that I do have that need. - G

Respondent A, who had two very small children when her husband died, found that she never really had time to grieve.

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> **My GP would ask, "Are you grieving? Have you just packed up and cried?" I could never do that. I used to get very angry at life, at God, at everybody and everything. I feel now that I should have done it but there was just never time. Once the kids were in bed or whatever you can't just decide that tonight at 9 o'clock I 'm going to just sit down and pour my heart out. And you are always so busy, and being a single mom with little ones and all the nappies and bottles there was just never really time to sit down and get away from everything and think about what has happened to you. You just have to carry on. - A**

This respondent also struggled with a lot of anger, especially towards God, after her husband's death.

> **I remember my mom phoning once and I said to her," I am tired of life and I just want to get out of this whole situation and I hate God." ... I said to my mother, "There is no God. I don't believe in God. If there was a God of love then this wouldn't have happened. Look at my two babies. What God of love would do this to two little kids?" - A**

This sub-theme explored the widowed parent's own grief and the struggles they have to face after losing a spouse. Although this study has focused on the children's grieving process, and the needs of the widowed parents in assisting them through this process, the widowed parents' own grieving process has to be acknowledged as well. Losing a spouse is a very traumatic experience and just as their children need to be given the opportunity to express and work through their grief, so too do the widowed parents. Feelings of loneliness were very common among all of the respondents. The researcher interpreted this loneliness as two fold. Firstly, there is the loneliness of being alone and no longer having a companion and partner to share their lives with. Secondly, the loneliness of not having anyone to share their grief with and from whom they could find constant comfort and support. Generally, the widowed parents were always available to offer their children comfort and support, but during those times, when they themselves felt most alone, there was no one to offer them comfort and support. Therefore, in exploring the needs of widowed parents in assisting their children through the grieving process, their own needs have to be explored as well, as these have an impact on the children's and families' grieving process.

3.3.2.4 SUB-THEME : GRIEVING TOGETHER AS A FAMILY

According to Silverman (in Boerner & Silverman, 2001:212) the greatest challenge is for the remaining parent to find a balance between being able to meet their own needs and those of their children. Grieving alongside them and discussing the dead parent "... with laughter as well as tears (so that) he or she will become not a myth, but a parent they can remember as a real person" (Wells, 1988:42). The article *Dead but not gone* [sa] echoes these thoughts as the author explains that one of the best ways to deal with the death and grief is for the family to work through the loss together, to talk to each other, to cry together, to laugh together and to always keep talking about the deceased parent. By the widowed parents sharing their own feelings, they are able to help their children to also talk about their feelings.

In this sub-theme the researcher's findings showed a slightly different approach adopted by the respondents, compared to the literature. All of the respondents felt that it was important that their children be allowed to express their grief. However, the respondents felt it was not appropriate for themselves to truly grieve or "fall apart" in front of their children.

> **With my grief, I tried not to cry in front of them. ... Don't know whether ... I can't say that we ever grieved together or that the actual crying. Ya, it's difficult. You want to be strong in front of your kids. I'm not sure what else to say .... "You felt that you needed to keep your grief separate to hers. When she was sad you needed to be there to comfort her rather than you starting to break down that she ends up comforting you. Is that a correct interpretation?" (Researcher) Yes, I never wanted her to feel responsible for my happiness or for a smile on my face. - A**

> **If I fall apart then they are going to fall apart. I do fall apart but I fall apart on my own. I try not to in front of them. They can see when I am sad and they know that I miss him, especially when I'm quiet and I just want to be left alone. - C**

Worden (1996:14) and Goldman (2000:28) also differ with this approach undertaken by the respondents. In their opinion the remaining parents have a great influence on bereaved children and without even realizing it they become role models for the children dealing with grief. When they allow themselves to be sad or angry and express this in front of their children it gives the children permission to feel this way as well. If they hide these feelings, the bereaved children may feel that they too have to do the same. However, by expressing the wide range of emotions associated with loss, significant adults can play a vital role in assisting children to acknowledge and release their own feelings, especially those of anger and guilt.

Respondent B and C both said they grieved/were grieving as a family and this was helping them through their loss. The researcher picked up that in both these families more tears and emotions were probably shared together than in the other families.

> **For a long time after his father died whenever we would drive past the flat he would look for his father's car even though he knew he wasn't there. The one day when we drove past we both looked for his car and when once again, it wasn't there, we both just looked at each other and we both broke down and cried. ... We both cried a lot together. - B**

> **I don't shield myself away from them. I grieve with them. If I am crying, I am crying with them but there are moments where I am on my own and I will just go and lie down ... but I can't afford to fall apart. It's the falling apart. ... I think the good thing about the way we have been dealing with our grief is that we weren't doing it as an individual, we did it as a family, the three of us. - C**

However, all the respondents appeared to understand the healing value of sharing and talking about the deceased person together, so that he or she will become not a myth, but a parent they can remember as a real person" (Wells, 1988:42).

> **She still talks about him a lot and she watches all of our DVD home movies. This morning she said, when we were baking her cake quickly before school, "Papa L doesn't know that I can already bake a cake." So he is still in her heart and mind. ... She has always spoken well of him. She has always been proud of her daddy even though he wasn't here. - A**

> **Even now he can cry a lot, especially if he listens to his father's favourite music that they would listen to together. They would communicate through music. His father would often say to him, "P listen to this song, this is our rugby song." and now when P listens to these songs he thinks of his dad. We all do. So through music everybody still cries. - B**

The following week after we got back from the funeral it was my husband's birthday and we had a service for him and then the next Sunday it was Father's Day. That was hard, because the kids didn't want to go out. They just didn't want to eat and we were just here watching TV. We didn't want to do anything. It was just the three of us and we just wanted to be alone. So we sat here and talked about what their dad would have done on Father's Day and then K said, "Mom, I miss him." - C

We have videos and we put them on and laugh at all of the things. We have priceless moments. - C

It's funny little things that you think about. You are always remembering. You can be driving somewhere and remember something that happened there. So you always go back and we talk about it a lot, especially with the kids. I think it is important for the sake of the children. He's got to live on in all of our lives. He can't just disappear and we can't just pretend that he didn't exist. His photos are up and everything is still there. R's room is full of it and even in the house everything has stayed as it was. - D

Every time when they come, they will talk about their father. They will look at the photos and talk about the things he did for them. - F (As related by translator)

Now and then his mom will come up and we will talk about her. ... M is dead but she will always be remembered. She will never be forgotten. - G

For the researcher this sub-theme highlighted one of the greatest needs of widowed parents, namely, finding a balance between expressing their grief, so that their children can feel free to also grieve, but at the same time not "falling apart". The respondents appeared to be able to allow their children to freely express their grief and offer them comfort and support. They would talk about the deceased with their children, say that they also missed them, and at times allowed

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themselves to shed a tear or two. However, when it came to really crying over the loss of their spouse all the respondents said that they did so in private when their children were not around. The researcher sensed that one or two of the respondents even put their own grief on hold for the sake of their children.

The researcher found that the main motivation for dealing with the situation in this manner appeared to be that the respondents felt they had to stay strong for their children and didn't want to burden them with their own grief, or cause their children to feel that it was their responsibility to help their parents through this difficult time. Although the researcher was able to understand the respondents' motivation behind this approach, a concern is that the respondents may end up putting their own grief aside. Denying themselves their own grief could result in the widowed parents having repressed feelings, resulting in further stress and anxiety, which could negatively impact the children. At a later stage in their life, the widowed parents may even experience greater emotional trauma because they denied themselves the opportunity to deal with their grief at an early stage. The other danger is that if the children sense their parents are hiding their grief, they may feel that they need to do the same. So in protecting their children from added emotional stress, the widowed parents may end up stumping their grieving process. This sub-theme has therefore highlighted a very important need and one which even the widowed parents appeared to find difficult to meet so that all the family members, including themselves, could feel that they have shared their grief together.

3.3.2.5 SUB-THEME : ANNIVERSARIES AND SPECIAL OCCASSIONS

The respondents shared how they would be coping well with their spouses' death and then the anniversary of the death, a birthday, Christmas or other special occasions would come along and they would feel as if they hadn't overcome their spouses' death at all and would mourn for them all over again.

> **I don't know whether you actually ever really accept it. I always ask questions. Now with my older daughter's birthday on Tuesday, since Monday I just started crying and crying. It just happens and the more I want to stop crying the more the tears just roll down. And her whole birthday, that's why I knew don't organise a party on the day of her birthday because it's just too emotional for me. And then yesterday was my late husband's birthday (suppose to be) and I was doing fine on that day, but on the kids' birthdays and on Christmas its absolutely awful. I just dread the anniversaries and celebrations. - A**

> **I thought I was doing well and that I was over my grieving, but then on the day of his death I was a total wreck ... I was a wreck the whole week ... yes, so that was very difficult, much more this year than last year. - D**

They also sensed that for their children these were difficult times too and could note a change in their behaviour. They would often appear sadder and withdraw more during these times.

> **I find that closer to his father's birthday and the time of his death, as well as R's own birthday, all the special occasions, it gets harder for him to cope. - D**

Goldman (2000:50) notes that commemorating is an important aspect of the grieving process. It helps children reflect on the value of the life of the deceased person and helps them to work through their feelings of pain and hopelessness. For the researcher, these findings seemed to show that although painful, commemorating during anniversaries and special occasions was a very important aspect in the healing process for the respondents and their children. Firstly, it gives the family an opportunity to make a point of talking about the deceased and their feelings surrounding the loss. Secondly, and especially in cases where many changes have taken place since the spouse's death, the family are given a chance to step back and mourn over the loss again and it's a reminder to the children that even if things have changed and their remaining parent may have moved on to a new relationship, their deceased parent will never be forgotten and will always be a part of their lives.

3.3.3   THEME THREE : CHANGES IN CIRCUMSTANCES

3.3.3.1 SUB-THEME : NEW RELATIONSHIPS
At the time of the interview, only respondents A and D had entered into new relationships. Respondent A was remarried and respondent D was dating someone, and regarded the relationship as quite significant and serious. Although both respondents are very happy in their new relationships, both were of the opinion that a new relationship was not like waving a magic wand that made all the heartache and grief disappear.

Both respondents said that they still missed their deceased spouses and the new relationships also brought about their own complications. Firstly, for the respondents themselves, it complicates the grieving process. Although they no longer feel the intense loneliness they felt after their spouses' death, and have a companion, they still miss their deceased spouse, so the sadness and grief doesn't just disappear. Secondly, although the new partners were aware of and supportive of their loss, and understood their need to talk about their deceased spouses

and still include them in their children's lives, the respondents themselves felt they had to be guarded. Both the respondents felt that they had to be cautious in terms of how much they expressed their grief for fear of hurting their new partners, and causing them to feel that they do not love and need them.

> **Everything is not my responsibility anymore. I've now shared it. It is difficult in a way, because you don't want your new husband to think that you don't love him. It's very easy for him to think that he is not good enough and that I miss my deceased husband and that I want him back. When I do cry, it's awful really. He does understand and he does support me and comfort me when I have these days. But afterwards, when I can talk about it, I always make sure that he does understand that although I love him, I still do miss my deceased husband, and it's not that I want him in my new husband's place but the memories and the heartache are still there. - A**

> **Even if you start to see somebody, I still think of TC on a daily basis, it doesn't go away. It is difficult when my new partner is around because he has also got to learn to cope with it. You don't want him to feel like he is living in my deceased husband's shadow. - D**

Secondly, their own children are forced to accept a new person in their lives. In the cases where the children were very young, in other words three or younger, they easily accepted their stepdad and/or the new person in their parents' lives, and bonded very easily with them.

> **She is very attached to her stepdad. When we were going through a bad patch in our marriage she told me that she will go with him and didn't want to stay with me. ... With him being here and filling the place of a dad in her life it has made it easier for her to cope with the loss and not to feel that immense sadness. - A**

> **And I think that D thinks, well he is going to be our new dad, and he says to me, "This is going to be my new daddy", but I can't go there because I don't know what is going to happen. So it is very difficult because he sees this figure in his life who is a father figure to him but we can't say that this is the case. - D**

However, for respondent D's older son this was not as easy and there is a constant struggle between accepting this new person in his life without feeling like he is betraying his deceased dad by accepting his mom's partner as his new dad.

> **And then my older son just refuses point blank. It is not an option in his life at all. They get on fantastically now and he really respects my new partner, and they have their little chats; that's going well. But whenever you broach the subject about having a stepdad it's a no go. He is not interested and is not happy that I would ever consider getting married again. - D**

Finally, both of the new partners are from divorced circumstances with other children so this entails dealing with ex-spouses and issues over maintenance and custody.

> **And a new relationship isn't the solution. It's difficult. Especially with a divorce it's really difficult and sometimes you think it's not worth it. The first time you were so happy and now you've got all this nonsense of other children and ex-wife, and you've both got baggage and it's really not easy. It doesn't mean everything is now neatly in place and you can just move on. - A**

> **Then you often think, if he was still around then none of this drama would be going on. We wouldn't have to deal with his ex-wife and all the problems she is creating. - D**

In the researcher's own interpretation this sub-theme emphasises one of the complicated aspects of the needs of widowed parents. Having lost their spouse at such a young age, the respondents naturally feel a need to have another partner. However, this need brings about many obstacles. Firstly, and perhaps the most difficult obstacle of all is the acceptance of the new partner by their children. In many instances, the children may still be in the process of coming to terms with their parents' death and grieving the loss. Even though the bereaved parents may be ready to move on, the children may not be. This could cause further hurt and pain in the children's lives and strain in their relationships with their parents. Therefore, not only does the widowed parent have to help their children in working through their grief but also in accepting someone new in their lives. They may possibly view this person as a threat and someone who has come to take their deceased parents' place. Secondly, although they may be ready to start a new relationship they may still be dealing with aspects of their own grief. So now, when they express their grief, not only do they find themselves being guarded about

outwardly expressing their sorrow in front of their children, but also in front of their new partner as well, for fear of hurting them. Therefore, something that should have brought joy into their lives could actually become a stressful balancing act.

3.3.3.2 SUB-THEME : EFFECT OF CHANGES ON MASLOW'S HIERARCHY OF NEEDS

When interviewing respondents E and F, who are from disadvantaged communities, the interviewer became very aware of the significance of the widow's needs in relation to Maslow's hierarchy of needs. The first four respondents were all from a middle class community and all of the respondents had good stable jobs and were able to still provide for their family. Obviously, there were financial concerns and they felt more responsible to maintain good jobs in order to continue to provide for their families but it did not have a huge impact on their day to day functioning.

> **There is still security here. They are not insecure. They are not worried about anything. My husband has really taken care of us ... and ... I still have a job. - C**

However, for respondent E and F the situation is very different. In both cases, the respondents' spouses had been the sole breadwinners and they were now daily faced with the stress of trying to provide for the physical needs of their families. The researcher found that especially for respondent E, it has been difficult to fully work through the emotional loss of her spouse as she is constantly plagued with worries about meeting the physical needs of her family. According to Maslow's hierarchy of needs, physiological needs are the most basic of all the hierarchy needs and if not met will dominate all the other needs and even cloud a person's vision of the future (Moore, 2002:338-339).

> **She has lost her husband and her children are hungry so she often wonders "What am I going to do?" If she was working it would be easier. Having lost the breadwinner is making the loss more difficult. - E (As related by translator)**

> **They are aware that they cannot get things that they want anymore, because their father is not here to buy them things. ... It is difficult financially but she budgets very carefully and gives to each child as they need. - F (As related by translator) .**

As mentioned previously, Respondent A and D are both in new relationships and from the information gained during the interviews it was clear to the researcher that both respondents' physiological needs, safety needs and need for affiliation and love are being met (Moore, 2002:340-342).

> **When I met him, I thought straight away, that if I was to find a soul mate again then this would be the perfect man. Then he phoned and asked me out. We both went through similar experiences after our losses, the death of my husband and his divorce. So we married very soon after we started dating because we knew it was an answer to prayer. - A**

> **It is easier now since H came into my life. - D**

Although there was some financial pressure, in general respondent G had a good support system of family, friends and his church that were making sure that his son and him were cared for on a physical and emotional level. Therefore, for the most part respondent G's physiological and safety needs were being met (Moore, 2002:338-339).

> **It has been quite a difficult time for me. I have been suspended from work. So being suspended, having no salary and losing my wife has made it quite tough for the two of us. When my wife was alive, I didn't need to worry so much about my situation at work and our financial future, but now I don't have her to share that burden with. ... My wife used to control all the money, but now a lady in the church is helping me to budget and manage my finances. - G**

The researcher sensed that Respondent G appeared to be very aware of his need for love and affiliation. During the interview he often mentioned the loneliness he feels since his wife's death and although he hasn't met anyone yet, is very open to the possibility of meeting someone new to help fulfill this need.

> **We always thought I would be the one to die first, I have a family history of people dying young, so we would talk about what my late wife would do. ... Now that I have made peace with her death I think I would be open to exploring the possibility of meeting someone else. Just to fill the loneliness and to have someone to talk to. - G**

From the above findings, the researcher was able to assess that Maslow's hierarchy of needs can be correlated to the needs of widowed parents, but that one cannot make generalisations in this regard. Each widow's needs are unique to their individual circumstances and this determines where they are functioning on the hierarchy. Although they may still be going through the grieving process, these needs can also change as certain changes take place in their lives. At the time of the interview, respondent E was very aware of her basic needs and the day-to-day stress she felt in not having these needs adequately met. However, should this change and she is able to find employment to take care of her families financial needs she may become more aware of her need for affiliation and love and begin to emotionally grieve her husband's death more than she has been able to at present.

Therefore, the researcher has concluded that in assisting widowed parents, it is valid when assessing their needs to include Maslow's hierarchy of needs. However, this has to be done on a very individual basis and one must be aware of the fluid nature of these needs.

3.3.4. THEME FOUR : SUPPORT SYSTEMS

According to Charkow (1998:119) bereaved parents should be open to the fact and "... understand that they are not always able to provide their children with all that they need, and seeking outside support is not reflective of their incompetence". The more that widowed parents take care of themselves and their own grieving process, the stronger and better equipped they will be to take care of their children (Sovern, [sa]).

In the researcher's findings two sub-themes emerged with regards to support systems, namely informal support systems in the form of family, friends and churches, and professional support systems. The researcher has included in this theme what literature the respondents consulted The researcher found that the information shared differed from each respondent.

3.3.4.1 SUB-THEME : INFORMAL SUPPORT SYSTEMS : FAMILY, FRIENDS AND CHURCHES

There is no doubt that extended family and friends are invaluable at this time. The more support the remaining parent receives, the easier it is for them to give their children the physical closeness and emotional support that they need (Wells, 1988:40). For those parents who are unable to cope, having another adult available to help support their children is invaluable, especially if this support can be obtained within the extended family (Charkow, 1998:119).

Throughout her research the researcher found that family and friends played an important role in offering support, either practical or emotional or both.

Respondent A and D said that they felt they could rely on their family for practical support but not for emotional support. In both these cases, the deceased had been very close to their spouses' families and so these families themselves were struggling to deal with the loss.

> **My sister came to stay with us straight after my husband's death to help me with the children but she didn't end up staying long as I asked her to leave. It was very demanding. I felt that I had to put up this front with somebody else in my house. I couldn't just do what I wanted to because I had to take her into consideration so eventually I just asked her to go home and told her I would be fine. I'm a bit of a loner so I'm better off on my own than with people around me. - A**

> **I remember my mom phoning once and I said to her that I am tired of life ... my mother was shocked, it was terrible, she phoned the whole family .... And that was the only time I told my family I wasn't coping. - A**

> **My family is a good support structure ... when I am not coping with the kids I can take them there and my mom will help look after them. My mom will also fetch them from school if I am not able to. But I am not able to talk to them about how I feel regarding my husband's death. My dad is very emotional; he will always be about my late husband's death. When it was the anniversary, he phoned and said, 'How are you?" but he was so choked up that he couldn't really talk to me. And my mom would say, "Are you okay?" but there would never be a time when I was really feeling bad that I would phone them and say, "Now I am really feeling bad. You must come." I would just deal with it. - D**

> **In everything the one who helps her the most is her relative. - E (As related by translator)**

> **Her neighbour will help her and watch the kids for her when she is really busy, like if she has to do the washing or go into town. ... She also trusts in God to help her. - F (As related by translator)**

Respondents A, B, C and G found that the support that they received from their local church was invaluable and played a very important role in helping them through their grief. Respondent A did, however, relate that when her husband died she was attending a church in her community

in which she sensed that the people felt awkward around her and didn't know how to respond to her and she eventually stopped attending this church.

> **So I felt then that they just left me. After the funeral they said sorry and whatever and then it felt like they were saying, "Just carry on with your life, we are carrying on with our lives so you must also". That was when I really needed a bit of support and then when I heard of the AGS course. I decided to go. Then I joined the AGS church. They are more supportive. It is a different community. - A**

> **My church has been a very important part in helping me deal with the loss. - B**

> **My main support structure is my neighbours ... and my church. - C**

> **I think with the church's help as well. If it wasn't for the church it would have been different. With having friends in the church and having people at the church. I mean without that it would have been much harder for me. Without the church we would have been lost, after everything we have been through and after everything everybody has done for us and helped me with. I would have been very lost without this. Like the other night, my son came home from school with a rash and I didn't know what to do, so I phoned a friend in the church and she was able to tell me what to do. - G**

From these findings, it became clear to the researcher that support in the form of family, friends and churches is invaluable. The researcher sensed that without this support, whether practical or emotional, many of the respondents would not have been able to cope through this very difficult time.

3.3.4.2 SUB-THEME : PROFESSIONAL SUPPORT

- *Use Of Professional Support Systems For Themselves*

In the article *Where to go from here* [sa] the author encourages widowed parents to find support groups both for their children and themselves. In the author's experience, she found that it helped the children learn healthy ways to grieve, to realise that they were not the only ones who have lost a parent, and there were other children who could also relate to them. The author found it a great opportunity to get out of the house and spend time with other adults that she

truly felt understood all that she was going through. The author also emphasizes that widowed parents cannot help their children if they don't help themselves.

Out of all seven respondents only respondent A and C actively sought professional support for themselves in the form of support groups.

> **I did go to the AGS church who have a bereavement program, for divorced and widowed single parents. I joined them for their six week course – it did help me at the time quite a bit. I became very good friends with some of the girls there. It helped that you could grieve together and talk about the difficulties of raising the kids on your own. I did find that sometimes they were not able to understand my grief, because they were going through a divorce and that is not the same as when you husband dies. - A**

Respondent B attended the same support group when her ex-husband died. As this respondent had been divorced from the deceased she found that this group did cater for her needs. This respondent also saw a psychologist on an individual basis.

> **I attended a support group for widows and divorceès at my church and that really helped me to cope with my loss. Both with the death and the divorce. ... I also went to see a psychologist and I still go and see him about once a month. - B**

Respondent G explored the possibility of individual counselling with a psychologist but due to financial constraints was unable to follow through with this help. At the time of the interview, he no longer felt such a strong need for this help as in the interim he was receiving a substantial amount of support from his church which he felt was adequately meeting his needs. His son was also seeing a psychologist with whom he could also consult in terms of helping his son grieve, thereby providing a means for this need to be met.

> **The work gave me money and sent me to someone at Westville Hospital but I didn't feel that she was qualified to deal with what I needed. So I went there once and then decided I would not go back to her. I then went back to my work and said, "My doctor has suggested someone else I can see and I want to see somebody from the church", but they were not willing to pay for me to go and see someone else. They would only pay for people whom they recommended.   They said they would only give me**

the money for my son to see this other person so I thought that I would rather just send my son. I wouldn't go see anyone because I felt I could handle it on my own. - G

Respondent E and F would both have liked to make use of a professional support system but both were not aware of any in their community that were/are accessible to them.

Is she aware of any support groups or social workers that she could have gone to help her? (Researcher) She did hear that there was a social worker but she didn't know where to go. - E (As related by translator)

Would a support group for widows that would help you to meet both your financial and emotional needs be helpful? (Researcher) Yes. - F (As related by translator)

Both respondents C and D did not feel a need to consult with professionals regarding their grief, and felt they were able to cope on their own. Respondent G felt similar. Respondent B has a strong support network through her family, church and neighbours which she feels is meeting her needs adequately.

I haven't. I'll be very honest. I draw my strength from God. - C

I did it on my own. I didn't feel a need to go for help. It's not that I wasn't comfortable talking to people. A lot of people said come to this group and come and talk about it but I just felt, although I like to talk about things a lot to people, I just felt that this was something that I had to deal with on my own. So whether or not I have done the right thing or the wrong thing I don't know, but I think I have managed quite well. I wanted to do it on my own. A lot of people said, "Maybe you should go and see somebody and maybe you should do this and maybe you should do that." But I didn't want to and I think I coped quite well. I am quite proud of myself. - D

Do you feel that if your work would have paid you would have gone to see someone? (Researcher) I don't know, I don't really think so. No. It's like talking to you now. There is not much that anybody really could do. I have to work it out on my own. - G

General Practitioners also played a role in offering professional support to the bereaved spouses.

> **My GP would ask, "Are you grieving? Have you just packed up and cried?" - A**

> **There were times when I would go and see my doctor and I would sit and he would ask, "What's wrong?", and I would just ball my eyes out. - D**

> **Then when my wife died, at first it wasn't too bad because the family were still around. Then after the family left, the third or fourth night I started to get ice cold, despite the fact that it was summer, and a hot night and I was worried that I was going into shock. So I went to the doctor ... - G**

- *Use Of Professional Support Systems for their Children*

Only respondents B, D and G took their children to professionals for therapy.

> **Soon after his father's death I took my son to see a psychologist. - B**

> **I took my older son to a play therapist. I realised he was not coping with his father's death. He saw her for over a year and I feel that it really helped him. - D**

> **I took my son to see a psychologist. - G**

All of the respondents felt that a support group aimed at children in early, middle and adolescent years, who have lost a parent through death, could be very valuable and had one been available, would have allowed their children to attend such a group.

This theme highlighted an important aspect for professionals in terms of providing assistance to parentally bereaved families, especially since these findings appeared to show that the respondents made use of informal support systems far more than professional support systems. In the researcher's interpretation, this may have been for a number of a reasons. Firstly, informal support systems are far more accessible and the widowed parents usually don't have to ask for this support. Generally, friends, families and churches naturally come alongside the bereaved family and try to help in whatever way they can. However, if they need professional support they would probably need to go out and find it themselves, and in some instances it appeared that the respondents did not have the practical means to do so. Secondly, the researcher sensed a psychological struggle in reaching out to professionals. By asking for professional help they saw themselves as being inadequate and weak and not able to cope.

Experiencing a trauma of losing a spouse, left many of the respondents feeling helpless and that their world was spinning out of control. Forcing themselves to cope alone with the situation may have given them a sense of mastery and control over their world again. Respondent D reflects the researcher's thoughts in stating that:

... but I think I coped quite well. I am quite proud of myself. - D

Therefore, this theme places a huge challenge on the helping profession. First of all, in making themselves more accessible to bereaved families and secondly, empowering widowed parents not to feel helpless and weak even though they may need professional assistance to help them through this difficult time.

3.3.3.4 SUB-THEME : CONSULTING LITERATURE

Respondent A read a book related to her own grief which she found useful but did not read any literature related to her children's grief.

A book which I read, that really helped me was 'Losing someone you love' – I can't remember the author and I passed it on to another lady who also lost her husband. - A

No, I didn't read anything on the kids' experience of losing their father. - A

Only Respondents B and D actively sought after and read literature that specifically addressed how to deal with their children's grief, as well as their own grief.

Being a social worker and the type of person that I am, I read a lot of books. I had a lot of resources at work and I also bought or borrowed books from friends and colleagues. That was very helpful for me. - B

I just read the books and I tried to remain positive. ... I read a lot of books. A friend gave me a lot of books so I did a lot of reading. Two of the books had chapters that dealt with children's grief and that was very useful too. - D

Both the respondents said that the knowledge and advice they gained from the books they read was invaluable and helped them tremendously to cope with their own and their children's grief. It was interesting to note that both of these respondents also sent their children to professionals for therapy. In the researcher's opinion, it may have been from the knowledge gained, that they were alerted to and became aware of their children's needs, and thereby, were able to discern

that their children were not coping with their grief, and needed the help of professionals. It should also be noted that both of these children were boys who had lost their fathers, with whom they appeared to have shared extremely close relationships.

None of the other respondents said that they felt a need to read any books related to their grief. For respondent E and F it would not have been possible for the respondents to obtain books due to illiteracy and lack of access to resources and financial restraints.

The fact that so few respondents consulted literature, was a surprising aspect for the researcher to learn, and once again highlighted the individuality of the respondents' approaches to their own and their children's grief. In conducting this research study, the researcher has come across a vast amount of well-researched and helpful literature available on the research topic. Yet, so few respondents made use of this literature. In the cases where the respondents did not feel a need to consult books, they tended to rely on the advice from family and friends. In the researcher's opinion, this is a concern as many of the people who gave advice and guidance to the widowed parents, had not, themselves, been through the same experience. Although, the respondents who did consult literature, did not show any desire to still do so in the future, the researcher is still concerned that in not doing so they could be denying themselves valuable guidance in helping both themselves and their children through this traumatic time.

3.4   CONCLUSION

This chapter briefly outlined the research methodology and presented the empirical data gathered from the one-on-one semi-structured interviews with the respondents. This data was divided into themes and sub-themes, which in many instances correlated with the findings of the literature review in chapter two. These included the initial shock of the death and the widowed parents having to help their children understand and accept the death. The challenge then was in providing comfort and support to their children as they grieved, whilst at the same time taking care of their own grief. Many of the children displayed behavioural problems in one form or another as they tried to make sense of their parents' death and cope with this loss, placing further demands on the widowed parents. For many the support of friends, family, churches and professionals, especially for their children, were invaluable in helping them cope through this traumatic time.

From all the data collected it has become very evident to the researcher that the needs of widowed parents are very vast and although common themes were identified there is also a definite element of uniqueness. Each family experiences the loss of their loved one on a very individual basis, depending on their circumstances, support structures and their level of

functioning in relation to Maslow's hierarchy of needs.

Overall, the respondents all seemed to show concern regarding the well-being of their children. All the spouses acknowledged that the death of their parent was very significant for their children and did have an impact on their lives and day to day functioning. This finding stands in contrast to what Holland (2001:50) and Pennells and Smith (1995:7,9) originally thought, that many adults do not feel their children are able to understand death and therefore cannot comprehend that they also experience the same range of emotions associated with death and grief. Instead, what this finding does reflect is that all the respondents would tend to agree with Wolfelt (in Webb, 2002:13) who believes that children do indeed grieve and as much as they loved their parents when they were alive so too will they miss and mourn for them when they have passed away. In many instances, the widowed parents were so aware of this fact that they were willing to put their own needs aside, and first attend to their children's needs. Implying that they felt that if their children's grief was being attended to, then they would be able to cope better with the loss themselves and in this way meet their own needs.

CHAPTER FOUR : SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

4.1   INTRODUCTION

In this final chapter the researcher will present the overall summary, conclusions and recommendations of the study in order to bring closure to this research process.   Thereby, determining the success of the study in terms of answering the research question and/or ascertaining if further investigations are needed, as well as the implications thereof for use in social work practice in dealing with families of children in early and middle childhood who have lost a parent through death.   The researcher will present this chapter by providing a brief summary of each chapter, as well as conclusions and recommendations for each chapter, after which the research question and objectives of this study will be evaluated.

4.2   CHAPTER 1 : GENERAL INTRODUCTION TO THE STUDY

4.2.1   SUMMARY

The topic of this study was the needs of widowed parents in assisting their children in the grieving process. Chapter one provides an introduction and general orientation to the study so that the reader can gain a comprehensive understanding of the research topic, as well as the procedure and methodology used by the researcher in her study of the said topic.   In other words, it provides the reader with the plan of how the study was conducted and what the researcher hoped to discover from the study.

The researcher began the chapter by discussing the rationale for the study, in other words, the motivation behind the choice of study. The researcher chose this specific research topic for a number of reasons, primarily, based on her own observations and contact of her external world as the researcher had either come into direct contact with, or become aware of families in her community where one of the parents in families with children in early and/or middle childhood had passed away. Lewis (1999:148) states that "... the loss of a significant person is always traumatic for the child in some way. The closer the person is to the child and the more important the deceased's role in taking care of the child, the more traumatic the loss". The author also states that "... the effects of bereavement seem to be worse when children are not helped to understand and resolve their loss ... and ... the child's reaction to the trauma and long-term consequences can be influenced enormously by the response of caring adults" (Lewis, 1999:147).

Secondly, in taking the above author's statements into account, it became evident that the

research topic fits within the social work context as bereaved families may turn to the social work profession for guidance and assistance in understanding and resolving their loss. Therefore, the researcher was of the opinion that, it would be of value to gain knowledge of the specific needs of the widowed parents in helping their children through the grieving process in order to offer these families more direct, focused and valuable guidance and assistance.

The goal of the study was therefore:

> To explore the needs of widowed parents in assisting their children in the grieving process.

The objectives of this study were:

- To undertake a literature review in order to:

  - conceptualise the grieving process of the child within the early and middle childhood developmental phases.

  - identify the needs of the widowed parents in assisting their children in this process as perceived by various authors.

- To explore the intervention strategies that have been undertaken to meet the needs of widowed parents in assisting their children in the grieving process.

- To explore, through empirical study, the needs of widowed parents in assisting their children with the grieving process.

- To come to conclusions and make recommendations regarding the needs of widowed parents in assisting their children with the grieving process in order to better understand this phenomenon which will be of value to the social work and other helping professions in offering widowed parents more direct, focused and valuable guidance and assistance in helping their children through the grieving process.

The research question that this study attempted to answer was, **"What are the needs of widowed parents in assisting their children in the grieving process?"**

As the aim of this study was to explore and gain an understanding of the needs of widowed parents' experiences including their behaviour, thoughts and emotions, in assisting their children in the grieving process, rather than find an explanation thereof, the researcher made use of a qualitative approach. The researcher used applied research for her study, as it was hoped that the information gained would provide further knowledge to help the social work profession in assisting widowed parents and their children in the grieving process. Furthermore, the researcher made use of a phenomenological research strategy to enter the life world of the widowed parents.

The researcher gathered the data for the study by means of semi-structured one-to-one interviews, with the use of an interview schedule in order to gain a detailed picture of the widowed parents' perceptions and experiences of helping their children come to terms with the loss of one of their parents. The data collected was analysed according to themes and sub-themes as presented in chapter three. Included in this analysis and presentation of the data were interpretations, based on the researcher's own thoughts and insights from her knowledge and skills as well as verification of the data using information gained from the literature review in chapter two. This aspect is discussed further in paragraph 4.4 of this chapter.

For this particular study the researcher made the decision not to undertake a pilot study. The main motivation being, that the number of respondents known to the researcher were limited, and based on the sensitive nature of the research topic, in the researcher's opinion, it was not ethical to carry out a pre-test with no further contact or follow-up. Therefore, the only form of a pilot study which the researcher undertook, was to consult with the supervisor and lecturers at the University of Pretoria, to ascertain whether the information which the researcher covered in the interview schedule was relevant to the study.

Respondents for the study were identified and chosen primarily through a non-probability sampling technique of purposive sampling. As the initial number of respondents were limited, the researcher also made use of the snowball sampling technique to further increase her sample. Respondents were therefore selected based on the specific topic of the study with the following criteria:

- Respondents lived in Polokwane, Limpopo Province and Durban Upper Highway Area, Kwa-Zulu Natal.
- Respondents had lost a spouse in the past three years at the time of the interviews.
- Children of the respondents were in early and/or middle childhood when the loss occurred.

The researcher also had to take into account ethical issues that would arise during the study. Respondents may have been subjected to emotional and/or psychological harm due to the emotional and painful life circumstance they would have experienced in losing a spouse.   The researcher had to inform them of what they would be required to discuss, prior to the interview, and allow them an opportunity to withdraw if they so felt. Secondly, it was imperative that the researcher obtained written informed consent from the respondents in which they were fully informed of all aspects of the investigations. Although it would not have occurred deliberately, the researcher had to be aware at all times that the respondents would not be deceived in any way.   The researcher also had to ensure the confidentiality of the respondents and the

information given during the interviews and inform them that the findings would be published and if they so wished, they would be able to have full access to the results once the study was completed. Finally, as the topic of the study was very sensitive and painful in nature, the researcher had to make provision for debriefing should the need for this arise.

Finally, the chapter ended with a definition of the key concepts of the study, namely, needs, widowed, parents, children, assisting and grieving process.

4.2.2   CONCLUSIONS

The researcher came to the following conclusions regarding this study based on chapter one:

- The death of a parent is traumatic for a child, and the effects of which appear to be worse when the child is not assisted in understanding and resolving the loss.
- The remaining parent, now a widow/widower, is usually the person who has the most involvement and influence in helping the child to resolve his or her loss.
- The information gained from this study is of value to the social work profession as optimal intervention is often hindered by a lack of knowledge. Therefore, through conducting research and thereby by gaining more knowledge of the needs of widowed parents in assisting their children through the grieving process, the study may assist social workers to offer more direct, focused and valuable guidance to the widowed parents as they and their children work through this painful life circumstance.
- The information gathered from this study can also assist the researcher in her private work with children in early and middle childhood who have lost a parent through death.
- The semi-structured one-on-one interviews with the use of an interview schedule was effective and enabled the researcher to gain the required information from the widowed parents for her study.
- The goal and objectives of the study were met, as well as the research question, "What are the needs of widowed parents in assisting their children in the grieving process?" was answered. This was done by the researcher being able to gather information regarding the needs of widowed parents in assisting their children in the grieving process. Firstly, this was achieved through an in-depth literature study and secondly, by using a qualitative approach, conducting semi-structured one-to-one interviews with the use of an interview schedule with widowed parents who have children in early and/or middle childhood.
- The researcher was able to analyse and present the data collected from the interviews, dividing it up into themes and sub-themes as presented in chapter three of the study.
- From this, conclusions and recommendations for practice and further research could be made, as presented in this chapter.

4.2.3   RECOMMENDATIONS

The researcher recommends that further research be conducted on the following:

- This study was only conducted with a very small sample size and a limited population boundary. Therefore, it is possible that this study could serve as a basis for further in depth investigations of the research topic within a wider population boundary of respondents and with children of other age groups whose parents have died.

The researcher recommends the following on the research process and methodology:

- The researcher recommends that the findings of this study be made available to professionals in the field of practice where children are involved as this information could prove invaluable in the services they offer to parentally bereaved families.
- Due to the fact that it was difficult for the researcher to identify and come in to contact with respondents through the proposed sampling methods, the researcher recommends that other sampling methods be explored. Three possibilities are advertising in a local newspaper and requesting people to respond, advertising at funeral homes, and finally involving local schools by requesting that newsletters be sent home.
- Informing relevant service providers, such as crisis centres, clinics and private practitioners, of the research results so as to assist them in their service provision to parentally bereaved families.

4.3   CHAPTER 2 : LITERATURE STUDY

4.3.1   SUMMARY

In chapter two the researcher endeavoured to discuss, in detail, the relevant literature related to the study. The researcher divided the chapter into two main sections, namely, the grieving process of children in early and middle childhood, and the needs of widowed parents in assisting their children through the grieving process.

The researcher began the section on the grieving process of children by first making a distinction between early and middle childhood developmental stages and giving a short description of each of these stages. The researcher then focused on the following aspects:

- Children's understanding of death;
- Children's reactions to the death of a loved one;
- The grieving process of parentally bereaved children.

Children between the ages of three and five years view death as a temporary state and something they can change despite the reality they have been told and experienced. They find it difficult to understand that death is final and that the person will not be coming back. As their thinking is very egocentric they tend to think that the parent has died because of something they said or did and that they then also have the ability to bring them back again. Therefore, the biggest challenge in this developmental stage is helping the children understand the finality of death (Webb, 2002:4-5).

In contrast, children in middle childhood are able to understand the irreversible, inevitable and universal nature of death (Webb, 2002:4). They are also able to comprehend that death occurs because of something external and they have no control over it. Therefore, as children in this developmental stage are able to understand and comprehend the reality of death they should be given more details regarding their parents' death to help them work through their grief (Dyregrov, 1991:11-12).

Children react to death in a number of ways. Some of these reactions may depend on their developmental stage, gender, the type of death and their relationship with the deceased person. One of the most common reactions of children in early childhood is a heightened dependency. They will show a lot of separation anxiety, become clingy, cry a lot and need reassurance from the remaining parent. Children in this developmental stage may also show regressive behavior after the death of a parent. These behaviors include wetting and soiling of clothes, sleep disturbances, acting out and temper tantrums (Dyregrov, 1991:43). Children in middle childhood may also show regressive behavior after the death of a parent, and lose the sense of control they previously had over their world (Scholzman, 2003:91). The loss of a parent in middle childhood, often has a negative effect on the child's schoolwork and peer interactions as well as on the child's emotions. The child may experience more aggression, become depressed and withdrawn, and be overwhelmed by feelings of anxiety and guilt (Dyregrov, 1991:44-45).

The literature showed that the following reactions were common in both developmental stages. They are, sleeplessness or changes in sleeping patterns, social withdrawal, personality changes, regressive behaviour, difficulty with schoolwork, fear and anxiety, and physical symptoms such as headaches, stomach aches and sore muscles.

Before discussing the grieving process of children the researcher first distinguished between bereavement, loss, grief and mourning as these are often used interchangeably, yet, each has their own separate meaning when discussing death and the grieving process. During her exploration of the grieving process of children, the researcher found that no two authors refer to the same process and came across a number of different processes. Some authors did not

even discuss a grieving process but rather concentrated on emotions and behaviours of children, as they grieve the loss of a parent. The researcher chose to discuss the stage model of loss, the task model of loss, the psychological task model and the continuing bonds model of loss as these appeared to be the most relevant grieving processes of children. The researcher was also able to identify correlations between these grieving processes and the literature findings regarding children's understanding and reactions to the death of a parent.

The second section of the literature review dealt with the actual needs of parents in assisting their children in the grieving process. In this section the researcher focused on the following:

- The important role that widowed parents play in assisting their children in the grieving process.

  - The emotions of widowed parents, including; numbness and shock, anger, guilt, sadness, depression and loneliness.

  - Challenges faced by widowed parents including having to tell their children about their parents' death, attending to their own grief and their children's grief simultaneously, financial burdens, maintaining stability in the home and changes in their roles and relationships with their children.

  - Maslow's hierarchy of needs. The researcher discussed how each of these needs could be affected by the changes that take place when a spouse dies, especially when the widow/widower still has the responsibility of taking care of children, in early and middle childhood.

- Support systems. The researcher examined the widowed parents' need for support systems to help them cope with their own grief and their children's grief. The kinds of support systems that are generally utilised and available to widowed parents, including family, friends and professional support systems, were explored. How these support systems can best assist widowed parents was also discussed.

4.3.2 CONCLUSIONS

- When a parent dies children are affected in a variety of ways and on all levels, in other words, emotionally, psychologically, cognitively, socially and physically. Having an awareness and understanding of all these aspects, for both the remaining parent and professionals, is important in order to assist them through the grieving process.

- The literature review highlighted the fact, that when dealing with children and bereavement, the focus is not so much on an actual grieving process, but rather that one recognises that, grieving is a process of healing that children naturally undergo as they come to terms with the loss, and as they find stability and balance in their lives again.

- The literature appears to show that the needs of widowed parents are diverse. Not only do they have to deal with their own grief and the changes taking place in their own lives but at

the same time they are required to be sensitive to how the death has affected their children. Therefore, they are left with a very daunting task of having to resolve their own loss and at the same time help their children work through the loss as well.

- The literature also showed that support systems are vital in helping meet the needs of widowed parents. The more support they receive, the more they are able to offer their children the comfort and support they need to resolve the loss.

- Although the researcher is of the opinion that the information provided in the literature study was sufficient for this investigation, she did find that a great deal has been written, especially by professionals, about the grieving process of children and what they go through when a parent dies. However, very little is written specifically on the needs of the widowed parents from their perspective and the challenges they face as they deal with their own grief and the grief of the children in early and middle childhood. Therefore, the researcher found that there is a need for literature on this aspect of the study topic.

  - The process of conducting this literature review has been of great value to the researcher in her private practice with children and their families, as she often deals with families who have experienced the trauma of losing a parent through death.

4.3.3   RECOMMENDATIONS

- The death of a parent/spouse is very traumatic for the remaining family members and all of them need to be given a lot of comfort and support to help them through this difficult time. Therefore, there is no doubt that the social work profession should have knowledge on this research topic in order to provide optimal intervention and assistance to the parentally bereaved families.

- Further research is needed, specifically regarding the widowed parent's needs and experiences in assisting their children through the grieving process.

- Further literature is needed on the needs of widowed parents, so that a more valuable service can be offered to widowed parents and their children, by social workers, psychologists and other professionals who may give assistance to these families.

- Further research on how the children experience their parents' involvement in assisting them through the grieving process could also be helpful to both the widowed parents and helping professions.

4.4   CHAPTER 3 : EMPIRICAL STUDY

4.4.1   SUMMARY

The aim of this chapter was to present the actual findings of the study undertaken by the researcher. The researcher used a qualitative approach, conducting semi-structured one-on-one interviews, with an interview schedule in order to gather the information for the study from the respondents. The researcher presented her findings according to themes and sub-themes identified from the information gained from the interviews as presented in chapter three.

The researcher interviewed seven respondents, whose spouses had died in the past six months to three years at the time of the interview. All the respondents had children in early and/or middle childhood when their parent died. In most of the instances, excluding two, the spouses had died very suddenly and unexpectedly leaving them in a state of shock and disbelief.

The first demanding challenge that the widowed parents had to deal with, was to muster up the courage to face telling their children about the death. In the study, the researcher found that all of the respondents chose to be open and honest with their children, telling them exactly what had happened and using words so that they could best understand according to their developmental levels. However, the study showed that even after having done this the widowed parents were often required to repeat this exercise. Especially, in the instances where the children are still in early childhood, the parents had to continue telling them over a period of time, about their parents' death as it took them a while to come to understand and accept the final nature of the death. For those respondents with children in middle childhood who were able to understand the permanent nature of death, the challenge lay in helping them to accept and come to terms with the death. In most of the instances, the children were given the reassurance of an after life in heaven and this appeared to help them in accepting their parents' death. As part of this process of accepting and coming to terms with their parents' death, in most instances, the respondents allowed their children to attend the funeral as a way of saying good-bye to their deceased parents.

In terms of grieving, the respondents related that the children reacted in a wide variety ways to the death of their parents, especially on an emotional and behavioural level. Many of the children would cry and talk about how much they missed their parents. A few of the children appeared to show signs of depression in that they would become very quiet and withdrawn. As a way of feeling close to their deceased parents some of the respondents' children would keep items belonging to the deceased parents in special places or close to them. One respondent's child, whose mother had died while he and his dad were out fishing for the day, struggled with feelings of guilt. He would wonder what would have happened if they had stayed at home that day and if there wasn't anything they could have done to prevent her death.

The respondents related the following behavioural problems that they observed in their children that they felt were directly related to their grief:

- Maintaining routines and boundaries that were instilled when the deceased parent was still alive and accepting the change in roles and relationships with the widowed parents;
- Adverse affect on schoolwork;
- Regressive behaviour;
- Acting out;
- Aggression.

The most surprising results the researcher found were those of the respondent living in a rural community. She related how she had not witnessed any symptoms of grief in her children. Both the respondent and researcher could only attribute this to the fact that these children have been exposed to a lot of death within their family and the community in which they lived. They have, therefore, come to accept death as a way of life and when they hear of someone being ill, they naturally assume that they are going to die. So when their father died, this was not a huge shock for them and they accepted it as part of life.

Overall, the researcher found that all the children were allowed to openly express their grief and at the same time receive the love, comfort and support which they needed from their widowed parents in order to resolve the loss.

The next part of the chapter focused on the widowed parents' own grief and the researcher found that loneliness was the most common element in this theme. When exploring how the respondents were grieving together as a family the researcher found a difference in approach as compared to the literature. All the respondents felt that it was important that their children be allowed to express their grief, but did not feel that it was appropriate for them to express the full extent of their grief in front of their children. The researcher found that the main motivation for dealing with the situation in this manner appeared to be that the respondents felt they had to stay strong for their children and didn't want to burden them with their own grief, or cause their children to feel that it was their responsibility to help their parents through this difficult time.

The researcher also explored the impact that changes in the respondents' circumstances had on the grieving process of their children and the challenges that this brought for the widowed parents in assisting them through the grieving process. One of the respondents had remarried and another was in a very serious relationship. Both the respondents shared how entering into a new relationship resulted in them being faced with new challenges. Firstly, helping their children accept this new person in their lives and, secondly, being sensitive when expressing

their grief so as not to cause their new partner to feel inadequate or that they are not loved as much as the deceased.

Furthermore, the researcher also explored the influence that the death had on the widowed parents' functioning in relation to Maslow's hierarchy of needs. Four of the respondents were from a middle class community who had good stable jobs and were still able to provide financially for their family. Two of the respondents were from a low income socio-economic group and both their deceased husbands had been the sole breadwinners. Therefore, to a large extent, their basic needs dominated over their emotional and psychological needs. The last respondent had been suspended from work and so he did face some financial strain but had a lot of support from his family and church community who helped him to meet this need. Therefore, overall he was identifying needs on a higher level of Maslow's hierarchy.

Finally, the researcher explored the role that support systems played in helping to meet the respondents' needs in assisting their children through the grieving process. The researcher found that all of the respondents had relied on and needed the support of informal support systems, namely, family, friends and churches. However, only a few of the respondents had used professional support in the form of general practitioners, psychologists, play therapists and bereavement support groups. Despite the vast amount of literature, very few of the respondents consulted books to help them understand and deal with their children's grief.

The results of this study enabled the researcher to reach certain conclusions and to make recommendations regarding the needs of widowed parents in assisting their children through the grieving process as follows:

4.4.2 CONCLUSIONS

- In many instances where families $$have children in early and middle childhood, the death of a parent is sudden and unexpected, rendering the remaining family members in a state of shock and disbelief. Therefore from the onset, the needs of widowed parents become evident as they struggle to overcome their own emotions of shock and disbelief and at the same time have to help their children work through similar emotions.
- All of the respondents appeared to understand the necessity of being open and honest with their children regarding their parents' death in order to assist them in coming to terms with and accepting the death.
- In allowing the children to attend their parents' funeral the widowed parents gave them an opportunity of formally saying good-bye and began an open path for them to grieve.
- The researcher found that the same emotions and behaviours associated with children's grief, which were explored in the literature review, could be identified in the respondents'

children of this study.

- Although still difficult and painful, the researcher found that overall most of the children were coping relatively well with the death of their parents, and attributed this to the widowed parents' ability to allow them to grieve openly and offer them the love, comfort and support they needed during this time.

- Loneliness appeared to be one of the most significant needs. All the respondents related how this had been the hardest part of their grieving process. The researcher attributed this loneliness to two factors. Firstly, the loneliness of not having a companion and adult company on a daily basis when at home with the children, and secondly, the feeling of no one knowing or understanding what they are experiencing and always being available to offer them comfort and support when they need it most.

- The sub-theme of grieving together as a family appeared to highlight a very important need and one that even the respondents appeared to find difficult to meet. It appeared to the researcher that the respondents did not find it difficult to allow their children to openly share their grief and they would openly share and talk about the deceased with their children. However, they did not feel comfortable to freely express all the aspects of their own grief with their children. The main reason was to shield the children from the widowed parents' pain and not make them feel responsible for helping them feel better. This meant, that to a large extent, the families never truly grieved together in the ways explored in the literature review. The researcher felt that this could be problematic for two reasons. Firstly, the widowed parents may repress certain feelings which could result in an emotional trauma later on in life and, secondly, the children may start to feel that they too shouldn't share their sorrow openly, and in so doing they may end up not working through their grief and resolving the loss.

- Anniversaries and special occasions have an important part to play in the grieving process. It gives the family an opportunity to remember the deceased and make a point of talking about the deceased and their feelings surrounding the loss, giving them a chance to step back and mourn over the loss again and remind the children that even if things have changed, their deceased parent will never be forgotten and will always be a part of their lives.

- Although finding a new partner offered the respondents comfort and support and fulfilled their needs of loneliness, it also brought about other complications. Firstly, and perhaps the most difficult is helping the children to accept this new person in their lives and not see them as a threat or someone who has come to take their deceased parents' place. Secondly, even though the need of loneliness is fulfilled, the widowed parents are still left with the dilemma of having to be sensitive to openly sharing their grief within the family structure. Now, not only do they have to consider their children's reactions to their grief but also that of their new partners so as not to hurt them or make them feel less loved compared to the deceased parent.

- The researcher concluded that when exploring the needs of widowed parents Maslow's

hierarchy of needs can be utilised. However, one needs to be cautious not to make generalisations in this regard. Consideration needs to be made for the fact that each widowed parents' needs are unique and individual, depending on their circumstances and this will determine where they are functioning on the hierarchy. These needs can therefore, also change as the widowed parents' circumstances change even though the family may still be in the process of grieving.

- From the findings the researcher was able to conclude that in terms of support structures, family, friends and churches appeared to be play the most significant role. Without this support many of the respondents said that they would not have been able to cope with their grief or that of their children.

- The findings also appeared to show that the widowed parents appeared to make use of informal support systems far more than professional support systems. The researcher felt that this may have been based on a number of reasons. Firstly, informal support systems are far more accessible and the widowed parents usually don't have to ask for this support. However, if they need professional support they would probably need to go out and find it themselves, and in some instances it appeared that the respondents did not have the practical means to do so. Secondly, the researcher sensed a psychological struggle and/or stigma attached in reaching out to professionals. By asking for professional help, the respondents saw themselves as being inadequate and weak and not able to cope.

- The researcher found that many of the respondents did not make use of literature to help them understand and deal with their children's grief. This led the researcher to conclude that, in terms of this study, in spite of the wide variety of literature being available, this is not a resource that many of the respondents felt they needed.

- Overall the researcher found that it appeared more important to the widowed parents that their children's needs be taken care of above their own.

4.4.3 RECOMMENDATIONS

4.4.3.1 RECOMMENDATIONS FOR HELPING PROFESSIONALS

- Professionals need to find ways to make their services known and more accessible to bereaved families.

- The stigma attached to needing professional therapy needs to be addressed. Widowed parents need to be empowered so as not to feel helpless and weak, even though they may need professional assistance to help them through this difficult time.

- A list of recommended resources, including literature, web sites and professionals trained to deal with bereavement needs to be made easily accessible to widowed parents.

- Widowed parents should be encouraged to make use of these resources, especially the wide variety of literature to help them understand and cope with their children's grief.

- Professionals need to gain knowledge on the diverse needs of widowed parents in assisting their children through the grieving process, and be equipped with the tools in order to offer them more direct, focused and valuable guidance and assistance.
- The researcher strongly recommends that an intervention program, which assists the parentally bereaved family to grieve as a whole, be explored. This could be achieved through a group therapy program, which all the family members attend.

4.4.3.2 RECOMMENDATIONS FOR FURTHER RESEARCH

- It is recommended that further research be done in assessing the children's experience of what their needs are in terms of their widowed parents assisting them through the grieving process. This would then increase the knowledge base from both sides, in other words, from the perspective of the widowed parents and their children. In this way, the helping professions would be able to offer more focused and valuable assistance to these families.
- Further research is needed to explore how the widowed parents and their children can be assisted to grieve together as a family so that all the family members, including themselves, could feel that they have shared their grief together.
- A further study focusing on intervention strategies from the social work profession to bereaved families of children in early and middle childhood could be conducted. This would be helpful in ascertaining the availability and effectives of these services.
- As informal support systems such as family, friends and churches appear to be the most utilised by widowed parents, research could be conducted into how these support systems can be empowered to optimally help widowed parents in assisting their children through the grieving process.

4.5   EVALUATION OF THE RESEARCH QUESTION AND OBJECTIVES OF THE STUDY

4.5.1   RESEARCH QUESTION

The research question for this study was: **What are the needs of widowed parents in assisting their children in the grieving process?**

In terms of this study the researcher is satisfied that the research question was adequately met. Although generalisations cannot be made from this study as only seven respondents were interviewed, the researcher is of the opinion that a great amount of rich data on the study topic was gathered.

4.5.2   OBJECTIVES OF THE RESEARCH

The objectives of the study were met as follows:

NO.	OBJECTIVE	ACHIEVEMENT OF OBJECTIVE
1	To undertake a literature review in order to: - conceptualise the grieving process of the child within the early and middle childhood developmental phases. - identify the needs of the widowed parents in assisting their children in this process as perceived by various authors.	This objective was attained as reflected in the discussion presented in chapter two.
2	To explore the intervention strategies that have been undertaken to meet the needs of widowed parents in assisting their children in the grieving process.	This objective was achieved through the section in chapter two, the literature review, which discussed what can be done to assist widowed parents and the role of family and friends and professional support in providing assistance to parentally bereaved families. In chapter three this objective was met through the researcher exploring with the respondents what support structures, both formal and informal they had made use of in assisting their children in the grieving process.
3	To explore through empirical study the needs of widowed parents in assisting their children with the grieving process.	This objective was met through the presentation of a detailed discussion in chapter three on the qualitative findings of the researcher's investigations through semi-structured one-to-one interviews with widowed parents of children in early and/or middle childhood.

NO.	OBJECTIVE	ACHIEVEMENT OF OBJECTIVE
4	To come to conclusions and make recommendations regarding the needs of widowed parents in assisting their children with the grieving process in order to better understand this phenomenon which will be of value to the social work and other helping professions in offering widowed parents more direct, focused and valuable guidance and assistance in helping their children through the grieving process.	This objective was achieved through the discussion as presented in this chapter.

4.6   FINAL SUMMARY

The phrase "grieving process" seems to imply a set of pre-required steps that a person has to go through, in a chronological order, and once they have completed all these steps they would have worked through their grief and be able to continue with their day to day lives. However, in reality the picture is very different. Grieving the loss of a loved one involves much more than just a process of steps as was clearly shown in the study. It encompasses a wide range of tasks, emotions, thoughts and behaviours. Therefore, in terms of helping to meet the needs of widowed parents in assisting their children in the grieving process, one cannot just make assumptions and based on this follow a set formula. Families, with children in early and middle childhood, who have lost a parent through death, find themselves in a very vulnerable and fragile state. The way they deal with the loss, and the support they are given both informal and formal, can have a very significant impact on the future functioning of the remaining family members both individually and as a whole. Therefore, it is imperative that those assisting the family through the loss have knowledge of their needs so that they can assist them in a way that can bring about healing and restoration.

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ADDENDUM A

THE NEEDS OF WIDOWED PARENTS IN ASSISTING THEIR CHILDREN IN THE GRIEVING PROCESS

INTERVIEW SCHEDULE

1. Background information on death of spouse.
   1.1   How and when did the death occur?
   1.2   How many children do you have, and their gender?
   1.2   How old was your child/were your children when the death occurred?
   1.3   How old is your child/are the children now?

2   Information on child's/children's grief.

2.1   How did your child/children initially react to the loss?

2.2   Could you tell me about how your child/children has/is expressing his/her grief?

2.3   What part of your child/children's grieving process did you/are you finding the most difficult to deal with?

2.4   How is your child/children coping now?

3.   What difficulties have you experienced in terms of dealing with your own grief and your child/ren's simultaneously?

4.   What did you do/are you doing to take care of yourself and your own grieving process?

5.   Was there any literature that you referred to?

6.   Which of the literature you referred to did you find the most useful?

7.   Did you seek any professional help for yourself or your child/ren?

8.   If one was available would you have made use of a support group for bereaved families of spouses with children?

9.   At what point did you feel you needed the most help?

10.   What was the most helpful assistance you have received?

11.   Looking back, is there some professional assistance you could really have needed but were not able to make use of/or was not at your disposal?

12.   How are you coping now?

13.   Is there any professional assistance you still require?

ADDENDUM B

CONSENT FORM

Participant's Name _____   Date _____

Principal Investigator: Lana Smith
                            B A Social Science

Informed Consent
1. *Title of the Study:* The needs of widowed parents in assisting their children in the grieving process.
2. *Purpose of the Study:*   The purpose of the study is to determine the needs of widowed parents in assisting their children in the grieving process in order to fill a knowledge gap within the social work profession of how it can best assist widowed parents with this task.
3. *Procedures:* I will be required to conduct a one-to-one interview with the researcher where I will be required to answer questions pertaining to the purpose of the study. The interview will take approximately 1 to 2 hours.
4. *Risks and discomforts:* There are no known medical risks or discomforts associated with this study, although the content of the one-to-one interview will be of a personal and emotional nature which may cause some stress and anxiety. Debriefing sessions may be arranged after the one-to-one interview if required.
5. *Benefits:* I understand that this study will have no immediate benefit to myself.   However, the results of the study will help the social work profession gain a better understanding of the needs of widowed parents in assisting their children in the grieving process. Should the results indicate that the service profession should offer specific intervention programs then these may be established in the future.
6. *Participants Rights*: I may withdraw from participating in the study at any time.
7. *Financial compensation*: I understand that there is no financial compensation for my participation in this study.
8. *Confidentiality*. All information obtained during this study will be kept confidential and will only be used for research purposes. I understand that the results may be published in the form of a mini-dissertation.
9. If I have any questions or concerns, I can contact the researcher, Lana Smith at 083 518 1477 at any time.

I understand my rights as a research subject, and I voluntarily consent to participation in this study. I am aware that the interview session will be recorded so that the researcher will be able to transcribe and analyse the information later and that all records will be destroyed after release of the results for the degree. I understand what the study is about and how and why it is being done.

Subject's Signature   _____   Date _____

Researcher's Signature _____   Date _____

Lana Smith   23273438

ADDENDUM C – BACKGROUND INFORMATION OF RESPONDENTS

RESPON DENT	GEN DER	DECEAS ED PARENT S' GENDER	CAUSE OF DEATH	GENDER AND AGE OF CHILDREN AT TIME OF DEATH	TIME FRAME BETWEEN DEATH AND INTERVIEW	AGE OF CHILDREN AT TIME OF INTERVIEW
A	Female	Male	Stroke	**Girl - 2 yrs, 10 months*** **Girl - 2 months***	2 years, 2 months	**5 years*** **2 years, 4 months***
B	Female	Male	Prolonged illness due to alcohol poising	**Boy - 9 years*** Girl - 15 years	2 years, 7 months	**12 years*** 18 years
C	Female	Male	Car Accident	**Boy - 10 years*** Boy - 15 years	5 months	**10 years*** 15 years
D	Female	Male	Car Accident	**Boy - 5 yrs 11 months*** **Boy - 17 months***	2 years	**8 years, 11 months*** **3 years, 6 months***
E	Female	Male	Gun shot	**Boy - 4 years*** **Girl - 10 years*** Girl - 14 years Girl - 15 years Boy - 19 years Girl - 24 years	1 year, 1 month	**Boy - 5 years*** **Girl - 11 years*** Girl – 15 years Girl – 16 years Boy – 20 years Girl – 25 years
F	Female	Male	Asthma/TB	**Girl - 1 year, 9 months*** **Boy - 7 years, 10 months*** **Boy - 8 years, 9 months***	6 months	**2 years, 3 months*** **8 years, 4 months*** **9 years, 3 months***
G	Male	Female	Head injury/epileptic seizure	**Boy - 10 years***	8 months	**10 years, 8 months***

* Referred to in research study