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**SENIOR PRIMARY SCHOOL CHILDREN'S EXPERIENCE OF  
THE DEATH OF A PARENT:  
GUIDELINES FOR ASSISTING BEREAVED CHILDREN**

by

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## OPSOMMING

Daar is voldoende bewys dat die dood van n ouer gedurende die vormingsjare van die kind, wat ook die laerskool jare insluit, n negatiewe uitwerking op die aanpassing van die bedroefde leerling kan hê. Die huidige statistiek dui ook aan dat daar moontlik baie meer kinders hulle ouers aan die dood as gevolg van noodlottige siektes soos vigs, oor die volgende aantal jare kan verloor. Teen hierdie agtergrond, is die studie onderneem.

Die probleemstelling is soos volg geformuleer:

- \* watter faktore en ooreenstemmende ervarings beïnvloed die aanpassing van die bedroefde senior laerskool leerling?
- \* watter riglyne vir berading kan voorgeskryf word om die bedroefde senior laerskool leerling by te staan?

Die doel van die navorsing is derhalwe:

- \* om die faktore en ooreenstemmende ervarings van die bedroefde leerling te verken en te beskryf, en
- \* om riglyne daar te stel vir berading aan bedroefde senior laerskool leerlinge.

Omdat die navorsing daarop gerig is om n' in-diepte-studie van die faktore en ooreenstemmende ervarings van die bedroefde senior laerskool kind te onderneem, is die kwalitatiewe navorsingsbenadering gevolg. Data is deur middel van fenomenologiese onderhoude en direkte waarneming ingesamel. Die data is volgens die beskrywende benadering ontleed.

Die resultate van hierdie empiriese ondersoek, is met relevante literatuur vergelyk, en unieke bydraes voortspruitend uit die onderhawige navorsing is geïdentifiseer. Temas wat deur die empiriese navorsing en uit die literatuur geïdentifiseer is, vorm die grondslag waarop riglyne vir die effektiewe berading van die bedroefde laerskool leerling neergelê word.

Uit die bevindinge van die navorsing, blyk dit dat die ondersteuningstelsels van die bedroefde leerling oor die algemeen nie baie effektief toegepas word nie. Hierdie gevolgtrekking is bereik na aanleiding van die beskrywings van die faktore en ooreenstemmende ervarings van die bedroefde laerskool leerlinge gedurende die onderhoude wat met hulle gevoer is, en nie deur enige kontak met die relevante ondersteuningstelsels nie.

Die probleem kom daarop neer dat alhoewel die nodige ondersteuningstelsels wel beskikbaar is, hulle blykbaar nie effektief toegepas word nie. Sekere komponente van hierdie ondersteuningstelsels is ook blykbaar nie voldoende vir die taak van ondersteuning nie. Volgens die literatuur, blyk dit dat van die ondersteuningstelsel komponente nie seker blyk te wees van watter ondersteunende taak hulle kan of mag bydra nie. Daar blyk ook grootliks onvoldoende kommunikasie en samewerking tussen die nodige ondersteuningstelsels te wees.

Teen hierdie agtergrond is die voorstel derhalwe dat n gemeenskaplike goedgeorganiseerde gekoördineerde benadering daargestel word, waarin al die ondersteuningskomponente bekwaam is en waarin hulle almal saamwerk om die bedroefde leerling te begelei sodat sy aanpassing nie sy toekomstige ontwikkeling onnodig belemmer nie.

## SUMMARY

Sufficient evidence exists to suggest that the death of a parent during the formative years of a child, which includes the senior primary school years, can have a devastating impact on the child's adjustment. Present available statistics in South Africa also suggest that many more school-going children will lose their parents over the next number of years due to a number of environmental factors, and also especially as a result of terminal illnesses such as HIV/AIDS. It was against this background that the study was undertaken.

The problem is formulated as follows:

- \* what factors and corresponding experiences influence the adjustment of senior primary school children who have been bereft of a parent?
- \* what guidelines can be prescribed to effectively assist children who have been bereft of a parent?

The purpose of the research is therefore:

- \* to identify and describe bereaved senior primary school children's perceptions of the death of a parent in terms of related factors and corresponding experiences; and
- \* to describe guidelines for assisting children who have been bereft of a parent based on the findings of the research.

Because the research is aimed at an in-depth study of the factors and corresponding experiences of bereaved children, the qualitative research methodology is employed. Data

is obtained through conducting phenomenological interviews, as well as through direct observation of the bereaved subjects during the interviews. The data is analyzed according to the descriptive research approach.

The present empirical research findings are compared with relevant accessible available literature, and unique contributions emerging from the present research is identified. Themes from the present empirical research as well as from the literature study are identified, and these themes form the basis for describing guidelines for the assistance of bereaved children.

The present empirical research findings suggest that the support systems of bereaved children are generally not very effective in terms of facilitating the bereavement process of these children. This conclusion was reached as a result of the bereaved children's descriptions of the factors and corresponding experiences related to the death of their parent, during the interviews only, and not through any contact with the support systems, which was beyond the scope of this study.

The problem is that although the relevant support systems are available, they don't appear to be very effective in their assistance of bereaved children. Certain components of the relevant support systems also don't appear to be adequately equipped/qualified for their supportive task in these circumstances. The literature suggests that some support systems appear to be uncertain regarding the supportive role that they can play or are expected to play. There also appears to be somewhat inadequate communication and cooperation between the various support systems.

Against this background, the suggestion is that a collective, well-organized, well-coordinated approach should be established, in which all the support system components are well qualified and well equipped, and in which they all cooperate in assisting bereft children so that their adjustment does not restrict their normal development.

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## CHAPTER 1

### ORIENTATION TO THE RESEARCH

#### 1.1 INTRODUCTION

Death, according to the Living Webster Encyclopedic Dictionary, is “**the total and permanent cessation of all the vital functions of a human being, both spiritual and physical**”. It is as much a part of the life process as what birth is, except that they lie at opposite extremes of the life cycle - birth is regarded as the commencement of life, while death is the termination of life, on earth. Every living organism will ultimately *perish*, either prematurely or at the end of the life cycle. Death is a fact of life which enters the world of the child as well as the adult. It can be a painful, and sometimes frightening experience, leaving the child in need of comfort and reassurance (Evans, 1986:43). This research is aimed at scholars who have been bereft of a parent, specifically those *scholars between the ages of nine years and fourteen years, that is, from middle childhood to early adolescence*. Although the main focus of the research is on the implications of the *death of a parent* for the child’s general adjustment, that is his/her social, emotional and educational adjustment, it is acknowledged that the loss of *any close family member* will also most likely disrupt the child’s general adjustment.

#### 1.2 PROBLEM ANALYSIS

According to Brenner (1984:43), the events which separate children from family members lies halfway along the childhood spectrum of stress. Every separation brings with it change, pain and dislocation. Permanent separation takes many months and

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involves a complex process. Evans (1986:44), states that the bereaved child faces the three-fold task of: coming to terms with death; grieving and; resuming the appropriate progression toward the development of a personality. Caretakers who are sensitive to children's grief can help them accomplish these tasks.

The reason why the target group of the research is specifically those scholar's who have been bereft of a parent, is because the parent plays such a major role in the formative years of the child. According to Papadatou (1991: 15-16; 29), there comes a time when the child is confronted with death, and needs to revise his/her thinking and perception. Sometimes the child's first encounter with death is a major loss, such as the loss of a parent. Although each loss brings unique and special problems for the child, the death of a parent is specifically threatening to children, because they depend on their parents for primary care and support, and inevitably, the whole system is shaken when part of the foundation is gone.

Robert G Stevenson (in Doka, 1995: 97), states that "even in the lives of the most protected children, death is a dark intruder in that *perfect* fantasy world". He makes the point that at least one child in twenty will be bereft of a parent before they graduate from high school, most often of their father. He goes on to mention that in primary school, each death of a parent touches every child who hears of it, triggering a fear that a similar fate could befall someone in that child's life. Also in high school, teachers should be aware of the probability that one or more of the pupils in every class that they teach has been bereft of a parent.

Because children and adolescents are in school for most of the day, the loss of a parent will also have implications for their adjustment in the educational environment, which may manifest in concentration problems, lack of motivation to learn, lack of energy, and disruption of the class, amongst others. These manifestations will most likely negatively



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impact on the child's school performance. Teachers need to be aware of the underlying causes of such behavior if they are to react appropriately, and, it is here where the educational psychologist has a major role to play, not only in terms of intervention, but also as a partner to the teacher and parent in acquainting pupil's with the subject of death. As implied earlier, the death of a parent will most likely have an impact on the learning process of the scholar, and it should thus be the subject of ongoing interaction between the home and the school systems, which will include the surviving parent, the teachers and the educational psychologist.

Contrary to what some adults may believe, there can be no doubt that children grieve, since evidence has shown that even babies as young as six months of age manifest early signs of separation anxiety when they find themselves without their primary caregiver for a significant length of time. What we as adults need to do, is to allow children to grieve when they have lost significant objects through death, even animals, and not protect them from a painful, yet vitally essential process. According to Lindsay and Elsegood (1996: 1-2), "the current perspective" on children and childhood in general, holds the "contemporary view" that children are neither able, or obliged to deal with their own grief unaided, and also assumes that dealing with children's grief is an "*appropriate role for health professionals*", which includes mental health practitioners.

It seems obvious that the actualization of grief is manifested in *mourning*. According to Altschul & Pollock (1988: 40 – 43), mourning may be defined as a human reaction to loss, and denotes the adaptation to the loss of meaningful love objects through death. Pollock uses the term *bereavement* for the adaptation process inherent in the death of a loved one, and suggests that this adaptation is brought about by the separation of the individual from an important love object. He furthermore proposes that the adaptation brings with it a psychic *disequilibrium*, and, the requirement for a new equilibrium based on the reality of the absence of the relevant figure, an alteration of the emotional investment in the lost object, as well as its significance for the bereaved.

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Pollock concludes that the adaptation requires a *reinvestment* in the self and in other objects, and the continuation of life without the deceased person, and that it is based upon the perception of reality, and the capacity to alter previous adaptations. The cardinal features of bereavement include psychic pain, anxiety, sadness, longing, anger, guilt, disappointment, and shame, which is associated with a depressed mood, sleep disturbance, crying, loss of interest in the outside world, and somatic complaints.

Altschul, et al (1988: 40-43), furthermore suggest that the process of mourning may be divided into *component phases*, which provide a fairly clear-cut overall pattern, despite individual and psychic variations. It includes a series of stages from *shock or numbing* at the loss, to *extreme attachment* (hypercathexis) to the lost object, often by means of memories, identifications, and yearning, in association with the affects of grief, and gradual bit by bit detachment (decathexis) of emotional interest in the lost object, and reinvestment in living, that is, in life itself.

The duration of the *first phase*, that is of shock or numbness may apparently vary from a few hours to one to two weeks. It represents a state of *psychic immobilization* as a result of the traumatic impact on the survivors, and will vary according to the opportunity for anticipation of the death, and the catastrophic, violent, or chronic circumstances of the death. It may also include a sense of disbelief or give way to panic.

The *second phase* of mourning is associated with intense psychic pain – crying, fatigue and lack of appetite are often expressions of acute grief, whilst longing and yearning are normally also experienced as time goes on. The yearning is accompanied by the repeated realization that the object is gone, which results in the depletion of the ego, and possible fluctuation of grief, while the reality of the loss sinks in. Regression, depression, sleep disturbances, loneliness, despair, irritability, and anger begin to evolve as the individual experiences the narcissistic depletion of life without the deceased.

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The *third phase* of mourning is a *reparative* one, which brings with it an integration that the love object is irrevocably dead; a decline in the emotional investment in the love object; an internal reparation of self and love object representations and; a gradual reorganization of, and reinvestment in life without the deceased. Altschul, et al (1988:10) believes that the death of a parent in the *formative years* seems to be an event of such magnitude, that it puts an **unusual strain** on the child's capacities, and therefore special attention must be given to the child's ability to cope with such losses. He notes that the types of reactions one is likely to observe in a child bereft of a parent, will depend on a great many factors, such as the cause of death; the age, gender, and developmental phase of the child; the developmental progress of the child up to the point of the loss; the innate capacities of a particular child and; *the type and kind of assistance that the child receives from the environment*.

Given these variables, many children may be overwhelmed by the loss of a parent, and may suffer a traumatic neurosis. Regression may occur, with previous ego gains being lost, so that a child may become enuretic or encopretic; develop nightmares and sleep disturbances; school phobias may become manifest and; the child will be sad and depressed. This is a not an uncommon finding in the acute phases of childhood parent loss.

In South Africa, it would appear that the unexpected death of a parent, and in many cases both parents, often through violent and unnatural causes, as well as diseases like HIV/AIDS, is on the increase. The province of Gauteng is notorious for its high incidence of rape, murder, robbery and hijackings, with many adults losing their lives in these situations. If one were to assume that many of these adults were also parents whose children are now bereft of the most important figures in their formative years, one can realize the need for a well structured and coordinated assistance program in the schools, where children spend most of the day. Such a program will assist them in coming to

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terms with their loss and grief, and hopefully facilitate their overall healthy readjustment.

### 1.3 STATEMENT OF THE PROBLEM

Failure to come to terms with the death of a parent by school-going children, may hold dire consequences, for these pupils, not only in terms of their social and emotional adjustment, but also for their educational adjustment. A certain standard of general adjustment is essential for any human being to function reasonably effectively in society, and children in their formative years especially should be given professional assistance in coming to terms with their loss.

As an educational psychologist, working extensively with school-going children, the present researcher has come to duly realize that part of the duty of the educational psychologist is to counsel children who have lost loved ones. However, it has also come to the attention of the present researcher, that the topic of death is a topic that not only children themselves, but also some teachers and parents, and even counselors tend to shy away from. Furthermore, research on the topic of coping with death by scholars in the South African context, has apparently not been extensively researched locally.

Against the background of the above discussion, the problem being researched may be formulated as follows:

- \* What factors and corresponding experiences influence the adjustment of the senior primary school pupil who has been bereft of a parent?
- \* What guidelines can be prescribed to effectively assist senior primary school pupil's who have been bereft of a parent?

#### 1.4 THE PURPOSE OF THE STUDY

The purpose of this research, therefore, is:

- \* to identify and describe factors and corresponding experiences related to the death of a parent, which may influence the bereft school pupil's general adjustment and;
- \* to describe guidelines for assisting pupil's who have been bereft of a parent, based on the findings of the research.

#### 1.5 PARADIGMATIC PERSPECTIVE

Because the description of the affects of the death of a parent on a pupil is an intimate and subjective description, the qualitative approach is selected for this particular research. For this reason, the *paradigmatic perspective* of the researcher is expounded.

The *paradigmatic perspective* of a researcher refers to 'the world-view that defines for the researcher the nature of the world, the individual's place in it, and the range of possible relationships to that world and it's parts' ( Denzin & Lincoln, 1994:107).

The present research follows a *qualitative paradigm*, and is concerned mainly with process. For this purpose, it is necessary to state briefly the *paradigmatic perspective* of the researcher.

##### \* **Paradigm**

The *paradigmatic perspective* of the present researcher is that of the *systems theory*, since the child as an individual exists within the given ecological part-system of his

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family, school and peer culture. The interpersonal relationships of the individual, family, peer group, and society are interdependent (Fennel, 1993:6 –7). The family home forms a component of the child's experience of events, and the assumption is that every individual in the family influences the functioning of the entire system (Van Niekerk, 1986: 124). The functioning of every part of the system is, in turn, individually and/or collectively influenced by the system. The permanent absence of one of the parts of the family system will inevitably have an effect on the others. The researcher believes that the effects of the death of a parent on the scholar, is not only influenced by developmental factors, but also by a wider environmental system, specifically by the degree of social, emotional and educational adjustment of the child within the family and school systems, at the time of the bereavement.

According to Jordaan & Jordaan (1989:40), human experience and action cannot be properly understood if they are divorced from the context in which they occur in everyday life. This serves as a pre-condition to grasping the actions and experiences that an individual may communicate.

Human experience and action can be studied by means of the *contextual analysis and synthesis of part-systems and sub-systems which together form a whole system*, where the term "system" is understood as being an open hierarchic organization which functions interdependently.

Jordaan & Jordaan (1989: 41–42), suggest that every human being functions within an *ecological*, an *intra-psychic*, a *physical* and a *metaphysical* part-system. They note that the *ecological part-system* emphasizes the interdependent relationship between the living organism and his environment. Added to this, they note that the human being is in contact with the natural-physical features of the world in which he lives. These features include the geographical environment, climatic conditions, population density, living conditions (at home and at school), and so forth. All these elements influence a person's experiences

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and behavior. They suggest furthermore, that a person's behavior and experiences are also elicited, maintained and changed through interpersonal relationships, which develop from the earliest contact with parents and other members of the family. Patterns of communication are established, and in the course of time, they are expanded to include significant others.

A person's experiences and behavior are also elicited, maintained and changed in group situations, which includes formal and informal groups of which the person is a member (such as his family), or becomes a member (such as his peer group at school). Each person interacts with the physical outside world, which includes, on the one hand, real physical objects, conditions, people and events, and on the other hand, with the symbolic outside world, which includes all knowledge and perceptions, and they also interact with an inner world. This all constitutes information about the outside world, which is absorbed by a person into his inner world, in accordance with how it is subjectively experienced and understood. The inner world, is therefore, a reconstruction of the outside world as the person sees and experiences it (Jordaan & Jordaan, 1989: 44).

The *intrapsychic part-system* is related to developmental stages, and includes the perceptual (to do with the senses), the cognitive (concerned with thinking, learning and remembering), the emotional (feelings), the dispositional (tendency to behave in a certain way), and the self (self-concept).

The *physical part-system* refers to the biological aspects of the human being, such as the quality of his physical faculties, and the state of his physical health, while the metaphysical relates to things pertaining to nature. The pupil bereft of a parent exists within all the part-systems mentioned, and as such, that which he believes and experiences, has a major influence on his perceptions of events in his life.

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The point being made, is that to understand a person, it is first necessary to grasp his inner world. This being the case, it is fair to assume that the level of development, as well as the quality of his family life, as well as his educational, peer group and societal adjustment within which the pupil bereft of a parent exists, will have a major influence on his ability to come to terms with the death of a parent.

### 1.6 CONCEPT CLARIFICATION

#### 1.6.1 The child and early adolescent

The child, which in this study includes the school-going pre-adolescent and early adolescent (between the ages of 9 years and 14 years), needs to interact with those on whom he is dependent for his physical and emotional wellbeing. Children with specific needs, including those children bereft of a parent, also fit this category.

Once a child manifests a problem, such as the inability to come to terms with the loss of a loved one, in this case, a parent, and the question of how he may be assisted with this problem arises, the territory of the educational psychologist has been penetrated (Van Niekerk, 1986: 33). The child is dependent on the educational psychologist to interact with him in order to help him overcome the obstacles that may prevent him from realizing his potential.

#### 1.6.2 The Family

For the purpose of this study, the family is viewed as the unit consisting of parents and their children.



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### 1.6.3 Death

Death is regarded as the total and permanent cessation of all the vital functions of a human being, both physical and spiritual, which includes the termination of their existence on earth.

### 1.6.4 Educational psychology

*Educational psychology* focuses specifically on problems affecting children during the course of their school career, whether the problem is of an intellectual, emotional, behavioral or academic nature. The sciences which play a role in addressing these factors include specifically psychology and education.

### 1.6.5 The educational psychologist

The *educational psychologist* is concerned with the development of the child in totality. In this research, the researcher as an educational psychologist interacts with the child bereft of a parent through collaboration and observation. He realizes that the child's emotional well-being has a major influence on the standard of his social, emotional and educational adjustment, and that the pupil bereft of a parents' ability to come to terms with his loss, may have implications for him to realize his full potential as a human being (cf Van Niekerk, 1986:43).

### 1.6.6 The task of the educational psychologist

Linking up with the previous paragraphs, the task of the educational psychologist is to diagnose problems preventing children from developing normally, and to treat the

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problem(s) through counseling, therapy or referral to other professionals. The educational psychologist, furthermore, is required to fulfil an advisory, preventative, guiding and therapeutic function in terms of the child with scholastic, emotional, and/or behavioral problems (Van Niekerk, 1986:43).

### 1.6.7 Guidelines

Guidelines in this context refers to processes and procedures provided by the educational psychologist for all parties involved in assisting the bereft pupil.

### 1.6.8 Methodological assumptions

In any *qualitative* methodology, *inductive* logic prevails. Categories emerge from informants, rather than being identified “a priori” by the researcher. This emergence provides rich “context” – bound information, leading to patterns or theories that may help explain a phenomenon (Cresswell, 1994: 153-157). The accuracy and reliability of this information, however, needs to be checked by means of verification.

The *central statement* of this research is that “the findings from the exploration and description of the effects of parental bereavement on the scholar’s general adjustment provide the guidelines for assisting these pupils”.

## 1.7 THE COURSE OF THE STUDY

The following topics are covered in ensuing chapters:

Chapter 2: Perceptions of death

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Chapter 3: Empirical design and method

Chapter 4: Empirical analysis and interpretation of the research results

Chapter 5: Literature study: Comparison of research results with existing literature

Chapter 6: Guidelines for assisting pupil's who have been bereft of a parent

Chapter 7: Conclusions, limitations and recommendations

## CHAPTER 2

### PERCEPTIONS OF DEATH

#### 2.1 INTRODUCTION

According to Orbach, Wiener and Har-Even (1994:7-9), the child's comprehension of death is multi-faceted, dynamic, and changes with circumstances related to the individual's stage of development, social attachments, and anxieties. They also suggest that the contribution of age to the comprehension of death, is probably mediated through acquired knowledge, acquired experiences related to death, and maturity of cognitive functions. Apparently children's views of death therefore depend on its context, and their knowledge about death may also be organized and retrieved in a dynamic rather than a static way. While the child's comprehension of the death of a distant person may reflect their intellectual and cognitive abilities, their understanding of the death of an emotionally close person may be more related to their emotional relationship with the deceased and also with the child's anxieties.

Research findings on attitudes toward death conducted by Holcomb, Neimeyer, and Moore (1993:299), determined that constructions of death differed significantly depending on the subject's gender, health status, previous history of suicide ideation, and death fear or threat. They found that participants in the research who professed a coherent personal philosophy of death, viewed death as more purposeful, expected, and involving some form of continued existence, whilst those without such a philosophy, manifested a negative evaluation, low acceptance and low understanding of death.

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Tamm and Granqvist (1995:203) in their investigations found that children's death concepts were both gender and age related, and suggested that boys had more violent death concepts than did girls and personified death more often, and that biological death concepts dominated the younger age groups, and metaphysical death concepts were found predominantly in the older age groups.

## **2.2 UNDERSTANDING THE CONCEPT OF DEATH**

In order to gain insight into children and adolescents understanding and perceptions of death, it is essential to consider and examine a number of associated elements.

### **2.2.1 Factors influencing the perception of death**

Webb (1993:29 – 30) suggests that agents which influence the perception of death are influenced by three groups of factors, namely:

#### **2.2.1.1 Individual factors**

These would include factors such as age, developmental stage, cognitive level, temperamental characteristics, past coping/adjustment, home environment and circumstances, school environment and circumstances, general interpersonal relationships, including family and peers, hobbies and interests, medical history, and past experience with death.

#### **2.2.1.2 Family/social/religious/cultural factors**

These would include factors like nuclear/traditional families and their grief reactions; school and peer recognition of and response to bereavement; religious

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affiliation, including membership, participation and beliefs about death; cultural affiliation, including typical/peculiar beliefs about death, and the extent to which children are included in the grieving process.

### **2.2.1.3 Death-related factors**

These would include factors such as type of death, including anticipated/sudden, timeliness of death/ preventability , degree of pain, presence of violence/trauma, and element of stigma; contact with the deceased, including presence at the time of death, viewing the dead body, attendance at relevant ceremonies, visiting the grave or mausoleum; expression of “good-bye” and; relationship to the deceased.

## **2.3 SUB-CONCEPTS INVOLVED IN PERCEPTIONS OF DEATH**

According to Brent & Speece(1993: 21), the following five sub-concepts are involved in children’ concepts of death:

- 2.3.1 Universality** – the characteristic of being universal. When children attempt to grasp the sub-concept of “universality” in their understanding of death, they are challenged to comprehend what is involved in recognizing that all living things must eventually die. This involves bringing into their thinking the notions of all inclusiveness, inevitability, and unpredictability.
  
- 2.3.2 Irreversibility** – the characteristic of “ permanence ”of death. When children attempt to grasp the sub-concept of “irreversibility” in their understandings of death, they are challenged to comprehend what is involved in recognizing that once the physical body of a living thing is dead, it can never be alive again.

**2.3.3 Non-functionality** – the cessation of both external and internal functions of the deceased. When children attempt to grasp the sub-concept of non-functionality, they are challenged to comprehend that observable human functions like breathing, eating and walking, and internal inferred functions like thinking, feeling and dreaming, cease permanently.

**2.3.4 Causality** – what can cause death. When children attempt to grasp the sub – concept of causality, they are challenged to comprehend what it is that really does or can bring about the death of a living thing, which involves an abstract ( generalizable ) and realistic understanding of both external and internal events that bring about death.

**2.3.5 Some type of continued life form** – belief in an afterlife. Adults and children commonly report as a part of their concept of death, an understanding that some type of continued life form – often a mode of personal continuation – exists after the death of the physical body.

Christian (1997:76-77), agrees that four of the above components of children's understanding of death – universality (inevitability), finality, irreversibility, and causality – are very much interrelated with the stages through which children progress in their concepts of death.

Doka (1995:10) reported that as a general rule, younger children are more likely than older children to indicate that death is: not universal, avoidable, or only occurs in the remote future; temporary and reversible in spontaneous, magical, medical, or other ways; a state in which the dead and their bodies continue to engage in various activities, and; the result of unrealistic, specific, concrete, or external causes. Older children, on the other hand, are more likely than their younger counterparts to grasp the key elements that are involved in the sub-concept of the universality of death, its finality in terms of

irreversibility and cessation of bodily functioning, and its authentic causality.

## 2.4 DEVELOPMENTAL PERSPECTIVE

Table 2.1 traces cognitive developmental stages by age as discerned by pioneering psychologists Piaget and Kohlberg (in Glen & Nelsen:1989:195):

**Table 2.1 Cognitive developmental stages**

Age	Type of thinking	Judgmental maturity – principles
0 – 2	Sensorimotor	World of here and now
		Pain/pleasure
		Can/ can't
2 – 6	Preoperational	Sees only one aspect at a time
		Thinking is rigid
		Black/white
		Safe/dangerous
6 – 11	Concrete	Begins to understand relationships
		Able to use logical thought only when solving
		Involving concrete objects and events
11 +	Abstract	Cause and effect; Legal and illegal
		What will happen if...?
		Capable of dealing with the hypothetical
		Discriminates abstract concepts
		Appropriate and inappropriate
		Fair and unfair
		How will ..... feel about ?



### **2.4.1 Stage based description**

Piaget (in Wenestam 1984: 333) found that the way in which children understand life and death – and all other concepts – is related to their age and can be described developmentally, in line with their cognitive growth.

#### **2.4.1.1 First stage**

Children in this stage – from birth to age five, apparently do not realize that death is permanent and irreversible. In relation to causality, they often blame themselves; they see events that are in reality unrelated as a cause or explanation for death (McGlauffin 1990: 11). They intuitively know something is wrong and, not having correct information about the death, fill in the gaps with their fantasy thinking (Bourne & Meir 1988: 490).

#### **2.4.1.2 Second stage**

Children in this stage – approximately from age five to ten, apparently struggle with the concept of finality and are beginning to understand irreversibility. This can be a difficult stage, because as they begin to understand, they tend to feel the loss more intensely. Children of this age are interested in tangible aspects of things and want to know the “what, when, and where” facts about death (McGlauffin, 1990:12). They are interested in causality and want to know what it was that made someone die ( McCown, 1988: 6).

#### **2.4.1.3 Third stage**

In this stage – age ten through adolescence, young people apparently begin to talk about afterlife in relation to a belief system, rather than in a magical or fantasy world.

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While thinking is at a pre-operational or concrete operational stage, young children may have misconceptions about what has caused a death, often believing that what happens to others is directly related to their own thoughts, wishes and actions, which may lead to feelings of guilt.

Later in the concrete operational stage, they are able to grasp external causes of death, such as violence and accidents, more easily than internal causes, such as disease and old age, and often also assume that the dead can see or hear the living. As they grow older, their increased ability to reason and consider other perspectives, may lead to a preoccupation with fairness and justice.

As they approach adolescence, children begin to integrate the concept or components involved in an understanding of death, and as they begin to abstract, they are increasingly able to conceptualize the biological, social and psychological changes that follow.

However, in realizing their own mortality and that of those dear to them, the subject of death may be one that they struggle to keep at a distance. Also, their advanced cognitive skills results in a more critical reaction to contradictions in the information that they are given, and their greater independence in this stage means that they may find the beliefs and explanations given by their elders, often clash with their own views.

Doka (1995: 11) also noted that some researchers claim that there are fairly clear stages that can be distinguished in the development of children's understandings of death. He states that a typical account might identify three stages in the process:

Stage 1: Children do not grasp the finality of death, usually equating it either with something like travel and ongoing life in another place, or with sleep and ongoing life in some diminished form.

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Stage 2: Children do grasp that death is final whenever it does occur, but add the claim that death can be avoided in some way.

Stage 3: Children grasp that death is both final and not avoidable.

According to Doka (1995:12), this stage based description of the child's understanding of death, suggests that children move from concrete intellectual operations to abstract or more conceptual ways of thinking as they mature.

What needs to be considered, however, is that all children do not develop at the same pace or in the same ways, and that the development of a child has many simultaneous dimensions, processes and rates, and that it is affected by a variety of individual and environmental factors.

### 2.5 A TASK-BASED DESCRIPTION

The task-based description suggests that each of the aspects of the concept of death calls on children to strive to master its constituent meanings and to cope with its implications. This process may be viewed as a series of interrelated "tasks" in which children strive to gain an understanding of both the content and the implications of death and its sub-concepts (see paragraph 2.3). Doka (1995:13) suggests that such task work is taken up and pursued at different times and in diverse situations in the lives of children. The implication is that instead of being finished once and for all at specific ages or stages of development, these tasks ordinarily lead to increased insight, appreciation, and complexity throughout a child's life. With richer understandings of death, children can forge enhanced links between the concept of death, its sub-concepts, and other ideas. As their understandings of death (and life) become more subtle, the mental worlds of children equip them to cope more effectively with their experiences and concerns.

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## 2.6 QUALITATIVE DIFFERENCES IN PERCEPTIONS OF DEATH

Regarding the meaning of death for children and adolescents (from ages 9 to 18 years), Tamm and Granqvist (1995: 203 - 221) reported that research aimed at investigating the qualitative differences in children's death concepts, based on the analysis of drawings according to a phenomeno-graphic method, and assigned to various categories, revealed that these categories were both age and gender related. The analytic process gave rise to a number of content-specific categories, each representing a separate quality. These categories were then combined into super-ordinate and corresponding sub-ordinate categories. The super-ordinate and sub-ordinate category system is illustrated below:

- Biological death concept

This category deals with the death of the body as an event, as the moment of death, or as a state, and is made up of the following sub-categories:

- \* Violent death – an event caused by external violent forces, such as war, shooting, bombing attacks, murder, suicide and accidents.
- \* The moment of death – when the body and soul are parted
- \* The state of death – the deceased in a coffin, a funeral scene, or a picture of a graveyard.

- Psychological death concept

Although psychological death concepts also include positive descriptions such as angels and white doves, for the purposes of this study, the possible negative emotions

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of different kinds associated with dying, such as grief, sadness, and anxiety, are featured, as made up of the following sub-categories:

- \* Sorrow – depiction of people crying, often at a grave.
- \* Mental imageries – thinking or imagining anxieties, or other horrible things about death, such as dark clouds and dark cloaked characters.
- \* Emptiness – Archetypes of death associated with darkness, emptiness, formlessness and nothingness.
- Metaphysical death concept

This category includes abstractions of religious, philosophical, or other symbolic themes about the meaning of death, or about the afterlife, and is made up of the following sub-categories:

- \* The tunnel phenomenon – representations of near-death experiences and descriptions of them, such as dark tunnels with a core of golden light, passages through darkness towards light, or beautiful outdoor scenes encircled by darkness.
- \* The mystery of death – symbolic representing of the mystery or the essence of death by means of religious, cultural, or personal symbols, such as symbolic patterns of crosses, flames, candle-lights, swords, bleeding hearts, and flowers, etc.
- \* Personification – death presented as the grim reaper, a skeleton, the devil, the scythe man, or similar personifications.
- \* Perceptions of heaven and hell – religious symbols such as sky, God and/or angels, tropical landscapes, groves of palm trees; hell was presented by such symbols as bleeding, mangled corpses, skeletons, cobwebs, the devil, the kingdom of the dead.

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The death concepts of children in accordance with these categories were then compared by Tamm and Granqvist (1995: 216) in terms of age and gender, and revealed the following:

### 2.6.1 Age related factors

Younger children (9 and 12 year olds) represented death predominantly in biological terms, being concerned with the physical features of death and the dead, and the causes and conditions of death. They were concerned mostly with two aspects of biological death, namely: violent death and the rituals of the dead. Children in this age group deal with death in a realistic and worldly manner, depicting what they know and perceive daily. Television has tended to replace the family as the teacher of life and its crises, in particular of the ways people die. Viewing on television the ever-present scenes of war and of sudden death caused by explosions or shootings, inevitably influence the meaning of death in children.

The second age-related finding – the children's concern with the rituals of the dead – is in agreement with Piagetian development of the child. According to his theory, children at the pre-operational developmental stage (2 –7 years), conceive of death as reversible, and thus do not need to be concerned about burial rites.

Children at the concrete operational stage (7 – 12 years) are losing this viewpoint and replacing it with a growing interest in the rituals of passage out of life, thereby giving them an opportunity to learn about one of life's basic facts – death.

Children in the older age groups (13 – 18 years), depict death more in terms of metaphysical representations, related to a complex system of religious and philosophical thought, adopting a wider psychological, spiritual, or existential view of life and death.

### **2.6.2 Gender related factors**

Previous reviews (Ember, 1981; Maccoby & Jacklin, 1974) of the literature about sex typing in general have apparently agreed that the greater aggressiveness in boys than in girls is the most consistent sex difference found cross-culturally, suggesting that this is a behavioral sex difference. Gender differences were also found in the personification of death through unnatural causes, being more pronounced in boys, with death as a result of violent homicidal circumstances, especially in the younger age groups being depicted.

Yalom ( in Tamm et al, 1995:219) apparently suggested that as long as a child believes that death is brought by some outside figure, the child is safe from the really terrible truth that death is not external, and that the anthropomorphic fear of death lingers with one all through life, implying that death anxiety is a factor in the child's concept of death. More boys than girls represented death as emptiness and darkness, and more girls than boys represented death in psychological terms, such as sadness and sorrow.

Tamm, et al (1995:220), also reported that psychological and scientific themes may reflect socio-cultural variables.

## **2.7 SOCIO-CULTURAL INFLUENCES**

According to Webb(1993:14-16), any analysis of a child's understanding about death must include not only the individual factors related to the child's cognitive and emotional development, but also the influences impacting on the child that emanate from the cultural and religious beliefs in the child's home environment. Lindsay and Elsegood (1996:68), also stress that beliefs about death, the after-life and mourning practices in a multi-ethnic and multi-faith societies, plays a vital role in children's understanding and

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responses to the death of a significant acquaintance. The psychosocial approach to an assessment of the child's understanding of the death concept, is absolutely essential, and needs to be implemented, if one is to appreciate such understanding. What the family members believe about the nature of death, the rituals that should surround it, and the expectations of afterlife, will all influence the child's concept of death. Children will absorb and interpret these beliefs and customs, questioning what is not clear, and supplying their own answers when the responses to their questions are vague and incomprehensible.

Moller (1996: 142-143), also acknowledges that cultural and social factors play a role in shaping children's perceptions of death, and makes the point that that gender, race, geographic location, religious background, personal experiences with death, exposure to television, and so on, are presumably important variables influencing their perceptions of death.

Holcomb, Neimeyer and Moore (1993:203) pointed out that personal philosophy of death plays a role in children's perceptions. They suggested that children with a philosophic view often tend to infuse death with a sense of purpose or meaning, seeing it as a long range eventuality that leads to some form of continued existence. The narratives of these children often contain Christian religious imagery suggesting an afterlife of reward or punishment, a heaven or hell, or transition to a peaceful state permitting them to be with loved ones, or to be with God. Children with strong religious and philosophical beliefs, may find these a source of comfort and strength when losing a family member or close acquaintance (Pettle & Britten, 1995:397-398). In contrast, individuals who indicated a lack of a coherent personal philosophy, often express less acceptance of death in their narratives, and concentrate more on their lack of understanding, often evaluating more negatively, tending to de-emphasize their personal involvement with death.



Due to the fact that so many different cultural and religious groupings exist in our society, it is not practical to examine them in this study, but suffice to say, it is the obligation of therapists counseling bereft children to also examine the cultural /religious views surrounding death, that these children have been exposed to (Holcomb, et al, 1993: 312-313).

## **2.8 OTHER INFLUENCES**

Besides the factors already mentioned, the meaning and impact of death on children is also influenced by such factors as quality of the relationship, duration of illness, and circumstances of death, which all combine to make bereavement a unique, personal experience for the survivors (Moller, 1996:113). The influence of the environment and context, and the circumstances surrounding the death, over which children especially often have little or no control, cannot be ignored.

### **2.8.1 Nature of relationships**

According to Doka (1995:71-71), family relationships both before and after the death contribute heavily to the way children of all ages view and experience the death of not only a loved one, but also the death of more distant acquaintances. The loss of loved ones through death is not the same for everyone. Each relationship is characterized by a different closeness, intensity, frustration, gratification, anger, and a different kind and amount of love.

Hare (in Evans, 1986:47), states that grieving differs significantly among children according to the particular relationship that was lost through death. The death of

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a parent for young children especially is always untimely, and often unexpected. Because these deaths may be sudden and unexpected, and the result of trauma, there is an increased likelihood that these deaths will be poorly explained to children. Without adequate, accurate information about the death, their fantasies are enhanced and they have a diminished capacity to understand what has happened.

According to Moller (1996: 113-114), two variables interact and establish differing intensities and duration of grief responses, namely centrality of the relationship, and preventability of death. The quality and closeness of the relationship between the bereaved and the deceased is directly related to the intensity of grief. However, the belief that the survivors could have, or should have prevented the death, will also have implications for the intensity and duration of grief. He suggests that:

- \* Given a central relationship between bereaved and deceased, and the belief that the death was preventable, the subsequent grieving process may be both intense and prolonged.
- \* Given a central relationship between bereaved and deceased, and the belief that the death could not be prevented, the subsequent grieving process may be intense, but brief.
- \* Given a peripheral relationship between bereaved and deceased, and the belief that the death could have been prevented, the subsequent grieving process may be mild but prolonged.
- \* Given a peripheral relationship with the deceased, and the belief that the death could not have been prevented, the subsequent grieving process may be both mild and brief.

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The impression is that the closer that survivors feel to the deceased, the more intense will be their grief; and the more peripheral the relationship to the deceased, the less intense will be their grief. Additionally, if a death occurs that the survivors believe could have or should have been prevented, the grief may be prolonged; and if the death is seen as inevitable and in a context where everything that could have been done to prevent it was done, the grief is likely to be brief.

Brenner (1984:43), states that children who have happy and healthy relationships with their parents before the death or separation occurs, apparently cope more easily with stressful situations in these circumstances, than do youngsters with strained parental relationships.

### 2.8.2 Quality of attachment

Christian (1997:78) notes that the kind of relationship that a child had with the deceased will significantly influence the child's response to the death. According to Lindsay, et al (1996:17-18), the key element in the theory of attachment is the need for human beings to have special people in their lives on whom they can rely for resolution of any crisis. He suggests that part of the human propensity to learn, is devoted to sorting out who can be trusted to be there for them when needed, particularly when the need is a social or emotional one. Although attachment is most commonly to the mother, the child will form a bond with the best available person. The child who has a warm father or granny, and a mother who is cold, albeit very efficient at dealing with physical needs, will very likely not have the mother as the primary attachment figure.

Children who have formed bonds to more than one person generally are not equally attached, and will show who is the key figure by their behavior when ill or otherwise

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exceptionally threatened (by loss of a loved one), since they tend to revert to basics in these situations, and want to be near their most important person.

Some children develop attachments to 'transitional objects' which serve to symbolize the attainability of comfort in distress. Attachment figures who are not happy and confident in their world, for example those who are chronically depressed or suffering acute bereavement reactions, may set up unhelpful 'insecure attachments' in those dependent on them.

The loss of an attachment figure, for whatever reason, can have a profound effect on a child. The risk of these children developing depression in later life is considerably increased.

### **2.8.3 Expected and unexpected loss**

Hallman and Vine (in Lindsay, et al, 1994:58), define expected loss as that which the child is aware of and can prepare for in advance. In many cases a loss can be anticipated, so, depending on their developmental stage, children can be prepared, and take part in preparing themselves for the future.

They suggest that unexpected loss may be the result of a sudden, unanticipated event, or more often than not may arise, because of children's developmental stage, they are not able to anticipate the event. Sudden losses are therefore more difficult for children to cope with, since they don't have any time for mental preparation, and are plunged suddenly into an insecure world of grieving, with little or no explanation (Lindsay and Elsegood, 1996:59).

#### **2.8.4 Reconstructing the deceased**

Reconstructing the deceased, is seen as the child's attempt to maintain a connection to the dead parent, for example, and as an active effort to make sense of the experience of loss, and so to make it part of the child's reality. In Doka (1996:132 – 133), it is suggested that the process of constructing inner representations of the deceased, involves the whole individual, and that these representations are not static, but that they grow and change with the individual's development and maturation.

Construction is apparently also partly a social activity in that the mourners keep memories of the deceased "alive" by remembering, both in solitude and in the company of others, while also integrating their memories into the present and into relationships with others. The construction of a lost parent, for example, is an ongoing cognitive process, and the nature of the construction of the deceased is connected to the child's developmental level, with particular reference to their changing ability to know themselves, and to know others. A critical developmental shift apparently takes place when the child moves from seeing others in terms of how they can meet his/her needs, to seeing others as people with needs of their own, and with whom some reciprocity is required for a relationship to be sustained. Although the deceased does not change, the child's ability to understand a given set of information about this person will change as the child matures.

Furman (1984: 187) believes that for successful mourning to take place, the mourner must disengage from the deceased, that is, let go of the past, and that children bereft of a parent need to loosen their ties with the deceased. She apparently bases her views on Freud's (1917/1957) observations that children best resolved their grief when they gradually withdrew the mental energy that they had extended toward the lost love object, and reinvested this energy in new relationships.

Klass et al (1996;108 -109), on the other hand, concluded that remaining connected to the deceased seems to be a necessary part of the bereavement process – that it is adaptive and that it facilitates an accommodation to the death.

### **2.8.5 Peculiar circumstances surrounding the event of death**

In Christian (1997:78) it is suggested that the circumstances surrounding the event of death have a major impact upon children's responses: Was the death due to a terminal illness, an accident, suicide, homicide, or from a stigmatized death such as from aids or substance addiction/abuse?

Families experiencing loss through suicide, drug-related problems or sexually transmitted diseases, often do not find the typical avenues of sympathy and understanding that are available to families of people with chronic and terminal illnesses, because the cause of death and its circumstances are often kept a secret. They tend to feel uneasy, fear others' reactions, and are often embarrassed, angry and sad, with the children sometimes being discouraged to tell anyone about the death, for fear that the family may be stigmatized.

Webb (1993:28 –29), reported that bereavement due to suicide of a family member has peculiar implications for the child's perceptions of death, since the meaning of such a death often becomes distorted in the mind of the child, who usually cannot face the voluntary nature of the suicidal death. The family is also usually emotionally devastated in this situation, and may be incapable of offering the child essential information and support. Often, the family feels shame associated with the suicide, and may want to disguise or distort the truth about the death, which further confuses the child who needs and wants accurate information about how his/her loved one died. The shame associated with stigmatized death, such as suicide, Aids, and some drug-related deaths, complicates the grief process for all involved and leaves the child bereft and angry.

## 2.9 SUMMARY

This chapter provides information on factors and influences which play a role in the child and early adolescents' conception of death. These include cognitive abilities, age, gender, socio-cultural considerations, nature of relationships and attachments, as well as circumstances surrounding the death event.

The research design and method of this study is discussed in chapter 3.

## CHAPTER 3

### RESEARCH DESIGN AND METHOD

#### 3.1 INTRODUCTION

The aim of chapter 3 is to provide a chain of evidence by means of a dense holistic description of the entire research process, to ensure that if a different researcher should undertake the same study in a similar context, that researcher would be able to come up with similar, if not the same findings regarding the senior primary school pupil's experience of the death of a parent and its implications.

According to Mouton and Marais (1994:7), research may be regarded as a collaborative human activity in which social reality is studied objectively, with the aim of obtaining a valid understanding of it.

The purpose of this research is:

- \* To identify and describe factors and corresponding experiences regarding the death of a parent which effect the bereft senior primary school pupil's general adjustment.
- \* To describe guidelines for assisting senior primary school pupils who have been bereft of a parent, based on the findings of the research.



## 3.2 RESEARCH DESIGN

Since this research deals with the description of the senior primary scholar's experience of the loss of a parent, a qualitative, explorative, descriptive, and contextual research design is considered to be the most appropriate, especially because it is aimed at gaining an in depth insight into the experience of these scholars (Van Leent in Mouton & Marais, 1994: 168).

**Phase I** of the research design includes the sampling of the research subjects, the pilot study, the data collection, the data analysis, the deliberations on the trustworthiness as well as the ethical considerations and the literature control of the research.

**Phase II** includes a description of the guidelines for assisting pupil's who have been bereft of a parent, as well as certain conclusions and recommendations from the research, bearing in mind certain limitations.

A brief exposition is subsequently given of each of these descriptions to further motivate the choice of the research design.

### 3.2.1 Qualitative research

Because the research is concerned with an exploration of the factors and corresponding experiences which influence bereft pupil's social, emotional and educational adjustment, a qualitative rather than a quantitative methodology is employed. A qualitative approach to the research is also considered to be fitting for the following specific reasons:

- \* The qualitative approach requires the researcher to interpret the real experiences from the perspective of the subjects of his investigation (Mouton & Marais,

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1994:205).

- \* It allows for the unique experiences of every case to be explored individually.
- \* It assumes that for an interpretation, the researcher requires inter-subjective personal knowledge (Mouton & Marais, 1994:205)
- \* Any attempt to “penetrate to the essence of a phenomenon can only be made by means of qualitative approaches” (Mouton & Marais, 194: 169).

The disadvantage of the qualitative research approach though, is that suggestions only, and not generalizations can be made with regard to the research findings.

### 3.2.2 Descriptive research

The experience of children bereft of a parent is described as accurately as possible, since accuracy is an important consideration in descriptive studies (Mouton & Marais, 1994: 44). Guidelines based on the results obtained from the research, are described to enable the educational psychologist to effectively assist pupil's who have been bereft of a parent.

### 3.2.3 Contextual research

The research is idiographic in the sense that it is bound by the unique context of each individual (who has been bereft of a parent) under investigation. Descriptive-exploratory studies tend to be more contextually bound, rather than having a generalizing interest (Mouton & Marais, 1994: 121). The context of this study is bound by the fact that the children involved in the research are in their formative senior primary school years.

### **3.3 RESEARCH METHOD**

The research takes place in two phases, with this chapter providing a dense, holistic chain of evidence on the entire research process.

The aim of **phase I** (fieldwork), is to obtain first hand information from the subjects themselves regarding their experience of being bereft of a parent. This phase includes the sampling, the pilot study, the data collection, the data analysis, debating the trustworthiness, and ensuring ethical correctness of the research, as well as the literature study.

**Phase II** includes the explication of the guidelines for assisting pupil's who have been bereft of a parent, based on the research results, drawing of conclusions, making recommendations, and pointing out possible limitations of the investigation.

#### **3.3.1 Sampling**

An illustration of the target group, the way in which the participants are selected, as well as the criteria for inclusion in the study is provided.

##### **\* Target group**

The target group of the research includes those scholars in the senior primary school level who have been bereft of a parent.

##### **\* Selection of participants**

Purposive sampling is employed in selecting the participants (Burns & Grove, 1987: 75),

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with all the subjects being enrolled in primary schools under the jurisdiction of the Gauteng Department of Education (GDE). The purpose of the sampling is to include a cross-section of bereft pupils, that is bereft pupil's who are representative of the senior primary phase of education, namely grades 4 to 7 inclusive; who represent different cultures; who represent both genders (boys and girls) and; who represent pupil's who have been bereft by a variety of death events, such as suicide, terminal illness, accidental death, etc. The random sampling procedures prescribed by Neale and Liebert (1986: 33-34) are applied. All the members of the population under investigation being allocated a number that is placed in a hat, and after being shaken up, numbers are drawn without looking, with the corresponding names being included in the research.

**\* Criteria for inclusion in the study**

The criteria for inclusion in this study are laid down as follows: To be included in the sample, a scholar must:

- a) have lost a parent through death after having commenced with his/her schooling
- b) be enrolled in a (senior) primary school
- c) be between the ages of 9 years and 15 years
- d) be able to speak and understand either English or Afrikaans

**3.3.2 Pilot study**

Originally, one pupil from the sample is part of a pilot phenomenological interview which is audiotaped, while direct observations are recorded as field notes. Once the methods used in the pilot study is found to be adequate, additional children are interviewed. The pilot study pupil is selected according to the random sampling procedure described in 3.3.1.

### 3.3.3 Data collection

The phenomenological method of interviewing is employed, with the interviews being semi-structured (see Poggenpoel, 1993: 1-3), in order to obtain a description of the pupil's experience of parental bereavement. The central request presented in the interview is: "Tell me about your bereavement".

Direct observation is also utilized, with observations being recorded in the form of field notes after each interview, in order to describe the interview situation, including the researcher's impressions and experiences. The idea is to maintain the holistic and meaningful characteristics of the affects of parental bereavement on the interviewee. The interviewer does not only register and interpret what is said, but also how it is said. This entails that he must be observant of, and able to interpret vocalization, facial expression, and other bodily gestures, accurately and reliably (Kvale, 1983:175). The interviews are audio taped by the researcher, and transcribed into script.

The method of collecting data is subsequently elucidated in some detail.

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#### \* **Phenomenological interviews**

Phenomenological research entails an inductive, descriptive research technique, which aims to describe the total systematic structure of a phenomenon (Omery, 1983: 50). The purpose of the phenomenological interview is to describe and understand the central themes which the interviewees experience and live towards (Kvale, 1983: 174).

*"Bracketting"* and *"intuiting"* are used as control measures to ensure credibility of the description. Through *"bracketting"*, the researcher tries to ignore all possible knowledge that he may possess regarding the phenomenon under investigation, in this case the senior primary school pupil's experience of the loss of a parent. In this way all pre-conceived

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ideas are eliminated, thus providing an opportunity for the researcher to observe all facets of the phenomenon objectively (Burns & Grove, 1987:80). The categories and themes which emerge from the empirical research and the literature study are also eventually grouped according to the part-systems within which all human beings function (see chapter 1). “*Intuiting*” is the component of the process during which the researcher focuses all his attention and concentration on the phenomenon under investigation (Burns & Grove, 1987: 80).

The researcher in this study conducts semi-structured interviews with pupils who have been bereft of a parent, and records them on audio tape. In keeping with the phenomenological interview protocol, probing questions are generated from the responses of the subjects to the central request in each interview, namely: “Tell me about your bereavement”. These questions flow from each subject’s description of his experience, and are asked in order to obtain a clearer picture of the bereft pupil’s experience of the loss of a parent. Typical probing questions revolve around the circumstances of the death; support systems; feelings and thoughts about the deceased; as well as the involvement of other community structures, such as school and church. Interviews are terminated as soon as it becomes apparent that the pool of data is saturated and the themes start to repeat themselves.

To ensure that the phenomenon is researched as it is actually experienced, the researcher approaches the study without any pre-conceived expectations and categories, and refrains from establishing any theoretical framework (Omery, 1983: 50). For this reason, the researcher did not conduct any preliminary investigation on the experience of the bereft pupil prior to the research. After the data has been analyzed, follow-up interviews are conducted with two of the interviewees, in order to clarify whether the transcribed presentation of the subject’s audio taped descriptions of his/her bereavement experiences offer a true picture of the particular pupil’s perceptions.

\* **Field notes**

Directly after each interview, the researcher records the field notes of the interview situation, as well as his impressions. These field notes are considered during the content analysis and subsequent interpretation and identification of themes and categories from the transcribed interviews, that is, the *encoding* process.

**3.3.4 Data analysis**

The information is analyzed according to a combination of the *descriptive analysis* method as proposed by Giorgi (in Omery, 1983:57), and the *content analysis* method, as proposed by Kerlinger (1986:479-481). After the researcher has transcribed and coded the first interview in order to identify the significant themes and categories according to a set protocol, additional interviews are conducted by the researcher, with the same procedure being followed. The combination of these two data analysis methods serves as a **first triangulation** measure, which increases the trustworthiness of the research.

“**Triangulation**” is simply an umbrella term suggesting that ‘**three**’ different prescribed measures are put in place to ensure that the research meets the ‘scientific’ requirements.

A **second triangulation** measure includes the employment of follow-up interviews with two randomly selected pupil’s who were originally interviewed, in order to verify if the data obtained is a true reflection of their bereavement experiences.

A **third triangulation** measure includes the provision of a protocol for the analysis of the data to an independent coder (see annexure ‘C’), who codes the data on his/her own. The researcher and the independent coder then meet to obtain the highest degree of agreement on identified themes, as well as on the connection between these themes, that is, the classification of the themes into categories (Giorgi in Omery, 1983:57).

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The data pool which is analyzed, consists of the *transcribed interviews* and the researchers *field notes*.

From the outset, “*bracketing*” and “*intuiting*” are applied as control measures, while the researcher reads through the entire transcription in order to obtain a holistic picture. The transcription is then read a second time, but slowly, and units of analysis are identified by underlining words and themes. Units of analysis are words which indicate ideas, perceptions and feelings, and which make it possible to identify continuous themes.

After the themes have been identified, the chief categories are identified and defined. The chief categories are then divided into sub-categories, and grouped into their respective part-systems in accordance with the paradigmatic perspective of the educational psychologist. In order to present the bereavement experiences of the subjects as authentically as possible, quotations from the interviews that illustrate the identified themes and categories, are presented “*verbatim*” as expressed by the subjects during the interviews. The categories are described in paragraph 4.4 of chapter 4.

A protocol of the method used by the researcher is set up and is subsequently provided to a qualified independent coder, who then codes and categorizes the data on his/her own.

Finally, the data is quantified in terms of prevalence ( see tables 4.1 – 4.6 in chapter 4). Correlates with respect to the descriptions and experiences of all the pupils interviewed are then listed in order of priority, after which priority values are accorded to the themes. These results ultimately guide the researcher in his description of guidelines for assisting pupil’s who have been bereft of a parent.



### 3.3.5 Trustworthiness

The model for evaluating trustworthiness as proposed by Lincoln and Guba (1985:230 – 301), identifies four aspects which contribute to the trustworthiness of any research, namely: truth value, applicability, consistency and neutrality.

#### 3.3.5.1 Truth value

The *truth value* of research in this case refers to *trust in the authenticity* of the findings from the interviews, as well as the *context* within which the interviews were conducted (Lincoln & Guba, 1985:290). The discovery of the human experience as it is genuinely actualized, ensures truth value (Krefting, 1991:215).

Control measures to ensure the *truth value* of the research are discussed subsequently.

#### \* Credibility

The following scientific techniques are applied in order to raise the credibility of the research.

##### a) Triangulation

The first use of triangulation is introduced by virtue of the fact that data regarding the experiences of pupil's who have been bereft of a parent are collected by means of *phenomenological interviews* which are recorded on audio tape, as well as through *direct observations*, which are recorded as field notes.

The second triangulation measure is applied with the data analysis. The transcribed scripts and field notes are interpreted according to a combination of *descriptive analysis* , and *content analysis*. Essentially this means that the transcribed interviews are encoded

in order to identify the significant themes and categories that emerged from the interviews, such as those which contain the bereft pupil's experiences.

The literature study is a third control measure completing the triangulation. Through the literature study, the findings of this research are compared with relevant other research findings, in order to identify similarities, differences and also unique contributions.

#### **b) Clarification with experts**

The experts in this research are the pupil's who have themselves been bereft of a parent. To ensure that their original meanings are reflected in the findings of the research, the researcher returns to two randomly selected pupil's who were originally interviewed, and clears his findings with them. The guidelines for assisting bereft pupil's which are generated from the research findings, are eventually discussed with other registered educational psychologists in order to control their application feasibility and validity.

#### **c) Peer group evaluation**

The input of other educational psychologists provides the researcher with the opportunity to remain honest, and in this way to rid himself of emotions and feelings which may influence (or may have influenced) his judgement. This is done by providing colleague psychologists with access to the research data and the analysis thereof.

#### **d) Authority of the researcher**

The researcher completed the M. Ed. course in educational psychology at the Rand Afrikaans University and is registered with the Health Professions Council of South Africa. He is currently practicing as a private psychologist and has been doing so since registering with the Representative Association of Medical Schemes (RAMS), in

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February 1997, working extensively with primary school children who manifest social, emotional and educational adjustment problems.

**e) Structural coherence**

Structural coherence is obtained through, firstly: reading the transcribed interviews whilst consistently focusing on the experiences described by the bereft pupil's; secondly, by analyzing and encoding the described experiences from the transcribed interviews into themes and categories (see annexure C); and finally, through placing the identified themes and categories into their respective part-systems, and illustrating them with observations from the field notes as well as extracts from the transcribed interviews, by way of "verbatim" quotations (see chapter 4). Furthermore, the guidelines for assisting bereft pupil's, are generated and based on the experiences of these pupil's, as illustrated in the empirical research (see chapter 6).

**3.3.5.2 Applicability**

With qualitative research, a phenomenon is studied in it's unique, natural context, which allows little opportunity for external control of variables. Because each situation is unique, there is little chance of any generalizability of research findings (Krefting, 1991: 216).

It is for this reason that reference is made to applicability of findings when dealing with qualitative research. Applicability refers to the extent to which the findings of a specific research may be applied to another context, or, other respondents (Lincoln & Guba, 1985: 290). Findings may be transferred, but not generalised. Some of the control measures to ensure applicability of the research are subsequently expounded.

**\* Sample selection**

A purposive sample of subjects is selected from the target group, yet making sure that each participant duly fulfils the criteria for inclusion in the research (see paragraph 3.3.1 regarding random sampling procedures). The target group is identified by the relevant school staff, the requirement being to include all cultures enrolled at the school (both colored and white), children who are from complete as well as single parent homes, and also children who are bereft of their parent through natural and unnatural causes.

**\* Transferability**

According to Lincoln & Guba (1985:316), the transferability of any research is mainly the responsibility of the person who wants to apply it, rather than that of the original researcher. However, in order to make the transferability of the study possible for another person, the researcher provides a “dense” data basis of the research, which includes a description of the sample selection criteria for inclusion in the sample, as well as verbatim quotations from the transcribed interviews.

**3.3.5.3 Consistency**

Consistency refers to the degree to which the findings of the research will remain consistent should the research be replicated with a similar sample, and in a similar context (Krefting, 1991:216). Two of the control measures utilized to ensure that the requirements for consistency of the research are fulfilled, are subsequently expounded.

**\* Dependability**

A dense description of the research methodology is presented to enhance the reliability of

the research. Both the process of the research, as well as the product (the data, findings, analysis and recommendations), are looked at.

**\* Step-by-step replication**

A second control measure is step-by-step replication. To enhance standardization, the same steps are followed with each interview, namely: obtain permission from the subject, from his/her guardians, and from the principal of the relevant school; explain to the subject what is expected of him; and present the central request to each subject in exactly the same words.

**\* Coding and decoding procedure**

The final control measure is the application of a coding/decoding procedure (Krefting, 1991:216). An expert with extensive experience in the field of qualitative research is appointed as an independent coder. After the interviews have been transcribed and coded by the researcher, a protocol of the data analysis is presented to the independent coder, who encodes and categorizes the data on his own, before meeting with the researcher to discuss the results and to obtain the greatest possible degree of consensus regarding the identified themes and categories.

**3.3.5.4 Neutrality**

Neutrality eliminates the influence of any possible bias that the researcher may possess in the research procedure and in the findings. It refers to the degree to which the findings are exclusively a function of the respondents and the conditions of the research and not those of the researcher. The control measures utilized to ensure the neutrality of the study are now henceforth expounded.

**\* Confirmability**

The two techniques used to ensure the verifiability of the research are; chain of evidence, and triangulation.

**a) Chain of evidence**

In order to make a chain of evidence possible, records are kept of the following:

- ***raw data***, including audio tapes of the interviews, field notes and research results
- ***data reduction and analysis***, including descriptions of the field notes, collective information, quantitative summaries and theoretical notes
- ***reconstruction of the data and the summaries***, such as the structuring of categories (themes, definitions and relationships), findings and conclusions, the final report with the integration of the concepts, relationships and interpretations
- ***process notes***, which include notes about the methodology, the trustworthiness, and the chain of evidence
- ***research presentation*** and personal notes, and
- ***pilot study forms***, preliminary schedule, and observation format (Lincoln & Guba, 1985:327)

## **b) Triangulation**

Triangulation is also a means of controlling variability. This entails the same measures as are expounded in paragraph 3.3.5.1a.

### **3.3.6 Ethical considerations**

A discussion of the ethical considerations applicable to the research is subsequently presented.

#### **3.3.6.1 Permission**

Written permission to conduct the research on the premises of the school is obtained from the school principal (see annexure A). Written permission is also obtained from the guardians of the bereft pupil's, and verbal permission from the pupil's themselves, to be interviewed as part of the research.

#### **3.3.6.2 Confidentiality and anonymity**

The names of the pupil's participating in the research are withheld. In the event of their anonymity being threatened, all research records will be destroyed

#### **3.3.6.3 Privacy**

The researcher enforces the necessary precautionary measures to ensure that the dignity and the integrity of the pupil's is protected. They are free to think and behave as they please, without interruption and without the possibility that their private behavior or

thoughts will ever be misused in order to embarrass them ( South African Nursing Association, 1991:5).

#### **3.3.6.4 Termination**

Despite the fact that the pupil may have initially agreed to participate in the study, the research is immediately terminated should such a pupil wish to withdraw from the study. Research is also terminated in the event of the study not proceeding according to the standards laid down as planned (The South African Nursing Association, 1991:5).

#### **3.3.7 Literature control**

The results of the research are compared with those of similar research, and also with relevant literature. In this way, similarities, differences and unique contributions of the research are identified.

#### **3.3.8 Guidelines for assisting children who have been bereft of a parent**

Information obtained from the research and the literature control are utilized to form the basis of guidelines for assisting pupil's who have been bereft of a parent. These guidelines are logically inferred from both the present empirical research and the literature study (Copi, 1986:3), and are eventually discussed with colleague educational psychologists in order to obtain clarity on their applicability.

#### **3.3.9 Summary**

This chapter provides a dense holistic description of the entire research process, including the research design and the research method. The qualitative approach to research is



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employed, and the method of collecting data is through phenomenological interviews and direct observation only. The method of data analysis, as well as the measures to be implemented in order to ensure the trustworthiness of the research are also expounded.

The data analysis as well as the discussion and interpretation of the empirical research results are discussed in chapter 4.

## **CHAPTER 4**

### **DATA ANALYSIS AND INTERPRETATION OF THE RESEARCH RESULTS**

#### **4.1 INTRODUCTION**

In this chapter, the results of the empirical research are illustrated and briefly discussed and interpreted.

#### **4.2 OPERATIONALIZATION OF THE FIELDWORK**

The intention of the present researcher is to obtain data through phenomenological interviews and clinical observation which will provide him with an insight into the experiences of a cross-section of senior primary school pupil's who have been bereft of a parent. This cross-section includes pupils who represent both genders (male and female); who are between the ages of nine years of age and fifteen years of age; who are functioning at levels which include grade 4 to grade 7 inclusive; who are from different cultural backgrounds; who are from different family circumstances and; who have been bereft by a variety of death event situations and circumstances.

By identifying the themes expressed through the bereavement experiences of these pupils, and bearing in mind the clinical observations, the present researcher (with the assistance of a qualified independent coder) is able to categorize the experiences into main categories and sub-categories, which expose the factors and experiences of pupil's who have been bereft of a parent, and which may prevent them from coming to terms with their loss, disrupt their normal development, and thereby retard their ability to make suitable progress and to resume their normal lives.

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The sub-categories are illustrated by means of verbatim quotations from the transcribed interviews, and the findings are compared with relevant accessible available literature in chapter 5, thus providing a literature control of the obtained empirical research findings.

Subsequently, guidelines for assisting pupil's who have been bereft of a parent are generated and prescribed in accordance with the factors and corresponding experiences expressed by the pupil's regarding their loss, as illustrated by the main categories and the sub-categories. These guidelines are presented in chapter 6.

After formal appointments were arranged with the bereft pupil's at the school, the interviews were conducted in the office of the head of department guidance, on the school premises. Each subject was interviewed by the researcher in a language that the interviewee was comfortable with.

### **4.3 DATA ANALYSIS**

Eight interviews were conducted with senior primary school pupil's who had been bereft of a parent. Three of the subjects were male pupils, while five of the subjects were female. Three of the subjects were from previously disadvantaged areas, while five subjects were from suburban areas. Two of the subjects were 10 years old, two subjects were 11 years old, one subject was 12 years old, two subjects were 13 years old, and one subject was 15 years old. All the subjects had a good command of the English language.

In two of the cases, the bereft subjects were from broken homes, and in one of these two cases, the pupil was bereft of the parent who was not residing in the family home.

#### 4.4 DISCUSSION OF THE COLLECTIVE RESULTS OBTAINED FROM THE INTERVIEWS

The data obtained from the interviews is organized into categories and “bracketed” into the part-systems within which they function, that is the ecological part-system and the intrapsychic part-system. Each main category is first described and explained, and then the corresponding sub-categories are described and explained and also illustrated with direct verbatim quotations from the transcribed interviews in support of the categories.

The quotations are addressed to the subjects in terms of the symbol ‘S’, where S1 refers to the first subject interviewed, and so forth. Occasionally, explanatory remarks placed between brackets are included in the verbatim quotations, by the researcher. The results are then briefly discussed and interpreted in accordance with the main and sub-categories.

The number of subjects who described similar experiences is indicated in tables by the letter ‘n’. For example, all eight of the pupil’s interviewed were obviously affected by the death event. Therefore  $n = 8$  in the relevant row of the category ‘death event’.

Although themes are divided into main and sub-categories, in order to distinguish between them, these themes cannot really be regarded as separate. A category should, therefore, not be seen in isolation, but as part of the greater “Gestalt”.

Categories which are included in the ecological part-system through “bracketing”, include the death event; family context and; school and church.

Categories which are included in the intrapsychic part-system through “bracketing” were traumatization; grieving and; actualization.

#### 4.4.1 Category 1: Death event

Death event refers to the circumstances surrounding the death of the parent of the bereft subject. The circumstances under which the death occurred can and does have a profound influence on the impact of the death on the bereft, and also on the extent to which they are able to come to terms with their bereavement and to get on with their lives. Factors related to the death event include whether the death was expected or unexpected, and also whether the cause of the death was natural or unnatural. These factors have implications for the bereft's acceptance of the loss of their parent in the sense that expected and natural death appears to be more acceptable than unexpected and unnatural death.

**Table 4.1 Death event**

Category 1	Death event	n = 8
Sub-categories	Expected	4
	Unexpected	(5)
	Natural	4
	Unnatural	4

**Expected death** refers to the subjects anticipation that their parent was going to die. This anticipation is normally related to terminal illnesses, such as cancer and aids or fatal injuries obtained in various types of accidents. In cases where the bereft was terminally ill, ambivalence was experienced by some of the subjects, in the sense that their anticipation fluctuated between feelings that their ill parent was going to recover, and feelings that their death was imminent. This theme is illustrated by the following verbatim quotations from the transcribed interviews:

(S3): "When they told me that he had cancer, I knew that he was going to die".

(S4): "My dad had tried to kill himself before, so I was sort of expecting it"

(S5): “He was always drunk, so I had a feeling that something could happen”

(S8): “I heard that people who have cancer don’t get better”

**Unexpected death** refers to the fact that the death of the parent was unforeseen. In some cases, it must be understood that the death was relatively unexpected in the sense that they weren’t expecting the parent to die when they did, even though they knew that the parent was terminally ill. The more blatant cases of unexpected death were related to vehicle accidents and suicide. This theme is illustrated by the following verbatim quotations from the transcribed interviews:

(S1): “My step-mom phoned my mom and said that my dad had died”

(S2): “My dad died in a boating accident – I couldn’t believe it happened”

(S4): “They just said my dad was dead”

(S6): “My dad had a stroke, and died a short while later – it was quite sudden”

(S7): “They said that my mom died in a car accident”

**Natural death** in this case, refers to the circumstances surrounding the death of the parent being due to natural causes such as terminal illnesses or organ failure. This sub-category is closely linked to the sub-category of expected death, in the sense that the subjects were aware that their parent’s illness was terminal. The fact that they could understand that their parent had no choice in the matter, also appeared to influence their acceptance of the death as something which was unavoidable. However, in one case, the subject suggested that their parent’s illness was due to substance abuse. This theme is illustrated by the following verbatim quotations from the transcribed interviews:

(S3): “My dad died of cancer – it took quite a long time – nothing helped”

(S5): “He was in hospital for a while, and then he died of kidney failure”

(S6): “My dad died of a stroke”

(S8): “My mom had cancer – she couldn’t help herself – she couldn’t even eat”

**Unnatural death** in this case refers to a cause of death that may be associated with some form of human error, and is linked to the sub-category of unexpected death. It appeared that where the parent had a hand in their death, the subject had tremendous difficulty in accepting the death. Where death was due to vehicle accidents, negligence appeared to be suggested by the subject. Ambivalence was also manifested by certain subjects in the sense that they mentioned not being able to understand the deceased parents' actions, and also their speculation regarding the reason for the irrational behavior of the deceased parent. This ambivalence could probably be attributed to the confusion created by the death of their parent. This theme is illustrated by the following verbatim quotations from the transcribed interviews:

(S1): "I couldn't understand why he took his own life, but he did have a lot of problems"

(S2): "They went for a joy ride on the dam – and they had an accident"

(S4): "He shot himself in the heart"

(S7): "She died when she crashed the car after a party at work"

#### **4.4.2 Category 2: Family context**

The way in which a child experiences the death of a parent appears to be influenced to a large extent by the physical and spiritual stability of the family unit, since young children, especially, are influenced mainly by the attachment figures in their close family network. The domestic environment and circumstances appeared to have a major influence on the bereft pupil's experience of the loss of a parent.

It is common knowledge that it is normally in the family home where the child's basic needs like those for food, warmth, and love as well as safety and security are satisfied, and that the child is dependent on his parents to provide for these needs. With regard to the present research, however, it is important to consider that it is also in the family home where the child is first introduced to values such as trust, respect, and honesty, and

characteristics such as bonding and attachment, as well as communication and coping skills.

The family context should also provide the child's first exposure to examples of human relationships, and the way in which family members deal with trauma and crises, including death, not only of biological family and loved ones, but also of any living organism with which they may have formed a relationship.

The point being made, is that what the child is exposed to in the family home, will not only have a marked influence on his entire human existence, but also on his ability to come to terms with tragic and traumatic incidents in his life, such as the death of a parent or loved one. If one of the parent partners have been lost through death, that child's normal progress towards realizing his potential as a human being may be seriously hampered. For this reason, we need to consider that the family context plays a significant role in the bereft pupil's experience and perceptions of the death of a parent.

**Table 4.2 Family context**

Category 2	Family context	n = 8
Sub-category	Attachment	6
	Physical absence	6
	Dependence	6
	Protectiveness	5
	Abandonment	4

Subsequently the category "family context" is discussed in greater detail, with direct "verbatim" quotations from the subjects interviewed to illustrate the themes.

**Attachment** played a major role in how the death of a parent effected the pupil's interviewed. The nature of the attachment to the deceased parent varied between



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close and distant, and inevitably had an influence on the whole bereavement experience for individual pupil's. Close attachment to the deceased appeared to result in greater trauma for the bereft, while more distant attachment to the deceased, appeared to be less traumatic. Close attachment in the case of broken homes, was more related to the custodian parent, whilst distant attachment was more related to the absent parent. This theme is illustrated by the following verbatim quotations from the transcribed interviews:

(S3): "My late dad called me pet names and was always fun to be with"

(S4): "I was always closer to my mom – I never wanted to go to my dad"

(S5): "Even though I wasn't very close to him, he was still my father"

(S6): "Every Sunday after lunch, I would lie on my dad's tummy or legs and watch T.V"

(S8): "Me and my mother got on very well – she was a good mother"

**Physical absence** of a deceased parent, which may be coupled to *yearning* in category 5 appeared to have implications for the bereft pupil's feeling of domestic stability in the sense that the family unit was no longer regarded as complete. This suggests that the child's sense of domestic security/stability, is not entirely subject to the degree of attachment alone, but also the perception of the family unit as being complete, which inevitably effects the bereft pupil's ability to come to terms with his/her loss. Ironically, even those pupils whose parents were separated (living apart) at the time on the bereavement, still appeared to feel that the deceased parent was essential to the notion of family stability, even though the deceased parent hadn't actually been part of the family unit prior to their death.

(S1): "I miss my dad, even though I was staying with my mom when he died"

(S2): "My mom and dad were divorced, but now I only have a mom, but not a dad"

(S3): "He just isn't there anymore – we aren't a family anymore"

(S5): "He is no longer there to watch me play netball"

(S6): "My dad had a special place to sit, now his place is empty"

(S8): “It’s just that there is a person missing in the home – it doesn’t feel right”

**Dependence** on the deceased parent, not only for the provision of physical needs, but also for emotional support, appeared to make the pupil bereft of a parent feel rather insecure and anxious with regard to the future. Although this factor reflects on the family unit’s capacity to raise self-reliant, self-responsible children, those children in the senior primary phase of school, are generally still dependent on their parents to provide all their basic needs. As in the case of physical absence, even pupils who were no longer living with the deceased, appeared to feel a certain amount of dependence on that parent, in the sense that they still had contact with them through visiting rights and maintenance factors, although these were not always forthcoming.

(S2): “You can’t do anything without him”

(S3): “It’s difficult to go places, because my dad always used to drive us everywhere”

(S5): “A father is the main provider”

(S6): “My dad could always make a plan when there was a problem”

(S8): “My mother had to bring me and my brother up on her own”

**Protectiveness** by parents/guardians of the bereft pupil, emerged in many of the cases. This factor appeared to be negatively viewed by most of the subjects in the sense that they seemed to be of the opinion that it delayed and confused their perceptions of the circumstances surrounding the death event, and consequently prolonged their ability to come to terms with the loss. When the truth emerged regarding the circumstances of the death event, effected pupil’s appeared to virtually relive the tragic episode, and also to view the surviving parent with suspicion and a certain amount of distrust.

(S1): “She said she didn’t tell me the truth, because she didn’t want to hurt me”

(S2): “I still don’t know why my mom never told me how he really died”

(S3): “My mom didn’t tell me in a direct way, because she didn’t want to upset me”

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(S4): “My mom said that he was just fooling around – that it was an accident”

(S8): “My auntie said my mother is fine, even though she knew my mother had died”

**Abandonment** of the family and those left behind by the deceased, formed part of the perception of the death of a parent by some of the subjects. They appeared to feel that they had been left in the lurch by the deceased parent, which led to feelings of resentment and disappointment, and apparently delayed their ability to come to terms with the loss of their parent. The impression gained was that in many instances, the bereft felt that they had been let down by the fact that the deceased had left them.

(S2): “I felt that I was going to be alone all my life”

(S3): “I thought how could he leave us like this”

(S5): “When he died, I felt very let down”

(S6): “Even though he had no choice, I feel terribly let down that he’s gone”

(S8): “She left me with a baby brother to take care of”

#### 4.4.3 Category 3: School and church

The school environment of the pupil who has been bereft of a parent, also has implications for the pupil’s rate of adjustment to the loss, since these children spend most of the normal week day at school. The reaction to the loss of their parent by teachers and peers, as well as their support from other community structures like the church, will also be a contributory factor in this pupil’s assimilation of the event. School performance may be affected, as well as self-esteem. Most of the bereft pupil’s seemed to feel that the subject of death should be dealt with by the school in the form of an orientation, which they suggested may better prepare them for such a tragedy.

**Table 4.3: School and church**

Category 3	School and church	n = 8
Sub-category	Teachers	5
	Peers	6
	Academic performance	6
	Church	6

The **teachers** in the senior primary school play a major role in the formative years of the pupil, and because they deal with the pupil's in their class on a daily basis, they have an opportunity to get to know them personally. As such, it may be expected that the bereft pupil will look to his teachers, not only for support, but also to provide him/her with an understanding about death, and why the experience is effecting him/her the way it does. Generally the feelings of the bereft pupil was that the teachers were not equipped to deal with the subject of death. This theme was illustrated by the following verbatim quotations from the transcribed interviews:

(S1): "Teachers should tell children about death so that it doesn't come as such a shock"

(S2): "I don't think the teacher really understood, because she didn't say anything"

(S3): "She (the teacher) just said that she was sorry (to hear that my father had died)"

(S4): "The teachers should explain and have more compassion"

(S5): "My teacher said that everything will turn out alright"

**Peers** play a major role in the life of the senior primary school pupil, since all children in this stage of development need not only to be able to identify with a particular group, but also to be recognized and accepted by significant others. However, there appeared to be a degree of embarrassment experienced by some bereft pupil's and their peers in terms of their bereavement, although others felt that the support of their peers was of particular comfort to them, especially those peers who had been through a similar experience.

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- (S1): "My friend Jean Pierre also lost his dad, and he made me feel a little better"  
(S2): "I didn't really want my friends to know"  
(S3): "My best friend tried to cheer me up and make me forget about it"  
(S4): "It seemed like some of my friends couldn't talk to me about it"  
(S6): "I felt kind of different around my friends"  
(S8): "It was better to be at school with my friends, because I didn't want to be alone"

**Academic performance** of the bereft appeared to be effected in most instances, and the duration thereof seemed to be related to the duration of time that the bereft pupil spent on coming to terms with the loss. In some cases the loss inspired the bereft pupil to take their studies more seriously, the impression being that absorption in the academic effort took their mind off the trauma that they had experienced. However, in most cases the school performance was temporarily (at least), negatively effected.

- (S2): "Even now when I think about it, I can't concentrate at school"  
(S4): "I've gone down in most of my subjects"  
(S5): "My marks actually improved because I decided to work harder"  
(S6): "My marks went down - my dad was the one who helped me with my school work"  
(S7): "I don't care about schoolwork when I think what happened to my mom"  
(S8): "It is difficult to concentrate on schoolwork, when you've lost a parent"

**Church** related factors were also mentioned by some of the pupil's. The church is normally one of the pillars of society, which performs an essential function in the processes and rituals following the death of a member of the community. They are not only instrumental in memorial and burial services, but also in assisting the bereft in the healing process. Unfortunately, many of the subjects in this research suggested that the church did not fulfil the supportive role that one would expect from a religious community structure. However, it must be mentioned that it appeared that the families of

some of the bereft pupil's were also not closely associated with the church, before and after their bereavement.

- (S1): "Even though we don't go to church a lot, I read things in the bible"
- (S3): "We only went to church for the funeral – for about an hour"
- (S4): "The minister sent us a card saying that he was sorry"
- (S5): "The church didn't really do much – I remember my mom said a prayer for me"
- (S6): "There was nobody from the church, only my mom and aunt comforted me"
- (S7): "We never used to go to church – but we went for the funeral"

The first three categories formed part of the ecological part-system within which each human being functions. The categories discussed henceforth form part of the intrapsychic part-system within which man functions. These include the bereft pupil's traumatization by the death of their parent, their grieving, as well as their attempt to actualize the tragedy that had befallen them.

#### **4.4.4 Category 4: Traumatization**

The first reaction to the loss of a parent by the bereft school pupil, can only be described as a shock reaction. This was evident in the fact that the majority of the subjects interviewed could vividly recall that they were totally devastated when they were confronted with the tragic news. At least three of them shed a few tears when they described the occasion during the interviews. This shock manifested as temporary paralysis in some cases, and in other cases as a powerful urge to flee from the presence of human contact. This was followed by pain, denial in the sense that the bereft could not believe that the parent was dead, and finally withdrawal.

**Table 4.4 Traumatization**

Category 4	Traumatization	n = 8
Sub-category	Temporary paralysis	6
	Pain	6
	Denial	7
	Withdrawal	6

**Temporary paralysis** manifested in some of the pupils when they were confronted with the news that they had been bereft of a parent. They suggested that they were unable to move, and that they were numb with shock, even though they felt a strong urge to get away from the source/surroundings of this terrible news. This theme is illustrated by the following verbatim quotations from the transcribed interviews:

(S1): "I wanted to run, but I couldn't move"

(S2): "I couldn't do anything, I was just like numb"

(S3): "I was so shocked, at first I couldn't even cry"

(S4): "It felt like my body was dead, I had no feeling"

(S5): "I couldn't speak, I was lame, I couldn't even walk"

(S8): "My body was dead, I didn't have the strength to move"

**Pain** was the word used by many of the subjects to describe the experience of their bereavement. They suggested that their pain was manifested in the form of mental and physical anguish, which in some cases may have been psychosomatic. They described bouts of crying, as well as pain, affliction and tension in the days following their bereavement, suggesting that they had been severely traumatized by the tragedy.

(S1): "It was so painful for me, I couldn't stop crying"

(S2): "My heart was broken when I heard the news"

(S3): “It is sometimes too painful to talk about”

(S5): “I had so much pain in my heart, I felt like I was going to break in pieces”

(S6): “My heart was very sore”

(S8): “I had such a headache, that I couldn’t even think”

**Denial** manifested in virtually all the subjects interviewed when they described their emotional state when they were confronted with the tragic news of their bereavement. At the time some subjects suggested that they had accused the bearer of the tragic news with lying, whilst others just could not or in some cases would not believe that their parent had died. This theme was illustrated by the following verbatim quotations from the transcribed interviews:

(S2): “I thought that she was lying to me”

(S3): “I only realized that he was really gone when we were at his funeral”

(S4): “I thought that they were lying to me, I didn’t want to believe that he was dead”

(S5): “I thought he can’t be dead, because I couldn’t imagine that”

(S6): “I still sometimes think it is all just a dream”

(S7): “I didn’t believe that she was dead, because I didn’t want her to be dead”

(S8): “I refused to believe that she was dead”

**Withdrawal** manifested in the sense that some of the bereft pupil’s described wanting to retreat from reality – to get away and to isolate themselves from human contact. It appeared that they wanted to be left alone to contemplate the tragedy that had befallen them. Some of them actually locked themselves in their rooms, whilst others were restrained from isolating themselves.

(S1): “I stayed in my room, and I wouldn’t come out”

(S2): “I didn’t want to come out of my room”

(S3): “I wanted to be alone, by myself”



(S4): “I didn’t want anyone near me, I just wanted to get away”

(S5): “My aunt had to hold me, because I just wanted to run out of the flat”

(S8): “I tried to run out of the house, I don’t know where, I just wanted to get away”

#### 4.4.5 Category 5: Grieving

**Grief** was expressed by all the subjects who had been bereft of a parent, once the reality of the tragedy had dawned. They described being very sorrowful, which was predominantly manifested in the form of grief, sadness and regret at the death of their parent. These feelings in turn led to corresponding feelings of desolation, emptiness, yearning and guilt. This mournfulness appeared to remain with the subjects for a variable duration of time, and whilst it generally subsided after the completion of all the rituals, degrees of closure of the mourning process seemed to be related to the circumstances surrounding the death event. Unnatural causes of death appeared to be more devastating, and resulted in an extended mourning period in most such cases.

**Table 4.5 Grieving**

Category 5	Grieving	n = 8
Sub-category	Sadness	8
	Despair	6
	Yearning	6
	Anger	6
	Guilt	5
	Desolation	6

**Sadness** was experienced by all the subjects interviewed, not only at the time that they were confronted with the news of their bereavement, but also for a variable duration of time thereafter, in the form of hysteria and confusion. Their sadness was expressed

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through continuous crying and melancholy. Some of them became so sorrowful during the interview that they could not hold back the tears. This theme was illustrated by the following verbatim quotations from the transcribed interviews:

- (S1): “I felt very sad, and I couldn’t stop crying”
- (S2): “I was just crying all the time”
- (S3): “I went to my room and just sat on my bed and I cried my eyes out”
- (S4): “I started screaming and shouting and crying”
- (S5): “It was the saddest day of my life, I couldn’t stop crying”
- (S6): “I just broke down and started crying, we were all crying”
- (S7): “I felt sad that my mom was dead, and I started crying”
- (S8): “I felt so sad, that I couldn’t even think straight”

**Despair**, which refers to an extremely unpleasant emotional reaction, largely depressive in nature, resulting from the abandonment of hope, manifested in the form of emptiness, destitution and desperation with some of the bereft subjects. In many cases they described feeling empty inside and implied that there was no hope. Despair is closely linked to the previous sub-category, namely desolation.

- (S2): “There was like an emptiness inside me”
- (S3): “I was thinking that things will never be the same again”
- (S4): “I felt so helpless – if only he didn’t die”
- (S5): “It’s difficult to describe, there’s like an emptiness inside”
- (S6): “Sometimes I feel that things don’t look too good”
- (S8): “I thought that it would have been better if I was the one who died”

**Yearning**, which in this case refers to a melancholy feeling, associated with a lack of companionship and support, manifested in many of the bereaved children included in the

empirical research. This yearning and loneliness was (paradoxically) sometimes experienced when they were surrounded by a lot of people, such as at the memorial service, and at the funeral, but it was more often experienced when they were on their own, and expressed through longing for their bereft parent. It appeared that the yearning and loneliness was often triggered when the subjects thought about activities which they shared with the deceased, and special moments when they felt very close to them, such as when they were enjoying the individual attention of the deceased.

(S2): "I used to go fishing with my dad on Sundays – I really long for those days"

(S3): "We always had talks when him and I were driving in the car – I really miss that"

(S4): "I just want to talk to him – I miss him a lot"

(S5): "I miss him, especially on Sundays"

(S6): "When I go to sleep at night, I think of him, and I wish he was still alive"

(S8): "Whenever I'm alone, I think of my mom, and I miss her terribly"

**Anger** manifested in some of the subjects as verbal aggression, disappointment and frustration, and in two cases as physical aggression, when they received the news that they had been bereft of a parent. This was directed either at the persons trying to comfort/restrain them, or at the deceased person for letting them down. The anger also appeared to originate from feelings of helplessness.

(S1): "I was angry that he could do something like that to himself"

(S3): "I felt frustrated because no one could do anything for him"

(S4): "I was cross with everyone, and I pushed my mom away"

(S5): "I was angry at him for wasting his life like that"

(S7): "I was angry that they allowed her to drive a car in that condition"

(S8): "I was angry at the people who didn't treat her well"

**Guilt** manifested in the form of regrets in some cases, and blame for the death of the deceased in other cases. It was expressed by subjects who remembered occasions when they were disrespectful to the deceased, while some seemed to imply that certain individuals were partially responsible for the death of the parent, through neglect and insensitivity.

(S3): “I felt that I had been nasty to him sometimes”

(S4): “Sometimes I feel that it’s my fault that he killed himself”

(S5): “I felt that I was to blame, because maybe I could have helped him”

(S7): “They shouldn’t have let her drive the car when she had been drinking”

(S8): “Certain people did not treat her very well when she became sick”

**Desolation**, which in this case refers to a feeling of their world collapsing around them, manifested in the form of feelings of ruin, emptiness, and deprivation. In some cases, it appeared that they had lost interest in their daily activities, and that their bereavement had in some way diminished the value of life. This sub-category may be linked to the sub-category of *abandonment* in category 2, namely, the *family context*.

(S2): “I felt that without my dad, my life was ruined”.

(S3): “There was like an emptiness – it felt like I was sort of alone”

(S5): “I felt very sad and disappointed, and let down”

(S6): “Life is not the same without my dad around”

(S7): “When I saw the coffin, I felt that it was the end”

(S8): “When the coffin went down, I wanted to go with my mom”

#### 4.4.6 Category 6: Actualization

**Actualization** of the death of a parent, basically refers to the bereft child’s attempt to accept the reality of the death of their parent, and their acknowledgement that the

deceased is physically gone forever. This was influenced by a number of factors, from the circumstances of the death, to the family relationships at the time of the death, as well as gender and age considerations. Actualization was expressed in the subjects views of the purpose of the death, the choice of the bereft parent in their death, views on continued existence, the acknowledgement that the deceased was dead, the uniqueness of the death of a parent to the bereft individual, and finally in resumption or the recognition that life must go on.

**Table 4.6 Actualization**

Category 6	Actualization	n = 8
Sub -category	Accommodation	6
	Purpose	6
	Uniqueness	5
	Continued existence	6
	Resumption	6

**Accommodation** of the situation relates to the bereft subjects attempts to manifest some form of closure through the acceptance of the fact that their parent had died, and the acknowledgment that their parent is physically gone forever. This acceptance was influenced by the time elapsed since the death, as well as a number of themes already mentioned in earlier categories, with the circumstances of the death event being the major factor. Most subjects appeared to be coming to terms with their bereavement, and accepted that their parent had died, and they would never see them again. However, the expressions of some of the subjects were contradictory (see *denial* in category 4), implying that they had not yet fully manifested closure. This theme was illustrated by the following verbatim quotations from the transcribed interviews:

- (S1): "What's done is done, nothing can change that"  
(S2): "I still think about my dad, even though I know that he can never come back"  
(S3): "It's difficult to get over it after such a short time, but it's getting better"  
(S4): "I wish that my dad was still alive so he could tell me what really happened"  
(S5): "I accept that he's gone - everything happens for a reason"  
(S6): "I still get sad, but at least he isn't in pain anymore"

**Purpose** or reason for the death, in a deeper sense, was not always understood by the bereft. Some of the subjects appeared to rationalize the reason, whilst others could see no reason whatsoever, and some of the subjects suggested that their deceased parent's circumstances had something to do with their death, especially in the case of suicide. In some cases it appeared that the opinions of certain subjects may have been influenced by the views of family members or acquaintances of the deceased, while others suggested that the parent had no choice in the matter.

- (S1): "He had a lot of problems, like at work, and at home"  
(S3): "I was just thinking how could this happen – I mean why, what for"  
(S4): "I think that he wanted to die because everything was going wrong"  
(S5): "I believe that he died because he was nothing in this world"  
(S6): "He died because he was too good for this world"  
(S8): "I was thinking why did my mom die, maybe the Lord wanted her"

**Uniqueness** of the experience of being bereft of a parent was expressed by a number of the subjects when asked what they felt could better prepare them for the death of a loved one. The impression gained was that the death of a parent was seen as such a devastating experience, that no amount of preparation for death can prepare one for such a tragic eventuality.

- (S2): "It is something that you won't know until it happens to you"

(S3): “If it is a sudden death, I don’t think anyone can be prepared for that”

(S4): “My friend’s father also died, so she knew what it was like”

(S5): “You don’t just pick when you are going to lose someone – it’s different”

(S6): “Death is not something that just anybody can understand”

**Continued existence** refers to the views of the subjects on what happens to a person after they have passed away - where do they go? Some suggested that there is some form of continued existence, while others implied that there could be, but that they weren’t certain. Certain subjects had been influenced by the bible, while the views of others appeared to be based on what they had heard from others in their family circle or community.

(S1): “The bible says that if you take your own life, you go to hell”

(S2): “Maybe I will see him again when I die”

(S4): “I think that a person goes to God when they die”

(S5): “My dad’s gone to heaven, and he’s happy there”

(S6): “I think that people go to heaven – I’m not sure”

(S8): “Your soul goes to the Lord which is in heaven”

**Resumption** refers to the bereft pupil’s realization that their parent had passed on, and that they needed to get on with their own lives. In some cases, the subjects suggested that the interruption in their lives through the death of their parent had motivated them to pursue life with greater determination, whilst in other cases, subjects suggested that they had no choice, but to get on with their lives.

(S1): “I know that I need to get on with my life”

(S3): “Life is different, but I’m getting used to him not being around”

(S4): “We’ll just have to go on without him”

(S5): “My life is not over, but his is – I must go on and try my best in everything”

(S7): "Life goes on"

(S8): "I feel that I have to make the best of it"

#### **4.5 OBSERVATIONS FROM THE FIELDWORK**

During the course of the interviews, it became evident to the present researcher that the self-confidence and self-esteem of the bereft pupil's was rather low, because in most cases, these children were very reserved, and introvert in their communication. It also appeared that all the bereft pupil's interviewed had not yet entirely come to terms with their bereavement. Many of them were still apparently grappling with their bereavement, some even after a four year period had elapsed since they were bereft, as certain subjects became understandably emotional while expressing their experience of bereavement.

#### **4.6 CONCLUSIONS**

##### **4.6.1 Family context**

The normal bereavement process of the bereft pupil seemed to be complicated by the fact that many of the bereft pupil's appeared to be part of a nuclear family system as opposed to a traditional family system. Many of these families, unfortunately, sometimes regard their bereavement as a private matter, and in some cases almost as a family secret. This notion was supported by the fact that only one of the eight subjects interviewed had received counseling (apparently with reluctance) after being bereft of her parent, and very little reference to the assistance of outside support was forthcoming from any of the bereft pupil's interviewed.



#### **4.6.2 Educational institutions**

The school and their teacher's who also form a component of the support system for bereft pupil's understandably treat bereft pupil's with sympathy, but the impression gained is that their involvement was somewhat limited. Clearly, the school can play a more significant supporting role in the bereft pupils resumption of normal life, simply because these pupils spend the larger part of their lives on the school premises.

Unfortunately, the provincial educational aid centres who are delegated to assist pupil's with special needs, which includes pupil's who have been bereft of a parent, do not appear to have the resources to fulfil this function. Their provision of psychologists and social workers especially suitable in this instance, needs to be addressed.

#### **4.6.3 Religious institutions**

The church and religious institutions are also regarded as one of the support system components who are expected to fulfil a function with regard to the bereavement of it's community members. However, the impression gained from this research was that with minor exceptions, the involvement of the church was also somewhat limited. The main shortcoming seemed to be the lack of follow-up, by the religious institutions after the funeral of the deceased. It must be said, however, that the freedom of the religious institutions to provide backup for the bereaved may have been complicated by family dynamics.

#### **4.6.5 The peer group**

The peer group also played a part as a support system component in the lives of the pupil's who had been bereft of a parent. The impression gained from the research,

however, was that the ignorance of the peer group regarding the subject of death, appeared to be an obstacle. This opinion is based on the fact that in most instances only those peers who had themselves lost a loved one at some stage were supportive of the bereaved pupil.

#### **4.6.5 Communication breakdown**

What emerged from the research was that there appears to be a communication breakdown between the relevant parties and structures who should constitute the collective function of supporting the bereft pupil. Although one would expect the domestic and community structures, which includes family, educational, and religious institutions, to be equipped to provide suitable assistance for pupil's bereft of a parent, this did not necessarily appear to the present researcher to be the case, considering the responses of the bereft pupil's. The three-way link between the family, school and church, would normally be expected to provide the basis of support (systems) in cases where the children of the community are bereft. The effectiveness and stability of this link holds implications for the extent to which the bereft pupil's are able to come to terms with their loss, and to continue with their lives in a normal way. If any or all these links are inadequate in performing a supportive role, and/or the link between these support systems is severed, the bereft pupil's chances of coming to terms with their loss, and their ability to get on with their lives may be seriously hampered.

The overall impression gained was that death still appears to be very much a taboo subject with parents, teachers and peers, the main reason being that grieving seems to be regarded as a private matter.

#### **4.7 SUMMARY**

To sum up, the following themes were identified: death event; family context; school and church; traumatization; grieving; and actualization. These themes are used to identify correlations and exceptions in the literature study, that is, the categories and sub-categories of the present empirical research are compared with relevant accessible available literature.

The literature study is covered in chapter 5.

## CHAPTER 5.

### LITERATURE STUDY: COMPARISON OF RESEARCH RESULTS WITH EXISTING LITERATURE

#### 5.1 INTRODUCTION

In the previous chapter, the empirical research results were discussed and interpreted in accordance with identified categories (subsequently referred to as themes), which include the death event, the family unit, school and church; traumatization; grieving; and actualization. In this chapter the empirical research results are compared to relevant accessible available literature in order to identify existing correlations, as well as possible differences and exceptions. In doing so, the themes are placed within their paradigmatic systems.

According to Jordaan and Jordaan (1989;41 – 42), man functions within four part-systems, namely:

- The ecological part-system, which emphasizes the interdependent relationships between living organisms, thus including interpersonal and group relationships.
- The intrapsychic part-system, which includes the perceptual (to do with the senses), the emotional (to do with feelings), the dispositional (to do with the manner of behavior), and the self (self-concept).
- The physical part-system, that is the biological phenomena, which includes the physical health of an individual.

- The meta-physical part-system, that is, aspects pertaining to nature.

The focus of this research, however, is on the role of the ecological and intrapsychic part-systems, since these systems dominated the empirical research findings. The decision to concentrate on these two part-systems was also motivated by the fact that other researchers, such as Klass, Silverman and Nickman (1996:85), suggest that bereavement needs to be considered as a *cognitive* as well as an *emotional* process that takes place especially in the *social context* of which the bereft and the deceased is part.

However, because overlapping is sometimes unavoidable, the themes and categories included in the two part-systems of this research, namely the ecological and the intrapsychic part-systems, will sometimes also include aspects from the physical or biological part-system, as well as the meta-physical part-system, which are not specifically dealt with in the present research.

Where sub-themes from the research could not be correlated with relevant (accessible) available literature, those sub-themes are included at the end of the literature comparison relating to the relevant main and sub-themes. This is indicated by means of an asterisk as a unique contribution from the empirical research.

The format of the literature control involves brief references to the research findings in terms of themes and categories manifested, followed by references to corresponding accessible available literature.

## 5.2 THE ECOLOGICAL PART - SYSTEM

According to Webb (1993:29), assessment of a bereaved child involves the consideration

of a group of factors, including factors related to the death, family factors, social factors (including school and religion), and individual factors such as age, gender, developmental stage and so on. She suggests that all these factors need to be evaluated in order to fully appreciate the bereavement experience of a given individual. However, because the individual factors, such as age and gender, related to bereavement have already been thoroughly researched and documented in literature, the individual factors of the bereft were not dealt with in any detail in this empirical research. Suffice to say that the research included all the age groups, both genders (male and female), cultural and socioeconomic groups, and stages of development, represented in the senior primary phase of education at the school where the research was conducted.

The categories and themes that form part of the ecological part-system, and that appear to play a role in the senior primary school pupil's experience of bereavement, includes the death event, the family context, and the school and church. The views expressed by the bereft pupil as reflected in these themes, are elicited, maintained, and changed within the context of his living environment, which also includes his interpersonal and group relationships.

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### **5.2.1 The death event**

The present research revealed that the way in which the bereft pupil perceives and experiences the loss of a parent is largely influenced by the circumstances surrounding the death event. The nature of the death event is determined by factors such as expected and unexpected death, as well as natural and unnatural death.

Christian (1997:78), reported that the circumstances surrounding the death event will have a major impact on the bereft's response to the loss of a loved one. Different causes of death such as terminal illnesses, motor vehicle accidents, suicides or stigmatized diseases such as aids, as well as addictions and substance abuse related deaths, all have

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implications for the bereft, in terms of not only how he views the death of his parent, but also how significant others view the death of his parent.

According to Webb (1993: 44), there are countless variations between these two types of death situation: one “timely”, anticipated, and of natural causes; and the other, “untimely”, sudden, and violent. She suggests that the variability regarding circumstances of the death event has implications both for the survivors reaction to the death, and also the counseling and therapy options for assisting the bereft pupil.

### 5.2.1.1 Expected death

The present empirical research included pupil’s who had been bereft of a parent under circumstances which suggested that they were anticipating the death of their parent. This was especially related to cases where the deceased parent had been terminally ill, and in a single case where the deceased parent had previously attempted to commit suicide. Whether the anticipation of the death of their parent prepared them for the impact of such a tragic event, is doubtful.

Vine (1994:60), defined expected loss as that which the child is aware of and that which the child can prepare for in advance. She suggests that in many cases the loss of a loved one (such as the death of a parent) can be anticipated, so that, depending on the developmental stage of the bereft, they can be prepared, and also take part in preparing themselves for the future.

### 5.2.1.2 Unexpected death

Although the present empirical research suggested that the death of the parent of the bereft pupil, especially in cases of terminal illness, was anticipated, this anticipation appeared to fluctuate between the belief that their ill parent was going to recover, and the

belief that the imminent death of their parent was inevitable. The impression gained was that this uncertainty disturbed the child's emotional wellbeing. The research revealed that five of the subjects lost their parents in unanticipated or unexpected circumstances, mostly caused by motor vehicle accidents and suicide, but as mentioned in the case of expected death, the sudden death of a terminally ill parent in some cases, was also relatively unexpected.

According to Lindsay and Elsegood (1996:59-60), sudden losses are more difficult for children to cope with, since they don't have any time for mental preparation, and are plunged suddenly into an insecure world of grieving, with little or no explanation. They also suggest that sudden losses are often associated with traumatic events that adults themselves find difficult to accept, such as the death of a spouse, and that these adults may have difficulty in discussing the death with children.

Bowlby (1980:5), explains that because these deaths are sudden and unexpected, there is an increased likelihood that the death will be poorly explained to the bereft children. Without adequate, accurate information about the death, the child's fantasies are enhanced, and they have a diminished capacity to understand what has happened.

According to Vine (1994:60), unexpected loss may not necessarily be the result of a sudden, unanticipated event, but more often than not, may arise as a result of the fact that because of the child's developmental stage, they are not able to anticipate the event, that is, that their parent is going to die.

#### **5.2.1.3 Natural death**

The present empirical research revealed that some of the bereft subjects interviewed had lost their parent through terminal illness, which may be regarded as a natural cause. The sense that the death of their parent was inevitable, that the deceased had no choice in the



matter, and that everything had been done to prolong their life, seemed to contribute to the bereft child's acceptance of the death.

Papadatou and Papadatos (1991:37), suggest by implication that natural causes of death exclude all human –induced factors that may lead to death. To die a natural death, therefore, would imply that the deceased has died from old age, or a terminal illness that was not related to any negligent, irrational or immoral behavior on the part of the deceased, or any other person.

#### **5.2.1.4 Unnatural death**

The present empirical research revealed that some of the bereft subjects had lost their parent due to unnatural causes, such as suicide and car or boating accidents. However, where the subjects suspected that the irrational or negligent behavior of their deceased parent contributed to their death (including substance abuse), it appeared that these were also viewed as unnatural causes. The pupil's who lost their parent under these circumstances, manifested confusion, shame, and some- times guilt regarding the actions of their deceased parent.

According to Moller (1996:200-201), the loss of a loved one (such as a parent) through suicide, is the beginning of a unique loss and bereavement experience for the survivors, who are also victims in an important psychosocial sense, with reference to stigma and isolation of suicide survivors. He suggests that survivor victims of such deaths are also invaded by an unhealthy complex of disturbing emotions, including shame and guilt, and are often obsessed with thoughts about the death, seeking reasons, casting blame, and often punishing themselves.

Webb (1993:36) agrees that an important consideration with regard to this type of death, is the degree to which the death may be associated with stigma. She mentions that

examples of stigmatized deaths are those occurring because of suicide, AIDS, drug overdose, and murder or homicide.

According to Hurley (1991:238), there is evidence that children who lose a parent to suicide, are at greater risk to suicide and depression than are children in the general population. He suggests that the meaning of such a death often becomes distorted in the mind of the child, who usually cannot face the 'voluntary' nature of the suicidal death.

### **5.2.2 The family context**

The present empirical research revealed that the influence of the family context on the pupil's experience of bereavement is often related to factors such as attachment, the physical absence of the deceased, dependence on the absent parent, (over)protectiveness by the surviving parent, and abandonment, that is the perception by the bereft of being left in the lurch by the deceased parent. The fact the family context of all the bereft pupil's who participated in this research reflected a nuclear family system as opposed to a traditional family system, appeared to complicate their bereavement.

According to Doka (1995: 71–72), family relationships both before and after the death contribute heavily to the way children of all ages view and experience the death of not only a loved one such as a parent, but also the death of more distant acquaintances. He suggests that when a child is socialized in a family where death is never discussed and feelings are never dealt with, the child's fears build, and he carries the taboo of death with him on into adult life.

Brenner (1984:43) states that children who have happy and healthy family relationships before the death of a parent occurs, apparently cope more easily with stressful situations in these circumstances, than do youngsters with strained family relationships.

Pettle and Britten (1995:400) reported that sometimes the death of one parent leaves the other parent in a profound state of grief and less able to consider their bereft children's needs, leaving them to cope on their own.

#### **5.2.2.1 Attachment**

Findings from the present research suggested that the nature of the attachments of the subjects to their deceased parent varied from close to distant. Close attachment to the deceased appeared to result in greater trauma for the bereft pupil, while more distant attachment to the deceased appeared to be less traumatic.

Christian (1997:78) suggests that the kind of relationship that a child had with the deceased will significantly influence the child's response to the death, adding that the loss of an attachment figure can have a profound effect on a child.

According to Lindsay and Elsegood (1996:17-18), the key element in the theory of attachment is the need for human beings to have special people in their lives on whom they can rely for resolution of any crisis. They suggested that although attachment is most commonly to the mother, the child who has a warm father and a cold mother, albeit very efficient in dealing with physical needs, will very likely have the father as the primary attachment figure.

According to Webb (1993:37), the closer the relationship to the deceased, the more profound will be the impact of the death on the survivor. She adds that the death of a parent or sibling ranks as having the highest impact on the child.

#### **5.2.2.2 Dependence**

The present research revealed that many of the subjects included in the research

expressed views which suggested that they were dependent on their deceased parent in a number of ways, including both physical as well as emotional support.

Klass, et al (1996: 80-81) reported that many of the bereft children included in their research, expressed being dependent on the deceased parent. They apparently remembered that their deceased parent would always help them, no matter what, and that it was hard to get along without their deceased parent. Others suggested that their deceased parent was their friend, and that they could talk to them about anything.

### **5.2.2.3 Protectiveness**

The present research revealed that many of the subjects included in the research were subjected to the protectiveness of the surviving parent, regarding the death of their deceased parent. While they suggested that they understood the reason for this protectiveness, they appeared to feel that it was an obstacle, which prolonged their ability to come to terms with the death of their parent, and also led to distrust of their surviving parent.

According to Jim Smith (in Warren, 1988: 8-9), the whole subject of death and bereavement in the modern world has been moved to the safety and distance of a hospital ward, and a brief notice in the paper. He suggests that in the place of the death bed scene, with all the family gathered round to pay their last respects, we have total 'shut out' – a condition in which dark and sinister fears breed and multiply. He goes on to say that few people are even allowed to see a dead body, except when it is cosmetically concealed to create the illusion that nothing has changed, and consequently, for such people, death may be nothing but the terrible unknown.

Lindsay and Elsegood (1996:98) reported that the adult (in this case the surviving parent), may want to protect the child from the pain of talking about the loss of the deceased

parent. According to them, the surviving parent may also be afraid of their own reactions to tears, distress and bad feelings, with the result that the child may not be given honest opinions and information. They also suggested that the avoidance of the subject of death adds to the bereft child's confusion, and increases the risk of long-term problems.

Moller (1996:135) also appears to be of the opinion that parents in the modern social setting are more hesitant to talk to their children about death, and acquaint them with relevant facts.

#### **5.2.2.4 Abandonment**

The present empirical research revealed that some of the bereft subjects viewed the death of their parent as abandonment. They suggested that they had been left in the lurch by the deceased parent, and felt that they had been badly let down. This perception had implications for the grieving process.

Grollman (1991: 56) reports that children who have been bereft of a parent often interpret the loss of their parent as abandonment. He suggests that bereft children tend to express these feelings of desertion in terms of questions such as "Why did he leave me?", "Didn't he care enough for me to stay alive?", "How could daddy do this?"

Dalke (1994:113, 129) agrees that one of the confused feelings expressed by the child bereft of a parent, is that of abandonment, which is usually accompanied by anger at the perception of being left in the lurch.

#### **\* Physical absence**

A sub-theme that emerged from the empirical research, but which could not be found in the accessible available literature, was that of *physical absence* of the deceased parent in

category 2, namely the family context. Some of the bereft subjects suggested that the physical absence of their deceased parent made them aware that their family unit was being incomplete. This awareness was apparently related to their sense of family stability, which held implications for feelings of insecurity and lowered self-esteem.

### **5.2.3 The school and church**

The influence of the school and church on the bereft pupil's experience and perception of the loss of his/her parent in the present empirical research, was expressed in relation to their teachers, peers, academic performance, and the role of the church. It appeared that the supportive role of all these components in assisting the bereft pupil was of a limited nature.

According to Aspinall (1996: 341), today's children are increasingly exposed to death in their environments, and notes that the professional literature indicates potentially adverse effects of unresolved childhood grief. In the light of this situation, he emphasizes the need for death education to be included in the school curriculum.

Lindsay and Elsegood (1996:78) suggest that schools and some social service agencies exist for purposes not primarily related to death and other losses. They suggest that loss and death are often viewed by these institutions as an intrusion, and sometimes an inconvenience, to what is deemed to be the normal work of the institution.

Budmen (1969:11) makes the point that most of children's education deals only with the living, leaving them helpless in dealing with death.

#### **5.2.3.1 Teachers**

Findings from the present research suggested that although the teacher is sensitive to the

bereft pupil's situation, they are generally not prepared or equipped to provide more than sympathy. These views would appear to correlate with the comments of other researchers regarding the input of teachers in dealing with bereft pupils.

Webb (1993:40) suggests that school-going children are very alert to the opinions of teachers and classmates. She claims that when a child experiences the death of a loved one, such as a parent, the reactions of friends and school personnel are important to them.

Evans (1986:44-45) reported that research conducted by Pratt, Hare and Wright (in press), revealed that many teachers appeared to be uncomfortable talking about death to bereaved young children, particularly if the conversation focussed on the death of a parent. He suggested that many teachers felt unprepared or only minimally prepared to recognize and respond to the symptoms of grief manifested by their pupils.

Lindsay and Elsegood (1996:78), claim that strong feelings may sometimes be aroused in staff members about whether or not they have a role to play in dealing with their pupil's bereavement.

#### **5.2.3.2 Peers**

The present empirical research revealed that the peer group of the bereft pupil played a role in their bereavement. The impression gained was that some of them were embarrassed by the fact that they had lost a parent, while others felt that the fact that their parent was deceased made them 'different'. However, there were also subjects who were comforted by their peers, especially those peers who had also lost a parent.

Webb (1993:13, 40) claims that when a child experiences the death of a loved one such as a parent, the reaction of friends is very important to him/her, since they have a strong

need to 'fit in' and be accepted by their peers. She makes the point that children have a fear of being 'different' to their peers with regard to having a deceased parent. She also suggests that frequently the bereft child's peers also feel uncomfortable at the prospect of having to speak to a bereaved friend.

Evans (1986:49-50) agrees that a stressor which faces bereaved children, is their acceptance by their peers. He suggests that the loss of a parent may make them feel 'different', 'singled out' and stigmatized, leading to embarrassment on their behalf. He believes that they may consequently compensate by hiding their grief feelings in order not to draw attention to what seems like a stigmatizing loss.

### **5.2.3.3 Academic performance**

Findings from the present empirical research revealed that the affect of bereavement on the pupil's academic performance was (temporarily at least) negative in most cases, and that their diminished performance appeared to be related to the duration of their grief. Bereft pupils reported that they couldn't concentrate at school, that their marks had deteriorated, and that in some instances, they didn't care about doing well at school.

According to Doka (1995:100,107), one of the ways in which bereft children show their reaction to the death of a loved one, such as a parent, is through deterioration in their academic performance. He suggests that coping with grief requires energy and concentration, and that there may not be much left for schoolwork. Even an increased effort may not yield the usual results, since grief may result in a shorter attention span, difficulty in remembering facts, lower grades and a lower level of self-confidence.

Papadatou and Papadatos (1991:86-87) agree that bereaved children have difficulty concentrating on their schoolwork, that they lose motivation to learn, and that they lack energy, with the result that their academic performance suffers.



Research conducted by Worden and Silverman (1996:100) suggested significant emotional differences between school-going children who had been bereft of a parent, and their non-bereaved controls. They claim that the most noteworthy aspect of their findings is that the bereft pupil's manifest higher levels of low self-esteem and self-efficacy, all of which affects not only their social and emotional adjustment, but also their educational adjustment.

#### 5.2.3.4 Church

The present empirical research revealed that the religious institutions to which the family of the bereft pupil sub-scribed, did fulfil a function in the families bereavement. The impression gained from the interviews, however, was that the role of these institutions was limited to the ritual procedures that follow the death of an individual, namely the funeral, which entailed only a memorial service at the church, and no further supportive function.

According to Webb (1993:14), any analysis of a child's understanding about death, must include amongst other factors, the influences impacting on the bereft child that emanate from the child's exposure to religious beliefs and institutions, such as the church. The implication is that the child is inevitably influenced by the beliefs and practices adhered to by the religious institution to which his family subscribes.

Altschul (1988: 70-71, 74) suggests that where family members have been active members of a religious group, support may be forthcoming, since funeral arrangements are often centred around the church. He adds that the church may sometimes even provide some sort of counseling for the bereft parent and children, as some religious communities supply much practical and emotional support for their members. He points out, however, that often there is an excess of help immediately after the death, and a dearth thereof later on, after the burial.

### 5.3 THE INTRAPSYCHIC PART-SYSTEM

The intrapsychic part-system within which man functions is made up of the perceptual, cognitive, emotive, dispositional and self sub-systems. The themes which were identified by the present empirical research, and which are included in this part-system, includes the bereft pupil's traumatization; grieving; and the actualization of the loss.

According to Furst (in Altschul, 1988:6), trauma (which may result from the loss of a parent to death) depends primarily on *intrapsychic* factors, and not on the nature of the event.

#### 5.3.1 Traumatization

Findings from the present empirical research revealed that the death of a parent of the bereft senior primary school pupil, resulted in traumatization. This trauma was mainly expressed by the bereft pupil's as a sense of paralysis; pain, denial/disbelief and; withdrawal.

According to Doka (1995: 75), the initial reaction to the death of a loved one, such as a parent is a shock reaction. He suggests that shock, which is a sudden depression of physiological processes, induced by a powerful emotion, is a general term used to describe the amount of trauma that has been sustained.

Altschul (1988: 6) suggests that children who have lost a parent through death, are usually presented with a stimulus that is too powerful to be worked off in the normal way, and the trauma suffered may be followed by an emotional storm, accompanied by frenzied, undirected, disorganized behavior bordering on panic.

#### **5.3.1.1 Temporary paralysis**

The present empirical research revealed that a number of subjects interviewed manifested temporary paralysis when they were initially informed of the death of their parent. They reported that they were unable to move, and that they were numb with shock.

Furst (in Altschul, 1988:14) suggests that the death of a parent may cause acute traumatization in a child, and that the trauma may take the form of the child appearing to be immobilized and frozen. He adds that this may be followed by disorganized behavior bordering on panic.

In a case study by Dalke (1994:128), the shock reaction of a child who was bereft of her father through suicide, rendered her immobilized, and she apparently suggested that it was “as though time stood still”.

Sparta (1988:89) also reported that the shock reaction to the death of a loved one by children and adults, is often characterized by a feeling of numbness or temporary paralysis.

#### **5.3.1.2 Pain**

The present empirical research revealed that bereft children often used the concept of pain in describing their reaction to the death of their parent. Although some of them were unable to be specific about their pain, some of them described it in terms of heartbreak, headaches and tension. The impression gained from their responses was that the pain that they described was typically psychosomatic and related to their situation of extreme tension and mental stress.

According to Moller (1996: 125, 134), a significant number of bereft people manifest disturbing physical symptoms when confronted with the death of a loved one. He suggests that the “broken heart” is a metaphor that is aptly relevant to the modern western bereavement experience. He reported that the death of a loved one does elicit pain (and suffering) for the survivors in varying degrees and intensity.

Grollman (1991: 57) agrees that children sometimes react to the death of a loved one with feelings of bodily distress, manifested in lack of strength, tightness in the throat, headaches, and so on. He suggests that in these cases, anxiety has often expressed itself in physical and emotional symptoms.

### 5.3.1.3 Denial

Findings from the present empirical research suggested that denial manifested in some of the reactions to the death of a parent expressed in a sense of disbelief. While some of the bereft subjects simply refused to believe that their parent was dead, others stated that they thought the suggestion that their parent had died was a lie, and others again, thought that it was all a bad dream.

Altschul (1988: 34) suggests that when the impact of the pain caused by the loss of a parent is too great, the child uses defenses to prevent, avoid, or otherwise deal with the pain. He adds that the array of defensive mechanisms used by the child include **denial** and disavowal of the significance of the death.

According to Nagera (1970: 370), bereft children often resort to denial as a defense, and are likely to carry on as though nothing has happened. He suggests, however, that despite overt behaviors to the contrary, the inner lives of these bereft children are markedly affected by the loss.

Grollman (1991: 57) agrees that one of the typical reactions of a child to the death of a

parent, is that of denial. He suggests that they may frequently look as though they are unaffected, simply because they are trying to defend themselves against the death by pretending that it never really happened. The implication is that the lack of response to such a tragedy, signifies that the child has found the loss too great to accept, and pretends that the deceased is still alive.

#### **5.3.1.4 Withdrawal**

Some of the bereft subjects in the present empirical research reacted to the shock of their bereavement by wanting to isolate themselves from human contact. They apparently wanted to be left alone to contemplate the devastating tragedy that had befallen them.

According to Doka (1995: 75-76) bereaved individuals do manifest a tendency to withdraw from external activities. The suggestion is that by pulling back, they are trying to come to grips with the awful tragedy that has befallen them. He explains that this withdrawal is not done consciously, but that it is the result of the body and the mind becoming thoroughly exhausted by the shock. He suggests, however, that it is apparently through this withdrawal, that bereaved individuals begin to regain some of the much needed energy that the grieving process demands.

Altschul (1988: 6) agrees that children who have been bereft of a parent often withdraw because they are presented with a stimulus too powerful to be dealt with in the normal way.

#### **5.3.2 Grieving**

Findings from the present empirical research revealed that the bereft pupil's interviewed expressed what can be described as grieving, which was expressed in terms of sadness,

despair, yearning/loneliness, anger, guilt and desolation. The grieving process was apparently still in progress with all the subjects and the impression gained was that their grieving had not been suitably facilitated.

Sanders (1992: 70) suggests that grief is not a static process, particularly in children, whose patterns of grieving are dependent on many external and internal variables. He also claims that the process of grief for the bereft individual does not have clear cut starting and stopping points.

Research conducted by Tamm and Granqvist (1995: 210) on the meaning of death for children, revealed that the bereft child's psychological death concept also featured emotions of grieving.

According to Wolfelt (1983: 20), grief does not focus on one's ability to understand, but rather on one's ability to feel. The implication is that bereft children who can express their feelings through anger, sadness, despair, loneliness and guilt, are in the process of grieving.

#### **5.3.2.1 Sadness**

In the present research, sadness featured prominently in the descriptions of the bereft pupils. This sadness apparently manifested not only at the time of the death of their parent, but also at the funeral, and still continues to manifest at various intervals. All the bereft subjects expressed their sadness through tears.

According to Moller (1996:108) one of the most typical ways in which children show their grief, which he describes as an intense emotional response to bereavement, is through sadness and sorrow.

Tamm and Granqvist (1995: 210) suggest that bereft children in their research expressed their sadness mainly through crying. These manifestations were apparently depicted in the projective drawings of bereft children who were included in their research.

#### **5.3.2.2 Despair**

The present empirical research revealed that despair manifested in most of the bereft subjects interviewed, in the form of emptiness and helplessness. This was born out of the recognition mainly that death is final, but also through their belief that nothing could be done to change the impact that the loss would have on them.

Moller (1996:121) suggests that the despair is one of the characteristics manifested by the grieving child. He claims that despair involves the recognition that one's identity and construct system cannot do anything to change the death of the deceased, or the impact that it has.

Research by Tamm and Granqvist (1995: 210) also revealed that despair manifested in the child's psychological conception of death. This was depicted in their projective drawings and supplemented by verbal descriptions of the mental state of the picture. The drawings and verbal expressions apparently presented archetypes of death associated *emptiness*, formlessness, and nothingness.

#### **5.3.2.3 Yearning**

The present research revealed that the death of the parent of the bereft child often left them yearning and feeling lonely. This loneliness was apparently not only related to the fact that their parent was deceased, but also due to the lack of support from significant others. They consequently spent much energy yearning for the company of the deceased parent.

Moller (1996: 111) suggests that the process of grieving in modern western society has become defined as the private trouble of the individuals involved. The general impression, is that the resolution of grieving lies in the personal coping and adaptive skills of the bereft. It is therefore not unusual that research has revealed that many bereft individuals manifest yearning and loneliness as part of their grieving process.

#### **5.3.2.4 Anger**

The present empirical research suggested that one of the emotional features of the child who has been bereft of a parent, is that of anger. The anger of the bereft subjects was expressed through both verbal and physical aggression, born out of their own helplessness, directed at the deceased, as well as other individuals.

According to Pettle and Britten (1995: 399), descriptions of children following the loss of a parent, often include feelings of anger as part of their grieving experience. They point out, however, that manifested aggression and anger may not only be due to the loss of a parent *per se*, but also due to the changes that follow such a loss.

Sanders (1992: 80) suggests that anger is a valuable means of giving expression to the powerlessness that is felt by the bereft individual. He claims that the frustration at not being able to do anything is insurmountable, and that the awful deprivation often leaves the bereft with an intolerable rage, but little on which to focus that rage.

Ward (1988: 36) agrees that anger in bereft children is usually displayed in the early stages of grief. She suggests that it often manifests itself through hostility towards adults, aggressive behavior towards other children, and also through snapping and lashing out at people untouched by the death.



### 5.3.2.5 Guilt

The present research showed that the bereft pupil often feels guilty about the loss of a loved one, such as a parent. These feelings of guilt were expressed not only in terms of their suggesting that they may have been to blame in some way for the death, but also that someone else played a role in the death of their parent.

According to Grollman (1991: 58), some children respond to the death of a parent with feelings of guilt. He claims that children sometimes suspect that the death of their parent must be retribution for their having been naughty, and they often harbor fantasies that they are in some way responsible for the death in the family.

Ward (1994:36) suggests that unconscious guilt due to the death of a loved one (such as a parent), can manifest itself in self-defeating life choices at school, and in personal relationships. This may result in maladjustment, which would be detrimental to the age-appropriate development of the bereft child.

#### \* Desolation

A sub-theme that was not found in the literature consulted, but which did emerge from the empirical research, was the theme of desolation. Desolation refers to a feeling expressed by the bereft pupil that because the parent was deceased, the world had collapsed around them. Some of the bereft subjects felt that their lives were ruined, and that their bereavement had in some way diminished the value of life.

### 5.3.3 Actualization of the death

Although the term ‘**actualization**’ was not found in any of the literature consulted, the

present researcher and the independent coder determined that because the term ‘actuality’ means ‘to make real’, this term best described the bereft pupil’s attempts to make sense of, and to come to terms with the loss of their parent. ‘Actualization’ in this sense, therefore basically refers to the bereft child’s realization and acknowledgement that the deceased parent is dead, and also to the way in which they try to understand and give meaning to the tragedy.

The present empirical research revealed that the bereft pupil’s included in the research tried to actualize the death of their parent through accommodation; attempts to gain an understanding of the purpose of their parent’s death; the uniqueness of their loss; continued existence; and resumption of their lives.

**Actualization** appears to be closely associated with what Furman (1974: 34) refers to as ‘mourning’. According to him, the psychoanalytic definition of mourning describes it as “the mental work following the loss of a love object through death.” He suggests that this “mental work” involves the painful, gradual process of detaching libido from an internal image, thereby freeing libidinal energy for new relationships.

According to Baker, Sedney and Gross (1992:105), the mourning process in bereaved children includes gaining an understanding of what has happened, accepting and reworking the loss, and getting on with or resuming their lives.

### **5.3.3.1 Accommodation**

The present empirical research revealed that the bereft subjects were trying to accommodate the tragedy of their loss into their understanding, as they acknowledged the fact that their parent was gone forever, and that they would never physically see them again.

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Coleman, Butcher and Carson (1984:110), define accommodation as the cognitive process whereby new information causes a reorganization of previously existing cognitive maps or structures. The bereft child will need to assimilate the tragedy into their system in order to facilitate it's accommodation.

According to Klass, et al (1996: 85), accommodation may be a more suitable term than recovery or closure for what takes place as a result of a death in the family, but they warn, however, that accommodation in this context should not be viewed as a static phenomenon. They suggest that accommodation in this context should rather be viewed as a continuing set of activities related both to others, and to shifting self-perceptions as the child develops. In this process, the child seeks to gain not only an understanding of the purpose and meaning of death, but also a sense of the meaning played the deceased parent in his or her life.

Lonetto (1980:157) suggests that children from nine to twelve years old and above, are capable of accommodating the death phenomenon into their cognitive understanding. He claims that children in this age group seem capable, not only of perceiving death as biological, universal and inevitable, but also of coming to an appreciation of the abstract nature of death.

### 5.3.3.2 Purpose

The present research revealed that most of the bereft subjects were in the process of trying to gain some sort of understanding surrounding the purpose of the death of their deceased parent. They appeared to make a connection between reason and purpose in the sense that they tried to rationalize the "appropriateness" of their parent's death.

According to Papadatou and Papadatos (1991:25), the question of the purpose of life and death enters the thinking of children entering adolescence. They suggest that in this

context, questions relating to the purpose of death is a natural integral part of the child's attempt to reach a new understanding, and to create a new sense of the purpose of life and death.

### **5.3.3.3 Uniqueness**

Impressions gained from the present empirical research, suggested that most of the bereft subjects interviewed were of the opinion that the loss of their deceased parent was a unique experience. They appeared to be of the opinion that no one can really appreciate what they as individuals go through, because of the personal nature of the relationship between a parent and their child.

Wass and Corr (1984: 47) suggest that the loss of loved ones through death is not the same for everyone. They claim that grieving differs significantly among children, according to the particular relationship that was lost through death. According to them, each relationship is characterized by a different closeness, intensity, frustration, gratification, anger, and a different kind and amount of love.

Altschul (1988:82) supports the idea that each child, though growing up in the same family, will experience the death of a parent in a different manner. He suggests that understanding the death and the meaning that it has for each child, will vary according to the experiences of the individual child.

Webb (1993: 43) agrees that when an individual is bereft of a loved one, such as a parent, death related factors, family factors, and individual factors all interact with each other to make the experience for each individual unique. The result is that each bereaved child may manifest different degrees and intensities of grief responses.

#### **5.3.3.4 Continued existence**

The present empirical research revealed that some of the bereft subjects had given some thought to the question of 'life after death'. The impression gained was that some of their thoughts on the matter may have been influenced by the ideas of their parents, as well as by various religious philosophies. The belief that their bereft parent was in a 'better place', also seemed to comfort some of the bereft.

According to Brent and Speece (1993: 215), many bereft children and adults include the element of some type of continued life form in their understanding of death. Their research revealed that both children and adults commonly report, as a part of their death concept, an understanding that some type of continued life form – often a mode of personal continuation – exists after the death of the physical body. They claim that "beliefs in an afterlife", includes many types, such as those involving the souls' ongoing life in heaven without the body.

Papadatou and Papadatos (1991: 21) suggest that older children, by and large, accept their parent's beliefs about life after death. They claim that children who are approaching adolescence, generally feel comforted by believing in some form of existence after death.

#### **5.3.3.5 Resumption**

Findings from the present empirical research suggested that most of the subjects who had been bereft of a parent were in the process of gaining an understanding of what had happened, and accepting and reworking their loss. The impression gained was that they were trying to pick up the pieces and to resume or get on with their lives as best they could.

In conceptualizing the grief process in bereaved children as a series of psychological tasks that must be accomplished over a period of time, Baker, Sedney and Gross (1992:105), suggest that '**resumption**' would be classified as a late task of the grieving process. According to them, this involves a resumption of developmental progress on age-appropriate developmental issues, and also the consolidation of the bereft child's identity.

According to Kreuger (1983: 590), resumption may be regarded as one of the final resolutions of bereavement manifested by the bereft child. In doing so, the bereft child must also come to understand that although the deceased person will never return, life can nonetheless be meaningful for the survivors.

#### 5.4 SUMMARY

The literature study confirmed the findings of the present empirical research, which indicated that the ecological part-systems that play a role in the pupil's experience and perceptions of bereavement, include the categories identified as the death event; the family context; and the school and church. A sub-category that was not found in the accessible available literature, however, but which did emerge from the current empirical research was that of '*physical absence*', in the second main category, namely '**family context**'.

The literature study confirmed the findings of the empirical research that the intrapsychic part-system's which form part of the bereft pupil's perceptions of the loss of a parent, include the categories of traumatization; grieving; and the actualization of the bereavement. The sub-category of '*desolation*' under the fifth main category, namely '**grieving**', was, however, not found in the available accessible literature. The sixth main

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category, namely that of '*actualization*', was also not found in the accessible available literature, although all the sub-categories of actualization were identified in the available literature.

These part-systems and the themes (categories), form the basis for the setting up of guidelines for assisting senior primary school children who have been bereft of a parent. These guidelines are presented in chapter 6.

## CHAPTER 6

### GUIDELINES FOR ASSISTING SENIOR PRIMARY SCHOOL CHILDREN WHO HAVE BEEN BEREFT OF A PARENT

#### 6.1 INTRODUCTION

Against the background of the empirical research results (chapter 4), and the literature study (chapter 5), this chapter offers guidelines for assisting pupil's who have been bereft of a parent. The purpose of these guidelines is to facilitate the mourning process, which is fundamentally an attempt to integrate the traumatic effects of the death within into the psychic structure of the bereaved. The themes on which these guidelines are based, are: death event; family context; school and church; traumatization; grieving and; actualization.

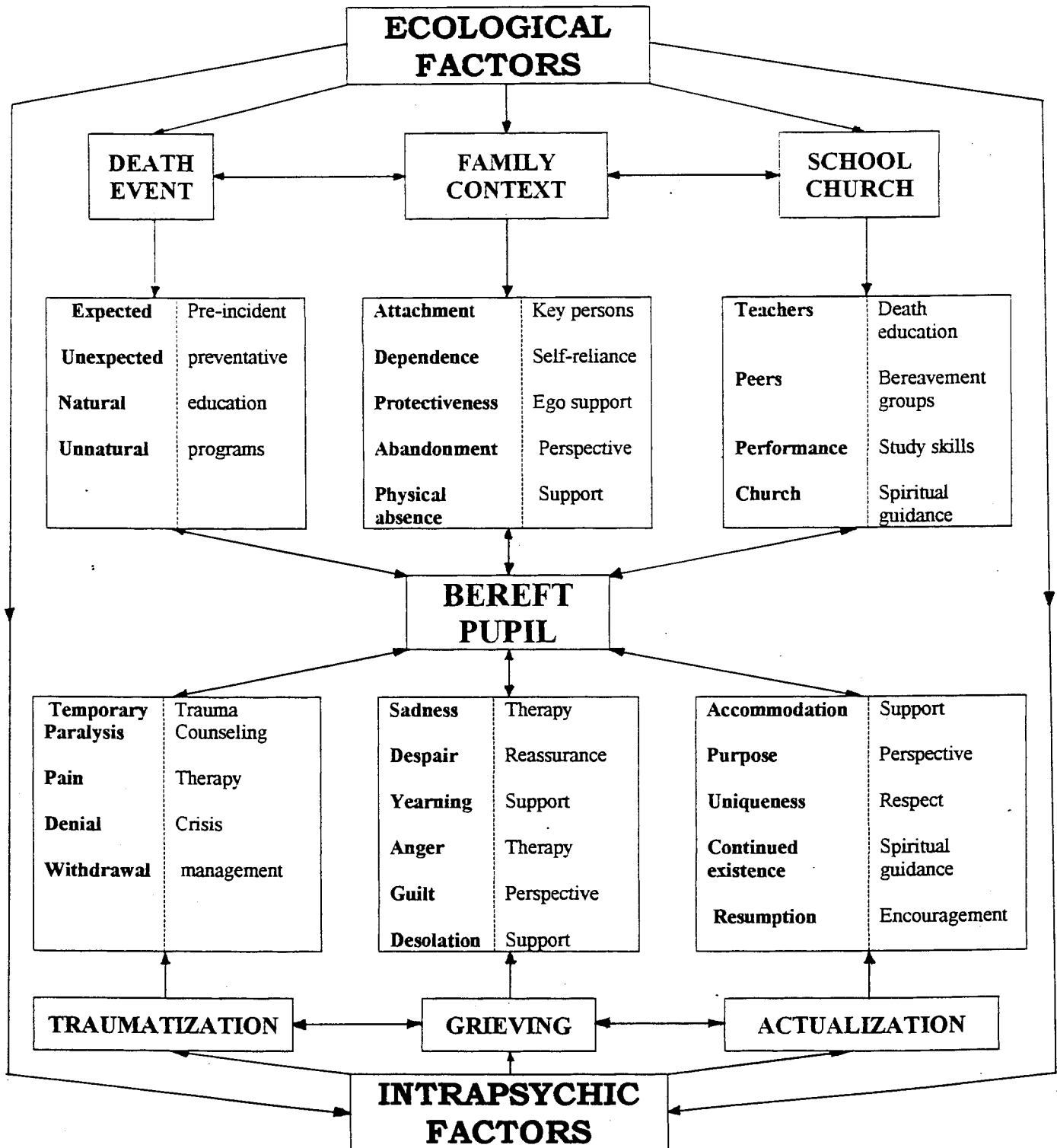
#### 6.2 GUIDELINES

These guidelines take into account all the elements (themes and sub-themes) of the ecological and intrapsychic part-systems identified by the empirical research, as having an influence on the pupil who has been bereft of a parent. The role of these themes is reciprocal as is graphically illustrated in the flow diagram illustrated on page 107 (see figure 6.1).

The guidelines will focus on the provision of suitable support systems, appropriate assessment and professional intervention, with the emphasis being placed on a holistic model that encourages a collective approach by all appropriately qualified structures in assisting children who have been bereft of a parent.



Figure 6.1 Guidelines for assisting bereaved children  
Interrelationship of factors and experiences



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The suggestion is therefore that there needs to be greater communication, cooperation and interplay between the surviving parent, the school and teachers, religious institutions, relevant professional services (medical, mental, and social health).

The provincial educational authorities through the ministry of national education should call for the establishment of a holistic program that will include all the support system components. They should also provide orientation programs by way of information seminars and workshops on death education and support, to be presented by appropriately trained professionals. This will serve the purpose of equipping relevant identified support groups and components to assist and facilitate the collective assistance program for pupil's who have been bereft of a parent. Suitable professional support for bereft children should be regarded as a human right, and should be formally written into the constitution of the national education department to be implemented and practiced at grass roots level, that is, in the schools. This concept is illustrated in the flow diagram (figure 6.2) on page 109.

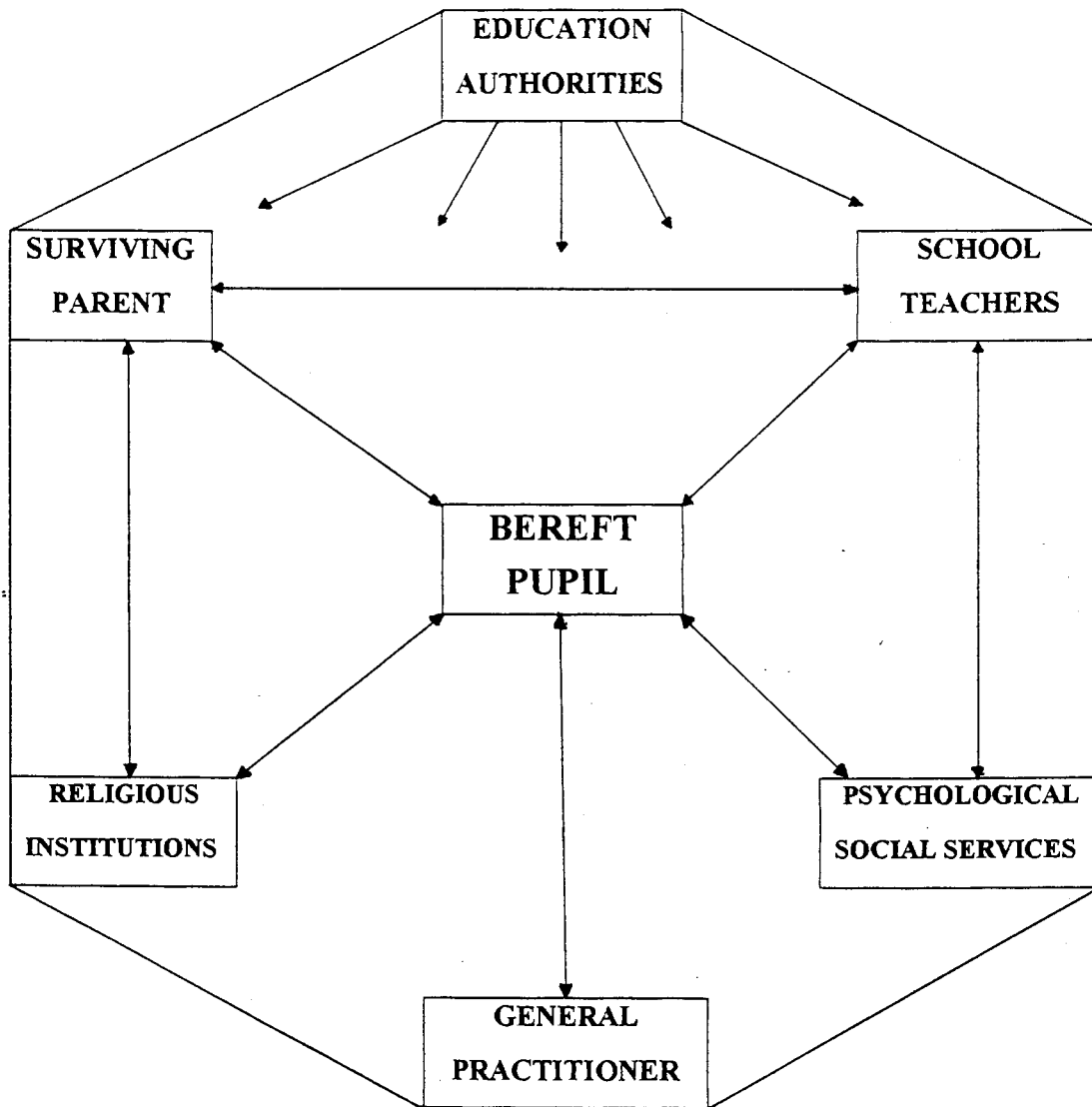
### **6.2.1 Support systems**

Because the present research concluded that expected support systems for pupil's bereft of a parent were not always available, and in many cases inadequate, the role and value of the various support systems needs to be highlighted in the guidelines for assisting children who have been bereft of a parent.

The loss of a parent does not take place in a vacuum. It happens not only in the context of a family, but also in the context of a community. Because we are largely interested in the effect of parental loss on the internal (intrapsychic) world of the child, we need to also be aware that such effects may be modified for better or for worse by the support or lack of it available from external (ecological) resources.

Figure 6.2

**Guidelines for assisting bereft children  
A collective coordinated approach**



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The surviving parent is of primary significance to the bereft child for a number of reasons, one of which is to be a bridge for the child to other support systems. Therefore, the direct support that the surviving parent is able to give the child may be dependent on how much of a social network the parent has readily available, or how much professional or non-professional help he or she is able to find.

The surviving parent's choice for support is an individual matter, and it is therefore not uncommon for some offers of support from well meaning others to be rejected by the parent. What also happens, is that in some instances, the bereft child himself is the surviving parent's first choice for providing the parent with comfort and support. The implication is that the bereft child may sometimes be manipulated by the surviving parent into fulfilling the role of the deceased parent in the family unit. Because the grieving parent may be only too willing to lean on the grieving frail child for support, external resources may have to be mobilized to intervene to protect the child from excessive burdens.

Supports can be roughly divided into practical and emotional support, however, it may be hard to make a clear differentiation, since a lot of emotional support may accompany what looks like practical help. The usual support systems include family, friends, neighbors, funeral services, religious institutions, the school, and professional services, therefore, the supportive role that these systems can and should play in the lives of the bereft will also be highlighted in these guidelines.

The death of a parent has a powerful impact which can lead to the disruption of the personality in the survivors, but with appropriate supports to previously healthy individuals, this disruption can be expected to have time-limited results, especially if grieving is allowed, and mourning facilitated. However, for those who, either as professionals or non-professionals, find themselves trying to help families who have





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2. Past coping/adjustment

- a. Home (as reported by parent/guardian) Good ..... Fair ..... Poor .....
- b. School (as reported by parent/teachers) Good ..... Fair ..... Poor .....
- c. Interpersonal and peer relationships Good ..... Fair ..... Poor .....
- d. Hobbies and interests .....

3. Global assessment of functioning: DSM-IV-R, Axis V

Current year ..... Previous year .....

4. Medical history (dates and outcomes since birth)

- a. Serious illnesses .....
- b. Allergies .....
- c. Injuries .....
- d. Operations .....

5. Past experience with death and/or loss (dates and outcomes)

.....  
.....

---

**6.2.2.2 Death-related factors in childhood bereavement**

In assessing the impact of death on a child, one also needs to consider factors related to the death itself, such as the type of death; contact with the deceased; expression of “good-bye”; relationship to the deceased; and grief reactions. These factors may be recorded on the form illustrated below.

**Form: Death-related factors in childhood bereavement**

1. Type of death

- a. Anticipated: yes .... No .... If yes, how long? ..... or sudden .....
- b. Timeliness of death                      Age of the deceased .....
- c. Perception of preventability: Definitely preventable .... maybe .... not .....
- d. Degree of pain associated with death: None .... some .... much ....
- e. Presence of violence/trauma: Yes .... No .... If yes, describe, indicating whether the child witnessed, heard about, or was present and experienced the trauma personally. ....  
.....  
.....
- f. Element of stigma: Yes .... No .... If yes, describe, indicating nature of death, and degree of openness in family in discussing. ....  
.....  
.....  
.....

2. Contact with the deceased

- a. Present at moment of death? Yes .... No .... If yes, describe circumstances, including who else was present and whether the deceased said anything specifically to the child. ....  
.....
- b. Did the child view the dead body? Yes .... No .... If yes, describe circumstances, including reactions of the child and others who were present. ....  
.....  
.....
- c. Did the child attend funeral service .... memorial service .... graveside service .... If yes, describe child's reactions ....  
.....



- d. Has the child visited the grave ...., mausoleum .... since the death? Yes .... No ....  
If yes, describe circumstances. ....  
.....  
.....
3. Did the child make any expression of good-bye to the deceased, either spontaneous or suggested? Yes .... No ..... If yes, describe. ....  
.....  
.....
- 

#### **6.2.2.3 Family/Social/Religious/Cultural factors in childhood bereavement**

The growing child becomes socialized into the belief systems of the adults in his/her family, school, and community. Therefore, it is important for the therapist or counselor to take into account factors of the particular belief system of the bereaved child with whom he/she is working. These factors may be recorded on the form illustrated below.

#### **Form: Family/Social/Religious/Cultural factors in childhood bereavement**

1. Family influences
  - a. Nuclear family: How responding to death? Describe in terms of relative degree of openness of response: Very expressive ... Moderately expressive ... guarded ...  
To what extent is child included in family discussions/rituals related to the Deceased? Some ..... A great deal ..... Not at all .....
  - b. Extended family: How responding to death? Describe in terms of relative degree of openness of response: Very expressive ... Moderately expressive ... guarded ...  
To what extent do the views of the extended family differ or agree with those of the nuclear family with regard to the planning of rituals and inclusions of child?



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Very different .... Very similar ....

If different describe the nature of the disagreement .....

.....  
.....

2. School/peer influences

Child's grade in school .....

a. Did any of the child's friends/peers attend the memorial service? Yes ... No ...

b. Was the teacher informed of the death? Yes ... No ...

c. Did child receive condolences from friends/peers? Yes ... No ...

d. Does child know any friends/peers who have also been bereft? Yes ... No ...

If yes, has child spoken to this person since the death? Yes ... No ...

e. Does child express desire to tell friends/peers about the death? Yes ... No ...

If yes, what has the child said? .....

.....

3. Religious/cultural influences

a. What is the child's religion? .....

b. Has he/she been observant to his/her religious beliefs? Yes ... No ...

c. What are the relevant religion's views on death? .....

.....

d. What is their views on life after death? .....

.....

e. Has the child expressed any feelings regarding life after death? Yes ... No ...

If yes, describe what the child's feelings .....

.....

.....

.....

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According to Fox (1985:17; 39-40), indications that the bereft child's grief work may not be proceeding smoothly, necessitating professional mental health services include the following groups of children:

- a. Children who themselves have a life-threatening illness
- b. Children who have already been identified as emotionally disturbed
- c. Children who are developmentally disabled and unable to understand what happened
- d. Children who remain frozen and in shock long after the bereavement has occurred

In addition to the above groups, it would also be advisable to be alert to the presence of the following symptoms:

- Suicidal hints
- Psychosomatic problems
- Difficulties with schoolwork
- Nightmares or sleep disorders
- Changes in eating patterns
- Temporary regressions

### **6.2.3 Clinical intervention**

The present research findings suggested that there was absolute minimal intervention in order to assist bereft pupil's in coming to terms with the loss of their parent, and for this reason, it was decided that the issue of clinical intervention needed to be included in the guidelines for assisting bereft pupils.

According to Altschul (1988:78), the purpose of the diagnostic consultation is to develop an understanding of the impact that the death of a parent has on a child and his family,

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and that it is through understanding the meaning of the loss, that the counselor is able to form suitable interventions. He suggests that these interventions can range from education and support to psychotherapy for both the child, the surviving parent and the family.

The task of the therapist of parent loss cases is a most complex, demanding and challenging one. To carry such treatments to proper points of conclusion, challenges the therapist to strike just the right balance. In order to achieve this, he needs to:

- \* evaluate what capacities a given child might have for mourning or adaptation to loss;
- \* determine what kind of help should be used in assisting a child in reaching his/her potential, and;
- \* to evaluate at the outset both the child's ability to engage in the treatment process and the presence or absence of proper parental or external support for the child's psychotherapy.

From the standpoint of the parent, for psychotherapy to be effective for a child, the surviving parent must support and give sanction to the psychotherapeutic endeavor.

Baker, Sedney and Gross (1992:105), conceptualize the grief process in children as a series of psychological tasks that must be accomplished over time, including:

- Early phase tasks, which involve gaining an understanding of what has happened, while employing self-protective mechanisms to guard against the full emotional impact of the loss.
- Middle phase tasks, which involve accepting and reworking the loss, and also bearing

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the intense psychological pain involved.

- Late tasks which involve the consolidation of the child's identity and a resumption of developmental progress on age-appropriate developmental issues.

Whatever the intervention method, the therapist/counselor should be aware of the tasks with which the child is dealing in order to provide help at the level that will be most appropriate for him/her. The three major forms of professional intervention with bereaved children include the following:

#### **6.2.3.1 Family systems therapy**

A family systems perspective maintains that the response of one family member will reverberate among all family members, since in an interlocking system such as a family unit, one person's pain becomes everyone's pain. Therefore, to help a bereaved child effectively, the family will need to be involved to some extent. If the death has occurred to a member of the family, such as a parent, all members of the family will be grieving. In this situation, the counselor/therapist may come to represent the only adult who listens fully to the child's questions and concerns, simply because the other family members may be so focussed on their own grieving that they are unable to attend fully to the child.

Walsh and McGoldrick(1991:8-13) identify two family tasks that benefit the immediate and long-term adaptation of both individual family members and also the family as a functional unit. The tasks are:

- Shared acknowledgement of the reality of death and also shared experience of loss
- Reorganization of the family system and reinvestment in other relationships and life pursuits

### **6.2.3.2 Bereavement groups for children**

The rationale for bereavement groups for children is that everyone in the group has suffered the loss of a loved one, therefore the group members can offer support to one another, based on the commonality of their shared experience. A typical format is a time-limited (8-10 weeks) group that utilizes a variety of drawing, writing, and other group exercises to enable the bereft children to express their feelings about death.

Insofar as bereavement groups often include the recently bereaved with members who are in middle or later stages of bereavement, the groups offer the child a first-hand experience with children who have withstood the pain of bereavement and survived. It can also be very therapeutic for children who are further along with their own grieving to be able to offer support to more recently bereaved children.

The distinct advantage of bereavement groups for children, is that they provide an opportunity to counteract the sense of isolation of the bereaved child through the experience of peer support.

### **6.2.3.3 Individual therapy**

In situations of suicide and traumatic bereavement and in situations of complicated bereavement, the treatment of choice is individual therapy with a therapist who can help the child cope with some of the intrusive memories and fears associated with the trauma. Just as the mourning adult needs to review over and over the details surrounding the death of a loved one, a traumatized child may repeatedly seek to reconstruct a crisis experience symbolically through play. Through replay of the crisis experience, the child is able to transform the passivity and impotence he or she experienced into activity and power (Webb, 1991:30).

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A range of play therapy techniques, such as art techniques, doll play, puppet play, story telling and board games may be utilized to enable the child to express his/her feelings and gain some support. The play therapist uses verbalization judiciously, and only tentatively ventures to make connecting statements between the child's play themes and the child's real life experience.

The rationale on which the practice of play therapy rests, is that the child identifies with and projects his/her own conflicts and concerns onto the play materials. This play therapy interaction with the therapist encourages the child to experience catharsis, that is an outlet for strong emotions, as well as reduction of troublesome effects, redirection of impulses, and a corrective emotional experience.

A distinct advantage of individual therapy over group therapy or family systems therapy, is that it permits maximum attention to the particular needs of the child, and allows the therapist to move at the child's pace in a careful, in-depth exploration of the child's underlying feelings about the death.

It is important to bear in mind that one approach does not negate the other, and that different purposes are served through each modality. Therefore, it is often desirable to employ a combination of individual, family and group therapy/counseling in helping a bereaved child.

### **6.2.4 Guidelines concerning the death event**

Whether the bereft child's loss is as a result of expected death, unexpected death, natural or unnatural causes, three facilities need to be provided for both adults and children, namely:

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**a. Pre-incident preventative education programs**

- \* Adults: Loss and grief education and training
  
- \* Children: Education regarding circumstances and situations surrounding loss and death, peer support, coping skills programs in schools; health education programs about loss and grief and stress management

**b. Crisis intervention during or immediately after an incident**

- \* Adults: Mobilization of a crisis plan; implementation of short intervention designed to defuse intense emotions; critical incident stress debriefing skills
  
- \* Children: Provision of information, alternatives, practical support proactively; practices which reduce their stress.

**c. Rehabilitative interventions**

- \* Adults: Provide counseling for adults with long-term reactions
  
- \* Children: Mobilize support services; provide therapy and monitoring service

Corr and Corr (1996: 265-275) suggest that **postvention** should form part of the intervention program in dealing with bereft children. Postvention refers to “things done” to address and alleviate actual or potential reactions to trauma, whether homicide, suicide, or any other type of unusual death, or catastrophic event that inflicts significant pain in survivors. Principles for postvention with bereft primary school children are as follows:

- \* In working with child-survivor victims, it is best to begin as soon as possible after the



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tragic event, preferably within the first 24 hours if at all feasible.

- \* Resistance may be met from child-survivors; some – but not all – are either willing or eager to have the opportunity to talk to professionally oriented persons.
- \* Negative emotions about the deceased person or about any aspect of the traumatic event needs to be explored, but not necessarily at the very beginning
- \* Postventionists should play the important role of reality tester – they are not so much the echo of conscience, but rather the quiet voice of reason
- \* Postventionists should be constantly alert for possible decline in physical health and in overall mental well-being, as well as other manifestations of post traumatic stress disorder.
- \* Unwanted optimism or banal platitudes should be avoided in postvention
- \* Postvention is multifaceted and takes a while, from several months to the end of life.
- \* A comprehensive program of health care on the part of a benign and enlightened community should include prevention, intervention and postvention,

### 6.2.5 Guidelines concerning the family context

#### \* Attachment

The loss of an attachment figure for whatever reason, can have a profound effect on a

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child. When it is an important attachment figure who is lost to the child, such as a parent, there is a need for a suitable replacement. All parties involved in facilitating the mourning process of the child need to endeavor to identify and provide a key person in the life of the bereft child, who will keep a consistent interest in the child's well-being, such as a family friend or teacher. Such attachment figures (key-persons) should provide the bereft child with tasks within their capabilities that help to make things better, and also provide reinforcement when resolutions are achieved.

It is, however, important to appreciate that the attachment object (the deceased parent) may never be given up in its entirety – nor would that even be desirable. Although we would promote decathexis or detachment of the lost object (deceased parent) in order to free energy for investment in new objects, memories of the loved object are retained and even become a source of satisfaction for the surviving child.

The therapist must enlist the patient (the bereft child) and the surviving parent in a therapeutic contract, and match goals to the possibilities and probabilities of a given child within a given family context. The goals and rationale of treatment should also make sense to both the patient and the parent. The surviving parent should be made aware of: general bereavement processes in children; specific bereavement reactions in their child and; typical conflicts around such experiences within a child, and between the child and the surviving parent.

**\* Physical absence**

The only way that the bereft pupil's experience of the physical absence of the bereft parent can be treated is through mobilizing those support systems which will provide the bereft with a sense of family security and stability. Therapeutic intervention will also enable the bereft to accept that reality dictates that families are devastated by the loss of a parent, but that survivors are able to compensate for the loss and pick up the

pieces of their lives and manifest appropriate adjustment.

**\* Dependence**

The question of dependence may be dealt with through firstly providing parental counseling on how to raise self-reliant children. Secondly, the bereft child may be assisted through individual therapy to become intrinsically motivated to take care of him/herself to the extent that it is possible, and to understand that at times it is necessary to exercise patience in terms of satisfying individual needs.

**\* Protectiveness**

Parents need to be counseled on the dangers of over-protectiveness and keeping family secrets regarding the facts surrounding the loss of loved ones, such as a parent, from the bereft child. Withholding this information from the child only serves the purpose of distorting the facts and confusing the bereft child. The counseling program needs to tactfully inform parents that protectiveness will hamper the healing process and prolong the bereft child's ability to adjust to his changed circumstances and to advise these parents on how to negotiate the situation.

Altschul (1991:114) suggests that an ego-supportive teaching model will be beneficial for parents who are able to integrate educational and management information, which includes advice giving, reassurance, and managerial suggestions. It is an educational approach which explains the complexity of childhood reactions to loss, and then assists the parent to examine the child's attitudes and behavior against the schema. Weekly or bimonthly sessions have the goal of supporting the parent in efforts to stabilize family life and facilitate the child's adaptation to the loss.

**\* Abandonment**

The task of the therapist is mainly to place the tragedy in perspective and to change any harmful perceptions that the bereft child may have.

Through individual psychotherapy, the bereft child can be made to understand that every human being is unique and individual, and that although we are to a large extent able to shape our destiny, there are times when we are not always in control of or able to affect what happens to us. They can also be made aware of the fact that the greatest challenge of every human being is to be self-responsible and self-reliant and to overcome obstacles which may prevent us from realizing our potential as human beings.

**6.2.6 Guidelines concerning school and church**

**\* Teachers**

When clinical intervention is not available, the classroom may be an appropriate site for dealing with fears of recurring trauma, and for publicly addressing issues related to dying and loss. Implicit in this approach is the principle of timely “first aid” intervention because of the possible negative impact that trauma such as the death of a parent, may have on the children’s ego oriented thought. The use of art, musical expression, poetry, or storytelling as expressive therapeutic techniques after traumatic events such as the death of a parent may be employed by the teachers for this purpose.

Teachers should also be trained to provide children with “small doses” of information about stressful topics, such as death, for the purpose of preparing children in advance for the certain reality of future exposure. There can be no doubt that children would be

much better equipped to deal with the trauma of death, if the standard curriculum in schools helped prepare them for the reality that death exists and that it is a topic that can be discussed.

The goals of death education are the sharing of information to enable pupils to make informed decisions, to develop healthy attitudes towards death/loss by identifying values that affect feelings and behavior, and the development of effective coping strategies which will enhance the pupils ability to communicate and manage their emotions.

A death education program requires that educational psychologists should be in the forefront of advocating, developing and implementing such a program in collaboration with the teachers. The program would need to include pre-incident preventative training as well as crisis intervention management. The educational psychologists can educate school personnel on relevant information pertaining to children and death, while teachers can help the educational psychologist to develop practical applications for theoretical constructs. Parents and teachers must establish and maintain ties so that each can inform the other about important developments in the child's life as they occur, since this ongoing communication is invaluable in helping bereaved pupil's of all ages.

**\* Peer group**

Bereavement groups may be set up which includes peers who have all suffered the loss of a loved one, and who are therefore able to share their experiences and support each other. These groups may be set up by trained teachers or by professional parties involved in counseling bereft pupil's. The bereft child may be introduced to such groups for the first time as part of the attempt to establish meaningful relationships to

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adults other than the surviving parent, as well as to peers. The adult leader of such a group can act toward the child like the teacher, offering sympathy and support, and interpreting the child's loss to the other children.

**\* Academic performance**

The changes connected to a death produce stress, and the fear of future deaths can cause anxiety, both of which can impair the academic performance of the bereft pupil. Coping with grief requires energy and concentration, and there may not be much left for schoolwork, which may result in the pupil not being able to yield his usual results.

The problem of deteriorating academic performance may be addressed by the educational psychologist through the provision of a study habits and skills program, which should include components to improve the self-esteem and self-confidence of the bereft pupil. At the same time, all the pupil's teachers' and examiners' as well as the educational authorities need be alerted to the fact that the pupil has been bereft of a parent, so that the emotional trauma suffered by the bereft pupil can be considered and compensated for when comparing subsequent performance to previous performance.

**\* Church**

Religious counselors need to be included in the assistance program, and play a greater role in assisting bereft pupil's, especially with regard to spiritual matters. Their support needs to extend beyond the formalities of funerals and memorial services, to regular house visits and a system for monitoring the physical and spiritual well-being of the bereft over an extended period, with corresponding assistance, especially in terms of beliefs about death and after-life. However, the religious beliefs of the bereft child and parent needs to be respected at all times, and all parties need to be consulted with regard to their involvement. All parties involved in assisting these pupils also need to

be aware of the mourning practices in our multi-ethnic, multi-faith society.

The themes from which guidelines for assisting bereft pupil's were generated, and that are included in the intrapsychic part-system are traumatization; grieving; and actualization.

### 6.2.7 Guidelines concerning traumatization

Trauma is essentially manifested in the **first phase** of bereavement, and is characterized by shock or numbness that may manifest for a few hours to one or two weeks. It represents a state of *psychic immobilization* as a result of the **traumatic** impact on the survivors and will vary according to the circumstances and the nature surrounding the death event.

The death of a parent in the formative years of a child seems to be an event of such magnitude, that it puts an unusual strain on the child's capacities, and special attention should be paid to the child's ability to cope with such losses.

The traumatic event, namely the death of a parent, inevitably initiates a response in the individual. When one's equilibrium is upset, the response that is evoked often proceeds through a sequence of disorganization, working through, and reorganization. It is the task of the therapist or mental health practitioner to facilitate this process.

In implementing direct therapeutic intervention, the therapist must be adept at utilizing a full range of psychotherapeutic techniques, such as pacification, unification, optimal disavowal, and interpretation. All these techniques need to be matched to the progressions, regressions, and resistance of the child. In the face of the pain and narcissistic vulnerability experienced by the child during bereavement experiences, the

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therapist must exercise caution. He also needs to employ appropriate delicacy and sensitivity when assisting the child to acknowledge the disavowed affects of sadness and anger, and move cautiously from outer layers of here and now experience to those that pertain to memories of the lost parent.

According to Altschul (1991:10), the prototype for working through all traumatic events, is the piecemeal process of recall and remembering with effective re-experiencing. Through these exercises, the individual is gradually able to achieve emotional distance from the disturbing event, such as the death of a parent, gradually integrate the event, and reestablish equilibrium in his/her everyday life.

The manifestation of trauma through **temporary paralysis (immobilization), pain, denial and withdrawal** may be initially dealt with through a trauma counseling program, which will ideally involve the entire family in a debriefing session, followed by weekly or bimonthly counseling sessions. In addition to the trauma-counseling program, complicated trauma may be resolved through individual therapeutic intervention designed to enable the child to negotiate between avoidance, repression and sensitization by way of remembering and re-experiencing. The goal all these interventions is to empower the child to face and accept reality, and prevent his/her bereavement from restricting progress towards maturity and fulfillment.

#### 6.2.8 Guidelines concerning grieving

Grieving is essentially manifested in the **second phase** of mourning, and is associated with intense psychic pain through acute expressions of grief, resulting in the depletion of the ego while the reality of the loss sinks in.

Although there are common elements to the grieving process, each grieving child will



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experience a unique variety of thoughts, feelings and behaviors, and there is a wide spectrum of grief needs that these bereft children may encounter. The individual child's needs will be dictated by different levels of understanding and ability. According to Lindsay and Elsegood (1996:62), the most common needs are:

- \* for reassurance where this is possible
- \* to ask questions – the how, the why, the when – coupled with the need to receive honest answers which should always be factual and age appropriate;
- \* to have grief recognized and to be taken seriously;
- \* for emotional support to feel secure enough to express their feelings, which may include rational and irrational fear, pain, **sadness, anger**, frustration, disappointment, doubt, **guilt, despair, loneliness** and insecurity;
- \* to be allowed to mourn in a way that is appropriate for them;
- \* to be part of the family loss in the case of a family bereavement;
- \* to be allowed to cry, regardless of age or gender;
- \* to share their grief through talking, play or artwork;
- \* to say goodbye;
- \* for physical contact;
- \* for a break in grieving;

\* to realize that it's acceptable to begin to enjoy themselves and to be happy

A system that will acknowledge and address all these needs should be established and implemented.

### 6.2.9 Guidelines concerning actualization

The ultimate goal of administering psychotherapy to children who have been bereft of parent, is to provide them with an opportunity to make adaptations to the loss. These adaptations will lead to mastery and integration, and free the child of the encumbrances of repetition compulsions that would restrict him to a limited repertoire of behavioral and emotional experiences and choices.

The child and families way of **actualizing** the loss is through mourning, and will include their **accommodation** of their new circumstances into their frame of reference, with corresponding thoughts, questions and resolutions regarding the **purpose** of life and death, **continued existence**, and their efforts to **resume** their lives and reinvest their energy in the future.

The final phase is essentially the **reparative phase** of mourning that brings with it an integration that the love object (the deceased parent) is irrevocably dead. Furthermore, a decline in the emotional investment in the love object, an internal reparation of self and love object representations, and a gradual reorganization of, and reinvestment in life without the deceased, is manifested.

All these factors need to be acknowledged and respected not only by the therapist, but by all the support system components, in their efforts to facilitate the mourning process as well as the bereft child's forward development and actualization of the bereavement in

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bearing in mind any ethnic, cultural and religious differences.

Children may adapt to the loss of a parent in a variety of ways, but they most often need the care of the surviving parent or close caring adults such as a teacher, religious leader and mental health practitioner, to successfully master the trauma of the death. If such assistance is not available, the bereft child is likely to develop symptoms or use defensive mechanisms to avoid the shock and overwhelming qualities of the event, and development is likely to proceed with pathological consequences associated with arrests, distortions and strictures of the personality.

The important point to remember by all parties concerned, is that each child, even though growing up in the same family will experience the death of a parent in a different manner, and that each loss means something unique to each member of the family, and also to the family as a whole. Because of the multiple relationships and individual meanings of the loss for each family member, the meaning and adaptation to the loss will vary considerably, and any assistance program needs to accommodate this fact.

Any diagnostic exercise, therefore, should be directed towards understanding the meaning of the loss to the child and discovering his/her capacity to perform his/her own psychological work with the assistance of the surviving parent. The therapist's transference and counter-transference can be used as a means of observation to gain an understanding and to modulate his own interventions. Any intervention should be for the benefit of the family and provide an appropriate catalyst for the child and the family to continue in their mourning process.

### 6.3 CONCLUSION

- \* A program for assisting children who have been bereft of a parent needs to be established and coordinated by the ministry of national education.
- \* This program must essentially include all identified components capable of performing a supportive function.
- \* The national government needs to ensure that the support system components are provided with the necessary resources to perform their supportive function effectively.
- \* The demand for the establishment of a support program for bereft children should be initiated by the schools in cooperation with their provincial education departments.
- \* The guidelines for dealing with pupil's bereft of a parent, need to be based on the child's unique experience of bereavement and aimed at the facilitation of forward movement of the child's age appropriate development.
- \* Any intervention needs to be preceded by assessment, and take into account individual factors such as the child's age and level of cognitive development, death related factors, and cultural and religious factors.
- \* Intervention programs should include family systems therapy; bereavement groups for children and; individual therapy.
- \* Successful facilitation of the mourning process requires the cooperation of the surviving parent and family, the school personnel, religious and funeral counselors as well as medical, mental and social health practitioners.

- \* All these parties need to play a part in a coordinated effort to assist the bereft child to actualize his bereavement and resume life at an appropriate level of development.

This program needs to be introduced as a matter of urgency, for a number of reasons. We are regularly bombarded with reports on the latest **HIV/AIDS** and violent death statistics in which the majority of the victims are adults and parents, through our newspapers and via programs on SABC television. If these reports are accurate, the implication is that many children are being bereft of their parents, and many more children will be bereft of their parents over the next number of years as a result of illness, homicide and suicide.

A typical example is that of an article in the Sunday Times (21 May 2000), titled: “**AIDS to strike children hardest**”. One of the priorities suggested by this article is that a government initiated strategy should be provided, that should include activities to help children to prepare for life without parents, and also to create support networks.

#### **6.4 SUMMARY**

This chapter considered guidelines for assisting children who have been bereft of a parent. These guidelines are based on the themes that emerged from the empirical research, and are aimed at facilitating the healthy adjustment of the bereft pupil. They include assessment, intervention and postvention, and propose a closer cooperation between affected parties including the parents, educational institutions, religious and funeral institutions as well as medical, mental and social health practitioners in assisting the forward movement of the bereft pupil. This coordinated assistance program needs to be mobilized by the ministry of national education.

## CHAPTER 7

### CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

#### 7.1 CONCLUSIONS

The first objective of this study was to explore and describe the factors and related experiences that effect the senior primary school pupil who has been bereft of a parent. Six main categories were distinguished on the basis of the empirical research. The first three main categories are contained in the ecological part-system within which man functions, and includes the death event; the family context and; church and school. The second three main categories identified by the research include traumatization; grieving and; actualization, all of which are contained in the intrapsychic part-system within which man functions.

According to available literature, the circumstances surrounding the **death event** can have a major impact on the bereft pupil's response to the loss of his/her parent. Death as a result of terminal illness, accidental death, death through suicide, death as a result of homicide or stigmatized disease, as well as substance abuse related deaths, will have implications for the bereft child in terms of how he and significant others view the death, but also regarding his ability to come to terms with the loss.

The present research revealed that the way in which the bereft pupil perceives and experiences the loss of a parent is largely influenced by the circumstances surrounding

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the death event, the nature of which is determined by factors such as expected and unexpected death, as well as natural and unnatural death. The impression gained was that to a certain extent, expected natural death was less traumatic for the bereft pupil than unexpected unnatural death.

The role of family relationships and family circumstances, both before and after the death of a parent, contribute heavily to the way in which children of all ages view and experience the death of significant persons in their lives. Literature emphasizes that when a child is socialized in a family where death is never discussed, and where feelings are never dealt with, the child's fears build with inevitable implications for his ability to come to terms with bereavement.

What emerged from the empirical research of this study was that not only the nature of the attachment between bereft children and their parents influenced their whole experience of bereavement, but also the nature of the bereft pupil's upbringing in the family home. Factors like overprotection and dependence were manifest, and held implications for the survivor's ability to mourn effectively and to come to terms with their bereavement. The physical absence of the deceased was often viewed as abandonment by some of the bereft children, as a result of distorted perceptions.

Previous research suggests that the parent, the school, religious leaders, peers, and professional parties should all be involved in assisting the bereaved pupil. The rationale is that appropriately qualified support systems will greatly enhance the children's chances of recovering from their bereavement and facilitate their adjustment to their changed circumstances, not only at school, but also on a wider social level.

The education department should include the subject of death in the school curriculum so that all pupils will have a better understanding of the subject. A collective coordinated

approach by all of the support systems and components, will greatly facilitate the mourning process of the bereft pupil. Unfortunately, this research as well as the literature consulted, indicates that all these support systems are not always included in the bereavement resolution process, due to a number of reasons ranging from deliberate exclusion to unavailability.

The present empirical research suggested that the role of the school, religious institutions and mental health professions play only a limited role in the bereavement resolution process of the child, with minor exceptions. The reason for this appears to be that there is a lack of communication and coordination between these support systems, and that family dynamics, such as secrecy and possibly financial implications also play a role.

The general impression gained from the views expressed by the bereft pupil's, was that the subject of death was shrouded in mystery. Their views suggested that many of the more obvious support systems, such as those mentioned above, tended to shy away from the responsibility of becoming involved in bereavement resolution, or alternatively that these systems were uncertain about the role that they should play. The other possibility is that these role players may not be adequately qualified or appropriately prepared, or may simply not be authorized to become involved.

The literature revealed that the reaction to the death of a parent by bereft children is characterized by trauma, described as a sudden depression of physiological processes induced by a powerful emotion. The traumatic experience often renders the bereft immobilized, with feelings of bodily distress. These physiological indicators are also sometimes accompanied by withdrawal from social contact and confused thought processes manifested in denial, normally requiring intervention by professionals.

Findings from the empirical research of this study concluded that the pupil who has been bereft of a parent is normally severely traumatized in most cases. The descriptions of the



bereft pupil's included in the research suggested that they experienced feelings of temporary paralysis, which was often followed by physiological pain such as heartache and headache as a result of the extreme mental stress. The denial and withdrawal manifested by these children confirmed that they were traumatized. These problems can be effectively resolved through suitable intervention by qualified professionals, particularly if they are timeously included in the bereavement resolution.

The literature suggested that the bereft child's psychological death concept featured emotional characteristics described as grieving, which is a process whose patterns are dependent on many external and internal variables. Grief, which apparently has no clear cut starting and stopping point, is expressed through various feelings such as anger, sadness and guilt, which may be successfully resolved through timeous appropriate therapeutic intervention.

From the symptoms manifested in the bereft pupil's descriptions of their experiences in the empirical research, it can be concluded that grieving definitely forms part of the bereavement and mourning process. The fact that this process has no clear cut starting or stopping point was born out by the fact that many of these pupil's are still grieving, even long after the death of their parent. Their grief was manifested in feelings of sadness, despair, loneliness, anger guilt and desolation. All these characteristic traits of grief usually require that a qualified therapist intervene in order to facilitate the grieving process and to assist with the resolution thereof.

The literature consulted suggested that successful mourning culminates in the bereft pupil's coming to terms with their bereavement and resuming their normal lives at an age appropriate level of development. This is normally actualized through the child's ability to accommodate into his psyche a continuing set of activities related to others and shifting self perceptions as he/she develops. Part of the facilitation process for successful actualization includes the support and assistance of significant others in recognizing the

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bereft pupil's unique experience, and also dealing with the many questions that the bereft may have regarding life, death and continued existence.

Conclusions from the present research revealed that although the bereft children were in the process of actualizing their bereavement, they were apparently doing so with only "skeleton" support from the available support systems. As a result, the impression gained is that they are largely left to their own resources in trying to resolve their bereavement.

These children would be greatly assisted in their efforts to accommodate their new circumstances and to actualize their bereavement if they receive the assistance of significant others to provide them with perspectives to the many questions which they need to be answered. These perspectives may help them to accept their loss and to resume their lives at an age appropriate level of development and so enhance their chances of realizing their potential as human beings.

The conclusion of this research, is that the factors which influence senior primary children's perceptions regarding the death of a parent are influenced by ecological factors such as the nature of the death event; the nature of the family context and also; the involvement of educational and religious institutions. These perceptions play a role in the intrapsychic experiences of children as a result of their bereavement, which is manifested in their ability to successfully negotiate trauma; the grieving process; and the actualization of their loss. Unfortunately, the participation of suitable support systems to assist bereft children is hampered by ignorance, apathy, a lack of education, poor communication and also by family dynamics.

The second objective of this study was to provide guidelines for assisting children who have been bereft of a parent. These guidelines were set up in accordance with the six main categories and their respective sub-categories as identified in the empirical research. The guidelines propose that the educational authorities are to play a major role in the

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coordination of the program for assisting bereaved pupil's through the following:

- \* Provide training for teachers to deal with the subject of death in the classroom, present pre-incident education programs, and provide crisis intervention
- \* Include the subject of death in the school curriculum
- \* Mobilize professional staff through the educational aid centres to provide timeous intervention in terms of family systems therapy, bereavement groups for children, and individual therapy, as well as study skills if necessary, when indicated by prior assessment.
- \* Provide social workers employed by the educational aid centre or social welfare services to visit the family home of the bereft pupil and offer assistance
- \* Facilitate the participation of religious leaders in the community served by the school
- \* Invite the participation of all community structures, including non-governmental organizations (NGO's), to play a role.

## 7.2 LIMITATIONS

This research does have certain limitations, inter alia:

- \* It is based purely on the views expressed by the bereft children interviewed and the clinical observations of the researcher
- \* The research did not include the views of the surviving parent or family members of the

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bereft pupil

- \* The research did not include the views or opinions of the teachers of the bereft pupils.
- \* The research did not include contact with the peer group of the bereft
- \* The research did not include the views and opinions of religious leaders
- \* The research did not include the views and opinions of the educational authorities
- \* The research did not include the views of medical health professionals
- \* The research did not include the views of funeral representatives

### 7.3 RECOMMENDATIONS

Recommendations are made with reference to the application possibilities as well as suggestions for further research.

#### 7.3.1 Application possibilities for the guidelines

Because the structures required for the implementation of the guidelines for assisting pupil's who have been bereft of a parent, are either partly or completely in place or available, the potential for their efficient inclusion in the program is realistic.

Furthermore, the guidelines as prescribed by the present researcher are regarded as realistic and achievable by colleague educational psychologists.

What is recommended, however, is that community schools and their parent bodies and governing councils create a forum which will highlight the necessity for a properly

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coordinated collective approach by the educational authorities that will include all the appropriate structures in the program for assisting bereft children.

Such a program needs to be written into the constitution of the national education department of the entire country as a whole, and applied according to the letter.

### 7.3.2 Recommendations in terms of further research

In preparing for this research, it was discovered by the present researcher that research into the topic of death and the bereft child's experience of loss in the South African context is somewhat limited. For this reason it is recommended that further research into this topic be undertaken where the limitations of the present research (see paragraph 7.2), may be addressed.

## 7.4 FINAL WORD

It is clear that the pupil who has been bereft of a parent has been failed by the system, mainly because the subject of death is still very much a *taboo subject* among many of the population and community services. In general, it seems that the prospect for the bereft pupil to successfully actualize his bereavement and to resume his life is hampered by the lack of a coordinated collective professional approach to the resolution of the problem.

Because the situation of bereavement is elicited and maintained within the ecological and intrapsychic part-systems within which the bereft pupil functions, all the components and elements contained in these systems will need to cooperate with each other and



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collectively negotiate the resolution of possible maladjustment amongst pupil's who have been bereft of a parent.

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ANNEXURE A



# Alberton Primary School

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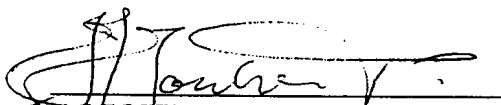
New Quay Road  
NEW REDRUTH  
Alberton  
1450

Principal: Mr. J.J. Joubert

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## COUNSELING PUPILS WHO HAVE BEEN BEREFT OF A PARENT

As an Educational Psychologist providing psychological services to our school,  
**PHILLIP SMITH** is granted permission to interview pupils with the consent of their  
parents/guardians as part of his research into the effects of the death of a parent on senior  
primary school pupils.

  
**J.J. JOUBERT**  
**PRINCIPAL**

4 October 1999



**ANNEXURE B**

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4 October 1999

**Dear Parent/Guardian**

**Counseling pupils who have been bereft of a parent**

I am currently conducting research through the University of Pretoria, on the effects of the loss of a parent on senior primary school pupils, for the purpose of providing guidelines for effective counseling of these pupils. In order to gain an insight into the pupils experience of the death of a parent, I need to interview children who have been bereft of a parent, which will then enable me to provide counseling guidelines based on the findings of the research. The identity of the pupils will remain anonymous, and no names will be mentioned in the research. If you have no objections to me interviewing your son/daughter/foster child, please complete the following, and return this letter to the school:

I, ....., the parent/guardian of ..... in grade....., hereby grant permission for him/her to be interviewed as part of the research.

.....  
Signature

Thank you for your cooperation.

Yours faithfully

Phillip Smith

ANNEXURE C

15 November 1999

Phillip Smith

Tel. (011)740 8021

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Attention: **Dr. B. van den Berg**

Dear Colleague

### **Coding of transcriptions**

Included please find the transcriptions of eight separate interviews which form part of my research into the senior primary school pupil's experience of the death of a parent.

Please code the transcription of the interviews as follows:

1. Read the entire transcription and employ "**bracketing**" (negating any preconceived ideas), and "**intuition**" (focusing on the topic being researched) throughout the first reading
2. Read through the data a second time, and underline the words, sentences and themes which reflect the experience of parental bereavement of the pupil. These affects may be expressed in terms of thoughts, perceptions and feelings.

**\* Thoughts:**

Thoughts may be defined as an idea, judgement or opinion, which results from thinking.

**\* Perceptions:**

Perception is the psychic product of observation. It is thus the subjective conscious experience and interpretation of information received from the internal and external environment



**\* Feelings:**

Feelings are the conscious experiences which form part of an emotion, such as feelings of joy, fear or anger

Identify the main categories in the data.

Identify the sub-categories under each main category, by means of logical grouping together.

Arrange a meeting with me (researcher), in order to discuss and obtain the greatest possible degree of consensus, regarding the results of the data analysis, and also to define the main categories, as well as the sub-categories.

Trusting that you will find this in order

Yours faithfully

Phillip Smith

## ANNEXURE D

### Extract from an interview

**'S'** refers to the subject and **'R'** refers to the researcher

**R** Tell me about your bereavement?

**S** Well, it started when my dad was working under the car and he had a mole like over here on his chest and then a piece of metal scraped on it. And he just used to clean it every time with detol and stuff like that and he thought it would be okay.

**R** What happened then?

**S** He started getting sick and had to go to the doctor

**R** What did the doctor say?

**S** The doctor told my dad that he had cancer

**R** Were you told at the time?

**S** No my mom and dad kept it from me

**R** How old were you when your dad found out that he had cancer?

**S** Well I was in grade 3 when the sore on his chest became like cancerous so I must have been about 9 years old.

**R Uhm ... and then?**

S Well it took quite a long time before he died, it was not like sudden. He was sick for a long period of time before he died, and it just got worse and worse, and only then he went to the doctor and they told him it was cancerous.

**R What happened then?**

S He went for chemotherapy but nothing really helped. I think it was too far gone and he was actually too scared to go under surgery.

**R How did you find out that he had cancer?**

S Well my mom didn't tell me in a direct way, because they didn't want to hurt me. But she just said that he was very sick and then later on I found out that it was cancer, when she thought it was the right time.

**R How long was that after he first went to the doctor?**

S I think maybe about a year and a half

**R What do you know about cancer?**

S Well my mom and dad told me that it is a serious sickness and that people sometimes die from it, but that they can get better, but when I first heard he had cancer, I actually thought he was going to die.

**R** How did you feel when they told you that?

S I don't know - it is sometimes too painful to talk about.

**R** It came as a big shock to you?

S Yes but then after a while, I thought that he would get better

**R** And then?

S Well he did go to the Johannesburg Gen and then he was in a bad condition and so then he wanted to stay home rather and he was very sick. He was very weak and he needed help to even get up like off the bed and he constantly needed water. Like he got very thirsty and tired all the time.

**R** Uhm ... go on

S So, I just woke up in the night once and I heard my mom crying and she was on the phone. Then I just knew something was wrong so I rushed over to the room and then I saw him lying there like very still.

**R** And then?

S When I found him I thought you know, he had like an oxygen tank, you know I thought it was still like not too late and I didn't really realize at the time that he really passed away. Only like a few days

afterwards when we went to the burial when everyone was very upset, then I only realized that he was really gone.

**R You didn't really believe it?**

S No – and I thought how could he leave us like this.

**R And then ....**

S Well, I was so shocked, at first I couldn't even cry – it was too painful. I was just shocked to see him there, because at first I thought he was sleeping but then I heard that my mom was crying.

**R What did your mom say?**

S She didn't see me - she didn't want me to be there. She actually thought you know, they must take him away first and tell me in a better way.

**R When was this?**

S Well it was early in the morning - It was like I think two o'clock or so, somewhere around there in the morning, and well after I realized that I couldn't do anything about it, I went back to my room, I was frustrated that no one could do anything for him.

**R And then?**

S I just wanted to be alone – I went back to my room and sat on my bed and cried my eyes out. I was really upset, then when my mom put down the phone she went back to the room and then she found me crying and she was upset that I found out that way, because she thought it was a bit bad to find out that way for my age.

**R How old were you then?**

S Well I was in grade 5, so I was about ten, maybe eleven years old

**R Were you expecting your dad to die?**

S Well sort of, but I sometimes thought that his going to get better. There was actually a few times when we thought his going to die, and then he didn't.

**R You didn't really believe that he would die?**

S I couldn't really imagine it

**R Uhm ... what happened then?**

S My mom comforted me and she said I'm so sorry and she sat next to me and then later on the family came. His sisters and his brothers and then they tried to comfort me. But they weren't that sympathetic to us I suppose, because we weren't that close to them

**R How do you mean?**

S Well it's like they never saw my dad or us so often, so I don't think that they could understand what it feels like to lose your dad, for them it was like nothing serious happened

**R What went through your mind?**

S One time I was fetched from school and I thought he had died, but he didn't. I got such a fright that I actually apologized to him for the times that I was nasty to him or whatever. He was like, no don't worry it is fine. Because he always used to, like call me pet names and stuff like that, and I hated it because I thought that I was big stuff, so I was like apologizing to him for being nasty.

**R You felt a little bit guilty?**

S Yes about sometimes being ugly to him

**R Tell me about the funeral?**

S It was a few days after he died, I think it was a Friday, and when the burial was actually taking place everyone was like very upset. Because my dad was a friend to a lot of people and I was still crying then, I actually couldn't stop crying for a long time.

**R It must have been a difficult day?**

S Yes I think it was the saddest day of my life.

**R How did you feel at the graveside?**

S I looked down at the coffin and was realizing you know, I am never going to see him again, ever, and I was just thinking like how could this happen. I mean why, what for.

**R You felt that it wasn't fair!**

S Yes my dad was such a good person and I miss him so much.

**R You were very close to your dad!**

S Yes my dad always used to play with me and make me laugh and do things for me when I needed help

**R Tell me more about your thoughts?**

S I was thinking that things will never be the same again

**R What changed in your life when your dad died?**

S Well he just wasn't there anymore – we weren't a family anymore. It was also difficult for us to go to places because he used to take us along because my mom doesn't drive. Things are quite different, there



is just like an emptiness. We are just like sort of alone now that he is gone.

**R Did anything change at school?**

S Well, not really. The people at school were sympathetic, but not much changed.

**R How were they sympathetic?**

S They just said that they were like sorry to hear that I lost my dad

**R Did the teachers know about it?**

S I think, well after a while most of them did find out, but I don't think all of them knew. Only like my register teacher and that.

**R What did she say?**

S Well she just said that she was sorry to hear that my father had passed away and, then like my classmates asked why I was absent so long. And that is how some people found out. I didn't want to tell every one except like my close friend.

**R You didn't want who to know?**

S I didn't want the other children to know that I didn't have a dad anymore because it felt like strange

**R Strange?**

S Like I was different not being able to talk about your dad, because he is dead

**R How did your close friends react to it?**

S Well, actually I only have like one best friend. I don't play in a group and my friend was sympathetic and she tried to cheer me up and make me forget about it. But it is difficult to forget about it after such a short time.

**R And the other children in your class, did they know about it?**

S Most of them I think didn't know, just a few of them but I didn't really say anything.

**R What do you remember about your dad?**

S Well I was just thinking that it would be so different, with his work sometimes he would go away on trips and I then would go with him. We always had talks when him and I were driving in the car – I really miss that. And I was just thinking that things will never be the same again.

**R You miss him a lot?**

S Yes, and there is an emptiness – it 's not easy to explain.

**R How does it make you feel?**

S Sometimes I feel like I'm all alone.

**R Does it help to talk to someone about it?**

S I don't actually really talk to people about it. I don't like to bring it up in front of my mom because I don't want to upset her. Because she was sad as well. I don't want to upset her, so I just keep it to myself.

**R What do you think happens when a person dies?**

S Well, like about the bible, I don't always understand things, and I don't know if people go somewhere else. Maybe they do, maybe they don't, maybe life is just over and then it is just, you know.

**R What?**

S Nothing

**R Do you think that there is anything that can be done to prepare children for such a tragedy - the death of a parent.**

S Well, if it is a sudden death, I think it is difficult to tell a child that a parent has past away, because that is the person that looks after you and it is difficult for a child to handle it. I think if it is over a long period of time, you are kind of prepared. If it's a sudden death, I don't think anyone can be prepared for that.

**R What do you think can help?**

S Maybe if you can tell children what happens if someone dies, how they will feel and that there will be a funeral or a cremation and that, if they're small then it will be just to say good-bye to them. And small children I think, you should tell them that the person is going to heaven even if you don't know, then you know, it might be better for them right there.

**R How else do you think children can be helped to cope with the death of a loved one?**

S I don't know

**R Do you understand that all living things die at some stage and nobody lives for ever?**

S Yes, maybe you could tell them that you know, maybe like if your pet is old and it dies then you know, you can just tell them in a nice way that the pet was old and that it was time for it to go and you know, that it is in a better place maybe.

**R Who should try to prepare children for the death of a loved one?**

S Their family or maybe the school – I don't know .

**R How do you think the school can do it?**

S Well, like in guidance they could maybe talk about death.

**R How do you think it will help?**

S Like if you know what you will go through if someone dies, you will maybe get over it quicker.

**R Do you think it will help to share your experience with other children who have also lost a parent?**

S Well I think if they have also lost someone, they will at least know how you feel.

**R Uhm ... and how are you getting on now?**

S Life is different, but I'm getting used to him not being around – it's difficult to get over it after such a short time, but it is getting better



## **Ten Key words**

1. **Death**
2. **Bereavement**
3. **Ecological**
4. **Intrapsychic**
5. **Traumatization**
6. **Grieving**
7. **Actualization**
8. **Assessment**
9. **Intervention**
10. **Support**