

**THE EXPERIENCES OF ADOLESCENTS
DEALING WITH PARENTAL LOSS THROUGH DEATH**

by

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¹*“Everything that happens in this world happens at the time God chooses.*

²*He sets the time for birth and the time for death, the time for planting and the time for pulling up ...”*

⁴*“He sets the time for sorrow and the time for joy, the time for mourning and the time for dancing,”*

Ecclesiastes 3: verses 1-2 and 4 (The Good News Bible, 1980:650).

ABSTRACT

The experiences of adolescents dealing with parental loss through death

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This research focuses on the experiences of adolescents dealing with parental loss through death, irrespective of the age of the child at the time of loss. Through an increased understanding of this phenomenon, the researcher highlights the need for supporting and guiding adolescents who are dealing with parental loss. Role players are identified and insight into the task of assisting adolescents who are dealing with parental loss through death, is developed.

A qualitative approach was followed in order to gain in-depth data regarding the experiences of adolescents dealing with parental loss through death. The general orientation to the research methodology is discussed in chapter one.

The first objective of the study was to build a theoretical frame of reference regarding the field of adolescence as well as the influence of parental loss and the grief process, on this developmental stage. This objective is achieved in chapters two and three

The second objective was to conduct an empirical study on the experiences of adolescents who were dealing with parental loss through death. The researcher conducted interviews at the school in which she works. Play techniques were implemented by the researcher to assist in exploring the adolescents' experiences and therefore facilitate the research process.

Themes and sub-themes were identified during the data collecting and analyzing processes. The findings are discussed in chapter four. The main themes, relating to the experiences of adolescents dealing with parental loss, identified in this study, are:

- Emotions and needs vary and are linked to both the process of grieving and the development of a separate identity.

- Although many possible support systems exist, insufficient guidance and support, both formal and informal, are being offered.
- The adolescents' focus on the past, present and future is affected by parental loss.
- The relationship with the parents, both deceased and surviving, affects the adolescents' functioning in the present.
- Secondary implications of parental loss affect the adolescents' experience of the loss.
- Identity formation is affected by the bereavement process.
- Risk and protection factors include present relationships and support systems; being offered the opportunity to grieve; spiritual beliefs and the adolescents' behaviour.
- Physical effects of dealing with parental loss though death included symptoms of depression.

The final objective of the research was to provide conclusions and recommendations and receives attention in chapter five. Recommendations are made to the South African Government, Department of Education and schools and include proposed strategies and policies for offering support to adolescents dealing with parental loss within the school systems. Recommendations to social workers and other professional support structures include bereavement training, flexible service delivery options and the developing and empowering of community-based structures.

Knowledge of the experiences of adolescents dealing with parental loss through death is increased and the need for offering support and guidance to this vulnerable group in our society receives attention through this research.

KEYWORDS

EXPERIENCE

ADOLESCENTS

ADOLESCENT PHASE

DEVELOPMENT STAGES

DEVELOPMENT TASKS

LOSS

DEATH

GRIEF

MOURNING

BEREAVEMENT

PLAY TECHNIQUES

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CHAPTER 1

GENERAL ORIENTATION TO THE RESEARCH METHODOLOGY

1.1 INTRODUCTION

The effect of losing a parent is always traumatic and dealing with the subsequent grief is difficult for all children. Losing a parent or caregiver has different effects on children at different stages of their development. Within the South African situation the loss of a parent is of serious detriment to the child's welfare, in particular if it is the mother, given the role that mothers play in raising children in this society. Additionally, South Africa's poor are most heavily affected by the HIV and AIDS crisis, which results in a large number of the country's children being left to survive without one or both of their parents in the most under-resourced communities (Orphans and Vulnerable ... 2007).

Worden (1996:55-73) studied children's grief patterns after the death of a parent and found both emotional and physical responses. These included fears and anxieties, headaches and stomach-aches. Other symptoms relating to grief and loss in children, and specifically adolescents, include biting of themselves or others, withdrawal, prolonged sadness, despondency, lower marks at school, depression, inability to sleep, loss of appetite, social withdrawal and risk-taking behaviour, including self-destructive behaviour (Strouse, 2007; Play therapy ..., 2007; Smith, 2005:13 & 22).

With specific reference to children who have lost one or both parents to HIV and AIDS, literature states that these children suffer, among others things, a sense of loss, grief, depression, abuse, anger, anxiety, abandonment, isolation, poor problem-solving skills, loneliness and rejection, as well as fears of rejection because of the element of stigma and secrecy that HIV and AIDS carries (Orphans and Vulnerable ..., 2007; Pembrey, 2007; Problems faced by..., 2007; Blom, 2004:241). Thompson, Rudolph and Henderson (2004:524) state that "unresolved grief can result in personal, interpersonal, or social problems in the future".

To assist in the process of dealing with children's grief, the researcher has focused on adolescents, an important, vulnerable group in society. Teenagers are seen as being among the most vulnerable sectors of society today (Wilson in Vial, 2007). Jordaan (2007) adds that adolescents today experience great pressure from their parents, schools, the media and society in general, owing to the intense transformation processes taking place. The researcher is a social worker and works for a youth organisation contracted to deliver social work services at the local high school. The researcher's

primary responsibility is counselling children. A large number of adolescents at this school have been identified as having lost one or both parents through death and she therefore has access to research participants. The researcher has noticed that adolescents' demands are vastly increased when they have to live through the bereavement process without one or both of their parents and often without counselling for support.

To understand adolescence, it is essential to consider the intricate dynamics of this life phase, during which there are important changes in cognitive, personality and social development, among others. Formal, operational, scientific and absolute thinking are developed during adolescence. The development of adolescent egocentricity, which manifests in two forms (the imaginary audience and the personal fable), is also important. The forming of an identity is essential. The integration of the various developmental areas is essential for identity formation (Louw, Van Ede & Louw, 2005:412-430).

The development of these skills is important as adolescents start to take risks and learn to understand and value the consequences of their behaviour (Bezuidenhout & Dietrich, 2004:63). Risk-taking is defined by the *Oxford Advanced Learner's Dictionary* (2005:1265) as the "practice of doing things that involve risks in order to achieve something". Bezuidenhout and Dietrich (2004:65-66) regard risk-taking as a dangerous activity, yet recognise that it is also viewed as "normal behaviour" necessary for developing adolescents. However, adolescents become exposed to higher risk when engaging in certain self-destructive behaviours. These destructive behaviours include unsafe sex, teenage pregnancy and childbearing, drug and alcohol use, underachievement, failure and dropping out of school, delinquent or criminal behaviour, suicide, eating disorders, practising Satanism, violence, unsafe driving, fighting, running away from home, and specific self-destructive behaviour with the intent to harm the self, which includes poisoning, purposeful risk-taking, masochism and self-battering (Louw *et al.*, 2005:392-409; Toerien, 2005:1; Bezuidenhout & Dietrich, 2004:66; Helping teenagers ... 1997).

The reasons for these damaging behavioural patterns, often stemming from high-stress situations, include the dynamics of the adolescent life phase, the divorce of parents, molestation, poor parental involvement, the influx of mothers into the labour market, the rise in single-parent families, violence in the family, family financial problems, the high unemployment rate resulting in parents seeking work away from families, and the loss of parents through death for various reasons, including HIV and AIDS (Blom, 2004:20; Gateway International Report, 2006; Bezuidenhout & Dietrich, 2004:66; Helping teenagers ... 1997). Adolescents exposed to parental loss through death are at increased risk

of developing damaging behavioural patterns. In the researcher's opinion the risk is even greater when adolescents have not received counselling to assist them in dealing with their grief. In addition, these adolescents often lack adequate support systems and means of survival, which places further pressure on their ability to cope with their situation.

Risk-taking behaviour is thus seen as symptomatic of the core problems. Managing and addressing the core problems is essential and, for the purpose of this study, the researcher has focused on one specific core problem, that of adolescents who have experienced the loss of one or both parents through death, irrespective of the specific reason for the death.

In 2005 there were 3,5 million children under the age of 18 in South Africa who had lost one or both parents through death. Reasons for the deaths include violence, motor vehicle accidents, HIV and AIDS, and other illnesses (Gateway International Report, 2006). These statistics indicate that there are a large number of children who require bereavement counselling.

To meet the bereavement needs of the youth, specialised resources need to be used within existing social structures. Jordaan (2007) states that bridging the grief process can be a near unachievable emotional task in a child's life, affecting all the systems in which they function. He adds that a child who has lost one or both parents requires more emotional support than a once-off discussion with a well-meaning adult. Specialised, professional interventions are needed. A bulletin released by the national Department of Health (HIV and AIDS Directorate, 2001:1) states that "[e]very responsible adult should realize that the enormity of the HIV and AIDS disaster calls loudly and clearly for all possible available structures and people to be mobilized to nurture children, who are the future of this country".

Literature studies, consultation with professionals and her work experiences lead the researcher to believe that parental loss through death in South Africa, linked primarily, but not exclusively, to the HIV and AIDS pandemic, will continue to increase, and that it is essential for the youth of South Africa to receive assistance in dealing with these losses (Jordaan, 2007; Meyers, 2007; Orphans and Vulnerable ..., 2007). Social workers have an essential role to play, as they are at the forefront of the battle to provide effective care, counselling and support to those affected (Harber, [sa]:1).

An important place to address the needs of vulnerable children is at school level. The role of the schools is crucial. Schools are seen as being able to provide children with not only education, but also

emotional support and care (Pembrey, 2007; Van Vuren, 2004:207). The link between social work services and the school system thus becomes apparent.

The rationale for this study can thus be formulated as social workers' lack of knowledge regarding the adolescent's experience of dealing with parental loss through death. As there are an increasingly large number of adolescents in this situation, the need for specialised counselling is apparent. This need can be effectively addressed by social workers at school level.

1.2 PROBLEM FORMULATION

The research problem answers questions about what exactly the researcher wants to study, why it is worth studying, and whether the study has any practical significance (Babbie, 2004:115). Kondlo (2004:16) states that the sources of a research problem are to be found in a combination of direct observations and experiences, theory, previous investigations and practical concerns.

An important factor linked to parental loss and the need for bereavement counselling is HIV and AIDS. According to Van Vuren (2004:207), "HIV and AIDS is a pandemic that is starting to influence everyone in all spheres of life". More and more children are affected either because they themselves have HIV and AIDS or because a family member or friend has HIV and AIDS. HIV and AIDS is specifically hurting children and preventing them from having their needs met (Children living in ..., 2007). HIV and AIDS, as opposed to other causes, is responsible for a disproportionately large number of orphans and vulnerable children in South Africa: the estimated percentage of children orphaned by Aids increased from 5,6 per cent of all orphans in 1995 to 43,3 per cent in 2001 (Orphans and Vulnerable ..., 2007).

Available support structures for addressing vulnerable children's needs include the school system. This system provides accessible, free counselling to all schoolchildren. There is less negative stigma attached to school-based counselling services, which makes this service relevant and accessible to the often stigmatised HIV and AIDS orphans and vulnerable children (Stoiber & Kratochwill in Thompson *et al.*, 2004:485; Blom, 2004:241).

Campbell (2007) acknowledges the need for school social work and notes that learners are dealing with stressful situations, often with minimal support structures. He adds that schools can attempt to address these needs. Counselling services originally provided to schools by the provincial education department have been discontinued and career counsellors within the school system are required to

spend more time teaching and less time counselling. The schools in the community in which the researcher works have contracted both social and youth worker services to meet the schools' need for counselling (Meyers, 2007; Van Staden, 2007).

On a practical level, school social work is the most cost-effective and efficient way of reaching young people (Pembrey, 2007). Stoiber and Kratochwill (in Thompson *et al.*, 2004:485) believe that schools are in a strategic position to prevent and respond to mental health and healthcare needs, and suggest that children and families are more likely to take advantage of school-based services because there is less stigma attached. They see schools as being in a position to develop healthy attitudes and behaviour among adolescents, as they spend much of their time at school, where they develop social networks through interpersonal interaction with, usually, peers of the same age (Bezuidenhout & Dietrich, 2004:66; Pembrey, 2007). School social workers are therefore in a strategic position to provide essential services to children at risk, including children who have experienced the loss of a parent.

The researcher has used play techniques in the interviews to gain insight into adolescents' experience of parental loss through death. The play therapy approach has many advantages and some of the reasons for applying this approach are described by Orton (in Thompson *et al.*, 2004:407), who states that play assists in establishing a relationship with a child, helps the child state his or her concerns, aids in the assessment process, and promotes healing and growth. Various play techniques can be implemented in working with adolescents. Geldard and Geldard (2005:135) consider the use of clay, drawing, imaginary journeys, miniature animals, paintings, collages, sand trays and symbols as being the most suitable media and activities in work with adolescents. These techniques were used for projection and assessment during the interviews so as to receive relevant information regarding the experiences of adolescents that have lost one or both parents through death. The researcher used these techniques to assist the adolescents in telling their stories and was therefore seen as a medium for enhancing the communication process and not for therapeutic purposes.

The researcher decided to complete this study for two interdependent reasons. These are the shortage of literature on bereavement counselling of adolescents and the number of children in South Africa who are losing parents through death and subsequently require bereavement counselling.

The shortage of literature is clearly stated by Thompson *et al.*, (2004:527) "[T]here is little information in the literature describing effective methods for counseling with children and their reactions to death

and dying, especially empirical studies. Perhaps researchers avoid the subject, as do parents and other adults”.

The researcher has noted in studying literature relating to bereavement and HIV and AIDS that the primary focus is on the care and counselling of the infected individual and the development of interventions to prevent the spread of the disease (Harber, [sa]:1; Pembrey, 2007). Reference to the need for the counselling of the bereaved child is made, yet no strategies are given and little or no distinction is made between “child” (a very general term) and “adolescent”. The researcher did not find any information on programmes or guidelines for the bereavement counselling of adolescents in the South African context.

The second consideration for this study is the need for youth bereavement counselling in South Africa. A report compiled by Gateway International (2006) states that in 2005 there were 3,5 million children under the age of 18 in South Africa who had lost either their mother, their father or both parents, and that 62% of all maternal deaths were caused by HIV and AIDS. The other reasons for the deaths of parents given in the report are violence, motor vehicle accidents, and illnesses other than HIV. The Gateway statistics indicate that there are a large number of children who require counselling.

The need for bereavement counselling is further reflected in the recent statistics of six KwaZulu-Natal Childline stations (KwaZulu-Natal Childline, 2007). These statistics refer to reported cases and give an indication of childrens’ needs. The need for bereavement counselling was the third greatest need identified (8, 5%).

Both in the literature and in practice, an increase in children experiencing parental loss through death is being found in South Africa. There is limited information on existing programmes to assist grieving adolescents or counselling guidelines for social workers. The researcher considers the proposed study essential, as information on the needs of the grieving adolescent is required for the development of relevant and effective supportive interventions by social workers.

The focus of this study is to assess and explore adolescents’ experiences of losing one or both parents through death. After the trauma of death, many children lack adult attention, guidance and social example. The risks associated with this lack include detachment, emotional withdrawal, instability, destructive behaviour, learning difficulties, lack of a sense of morality, poor capacity for intimacy, lack of a sense of responsibility towards others, poor problem-solving skills, tendencies towards angry, resentful emotional states, inability to engage in relationships with peers or adults, depression and

social marginalisation (Orphans and Vulnerable ..., 2007). Combining these with the normal risks of the adolescent phase could see adolescents taking part in high-risk destructive behaviour. Gaining insight into the world of these children will assist professionals to understand how the losses have affected their functioning and how to address their needs.

Briefly, the *research problem* is that there is a shortage of literature and programme guidelines for social workers wanting to meet the needs of the increasingly large number of grieving adolescents that have experienced parental loss. This shortage of information may result in inappropriate or insufficient counseling to adolescents in the target population.

1.3 PURPOSE, AIM AND OBJECTIVES OF THE STUDY

1.3.1 Purpose of the research

Neuman (2000:21) categorises the purpose of social research according to whether the researcher plans to explore a new topic, describe a social phenomenon, or explain why something occurs. Using these terms, the purpose of the study can be linked to the basic objectives of a research study, as recognised by Fouché and De Vos (2005:105) i.e. exploration, description and explanation.

1.3.2 Goal of the research

According to the *Oxford Advanced Learner's Dictionary* (2005:638 and 1005), a goal is something that you hope to achieve, whereas an objective is something that you are trying to achieve in order to meet your goal. Objectives are therefore planned targets on the way to achieving one's main goal. Objectives should be specific, clear and achievable (Fouché, 2005:116; Leaf, 2005:153). The goal of a study is therefore the essence of the study, whereas the objectives show the plans for reaching the goal.

The goal of the research was to explore the experiences of adolescents dealing with parental loss through death.

1.3.3 Objectives of the study

- To build a theoretical frame of reference regarding the:
 - adolescent phase
 - adolescent and bereavement
 - developmental needs of adolescents

- strengths of and risks for adolescents dealing with parental loss
- grieving process
- influence of factors such as age, culture, risk-taking behaviour, self-destructive behaviour, bereavement processes and the accessibility and availability of support structures.
- To study empirically the experiences of adolescents who are dealing with parental loss through death.
- To provide conclusions and recommendations to social workers and educators for consideration during interventions in cases where adolescents are dealing with parental loss through death.

1.4 RESEARCH QUESTION

A qualitative approach was taken in this exploratory study. The qualitative researcher is concerned with understanding rather than explanation, and naturalistic observation rather than controlled measurement (Fouché & Delpont, 2005:74). The goal of exploratory research is seen as being the formulation of more precise questions that future research can answer (Neuman, 2000:21).

The researcher has thus explored dynamics rather than test variables. For the purpose of this exploratory study, the formulation of a research question is relevant.

Research question: What are the experiences of adolescents dealing with parental loss through death?

1.5 RESEARCH APPROACH

The research approach must be appropriate to the nature of the study. The qualitative research paradigm refers to research that elicits participants' accounts of meaning, experiences or perceptions, rather than studies their behaviour. A qualitative researcher is concerned with understanding the qualities, characteristics or properties of a phenomenon better, rather than explaining them, and attempts to document the world from the point of view of the people being studied (Fouché & Delpont, 2005:74; Hammersley in Silverman, 2005:38; Henning, 2004:3-5).

Furthermore, the qualitative approach has less strictly formalised procedures, the scope is more likely to be undefined and a more philosophical mode of operation is adopted (Mouton & Marais, 1990:155-156).

A qualitative approach was therefore appropriate for this study, as the researcher wanted to understand the experiences of adolescents who are dealing with parental loss through death, from their own points of view.

1.6 TYPE OF RESEARCH

Fouché and De Vos (2005:105) regard the goals of research as being either basic or applied. In basic research, researchers adopt a more detached, scientific and academic orientation in their search for an understanding of the fundamental nature of social reality. An applied research orientation is more activist, pragmatic and reform-oriented, and the researcher wants primarily to apply and tailor knowledge to address a specific practical issue (Neuman, 2000:23). Applied research is specific and aimed mainly at solving specific problems found in practice (Fouché & De Vos, 2005:105; Bless, 2004:37).

The researcher has explored adolescents' experiences of parental loss through death. The aim of this study is to improve the helping professions' understanding of the phenomenon. This may lead to more successful intervention strategies for the increasing number of children are dealing with parental loss through death. This study is focused on solving problems in practice, and its research orientation is therefore applied.

1.7 RESEARCH DESIGN AND METHODOLOGY

Mouton (2005:55) defines a research design as “a plan or blueprint of how [the researcher] intend[s] conducting the research”.

In the qualitative approach to research, the design is flexible and unique, and evolves throughout the research process. No specific steps are followed and the design cannot be exactly replicated (Fouché & Delpont, 2005:75). The researcher has allowed the process to dictate the specific steps, while remaining focused on the general design and procedures.

1.7.1 Qualitative Design: Phenomenology

Phenomenology is “a current in philosophy that takes the intuitive experience of phenomena (what presents itself to us in conscious experience) as its starting point and tries to extract from it the

essential features of experiences and the essence of what we experience” (*Wikipedia: Free Encyclopedia*, 2008). Phenomenology links to the goal and type of research being followed, namely applied research, and aims to apply and tailor knowledge to address a specific practical issue (Neuman, 2000:23).

This research is exploratory, which is often the way with an initial study of a phenomenon. Phenomenological studies support this in that they are “well suited to serve as a preliminary step that will lead up to an understanding of philosophical phenomenology” (Edmund Husserl, 1927). In this study the researcher has aimed to explore the life situation of the adolescent dealing with the phenomenon of parental loss. Phenomenology is seen as the most appropriate strategy to conduct this research. The goal of this study was not to do case studies or therapy with the adolescents, but to explore the meaning that adolescents give to the experience of parental loss. This research can thus be viewed as a needs assessment for the development of social work intervention programmes.

1.7.2 Research methodology

Although the plan to be followed in qualitative research is flexible, certain steps will be discussed and identified below.

1.7.2.1 Data collection methods: In-depth interviews and observation

The motivation for doing qualitative research comes from the observation that, if there is one thing which distinguishes humans from the natural world, it is our ability to talk. Qualitative research methods are designed to help researchers understand people and the social and cultural contexts in which they live (Data Collection ..., 2006).

Data comes in different formats and for the purpose of this qualitative research the researcher has attempted to capture textual data. Mouton (2005:108) describes textual data as “rich in meaning and ... difficult to capture in a short and structured manner.”

The data collection methods of in-depth interviewing and observation have been used to support the qualitative approach of this study.

Greeff (2005:287) states that interviewing is the predominant mode of data or information collection in qualitative research. An interview involves “direct personal contact with the participant, who is asked to answer questions relating to the research problem” (Kondlo, 2004:104). Interviews have

been used because the researcher is interested in complexity and process, as the issue being studied is personal in nature (Greeff, 2005:296). The type of interview used was the one-to-one in-depth interview, also known as the unstructured interview. The in-depth interview extends and formalises conversation and is referred to as a “conversation with a purpose” (Greeff, 2005:292).

In addition to interviewing, observation has also been used as the researcher has recorded the interviews as observed by herself (Kondlo, 2004:103). According to Paton (in Data Collection ... 2006), “[o]bservation can lead to deeper understandings than interviews alone, because it provides a knowledge of the context in which the events occur, and may enable the researcher to see things that participants themselves are not aware of, or that they are unwilling to discuss”.

When both interviewing and observation are used, the skills of the researcher are essential for the successful collection of data. The researcher has used and incorporated play techniques as a method for data collection during two interviews with each of the ten adolescents identified as suitable participants at the high school where the researcher is a social worker. Play techniques were used during the interviews as the use of play is an excellent way of assessing how adolescents function in their world. Through the use of play techniques, the child is able to make contact with their inner worlds (Oaklander, 1988:193; Blom, 2004:69-233; Thompson *et al.*, 2004:408-409). These techniques are also less threatening than working on issues verbally. Imaginative play, using the *sand tray*, was used as this can reveal themes relevant to adolescents’ lives and creative play, using *clay and or drawings*, was used to assess the adolescents’ ability to express themselves (Milgrom, 2005:4). These techniques were therefore utilised to assist in gaining information regarding the adolescents’ experiences of their parental loss.

The participants’ behaviour was also observed. Field notes were used to maintain control of the data collected by observation. It is essential that the objectives of the study are constantly borne in mind to guide the researcher in deciding what is significant and what is not (Strydom, 2005b:281). A DVD recorder was utilised in the research. These recordings were then later transcribed for close analysis.

1.7.2.2 Data analysis

Analysis involves the “breaking up” of data into manageable themes, patterns, trends and relationships (Mouton, 2005:108). De Vos (2005:333) sees data analysis as “the process of bringing order, structure and meaning to the mass of collected data”. The data analysis process of the flexible qualitative approach is dynamic and cannot be described in a linear form. The application of the process will be guided by the following methods, as described by De Vos (2005:335):

- **Planning for recording of data**

Play techniques were selected, specific areas for observation were identified, and practical arrangements were made for using the video recorder. A system for managing and retrieving data was planned and designed, including the colour-coding of notes and DVDs and the organising of field notes.

- **Data collection and preliminary analysis**

As data was collected on site, it was used in a preliminary data analysis that guided further data collection.

- **Managing or organising the data**

This was not done on site. The researcher organised data into computer files and converted this information into appropriate text units. The researcher has kept an original, unedited copy of all the data collected.

- **Reading and making notes**

The researcher read through the data collected several times to get a holistic view of the information before breaking it into pieces. The researcher made notes during this process to assist in this preliminary phase.

- **Generating categories, themes and patterns**

The data collected was studied intensively so as to recognise categories, themes and patterns that emerged.

- **Coding the data**

Once themes were recognised, the researcher applied a coding scheme throughout the data.

- **Testing emerging understandings**

The data was evaluated for its relevance.

- **Searching for alternative explanations**

Emerging patterns and themes in the data were critically challenged by the researcher. Other possible explanations for the data and links were explored. Interpretation will form an important aspect of this process. Interpretation means relating one's results and findings to existing frameworks and showing whether these are supported or falsified by the new interpretation (Mouton, 2005:109).

- **Presenting**

A report on the findings has been written and is presented to the university in the form of this document.

1.8 PILOT STUDY

A pilot study gives the researcher the opportunity to test, on a small scale, the various aspects of the procedures that she has chosen, and is seen as an important preparatory step in the research process.

A pilot study should improve the success and effectiveness of the investigation. The pilot study must be executed in the same manner as is planned for the main investigation (Strydom, 2005c:205 & 210).

The researcher has taken the following into account in her pilot study:

1.8.1 Feasibility of the study

This part of the pilot study focuses on allowing the researcher “to obtain an overview of the actual, practical situation where the prospective investigation will be executed” (Strydom, 2005c:208). Possible practical implications can therefore be recognised and managed.

The principal of the school gave written consent for the researcher to implement her studies as part of her general counselling service delivery. The researcher received permission from the relevant circuit manager of the Provincial Education Department to carry out the research. Research participants were asked to give written informed assent and acceptance of their willingness to participate in the research (Appendix A). In cases where the adolescent participating in the research does have a parent or legal guardian; the parent or guardian was asked to give informed consent for the child to participate in the research (Appendix B). In cases where consent could not be obtained by a parent or legal guardian, the principal of the school, as legal guardian during the time and place (during school hours and at school) in which the research will take place, completed the relevant consent form. Although it was not necessary, provision was made for if it had been impossible to obtain consent for the study owing to the nature of the study. The researcher and study leader would have followed the policy of the Faculty of Humanities and signed a declaration of ethical intent (Appendix C).

Once the documentation, departmental and school permission-, consent and assent letters were completed, final permission to complete the study was granted by the Research Proposal and Ethical Committee of the Faculty of Humanities (Appendix D)

An office was allocated to the researcher where she conducted the interviews during her normal working hours. The researcher carried administrative costs for the research project not covered by the school. Data analysis took place away from the school environment and in the researcher's own time.

1.8.2 Testing of interview play techniques

The purpose of a pilot study in qualitative research is to determine whether the relevant data can be obtained from the research participants (Royce in Strydom & Delport, 2005:331).

The researcher conducted in-depth interviews, using the proposed play techniques with two adolescents who fitted the selection criteria. These adolescents did not form part of the sample used for the main study. Play techniques were incorporated in the in-depth interviews, as research has shown that when humans experience events, they do so through all of the senses simultaneously and it is not possible for the language system to convey these experiences adequately because language is linear; experiences are multidimensional. The sand tray has multidimensional qualities, making it well suited to the expression of experience (Kestly, 2005:22). Creative techniques, including art or clay, were used as it stimulates the release of feelings and serves as a bridge for verbal expression, both for children with poorly- and highly developed verbal skills (Blom, 2004:159; Van der Merwe, 1996:147; Oaklander, 1988:67). Play techniques were therefore used as a tool for gathering information during the in-depth interviews.

Practical implications were evaluated, including the length of the interview, the location of the interview room, the time of day and the use of the video recorder. Relevant practical changes were implemented. The researcher moved from her office to an empty classroom, which provided a neutral setting and the video recorder settings were tested and adjusted. The original paintbrushes were not suitable and were replaced and the size of the sand tray was increased. The researcher realized that the participants enjoyed the painting session and she was required to set a time limit for the art activity.

1.9 DESCRIPTION OF THE POPULATION, SAMPLE AND SAMPLING METHODS

A description of the research universe and population will be given as well as a short discussion of the sample and sampling methods used in the research.

1.9.1 Research universe and population

- **Universe**

Arkava and Lane (in Strydom, 2005d:193) state that universe refers to all potential subjects who possess the attributes in which the researcher is interested. The universe of this study is all adolescents in high schools in South Africa dealing with parental loss through death.

- **Population**

Population is a term that sets boundaries on the study units (Arkava & Lane in Strydom, 2005d:193). The population for a study is that group about which the researcher wants to draw conclusions. As it is impossible to study all the members of a population, a sample is selected from the population (Babbie, 112-113).

The population for this study is adolescent boys and girls who are dealing with parental loss through death, and who attend the high school at which the researcher works.

1.9.2 Sample and Sampling method

Arkava and Lane in Strydom (2005d:194) view a sample as “[comprising] elements of the population considered for actual inclusion in the study, or ... a subset of measurements drawn from a population in which [the researcher is] interested”. The population sample will be selected from the children within the defined population.

Sampling theory distinguishes between probability and non-probability sampling. Non-probability sampling refers to cases in which the probability of including each element of the population in a sample is unknown (Kondlo, 2004:86). Qualitative researchers focus less on a sample’s representativeness or on detailed techniques for drawing a probability sample than on how the sample illuminates the problem they are exploring. Their concern is to find cases that will enhance what other researchers learn about the processes of social life in a specific context and therefore they tend to use non-probability sampling (Neuman, 2000:196).

It is sometimes appropriate to select a sample on the basis of knowledge of a population, its elements, and the purpose of the study. This type of sampling is called purposive or judgmental sampling (Babbie, 2004:183). Purposive sampling uses the judgment of an expert in selecting cases or it selects

cases with a specific purpose in mind. The purpose is less to generalise to a larger population than it is to gain a deeper understanding of types. Purposive sampling was used in this study.

The subjects selected for the sample -

- Are adolescents in Grades eight to eleven
- Are between the ages of 14 and 18
- Are male or female
- Are English or Afrikaans (or understand either language)
- have lost one or both parents through death
- have not have received counselling previously
- are learners at the school where the researcher works.

The period that has elapsed since the parent or parents died was not relevant for selection.

The researcher selected ten research participants that met the above criteria. The researcher used purposive sampling and, with the help of teachers, chose the most appropriate participants for the research.

1.10 ETHICAL ISSUES

The ethics of science, according to Mouton (2005:238), “concerns what is wrong and what is right in the conduct of research”. Scientists have developed codes of conduct, which are enforced through professional associations and institutions. According to Neuman (2000:90), most unethical behaviour results from a lack of awareness and pressure on researchers to take ethical shortcuts.

In this study, the ethical issues below received attention.

1.10.1 Avoidance of harm

Neuman (2000:92) recognises that participants need to be protected from physical harm, psychological abuse and legal jeopardy. Researchers attempt to avoid harming participants in any way, but it is difficult to predict what will cause emotional damage. Researchers should identify the most vulnerable potential participants beforehand and eliminate them from the study sample (Strydom, 2005a:58).

The researcher conducted the interviews herself. As a social worker, she is subject to the code of ethics of her professional board. As a postgraduate student specialising in play therapy with traumatised children, she is trained to identify and manage various emotions that might be experienced by participants during the research process. The research participants were thoroughly informed beforehand about the emotional impact participation in the research may have had. The researcher gauged the participant's emotional state throughout the interviews and was prepared to discontinue an interview if the adolescent seemed unnecessarily distressed. The researcher was prepared to immediately withdraw participants from the research if it appeared to be harming them. The researcher recognised that the interviews focussed on achieving the goals of the research, that is to explore a phenomenon, yet was prepared to manage emotions that surfaced during follow-up therapeutic sessions if and as, deemed necessary. The researcher was prepared to refer participants for additional therapeutic input to a multi-professional team available in the community if required. A psychologist in the community and reverend within the researchers' organization, were identified to offer therapeutic input, throughout and after completion of the research project as required by the research participants (Appendix E).

1.10.2 Informed assent and consent

It is important that the participants understand all possible information regarding the research so that they can make an informed, voluntary decision about their potential participation (Strydom, 2005a:59). According to Carroll (2002:178), ensuring that children understand all the information regarding the research is complicated. She adds that children should feel empowered to decide for themselves, on the basis of appropriate information, whether they want to undergo an interview.

Keeping these principles in mind, the researcher informed participants fully about the purpose of the research, the content of the interview, the use of a recorder, and the publishing of the findings. The adolescent participants were required to sign a letter of informed assent and declaration of participation (Appendix A). The individuals being interviewed are minors and written consent from their parents or guardians was required (Appendix B). In cases where the participants did not have parents or appointed legal guardians, the principal of the school gave his permission as he is the legal guardian of the child where parents are not available and the child is attending school.

Additionally the researcher and study leader signed a declaration of ethical intent (Appendix C). The declaration of ethical intent form signed by the researcher and her study leader was submitted to the

Research Proposal and Ethical Committee of the Faculty of Humanities. No adolescent was involved against his or her own free will.

1.10.3 Deception of participants

Strydom (2005a:61) states that participants should not be deliberately deceived in any way. If they are inadvertently deceived, this should be rectified immediately the researcher becomes aware of it, or during the debriefing interview. The researcher did not withhold any information from the adolescent and his or her parent /guardian regarding any aspect of the research process. If she discovers that deception has inadvertently occurred, she will clear up any possible misunderstanding as soon as possible.

1.10.4 Privacy, anonymity and confidentiality

Research participants remained anonymous and all information received during the study has been handled confidentially and privately.

Mark (1996:48) outlined the following to assist the researcher to maintain confidentiality:

- Information about participants should be kept confidential, except where participants give written permission for it to be revealed.
- Information solicited and recorded should be only what is necessary for the purposes of the study.
- All the participants' identification should be removed after coding.
- Transcribed interviews will be safely stored, and destroyed after the completion of the study.

The researcher will continue to keep the names and details of participants confidential and use control numbers. The recordings of conversations will be transcribed and, according to the University of Pretoria's policy, safely stored for 15 years at this university before they are destroyed.

Research participants were interviewed individually in a private room. To ensure that the information remains private, the name of the school is not stated in the research report. The permission letters for the implementation of the study from the school and the Department of Education were incorporated in the research proposal and sent to the Ethical Committee of the Faculty of Humanities at the University of Pretoria, but are not incorporated in the research report. Only the consent letter received

from the Research Proposal and Ethical Committee is attached to the final research report (Appendix D).

1.10.5 Actions and competence of researcher

The researcher needs to be competent and adequately skilled to undertake the proposed investigation (Strydom, 2005:63a). The researcher is a practising social worker and has the skills required for conducting interviews and implementing methods of observation. She has successfully completed the research module of the MSD play therapy course.

The researcher's study leader will give guidance on methodology and techniques. Professional supervision was provided by the organisation for which the researcher works.

1.10.6 Release or publication of findings

Once the research has been completed, it is essential that the information received is clearly reflected in the form of a research report. Sarantakos in Strydom (2005e:246) describes this process as "the face of the investigation that should reflect the research process and the outcomes accurately, adequately and effectively".

In the researchers' opinion, adolescents are inclined to be private and the researcher is very sensitive to this in sharing the research findings. The researcher is aware that research participants, their parents or guardians and their teachers might read the report, and has therefore ensured that there is no unnecessary exposure. The researcher has attempted to be careful so as not to unnecessarily use labels or nicknames, or refer to specific situations that might identify the participants.

The researcher has attempted to give information in the most objective, accurate and consistent manner possible. She did not commit plagiarism, and has admitted any shortcomings or errors. These requirements are suggested by Strydom (2005e:248-256).

1.10.7 Debriefing of participants

Where a qualitative process is followed, as is the case in this study, it is possible that subjects will benefit from or get involved in the research to such an extent that they suffer harm on completion of the programme (Strydom, 2005a:67). The researcher recognises that the interviews have been

emotionally demanding, and has offered follow-up debriefing after the research process. The researcher has continuously communicated with participants regarding the process of the research project so that they know what to expect.

1.11 PROBLEMS EXPERIENCED IN THE RESEARCH

The following problems were experienced by the researcher:

- The interviews were time consuming and the research process continued over a period of two months, of which the last few weeks extended into the school exam period.
- The researcher had to transcribe the interviews herself, which was also time consuming. The advantage of this, however, was that the researcher became familiar with the information received and the process of transcribing formed an integral part of the data analysis.

1.12 DEFINITION OF THE KEY CONCEPTS

The key concepts recognized in this study will be discussed shortly.

1.12.1 Experience:

The *Oxford Advanced Learner's Dictionary* (2005:513) defines experiences as “events or activities that affect one in some way; the things that have happened to one that influence the way one thinks and behaves”. Manser (1994:134) defines experience as “[s]eeing or living through an event, happening, etc.; knowledge obtained in this way; an event that has given one knowledge, skills, etc; skilled in or having knowledge of”.

For the purpose of this study, the researcher defines experience as the way in which the adolescent perceives, interprets and is affected by parental loss through death.

1.12.2 Adolescent:

Louw *et al.* (2005:384) define adolescence as the developmental stage between childhood and adulthood. *The Free Dictionary* (2007) defines an adolescent as “a young person who has undergone puberty but who has not reached full maturity; a teenager”. The word comes from the Latin for “grow up”. An adolescent is therefore a person that is older than a child, yet still not seen as an adult.

For the purpose of this study, an adolescent is defined as a person between 14 and 18 years old, i.e. in the middle adolescent phase recognised by Berk (in Louw *et al.*, 2005:385).

1.12.3 Loss:

According to the *Oxford Advanced Learner's Dictionary* (2005:876), loss is “the state of no longer having something; the death of a person”. *Dying.about.com* (2007) defines loss as “the disappearance of something cherished, such as a person, possession or property” and adds that loss includes the act or instance of losing and the harm or suffering caused by the losing or being lost.

For the purpose of this study, loss is defined as the loss that the adolescent experiences when he or she loses a parent or parents through death. The harm or suffering that the adolescent experiences as a result of this loss forms an important part in understanding the parental loss through death.

1.12.4 Death:

Wikipedia: Free Encyclopedia (2008) defines death as “the end of the life of a biological organism” and adds “Sometimes death can be caused naturally, or by other things such as violence or chronic diseases”. According to *MedicineNet.com* (2008) death is the end of life and the permanent cessation of all vital bodily functions.

For the purpose of this study, death is defined as the end of a persons' life. The person that is dead cannot do anything as his or her body and related functions have stopped working. In this study the death of the parent and the effect of the parental death on the adolescent, is explored.

1.13 DIVISION OF THE RESEARCH REPORT

The report is divided as follows:

Chapter 1: Introduction and research methodology

Chapter 2: Literature review

The literature review includes the adolescent phase and the influence of experiencing loss and bereavement. The influence of factors such as age, race, culture, risk-taking behaviour and self-destructive behaviour on the adolescent is discussed.

Chapter 3: Literature review

The bereavement process, bereavement counselling and the accessibility and availability of support structures for adolescents.

Chapter 4: Empirical research.

The results of the empirical study are discussed.

Chapter 5: Summary, conclusions and recommendations.

2. ADOLESCENT BEREAVEMENT AND PARENTAL LOSS

2.1 INTRODUCTION

When a child experiences the loss of a loved one, life as he or she has known it changes. When the loved one is a parent and the loss is caused by death, the consequences in the home and family change the very core of the child's existence (Worden, 1996:9). Many factors affect the extent of these changes. There is a variety of different viewpoints about the grief processes that children follow, and in some cases opinions about the impact of loss on a child even contradict each other.

The researcher, however, strongly supports the view of Wolfelt (in Boyd Webb, 2005:13), who considers grief to focus, not on the ability to understand, but, rather, on the ability to feel. He adds that any child who is mature enough to love is mature enough to grieve. Kübler-Ross and Kessler (2005:160) confirm this view and add that children are the "forgotten grievers". With this in mind, the researcher considers it essential to be equipped with knowledge and skills so as to be able to adequately understand, support and comfort the bereaved child.

2.2 MAIN CONCEPTS

Goldman (in Holland, 2001:19) states that "*grief* is an emotional response to a loss, *bereavement* being the state of actually losing something, a term conventionally used in loss by death, with *mourning* the outward expression of our internal experience of grief". For a more complete understanding of these concepts, the following information is added:

2.2.1 Bereavement

Kastenbaum (in Boyd Webb, 2005:7) defines bereavement as the term that refers to the status of the individual who has suffered a loss and who may be experiencing psychological, social and physical stress because a meaningful person has died. The term does not, however, spell out the precise nature of that stress. Loss in life, according to Holland (2001:19), results from any change that impacts on a person to such an extent that it becomes problematic; it is an individual experience and the impact it has will depend on both personality and previous experience. Corr, Nabe and Corr (in Boyd Webb, 2005:7) recognise the following three elements as being essential to bereavement:

- a relationship with some person or thing that is valued;

- the loss – or ending, or termination – of that relationship, or separation from that person or thing; and
- a survivor deprived by the loss.

2.2.2 Grief

Bowlby (in Boyd Webb, 2005:8) describes grief as “the sequence of subjective states that follow loss and accompany mourning”. Kübler-Ross and Kessler (2005:227) state that grief is the intense emotional response to the pain of a loss, that it is the reflection of a connection that has been broken, and that it is, most importantly, an emotional, spiritual and psychological journey to healing. Grief is therefore the emotional process that follows in reaction to loss. Wolfelt (2007) mentions that the process of grief gives internal meaning to bereavement. Worden (1996:11) uses the term grief to describe the child’s personal experiences, thoughts and feelings associated with the death. Kübler-Ross and Kessler (2005:227) add that grief is “... the healing process of the heart, soul, and mind; it is the path that returns us to wholeness”.

2.2.3 Mourning

Furman (in Boyd Webb, 2005:8) describes the psychoanalytical definition of mourning as the “mental work following the loss of a love object through death”. Worden (1996:11) states that mourning is the process that children go through in their adaptation to loss. Mourning therefore refers to the process of adjustment to loss and is also referred to as “being in mourning” (Blom, 2004:215). Wolfelt (2007) adds that mourning means “... taking the internal experience of grief and expressing it outside of oneself”.

Bereavement can therefore be described as the state of experiencing a loss, through the death of a person with whom a meaningful relationship has been shared, which has a significant effect on the person who experiences the loss. Grief refers to the emotional processes that follow the loss of the meaningful relationship, and it is also through these processes that emotional healing takes place. Mourning refers to the bereaved person's adapting to the loss and requires a degree of cognitive understanding regarding the loss.

The concepts described are complex and have many implications for the individual. In literature these concepts are often used interchangeably, yet they are different and a clear understanding of each is essential when dealing with the child who has lost a loved one.

2.2.4 Childhood and adolescence

The terms “child” and “adolescent” are used throughout this study. Middle childhood is seen as the period from approximately the sixth to the twelfth year of life, whereas the adolescent phase begins at about the ages of eleven to thirteen and ends between the ages of seventeen and twenty-one (Louw *et al.*, 2005:425). Certain aspects of childhood and adolescent bereavement will be explained, as adolescents' level of development will vary, depending on many internal and external factors. Therefore, the way in which a child grieves is strongly influenced by his or her level of cognitive and emotional development and of life experience. Regression to earlier types of behaviour forms part of a typical reaction to loss (Strouse, 2007; Black in Burris, 2005:96), and the researcher is of the opinion that this may have an effect on where adolescents fall on the developmental continuum. As the child develops and acquires life skills, so the grief process changes and he or she becomes better equipped to deal with the complicated issue of loss.

The adolescent is therefore no longer a child, but is still not an adult.

2.3 THE GRIEVING CHILD

The question as to whether a child can mourn or not is asked time and time again in literature and in practice. Although differences are found in literature, Boyd Webb (2005:8-10) offers a sensible differentiation when she states that mourning requires mature awareness regarding the finality of death, which is found to a larger degree amongst adolescents. However, it is essential to consider that even very young children react to the absence and loss of a meaningful person, as seen in Bowlby's stages of protest, despair and detachment (Boyd Webb, 2005:9). However, these responses are rather a process of grieving the loss than true mourning, as the child understands neither the finality of the loss nor its significance in his or her life, which understanding is required for the mental work processes essential for mourning.

Wolfelt (in Boyd Webb, 2005:13) states that grief does not focus on the ability to understand, but rather on the ability to feel. Thus, for grieving, emotional connections, rather than the cognitive ability of the child, are considered to be essential. It would therefore be correct to state, with sufficient support, that children can *grieve*, rather than saying that children can mourn.

2.4 CHILDHOOD AND ADULT GRIEF

It has been established that children do grieve. They experience the same range of emotions that adults do. However, there are significant differences in the way children and adults grieve (Boyd Webb, 2005:13-14; Burris, 2005:90; Kübler-Ross & Kessler, 2005:160; Smith, 2005:12).

The following factors are recognised as differentiating childhood and adult grief processes:

- Children have limited ability to identify emotions and verbalise their feelings. They do not have the resources or experience to integrate loss into their world. In the researcher's opinion, adolescents are more inclined to identify their feelings, yet are limited in their ability to express these emotions.
- Children often turn their feelings inwards, on themselves, to avoid causing their grieving families more pain (Smith, 2005:9).
- Children have a very limited capacity to tolerate the emotional pain generated by loss and often attempt to avoid talking about their loss.
- Children do not have a lot of experience or well-developed coping skills.
- Children, especially those in the adolescent phase, are sensitive about "being different" from their peers.

2.5 ADOLESCENTS' CONCEPT OF DEATH AND DEVELOPMENTAL ISSUES

When considering a child's concept of death, a general understanding of certain points is essential. For the development of a rational concept of death, a realistic understanding of the following concepts is required:

- *Permanence.* Once a living thing dies, it cannot be brought back to life. Therefore, death is irreversible;
- *Universality.* All living things eventually die;
- *Nonfunctionality.* All living functions, including thought, feeling, movement and body processes, cease at death (Berk, 2000:244-245; Schroeder & Gordon, 1996:4-6).

The developmental stage in which a child finds himself or herself therefore affects the child's ability to form a rational concept of death. Burris (2005:99-103) mentions two theoretical perspectives on child development, which, owing to their relevance, will be added to the discussion of children's views on death.

2.5.1 Symbolic Interactionism

An assumption from this perspective, according to Burris (2005:99), is that humans are social beings and need social interaction for optimal development and well-being. She adds that humans create symbols with meanings out of shared experiences. Cooley, in Burris (2005:99), refers to a child's sense of self as the "looking glass self", which is based on the reciprocal process of interaction between the child and others in society. This relationship between the self and others gives the child his or her sense of social "self", and this interaction influences the way in which the child chooses to act.

Children therefore learn to organise, validate and define feelings, actions, values and priorities in their lives through social relationships. According to this perspective, rituals are seen as very important for dealing with loss. In this regard, Burris (2005:101) states that "(an) understanding that the reciprocal creation of symbols is not only important to give meaning to loss, but also to give meaning to the developing sense of self, can encourage participation of children in the process of experiencing a loss".

2.5.2 Piaget's cognitive developmental theory

For the purpose of this study, the researcher will only briefly mention the earlier stages given in Piaget's cognitive developmental theory and will focus on the adolescent stage in more detail.

- **Sensorimotor (birth to two years old)**
- **Preoperational (two to seven years old)**
- **Concrete operations (seven to twelve years old)**
- **Formal operations (adolescence)**
 - The child can think hypothetically, abstractly and logically and can pick out logical inconsistencies.
 - Both inductive and deductive reasoning is used and the child can plan ahead and think through to logical consequences.
 - The child can understand many points simultaneously (relativistic thinking).
 - The child can handle multiple steps at multiple levels.

For the purpose of this study, Piaget's concrete operations stage will be considered, seeing that the adolescent is crossing the bridge between this stage and the formal operations stage of development.

2.5.3 Adolescents' concept of and interest in death

During adolescence, children develop the ability to understand other people's points of view and become more independent in their thought processes. They are, therefore, developing a factual understanding of death. It is important to remember, however, that even when adolescents reach an understanding of death on the same cognitive level as adults, they may still grieve differently (Tellioglu, 2007).

Holland (2001:51) states that children – and, for the purpose of this study, adolescents – have a larger interest in and knowledge about death than most people realise. Corr (in Holland, 2001:51) mentions that death may even be part of the adolescent culture and experience, especially with the spectre of Acquired Immune Deficiency Syndrome and other death related themes that are often found in adolescent music. Adolescents are therefore reaching cognitive maturation. Their age and individual level of cognitive development affect their understanding of death. Even when a mature understanding of death is achieved, however, adolescents will continue to grieve differently to adults. On a social level, the adolescent's understanding of death is influenced by his or her culture, and death often forms a large part of the adolescent's world.

During the adolescent phase, the developing sense of self is important, and, according to Smith (2005:22) this is significantly questioned when a loved one is lost through death. According to the perspective of symbolic interactionism, it is essential that adolescents take part in rituals surrounding death, as the creation of symbols gives meaning to the developing sense of self and assists in involving the adolescents in the grief process.

2.6 UNDERSTANDING GRIEF

Grief refers to the process of emotional healing when dealing with a loss. Various areas of grief will be discussed so as to understand this essential process.

2.6.1 The importance of grieving

According to Kübler-Ross and Kessler (2005:227), many problems in our lives stem from unresolved grief because we lose an opportunity to heal our soul, psyche and heart when we do not work through our grief. Unresolved grief can result in personal, interpersonal or social problems in the future (Thompson *et al.*, 2004:524). Additionally, a comprehensive study of parentally bereaved (orphaned)

children in South Africa shows an increase in the somatic symptoms that are reported and a high percentage (73%) of these orphaned children testing positive for Post-traumatic Stress Disorder (Cluver & Gardner, 2006).

Blom (2004:209) mentions that, by grieving, children are enabled to adapt to the loss they are experiencing as well as to their new circumstances.

It can therefore be deduced that when the grief process is blocked, emotions are suppressed. When emotions are suppressed, the child's normal functioning is affected and this unfinished business will continue to surface, often in the form of inappropriate behavioural, emotional and stress-related outbursts or the presence of somatic symptoms. The researcher experienced that when adolescents do grieve, however, they give themselves the opportunity to deal with the difficult task of adapting to their loss.

2.6.2 Types of grief

Using Tellioglu's basic framework (2007), various types of grief will now be mentioned:

2.6.2.1 Normal grief

Normal grief refers to the normal, healthy response to a major loss. Affective expressions form a normal part of this process (Worden, 1996:55).

2.6.2.2 Anticipatory grief

Anticipatory grief begins before – that is, in anticipation of – the loss. Anticipatory grieving occurs in situations of terminal illness or disability preceding death (Boyd Webb, 2005:12). According to Kübler-Ross and Kessler (2005:2), anticipatory grief is referred to as the mental “beginning of the end” and is generally more silent than grief after a loss.

2.6.2.3 Anniversary reactions

These reactions refer to grief responses that occur when one is reminded of a loss. They can last for days or weeks and are not necessarily a setback in the grieving process. Boyd Webb (2005:172) states that when grief is not fully expressed, it may surface at some future time, stimulated by a memory of the loss triggered by a significant date or time of year that stirs up the repressed feelings.

2.6.2.4 Complicated grief

Also called traumatic, disabling, unresolved and distorted grief, it occurs when grief becomes chronic. A large degree of intrusiveness into the child's life is created by this type of grieving (Boyd Webb, 2005:21).

2.6.3 Models of grief

Various models of grief exist which assist in providing different frameworks regarding death and grieving. Four basic models will be discussed briefly.

2.6.3.1 The stage model of loss

Kübler-Ross and Kessler (2005) discuss stages recognised in Kübler-Ross' earlier works as a part of a framework that assists people in learning to live with the loss of a loved one. Burris (2005:95) criticises this model by stating that grief is diverse and does not necessarily follow the stage-based model. However, Kübler-Ross' recent work clearly states that the stages are merely tools to help frame and identify what people feel and that they are not set in stone, so to speak, as there is no linear timeline in grief. The stages are responses to loss that many people exhibit; yet there is no typical response to loss, as there is no typical loss (Kübler-Ross & Kessler, 2005:7). The following are the five recognised stages:

- **Denial**

When in denial, people often respond by being paralysed with shock or numbness. It is an inability to comprehend that the loss is a reality. Denial and shock are protective mechanisms, as they only allow as much into the psyche as the person can deal with. The healing process begins once the reality of the loss is accepted; however, as the denial fades, all the feelings that have been denied begin to surface.

- **Anger**

Anger is presented in many forms – amongst others, anger at the deceased, anger at the unexpectedness of the loss, anger at a beloved person's being hurt, anger at God, and anger at being left behind. Anger is not necessarily logical or valid.

- **Bargaining**

This occurs in an attempt to go back in time and restore loved ones. Bargaining is often accompanied by guilt.

- **Depression**

The focus in this stage is on the present, and grief enters the life of the bereaved person at a very deep level. This depression is not a sign of mental illness; rather, it is the appropriate response to a great loss where the person withdraws from life. This is seen as nature's way to protect the bereaved person

by shutting down the nervous system so as to allow for adaptation to something difficult to comprehend.

- **Acceptance**

This stage is about accepting the reality that the loved one is gone and recognising that this new reality is the permanent reality. Amongst others, in this stage the bereaved person might reorganise roles, reassign them to others or taken them on himself or herself. It is a process of reintegration. Holland (2001:30) refers to this as the stage of resolution, where the bereaved persons have come to terms with their fate and have therefore completed the process of mourning (Kübler-Ross & Kessler, 2005:7; Holland, 2001:29-30).

The stage model gives a framework within which the response to loss is better understood. The essence of the stage model is to provide knowledge and understanding regarding the process of grief so as to better equip the individual for coping with the loss of a loved one.

2.6.3.2 The task model of loss

Bereavement is seen, not only as being stages that pass, but also as having necessary tasks to be completed. Worden (1996:13-16) recognises the following basic tasks facing bereaved children:

- Accepting the reality of their loss and of the death.
- Working through the pain of grief, both physically and emotionally.
- Adjusting to the changed environment without the deceased.
- Emotionally relocating the deceased and moving on with life by withdrawing energy from the deceased and investing it elsewhere.

2.6.3.3 Model of disengagement

According to Freud (in Boyd Webb, 2005:8), the grief process involves the “painful, gradual process of detaching libido from an internal image”. Bowlby (in Boyd Webb, 2005:8) refers to the adaptation to, or acceptance of, the irrevocable loss as “relinquishing the object”. This model therefore focuses on the emotional separation or detachment from the person who is being grieved.

2.6.3.4 The continuing bonds model of loss

In this more recent grief model, the bereaved maintains links with the deceased: the bonds that existed between the two persons before the death of one of them are not severed, but flow on in time (Silverman & Klass in Holland, 2001:31). This model views as normal a situation in which the mourner maintains a connection with the deceased (Boyd Webb, 1991:7).

2.6.3.5 The dual-process model of loss

Stroebe and Schut (in Burris, 2005:95) propose an additional framework: the dual-process model of loss. Here, grief is experienced as a dynamic process and the mourning person is viewed as oscillating between focusing on, confronting and avoiding cues that evoke the pain of the grief reactions. The understanding is that the grieving person uses loss-oriented and restoration-oriented coping strategies at the same time. There is a struggle between two contrary emotions within the person who is grieving: to hold on to the loved but lost object, and to let go and accept that the relationship has ended.

It is therefore clear that grief is as complex as it is unique to each individual. However, an understanding of theoretical perspectives offers a framework in which the bereaved person and his or her support structures can be equipped and empowered to deal with these complicated processes.

2.7 TYPICAL CHILDHOOD REACTIONS TO GRIEF

Childhood reactions to grief are closely linked to specific adolescent reactions to grief. These reactions will be discussed at length, considering that they will be more or less appropriate in respect of the adolescent's level of development.

Smith (2005:12-19) has identified various reactions that would indicate that a child is possibly struggling with overwhelming feelings regarding his or her bereavement. These indicators will be used as a framework within which to discuss and add other symptoms of childhood bereavement as recognised in literature. Holland (2001:21, 36-40) states that effects of bereavement can be either short or long term in nature and adds that our experience of and reaction to death are set in the context of time and place.

2.7.1 Reactions linked to behaviour, health, school difficulties and others

A bereaved child may show reaction in the following areas:

- **Behaviour**

As previously mentioned, children do not necessarily have the cognitive skills to identify and verbalise emotions, and often this leads to negative behaviour. Some of the most common behaviour is:

- Aggressiveness: physical and verbal aggression and temper tantrums, sometimes misdirected towards the adult caring for them (Holland, 2001: 38; Worden, 1996:147).

- Mood swings, especially in adolescents.
- Appetite changes: it is essential to remember that only drastic changes in eating patterns should be interpreted as a sign of distress (Strouse, 2007; Black in Burris, 2005:96).
- Sleeping disturbances: an inability to fall asleep, disturbed sleep patterns, night waking, bad dreams, early morning awakening and fear of sleeping alone (Strouse, 2007; Cluver & Gardner, 2006; Black in Burris, 2005:96; Worden, 1996:148).
- May become withdrawn; may display short- and long-term symptoms of insecurity in the form of clinging or over-attachment (Strouse, 2007; Black in Burris, 2005:96; Holland, 2001:38).
- Self-destructive behaviour or a desire to die (Smith, 2005:22; Elder & Knowles, 2005:128; Worden, 1996:149).

- **Health (physical reaction)**

According to Smith (2005:14), our unconscious mind can bring our emotional pain to the surface in the form of an illness. This is also the case with children.

- Children become vulnerable to illness. Existing asthma may worsen, and new symptoms may develop.
- Bereaved children often complain of non-specific aches and pains, two of the most common of which are headaches and stomach aches. Psychosomatic symptoms increase; these may also have deeper-lying causes in the psyche and may be a method for children to express their grief (Cluver & Gardner, 2006; Worden, 1996:147). These symptoms can be attributed to a contact boundary disturbance, namely retroflexion (Blom, 2004:224).
- A heightened fear of their own mortality can lead to hypochondria as they worry about whether they too are about to die. In extreme cases, children have been known to develop symptoms similar to those experienced by the deceased.

- **School difficulties**

Reactions to school can differ: school can offer consistency and security, or it can become a place to fear.

Various factors and symptoms, including the following, can have a general impact on educational performance and learner behaviour:

- *School refusal.* Children may refuse to go to school because they worry about their grieving parent/s. They may be afraid of feeling different to or isolated from their peers.
- *Increased feelings of anxiety and stress.* They might fear that something else may happen to their grieving parent/s in their absence, and may express fear of the future (Stevenson, 2005:205).

- *Poor concentration.* Bereaved children may experience impaired memory and poor concentration, which may have a negative effect on academic performance (Strouse, 2007; Cluver & Gardner, 2006; Black in Burris, 2005:96; Stevenson, 2005:205; Holland, 2001:37).
- *Over-achievement.* Some children immerse themselves in schoolwork in order to forget their grief, which results in an increase in achievement. Any sudden increases in attainment following bereavement could be signs of grief, but will generally not be recognised as such, because of their positive connotations (Knapman in Holland, 2001:37).

Other factors affecting educational performance, identified by Stevenson (2005:205) and Worden (1996:298) are:

- Physical and emotional fatigue.
- Increased visits to the school nurse with somatic complaints.
- Acting-out or punishment-seeking behaviour prompted by feelings of anger or guilt relating to the deceased.
- Increased absenteeism.
- Emotional numbing.

- **Others**

These include:

- Tiredness, lethargy, lack of interest in activities and friends.
- A variety of cognitive thought patterns, such as initial disbelief, confusion, reliving, imagination and even hallucinations, are experienced (Worden in Blom, 2004:224).
- All children have accidents or experience mishaps from time to time. However, in the case of bereaved children, accidents may be a form of grief-related behaviour. Theories offered by Worden (1996:66) have to do with self-punishment (when children feel guilty after the death of a parent); it could be that, without realising this on a conscious level, the child gets hurt in an attempt to bring about the return of the deceased parent, to evoke the presence of the parent. Smith (2005:15) adds that deterioration in coordination skills may cause frequent slips and falls, as the mind of the bereaved child is elsewhere.
- In an attempt to evade grief, children's activity levels can change – the children then become restless, over-active or busy (Strouse, 2007).
- Children may suppress their need to cry and to act out their distress in order to protect the adults around them from further pain by not appearing to be affected by the loss.
- Denial of feelings: fear of the intensity of the emotions being experienced can result in a child's denying these feelings. The child tries to ignore the pain for fear that he or she will never recover from it.

- In AIDS-related parental loss, friendship difficulties relating to stigma have been found (Cluver & Gardner, 2006).

Bereaved adolescents' behaviour will invariably be affected in some form or another. Behavioural and health-related changes can be expected. These changes affect their functioning at school and in other areas of their lives. The changes and reactions will determine the extent of the adolescents' continued normal functioning or dysfunction, as well as the actions required for regaining personal equilibrium.

2.7.2 Emotional reactions

Adolescents' perception of themselves and of what has happened to the deceased influences their feelings about, and reaction to, loss. Explanations concerning the death are important, and have an effect on what the adolescent feels. Emotional problems in children manifest mostly in the form of behavioural changes (Blom, 2004:225).

In the case, specifically, of parentally bereaved children in South Africa, most work has concentrated on basic needs. This is a natural reaction to the economic deprivation experienced by bereaved households, which, in many cases, have lost their loved ones as a result of AIDS. These orphaned children frequently lack sufficient schooling, shelter and medical care and are at risk of abuse and economic exploitation. Unfortunately, there is limited available research regarding the psychological well-being of orphans in Africa. These children are exposed to multiple stressors, which may complicate and compound the grieving process, and further research in this area is therefore essential (Cluver & Gardner, 2006).

The following are commonly expressed feelings relating to bereavement:

- **Sadness**

Sadness is a natural and expected reaction when a parent dies and the most frequent reaction to sadness is crying. Adolescents, however, may find it difficult to talk about and express feelings (Worden, 1996:55).

- **Guilt**

Children are egocentric and see themselves as powerful. They are therefore more inclined than adults to control the pain of grief by turning it inwards and blaming themselves. They are inclined to feel they should have done something to prevent the loss.

In the case of parental loss, guilt is inclined to take the form of regrets about things done or not done. Children wish they had done things for, or said things to, the deceased parent that they had failed to do or say, or that they had done or said things differently (Worden, 1996:61).

- **Anger**

Anger is often misdirected at the living. Specifically in the case of parental loss, anger is often expressed by means of acting-out behaviour (Worden, 1996:55).

Children feel angry for a large number of reasons, such as -

- being excluded from what is going on, including the funeral, the scene of the accident, the viewing of the body or the preparations for the memorial; and
- the fact that the deceased has abandoned them and their families and will not be there in their future and at times still to come when they may need them most.

In cases of parental loss, anger is directed towards a variety of targets, including God and the deceased parent.

- **Confusion**

- Children can become confused when adults struggle to find the correct words to explain complex events. Also, adults sometimes give conflicting messages, which can create confusion. An example of this is that some adults say, “don’t cry”, and others encourage the child to cry. In the researcher's experience, it is common for boys who have experienced the loss of a father to be told that they are the man in the house and that they need to “be a big boy and look after mommy”.
- South African orphans report that stigma and secrecy surrounding AIDS cause social isolation and a lack of opportunity to openly discuss loss (Cluver & Gardner, 2006). The researcher is of the opinion that this situation will create further confusion and will have a negative impact on the grief process.

- **Fear and anxiety**

- Bereaved children can become anxious about their own mortality and welfare and that of others (Worden, 1996:58; Rotheram-Borus, Lee, Gwadz & Draimin, 2001a:1294).
- They can feel anxious that they will forget the deceased.
- In many cases there is fear about the future and about the loss of security and constancy in their life. In cases where a child has lost one parent, there is increased anxiety about the surviving parent (Goodman, 2005:299; Worden, 1996:147).

- If the deceased parent died in an accident or was murdered, bereaved children may fear that the circumstances may be repeated.
- Owing to a lack of knowledge and communication about AIDS, many children of AIDS-infected parents are ignorant of the cause of death or fear that they will also be infected (Cluver & Gardner, 2006).
- **Helplessness**
 - Bereaved children feel powerless to help the adults in their life through their grief. Their reaction is often to be “good”, which can feed their denial of grief.
 - They feel powerless to help themselves through grief.
- **Relief**
 - Particularly where there has been a long illness or where the relationship with the deceased was ambivalent or abusive, bereaved children can feel relief at the parent's death.
 - In the case of children whose parental loss was brought about by AIDS, it is possible that they may have cared for that parent through the various stages of the debilitating illness, including loss of bodily functions and sometimes AIDS-related mental illness (Cluver & Gardner, 2006). In the researcher's opinion, these children could experience relief after the death of such parents.
 - Relief is generally followed by a period of confusion as the child tries to understand how to grieve for someone he or she loved but may also have hated or feared.

The emotional responses to loss are therefore extensive. It can be assumed that the intensity and impact of these emotions will cause secondary, symptomatic problems for children. It is essential for the helping professions to be aware of the individual emotional needs of bereaved children, so as to address them competently.

2.7.3 Adolescent grief reactions and symptoms linked to parental loss

The manner in which adolescents understand and react to death will vary and is largely affected by their age and developmental level. For the purpose of this study, the researcher will focus on typical adolescent grief reactions, which are very similar to adult reactions to grief. Several authors (Strouse, 2007; Smith, 2005:22; Blom, 2004:219; Holland, 2001:36-39; Tomaszeski, 2001; Worden, 1996:66 & 88-90) link the following grief reactions to the adolescent phase:

- **Feelings**

Adolescents are inclined to experience heightened feelings of sadness, anger and depression.

- **Suicidal thoughts**

Repeated statements of wanting to join the dead person are found.

- **Self-destructive behaviour**

Adolescents may express their emotions through a variety of forms of self-harming, antisocial or criminal behaviour. Research shows an increase in criminal activities among male adolescents who have lost one parent or both through death (Navarro, 1992).

- **Prone to accidents**

Bereaved adolescents are inclined to be involved in accidents. Holland (2001:37) states “Young people may be more prone to accidents after a parental death through their own preoccupation with grief, and consequent lack of concentration”. Significantly more boys than girls are prone to accidents. These children are anxious and feel personally unsafe. During one study, more accidents were reported in households with higher levels of conflict, and children who got hurt saw themselves as being more like their deceased parent than their surviving one (Worden, 1996:66-67).

- **Identity formation**

Owing to their emotional development, adolescents have strong emotions, which may lead them to question their identity and the meaning of life. This is often linked to a sense of doom and foreshortened life.

- **Search for meaning**

In their questioning and search for meaning, adolescents may become interested in the occult, the afterlife, near-death experiences and the rites of various cultures.

- **Risk-taking behaviour**

Some adolescents turn to substance misuse as a way of escaping grief. Some are inclined to act “out of character” after the death by, amongst others, engaging in delinquent and antisocial behaviour, including promiscuity. Navarro (1992) adds that adolescents’ who have lost a parent through death, are inclined to do drugs, fall pregnant or get into trouble in a variety of other ways.

- **Rejection of, or over-compliance with, values**

Some bereaved adolescents may reject adult values as life becomes unpredictable, while others may go to the other extreme and question nothing, becoming overly compliant because they feel that life has no meaning.

- **Peers**

Bereaved adolescents often have high expectations of support from their peers. When the peers do not know how to react, the grieving adolescent can feel that he or she has become isolated from his or her group and experience a sense of detachment from the group. Peer relationships are important to adolescents and they are likely to feel like an “odd kid” because of the loss (Worden, 1996:89).

- **Social pressure**

There is an increase in social pressure to take on an adult role. Family members are likely to tell males, especially, that they must grow up because of the loss (Smith, 2005:22; Worden, 1996:89). In the case of parental loss through AIDS, the loss of the parent is compounded by stigma, embarrassment and secrecy. The adolescent is left to deal with rage, shame and isolation (Navarro, 1992).

- **Negative effect on development**

Adolescents are inclined to experience learning problems, especially during the second year of bereavement (Worden, 1996:69). Tomaszkeski (2001) adds that parental loss and subsequent changes in caregivers interfere with children’s and adolescents’ mastery of developmental milestones and coping abilities.

There are many possible reactions to grief. The intensity and extent of the reactions depend on many factors, including individual and social factors, and factors relating to developmental level and death. The extensive list of possible reactions is, however, an important indication of what the bereaved child’s situation could be and indicates the risk factors associated with bereavement.

2.8 SECONDARY LOSSES IN CHILDHOOD BEREAVEMENT

Children experience many losses when a loved one dies. There are often many secondary losses to deal with after the initial impact of the loss. When a parent dies, a child needs to deal with the emotional loss of a parent as well as the practical losses caused by the death of the parent.

2.8.1 Death of a parent

According to Smith (2005:36-47), the following secondary losses are linked to the death of a parent:

- **Loss of income**

There is often a loss of income – which, in turn, implies either that a working parent is required to work less or that a non-working parent has to start working. These changes can be stressful for both parent and child. The family could be required to move house, which in itself can be stressful.

Sometimes, insurance money received after the death of a parent means that more money than before is available to the family, which could leave the family feeling guilty or searching for compensation in material goods.

- **Family changes**

Changes in family dynamics invariably take place. Sometimes extended families become involved or the parent takes in a new partner, which in itself leads to a number of changes in the family structures. Sometimes the death of a parent could also lead to a situation in which children are cared for by different caregivers and in different places, which could imply that siblings are split up.

- **Loss of future**

After the death of a parent, children fear losing their memories of times together and of milestones in their relationship. They grieve for the loss of the future with the deceased parent and for the loss of the parent's presence at important events and phases in their life.

When children experience parental loss, their lives will invariably change. They will have to deal not only with the emotional implications of the loss, but with the many practical arrangements linked to the loss.

2.8.2 Death of a lone parent

In addition to the above points, the death of a lone parent may have further implications.

- **Reception into care**

The possibility of reception into care in this instance is high, especially when the second parent is absent or unwilling to take on the bereaved child. This leads to issues relating to identity and rejection.

- **Change to absent parent**

In this case, many new problems may arise – including the possibility of dealing with a stepparent. The previously absent parent may have formed a new family and either the bereaved child or the new family may be reluctant to adapt to the new situation.

- **Living with other relatives**

The child may need to move away from his or her home, school and known environment to live with other relatives. Adapting to the move in itself causes many possible difficulties for the bereaved child. Moreover, the lifestyle and values of the other relatives may differ dramatically from those to which the bereaved child is accustomed, which could limit relationship growth and add to the child's grief and sense of isolation.

2.8.3 Emotional losses when a parent dies

Despelder and Strickland, in Riley (2007), have identified the loss of stability, security, nurturing and affection as emotional losses that possibly occur in a child's life after the loss of a parent.

Children who lose a parent or parents through death experience many emotional and practical losses. These losses and the manner in which they are addressed will significantly affect children's ability to adapt to the loss.

2.9 ASSESSMENT OF THE BEREAVED CHILD

Previous points have shown the many possible reactions that a grieving adolescent could experience. However, it is essential to recognise the difference between a "normal" course of bereavement and a situation in which there is a need for referral to, and assessment by, a trained mental health professional.

Boyd Webb (2005:21) states that "one must expect children's grief to require the passage of time before expression and eventual resolution" and adds that timeliness is therefore not a useful consideration in evaluating children's grief.

2.9.1 Indicators for professional assessment

Wolfelt, in Worden (1996:149), suggests that clinicians who are evaluating acting-out behaviour following a death should consider that such behaviour may be normal and may serve the following functions for the child:

- Expressing insecurity and feelings of abandonment.
- Provoking punishment as consistent discipline to increase feelings of security.
- Alienating others to prevent future losses.
- Countering own death anxieties by proving, through hyperactivity, they are still alive.
- Externalising internal feelings of grief.

Another important consideration is that the difference between normal and distorted reactions to bereavement in children lies not in the symptom, but in its intensity (Boyd Webb, 2005:22). Grollman (in Boyd Webb, 2005:22) notes that a *continued* denial of reality even months after the funeral, or a *prolonged* bodily distress, or a *persistent* panic, or an *extended* guilt, or an *unceasing* idealisation, or an *enduring* apathy and anxiety, or an *unceasing* hostile reaction to the deceased and to others would constitute a distorted reaction.

Fox (in Boyd Webb, 2005:23) identifies the following symptoms that can be used as possible indicators that careful assessment of the grieving child might be necessary:

- Suicidal hints. Fox (in Boyd Webb, 2005:26) states that “each bereaved child must be considered potentially at risk for suicide”. Goodman (2005:298) states that, in the case of parental loss, it is more likely that suicidal thinking would be based on the child’s desire to join the deceased parent owing to a longing to be reunited with that parent than that it would be based on a wish to be dead.
- Psychosomatic problems
- Difficulties with schoolwork
- Nightmares or sleep disorders
- Changes in eating patterns
- Temporary regression

Many of the symptoms and reactions noted above can be associated with clinical depression as referred to in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) and stated by Boyd Webb (2005:23). In the researcher’s opinion, it is essential that professionals involved should be knowledgeable about these symptoms and the relevant treatment thereof.

2.9.2 The tripartite assessment

Boyd Webb (2005:29-41) gives a detailed guideline (the tripartite assessment) for assessing the bereaved child and considers three groups of factors – namely, individual factors, factors relating to the death and family, and social and religious or cultural factors. These factors interact with each other and need to be considered when the bereavement process of an individual is considered. The assessment is therefore holistic in its approach.

- **Individual factors**

- *Age.* This is essential for recognising the child’s developmental stage and cognitive level. Temperamental characteristics also play a role when considering past and present functioning.
- *Past coping or adjustment.* A child who previously did, or did not, manage to cope with adjustments will be more inclined to repeat the pattern, which means that the child will be more, or less, vulnerable.
- *Global assessment of functioning* (found in the DSM-IV-TR manual). Useful for rating the child’s overall psychological, social and school functioning at the time of the evaluation and during the previous year. This assists in comparing and predicting the child’s functioning.
- *Medical history.* The child’s good or poor health affects his or her vulnerability in the situation of dealing with loss and affects the level of emotional reserves available for grieving.
- *Past experiences with death or loss.* Various losses can occur in the child’s life, which affect his or her ability to deal effectively with present death or loss.

- **Death-related factors**

- *Type of death.* The following aspects relating to the type of death are considered to be important (Boyd Webb, 2005:34):
 - Whether death was anticipated or sudden.
 - Kübler-Ross and Kessler (2005:195) state that death is hardest to comprehend when it occurs without any forewarning, and add that, in the case of sudden death, denial will be deeper and subsequent grief will be inclined to be longer.
 - Whether family members consider the death as “timely”.
 - To what extent the death might have been prevented.
 - Whether pain, violence, and trauma accompanied the death.
 - Whether the death occurred through circumstances associated with a sense of stigma.

- *Contact with the deceased.* There are various ways in which children can be involved and have contact with the deceased. This will be discussed in more detail in point 2.10 under the importance of rituals.
 - *Saying goodbye.* Some form of bidding the deceased farewell can help a child to understand the reality of death.
 - *Relationship with deceased:* The closer the relationship, the more profound the impact on the child is considered to be. The death of a parent or sibling is seen to have the highest impact.
 - *Grief reaction.* It is essential to consider the details of the nature of the child's grief, specifically focusing on the emotions that are experienced.
- **Family, social, religious and cultural factors**
 - *Family influences.* Nuclear or extended families play a role. It is also essential to know how the family perceives the death and the extent to which children are included in the rituals of the family.
 - *School and peer influences.* When a school-going child experiences the death of a loved one, the reactions of friends and school personnel are important. Children have a need to fit in and do not want to feel different to their peers. Sensitivity and attention from peers and the school will have a positive influence on the bereaved child.
 - *Religious and cultural affiliations and influences.* It is important to know what the child has been taught with regard to the religious or cultural practices of the family.
Also, Holland (2001:23) states that our general culture does not appear to cope well with death and that the family has slowly ceded ground in the area of death to professionals.

2.9.3 Involving parents in assessment

Goodman (2005:298) states that, in many studies of child and adolescent reactions to grief, inconsistencies are found between the symptoms reported by the parents and those reported by the children. He suggests the need for interviewing parents as well as assessing children to obtain a thorough evaluation.

The grief process requires emotional and mental energy. Children who are grieving behave differently to how they behaved before they experienced the loss, and many of their reactions to grief are considered essential for the completion of the grief process. However, there are certain factors that indicate that the grief process may be seriously affecting normal functioning and that the child should

be assessed. Rando, in Boyd Webb (2005:23), wisely states that when there is doubt, it is better to err on the side caution by obtaining professional help.

2.10 NEEDS OF THE BEREAVED ADOLESCENT

Children have been referred to as the forgotten mourners and grievers, since, during times of bereavement, they are often forgotten and their needs mostly remain unmet (Kübler-Ross & Kessler, 2005:160; Smith, 2005:49).

Smith (2005:49-59) and Worden (1996:141-146) suggest the following needs of bereaved children (and, therefore, tasks to be carried out in respect of those children):

2.10.1 Adequate information

Information about the death – specifically concerning what happened and how it happened – should be given to the adolescent as soon as possible after the death has occurred, as delays in receiving information allow children to create their own fears, fantasies and worries.

2.10.2 Explanation and addressing of fears and anxieties

The information given to children concerning the death should be truthful, even if the adults fear that those details may be unnecessarily upsetting. If children – and especially adolescents – are not told the truth, they make up their own explanations, which, in light of their fertile imaginations, could be far worse and far more upsetting than the reality. It is essential that adolescents should have access to information. The importance of language in addressing this need cannot be understated. Adults need to realise that it is essential for them to use the right language when speaking to children, as words can easily be misinterpreted. Kübler-Ross and Kessler (2005:164) state that “words carry emotions and have unimagined consequences”.

2.10.3 Allow the child to grieve

Children must be able – and must be encouraged – to experience and express feelings linked to grief (Fox in Stevenson, 2005:195). When children suppress their grief, it often manifests in a negative manner. Adolescents suppress their grief for various reasons – amongst others, because they need to take on a new role, because they want to try not to burden the adults with their pain, and because they are uncertain about what is expected of them in terms of grieving. Worden (in Burris, 2005:98) adds

that careful listening, validation of the individual's feelings and help with overwhelming feelings are important actions relating to this part of the grieving process. In essence, the adolescent must be assisted and allowed to experience and express feelings linked to the grief process.

2.10.4 Involvement and inclusion in respect of rituals

Specific consideration needs to be given to involving and including children in the rituals surrounding death and bereavement.

Boyd Webb (2005:36) refers to times when children may be permitted to have personal contact with the deceased, which include:

- ❑ Being present at the death
- ❑ Viewing the body
- ❑ Attending ceremonies
- ❑ Visiting the grave or mausoleum

Turner (in Holland, 2001:25) states that "rites and rituals seem to be important in the period of transition for the bereaved, who is 'between states' in the social sense". Holland (2001:25-26) mentions that rites provide a guideline for how to behave after a death and that they are essential, since a lack of information about death could create conditions in which children create, often very unrealistic, fantasies and myths around the subject. Burris (2005:92) notes that, although it became common practice in the twentieth century to exclude children from various aspects relating to death, the practice seems to be changing back to the inclusion of children in the cultural practices relating to death in our society. She adds that when children are excluded from discussions about losses, they are left to struggle with their own fears and anxieties in isolation. When children can express their emotions, have them validated and enjoy open discussions, they usually experience a relief followed by an eventual ability to move past the loss with an increased ability to cope (Burris, 2005:92-93).

When adolescents are involved in rituals, they are taught how to build a healthy belief system around death and loss (Kübler-Ross & Kessler, 2005:168). In the researcher's opinion, therapists should have an in-depth knowledge of the various religious and cultural beliefs and should take these into consideration when working with bereaved adolescents.

2.10.5 Reassurance

Children need reassurance that the world as they know it has not completely disintegrated. They need structures and boundaries to feel safe, and these can be offered by giving them sufficient time to

explore their new environment and by having them return to near-normal routine activities as soon as possible. They need to maintain age-appropriate interests and activities (Worden, 1996:145).

2.10.6 Modelled grief behaviours

Children need to learn how to grieve. However, this essential need is often not – or not adequately – addressed, as there are so few models of grief in today’s culture to teach children how to cope with loss (Kübler-Ross & Kessler, 2005:228). Children need to be with adults who can model appropriate grieving (Worden, 1996:144).

2.10.7 Commemorating

As part of mourning the person who has gone, the child needs to remember the good and the bad parts of the life of the deceased (Fox in Stevenson, 2005:195). Opportunities, for remembering the deceased, need to be created for the bereaved child.

2.10.8 Move on

The child needs to move on by investing in other relationships (Fox in Stevenson, 2005:195).

The needs of the bereaved child are closely linked to the essential tasks required for dealing with, and successfully addressing the complete process of, grief. It is therefore essential to recognise and address these essential needs of children who have experienced loss through death to ensure that they regain normal, healthy functioning.

2.11 ROLE PLAYERS WHO CAN ASSIST THE GRIEVING ADOLESCENT

Kübler-Ross and Kessler (2005:161) state, “We say it is jointly the responsibility of the parents, the schools, and the religious communities to teach them (children) about life. But everyone always assumes someone else will deal with a child’s grief.” Holland (2001:23) mentions that “... (we) tend to rely on various professionals, such as undertakers and doctors, at times of death, and on other support agencies, such as counsellors, to help us through grief”. Kübler-Ross and Kessler (2005:16) add, however, that, in reality, it is everyone’s responsibility to talk to children about grief.

2.11.1 The role of adults

Adults are inclined to want to spare children the task of dealing with emotions and other issues linked to bereavement (Smith, 2005:10). Boyd Webb (2005:3) states that many adults avoid discussing death with children because of their own anxiety about the subject. In Terry Kettering's poem "The Elephant in the Room" (Good Grief Resources, 2007), the issue of avoiding death and the subsequent feelings of isolation through this avoidance are noted. An extract from the poem shows these issues: "It is constantly in our minds, for, you see, it is a very big elephant. It has hurt us all, but we do not talk about the elephant in the room. Oh, please say her name, oh, please say 'Barbara' again. Oh, please, let's talk about the elephant in the room". Refer to Appendix G for complete poem.

The avoidance of death and related issues denies adolescents the opportunity to integrate death and the related concepts into their own lives.

O'Toole (2005:330-331) mentions that "grieving can be thought of as a life skill that can be taught and learned". She adds that adults can use teachable moments of grief in many ways:

- to normalise the experience of grief (e.g. for the death of a pet);
- to witness, to validate and label a child's feelings of loss without judging the feelings (e.g. a move to a new home); and
- to model and guide ways of externalising feelings that avoid harm to the child or others.

Holland (2001:24) mentions that it is plausible to suggest that how well children cope with the area of death and bereavement in their adult life is partly a function of their childhood experiences and of how the adults around them at the time dealt with these losses.

Smith (2005:60-68) mentions that adults, whether parents, caregivers or professionals, can acknowledge children's grief, understand the re-emergence of grief, answer questions as they surface, anticipate behaviour problems in bereaved children and include children in the mourning process. Wolfelt (2007) mentions that the goal in helping bereaved children is not to "get them over it", but rather to include them in the process – for, as the child participates in this process, there comes a natural realisation that life will be different without the deceased. Adults need to show children what grieving looks like, to cry and tell stories and laugh and cry together (Kübler-Ross & Kessler, 2005:228).

It is important that adults should not over-protect grieving adolescents. The reason for this is that, given their drive to autonomy, they are more likely than younger children to feel over-protected – and to resent it (Lattanzi-Licht in Barlow-Irick, 1997).

Adults, in different areas and in various roles, therefore have a significant role to play in assisting bereaved adolescents. These roles include modelling the way in which the emotional and practical implications of grief are dealt with. Allowing adolescents to recognise and utilise support systems is also an important task of the adult. The important, multi-levelled role of adults in assisting grieving children is clearly described when Kübler-Ross and Kessler (2005:170) ask “We spend so much time teaching our children about life, why not do the same with death?”

2.11.2 The role of schools

The role of schools is relevant to this study, seeing that the researcher works at schools and intends to explore the role of the schools at which she is currently working.

Previous points have looked at how the bereaved child behaves at school. It has also been mentioned that, for some children, school is a safe place in which to explore their grief (Smith, 2005:70). Holland (2001:42) states that schools can implement both a reactive and a proactive approach in potentially helping bereaved children. Wilby (2005:232) adds “A school is a community in itself as well as a meeting point of many communities, cultures, traditions, values and beliefs. The amount of time, a minimum of six hours a day, which is spent in school means that the sharing which occurs between individuals and groups of people within the school system covers a broad spectrum of life experiences and concerns”. The school system therefore plays an important role and significantly impacts the lives of all learners, including bereaved learners.

An important aspect of the school as a support system is the role of the educators. Educators play an important role in the emotional lives of their learners and, therefore, it is suggested that they play a role in helping children (Leaman in Holland, 2001:42). In the researcher’s opinion, educators can compare the child’s functioning before and after the experience of loss. Educators spend many hours with children and are often the first adults to notice a change in a child’s behaviour.

However, studies have found that many educators were not adequately trained for supporting bereaved children and that they did not feel comfortable with that role (Holland, 2001:43). Literature contains many contradictory elements in respect of educators’ involvement in, and training regarding, loss and bereavement. Holland (2001:45) found that, in some instances, educators did not want to become

involved in the subject of death for fear of “causing upset” or overstepping the limits of their professional relationship. However, educators who had received training in this area tended to be confident in assisting the bereaved child within the school system.

An important suggestion is that educators should receive training in the field of loss and bereavement.

Schools form a strategic place for children to access a range of services, including bereavement services, as discussed by Giese, Meintjies and Monson (2005:37). Certain factors are considered:

- Schools are relatively accessible and represent an existing network of many components, each being a potentially valuable resource for care and support.
- The school environment is inclusive, focusing on children and their development.
- Schools reach vulnerable groups and, in communities with inadequate service provision, schools take over an ever-increasing burden of support.
- Educators see children on a regular basis and are therefore ideally placed to track their well-being, to recognise changes in children’s lives and to identify vulnerable children.

Smith (2005:70-77) and Holland (2001:42-49) have identified the following tasks of the school:

- **Identifying changes in behaviour**

Some children view school as the one place that is still “normal” and they may attempt to deny their emotions surrounding the loss. Other children could find that school is a safe place in which to express their feelings. In the latter case, changes in the child’s behaviour are essential indicators.

- **Be aware of potential school refusal**

Children who are dealing with bereavement may be unsure of what reaction they will get on their return to school and may find that their status at school has changed. The bereaved child’s peers may react to the child differently from before. They may ignore the loss, which may leave the child feeling unsupported, or they may ask so many questions that the child feels unable to cope.

- **Create a supportive atmosphere**

Educators can offer the child a supportive atmosphere in which he or she, and the other children in the class, feel able to talk and share their thoughts and feelings. This atmosphere can be created by making sure the staff and other learners have been briefed about what has happened. The learners in the child’s class can be prepared for his or her return to school and can be given the opportunity to ask questions of the educator rather than of the bereaved learner.

- **Acknowledge the death**

It is appropriate for the class or school to acknowledge the fact that the child has lost a loved one, and there are a variety of methods for doing this. In the case of death in a learner's family, it is suggested that the learner should be asked how he or she would like the bereavement to be marked, as some acknowledgement from the school is an important factor in creating an atmosphere of empathy and understanding.

- **Create communication links with home**

It is essential to have contact with the bereaved child's family so as to understand the child at school. Different families have different rituals and patterns of grief, and the school needs to understand these so as to understand the child's behaviour.

Educators could discuss the dynamics of loss and bereavement and their effects on a child with the surviving parent or family members. Important decisions regarding the child's involvement in rituals can be made in conjunction with educators. Parents can be warned about the danger that children may become isolated and may have no one to talk to about the experience.

- **Create a school policy**

This helps to provide a framework within which all school staff can deal with death. The school will feel less vulnerable when it has a plan for managing a variety of situations. These guidelines should cover, amongst others, referral systems for the bereaved child, staff bereavement training, and advice in respect of funeral arrangements.

- **Include the issue of loss and bereavement in the curriculum**

It is suggested that loss and death be included as a subject in the school curriculum, as a proactive means of helping to prepare children for their future losses.

At the schools at which the researcher works, a practical school policy and related procedures concerning the management of the child who has lost a parent through death have been designed and implemented. This shows that schools are becoming increasingly aware of their role in dealing with the growing number of children who are parentally bereaved. The researcher is of the opinion that, in the South African context, specific bereavement programmes for both educators and learners within the school environment are fast becoming essential.

2.12 SPECIFIC CONSIDERATIONS REGARDING PARENTAL LOSS

According to Worden (1996:35), “(when a parent dies) ... the child continues to live his or her everyday life within a family that is now missing a vital member”. The death and loss of a parent therefore has an impact not only on the immediate family system, but on various other systems. The following points need to be understood when specifically considering parental loss:

2.12.1 Attachment and loss

John Bowlby has provided a theoretical basis in which he proposes that even young children grieve and mourn following separation from, or the loss of, an attachment figure (Bowlby in Dowdney, 2000:819). This means that the separation from, or loss of, a parent or parents, as primary attachment figures, will have an impact on even young children. Boyd Webb (2005:56) states because of the role of parents as nurturers and caretakers, their loss leads to feelings of anxiety based on the ongoing attachment relationship and the dependency needs of the survivors, irrespective of their age.

Parental death can therefore be considered the most difficult death to face and the most stressful life event for a child (Dowdney in Rotheram-Borus, Weiss, Alber & Lester, 2005b:221; Worden 1996:35).

2.12.2 Resilience, and protective and risk factors

Boyd Webb (2005:57) adds that, although the death of a parent creates risks for developing children, many other factors can intervene and support the child in his or her ongoing development.

These factors are referred to as resilience and protective factors and will be discussed shortly. Risk factors during parental bereavement will also be included:

- **Resilience factors**

Resilience refers to the internal capacities of the individual and the transactional process between the individual and the supportive factors in the environment (Davies in Boyd Webb, 2005:57). Geballe and Gruendel (1998:55) identify three factors that appear to contribute to the resilience of children facing difficult circumstances. These factors are the way a child approaches challenges, the child’s experiences within the family, and the external supports that exist for the child. They add that each factor is important in its own right and in interaction with the others, and they state that this interaction occurs within the context of the child’s developmental level and culture, and of the parent’s relative state of well-being.

- **Protective factors**

These include positive influences from the environment, for example school, the religious community and peers.

- **Risk factors**

These include individual vulnerabilities of the child, impaired parenting, and socio-economic or institutional factors such as poverty and social disadvantage (Davies in Boyd Webb, 2005:57).

2.12.3 The adolescent's search for identity and parental loss

Riley (2007) states that during adolescence a search for one's identity is an important developmental task and that the parent is a role-modelling figure that assists in this process. When adolescents experience the loss of a parent, they may feel powerless, helpless, dependent and even angry. Rando (in Riley, 2007) adds that these feelings of helplessness, dependency and powerlessness can lead to feelings of depression, denial and anger.

2.12.4 Relationship with peers

Research shows that children who are dealing with parental loss through death are more likely to feel different to their friends and are more likely to view themselves as having few or no good friends (Cluver & Gardner, 2006; Worden, 1996:48).

2.12.5 Adolescence and HIV-related parental death

In an article compiled by Rotheram-Borus *et al.* (2005b:227), it is stated that the group of adolescents living with HIV-positive parents has to deal both with preparing for the possible death of a parent and with the subsequent parental bereavement. This group faces critical periods of vulnerability and distress. It is important to note that the period prior to parental death (more than a year before the actual death) is found to be a time of high distress for the adolescent – possibly even more distressful than the year following the death of the parent.

Early identification and preventive interventions are therefore important for families affected by HIV in order to address the family's need for support and information regarding the impact of HIV illness.

Another complex situation linked to the AIDS-related death of a parent, especially when it is the child's mother who dies, is that the child's surviving parent often struggles with grief over losing a spouse (Geballe & Gruendel, 1998:55). The surviving parent is therefore also coming to terms with his or her own grief.

2.12.6 The association between parental loss in childhood and adult adjustment difficulties

Various studies show that there appears to be a link between parental death in childhood and subsequent depression in adulthood; yet, according to Dowdney (2000:819), the validity of this link has been challenged for a number of reasons. One of these reasons is that a number of other studies have not found significant associations between childhood parental death and adult psychopathology. Another is that serious methodological inadequacies are likely to affect the outcome of this kind of study. Tremblay and Israel (1998:426) also state that there is doubt as to parental loss being the only risk factor in determining adult adjustment difficulties. Dowdney (2000:819) adds that it is rather factors associated with bereavement, than bereavement per se, that lead to adult depression.

Several authors (Dowdney, 2000:819; Tremblay & Israel, 1998:426-427; Saler & Skolnick in Tremblay & Israel, 1998:427) have identified the following as risk factors that could lead to adult depression relating to difficulty in adjustment:

- *Quality of parent-child relations and childcare, both before and after the death.* Sufficient parental care following the loss is important, as are the child's relationship with caretakers and the behaviour of caretakers. Factors such as affection, care, control and protectiveness could be either protective or risk factors, depending on the way in which they are dealt with.
- *Stability of family circumstances.* This factor includes social and economic factors.
- *Availability of social support for children and surviving parents.* It is essential that children form peer relationships, because, when they do not, they are at risk of developing depression.
- *The child's resilience.*
- *The child's age at the time of the loss.* The first five years of life, and adolescence, are believed to be critical periods.
- *Restricted "mourning behaviours".* When adolescents are not given sufficient opportunity to communicate and share their emotions and thoughts during the mourning process, it can have a negative effect on their ability to adjust to their circumstances.

When a child needs to deal with a loss, various areas of his or her life can be affected, and care professionals need to be able to recognise these areas. Parental bereavement has additional dimensions that affect the child's ability to deal with this loss.

2.13 SUMMARY

It is as important to adapt to loss as it is to adapt to any other life process. Literature has proven significantly that children and adults share similar reactions to loss. The intensity of their grief and the manner in which they grieve do, however, differ.

Adolescents are leaving the childhood phase and entering adulthood. Owing to their level of cognitive development, adolescents understand death and its implications as adults do. However, the adolescent development phase requires the completion of many complex tasks, which has a compounding effect on the bereavement process in adolescence. When the loss is brought about by the death of one parent, or both, the adolescent's world as he or she knows it will change in many different ways and areas.

This chapter focuses on the differences and similarities between the adult's and the adolescent's grief processes. The child's and the adolescent's reaction to grief receives attention, with specific emphasis on the adolescent's reaction to parental loss. Also important is that parental loss through death brings about many secondary losses, which are discussed because they also influence the adolescent's bereavement process.

The grief process has a major impact on adolescents, and the difference between a normal reaction to loss and a reaction that calls for professional help is discussed. The impact of loss, adolescents' needs and the tasks that bereaved adolescents have to accomplish are discussed so as to develop an increased insight into the lives of these children.

Role players that offer assistance to grieving adolescents are discussed. Adults play a significant role in assisting adolescents during the grief process. Other role players include schools and care professionals.

In the researcher's opinion it is essential that a true understanding of the child and, specifically, the adolescent in grief should be developed. Only then can adults recognise the extent of the ordeal that

adolescents face when they deal with a loss, and only then will the “forgotten grievers” be recognised and adequately assisted and guided through the process of healing.

Chapter three focuses on the adolescent phase and the influence of loss – specifically, parental loss – on this developmental phase.

3. ADOLESCENCE AND THE USE OF PLAY TECHNIQUES FOR DEALING WITH GRIEF

3.1 INTRODUCTION

The adolescent phase is complex and requires the successful completion of a number of developmental tasks. It is important to consider that although adolescents are developing significantly in many areas, they are not yet mature adults. Their behaviour, cognitive reasoning and emotions fluctuate, as does their need for independence. On many levels adolescents seem to be adults, but they are not. Adolescents are becoming adults. This unique phase allows for adolescents to practise and experiment with new ideas, roles and behaviour until they find the place in society in which they function most effectively and feel most safe (Focus Adolescent Services, 2007; Louw *et al.*, 2005:425; Bezuidenhout & Dietrich, 2004:65; Thompson *et al.*, 2004:37).

An interesting and effective way in which to reach into the world of the adolescent is through play. Although play therapy is traditionally used in work with younger children, its effectiveness with adolescents is gaining increased recognition (Milgrom, 2005:3; Blom, 2004:69-233; Thompson *et al.*, 2004:408-409; Oaklander, 1988:193). The primary aim of research is the collection of information, and during this qualitative study the researcher used play techniques as a tool for accessing data.

This chapter will focus on the adolescent developmental phase, tasks and subsequent areas of risk. Reference will be made to play therapy, with specific focus on the play techniques that were applied in the study. This information is added so as to increase understanding of the researcher's interest in using these techniques for data collection.

3.2 MAIN CONCEPTS

The following main concepts will be discussed so as to place the various discussions in the chapter into context:

3.2.1 The Adolescent Phase

Louw *et al.* (2005:384) define adolescence as the developmental stage between childhood and adulthood. *The Free Dictionary* (2007) defines an adolescent as “a young person who has undergone puberty but who has not reached full maturity; a teenager”. The word comes from the Latin for “grow

up”. An adolescent is therefore a person who is older than a child, yet still not seen as an adult. The adolescent phase begins as the child leaves childhood and enters the world of adulthood. It is a complicated developmental time in a person’s life and is divided into three phases, for each of which there are guidelines as to the expected behaviour and developmental tasks required during that phase.

- **Early adolescence:** from approximately 11 to 14 years.
- **Middle adolescence:** from approximately 14 to 18 years.
- **Late adolescence:** from approximately 18 to 21 years.

(Focus Adolescent Services, 2007; Louw *et al.*, 2005:385; Bezuidenhout & Dietrich, 2004:63).

For the purpose of this study, the middle adolescent phase (ages 14 to 18 years) is relevant and the general term “adolescent” will be used to refer to this phase throughout this research.

3.2.2 Developmental stages and tasks

The development of the individual is a continuous process, yet it is useful to divide the developmental process into stages. The division of the lifespan into stages is based on the idea that each stage has popular characteristics. *Developmental stages* are described using the characteristics and skills which society expects the individual to develop at each stage. These expectations are called *developmental tasks* (Louw *et al.*, 2005:13).

3.2.3 The use of play techniques

Play therapy is based on the fact that play is the child’s natural medium of self-expression (Axline, 1993:9). Play techniques are techniques used in play therapy to assist the therapist in entering the child’s world of play and emotions. Although play therapy did not take place during this research, play techniques were used as a method of gathering data concerning the grieving adolescent’s world. These techniques are considered relevant because children are spontaneous and when they experience an emotion or need, they react according to that emotion. This means that children project their feelings and needs through play (Schoeman & Van der Merwe, 1996:61).

The researcher therefore utilised play techniques primarily as a tool for assessment purposes, so as to gain in-depth information regarding adolescents’ experience of parental loss through death.

3.3 ADOLESCENT DEVELOPMENT AND THE EFFECTS OF GRIEF

Adolescent development is complex and includes many life changes. The context for child development is clearly understandable when considering the ecological perspective. Bronfenbrenner,

in Bezuidenhout and Dietrich (2004:65), recognises four major systems that represent the context for development – namely, the microsystem, mesosystem, exosystem and macrosystem. The adolescent is thus seen within the context of the environment in which he or she develops.

Various relevant developmental areas will be mentioned. These areas are interlinked, as one developmental area influences the other. Although the adolescent phases will be discussed in general, specific attention will be given to the middle adolescent phase.

3.3.1 Cognitive development

Piaget, in Louw *et al.* (2005:412), considers that, during adolescence, the highest level of thought is reached – namely, formal-operational thought. This level of thought is characterised by abstract thinking, hypothetical-deductive reasoning, reasoning from the possible to the real, scientific thinking, reflective abstraction, interpropositional reasoning and combinatorial thinking. Adolescents therefore develop the cognitive ability both to think abstractly and to envision future possibilities, which leads to the important question “Who am I?” (Perkins, 2006; Focus Adolescent Services, 2007; Feldman, 2004:441).

The developing cognitive skills play an important role, as risk-taking is typical during this phase. Adolescents develop the ability to take risks and learn to understand and value the consequences of their behaviour (Bezuidenhout & Dietrich, 2004:63).

An important characteristic of adolescent cognitive development is egocentrism. Elkin and Bowen, in Louw *et al.* (2005:418), state that adolescents think that others perceive them in a way similar to the way in which they perceive themselves, and that they believe falsely that their own thoughts are shared by others and that they are prominent in the thoughts of others. Egocentrism plays an important role in social development and peer relations, as adolescents demonstrate a heightened level of self-consciousness and tend to believe that people are always watching them (Huebner, 2000).

3.3.2 Physical development

More physical changes take place during this stage than during any other developmental stage except infancy. These changes, which include the attainment of a mature size and body shape, hormonal changes, and sexual maturation, have varying effects on adolescents, including an increased need for sleep, an inclination to be clumsy owing to growth spurts, sensitivity about weight, concern when they

are not developing at the same rate as their peers, and a tendency to rethink their interactions with the opposite sex (Focus Adolescent Services, 2007; Huebner, 2000; Wenar & Kerig, 2000:235).

In some cases, bereaved adolescents become accident-prone, which results in their being more anxious and feeling personally unsafe (Worden, 1996: 66-67).

3.3.3 Psychosocial development

Psychosocial development relates to the development of the attitudes and skills that a child needs to become a productive member of society (Thompson *et al.*, 2004:15). The researcher has identified various components that are considered to be linked to psychosocial development.

3.3.3.1 Identity development

During adolescence an essential psychosocial task is the development of a self-concept and identity.

The following five concepts are relevant to identity formation:

- **Defining identity**

Identity is defined as "... who or what somebody or something is; the characteristics, feelings or beliefs that distinguish people from others" (*Oxford Advanced Learners Dictionary*, 2005). According to Wenar and Kerig (2000:236), identity involves both inner continuity and interpersonal mutuality; it is a process of coming to terms with oneself and finding one's place in society.

- **Identity development**

Erikson, in Louw *et al.* (2005:426), and Feldman (2004:471-474) provide an important description of identity development during adolescence. According to Erikson's psychosocial development theory, the socialisation process consists of eight stages. Each stage demands resolution before the next stage can be negotiated. The adolescent phase correlates with Erikson's fifth stage: Identity versus Role Confusion. During this phase the adolescent needs to satisfactorily answer various identity-related questions, and the following statement is often found: "I'm almost grown-up, but I still need answers to a great many questions" (Child Development Institute, 2005; Louw *et al.*, 2005:425; Bezuidenhout & Dietrich, 2004:65; Thompson *et al.*, 2004:37).

Perkins (2006) has identified four basic abstract questions relating to adolescents' *psychosocial* development and, therefore, to their holistic identity formation. The questions are:

- *Who am I?* This relates to the adolescent's sexuality and social roles. Through exploring, adolescents can find their own answers.
- *Am I normal?* Sometimes adolescents need to be more like their peers than their parents in order to feel normal about who they are.

- ❑ *Am I competent?* Adolescents should be encouraged to test their interests. It is essential for adolescents to feel that they are good at something and are valued by their parents and peers.
- ❑ *Am I lovable and loving?* Adolescents need to know they are loved, and develop best in a supporting family and community life.

(Focus Adolescent Services, 2007; Thompson *et al.*, 2004:17).

Identity development forms an essential part of adolescent development. Dealing with the loss of a loved one can have a significant effect on the adolescent's development of identity. Rosenblatt, in Burris (2005:100), states that "when a person experiences a loss, the person's very sense of self is at stake". Furthermore, the loss of a loved one affects adolescents' development of an understanding of who they want to be and of where they fit into the world; it also has an impact on their preoccupation with the future (Burris, 2005:102). The adolescent's normal task of identity development is therefore complicated by the process related to grief.

- **Identity and developmental tasks**

Many of the essential tasks of adolescents are directly linked to Erikson's theory. The successful completion of the adolescent's tasks will promote a sense of identity and will limit confusion (Louw *et al.*, 2005:426-427).

- **Identity development and experimentation**

Adolescents' creative thought processes and need for experimentation are an essential part of their formation of an own identity (Louw *et al.*, 2005:431). They experiment with developmental changes in many areas and roles, including looks, sexuality, values, friendships, ethnicity and occupations (Focus Adolescent Services, 2007; Bezuidenhout & Dietrich, 2004). Erikson believes that adolescents are afforded a "psychosocial moratorium" that allows them to try out different roles and, in doing so, find the one that is most suitable for them (Child Development Institute, 2005; Feldman, 2004:475).

- **Separate identity development**

Peer relations are increasingly important and peers help adolescents with the process of developing an individual identity separate from that of a child in the family (Focus Adolescent Services, 2007).

3.3.3.2 Social changes

Various factors, including the following, impact on social development:

- **Adolescent developmental phase and tasks**

Adolescents are required to master more complex tasks, relinquish dependence on the family and assume responsibility for making decisions regarding two major adulthood tasks – love and work (Wenar & Kerig, 2000:235). Grieving adolescents may experience pressure on a social level, as they are expected to take up more adult roles, especially in the case of parental death (Smith, 2005:22).

- **Peer relations and physical changes**

Peer relations play an increasingly important role. By middle adolescence, children interact more with peers, and spend more time with them, than with any other social partner (Berk, 2000:601).

Additionally, cross-gender friendships become more common and the intimacy of attachment merges with the sexual drive, resulting in an increase in sexual interest (Focus Adolescent Services, 2007; Wenar & Kerig, 2000:235). It is important to consider that peer relations are negatively affected when there is an adolescent in the process of grieving. Often the grieving adolescent and his or her peers feel equally uncomfortable at the prospect of having to speak about the loss. The adolescent is sensitive about being “different” from his or her peers with regard to having a deceased parent (Boyd Webb, 2005:14; Worden, 1996:89).

- **Cognitive and moral development**

Cognitively, adolescents’ thinking abilities broaden and they develop increased perspective-taking ability, levels of empathy and interest in various societal issues (Focus Adolescent Services, 2007). On a moral level, adolescents develop the ability to see the bigger societal picture and might value moral principles over laws (Focus Adolescent Services, 2007). Both cognitive and moral development, therefore, have a significant impact on the adolescent's social development. In the case of bereaved adolescents, they may reject adult values as life becomes more unpredictable, or they may go to the other extreme and question nothing, becoming overly compliant as they feel life has no meaning (Smith, 2005:22).

3.3.3.3 Psychological changes

Body image and self-esteem form important components of psychological development (Christie & Viner, 2005). Other factors that impact on psychological growth include the following:

- **Systems functioning**

Owing to the development of abstract thinking, adolescents develop the ability to use internal symbols or images to represent reality and are able to think hypothetically about the future and to assess multiple outcomes. This has important implications for their ability to function within various systems

(Christie & Viner, 2005). When the adolescent loses a loved one, the systems in which he or she previously functioned often change. An essential task for the grieving adolescent is to adjust to the changed environment in which the deceased is no longer present (Worden, 1996:13-16).

- **Emotional development**

As adolescents develop emotionally, they may have an increased ability to empathise, and may behave in an increasingly responsible manner. Also, they are more inclined to worry during this phase. It is important to note that there is often a difference between the rate of cognitive and of emotional development – for example, adolescents will advocate specific values and, at the same time, violate them (Focus Adolescent Services, 2007).

Grieving adolescents experience increased demands on their emotional world. Their life experience is limited, and coping with the loss of a loved one is emotionally difficult (Burriss, 2005:102). Often grieving children have a limited ability to identify and verbalise their feelings. They are inclined to turn their feelings inwards, on themselves, and they attempt to avoid talking about their loss (Boyd Webb, 2005:13; Burriss, 2005:90; Smith, 2005:12). Grieving adolescents often experience heightened feelings of sadness, anger and depression, and they may withdraw into their own world of activities and friends, or even suppress emotions (Goodman, 2005:299). They may have suicidal thoughts or express intense emotions through other forms of self-harm (Smith, 2005:22).

In the researchers' opinion grieving adolescents have to deal with these heightened emotions amidst changes in environment, social expectations and general functioning. It is therefore essential that the emotions of the bereaved adolescent are recognised, explored and addressed.

3.4 ADOLESCENT DEVELOPMENTAL TASKS AND THE EFFECT OF GRIEF

The major task of adolescence is to develop a self-image, to get to know the self and to establish what one's role will be in the future. Thus, adolescents need to develop and establish a stable identity (Perkins, D., 2007:1-2; Thompson *et al.*, 2004:17). For the development of their identity, adolescents are required to complete various developmental tasks. During the completion of these tasks, adolescents swing back and forth between dependence on adults and independence from them (Focus Adolescent Services, 2007).

3.4.1 Adolescent developmental tasks for the establishing of own identity

The following main- and additional tasks have been recognised as being necessary for the establishment of an own identity (Perkins, D., 2007:1-2; Garrison & Garrison, Havighurst, Hurlock & Sebald in Louw *et al.*, 2005:388):

- **Accepting a changed physical appearance**

Body changes in adolescence vary greatly, and adolescents' ability to adapt to the changes depends on how well their bodies match the stereotypes of a “perfect” body.

- **Achieving a masculine or feminine social role**

Adolescents need to develop their own understanding of what it means to be a male or a female so as to develop a masculine or feminine gender-role identity. This task is known as gender intensification (Berk, 2000:541).

- **Achieving new and more mature relations with peers**

Adolescents learn through interacting with others in more adult ways. It is important that they achieve new and more mature relations with others – both boys and girls – in their age group. Physical maturity plays an important role in peer relations.

- **Achieving independence from parents and other adults**

In establishing autonomy, adolescents redefine their sources of personal strength and move toward self-reliance.

- **Preparing for marriage and family life**

Sexual maturation is the basis for this task. During the establishment of intimacy, adolescents tend to confuse sexual feelings with genuine intimacy, which makes this task difficult to achieve.

- **Preparing for an economic career**

The selection of and preparation for a career is an important task with many implications for the adolescent's future. Adult status is generally reached when adolescents become financially independent.

- **Acquiring a set of values and an ethical system as a guide to behaviour**

The development of a value system is based on a realistic and scientific world view. Developing of an ideology is important.

- **Desiring and achieving socially responsible behaviour**

Children learn to define themselves and their world within the family. Adolescents need to learn to define themselves and their world in the context of their new social roles. They become members of the larger society through financial and emotional independence from their parents, and this teaches them socially responsible behaviour.

Apart from these main tasks, the following additional tasks have been recognised:

- Development of cognitive skills and acquisition of knowledge;
- acceptance of and adjustment to certain groups;
- establishment of heterosexual relationships;
- development of a strong emotional bond with another person; and
- development of a philosophy of life.

3.4.2 Tasks required from the grieving adolescent

The grieving adolescent's development is affected on many levels, as discussed in the previous point. It therefore follows that the tasks required of adolescents will be affected in a similar manner. It is important to note that parental loss and subsequent changes in caregivers interfere with adolescents' mastery of developmental milestones and coping abilities (Tomaszeski, 2001; Fleming & Adolph in Worden, 1996:88). Smith (2005:61) furthermore states that it is important for adults to realise that an event such as reaching adolescence could act as a catalyst in cases where a child has buried or denied his or her grief, and that it may come to the surface during this developmental phase. Expectations of, and tasks required from, the grieving adolescent according to Smith, 2005:22; Blom, 2004:219; Holland, 2001:36-39; Strouse, 2000 and Worden, 1996:66 include the following:

- **Dealing with emotions**

Grieving adolescents need to deal with heightened feelings of sadness, anger and depression.

- **Social expectations**

This includes taking on new roles. In the researchers' opinion the adolescent takes on new roles, largely due to expectations placed on them by the larger society.

- **Intense search for, and the development of, an identity**

When adolescents grieve, they experience a heightened sense of questioning about their identity and the meaning of life.

- **Dealing with peers**

Adolescents often have high expectations of support from their peers; yet peers do not necessarily know how to react and the grieving adolescent could feel uncertain and rejected by the group.

- **School difficulties**

Some grieving adolescents may refuse to go to school or experience anxiety and stress when at school. This can have a significantly negative impact on academic performance, which, in turn, affects their future career choices.

Therefore, in the case of a grieving adolescent, the additional requirements of the bereavement process further complicate the already complicated tasks that have to be mastered for normal adolescent development. Further reference is made to the needs of the bereaved child in 2.10.

3.5 ADOLESCENT RISK AND PROTECTIVE FACTORS

Owing to developmental and societal changes, including changes within the family unit, specific areas in the adolescent's life could potentially represent high-risk factors. Fortunately, there are protective factors also, and they provide the essential balance that allows for adjustment and successful adolescent task completion.

When considering risk and protective factors predictive of substance abuse, Jessor and colleagues (in Wenar & Kerig, 2000:253) identified three areas as being essential. These areas will be discussed within the example of substance-abuse predictors, as this shows how these areas affect the adolescent's ability to complete tasks and adapt to traumatic situations.

The following are essential areas that affect risk and protective factors:

- **Personality**

Risk factors include low expectations of success, poor self-esteem, hopelessness and alienation, while protective factors include a positive orientation towards school, concern about personal health and intolerance of deviance.

- **Environment**

Risk factors are essentially peer models for problem behaviour and orientation towards peers rather than towards parents as guides for behaviour and life choices. Positive relationships with adults, regulatory controls that adults impose on youth behaviour, and peer models for prosocial behaviour are regarded as protective factors.

- **Behaviour**

Poor school performance is a risk, while engagement in prosocial activities is a protective factor.

During the adolescent phase, certain specific areas and developmental traits can influence or create potentially high-risk areas. These factors are:

3.5.1 Experimental behaviour

As the abstract ability develops, it interacts with the adolescent's sense of uniqueness to create a belief in personal invulnerability – in being “bullet-proof” – which can lead to the adolescent's taking substantial risks. Although experimenting with “risk behaviour” is, to a large extent, considered normal, it can lead young people to take risks in terms of substance abuse, personal safety or adherence to treatment, as they believe that negative outcomes will not apply to them. Experimentation, if not monitored properly, can therefore lead to the formation of dangerous habits (Perkins, 2001).

Adolescents are at moderate to high risk when engaging in one or more self-destructive behaviours, such as practising unsafe sex, using drugs and alcohol, acting in a delinquent or criminal manner, practising satanism, committing violence, driving unsafely, fighting, using foul language, dropping out of school, and running away from home. These behaviours could result in teenage pregnancy and childbearing, and under-achievement or failure at school. In extreme cases, adolescents could even commit suicide (Bezuidenhout & Dietrich, 2004:66).

The bereaved adolescent may indulge in risk-taking behaviour because he or she feels that life has become “cheap”, or as a way of taking some control. Various forms of self-harm or anti-social or criminal behaviour may result as a way of escaping grief and expressing emotions (Navarro, 1992; Smith, 2005:22).

3.5.2 Identity development

An important part of experimentation is the adolescent’s development of identity. This task places new demands on adolescents. For the achievement of this task, Wenar and Kerig (2000:236) have identified trust, autonomy, initiative and industry as *protective factors*, whereas mistrust, shame, doubt, guilt and inferiority act as vulnerabilities or *risk factors*.

Additionally, role diffusion can take place during this phase, which could cause even well-adjusted adolescents to experiment with minor delinquency.

Smith (2005:22) states that grieving adolescents have powerful emotions that may lead them to question their identity and the meaning of their life.

3.5.3 The importance of peers

Social interaction with peers becomes increasingly important during adolescence. Peer groups are organised according to a system of “cliques”, small groups of about five to seven members who are good friends and usually have common interests (Berk, 2000:609). In the researcher’s opinion, this is a high-risk area for adolescents who are dealing with parental loss through death, as they feel left out from and “different” to their peers at a time when peer identification is essential.

3.5.4 The parent-adolescent relationship

The parent-adolescent relationship, which is influenced by the areas identified earlier – namely, the personality, environment and behaviour of both parties – can be a risk factor or a protective factor.

This relationship is important in this study, for two main reasons. Firstly, the child’s reaction to the loss of a parent and his or her subsequent adaptation to the loss are largely affected by the quality of the parent-child relationship before the death of the parent. Secondly, the relationship with the remaining parent plays an important role in the child’s ability to grieve, cope with and adapt to the loss of the other parent.

It is therefore essential to understand and recognise certain factors that have an impact on the parent-child relationship. Risk factors mentioned in this chapter can affect the parent-child relationship.

Risk factors additional to those mentioned include the following:

- **The effect of cognitive development**

The development of formal-operational thought has various influences on the parent-adolescent relationship. Louw *et al.* (2005:423) state that, owing to the cognitive changes, the following areas, if not managed correctly, could lead to conflict between the parent and the adolescent:

- Adolescents' increasing drive to autonomy could lead to conflict if parents do not understand that they want to make their own decisions.
- They require that parents give them reasons linked to their expectations. If parents do not give satisfactory reasons or do not accept that adolescents have their own view, conflict could develop.
- Because they are able to reason from the possible to the real, they notice when there are inconsistencies in respect of their parents' values and their actual behaviour, and this could lead to arguments.

The upside to cognitive development is that, generally, conflict with parents' decreases with age, as egocentrism decreases and adolescents become increasingly able to see parents as individuals and take their perspectives into account (Focus Adolescent Services, 2007).

- **The effect of emotional development**

Adolescence is often a turbulent time. This can be linked to the adolescent's emotional development, as moodiness, self-depreciation and depression reach a peak during this phase (Wenar & Kerig, 2000:236). Bereaved adolescents experience the grief processes more or less the same as adults do; their emotions are powerful and may have a considerable effect on them (Smith, 2005:23).

- **Importance of boundaries**

Adolescents continue to benefit from some parental limits and monitoring, while often objecting to them (Focus Adolescent Services, 2007). Parents need to understand the importance of experimentation during this stage and should monitor their adolescent children, but should not overreact when they are found to be experimenting with risk behaviour (Perkins, 2001).

The parent-adolescent relationship has the potential to be a high-risk area if parents do not manage it effectively – by, amongst others, considering the environmental changes and developmental needs of

the adolescent. A healthy parent-adolescent relationship can be an essential protective factor for the adolescent, for a healthy development of the self-image and for controlled experimental behaviour.

3.5.5 Changes in the family

Within the context of the family, changes occur, since, in many cases, parents, too, are going through their own developmental transitions (Wenar & Kerig, 2000:235). In the researcher's opinion, changes in marital status, the loss of a parent or sibling, poor communication and conflict in the family will have a significant effect on the adolescent.

When considering parental loss through death, Smith (2005:61) mentions that part of the role of the adult is to understand the re-emergence of grief. She states that an event such as reaching adolescence could act as a catalyst in cases where a child has buried or denied their grief, and it may come to the surface during this developmental stage.

3.5.6 School transitions in adolescence

The transition from the intimate, self-contained primary-school classroom to a much larger, impersonal secondary school often leads to altered academic and social experiences and can create new adjustment problems. This transition can lead to environmental changes that, for the following reasons, do not sufficiently address the developmental needs of adolescents:

- Close relationships with teachers are disrupted at the very time when adolescents need adult support.
- Competition is emphasised during a period of heightened self-focus.
- Decision-making opportunities and choices are reduced at a time when the need for autonomy is increasing.
- Peer networks are interfered with at a time of increased need for peer acceptance.

The adolescent phase is characterised by many risks in all developmental areas. Seeing that adolescents feel “untouchable”, they experiment with new roles and, often, with dangerous behaviour. Also important is that adolescent development is not consistent on all levels, thus confusing both themselves and the world in which they function. Understanding these risk areas and the dynamics of the adolescent phase will equip adults to support and guide adolescents successfully to their next phase, that of adulthood.

3.6 PLAY THERAPY WITH ADOLESCENTS

The therapeutic aspects of the play therapy process will not be discussed, as the techniques will be implemented for data collection and not for therapeutic purposes. However, reference will be made to play therapy and a clearer understanding of the principles of this therapy will be discussed so as to place the use of the techniques into perspective. Various important principles and play techniques will therefore be discussed in the following points.

3.6.1 Children's and adolescents' thought processes and the importance of play

Working with adolescents requires a unique process and cannot be approached in the same manner as working with adults. Plumer (1992:35) states that “almost no child will tell the worker in words what he is feeling; the worker must extrapolate feelings from the child's actions, from his lack of actions, from what he says and what he does not say”.

The use of play therapy bridges the gap between the world of the child and that of the adult, as the adult is provided with the opportunity to enter the child's world – to experience and participate in the emotional lives of children rather than reliving situational happenings (Landreth, 1991:16). Furthermore, Landreth states that play represents children's attempts to organise experiences and their personal world, and that, through the process of play, children experience a feeling of being in control, even though in reality they may not be.

Adolescents find themselves between childhood and adulthood. Concrete thought patterns are being replaced by an ability to think abstractly, and they have started developing independent thoughts. Adolescents are therefore in the process of becoming adults; yet, to a varying degree, they remain children. Considering that the primary developmental tasks of the adolescent include individuation, separation and preparation for adult roles, adolescents are inclined to be cynical about the idea of participating in play activities with a therapist (Milgrom, 2005:3). However, play, even for adults, remains an important part of relationship building and serves many purposes, including skills development, recreation and relaxation. Moreover, playing is less threatening than “working on issues” verbally (Milgrom, 2005:3-4).

The researcher has found that adolescents are at first inclined to be hesitant about play techniques; yet, once they allow themselves to become a part of the process, they experience it positively. The researcher is of the opinion that the adult's approach to the process is essential. Adolescents need to be

treated as adults as far as the structured parts of therapy are concerned, and they need to be allowed to play like children during the informal parts. An important and relevant function of play, for this research project, is that of data collection, seeing that Milgrom (2005:4) sees play as “... an excellent way of assessing how adolescents function in their world”.

3.6.2 Principles to consider when working with adolescents

Various principles and elements of play therapy are to be considered when working with children and, in particular, adolescents. Although these principles are directly linked to therapy and not to research, the researcher intends to follow the process based on these principles. The researcher believes that applying these principles assisted in creating an atmosphere in which adolescents were comfortable to share their experiences of parental loss.

- **Axline’s guiding principles and the I-thou relationship**

During this study, therapy did not take place, yet contact was made on various occasions with adolescent research participants. For this contact, the researcher is of the opinion that a certain number of Axline’s principles (Axline, 1996:73) are essential in guiding the researcher’s general approach. In the context of this research, it is important that the therapist (or, in this case, the researcher) should –

- ❑ develop a warm, friendly relationship with the child and establish good rapport;
- ❑ accept the child exactly as he or she is;
- ❑ establish a feeling of permissiveness in the relationship so that the child is free to express his or her feelings;
- ❑ be alert to recognise the feelings the child is expressing and should reflect those feelings so as to assist the child in gaining insight;
- ❑ not attempt to direct the child’s action or conversation – the child leads, the therapist follows; and
- ❑ establish only those limitations that are necessary to anchor the therapy to the world of reality and to make the child aware of his or her responsibility in the relationship

It is therefore clear that the manner in which the therapist – or, in this case, the researcher – relates to the research participants has an important impact on the relationship between the two parties. Blom (2004:54-56) refers to the unique relationship that develops as a result of the way in which the child is approached as the “I-thou relationship”. This relationship allows for the therapist and the child, irrespective of aspects such as age and status, to be considered to be on an equal level and implies that

the child should be treated openly, with respect and congruence, and should at no stage be judged or manipulated. When referring to the relationship between adult and child, Oaklander (1997:293) states, “I will accept her as she is. I will respect her rhythm and will attempt to join her in that rhythm; I will be present and contactful”.

Throughout the course of this study, the researcher has attempted to approach the participants in accordance with these important guiding principles.

- **The importance of the relationship**

The goal of research is gaining information, as opposed to offering therapy. However, the relationship between the researcher and the participant is essential, as Oaklander (1997:29) states, “Nothing happens without at least a thread of a relationship”. Riviere (2005:126) recognises that establishing a relationship with an adolescent in the initial stages is essential and states that it is a fundamental need of this age group. He adds that adolescents will do amazing things for the people in their life to whom they feel connected. Milgrom (2005:4) states that play assists in building relationships, especially with adolescents who might be wary of authority figures and resistant to engaging (Milgrom, 2005:4). The researcher therefore used play techniques to assist in relationship building.

Another excellent way of building and maintaining relationships with adolescents is by knowing what is important to them. Showing an interest in their world is validating for them as individuals and is an invaluable means of assessing the meaning they ascribe to their world (Milgrom, 2005:12). Riviere (2005:125) states that it helps when therapists know what the slang words used by adolescents mean. Also, therapists need to understand that swear words are used as a defence to shield the adolescent’s fear of vulnerability.

The researcher recognises the value of knowing what adolescents find interesting and recognise as “popular”, and is relatively informed regarding happenings in their lives.

The play techniques used in the research process – namely, creative play and the sand tray – are both considered to be functional in facilitating the relationship between the researcher and the participant. These techniques assist in establishing rapport, promoting communication and developing trust between the parties (Thomson & Rudolph, 2000:386; Van der Merwe, 1996:138).

- **Contact and awareness**

Contact involves having the ability to be fully present in a particular situation with all the aspects of the organism, including senses, body, emotional expression and intellect. Contact skills involve

touching, looking and seeing, listening and hearing, tasting, smelling, speaking, sound, gesture and language and moving in the environment. Children are given many experiences to open the pathways to contact (Oaklander, 1997:294). Contact-making helps children to become aware of their processes – that is, what they do, how they do it and how they satisfy their needs. In the researcher's opinion, heightened awareness will increase the adolescent's ability to share his or her experience of parental loss through death.

Contact-making can also relate to the contact made between the researcher and the adolescent during the research process. Moustakas, Landreth and Oaklander, in Schoeman (1996:34), state that "... making contact with a child can only happen when therapy is approached with passion, with the courage to pursue in depth, and the determination to stay on the path with the child, no matter what". The researcher has therefore aimed to establish contact with the participants, as contact-making forms an essential part of effective, qualitative, in-depth research.

- **Resistance**

Oaklander (1997:295) sees resistance as the child's way of self-protecting, of attempting to cope and survive and make contact with the world as best he or she can. Resistance is often found in the therapeutic setting, is expected and respected, is considered to be a normal part of the therapeutic process, and is an indication of a lack of contact in children (Blom, 2004:61; Carroll & Oaklander, 1997:198). Furthermore, Blom (2004:62) states that resistance must be considered an essential part of the child's growth and that the therapist must be sensitive to the way in which it manifests in order to react to it in an appropriate manner.

As resistance is found in therapy, it will invariably be found in the research process. The researcher has attempted to recognise resistance in the adolescent and to manage it appropriately within the context of the research process.

- **Senses and sensory awareness**

According to Schoeman (1996:42), the human sensory system is a highly complex system which enables human beings to experience the world. Various methods are utilised to enhance tactile sensation, which allows children to become fully aware of their experiences. Sensory contact-making and awareness is essential for children to come into contact emotionally with themselves (Blom, 2004:101). Sensory awareness and contact-making is therefore considered essential in exploring adolescents' experiences regarding the trauma of parental loss through death.

- **Emotional awareness and expression**

Various techniques are utilised to assist the client in expressing emotions. Yssel (1999:146-148) recognises the need for increasing the child's awareness of the emotions that he or she is experiencing in the here and now during emotional expression. In bereavement counselling, this is seen when the child denies the impact of the loss (the impact on the here and now) and rather focuses on the denial of the circumstances of the death itself – showing a lack of contact with and awareness of the here and now (Boyd Webb, 1991:245).

Emotional awareness and expression forms a core part of this research process. The adolescent needs to become aware of and be able to express his or her emotions regarding the experience of the trauma of parental loss.

3.6.3 Play techniques to be utilised in the research project

The researcher selected the use of play techniques for assisting in data collection during research. Play techniques allow for the use of many senses during the interview. Sensory contact-making, as mentioned in 3.6.2, assists in the process of emotional awareness. Kestly (2005:220) refers to Lowenfeld's work and states "When humans experience events, they do so through all of the senses simultaneously – sight, sound, smell, touch, and taste. It is not possible for the language system to convey these experiences adequately because language is linear; experiences are multi-dimensional". The adolescents who formed part of this research have been exposed to the trauma of parental loss and the use of play techniques therefore assists in sensory contact-making, emotional awareness and expression.

The play techniques utilised during this research project are *creative play*, using paint and/or clay, and *imaginative play*, using a sand tray. Both of these techniques can use projection as a method of gaining insight into the adolescent.

3.6.3.1 Creative play: Paint and clay

There are many uses for creative techniques involving paint and clay, and the researcher has incorporated these techniques into the research.

The most important uses of the creative play techniques in the research process are the following:

- **Assists in gathering information and enhances communication**

Both painting and clay help the child to tell and share his or her story by using the medium to illustrate the elements of that story. Drawing and painting also allow children to release socially unacceptable emotions, such as hate and anger, and to express secrets and desires (Geldard & Geldard, 2005:158 & 169). By using creative play, the researcher may reach children who are emotionally frozen and blocked (Gillespie in Van der Merwe, 1996:139). Another reason for using art is to assess adolescents' ability to express themselves (Milgrom, 2005:4).

Paint and clay were therefore used to help adolescents tell their stories. When an adolescent shares his or her story, the researcher incorporates the information into the research. When adolescents have opened up and told their stories, it is essential that therapeutic input should follow. This follow-up did, however, not form part of the research project.

- **Sensory contact, necessary for emotional expression, is facilitated**

According to Schoeman (1996:49), "water, sand, dough, clay and paint serve as substances to introduce children to natural media. They create a bridge between sensory experience and creative thinking". There is an essential link between sensory contact-making and emotional expression. According to Oaklander (1988:67), people who are out of touch with their feelings and continually block their expression are usually out of touch with their senses.

- **Encourages emotional expression**

Goodman (2005:299) states that "adolescents' pain can be difficult to access, and their narcissism can make them difficult to reach". During creative activity, a child is allowed to express a very wide range of emotions, including those that are socially unacceptable (Geldard & Geldard, 2005:156 & 169). Worden (1996:155) states that artistic expression may be easier for some children than verbal expression.

- **Creative therapy as a medium for projection**

According to Blom (2004:149 &159), the use of painting and clay modeling techniques promotes children's self-awareness in that they can project their emotions through these media.

3.6.3.2 Imaginative play: Sand tray

The sand tray is a form of imaginative play and can reveal themes relevant to adolescents' lives. It can also give an indication of an adolescent's ability and willingness to engage and to be spontaneous while, at the same time, demonstrating the manner in which he or she relates to adults (Milgrom, 2005:4). According to Geldard and Geldard (2005:150), sand tray work provides the child with an

opportunity to use symbols, within a defined space, to tell his or her story. While they tell their story, children have the opportunity to recreate – in the sand tray and in their imagination – events and situations from their past and present.

The following goals of sand play are relevant to the research process:

- **Provides sensory stimulation of the sense of touch**

Blom (2004:153) states that sand feels good to touch and therefore provides sensory stimulation, which is essential for accessing and expressing emotions.

- **Assists in gaining access to the mind of a child**

Margaret Lowenfeld first used the sand tray and saw it as a tool both for healing and for doing research to understand how the minds of children worked (Kestly, 2005:19). Thompson and Rudolph (2000:386) state that this medium assists the therapist in understanding the child and the child's understanding of the world. Using the sand tray therefore helped the researcher to gain a deeper understanding of the adolescent research participant.

- **Explores specific events; assists in expressing experiences**

The sand tray incorporates colour, the tactile element, the relationships among objects, depth and height, the seen and the unseen, feelings and many other dimensions simultaneously and is therefore well suited to the expression of experience (Kestly, 2005:22).

- **Assists in expressing emotions**

The sand tray helps the adolescent to use non-verbal processes, essential for emotional expression (Kestly, 2005:19). Blom (2004:153) adds that non-verbal communication is encouraged where the child uses defence mechanisms; yet sand play can also encourage verbal discussion where the child has poor verbal skills. This medium provides the space for a child to express thoughts and feelings that would be considered unacceptable in other contexts (Thomson & Rudolph, 2000:386).

- **Sand play as projective technique**

The process of sand play allows for this technique to be used as a projective technique. This process will be discussed in the following point.

3.6.4 Projection in play therapy

According to Geldard and Geldard (2005:109), projection occurs when “...a child [will] project(s) unwanted emotional feelings on to another person or object. By doing this the child is able to feel absolved from owning the uncomfortable and possibly unacceptable emotion”. By using projection, through the application of various projective techniques, the child can be assisted to accept, understand and own his or her emotions and experiences. Geldard and Geldard (2005:109) state that projection can be rather like a stepping stone that enables the child to move from denying feelings to owning them. Clarkson, in Blom (2004:25), states that “... projection can (also) be used in a constructive way, for example, in creative work, where parts of the self are projected in the work”. Projection techniques are therefore used to increase the adolescent’s awareness of his or her feelings and to assist in emotional expression.

The use of paint and clay increases awareness and facilitates the expression of emotions. Both paint and clay can be used for projection during the research process, depending on the adolescent’s level of emotional awareness. During the current research, the sand tray was used primarily as a projection technique for assessing themes, patterns and relationships in the adolescent’s life.

3.6.4.1 Play techniques and the use of projection

Play techniques were used to achieve research goals. When projection was required during the implementation of these techniques, the researcher followed the guideline of Oaklander’s working model for projection, which applies to work with clay, paint and the sand tray (Oaklander, 1988:53-56). Although Oaklander’s model includes fourteen steps, only the basic approach is outlined below:

- ❑ Initially, the adolescent is allowed to share the experience of making the painting or clay model. In the case of sand play, the experience of choosing toys and designing the sand tray is discussed. This is a sharing of the self.
- ❑ The adolescent is allowed to explain the model and to elaborate on the parts of the model. Describing the shapes, colours and representations is essential. The adolescent then discusses the model as if he or she were the clay model. The adolescent is asked to identify with specific parts or elements in the model and asked to describe further – what is your function, what do you look like, who uses you? The adolescent is allowed to have a dialogue between parts or different elements.
- ❑ Identification is used to assist the adolescent in “owning” what has been said about the model.

- The model is set aside and the focus shifts to the adolescent's life situations and to any unfinished business that comes out of the projection.

The child's making of a clay model, painting or sand tray scene is, therefore, the starting point for projection, as is seen in both processes discussed. Woltmann (1993:153) confirms this in mentioning that "One should never be satisfied with looking at the finished creation, but should try to learn from the child what his creative intentions were and what his creation means to him."

The researcher followed this process in order to gain a deeper understanding of the adolescent's experience of parental loss. The researcher did not use interpretation, but continually clarified and explored information as it was given by the participant.

Pedalino (2004) completed a study in which she used a play modality to discover characteristics of a particular client population. The results of the study provided a descriptive base for play therapists to use in deciding the focus of interventions for this specific area. The researcher is of the opinion that using these play techniques assists in discovering characteristics of adolescents who have experienced the loss of a parent through death, and that this information could lead to more precise play therapy interventions.

3.7 SUMMARY

There are many potentially high-risk areas in adolescence. The loss of a parent through death can increase risk areas, as adolescents so bereaved have to deal with developmental task completion in addition to the consequences of many primary and secondary losses linked to parental loss. Protective factors are important and include the adolescent's personality as well as environmental and behavioural aspects.

The adolescent phase is seen as being a time of turmoil and is often described as the "storm and stress" phase. Despite the fact that moodiness, self-depreciation and depression reach a peak during this phase, it is becoming increasingly clear that these conditions apply primarily to a minority of troubled teens.

In the researcher's opinion, there are few phases as difficult as adolescence to understand, both for the adolescent and for the outsider. Owing to the emphasis placed on adolescents' emotional and developmental inconsistencies, it is possible that the magic of their world is misunderstood and their actions misinterpreted. Spending an hour with an unmotivated teenager can be a tiresome process.

However, when an adult is fortunate enough to share a moment of understanding with an adolescent, an openness and vulnerability towards life can be found that is unequal to that found in any other developmental phase.

Play techniques, which allow for the use of many senses, were used during research. Increased sensory-contact making assists in emotional awareness and expression. The adolescents who formed part of this research have been exposed to the trauma of parental loss and were assisted, through the use of play techniques, to share their experiences.

The researcher believes that when adolescents are understood and are guided in accordance with that understanding, they are given the opportunity to become the adults they are meant to be.

The findings of the empirical study are discussed in chapter 4.

CHAPTER 4

RESULTS OF THE EMPIRICAL STUDY

4.1 INTRODUCTION

In chapter one, the research methodology was discussed. The first objective of this study, namely, the literature study, was discussed in chapters two and three. This chapter focuses on the second objective, that of the empirical study. Data collection methods are discussed and the analysis and interpretation of the collected data is presented. The methodology and processes followed during the research are also given, so as to give a holistic view of the research study.

4.2 THE GOAL AND OBJECTIVES OF THIS RESEARCH

The goal and objectives of the research were as follows:

4.2.1 Goal

The goal of this study was to collect information regarding the experiences of adolescents who have lost one or both parents through death.

4.2.2 Objectives

The objectives of this study were the following:

- To build a theoretical frame of reference regarding the adolescent phase; adolescence and bereavement; the developmental needs of adolescents; the strengths of, and risks for, adolescents dealing with parental loss; the grieving process and the influence of factors such as age, culture, risk-taking behaviour, self-destructive behaviour and bereavement processes; and the accessibility and availability of support structures.
- To study empirically the experiences of adolescents who have lost one or both parents through death.
- To make recommendations to social workers and educators for consideration during intervention in cases where adolescents have experienced parental loss through death.

4.3 RESEARCH QUESTION

The research question for this study is: *What are the experiences of adolescents dealing with parental loss through death?*

4.4 RESEARCH METHODOLOGY

The research approach, type and design is mentioned in this point, and the data collection methods, pilot study, population, research participants and methods of data analysis are discussed.

4.4.1 Qualitative design: phenomenology

To address the researcher's need for more information regarding learners who had lost a parent through death, the qualitative research approach was followed. This approach allowed the researcher to collect insightful and personal accounts of the adolescents' experience of the loss of a parent, which, in turn, supported the phenomenological approach.

4.4.2 Data collection methods

The researcher started by obtaining permission from the relevant authorities to implement the study. The school at which the researcher works then obtained information pertaining to learners at that school who had lost a parent through death. This was done by conducting a survey to identify vulnerable learners, including learners who had lost a parent through death. The researcher could therefore use the information obtained by the school survey to identify possible research participants.

The researcher, in conjunction with the head of the school's guidance department, then selected several learners to take part in the study. The aim of the research project and the researcher's expectations of the participants were explained individually to each potential research participant. One learner who had been approached to take part in the project declined to do so, and another learner was invited to fill this space. Consent and assent letters giving all the relevant information regarding the study were sent home with the learners to be completed by the learners and their guardians. This gave the learners sufficient time to consider their involvement in the study. When the learners handed in their completed consent and assent forms, arrangements were made for interviews. All 10 participants made the necessary arrangements to complete these forms and no enquiries were received from any of the parents or guardians.

Two additional participants were selected to form part of the pilot study. The researcher implemented the play techniques with these participants. The pilot study gave the researcher the opportunity to become more familiar with the interview process and to become aware of small practicalities that needed to be addressed. These practicalities included setting specific time constraints for the participants when they were painting, ensuring that the video camera was close enough to the participant for clear audio and visual images, and replacing the sand tray by a larger one.

Participant information relevant to this study is given in the table below.

TABLE A: Research participant information

Participant number	Gender	Grade	Race group	Age in years	Age in years when parent died	Parent who died	Present guardian	Bereavement period
1	M	8	Black	14	4	Father	Mother	10 years
2	F	8	Black	14	11	Mother	Father	3 years
3	M	8	Black	14	10	Father	Mother	4 years
4	F	8	White	14	13	Mother	Father & Friend	6 months
5	F	9	Black	15	14	Father	Mother	8 months
6	F	9	White	16	16	Mother	Extended family	3 months
7	F	10	Black	16	13	Mother	Aunt	3 years
8	M	11	White	17	4	Father	Mother & Stepfather	13 years
9	F	11	White	17	8	Mother	Father & Stepmother	9 years
10	F	11	White	17	17	Mother	Extended family	3 months

Table 4.1 shows that the research participants selected fall among the range and characteristics required for this research project. Eight research participants had surviving parents available to give consent for their participation in this research. Two research participants did not have a surviving parent; in their case, the school principal completed the necessary forms. The ages of the 10 research participants ranged from 14 years (Grade eight) to 17 years (Grade 11). Four participants had experienced the loss of a father through death, and six, the loss of a mother. Three of the participants were male, and seven, female. The longest period of bereavement among the research participants was 13 years, while the shortest was three months. The race group to which the participants belonged is mentioned, yet no cultural differentiation was made during the research project. There were equal numbers of black and white participants (five from each group). Eight participants lived with their

surviving parent, two of whom had remarried and one of whom was living with a friend. One participant was living with foster parents, and one was living with her maternal uncle and aunt.

The researcher is satisfied that the participants represent the group that she had intended to study.

After the necessary practical aspects had received attention, the research participants were interviewed utilising the play techniques as planned. Nine of the 10 research participants were interviewed twice for the purpose of this study. The last participant was interviewed only once, as the researcher was of the opinion that the information received in the first interview was sufficient. During the first interview, the painting technique was used. Sand play was used during the second interview. The interviews took place in a classroom at the school that had been made available to the researcher. At times the area was noisy and impractical, but the educators assisted in minimising interruptions. Interviews took place during school hours and the duration of each interview ranged from 50 to 90 minutes. The research participants were committed to the process and attended their interviews as arranged. Interviews took place from September until early November 2007.

Data was collected, but not managed, on site through the use of the video recorder and field notes. Observation and interviewing skills were essential and the use of projection, exploration and clarification techniques formed an important part of data collection during the one-to-one in-depth interviews.

Video recordings were transferred to DVD format and the researcher transcribed the information at a later stage.

4.4.3 Data analysis

The data was analysed according to the model as described in De Vos (2005:335) and explained in 1.9.1. The researcher transcribed the interviews off-site. The process of transcribing the interviews gave the researcher the opportunity to become more comfortable with the data.

Initially, the researcher read through all the collected data several times, making general and holistic notes. The interviews were then studied separately. Through this intense study of the data collected, the researcher was able to start discerning themes and subthemes. These themes were then coded, using a coding scheme. The researcher re-evaluated the data to test the relevance of the themes that had been generated. These themes and subthemes were challenged by the researcher and possible other explanations for the data were explored. Data was interpreted, new data was added and this combination was reinterpreted.

4.4.4 Soundness (validity) of the research

The data verification process will be discussed in terms of the four constructs specifically proposed by Lincoln and Guba to increase the accuracy for reflecting the assumptions of the qualitative study, as mentioned in De Vos (2005:345-347). These constructs are used as an alternative to the conventional positivist paradigms of internal and external validity, reliability and objectivity, and remain linked to the establishment of the “truth value” of the study (De Vos, 2005:346).

The four constructs will be mentioned using the guidelines given in De Vos (2005:346-347), and the relevance and applicability in the current research will be mentioned briefly.

- **Credibility**

This is the alternative to internal validity and attempts to demonstrate that the inquiry was conducted in such a manner so as to ensure that the subject was identified and described accurately. The in-depth description of the results of the study relates directly to its validity.

- Credibility was enhanced by making audiovisual recordings of the sessions. The researcher therefore had audio and visual material for the purpose of transcription and to study finer detail, such as body language and facial expressions, and other emotional cues, such as length of silences and intensity of crying. Additionally, after each research interview, the researcher made notes in a journal. These entries commented on the general mood of the participant as well as the overall impression with which the researcher was left.
- The researcher has given both a detailed report of that which she intended to study and the findings of the study.

- **Transferability**

This is seen as the alternative to external validity and demonstrates the applicability of transferring one set of findings to another context. Generalising, or transferring the findings of qualitative studies to other settings, can be problematic. Lincoln and Guba, in De Vos (2005:346), state that the researcher needs to present sufficient descriptive data to address the problem of applicability, yet the burden of demonstrating the applicability of the findings to another context rests more with the investigator who would make the transfer than with the original investigator.

Strategies can be implemented to enhance transferability, although generalising findings was not the main aim of this exploratory study.

- The data collection and analysis was guided by specific concepts and models so as to enable the researcher to present descriptive and detailed data in this report.

- **Dependability**

This is the alternative to reliability in which the researcher recognises that the social world is ever changing and, therefore, attempts to account for these conditions created by the increasingly refined understanding of the setting.

- An exact replication of each interview is not possible, yet a framework of possible questions was followed during the interviews. The researcher therefore identified the areas to explore while remaining flexible within the interview process.

- **Conformability**

Conformability refers to the traditional concept of objectivity. Lincoln and Guba, in De Vos (2005:347), stress the importance of asking whether findings could be confirmed. They state that by doing so "...they remove evaluation from some inherent characteristic of the researcher (objectivity) and place it squarely on the data themselves". The following strategies were implemented to enhance conformability:

- The researcher attempted to remain as objective as possible during the processes of interviewing, transcribing and analysing the data.
- During interviews, the researcher avoided asking leading questions and making assumptions. While the projective techniques were being used, the researcher did not form conclusions about the participants' creations, but led the participants to give explanations of their work.
- Notes were made in a journal during interviews and audiovisual recordings were used for detailed transcription.

4.5 QUALITATIVE FINDINGS

In this section, a discussion of the identified themes and subthemes, based on the experiences of the research participants, will be reported. The data is analysed in terms of the relevant findings and is supported by information from the literature study.

4.5.1 Themes and subthemes

The researcher followed the one-to-one semi-structured interview process. Table 4.2 indicates the themes and subthemes that were identified:

TABLE B: Themes and subthemes

THEME	SUBTHEME
1. Emotions	1. Sadness
	2. Anger
	3. Fear
	4. Loneliness
	5. Confusion
	6. Guilt
	7. Jealousy
	8. Denial
	9. Responsibility
2. Needs	1. Need for guidance and advice
	2. Need for control
	3. Need for companionship and unconditional love
	4. Need for fun and happiness
	5. Need to move on
3. Support systems	1. Parents and siblings
	2. Other adults
	3. Peers
	4. Professionals
	5. School systems and educators
4. Therapeutic inputs and tasks related to grief process	1. Therapeutic dealing with grief
	2. Bereavement tasks
5. Past, present and future focus	1. Focus on the past
	2. Focus on the present
	3. Focus on the future
6. Parental relationships	1. Relationship with parent before he/she passed away
	2. Relationship with surviving parent
7. Secondary implications of parental loss	1. Change in income
	2. Loss of place of belonging
	3. Extended families and stepfamilies

	4. Social role changes
8. Impact of bereavement on identity development	1. Participant's view of own identity
	2. The impact of the loss of a role model and source of unconditional acceptance
9. Protection and risk factors affecting participant functioning	1. Relationships and support systems
	2. Being offered the opportunity to grieve
	3. Spiritual and religious beliefs
	4. Behaviour of participants
10. Physical effects	1. Symptoms of depression

4.5.2 Discussion of themes and sub-themes

The themes and sub-themes that have been recognised in the previous point will now be discussed in detail; in some cases, the participants' own words will be quoted. In certain instances, reference has not been made to the gender of the participant or the parent, so as to protect the identity of the participant, although this has possibly affected the smoothness of the text. A number of participants are Afrikaans speaking and the quotes given have been translated by the researcher. *See Appendix F for photos of pictures painted by participants.*

THEME 1: Emotions

The intensity and duration of emotions experienced by the research participants varied, as they were affected by numerous factors, including present age and time that had elapsed since the death of the parent. The gender, temperament and age of the participant at the time of the parent's death also seemed to affect the intensity of emotions. Literature confirms that many variables have been shown to have an effect on the grief and bereavement process. These variables include age, gender, gender match with the deceased parent, birth order, family and social network, the personality and coping strategies of the child, and their religious and cultural customs (Perkins, J., 2007:34; Blom, 2004:215; Worden, 1996:86). Although the intensity of emotions varied, the participants experienced many similar emotions. The researcher explored both the emotions that the participant could remember or recall from the time of the parent's death and the emotions that they were experiencing at present, when recalling the time surrounding the death and loss of their parent. All of the participants, even those who had been very young at the time of parental loss, could recall certain events and feelings surrounding this time. Participants whose parents had died in the six to 12 months prior to the

research expressed the most sadness, crying and loneliness. Although their emotions were not necessarily more intense, they seemed to be close to the surface and relatively easy for the participants to access.

1.1 Sadness

Sadness is a natural reaction to the loss of a loved one and this reaction is supported in the literature (Goodman, 2005:299). The most general reaction to sadness in the study was crying and withdrawal. The participants remembered being extremely sad when losing their parents, and they all continued to experience this emotion in some form or other when recollecting the time and implications of the loss of their parent. A participant whose mother had recently passed away stated that she cried for strange reasons and said, “I even cried when I found frozen food in the freezer, made with love by my mom”. A participant who had lost his parent through death more than 10 years ago painted a long flowing blue line to represent the “river of tears that has been cried throughout the years”. Crying as a means of expressing feelings of sadness concurs with Worden (1996:55), who states that sadness is an expected reaction when a parent dies and mentions that the most frequent reaction is crying.

1.2 Anger

During the interviews it became evident that most of the participants experienced feelings of anger, both internal and external. One participant was angry with herself for not having saved her parent or prevented his death, and stated, “I wish I had not been so angry, then perhaps I would have realised that my dad was going to die, and done something”. External sources of anger included anger towards God and, to a larger extent, anger towards the surviving parent or other adults involved. The participants perceived that these adults had not done enough to save their deceased parent. These feelings towards the surviving parent and other adults also included strong feelings of resentment. One participant felt that her surviving parent should have seen to it that the deceased parent received better medical care. Another participant felt that the surviving parent had not given sufficient assistance in respect of the deceased parent’s medical state, which led to the death of the parent, and stated, “He (the surviving parent) should have noticed that my mom was not feeling well that day (the day on which she died) and he should have done something”.

Worden (1996:55) states that, in cases of parental loss, anger is directed towards a variety of targets, including God and the deceased parent. Two research participants expressed anger towards their deceased parents. One participant who experienced anger towards her deceased mother stated, “I was angry with my mom when she died and I am still angry with my mom”. Another participant said, “I am a bit angry with my dad, he left me and now it’s a bit lonely”. A few participants experiencing

anger towards God asked, “Why did God punish me like this?” while another participant stated, “I am angry with God for taking my dad and aunt and other people I love away from me”. One of the participants painted a picture of a bird and stated, “... sometimes I get so angry, I feel that I can do anything, even fly”. Anger, as a reaction to loss, is seen as a typical response and, according to various authors (see 2.7.3.1), adolescents are inclined to experience heightened feelings of, amongst others, anger during the period of bereavement.

1.3 Fear

The participants mentioned all kinds of feelings of fear, as discussed in chapter 2, point 2.7.2. Fear and anxiety were feelings that the adolescents experienced intensely and that affected their present functioning. Fears include the fear of facing the future without the parent, the fear of being alone and without constant support, the fear of making mistakes (and thus failing), and the fear of forgetting the deceased parent.

The adolescents felt vulnerable and experienced a specific need for emotional support. One participant felt that the world was full of hidden dangers, and had developed seemingly irrational fears of certain animals, people and social situations since the loss of the parent. This participant declared, “I am afraid of death now”, and added, “I stress when I travel and rather stay indoors, alone”. Later the participant mentioned, “I am afraid of lots of silly things, like cows” and, more intensely, “I think that people are hiding things from me”. This vulnerability, combined with fear, creates intense feeling of being both helpless and without hope for the future. The participants felt that they did not have back-up and made comments such as, “I am scared people will leave me now” and, “when you think things are going well, you can know they will start to go bad”.

The researcher is of the opinion that children feel that parents will keep on offering support and acceptance, irrespective of what the child does or fails to do. Adolescents who had experienced unconditional love from their deceased parents therefore experienced the loss of an eternal source of acceptance when they lost their parent through death. Although the researcher did not find literature to confirm this view, Worden (1996:94 & 111) stresses the functioning level and coping styles of the surviving parent and states that children with a less well-functioning surviving parent will show more anxiety and depression.

Participants who had not been fully informed about the reason for their parent’s death felt that they could not trust the significant adults in their lives and that they were hiding things from them. One of the participants placed a toy snake in the sand tray and said, “There are people in my life that are like snakes, they hide things (like my surviving parent) ... perhaps it’s a lack of trust from my side”.

The adolescents did not experience intense fear of losing their surviving parent, as is the case with younger children, but rather feared their own death and the subsequent pain this would cause others. One participant stated, “I must stay alive for my (siblings), as they need me and will not be able to manage another loss”.

1.4 Loneliness

Many participants felt alone and experienced a specific longing for the deceased parent. These adolescents feel “left out”, unwelcome and displaced. One participant drew a picture of a sad-looking stick man inside a circle, asking, “why me?” The participant explained that she felt as though she was separated from other people, wondering why such a terrible thing had to happen to her and why God would punish her in this manner. During the sand tray exercise, one participant placed a toy girl, tree and horse within a circle made of stones. The participant explained, “I am on the inside, blocked from the outside by hard and cold pieces”. Kübler-Ross & Kessler (2005:81) further describe the feeling of loss and state, “There is no port in this storm, and the one person who could bring you connection is the one person who is gone forever”. They mention that it is normal, to be expected and healthy to feel isolated after a loss, but add that this kind of isolation over an extended period of time may be cause for alarm. On further exploration it became apparent that the participants were inclined to isolate themselves from available support systems and create heightened feelings of alienation. The participants felt that they had been “left behind” by the deceased parent. In reality, these adolescents were not necessarily alone, but, rather, they felt lonely as they were in a state of “being without the deceased parent”.

The longing for the deceased parent that the participants experienced was linked to both the intense practical and emotional needs fulfilment, as required of a parent, and the less intense and possibly understated needs requirements. The participants longed for the informal conversations with their deceased parent, as well as their companionship and availability. Participants seemed to “miss the little things a lot”. Theme 6.1 in this chapter further discusses the losses linked to the deceased parent.

A persistent theme during the use of sand play was the participants’ need to give the various items in the sand a friend or companion. When the researcher explored this theme, one of the participants said that she wanted the toys to have a friend, because she knew that people could always do with someone extra, adding, “... people need support, I need support”.

One of the participants wrote a poem entitled “Little Heart”, which expresses this participant’s state of being lonely and “lonely without the deceased parent”: “A little heart has broken in a thousand pieces. No one to fix it, but the person who broke it. Person who broke it is nowhere to be found...”.

1.5 Confusion

Confusion links to various emotions experienced simultaneously. A high percentage of the participants experienced intense confusion, especially during the first few months after the parent had died. One of the participants stated that she felt sad, angry and lonely all in one and that this created a lot of confusion. Another participant painted a purple spiral and said, “This (spiral) shows my confusion and turmoil, people around me say one thing but mean another”. This participant added that a lot of time was spent feeling confused about life. Although the adolescent phase is characterised by emotional highs and lows, the bereaved participants seemed to experience excessive confusion and a subsequent loss of self-confidence. Worden (in Blom, 2004:224) states that confusion forms part of the initial cognitive patterns experienced by grieving children. Furthermore, adults can create confusion when they send conflicting messages. An example would be where one of the participants’ mother is inclined to over-protect him in social settings, yet at the same time have high expectations of him in terms of the completion of tasks at home. This leaves the adolescent feeling confused and frustrated.

1.6 Guilt

The occurrence of guilt, as explained in 2.7.2, ties in with the fact that children are egocentric and see themselves as powerful. They therefore believe they could have done something to prevent the loss. During the course of the interviews, the researcher found that feelings of guilt seemed to be prevalent in the cases where the parent had died while the participant was in the middle childhood phase. These participants stated that they felt they should have helped their parent, recognised the illness or even not left their parent alone. These feelings of guilt are then understood in terms of the egocentricity of the middle-child phase as explained in the literature. One participant felt guilty because the parent had not felt well on the day that s/he died and the participant had not remained at home. The parent had therefore been left at home alone. The parent had died while the participant had been out of the house. This participant was in the middle childhood phase at the time and her parent’s death was in no way due, or linked, to her absence.

Guilt experienced by participants who had lost a parent through death during their adolescence was linked to the things that they wished they had, or had not, said or done. One participant felt guilty for not appreciating her mother enough while she had been alive. Worden (1996:61) states that this occurrence of guilt is linked to parental loss, and mentions that guilt is inclined to take the form of regrets about things done or not done, things said or not said. The adolescent phase, therefore, does not necessarily influence the type of guilt experienced; rather, the pertinent factor is possibly the circumstances surrounding the loss of a parent. Some of the participants felt guilty when their life, in

the present, seemed normal and they were having fun, as this made them feel that they were forgetting the deceased parent. One participant stated, “I am scared that moving on means forgetting ... I want to feel better, but I am afraid that a part of feeling better means forgetting my mom”.

1.7 Jealousy

According to Tassoni and Riddall-Leech (2002:269), being jealous shows a deeper unhappiness and lack of confidence although, often, children will not know that their behaviour or sadness stems from this emotion. They add that jealousy is a lonely feeling and requires specific attention.

Jealousy was experienced to a lesser degree among the participants, although, when present, it was experienced mostly towards peers who still had parents, especially when the participants were experiencing a specific longing and need for their deceased parent. These participants felt jealous because their peers had parents and, irrespective of what the participants did, they would never be able to replace their deceased parent. One participant stated, “Sometimes my friends say that they are jealous of me because I am kind and patient, but actually I am the jealous one because they have mothers and I don’t”. Another participant, whose father had died, painted a large block of green in her picture and said it represented the times that she felt jealous of her friends. She said, “My dad and I used to do things together, like going fishing, and now, when my friends talk about doing things with their dads, I feel jealous”. As mentioned previously, jealousy is linked to feelings of loneliness and will possibly add to, or stem from, the participant’s feelings of loneliness and isolation.

The researcher did not find references to jealousy towards peers and parental loss in the literature study, although reference was made to jealousy towards peers in the divorce situation. Howe (2005) states that many children whose parents have divorced become jealous of their friends who enjoy the security of living with two committed parents. In the researcher’s opinion, the loss of a parent, whether through death or through divorce, could have a similar effect in terms of jealousy towards peers.

1.8 Denial

Adolescents have the cognitive ability to understand that death is permanent and irreversible. Many participants, however, still felt that they could not believe that their parent was gone and still wished for a return. This links with Kübler-Ross’ stage of denial (Kübler-Ross and Kessler, 2005:10) where the bereaved knows, on a cognitive level, that their loved one is gone, yet shuts down in a state of shock as a way of protecting the self. A participant whose parent had died a few months before the research project stated, “I don’t really know what I want or where I should be going. I spend a lot of time – perhaps too much time – not thinking of anything, just being ‘switched off’”. Literature studies

show that children may deny their feelings for fear of the intensity of the feelings being experienced as well as for fear that they will never recover from the pain (2.7.1).

Although these stages are interlinked and merely indicate a process of dealing with loss, denial is the first recognised phase. Quite naturally, these feelings occurred in all of the participants who had lost a parent through death within the previous year. Of concern for the researcher, however, was the fact that some of the adolescents continued to experience, in varying degrees, feelings of shock, numbness and denial, years after the loss of their parent. One of the participants, whose mother had passed away more than three years before, completed her painting (a painting of herself with her brother, father and deceased mother) and said, “I feel so happy when I look at this picture, I feel sure my mom will be at home today, waiting for me”. In her next interview, the participant stated that she often battled to concentrate on everyday things and added, “It often feels as if my mom is in the room with me, it feels as though she is going to come back home”. This could possibly be an indication of a slow or neglected process of bereavement.

1.9 Responsibility

The adolescents with younger siblings felt responsible for the care of their siblings. The social expectations are both external (what adults and society expects them to do) and internal (what they feel their new roles are), and affect the social roles of the adolescents. Smith (2005:22) confirms the external social expectations and states that adolescents may experience pressure to take on more adult roles, particularly when a parent has died. In cases where their peers complained about the actions of their (the peers’ own) parents, certain participants felt it their duty to tell their friends that they should appreciate their parents. These participants felt that it was their role to remind their friends that they should enjoy their parents, as they could be taken away from them. One participant stated, “When my friend told me she was angry with her mom, I asked her to make things right with her mom again”. Another participant stated, “I want to tell them that they will never get a mother like the mother they have”. However, these participants clearly stated that they did not want to lecture to their friends or prevent them from talking honestly about their parents, but that they somehow wanted to sensitise their friends to the possibility of the loss of a parent.

THEME 2: *Needs of the bereaved adolescent*

The following paragraphs briefly discuss various needs, as experienced by the participants, which the researcher recognised.

2.1 Need for guidance and advice

The participants, although acknowledging that they did have other support systems, were inclined to feel that they had a need for guidance and advice from the very person they had lost. One participant stated that there were certain things with which only her mother could help her, while another stated that he needed his father to share his skills with him. The deceased parent was perceived as an irreplaceable role model. This can be understood within the context of the adolescent's search for identity and the role-modelling figure provided to them by their parents (Riley, 2007). The participants stated that they needed support in decision making and a high percentage of the participants were afraid to make mistakes. One participant, whose parent had died more than five years before, felt unequipped to deal with basic decision making processes. This participant placed a toy skeleton in the sand tray and said, "... I always stress too much, I try not to, but I worry (about what to do and what not to do)". Another participant, whose mother had died, stated that the mother had always been available, even if it was only by telephone, and said, "... If I came home from school, I could phone her (if I had a problem) because she always had advice". This need therefore relates to a present as well as an anticipated need for guidance, advice and support from the parent they have lost through death.

2.2 Need for control

The participants were inclined to feel that they did not have sufficient control in their lives. One participant stated the need for space and added, "... I want to be able to do my own thing without having to explain my every move". When another participant was asked to describe how she felt when she thought about her present life, she shrugged and said, "I don't know, it's just my life, I cannot change it". It is essential to consider, however, that the need for establishing autonomy forms part of the normal adolescent tasks required for identity development (refer to 3.4). Establishing control is a form of developing a unique identity. When the researcher asked one participant whether she was in any way like her deceased parent, she answered, "I am not like my (parent) and I don't want to be like anyone else but myself".

During the course of the research it was noted that some participants felt that adults were running their lives and that they were merely observers. A participant who had lost a parent through death and whose surviving parent was not available, said, "I am so uncertain of what to do, I don't know who to listen to and now people that were never involved want to take over my mother's place". Another participant said, "I feel irritated now that people are chipping into my things". This need for autonomy is in contradiction to the need for advice, care and protection. In the researcher's opinion, this could possibly be due to the fact that adults are inclined to over-protect the bereaved child. Also, it should

be considered that there is often a difference between the rate of cognitive and emotional development in adolescents, as well as constantly fluctuating emotions (Focus Adolescent Services, 2000).

In the researcher's opinion, it is important to consider, however, that the participants who perceived that they were being told how they should feel, act and behave started to doubt their instincts. Also important is that the participants' area or locus of control differed and was both internal and external. The researcher is of the opinion that these differences could relate to various factors, including age, personality and available support structures.

2.3 Need for companionship and unconditional love

Although the majority of participants had a surviving parent, the need for companionship was a recurring theme. The participants longed for the availability or perceived availability of the deceased parent, and for the "ever supportive and loyal companion" that they perceived as having been lost in the deceased parent. One participant stated that her mom had been like a friend and said, "... we chatted – girls' talk, like fashion and things to do".

In the researcher's opinion, the participants believed that their parents had offered unconditional love and that this had been lost when the parent had died. Participants who had no surviving parent, or whose relationship with the surviving parent was poor, felt alone, vulnerable and without protection. These participants expressed the need for someone to offer unconditional love and care. One participant said that through inflicting self-harm it was possible to see whether family members cared or worried, and stated, "... I hurt myself because I want to see if they love me".

It is essential to remember that the nature of the relationship between the participant and the deceased parent, as revealed during this research, is revealed only by the participant's personal observation and recollections. The researcher does not know what the nature of the participants' relationship with their deceased parent really was, or the extent to which idealisation of the relationship does or does not take place. However, the participants' perception of their relationship with the parent prior to his or her death remains relevant to the study.

2.4 Need for fun and happiness

During the use of the sand tray, there was strong emphasis on the real and the ideal world of the research participants. During the discussion of what they would want in an ideal world, a high percentage of the participants stated that they were tired of being sad and expressed a definite need for more fun in their lives. Some participants commented that they felt that other people expected of them

to feel sad and that they sometimes behaved accordingly. During the sand play exercise, one participant placed some friends together and allowed the objects to “just chill, go crazy and have fun as they used to”. Another participant chose a fun cartoon character toy (Speedy Gonzalez) to add to the rest of the realistic toys in the sand tray scene. When asked about this choice, the participant replied, “He looked like so much fun; even though I have some fun in my life, I would love a lot more, as it helps me”. This participant also used bright objects in the sand tray and, when asked about the choice of bright colours, answered, “I miss the bright things in my life”. Another participant completed the painting task using only shades of black and red. This participant stated, “The picture reflects my life – there is no colour, no happiness and no excitement – just sadness”.

In the researcher’s opinion, the participants were seeking the emotional balance as explained in the New International Version of the Bible (Ecclesiastes 3 verses 1 and 4), “There is a time for everything ... a time to weep and a time to laugh, a time to mourn and a time to dance”.

2.5 Need to move on

Fox, in Stevenson (2005:195), states that the child needs to move on by investing in other relationships. The participants showed a need to move on; yet, they were afraid that this meant that they would forget, or would be perceived as forgetting, their deceased parent. One participant said, “I am afraid that a part of getting better means having to forget”.

The researcher is of the opinion that the participants need to express their feelings and discuss their fears before they can move on to the phase of accepting the death of their parent. Through expressing and understanding their experiences, thoughts and feelings associated with death, the adolescents start the important emotional process of grieving (Wolfelt, 2007; Worden, 1996:11). Through the grief process, “... children are enabled to adapt to the loss they are experiencing, as well as to their new circumstances” (Blom, 2004:209).

Adolescents seem to have a need for information regarding the death of their parent and the process of bereavement. Lack of information increases feelings of anger and damages the relationship with potential support systems. Quite a few of the research participants stated that they wanted to move on; yet they did not know how to do so. They wanted to stop feeling sad and longing for their deceased parent, but had withdrawn from their support systems to such an extent that they could not be helped to recover from their loss. They added that, after the death of the parent, they started feeling unwelcome wherever they went, and also, “... it’s not that people are really pushing you away, you just feel left out”. Another participant realised that she was preventing herself from moving on in her

life and that she needed to begin the process of dealing with the loss of her parent. She believed her life could improve, and said, "... things can change for the better if I open up more to others in my life".

One of the participants, during the sand play, used a toy shark to represent the death of her parent. She stated that she could not swim in the waters with a shark, because sharks were destructive. When offered the opportunity to change her sand tray scene, she replaced the shark with a dolphin and stated that she could not change the fact that her parent had died, but she desperately wanted to change the way she felt about this loss. The participant said that she knew that it remained difficult to swim from one place to another, but that it became possible to cross the waters when the shark was a dolphin. This participant then stated her intense need to start "getting better" and to move on. Another participant acknowledged her need to move on and said, "I know that I must accept the fact that my mom has died and move on, not without her, as she is in my heart, but I must move on".

THEME 3: *Support systems*

Various support systems exist for the adolescent. The extent to which the systems are utilised differs from individual to individual. Common themes surrounding the systems will now be discussed briefly.

3.1 Parents (surviving parents and stepparents) and siblings

An important factor concerning the surviving parent as support system, in the researcher's opinion, is the quality of the parent-child relationship before the loss of the deceased parent. Previously poor relationships seemed to remain relatively poor, whereas healthy relationships remained stable. Contradictory to the literature (2.7.1), most of the participants did not fear losing their surviving parent; yet, when asked how they thought it would be if that should happen, said that it would be terrible. The fact that they did not fear the death of the remaining parent could be linked to the developmental stage of adolescence, where they are inclined to be self-centred and are more concerned with their own death than that of others.

Certain participants felt that the surviving parent had not done enough to help the deceased parent or had not given sufficient information about the details of the other parent's death. In these cases, participants were inclined to feel that they could not trust their surviving parent and the relationship seemed strained. Anger, possibly misdirected, was also felt towards these surviving parents (refer to theme 1.2 for further discussion on anger towards the surviving parent). Another important factor to

consider is the availability of the surviving parent. Worden (1996:40) states, "... the physical and emotional availability of the surviving parent has a great influence on the child's relationship with the parent".

Relationships with stepparents varied among the research participants. One participant, who had a poor relationship with her surviving parent, said that she had a poor relationship with her stepmother. Another participant was grateful for having a stepmother and said, "God has been good to us; even though He took my mom away He gave us another kind lady to help".

In families with healthy sibling relationships, the siblings offered practical support to each other. The researcher is of the opinion, however, that siblings do not often talk to each other about their feelings related to the loss; rather, they are inclined to talk to each other about the deceased parent. A participant said, "My brother (also) misses my mom and the only thing that helps to make us feel better is to talk about our mom and how wonderful she was". In the case of adolescents who had a younger sibling, they seemed to feel responsible for that younger sibling and felt protective towards him or her. This social pressure is understood in view of Smith's statement that grieving adolescents are expected to take up more adult roles, especially in the case of parental death (Smith, 2005:22). Holland (2001:169) adds that younger volunteers in his research project focussed on change of care providers after the death of a parent, while the older volunteers (16 to 18 years) were forced into roles such as caring for their younger siblings. The adolescents were thus, in the cases where they had younger siblings, the ones offering the support system. Theme 7.4 refers to other areas of social expectations.

3.2 Other adults

On the one hand, adults within the community offered support and guidance, which was experienced positively by the adolescents. On the other hand, adults seemed to tell the children how they should feel or behave, which was experienced negatively. Considering that adolescents have a need for autonomy and independence (Perkins, 2007), adults are quickly perceived as being controlling. One participant felt that her extended family was critical of her and her siblings and felt that, even though these family members had never seemed to care about them before the death of her parent (the whereabouts of her surviving parent are not known), they now wanted to take over their lives.

Many of the participants felt that adults did not sufficiently allow them to tell their stories. One participant stated, "... it feels as though no one really ever asks if I am okay, no one gives me the chance to talk about my emptiness and loneliness". Adult involvement is better understood when

considering the opinions of Smith (2005:10) and Boyd Webb (2005:3), who mention that adults are inclined to want to spare the children the task of dealing with emotions linked to bereavement and to avoid discussing death because of their own anxiety about the subject. In the case of existing extended families, the participants had high expectations of the adults in terms of practical and emotional support.

3.3 Peers

According to Berk (2000:601), by middle adolescence, children interact more with peers and spend more time with them than with any other social partner. This was apparent in the research, as all the participants agreed that peer relationships were extremely important to them although they differed in opinions as to how they expected their friends to help during their bereavement process. Some participants did not talk to their peers about the loss of their parents, while others spent much time discussing their loss. Although Worden (1996:89) states that peer relationships are important to adolescents and that they could feel like “the odd kid” because of the loss, the participants in this study felt that they were accepted and welcome in their peer group.

The researcher is of the opinion that the adolescent participants are more inclined to discuss their problems with their peers than to discuss them with adults.

3.4 Multi-professional support structures

In chapter one Jordaan (2007) is quoted as stating that grieving children require more than a once-off discussion with a well-meaning adult; they require specific interventions. This statement was confirmed by the participants, who felt that, although people spoke to them, they did not get the chance to really tell their story. Although some of the participants had received counselling or seen a therapist, they had not received specific bereavement counselling. The participants felt that the professionals involved meant well and they appreciated their involvement, but felt that their need to talk was not met. Nine of the 10 participants felt that they had not been given sufficient opportunity to talk about, and deal with, the death of their parents. This point receives further attention in theme 4.1.

3.5 The role of the school and educators

Most of the participants who were attending school at the time of their parental loss appreciated that the school had acknowledged their loss, whether this recognition had been formal or informal. The participants felt that they did not necessarily want to discuss their loss with all the educators, but had appreciated that they had shown interest in their situation. One participant felt that, although the educators meant well, they focussed on how the participant should act, rather than asking what had

happened or enquiring about feelings. The participant said, "... they told me to keep focussing and concentrating on my work". A number of participants recognised the good intentions of the educators, yet were inclined to feel that these adults did not allow them to grieve outwardly. In general, however, the participants felt positive about the involvement of the educators.

All of the participants indicated that they would have wanted to address their parental loss within counselling structures provided at school. One participant stated that she had wanted to talk to a counsellor, but had not had access to one. Another participant mentioned that she had spoken to a school counsellor twice and wished she could have had more interventions with the specific counsellor. The opinions of the participants support Pembrey (2007) and Van Vuren (2004:207), who state that schools can provide children not only with education, but also with emotional support and care.

THEME 4: *Therapeutic inputs and tasks related to the process of grieving*

Various systems affect the process of grief. In this point, the researcher will focus on alternate variables that affect the grief process, including specific therapeutic inputs.

4.1 Therapeutic dealing with grief

4.1.1 *The need for therapeutic inputs*

As mentioned, none of the participants had previously received specific or formal bereavement counselling. Although the aim of this research is exploration, all of the participants commented on the positive effect of being able to talk freely about their parental loss. Geldard and Geldard (2005:50) state, "Sometimes a child will find that the telling of their story is in itself effective in reducing emotional pain and in leading to the spontaneous resolution of issues". By using the techniques of painting and the sand tray during the interviews for data collection purposes in this research, the participants felt that they were given the opportunity to tell the story of how they experienced their parental loss. After having been offered the opportunity to tell their stories, participants expressed a general sense of relief and increased insight into their situations. After the first research interview, one participant stated, "Although it (the session) was tough, I feel better now and I really enjoyed it". Another participant said, "...the more I talk about it" (the death of the parent), "the more the pain seems to go away". It is important to note that the interviews held had data collection as the main goal, yet the process offered relief to the participants. It can thus be considered that therapeutic interventions would certainly offer emotional relief to adolescents who have lost a parent through death.

All of the participants, including the two who had previously shown resistance to the idea of therapy, stated that the sessions had been positive and expressed the need for further therapeutic inputs. The reasons for initial resistance to therapeutic inputs included statements such as “therapy is not for me” and “I don’t have problems”. A participant who stated that he felt happy and positive about the future again, added that even though he felt better, he would still want to talk about his loss. Possible therapeutic inputs that were suggested to the participants included individual and group work sessions at school. The participants were comfortable with the possibility of school-related interventions, as they experienced a sense of normality linked to the process. The participants felt that interventions at school were less “obvious” and less scrutinised by their peers and others. This view is confirmed in point 2.11.2.

The researcher is of the opinion that adolescents will not actively seek therapy; yet this is not necessarily due to resistance to therapy. In the poem “Little Heart” that was mentioned previously, the participant says that the little heart “... has been trapped in a dark room not seeing the world but dark clouds, no-one to help it but just for it to sit and wait, wait for someone who can help it”. From this poem it can be seen that adults are perceived as being the party that should offer the help, rather than expecting the adolescent to ask for help.

4.1.2 *The importance of telling their story*

The researcher is of the opinion that all of the participants had a need to tell their story in their own words, without an adult telling them to “cheer up” and “move on”. The participants showed a need to be heard and, especially, to be given the opportunity to verbalise and express their fears, needs and pain. One participant stated, “I wish someone had really been available for me, not just to say things, but to be there for me”. Many participants stated that, during the research, it was the first time that they had spoken about their parent’s death in detail.

4.1.3 *The role of peers*

Participants who shared their bereavement process with their peers were inclined to see these peers as informal therapists. Literature studies show that bereaved adolescents often have a high expectation of support from their peers (2.7.3.1) and when peers do not know how to react, the adolescent may feel isolated. Some of the participants in the research were inclined to have high expectations of support from their peers and experienced the subsequent isolation as mentioned in the literature. One participant felt disappointed because the participants’ special friend was not sufficiently understanding or available to help or offer support during the process of bereavement. Some participants felt that

their peers were avoiding them and did not know how to behave towards them, which caused a lot of pain for these bereaved adolescents. One participant commented, “My friends seem to avoid the issue ... it makes me feel so sad and lonely”. In the researcher’s opinion, the risk becomes one of children helping children, with a large amount of unnecessary pressure being placed on the peers.

Other participants felt that they could discuss anything with their peers and started developing a higher regard of their peers’ opinion than they had had before the loss of their parent.

4.1.4 The use of play techniques for assisting the adolescents in telling their story

The participants stated that the use of painting and the sand tray had helped them to talk about their loss. Some participants stated that they would not want to talk to a stranger about their loss; yet realised that they had discussed their loss at length with the researcher, whom they had not previously met.

The adolescents were interested in applying the play techniques and were creative and unique in their approach. The researcher is of the opinion that the implementation of the play techniques was an effective method of gaining in-depth information, as several participants stated that they had been made aware, throughout the session, of feelings and thoughts that they had not previously recognised. Several participants stated that they had enjoyed both painting and the use of the sand tray. The successful implementation of the play techniques supports Milgrom’s view that play is an excellent way of assessing adolescents’ functioning (Milgrom, 2004:5).

4.2 Bereavement tasks

4.2.1 Inclusion in rituals

Boyd-Webb (2005:36) recognises the need for the involvement and inclusion of children in the rituals surrounding death and bereavement. This view is supported by the research, as all the participants had attended their parents’ funerals and felt it formed an essential part of their bereavement process. One participant had attended the funeral, but had not understood certain rituals that had taken place before the funeral. This lack of information surrounding the rituals had created anxiety for the participant, who explained that the surviving parent and sibling had gone into a room. The participant stated, “... I didn’t know what happened in the room and I was afraid that something bad might happen to them too”. This participant had been very young at that time, yet could recall certain events and emotions surrounding the time of the funeral.

4.2.2 Adequate information

Literature supports the principle that bereaved children need to receive information about the death of a loved one and adds that delays in receiving information allow children to create their own fears and worries (Worden, 1996:141; Smith, 2005:49). The more information the research participants had been given as to how and why their parent had passed away, the less anxiety they experienced. One participant said that when the surviving parent had initially spoken about the death of the other parent, "... (s/he) only told me that my (parent) was dead and (s/he) didn't give me enough direct facts, I wish that (s/he) could have answered all my questions from the beginning". Participants who had received limited or no information experienced feelings of anxiety and distrust, as well as misplaced anger, towards other adults. Two participants whose parents had died of unknown illnesses continued to feel that the surviving parents had not done enough for the deceased parents. One participant placed a toy snake in the sand tray scene and stated that snakes were like people in life who hid things. This participant later added, "I think my (surviving parent) is hiding things from me". This participant experienced feelings of anger towards the surviving parent.

THEME 5: *Past, present and future focus: thoughts, behaviour and expectations*

The researcher explored the participants' perceptions of their past, present and future experiences linked to the loss of their parents. The use of an "ideal or dream" world and "real world" scenario during sand play was effective for exploring of this theme. Participants' emotions regarding the past, present and future have been discussed at length in theme one and will not be added to this point.

5.1 Focus on the past

Two contradictory themes were found when discussing the participants' view of their past. Most of the participants experienced both extremes to a smaller or larger extent. Some participants remembered their life with the deceased parent from a balanced perspective, remembering both the positive and the negative times. However, certain participants were inclined to – possibly – unrealistic idealisation of their parent and recollections of the past. The researcher is of the opinion that the younger the participant was at the time of the parent's death (and, thus, the longer the time that has elapsed since the parent died), the more inclined they are to have unrealistic recollections of the past and of their deceased parent. Piaget's theory of cognitive development supports the notion that, as children grow, their reasoning and memory abilities develop. This offers a possible explanation for the fact that the younger the participants were at the time of the parental loss, the less they were able to remember of the relationship (Louw *et al.*, 2005:71-82). Holland (2001:127) mentions that there is a relationship between the age of children, at the death of their parent, and their ability to recall events at

the time, a month after the death of their parent. Holland (2001:127) states “The percentage of volunteers reporting that they were unable to recall events a month after the death decreased with their age”.

5.2 Focus on the present

One of the participants felt that his parent’s death did not affect his present state of being, while the other nine felt that their parental loss did influence their present state. These participants stated that they continued to deal with the irreplaceable loss of a parent. The participants continued to long for the normality of “how it used to be” before the death of the parent. One participant, during the sand play, used the simile of a tortoise walking slowly in thick sand and said, “I am just always struggling to move forward, things are always tough”.

The participants whose parents had passed away during the previous five years, especially those whose parents who had died within the previous year, were constantly trying to deal with the pain of their loss and their longing for happiness. One participant painted a sun with black and yellow streaks and stated, “The sun is not as bright as it should be, it doesn’t shine on me as it used to”.

The participants’ expectations of how their lives would have been were inclined to be one-sided and, therefore, possibly unrealistic. They believed that their present state would have been different, and certainly better, if they had not lost a parent through death. A participant who had started smoking cigarettes after the death of the parent believed that s/he would not have done so if the deceased parent were alive, as this behaviour would have been unacceptable to the deceased parent. In reality, however, the surviving parent was strongly opposed to the participant’s smoking, but the participant did not feel influenced by this parent.

The researcher is of the opinion that these participants are focussing on their past and are not adapting to their present situations.

5.3 Focus on the future

When the participants considered their future, they had two basic views.

On the positive side, the participants were hopeful that things would be better in the future and that they would eventually be rid of the intense pain that they had been feeling and continued to experience. One participant, who felt overprotected by the surviving parent, was excited at the prospects and freedom perceived to be offered in the future. The participant stated, “I can’t wait to be

finished with school, find a place and live on my own”. Another participant mentioned, “...maybe something good will happen in my life”.

On the negative side, the participants felt afraid and uncertain when considering their future. Worden (1996:147) and Goodman (2005:299) confirm this view in stating that there is a fear about the loss of security and constancy in their lives. Participants expressed concern that they would not have sufficient guidance, care and protection in the future. One participant commented that her mother would not be there to support her on her wedding day and would not be able to help her to raise her children. The participants therefore anticipated the future with a sense of being without a role model. Two participants painted windows during the painting session. One participant stated that the window showed her future; something that she could catch a glimpse of, although she felt she had little control over it. The other participant painted a window and said that it symbolised that which was going to happen and that from which he was cut off. Smith’s view adds to this, as she states that children grieve for the loss of the future with the deceased parent and for the loss of the parent’s presence in important phases in their life (Smith, 2005:40).

THEME 6: *Parent-child relationships*

The effect of the participant’s relationship with the deceased parent as well as the present relationship with the surviving parent is discussed in this point.

6.1 Relationship with the parent before he or she passed away

The longer the time that had elapsed since the death of the parent – that is, the younger the participant had been at the time of death – the less he or she was able to remember of the relationship with the parent. Participants who could not remember much of their relationship with the deceased parent did not have any negative memory of the parent, whereas the other participants gave a balanced recollection of this relationship. Holland (2001:173-175) offers a possible explanation when he mentions that volunteers in pre-school experienced the death of their parent differently to the older volunteers. He states that the younger volunteers seemed to associate their loss more with issues of attachment and therefore mourned the loss of a carer, whereas the older volunteers mourned not only this loss, but also the loss of an individual with whom they had had a personal relationship.

The gender of the deceased parent caused different reactions in the participants. Generally, the loss of a father caused changes in their financial situation, which, in turn, led to secondary changes, including moving to another town and mothers having to study further and/or start working. The emotional

issues linked to the loss of a father included feeling unprotected and not having sufficient guidance. A participant whose father had died added a shark to her sand tray scene and said, “The world is full of dangers, my dad used to protect me, but now my uncle and grandfather have to”. A male participant stated that he did not know how to do “male things” and said that he was teased by others because he preferred to do things with his mother and sisters. He believed that if his father were alive, his influences would have been different and he would be more acceptable to society at large.

The loss of a mother was linked to the practicalities of daily activities and living. Without a mother the participants did not have someone to help them do their homework or pack their lunch. The emotional losses linked to the mother included the loss of someone who guides them in their daily choices, is available to discuss concerns with, and shows unconditional love. Worden (1996:95) mentions, “The death of a mother portends more daily life changes and, for most families, the loss of the emotional caretaker of the family”.

Participants who felt that they had had a strong relationship with their deceased parent spoke of experiencing a deep sense of loss. According to Pisick (in Green-Hernandez, Singleton & Aronson, 2001:308), the closeness of the relationship between the child and the deceased parent determines the level of loss. This is an important consideration, although, during this study, the relationship between the child and the deceased parent was gathered only from the child’s opinion.

All the participants felt that the loss of the specific parent was significant and life changing, irrespective of their recollection of the strength of their relationship. Possible emotional losses linked to parental loss, irrespective of gender, have been identified by Despelder and Strickland, in Riley (2007), as the loss of stability, security, nurturing and affection.

6.2 Relationship with the surviving parent

The relationship with the surviving parent, in the participants’ opinion, changed primarily on functional levels after the death of the other parent. The surviving parent changed certain rules and expectations as a result of financial and practical changes. The social changes, such as a mother who had to start working or a father who now had to prepare the meals, had an impact on the consequent social tasks and expectations required of the child.

In the researcher’s opinion, on an emotional level, the participants who had enjoyed a strong relationship with the surviving parent before the death of the other parent continued to enjoy this relationship. Worden (1996:40) found that, in some studies, the relationship between the child and the

remaining parent becomes closer, while, in others, the child's anger is targeted at this parent (note theme 1.2 of this chapter for more information regarding anger directed at the surviving parent).

Surviving parents who had not had close relationships with the participants before the death of the other parent maintained the status quo. One participant stated that the deceased parent had done everything for the children, on both a practical and an emotional level. The participant said that the surviving parent had always gone to work and lived a life very much separated from the rest of the family. This participant felt that the present relationship between child and surviving parent was still based on these principles, and continued to feel disconnected from the surviving parent. When the researcher asked the participant to explain the relationship experienced with the surviving parent, the participant merely shrugged and asked, "What relationship?"

One participant felt over-protected by the surviving parent. The participant believed that if the parent (and spouse of the surviving parent) had not died, life would have been more "normal". The participant felt that the surviving parent was afraid of further loss through death, and, instead of feeling protected, the participant felt smothered. As mentioned in the literature study, adolescents are more inclined than younger children to feel over-protected and to resent this, given their drive to autonomy (Lattanzi-Licht, in Barlow-Irick, 1997).

Participants who enjoyed a good relationship with the surviving parent were sympathetic and patient towards their parent. One participant explained that his mother had started studying after his father died, and said, "I am so proud of what she is doing to make things better for us". Another participant said of the surviving parent, "She is always there... she understands our problems and we can always go to her". In cases where insufficient information surrounding the death of the parent was given, the participants felt angry towards their surviving parents. Lack of information also created situations in which the participants felt that they could not trust the surviving parent.

The availability of the surviving parent, in terms of both emotional and practical support, plays an important role in defining the parent-child relationship after the loss of the parent.

THEME 7: *Secondary implications of parental loss*

As discussed in 6.2, families undergo changes on various levels after the loss of a parent through death. The researcher is of the opinion that, the older the children were at the time of the parental death, the more significantly they experienced the secondary implications. Adolescents who had lost their parents through death seemed obliged, yet sometimes reluctant, to accept new social roles.

Perkins (2007:31) states, “Some adolescents find themselves forced into an adult role and resent having to take care of younger siblings or having more demanding domestic responsibilities”. Half of the participants in this study assumed higher levels of responsibility for completion of tasks and adapting to the loss. The researcher is of the opinion that these adolescents felt they needed to “be grown up” and help the family to cope, whereas the participants who had been younger when their parents had died were less involved in the bereavement tasks and less aware of social expectations.

The secondary implications of parental loss will be discussed briefly.

7.1 Change of income

Some of the participants were required to leave their homes and move to other towns or cities, or non-working parents had to start working owing to a loss of income. This secondary loss is stated by Smith (2005:38), who adds that the losses can be stressful for both parent and child. One participant stated that he had attended many different schools, as his mother kept moving from one town to another. This participant experienced the moving around negatively and believed that if his father had lived, they would not have moved around, as his father had owned a smallholding. Another participant stated that the deceased parent’s long-term illness had meant that they had to move in with extended family even before the death of the parent. This moving from one place to another had caused the participant to experience a loss of stability. One participant said, “My mother and stepfather are always moving around – I want to stay in this town. If my dad was alive it wouldn’t have happened, we would have stayed in one place and been very happy”.

One participant’s surviving parent had started taking them on holidays and buying more material goods than before the loss of the deceased parent, which could, according to Smith (2005:38), be a search for compensation in material goods.

None of the participants was certain about the full financial impact that the death of the parent had had on their families.

7.2 Loss of place of belonging

Closely linked to the loss of stability is the loss of a place of belonging. Even when participants did not have to move house, they lost a sense of knowing where they belonged. This place of belonging is, to a large extent, a psychological safe place, where the adolescent feels that he or she belongs to someone or to a unit of sorts. This loss of safety or of place of belonging was experienced particularly by participants who had had a strong relationship with their deceased parent, who did not have a

surviving parent, or who did not have a strong relationship with their surviving parent. One participant said that she did not know where she belonged and that she experienced a feeling of being unsettled and anxious almost all the time. This participant also showed that, despite needing a place where they belonged, people also needed sufficient space. She ensured that each model in her sand tray scene had sufficient space to move around in – even the dangerous creatures – and said, “Everyone needs their space, irrespective of what they have done or what they are like”.

7.3 Extended families and stepfamilies

Extended families played an important role in cases where it had been primarily the deceased parent who had cared for the participant. In such cases, the participants showed mixed reactions to the involvement of their extended families. Some participants were grateful towards these relatives, while others experienced distrust and resistance towards the involvement of the extended family. One participant stated that while the deceased parent had been alive, the extended family had not wanted anything to do with them; yet, now that the deceased parent had passed away, the extended family members wanted to control them and “suddenly make all the decisions without us”.

Participants had mixed reactions regarding stepparents or stepfamilies. Some participants did not have good relationships with their stepparents, while others were grateful that “someone else could help”.

7.4 Social role changes

The extent of the social role changes varied, yet all the participants’ social roles were affected by the loss of a parent through death. Social changes include practical matters, such as helping the surviving parent with the completion of less or more important household chores.

Participants with younger siblings felt a sense of protectiveness and social responsibility towards these siblings. One participant, after the death of her parent, started spending large portions of her time looking after her younger sibling, who had a chronic illness. Another started making lunch for the younger sibling and stated that this sibling was too young to have to do all the things alone. In reality, this sibling is at present older than the participant had been when they lost their parent through death and the participant had started taking over these tasks. In cases where the deceased parent was of the same gender as the participant, the participant showed the tendency to want to “take over” the social role of the deceased parent. This “taking over” of the parental role is not necessarily a result of external expectations, but could also happen because the participant feels that it is the correct thing to do. One participant, when asked how she felt about having to look after her sibling, answered, “... it is part of learning”.

One participant, whose father is deceased, is responsible for all the “traditionally male” household tasks, for example raking the leaves and emptying the rubbish. These expectations are external. This same participant, although showing resistance to the social tasks given externally, wanted to complete his further education as soon as possible so that he could start earning a good salary and offer sound financial support to his mother (internal). Social expectations are also discussed in Theme 3.1.

THEME 8: *Impact of bereavement on identity development*

One of the most important tasks requiring completion during adolescence is that of identity development (Louw, van Ede & Louw, 2005:426).

All the participants in this research were experiencing an increased questioning of self, although the degree of questioning varied. The researcher could, however, not clarify whether their identity development was impacted as a direct result of their parental loss or whether it was rather linked to the normal tasks required of adolescents.

8.1 Participants’ view of their own identity

The loss of a parent through death, and the consequent loss of a role model, affected the way in which the participants viewed themselves. One participant said that the deceased parent would not have been proud, or approved, of the participant’s present behaviour. The participant stated, “I definitely turned out differently because my (parent) is not here ... I smoke, don’t do well at school and generally don’t worry much about anything”. This view had a significantly negative impact on the participant’s current functioning, as the participant felt that this behaviour was becoming less and less acceptable to others and assumed that even the deceased parent would not have loved him/her. Although this participant expressed the need for acceptance and unconditional love, s/he was withdrawn and displayed behavioural patterns focussing largely on self-destruction. This view is supported in the literature study, as various authors acknowledge that when adolescents grieve, they experience a heightened sense of questioning their identity and the meaning of life (refer to 3.4).

8.2 The impact of the loss of a role model and source of unconditional acceptance

During this study the researcher explored the way in which the adolescents experienced their functioning without their deceased parent. The views were therefore solely those of the participants and the researcher could not measure to what extent they were idealising their relationship with the deceased parent. In the researcher’s opinion, not all parents offer unconditional love; neither are all parents sound role models. Relationships between parents and adolescents are often strained and

complicated, even when both parents are involved. It could therefore be that some of the participants were creating the “perfect parent” in their minds. These adolescents remembered primarily the positive aspects of their deceased parents and believed that the parent would have been the perfect role model, accepting them unconditionally. In reality, though, this might not have been the case.

Relevant to this study, however, is the fact that all the participants felt that their deceased parent would have offered constant guidance and support, and would have played an essential role in their task of identity development. One participant said that without the deceased parent s/he felt uncertain and unsupported, and added, “I don’t want to do athletics anymore, I don’t have my (parent) cheering and believing in me anymore”. Another participant, referring to the loss of his father, said, “I don’t really have a role model and can’t do all the ‘typically male’ things around the house”.

The loss of a loving, guiding and caring parent was felt more intensely in the cases where participants did not have a stable relationship with their surviving parent. Worden (1996:79) studied perceptual discrepancy between the surviving parent and the child to measure how accurately parents saw how their child was feeling or behaving in comparison with the child’s own report. The result was that the more accurate the perception, the more secure and validated the child felt. Winnicott (in Worden, 1996:79) adds, “... a child is less anxious when the mother perceives accurately how the child is feeling. When the mother responds appropriately, the child is soothed and the anxiety levels go down”.

Participants were inclined to attempt to fulfil the need for unconditional love and acceptance in other areas, and were particularly vulnerable to peer-group pressure. Fear of failure or of disappointing others was an important theme, as these participants seemed to need to prove themselves to others. In an extreme case, the participant felt that s/he did not belong anywhere and was not unconditionally loved and accepted. This participant has attempted suicide on various occasions and continues to exhibit self-destructive behaviour. Many factors may have affected the participant’s present functioning; yet, by his/her own account, when parental loss by death was experienced, the main source of support and fulfilment was also lost. This participant stated, “I will only have kids when I am older because I want to be able to give them what they need ... I got what I needed when my (parent) was alive, but since (s/he) died, it doesn’t happen anymore”. Another participant whose parent had died also lacked a feeling of belonging. This participant had a poor relationship with the surviving parent and was at present living with an extended family member. The participant stated, “(I) never feel welcome”, and recognised that these were internal feelings and not external or within the people around him/her. Owing to the fact that the participant did not feel as though s/he belonged

anywhere, s/he was inclined to feel inferior and uncertain in behaviour towards others and to lack the feeling of having “back-up”.

The loss of the parent was therefore significant and deeply affected the identity development of the participants, albeit on varying levels.

THEME 9: *Protection and risk factors affecting participant functioning*

The following factors have been recognised by the researcher as being either protection or risk factors for the participants, depending on the nature of these factors.

Some of the factors have been discussed previously and will be mentioned only briefly here.

9.1 Relationships and support systems

Participants who continue to have access to loving relationships are more inclined to feel accepted and loved. One participant stated that she longed for her deceased parent, cried for her deceased parent and knew that no-one could replace this parent; yet she was ever grateful for her wonderful surviving parent and sensitive stepparent. Alternatively, participants who withdrew from potentially loving relationships or did not have access to unconditional love or constant support were inclined to be uncertain and lack hope for the future. One participant said, “... it is difficult for me to trust people- I can’t really trust anyone” and later added, “I feel tired, tired and hopeless”.

9.2 Being offered the opportunity to grieve

The process of bereavement is essentially personal and occurs on formal and informal levels. Children should be able, and encouraged, to grieve (Fox, in Stevenson, 2005:195). One of the participants stated that he felt he had grieved sufficiently. The remaining nine participants stated that during the research they had, for the first time, been offered the opportunity to tell their full story.

Being offered the opportunity to tell your story, whether on a formal or an informal level, forms an essential part of overcoming trauma. Geldard and Geldard (2005:48) state that, through telling their story, children have the opportunity to clarify and gain a cognitive understanding of events as well as to ventilate painful feelings and gain mastery of anxieties and other emotional disturbances. The researcher is therefore of the opinion that when participants have not been given sufficient opportunity to deal with their loss, it can be considered a risk factor.

9.3 Spiritual and religious beliefs

In the cases where the participants stated that they were spiritual, they did not feel disconnected from their deceased parent. Their pain was linked to a longing for the parent, but they did not feel separated from the parent. One participant stated, “My mother is with me in spirit – she knows what is happening to me and is always with me”, while another participant stated that her mother “...still watches everything that I do”. Participants seemed comforted by their own and their deceased parent's religious beliefs. One participant said, “I am a Christian and believe that my mother’s soul has gone to heaven” and another participant stated, “I will not commit suicide, because my mom is in heaven and I won’t go to heaven if I commit suicide”.

Participants with strong spiritual and religious belief systems displayed a sense of peace and stated that they believed they would meet their parents again. The attitude of these participants relates to the dual-process model of loss as discussed in 2.6.3.5.

9.4 Behaviour of participant

Risk-taking behaviour of the participants includes self-harming, social withdrawal, suicide attempts, and excessive anxiety and fears. These behaviours are referred to in chapter 2 (2.7.1 and 2.7.3). Additionally, it is stated in 3.5.1 that bereaved adolescents may indulge in risk-taking behaviour because they may feel that life has become “cheap”, or as a way of taking some control.

Many participants were attempting to live up to that which they interpreted as being their deceased parent’s wishes. One participant played a specific type of sport because his father had been a good sportsman. Playing this sport helped him to feel closer to his father. He stated, “... I want to do the things that my dad did; playing" (this sport) "helps me to remember my dad”. Another participant felt excessively guilty when she quarrelled with her sibling, as her deceased mother used to tell them to appreciate each other and not to argue.

Protective factors relating to behaviour include accepting help from friends, peers and family members, talking about their loss and allowing themselves the chance both to grieve and to move on.

THEME 10: *Physical effects*

Various physical effects were noted in the participants. Although physical signs are not necessarily linked exclusively to parental loss through death, it is stated in chapter 2 (2.6.1) that unresolved grief can result in personal, interpersonal or social problems in the future.

The researcher noticed the following physical signs linked to the participants:

- **Symptoms of clinical depression**

These symptoms include lack of self-esteem and interest, and feelings of hopelessness. In the extreme cases, suicidal thoughts and self-destructive behaviour were present. In one case, when the researcher asked a participant whether s/he had considered committing suicide, the participant answered that s/he had not only considered it, but had attempted it, and added, "...sometimes it just doesn't feel as though anything is worthwhile anymore". Another participant stated, "I wish I could just die, I don't feel comfortable, I am sad and tired and I don't want to be here anymore". Self-destructive behaviour or a desire to die is recognised in 2.7.3 as one of the specific reactions to grief that adolescents might display. These symptoms of depression are noted in addition to the normal symptoms linked to the bereavement process.

- **Tired and listless**

The researcher noted that many of the participants complained of being tired. One participant stated that she battled to concentrate at school because she felt tired all the time. Another participant stated, "... I don't sleep well and then when I do fall asleep, I have nightmares". This could be linked to many factors, including the phase of adolescence, the "end of the year syndrome", dealing with difficult emotions or even a basic lack of sleep. In point 2.7.1, sleep disturbances and poor concentration have been identified as typical childhood reactions to grief.

4.6 SUMMARY

Losing a parent through death has an undeniable, and complex, effect on the lives of children. During this study the researcher has attempted to understand the impact that parental loss has on a child during the adolescent phase, irrespective of when the parent died. Equally complex is the adolescent phase, and the researcher has considered that many variables, as well as this unique life phase, have an effect on the lives of the participants. In this chapter, the participants' adolescent experience of losing a parent through death has been discussed, and reference has been made to the literature study in this field.

The empirical study was conducted during school hours with 10 adolescents between the ages of 14 and 17 years. The bereavement period ranged from three months to 13 years.

The adolescents who took part in the study experienced a wide range of emotions, which included emotions recognised as forming part of the bereavement process. Although the intensity and duration of the emotions differed, the emotions identified are sadness, anger, fear, loneliness, confusion, guilt, jealousy, denial and a sense of responsibility.

The basic needs of the bereaved adolescents that were identified during the study are the need for advice and guidance, the need for control, the need for companionship and unconditional love, the need for fun and happiness, and the need to move on.

Support systems identified for the adolescents are the surviving parents and siblings, other adults, peers, professionals, and schools and educators. Of these, peer support plays a particularly important role.

The age of the child at the time of the parental loss has an impact on the adolescent's memory of the relationship with the deceased parent, which, in turn, plays a role in the adolescent's focus on the past, present and future. The participants experienced their parental loss as a loss of that which they had anticipated for the future.

The dynamics of the parent-child relationship with both the deceased and the surviving parent have a significant impact on the adolescent's present functioning and on the process of bereavement. Secondary implications that result from parental loss through death include a change in income, the loss of place of belonging, having to adapt to extended families and stepfamilies, and changes in social roles. In the case of the research participants, the loss of a role model also had an effect on their identity development.

Factors that can be considered as either offering protection or posing a risk in terms of the participants' functioning include their relationships with others, being offered the opportunity to grieve, their spiritual beliefs, and their behaviour in general terms. A high percentage of the participants showed physical signs of depression and a general listlessness.

In chapter 5 the researcher offers summarised conclusions reached from the research project. Recommendations based on the findings are given, so as to offer the opportunity to incorporate the information gained into approaches that suggest practical solutions.

CHAPTER 5

SUMMARISED CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

“A man’s dying is more his survivor’s affair than his own.”

Thomas Mann, German Novelist and Essayist, 1875-1955 (Think Exist, 2008).

This research focuses on how adolescents deal with parental loss through death. As the quote from Thomas Mann reflects, dealing with death is a complex and dynamic process for the “survivors”, who, in this case, are children. In this study, attention was given to how adolescents deal with parental loss, irrespective of their age at the time of parental loss through death.

The adolescent stage, at its best, is an exciting and interesting time of finding out who you are and where you fit in; yet, at its worst, it has the potential to be confusing and unsettling. The researcher attempted to understand how adolescents experience both the challenges of everyday expectations in our society and surviving the ordeal of adapting to parental loss through death. This research provides insight into the world of adolescents, at the high school at which the researcher works, who have experienced parental loss through death.

This chapter makes summarised conclusions of the findings of the research. Recommendations, based on the findings in this study, are also given.

5.2 EVALUATION OF THE GOAL AND OBJECTIVES

In the following paragraphs, the researcher will discuss how the research goals and objectives have been achieved in this study.

5.2.1 Goal of the study

The goal of the research – namely, to explore the experiences of adolescents who are dealing with parental loss through death – was achieved as follows: a knowledge base, which served as a conceptual framework, was established by means of completing an in-depth literature study and by consultation with professionals. The researcher used this knowledge base to consider a framework for

possible areas to explore during research. The literature study included the use of play techniques and the researcher incorporated these techniques into the study, so as to facilitate the process of acquiring information. Through the utilisation of the framework for areas to explore and the implementation of play techniques, as based on both literature studies and the researcher's experience in working with adolescents, the researcher was able to gain, from those who participated in the research, in-depth information regarding the experiences of adolescents who are dealing with parental loss through death. The data received by the researcher was processed and is discussed in chapter four.

The goal of exploring the experiences of adolescents who are dealing with parental loss through death was therefore achieved in this study.

5.2.2 The objectives of the study

Next, the objectives of the study and the evaluation thereof will be discussed.

5.2.2.1 Building a theoretical frame of reference

The first objective is to build a theoretical frame of reference regarding the –

- ❑ adolescent phase;
- ❑ adolescent and bereavement;
- ❑ developmental needs of adolescents;
- ❑ strengths of and risks for adolescents dealing with parental loss;
- ❑ grieving process; and
- ❑ influence of factors such as age, culture, risk-taking behaviour, self-destructive behaviour, bereavement processes and the accessibility and availability of support structures.

The researcher completed a thorough literature study in chapters two and three of this report. Chapter two focuses primarily on adolescent bereavement and the adaptation to loss. Chapter three discusses the adolescent phase, including the developmental needs of adolescents. In both chapters, reference is made to risk and protection factors pertaining to adolescents and bereavement. The literature study includes various factors and influences linked to the bereavement process and discusses the potential and actual support structures available to bereaved adolescents. The findings in the empirical study are compared and verified with the findings in the literature study.

The objective of building a theoretical frame of reference for this study was therefore achieved.

5.2.2.2 Conducting an empirical study of the experiences of adolescents who are dealing with parental loss through death

The researcher interviewed 10 adolescents who met the research criteria. During the interviews, play techniques as well as interviewing and observation skills were applied to assist the researcher in gaining in-depth data regarding adolescents' experience of parental loss through death. The data received by the researcher was processed and the findings are discussed in chapter four.

The objective of completing an empirical study of the experiences of adolescents who are dealing with parental loss through death was therefore reached.

5.2.2.3 Providing conclusions and recommendations

The final objective of the study is to provide conclusions and recommendations to social workers and educators for consideration during intervention in such cases. The researcher required certain information so as to be able to make conclusions and recommendations regarding this research. To start with, the researcher needed to investigate existing literature and then generate information based on her empirical study. These findings were then compared and discussed, which allowed for a better understanding of adolescent experience of parental loss through death. The assimilation of these findings assisted the researcher in providing conclusions in chapter four.

The researcher then considered the combined information received in the literature and empirical study and in the environment in which the researcher functions as a social worker. The increased understanding of the phenomena studied, combined with a sound understanding of the support structures available in the environment in which the researcher works, assisted the researcher in offering recommendations to support structures within the field of social work and education.

The objective of providing conclusions and recommendations to social workers and educators, based on the findings of this study, was therefore reached.

5.3 THE RESEARCH QUESTION

The research question for this study was, "What are the experiences of adolescents dealing with parental loss through death?"

The researcher first completed a literature study on adolescents, adolescent bereavement and parental loss. Adolescents who met the criteria for the research were identified and interviewed. The

researcher used various interviewing skills and techniques to study, in detail, the adolescents' experience of parental loss through death. These findings were compiled and provided in chapter four. The researcher was therefore able to answer the research question of this study.

5.4 SUMMARISED CONCLUSIONS

The chapters of this research report will now be discussed briefly, so as to offer summarised conclusions.

5.4.1 Chapter 1: General orientation to the research methodology

Parental loss through death is becoming an overwhelmingly large problem in our society. The role players for assisting children who are affected by this loss need to be adequately equipped for their task. Adolescents, a vulnerable group in our society, have specific needs, and tasks to achieve, during this developmental phase. Research has shown that the grief patterns of children dealing with parental loss are both physical and emotional. It is therefore important to assist adolescents in their grief and bereavement process. It should also be considered that, for the assistance being offered by the various role players to be effective, specific insight into the adolescent phase is essential.

An important area for addressing the needs of adolescents dealing with parental loss through death is at school level. Schools are accessible and form a neutral base for adolescents. Specialised services for addressing bereaved adolescents within existing structures can therefore be implemented. Literature studies show that, in South Africa to date, interventions to address the emotional needs of the larger percentage of adolescents who are dealing with parental loss through death have not been sufficient. In order to design and implement effective and efficient interventions, it is therefore essential that we obtain more information about how to help adolescents who are dealing with parental loss through death.

The researcher chose to follow the qualitative approach to studying adolescents' experience of parental loss through death, as this approach made it possible to gather rich, contextual data. Various techniques and interviewing skills were utilised so as to gather data that focussed on the unique experience of parental loss of each participant. The researcher used the information received from the participants to generate themes and subthemes, which are discussed in chapter four. The information obtained through this approach allowed for a deeper understanding of the adolescent's experience of parental loss through death.

5.4.2 Chapter 2: Adolescent bereavement and parental loss

This chapter focuses on the important processes of grief, mourning and bereavement. Although children, and specifically adolescents, do grieve, the way in which they grieve differs from that of adults. These differences need to be recognised and incorporated into interventions focusing on adolescent bereavement. Adolescents understand the concept of death, but, because of inconsistencies in their development, they are not equipped to deal with this kind of loss on all developmental levels. Bereaved adolescents' reaction to loss affects many areas of their functioning and includes changes in their behaviour, health, performance at school, and cognitive functioning. Emotional responses to parental loss are complex and significantly affect functioning. The bereaved adolescent is therefore potentially exposed to many areas of risk. The secondary losses associated with parental loss are also important and can prove to form either protection or risk factors, depending on the manner in which these losses are addressed.

Complex emotions are experienced and various behavioural changes are required from adolescents in their adaptation to parental loss. Certain emotions and behavioural patterns can therefore be considered normal to the grief process, whereas various other reactions could require assessment and multi-professional treatment. Specific needs for bereaved adolescents are identified, and the adequate addressing of these needs assists in ensuring sound social functioning. Support systems, including professionals, other adults, schools and peers, form an important part of adolescents' adaptation to their loss.

5.4.3 Chapter 3: Adolescence and the use of play techniques for dealing with grief

The adolescent phase is characterised by inconsistencies on various levels of development. On a cognitive level, adolescents are inclined to be egocentric and start experimenting with risk-taking behaviour. Adolescents reach the highest level of reasoning, that of formal-operational thought, which allows them to think abstractly. This newly-acquired cognitive ability leads to the completion of another important adolescent psychosocial task – the development of a self-concept and identity. On a physical level, many changes take place, including the attainment of a mature size and body shape, hormonal changes, and sexual maturation.

The grief process affects the adolescent's development and, consequently, the required developmental tasks. The process of bereavement therefore intensifies the already complex phase of adolescence – possibly even more so when the loss is that of a parent. Risk and protection factors for the bereaved

adolescent are affected by three variables, namely the personality, the environment, and the behaviour of the adolescent.

Considering the complexity of the adolescent phase, it is understandable that working with adolescents requires a unique process. Even though adolescents are “becoming adults”, they cannot be approached in the same manner as adults. The use of play techniques offers a non-threatening method of working with adolescents and allows for the sharing of feelings and ideas. The researcher therefore decided to implement play techniques during the research interviews. The concepts of play therapy are discussed for an increased understanding of the utilisation of play techniques. The use of projection in the application of the play techniques is discussed as it is utilised in the research. Play techniques are applied primarily to address the goal of the research, which is that of collecting information about the adolescent’s experience of parental loss through death. The use of these techniques assists in building relationships, which forms an essential part of working with adolescents. Creative and imaginative play techniques were selected for the research. These techniques facilitate sensory contact-making and an increase in emotional awareness – and, consequently, in emotional expression. These processes therefore allow for access to the minds of adolescents and form an essential part of increased understanding of the world in which they function. The selection and implementation of these techniques was effective for the data collection purposes of this research.

5.4.4 Chapter 4: Results of the empirical study

The empirical study was conducted according to the steps proposed in chapter one. Insight into the participants’ experience of parental loss through death was developed and in-depth information regarding their functioning was gained. The insight into the experiences of adolescents dealing with parental loss through death that the researcher gained through the empirical study is discussed briefly. It can be concluded that adolescents mourning the loss of a parent are experiencing the following 10 phenomena:

- **Heightened emotions typically associated with the process of bereavement**

The participants experienced emotions typically linked to the process of bereavement, which included guilt, denial and fear and intense feelings of sadness and anger. This increase in emotions created feelings of uncertainty and a lack of self-confidence. The adolescents were inclined to feel isolated and to withdraw from support systems. This withdrawal compounded feelings of loneliness and confusion. They showed an intense need for companionship, unconditional acceptance and love, which was perceived as being an important loss when a parent had died. Linked to loneliness is the

emotion of jealousy, which was experienced by a number of participants. These adolescents felt jealous of peers who still had parents, an emotional reaction similar to that found in divorce. In contrast to being jealous of peers with parents, they also felt responsible for reminding peers to be grateful that they had parents. Participants with younger siblings felt responsible for the care of these siblings.

- **Specific needs**

These needs correlated with the needs of bereaved children as found in the literature study. They experienced the need for guidance and advice, as well as the need for control. Although these needs seem to be contradictory, they reflect the fine balance required when dealing with adolescents, as they fluctuate between feeling vulnerable and feeling independent. Despite adolescents' often seemingly aloof manner, the participants all showed the need for parental acceptance and support. The adolescents had a definite need for fun and happiness. This is understandable within the context of the adolescent phase, which is characterised as a time of experimenting and exploring. Additionally, these adolescents had to adapt to the loss of a parent in a society that not only is uncertain of how to approach them, but also generally avoids dealing with death on both functional and emotional levels. The result is that bereaved adolescents do not receive the specific attention that they need. Moreover, in most cases, they do not have the opportunity to learn appropriate responses to grief by seeing these in the society around them, because that society avoids dealing with death. They therefore do not learn that moving on is a part of healthy grieving, and feel that they have to be sad to remember their loss. This has a negative effect, as they want to move on but are afraid that, if they did, it could imply that they were forgetting, or were perceived as forgetting, the deceased parent.

- **Varying levels of involvement from support systems**

Support, especially on an emotional level, that adolescents received from surviving parents depended largely on their relationship with this parent before the loss of the deceased parent. There were contradictory responses, both positive and negative, to the involvement of stepparents. Siblings offered practical support to one another. Other adults involved offered practical support, which was experienced positively; yet, on the negative side, certain adults were perceived as being unable to listen or to respond appropriately. Peers formed an important support system for most of the adolescents and they were more inclined to speak to their peers than to other adults about the loss of their parent. Professional involvement was not sufficient, and bereaved adolescents did not receive sufficient support from this group. School involvement was generally perceived positively, especially in terms of the school's recognising their loss. Educators were seen as meaning well although they were inclined to be task-focussed and did not allow adolescents sufficient opportunity to grieve.

- **A need for therapeutic addressing of the bereavement process**

The adolescents responded well to the research process and to the use of play techniques, and therapeutic input is therefore considered essential. The adolescents who took part in the research had not been given the opportunity to tell their stories or express their emotions without perceiving that adults were prescribing “fixes” or judging feelings. The result was that the bereaved adolescents relied on support from their peers. Some adolescents felt that the peers showed support as required, while others felt their friends did not offer adequate support, which led to increased feelings of isolation. The participants stated that they would be willing to take part in therapeutic interventions offered at school level.

From the information gathered during the research it was clear that it was essential for bereaved adolescents to deal with bereavement tasks effectively. Of particular importance is that they should be included in rituals and should be given adequate information regarding the death of the parent.

- **Varying attitudes when considering their past, present and future**

The adolescents’ ability to recall the nature of their relationship with the deceased parent was affected by their age at the time of parental death. The older the child at the time of parental loss through death, the greater the memory recall – and this affected the child's thoughts of the past. A high percentage of the participants felt that their present functioning was affected by the parental death and the subsequent painful process of bereavement, and longed for “the way it used to be”. Their focus on the future was both positive and negative. The future offered hope, yet it would also bring them unknown challenges and insecurities with which they would have to deal without the support of the deceased parent.

- **Specific implications linked to their parental relationships**

Parental loss was experienced more intensely by older participants, who had an increased memory recall, and by those who had enjoyed positive relationships with their deceased parents than by participants who were younger when their parents died or whose relationship with the parents was not so positive. The gender of the deceased parent impacted the manner in which the loss was experienced. The loss of a father was linked to changes in finances and the loss of feelings of protection and guidance, while the loss of a mother was linked to everyday living, on a practical level, and included the loss of the constant support of guidance and unconditional love, on an emotional level.

The relationship with the surviving parent, in cases where this parent was available, changed primarily on functional levels. On an emotional level, this relationship seemed to remain essentially the same as it was before the death of the other parent.

▪ **A combination of secondary implications linked to parental loss**

Secondary implications included a change in income, which mostly implied that adolescents had to cope with moving to another house and, often, to another school. Besides physical losses and changes, adolescents experienced the loss of a place where they felt that they belonged. The involvement of extended families was heightened and was affected by the nature of the relationship and involvement before the parent had died. Certain adolescents' surviving parents had remarried and they had to deal with stepparents. The response to stepparents was both positive and negative, depending on their relationships with the stepparent. Although the extent of the changes varied, social role changes took place in the lives of the bereaved adolescents and included an increase in practical chores and assisting with tasks relating to younger siblings.

▪ **An impact on the development of their identity**

An essential adolescent task is that of identity development. The adolescents in the research showed an increase in the questioning of their identity. The impact of dealing with the loss of a parent through death affected the bereaved adolescents' self-concept. They believed that, through the death of their parent, they had lost a positive role model and source of unconditional love, which impacted on that which they were and that which they were becoming. The perceived negative impact of parental loss on the adolescents' identity development was increased when the relationship between the child and the surviving parent was not stable.

The participants showed an inclination to fulfil their need for acceptance and unconditional love in other areas and seemed to be particularly vulnerable to peer-group pressure. They showed a need for a specific place of belonging, where their needs could be recognised and addressed. The apparent lack of acceptance and feeling of belonging influenced the adolescents' view of themselves.

▪ **Various protection and risk factors that affect their functioning**

Participants with access to loving and involved support systems were more inclined to feel accepted, whereas a lack of support, irrespective of the reason, left participants feeling uncertain and lacking in hope for their future.

This research confirms that adolescents need to be offered the opportunity to grieve. Participants felt that they had not been offered adequate opportunities to tell their stories or to deal with the loss of their parents. The participants experienced relief after being offered the chance to talk about their parental loss and the implications of that loss.

Adolescents with strong religious and spiritual belief systems experienced a sense of being connected to their deceased parents.

The behaviour of adolescents is affective by the grief process. Bereaved adolescents are inclined to take part in risk-taking behaviour. Behavioural choices are often based on what the adolescents feel the deceased parent “would expect of them”.

▪ **Specific physical effects**

The bereaved adolescents in the study exhibited symptoms closely associated with symptoms of clinical depression, including lowered self-esteem, general loss of interest, and feelings of hopelessness. Suicidal thoughts and self-destructive behaviour were identified in extreme cases. The bereaved adolescents were noticeably tired, although this could have been linked to the “end of the year syndrome” or exam time.

The loss of a parent through death, irrespective of the age of the child at the time of the death of the parent, therefore affects the functioning of that child during the adolescent phase. Adolescents are struggling to fulfil the basic tasks required in this phase and the additional stress of adapting to parental loss requires external attention. The participants experienced relief during the research, as they were offered the opportunity to tell their story during the process of collecting data. The assumption can therefore be made that the implementation of therapeutic interventions for bereaved adolescents would be advantageous for this group of individuals.

5.5 RECOMMENDATIONS

According to Couldrick (2005:107), bereaved children are, in a sense, captives of their circumstances. She adds that care professions involved with bereaved children and their families often feel ill equipped to work through this loss and says “If they allow this” (the feeling of being ill equipped) “to render them helpless, they abandon bereaved children to their captivity...”. It is therefore deemed of utmost importance that essential support structures and care professionals should be adequately equipped to carry out their tasks, and fulfil their role, in respect of children who are dealing with

parental loss through death. The following paragraphs will focus on recommendations, based on the findings of this study, for structures and care professionals involved with bereaved children.

5.5.1 Recommendations for the government

According to the Constitutional Court of South Africa (Constitutional Court of South Africa, Virtual Law Library, 2008), children “need special protection because they are among the most vulnerable members of society. They are dependant on others – their parents and families, or the state when these fail – for care and protection”. Children have various rights in terms of section 28 of the Bill of Rights contained in the Constitution of the Republic of South Africa, 1996, which include their right to family care or parental care, or to alternative care when they are removed from the family environment. Also relevant to this discussion, and very important, is subsection (2) of section 28, which provides that the child’s best interests are of paramount importance in every matter concerning the child (Constitutional Court of South Africa, Virtual Law Library, 2008).

Taking this approach into consideration, it is clear that the government has a role to play in addressing the needs of bereaved adolescents. The following suggestions are made:

- *Community profiles and in-depth studies:* The government should implement community profiles and in-depth studies to measure the extent of parental loss and the impact thereof on children in their various developmental stages within the South African context.
- *Identifying responsible structures and role players:* The government needs to identify structures that are responsible for assisting bereaved adolescents. A natural choice would be to encourage the Department of Health and Welfare to become involved. Social workers in this Department, although adequately skilled to address the needs of bereaved adolescents, lack the important resources of time and energy. These social workers could be contracted to deliver specific services, but the researcher believes that the final onus for service delivery should rest on the Department of Education. The reason for this is that all adolescents have access to schools. It is the government’s responsibility to care for and protect this dependant and vulnerable group and to provide support, free of charge, in the absence of parental care. Bereavement programmes offered at school level will ensure that all bereaved adolescents who have access to education will have access to an effective, cost-free support structure to assist them in dealing with parental loss. Another important advantage of service delivery at school level is that professionals who offer bereavement programmes at schools will have direct access to parentally bereaved children within an organised, available structure.

- *Allocating primary responsibility:* The Department of Education should be recognised and made primarily responsible for addressing the emotional needs of children who are dealing with parental loss through death. Although various resources within government departments can be utilised, responsibility for assisting this vulnerable group needs to be allocated to a specific department, so as to ensure active handling and management of this situation.
- *Strategic design:* The government should ensure that the Department of Education designs, and implements in its system, a strategy for recognising and addressing the needs of children who are dealing with parental loss through death.
- *Intervention programmes:* Therapeutic bereavement programmes for specifically addressing the emotional needs of adolescents who are dealing with parental loss through death should be seen as a basic requirement and should form part of the strategy as mentioned in the previous point.
- *Funding:* The government should ensure that the necessary funds are made available to the Department of Education for relevant research, programme design and implementation.
- *Training:* The government should make recommendations to universities that train mental health professionals. Suggestions should be made regarding the training and equipping of mental health students to encourage further studying, designing, assessing and implementing of bereavement interventions.

5.5.2 Recommendations for the Department of Education

The Department of Education has an essential role to play in assisting children who are dealing with parental loss through death. The following suggestions are made:

- *The advantages of service delivery at school level:* The Department of Education needs to recognise and utilise the advantages of service delivery for bereaved adolescents at school level. Schools should be made aware of the positive impact that intervention programmes have on the emotional and behavioural lives of bereaved adolescents. Insight into the need for bereavement interventions will increase support for this programme, as educators will recognise that it assists them in their educational process. If the Department of Education does not facilitate an understanding regarding the need for bereavement interventions, the programme could be shelved as “yet another project” and possibly not receive adequate attention.
- *Policy and procedures:* It is the responsibility of this Department to design and implement a standardised policy and procedures that would make it possible for learners who are dealing with parental loss through death to receive assistance within the school system. This policy

should incorporate the necessity for parentally bereaved learners to be given access to therapeutic interventions and it should confirm that all schools should offer such interventions.

- *Intervention programmes:* The Department should research and design therapeutic intervention programmes and should make them available to all schools in South Africa. It is important to add that recognising and training facilitators for the implementation of the bereavement programmes is essential and should be seen as the responsibility of this Department.
- *Funding:* Funds, as made available by the government, should be efficiently allocated and utilised in the process of programme design, training and implementation. The programme should be based on sound social work principles and its effectiveness should be tested at an empirical level. Efficient financial budgeting, to ensure a high quality of facilitator training, will ensure that the programme is implemented in the intended manner.
- *Forming a task group:* The Department should consider identifying and combining professionals in the fields of mental care and education to form a task group for the successful researching, development and implementation of policies, procedures and interventions for parentally bereaved learners. This task group should be held responsible for the recruiting and training of facilitators or “trainers”. Facilitators will be taught how to equip professionals to present the bereavement programme to learners at school level.
- *Creative methods for overcoming problem of limited resources:* The Department needs to recognise that many schools do not have social workers or counsellors available to implement the bereavement intervention. Therefore, the Department should, in conjunction with the schools, recognise alternative sources available and consider creative methods for overcoming limited resources. The outsourcing of specific functions is becoming a popular choice in privately funded enterprises. The Department should consider the contracting of professional services, with the specific goal of implementing bereavement interventions at school level, as a viable option. The funding of these contracted services should be seen primarily as the responsibility of the Department of Education.

5.5.3 Recommendations for schools

Suggestions and recommendations for the school system are as follows:

- *Implementing policies, procedures and programmes:* Schools need to support and implement the Department of Education’s policies, procedures and strategies for dealing with learners who are dealing with parental loss through death. They should also customise the finer details of the basic policies and procedures to ensure that they are applicable to the culture of each specific school.

- *Involvement of school and governing body:* School principals and governing bodies should be open to investigate creative means for addressing and successfully implementing bereavement interventions in their schools. These school leaders have knowledge and understanding of both the resources available within the community and the learners at their schools. Competent professionals within their communities need to be identified, approached and trained to offer interventions at schools that do not have mental health professionals available.
- *Register of vulnerable children:* Schools should manage and continually update systems that provide them with information for the identification and addressing of vulnerable learners and their needs.
- *Educator training:* Educators deal with learners on a daily basis, and they are often the first to notice changes in learners' attitude and behaviour. Educators should therefore be sensitised and trained to enable them to recognise vulnerable learners and identify possible risk factors. Educators need to be informed about the relevant referral and support systems that are available within the school structures, and about their role in the referral process.
- *Incorporating multi-professional input into the school curriculum:* Information regarding the bereavement process is dealt with, on a general level, in the Life Orientation curriculum. The researcher suggests that this topic should receive specialised attention and that educators should consider inviting social workers, religious instructors and other relevant professionals to assist in sharing in-depth information with the learners.
- *Supporting intervention programmes:* Schools should support the implementation of therapeutic bereavement intervention programmes and need to be flexible and to offer the mental health professionals access to learners who are dealing with parental loss through death. Practical aspects relating to the when and where of the programme intervention should be addressed by the school.
- *Peer training:* When necessary, support structures at schools should offer peer training for the peers of bereaved adolescents.

5.5.4 Recommendations for social workers and other professional support structures

- *Training and research:* Universities should offer bereavement training to students and social workers in the field. The phenomenon of children losing parents through death in the South African context needs to be addressed on many levels, and the social level is relevant to a variety of mental health professionals. Social workers have an important role to play in assisting bereaved children and addressing their emotional needs, in both the public and the private sector. The researcher is of the opinion that social workers therefore need to be adequately equipped for their role in this field. Universities that offer training to social

workers should include in their programmes specialised bereavement counselling that addresses the needs of both adults and children. In addition, universities play an important role with regard to researching, designing and assessing bereavement programmes.

- *Design, assessment and implementation of therapeutic intervention programmes:* The design, assessment and implementation of bereavement interventions should be considered the responsibility of not only social workers, but also other mental health care professionals such as psychologists, religious leaders and educators.
- *Raising awareness:* Social workers are generally considered to be multi-skilled and often act as mediators and facilitators of community processes. They should recognise that they have an active role to play in assisting bereaved adolescents. Their role starts with the provision of information, at macro and at micro level, regarding the impact of parental loss on children. A basic social work principle can be applied – that is, that, once information on relevant levels is increased, changes in attitude and behaviour can be facilitated. Furthermore, social workers can assist the Department of Education and schools in ensuring the successful implementation of bereavement interventions.
- *Flexible and creative service delivery:* Social workers need to become proactive and flexible in their approach to service delivery. Formalised structures for social work service delivery are on the decline, and the concept of service contracts is becoming more popular. Service delivery has therefore become flexible and often includes social workers delivering services in a variety of sectors. In terms of this report, social workers can make themselves available, on an ad hoc basis, for the training of trainers and for implementing bereavement programmes at schools.
- *Schools and independent implementation of support programmes:* As mentioned in the recommendations for schools, it is essential that schools support and implement policies and procedures related to assisting bereaved young people. In the absence of departmental funding and resources for the implementation of support programmes, schools and their governing bodies will need to acknowledge their role in providing learners with access to these forms of support. In the community in which the researcher works, school governing bodies both finance and support social work service delivery for learners at the relevant schools, in conjunction with an organisation that is supported on a financial and practical level by the community at large.
- *Community-based youth organisations:* Various sectors within communities have a role to play in assisting their youth. Community-based and -funded organisations should be established to address the needs within their community, which must include offering bereavement interventions to young people who are dealing with parental loss through death.

These organisations should offer effective, professional services and should establish links between the needs of the community and the available resources. As previously mentioned, the multi-skilled nature of social workers suggests that they should be involved in establishing and maintaining these community-based projects. The focus remains on exploring creative and flexible methods of achieving the ultimate goal of effective service delivery to the youth in communities.

- *Combining strengths – schools and communities:* School systems and community-based projects should explore and implement possibilities of formalised structures for working together. Organisations can offer the necessary skills and resources, whereas schools can provide access to learners. The potential success of effective service delivery is largely increased when schools and community-based youth organisations combine their strengths. Access to funds is facilitated, practical problems relating to service delivery are overcome, and learners are granted access to relevant support structures. The joint goal of supporting the youth holistically can therefore be achieved. The researcher is involved in a youth organisation that is funded by both the governing bodies of the participating schools and the larger community. A distinct advantage of this organisation is that ownership of service delivery is shared by several bodies.
- *Programmes for relevant role players:* Community-based organisations should offer awareness and support programmes for various role players that are involved in assisting children who are dealing with parental loss through death, irrespective of whether the involvement is formal or informal. These programmes could be offered to surviving parents, concerned adults, educators and even the peers of bereaved children.

These recommendations are both practical and obtainable. In the researcher's opinion, it is essential that this social problem be addressed at all levels of our society. Although recommendations have been made for support from the South African Government and the Department of Education, the researcher wants to urge schools and communities to be proactive and creative in dealing with bereaved children.

5.6 RECOMMENDATIONS FOR FURTHER RESEARCH

The findings of this research have created an awareness of an important and relevant social problem. It is recommended that in-depth studies, of areas relevant to this phenomenon, should be implemented at doctorate level. The following recommendations are made regarding further studies in this area:

- ***Statistical information regarding children who are dealing with parental loss through death in South Africa.*** The implementation of a quantitative study to gather information regarding a combination of variables concerning vulnerable children, especially those who are dealing with parental loss through death, in the South African society is essential. Variables to be measured should include the number of vulnerable children and their age, gender and needs, as well as practical and emotional implications related to their loss.
- ***Designing a bereavement intervention programme that addresses the needs of children who are dealing with parental loss through death.*** In-depth studies relating to the needs of bereaved children and the implications of their loss are essential for the process of designing effective interventions. Programme requirements to be researched and explored include the need for the programme to be culture friendly, accessible, practical and cost-effective.
- ***Therapeutic programmes specifically suited to adolescents.*** Further research regarding therapeutic programmes designed specifically for adolescents is essential. The use of play techniques in programmes with adolescents needs to be explored. The advantages and disadvantages of individual versus group interventions need to be studied.
- ***Assessing therapeutic intervention programmes.*** An empirical study for assessing the effectiveness of therapeutic intervention programmes for adolescents who are dealing with parental loss through death is recommended.
- ***The design and assessment of a training module for educators.*** Educator training should assist educators in appropriately addressing, within the school system, the needs of children who are dealing with parental loss through death. Identifying risk factors in bereaved learners and recognising and following relevant referral procedures should be incorporated into educator training modules.
- ***A strategy for addressing the needs of children who are dealing with parental loss through death.*** An effective strategic design for addressing the needs of children who are dealing with parental loss through death needs to be researched and developed for purposes of implementation at macro and at micro level in the South African context. The design should include the identification of role players, considerations regarding the possibilities of combining the private and public sectors, and the clarification of strategies to be followed.

Policies and procedures need to be researched and streamlined to ensure the delivery of an effective service to children who are dealing with parental loss through death.

5.7 FINAL CONCLUSION

Adolescents can be perceived as being resistant, moody and temperamental – all of which they can be. They can, however, also be sensitive, approachable and sensible – all of which they have proven to be during this research project. Working with adolescents who are dealing with parental loss through death has been an exceptionally rewarding experience for the researcher. It is clear that these children, who are in the process of becoming adults, have been deeply affected by the loss of their parents and require specialised assessment and appropriate interventions to address their bereavement needs.

The number of children in South African communities who are dealing with parental loss through death is on the increase. The importance of addressing the basic and practical needs of these vulnerable children is receiving attention, but, in the researcher's opinion, their emotional needs are not being addressed adequately. Unresolved grief can have many negative implications and can seriously affect the normal functioning of these adolescents. Interventions that offer specific insight and support can make a difference in their emotional and behavioural worlds. The adolescents involved in this research were responsive and open to the idea of assistance from adults, and reacted positively to interest shown in their lives. Bereavement interventions can – and should – be effectively and successfully implemented in schools, thus utilising existing structures that are available to the majority of bereaved adolescents in South Africa.

This research project does not answer questions about how to assist adolescents who are dealing with parental loss through death, or about who should offer such assistance. The researcher can merely make suggestions as to possible interventions and as to who can implement them. The research findings do not confirm why, in economical terms, it is either necessary or viable to become involved with this vulnerable group. The research findings do, however, confirm that adolescents who are dealing with parental loss through death are severely affected by their loss. Furthermore, these findings show that bereaved adolescents have to deal with the complex process of grief, in addition to the already complicated demands of the adolescent phase. It can therefore be stated, in conclusion, that the offering of specialised support and intensive therapeutic interventions to adolescents who are dealing with parental loss through death should not be considered a luxury, but should be recognised for the necessity that it is.

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Appendix A



University of Pretoria
Pretoria 0002 Republic of South Africa <http://www.up.ac.za>

Department of Social Work and Criminology
Faculty of Humanities
Tel. +27 12 420-2325
Fax. +27 12 420-2093/420-5256

2009-01-14

Adolescent participant's name: _____

Researcher: Leanne Wieruszowski, MSD (Play therapy) student, University of Pretoria, South Africa.

Address: P.O.Box 5141, Onverwacht, 0557.

Promoter: Dr. J.M.C. Joubert, Department of Social Work and Criminology, University of Pretoria, 0002,

Title of study: *The experiences of adolescents dealing with parental loss through death.*

Purpose of the study: To explore adolescents' experiences of parental loss through death. Gaining insight into the world of these adolescents will assist professionals in understanding how the losses have affected their functioning and how to address their needs.

Informed assent and Declaration of Participation

I declare that I will voluntarily participate in the research sessions that have been explained to me and that I will cooperate by sharing my experiences and be honest at all times.

I understand that the program is part of a research project and that my information will be treated confidentially and published anonymously for the research purposes. These publications will be made available to the University of Pretoria, the relevant Department of Education and the High school that I attend.

It will be expected of me to attend sessions with the school social worker. The number of sessions will depend on the disclosure process. I understand that Mrs. Wieruszowski will conduct an assessment and also apply play therapeutic techniques during the interviews. These interviews will take place over a period of four to six weeks, during school hours. If I am referred to an identified professional for therapeutic input, I hereby give Mrs. Wieruszowski permission to share relevant feedback regarding my case with that professional.

There are no known medical risks or discomforts associated with this research, although I understand that I may experience fatigue and/or stress when talking about experiences involved due to my loss. I understand that my remaining parent / guardian / school principal will not be present during the interviews but that I can call for him or her at any time that I want to. I understand that the interview will be audio-typed for the purpose of the research only. The data gathered for the research, will be stored in a safe place at the University of Pretoria for 15 years and then destroyed.

I agree to attend the full research program, yet understand that my participation in the research is voluntary, and I am at liberty to withdraw from the research / interview at any time.

Signed at _____ on this _____ day of _____ 2007.

Signature: Participant _____ Signature: Researcher _____

Appendix B



Pretoria 0002 Republic of South Africa <http://www.up.ac.za>

Department of Social Work and Criminology
Faculty of Humanities
Tel. +27 12 420-2325
Fax. +27 12 420-2093/420-5256

2009-01-14

Research participant's name (Child): _____

Date: _____

Name of Parent/guardian: _____

Researcher: Leanne Wieruszowski, MSD (Play therapy) student, University of Pretoria, South Africa.

Address: P.O.Box 5141, Onverwacht, 0557.

Promoter: Dr. J.M.C. Joubert, Department of Social Work and Criminology, University of Pretoria, 0002,

Informed consent

- 1. Title of study:** The experiences of adolescents dealing with parental loss through death.
- 2. Purpose of the study:** To explore adolescents' experiences of parental loss through death. Gaining insight into the world of these adolescents will assist professionals in understanding how the losses have affected their functioning and how to address their needs.
- 3. Procedures:** It will be expected of me to allow my child to attend sessions with the school social worker. The number of sessions will depend on my child's disclosure process. I understand that Mrs. Wieruszowski will conduct an assessment and also apply play therapeutic techniques during the interviews. These interviews will take place over a period of four to six weeks during school hours. I take notice of the fact that these services rendered by Mrs. Wieruszowski are free of charge and that I am entitled to feedback after the interviewing process is completed. If my child is referred to an identified professional for therapeutic input, I give my consent that feedback may be given by Mrs. Wieruszowski. I understand that the interview will be audio-typed for the purpose of the research only. The data gathered for the research will be stored in a safe place at the University of Pretoria for 15 years and then destroyed.
- 4. Risks and discomforts:** There are no known medical risks or discomforts associated with this research, although my child may experience fatigue and/or stress when talking about experiences involved due to

parental loss. I understand that Mrs. Wieruszowski is experienced in handling traumatised children and that she will handle my child with the necessary sensitivity. I understand that my child will be given as many breaks as he/she needs during the session. I understand that I will not be present during the interviews but that my child can call for me any time he/she wants to.

- 5. Benefits:** I understand that there are no direct benefits to me or my child for participating in this research. However, results of the study may help:
- To assist the child in understanding the impact of his or her parental loss.
 - Social workers in designing a program to address the needs of adolescents that experience parental loss.
- 6. Participant's rights:** Allowing my child to partake in the research is voluntary, and he / she is at liberty to withdraw from the research/meeting at any time.
- 7. Financial compensation:** I understand that there will be no financial gain from my child participating in this study.
- 8. Confidentiality:** In order to record exactly what the child says during the interviews, a video recording will be made and I hereby give my consent. The tape will only be viewed by the promoter and authorized personnel of the University of Pretoria. I understand that the results of the interviews will be kept confidential unless I ask that they be released. The results of this study may be published in professional journals or presented at professional conferences, but my child's records or identity will not be revealed unless required by law.
- 9. If I have any questions or concerns:** I may call Leanne Wieruszowski at: 014-7634143 or 083 304 0918 at any time during the day or before 21:00 at night.

I understand my child's rights as a research subject, and I voluntarily consent to his / her participation in this study. I understand what the study is about and how and why it is being done. I will receive a signed copy of this consent form.

_____	_____
Parent/Guardian signature	Date
_____	_____
Research Participant (Child) signature	Date
_____	_____
Researcher's signature	Date

Appendix C

RESEARCH PROPOSAL AND ETHICS COMMITTEE (RESPEthics)

FACULTY OF HUMANITIES

UNIVERSITY OF PRETORIA

DECLARATION OF ETHICAL INTENT

We declare that we are fully aware of the stance taken by the RESPEthics Committee, Faculty of Humanities, regarding the importance of obtaining informed consent from research participants.

We acknowledge their concerns and reservations regarding the lack of written informed consent documents due to the fact that we deem it impossible to obtain such in the current research project.

We declare that, in the course of the research, we will take due care to protect and safeguard the rights and autonomy of all parties, which includes the participants, the University of Pretoria, RESPEthics, our Department and all outside parties with whom we make contact either physically, verbally or through documents and documentation.

We undertake to be ethical in all our dealings and at all times during the research endeavour.

STUDENT: Leanne Wieruszowski _____

SUPERVISOR: Dr. J.M.C. Joubert _____

HEAD OF DEPARTMENT: Prof. A. Lombard _____

PROJECT TITLE: The experiences of adolescents dealing with parental loss due to death.

Appendix E

Reg. No: 10-16065
Membership No: SWPP 2000/0844
Pr. No: 89 000 0030 368



Leanne Wieruszowski
SOCIAL WORKER / MAATSKAPLIKE WERKER

P.O. Box 5141
Onverwacht
0557

Tel: 014 7634143
Cell: 083 304 0918
e-mail:

Date: _____

Name of PROFESSIONAL: _____

Researcher: Leanne Wieruszowski, MSD (Play therapy) student, University of Pretoria, South Africa.
Address: P. O. Box 5141, Onverwacht, 0557.
Promoter: Dr. J.M.C. Joubert, Department of Social Work and Criminology, University of Pretoria, 0002,

Therapeutic input and support

9. **Title of study:** The experiences of adolescents dealing with parental loss due to death.
10. **Purpose of the study:** To assess and explore adolescents' experiences of parental loss due to death. Gaining insight into the world of these adolescents will assist professionals in understanding how the losses have affected their functioning and how to address their needs.
11. **Procedures:** I understand that Mrs. Wieruszowski will implement a research process with selected adolescent research participants. The research process will include an assessment and the application of play therapeutic techniques during various interviews. These interviews will take place over a period of four to six weeks during school hours. Mrs. Wieruszowski will make this timeframe known to me. *During this time and after the completion of research I will be available to offer therapeutic services to any of the participants if required.* I understand that Mrs. Wieruszowski has received consent from both the adolescent participant and his or her parent/guardian/principal to give me professional feedback should he or she be referred to me for therapeutic input.
12. **Participant's rights:** Allowing the adolescent to partake in the research and follow-up therapeutic input is voluntary, and the adolescent is at liberty to withdraw from the research or therapeutic follow-up at any time.
13. **Financial compensation:** I understand that arrangement for financial compensation for follow-up therapeutic intervention is my responsibility and is not the responsibility of Mrs. Wieruszowski.

Professional

Date

Leanne Wieruszowski

Date

Appendix G

“The Elephant in the Room” by Terry Kettering

There’s an elephant in the room.

It is large and squatting.

so it is hard to get around it.

Yet we squeeze by with “How are you?”

And “I’m fine”...

And a thousand other forms of trivial chatter.

We talk about the weather.

We talk about work.

We talk about everything else –
except the elephant in the room.

There’s an elephant in the room.

We all know it is there.

We are thinking about the elephant as we talk together.

It is constantly in our minds.

For, you see. It is a very big elephant.

It has hurt us all.

But we do not talk about the elephant in the room.

Oh please say her name.

Oh, please say “Barbara” again.

Oh please let’s talk about the elephant in the room.

For it we talk about her death,

Perhaps we can talk about her life.

Can I say “Barbara” to you and not have to look away?

For if I cannot, then you are leaving me

Alone...

In a room...

With an elephant.