

**UNDERSTANDING CHILDREN  
AND ADOLESCENTS' GRIEVING:**

**A Study of the Perspectives of  
Adults on Children's Bereavement  
Process in Namibia.**

**by**

**D Gous**

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**UNDERSTANDING CHILDREN AND ADOLESCENTS'  
GRIEVING: A Study of the Perspectives of Adults on  
Children's Bereavement Process in Namibia.**

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## **ABSTRACT**

This research study aimed to bring about greater insight into the topic of bereavement, especially with regards to children and adolescents. Questions that were answered included: How and why do people grieve? How can one help a person to cope with his/her grief? How do children grieve, and is it different from adults' grief? What do adults understand by children's reactions to loss?

The sample population was pre-defined according to the following characteristics. Primary and secondary caregivers of children (between the ages of eight (8) and eighteen (18), who have lost either one of their parents during the past three (3) years) were contacted to participate voluntarily in the study and to supply information with regards to children's grief processes.

Data generation took place through the collection of data from semi-structured individual interviews with ten (10) participants. Four primary caregivers and six secondary caregivers participated in the study. A total of fourteen children were discussed in the interviews by the different participants.

The interview data was transcribed verbatim and the text was reduced to include only those text parts where the participant spoke about the grieving child, the deceased or the participant's own beliefs and reactions to death.

The text was analyzed by using the Summarizing Content Analysis technique of Philip Mayring's Qualitative Content Analysis. It was then interpreted within the theoretical frameworks of the attachment theory of John Bowlby and William Worden, and the attribution theory of Bernard Weiner.

Due to the small sample size of the study, it was difficult to draw any significant conclusions from the data. However, tentative interpretations of the data pointed to a difference between primary and secondary caregivers' understanding of childhood grief, as well as a dissimilarity between the recorded understanding of childhood grief and the predictions from academic literature.

This emphasized a need for psycho-education in the field of childhood bereavement for adults who are dealing with children who may have lost significant people in their lives. It became all the more necessary in the light of findings about the number of orphans in Namibia and developing countries generally, and it was suggested that future studies might consider entering this vast, unexplored field.

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## DEDICATION

This Masters Thesis is dedicated to my brothers who started it all.

Ruben            22/04/1982 – 07/07/1995

Daniel           20/09/1975 – 11/11/1995

## **DECLARATIONS**

I, Dalene Gous, hereby declare that this study, at the University of Namibia, for the degree Master of Arts (Clinical/Counselling Psychology), is a true reflection of my own research, and that this work has not been submitted for a degree in any other institution of higher education.

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Dalene Gous

## CHAPTER 1: INTRODUCTION

"I mourn not those who lose their vital breath  
but those who, living, live in fear of death"

- Ancient Greek anthology

Death is as much part of life as living, and grieving goes hand in hand with death. Many people have experienced the bitterness and pain associated with the death of someone they loved, and have shed many tears in memory of those people. Still, it is difficult to talk about death and grief, since it is such a personal experience, and in the end there are a lot of mystery and fear surrounding death.

This research study aims to bring greater insight into the topic of bereavement, especially with regards to children and adolescents. Questions that are answered include: How and why do people grieve? How can one help a person to cope with his/her grief? How do children grieve, and is it different from adults' grief? What do adults understand by their children's reactions to loss?

There are many books and articles on the grieving process and people's reactions to loss, but unfortunately very few of these were written for the southern African context and even less for the Namibian context. However, a vast field of research has begun in Namibia to study the influences of HIV/AIDS.

By the end of 1997, the United Nation's Children's Fund (UNICEF), together with the Ministry of Health and Social Services, conducted a study of Namibian orphan households. The study was not initially focused on AIDS orphans, but it was soon evident that these were the fastest growing type of orphans to be found in Namibia (Kandetu, 2000).

Some of the shocking discoveries made by this study included that 86 % of the orphan households that were interviewed contained at least one child who had been orphaned by AIDS. The orphan households averaged 2.7 orphan children, with a range between one and twenty-five children. Furthermore, it was found that 44 % of the households' heads described themselves as ill or weak, most often due to HIV/AIDS (Kandetu, 2000).

In Namibia, a country characterized by extended family commitment, most of the orphan children were absorbed into their maternal family side (i.e. aunts and grandmothers, *et cetera*). This obviously placed a tremendous burden, financially and emotionally, upon the heads of the households, and the study reported that: "With poverty and survival issues so paramount among the caregivers' concerns, very few could give any attention to the emotional needs of these orphans to the terrible sense of grief and mourning that they experienced" (Kandetu, 2000: 5).

In a study done by ABSA Bank in South Africa about the economic implications of HIV/AIDS (2001), the researchers mentioned in their descriptive results that

the "...cumulative number of children orphaned by AIDS (HIV-negative children who have lost either their mother or both parents to AIDS before the age of 15 years) amounted to 13.2 million at the end of 1999" (ABSA, 2001: 2). Of these orphaned children, 91,4 % lived in Sub-Saharan Africa.

With this in mind it becomes essential to understand the way in which children deal with their grief, and find ways in which we, as adults, can support them during bereavement.

The literature study led to the formulation of the following research question: How do primary and secondary caregivers of children who grieve, or who have experienced grief, see and understand their grief?

The research objectives of the study were:

1. To record a range of subjective perceptions of caregivers with regards to children's grief;
2. To compare these perceptions with the relevant literature to see if the subjective perceptions of caregivers are similar to or different from the perceptions of children, as predicted by literature; and
3. To compare the ways in which primary and secondary caregivers perceive children's grief.

Inherent in this research question and objectives, the following definitions should be clarified. First of all the concept of "child" is defined. There have been controversial debates, especially from psychoanalysts, as to whether or not children were capable of mourning. For example, at what age does a child begin to reflect a mature understanding of death, and what components constitute this understanding? Age, especially, is an important variable that influences children's reactions to a loss, since age will have an effect on the way in which the child would react to the event and the way in which the child would absorb help that might be offered (Macksound, 1993).

De Spelder & Strickland (1996) and Cook & Oltjebruns (1998) discussed four empirical, or observable, facts about death, namely (1) universality, (2) irreversibility, (3) nonfunctionality, and (4) causality. Universality is the understanding that all living things, including human beings, will eventually die. Death is something that includes all; one cannot avoid it and it is unpredictable with respect to its exact timing. Death is irreversible in the sense that an organism that died cannot be made alive again. Death furthermore involves that all physiological functions, or signs of life (for example breathing, feeling, eating, *et cetera*) cease to function, the nonfunctionality fact. Causality of death refers to those factors that might precipitate a death (for example, cancer, motor vehicle accident or a heart attack) and constitutes the final aspect of a mature understanding of death. It refers to the child's ability to realistically understand the possible causes of death in human beings (De Spelder & Strickland, 1996;

Cook & Oltjebruns, 1998). Cook & Oltjebruns (1998) and Goldman (1999) concluded that children from the age of eight (8) years begin to grasp the non-functionality, universality, causality and finality/irreversibility of death.

From this it follows that mourning is dependent upon the cognitive development of the child, because one would need a certain level of cognition to understand death and therefore integrate it. Worden (1991) argued that once children have developed concrete operations, they are able to reflect a mature understanding of death. According to Piaget's theory (in Craig, 1996), concrete operations are developed in children only beyond the age of seven years. During concrete operations children begin to understand the concept of death according to the four aspects of a mature understanding of grief, and are able to grieve (Goldman, 1999). For the purpose of this study, "child" or "children" are therefore defined to include children from the age of eight (8) years to the end of adolescence, at the age of eighteen (18) years.

This does not, however, mean that children younger than eight cannot grieve or are not influenced by the effects of loss. On the contrary, they are also influenced to a noteworthy extent when a loved one, especially a caregiver, dies, but they do not necessarily understand death and would therefore react with different emotions. For example, young children might wait for their loved one to return, since they do not yet understand the irreversibility of death. In order to focus the study, it was consequently decided to include only participants who possess a

mature understanding of death, in other words children between the ages of eight (8) and eighteen (18) years.

Another aspect of the research question that needs clarification is the concept of primary and secondary caregivers. Traditionally, primary caregivers would constitute a child's parents. However, in the Namibian context, one might find that primary caregivers of children could also include other family members such as aunts or grandparents, or even other close relatives or friends. Therefore, primary caregivers of a child could be defined as the adults who, for the greater part of the day, take care of the child. Opposed to this, secondary caregivers are educators or teachers who are in contact with the child for a significant part of the school day. The primary and secondary caregiver of a specific child should not be the same person, as there will be different observations about the child. Per definition the secondary caregiver will not be so much emotionally involved and hopefully be able to make more objective observations than the primary caregiver.

Since grief can be very individual in nature, a qualitative research study was conducted with semi-structured interviews, in order to let each person speak freely about what he/she chooses to. However, since specific indicators of understanding towards children's grief were identified, as found in the intensive literature review and chosen theoretical framework, an interview guideline was used.

Even though bereavement is an individual process, one can identify some collective feelings, as will become more explicit from the theoretical framework. Therefore, the interviews were conducted on an individual basis, and ten (10) participants were identified.

In Chapter 2 the theoretical frameworks that formed the basis of this study are discussed, namely the Attachment Theory of John Bowlby and William Worden, and the Attribution Theory of Bernard Weiner. In Chapter 3 a broad overview of the relevant literature that was studied is given. Chapter 4 consists of a discussion of the research design and methodology and the way in which the data was collected. Chapter 5 is a presentation and discussion of the results obtained, followed by Chapter 6 in which the results of the study are interpreted. The final chapter, Chapter 7, constitutes the conclusion and recommendations.

## CHAPTER 2: THEORETICAL FRAMEWORK

Various authors give definitions of grief, mourning and bereavement to explain the difference among them (Cook & Oltjebruns, 1998; Bowlby, 1973; Barton, 1977; De Spelder & Strickland, 1996; Goldman, 1999).

Bereavement is the event of loss, and the resulting state of being (for example, after the loss of a loved one). Grief is the emotional response to the event of loss and involves a variety of reactions that constitute the grief response. Mourning is the externalization of internal grief to the external world, and refers to the behaviors and rituals that an individual follows in an attempt to incorporate the experience of the loss into his/her ongoing life that often reflects the practices of one's culture.

The Attachment Theory of John Bowlby, with an alternative proposed by William Worden, forms the basis of the study, as a theory about grief-reactions.

Since the research question asked how did primary and secondary caregivers of children who grieve, or who have experienced grief, understood their grief, the Attribution Theory of Bernard Weiner was also included to offer an explanation of the way in which adults formed perceptions about children, and the possible influence that these perceptions could have on the children's future behavior.

## **2.1. Attachment Theory**

### **2.1.1. John Bowlby (1980/1981)**

John Bowlby formulated the theory that normal attachment in infancy is crucial to the healthy development of people. Infants instinctively form attachments to their primary caregivers, and they would react severely with distress and crying when they are separated from each other. Attachment can be defined as the formation and maintenance of an emotional bond to another individual (Archer, 1999). Bowlby (1973) explained that: "... as long as these bonds remain intact we feel secure in our world, or that when bonds are broken, either by involuntary separation or by death, we become anxious and distressed" (p. 39).

This theory was later broadened to explain grief-reactions in people. People's grief-reactions to the death of someone close to them can be traced to the nature of their past and present attachment to the lost figure (Kaplan & Sadock, 1998). Grief and separation anxiety have similar symptoms of restlessness, distress, protest, inconsolability and attention to the absence of the lost figure, as well as a loss of security (Weiss, 1998). Bowlby explained that people instinctively form strong attachments to others that, if broken, elicit behavior such as clinging, crying, anger outbursts, protest, *et cetera*, which are indicators that an attachment bond existed. This is similar responses to what an infant might show when he/she is experiencing separation anxiety.

The implications of Bowlby's attachment theory include that a core reaction occurs whenever a person (child or adult) is separated from an attachment figure (Archer, 1999). Thus, in one sense, separation reactions of children, which occur even if the attachment figure is only separated from the child and not necessarily dead, are similar to the grief reactions of adults, yet they are also very different. Knowledge of the reason for the separation and its possible implications, produce a different pattern of reactions to bereavement in adults.

John Bowlby was the first to identify phases of grief, which he described in the following way (Barton, 1977; Cook & Oltjebruns, 1998):

i. Numbing

In the first phase the fact of the loss is partially disregarded. It includes the inability to understand the loss and even denying that the loss occurred. It can be reflected in statements such as "I don't believe it", "This is not happening", or "I must be dreaming".

ii. Yearning or searching

In the second phase the permanence of the loss is disregarded and it is the bereaved individual's desire to bring the lost person back into life. Survivors may be preoccupied with the deceased and be triggered by glimpses of strangers that they confuse with their loved one. They may also focus on reliving memories.

iii. Disorganization and despair

In the third phase both the fact of the loss and the permanence of it is accepted, and it is marked by despair, depression, and apathy. During this phase the survivors will change their old ways of thinking, feeling and acting.

iv. Reorganization

The last phase is a time when survivors try to redefine their sense of self and their situation. They attempt to fill unaccustomed roles and acquire new skills.

When considering a phase theory, such as Bowlby's theory, it is important to remember that the phases portrayed are not necessarily sequential. Individuals react differently to loss, and may therefore experience the emotions in a particular phase at different times, or they may experience emotions from different phases simultaneously. It is also important to note that there is no clear-cut beginning or ending for each of the different phases, they rather blend. Sometimes individuals will not experience all the emotions mentioned in the phase model, or they may experience other emotions instead. The phase-theory of Bowlby does, however, provide a framework to better understand the grief experience of a person who has lost a loved one.

### **2.1.2. William Worden (1991)**

As an alternative to the phase theory of John Bowlby, William Worden (1991) proposed a "task"-theory. He argued that the notion of phases implied a passive "going through the phases"-idea, as opposed to tasks, which implied more activity on the part of the bereaved. He further argued that tasks, per definition, suggested some ordering; for example, one cannot handle the emotional impact of the loss until one has realized the finality of the loss.

Worden (1991) described the tasks of mourning as follows:

i. Task 1: Accept the reality of the loss

This task correlates with Bowlby's first two phases, namely "numbing" and "yearning and searching" and as part of this task the bereaved has to realize that death is final and that the person is not coming back (Worden, 1991). The choice of the survivor's words when talking about the deceased person might be an indication of coming to terms with the loss, for example, a transition from present to past tense, from *is* to *was* (De Spelder & Strickland, 1996).

ii. Task 2: Work through the pain of grief

Of this task Worden (1991) wrote: "Not everyone experiences the same intensity of pain or feels it in the same way, but it is impossible to lose

someone you have been deeply attached to without experiencing some level of pain... The German word *Schmerz* is appropriate to use when speaking of pain, because its broader definition includes the literal physical pain that many people experience and the emotional and behavioral pain associated with the loss" (pp. 12 - 13).

According to De Spelder & Strickland (1996) one particular danger during this mourning task is the misuse of painkillers by bereaved individuals, either as drugs (both prescribed and non-prescribed) or alcohol, since this only "deadens" the pain and the individual does not fully experience it. They rather advise that survivors might benefit from social support and humor. During this second period of mourning, the bereaved should work through his/her pain, and it correlates with Bowlby's third phase of "disorganization and despair".

iii. Task 3: Adjust to an environment in which the deceased is missing

Bowlby calls his fourth phase "reorganization", which is similar to this third task of Worden, and requires the survivor to adapt to a new environment. De Spelder & Strickland (1996) explained that the term "changed environment" includes the physical, emotional and spiritual dimensions of life and, depending on the intensity of the attachment bond between the survivor and the deceased, might take considerable time and cause a renewal of grief reactions. The changes made by

survivors often include physical changes, for example, rearranging the furniture or moving to another town. Emotional changes include the redefining of the loss in such a way that it becomes beneficial to the survivor (Worden, 1991).

iv. Task 4: Emotionally relocating the deceased and moving on with life

Worden (1991) argued that this is a very valuable task to complete for bereavement to be resolved, but it is also one of the most difficult. This task entails the "letting go" of past attachments and the formation of new ones, and is based on the recognition that, although one does not forget or love the deceased person any less, there are also other people to love. The difficulties arise when survivors feel that they are dishonoring the deceased by loving another and some people might get stuck at this point in their grieving and feel that their lives have stopped.

De Spelder & Strickland (1996) argued that the resolution of grief is more complex than simply breaking past attachment bonds and moving on with your life. Mourning is rather a transformation process whereby the survivor incorporates the loss of a loved one into his/her future life.

It is on these phases or tasks of mourning that therapists developed the "grief-work"-model. Archer (1999) defined grief-work in terms of its different methods, as ways in which therapists attempted to help survivors resolve their grief. He

cited, for example, re-grief therapy of Volkan in 1981; reframing of the event of Pennebaker in 1988; and successful confrontation with memories of Eliot in 1946 and Fisher in 1984. Grief-work as such is not essential for the resolution of grief, contrary to popular assumption. It rather offers a guideline of possible help one might receive following the death of a loved one and the successful resolution of one's grief (Archer, 1999).

In this study it will be recorded how caregivers of children observe the phases (or tasks) of grieving in children. The findings will be compared with the theory to find out whether or not the caregivers have an adequate understanding of the bereavement process in children.

## **2.2 Attribution Theory: Bernard Weiner (1979/1980)**

Attributions (or causal attributions) are the ways in which people try to explain events in the world. Especially when people are faced with negative events it is likely to evoke causal reasoning and a search for whom or what is responsible for the event (Archer, 1999).

Bernard Weiner proposed that every person has a locus of control, which may be internal or external. Furthermore, he proposed that there is also a stability dimension, which results in four general things to which a person can attribute life events, namely (1) internal - stable (skill), (2) internal - unstable (effort), (3)

external - stable (task difficulty), and (4) external - unstable (luck) (Pritchard, 1998). Later researchers also added another dimension of (5) controllability.

Attributions are also used in terms of what is expected of somebody in a certain situation. For example, the characteristics that parents attribute to their children would raise specific expectations about how the parents would predict that the children would behave and react in a given situation. Dix & Grusec (1985) raised four issues that they believe influence the way in which adults attribute characteristics towards children, namely:

- i. The objects of attribution, children, are immature, which implies that much of the child's behavior is constrained by developmental limitations that are not under the child's control. This may influence the way in which adults attribute the child's locus of control and controllability of an event.
- ii. The child is undergoing rapid and systematic growth; therefore attribution should occur while keeping in mind a changing environment as well as a changing child. However, this seldom happens and adults rather tend to attribute fixed characteristics to children that do not change in time.
- iii. Children usually have less power and status than adults do, and therefore their behavior might be influenced by external pressures.

Adults, and more specifically parents, and children are often enmeshed in a social and biological relationship, and therefore the behavior of children has

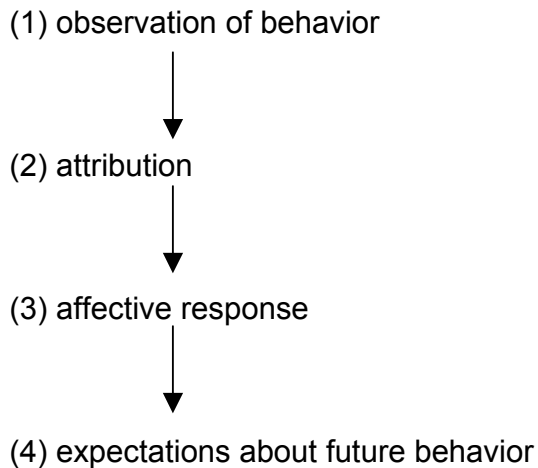
personal relevance to these adults, which in turn might influence the parents' perceptions.

The effect that an adult's attribution of a child's behavior may have on the emotional state of the child is determined by where it falls along the attribution dimensions of stability (stable - unstable), locus (internal - external), and controllability (controllable - uncontrollable).

More specifically, Weiner proposed that an attribution about a behavior's stability will determine expectations about recurrence of the behavior; where stable attributions (such as intelligence or personality traits) should recur, whereas unstable attributions (such as luck) should be less likely to recur. Weiner further proposed that attributions about locus of control would reflect actors or contexts; where failure attributed to internal factors (such as lack of effort) tells us more about the actors, in this case children, than failures attributed to external factors (such as task difficulty). Lastly, Weiner proposed that attributions about controllability would indicate whether the individual had influence over an action; where factors attributed to controllable factors (such as amount of effort) is more the fault of the actor than uncontrollable factors (such as intelligence) (cited in Dix & Grusec, 1985).

These dimensions of Weiner are believed to influence behavior because they influence affect and expectations about future behavior.

The simplest form of the model (Dix & Grusec, 1985) is:



For example, a parent may observe how his/her child react towards a stressor, and form attributions about this child's locus of control, stability and controllability of this stressor and his/her reaction to it. When formed, this attribution would elicit an emotional response from the parent, for example, pride, anger, shame, sympathy, *et cetera*, and this would influence the way in which the parent would expect the same child to behave with regards to similar stressors in the future.

Research findings are reported in Dix & Grusec (1985) that found that parents' expectations about the recurrence of their child's behavior would depend on the stability of the attribution, and that emotional reactions, or affect, to events would depend on the attribution. Research suggests that the affective reactions of parents towards their children depend on the attributions the parents give to their

children's behavior. Whether parents feel anger or sympathy toward their child's problem may depend on whether they think the child had control over the misfortune. In the same way pride and confidence following success of the child, or shame and anger following failure, may depend on the parent's attribution of locus of control of the child.

From this theory it follows that the subjective perceptions of adults will depend on the various attributions that they associate with children and the behavior of children. In a study done by Halloway & Hess (1985) in which they compared mothers' and teachers' attributions towards children in mathematics, they found that, because parents and teachers had different perspectives on the same children, it led to different beliefs and attributions about the children. These two sources thus present a mixed picture to the child.

Attribution theory argues that the attributions adults give to children will depend on their perceived locus of control, stability and controllability in these children. Adults will also take previous similar experiences (if any) of the children into consideration to form their attributions, which will in turn influence their emotional response towards the children.

In this study the perceptions of both primary and secondary caregivers were recorded and compared. From above-mentioned theory it follows that adults'

perceptions about children would depend on the previous attributions that they have formed about these children.

## **CHAPTER 3: LITERATURE REVIEW**

Archer (1999) described grief as a natural human reaction to the loss of a relationship or an attachment bond, and it is observable across cultures and nations. Although the form and intensity of grief vary considerably, two broad types of reaction can be identified during grief, namely, active distress and passive depression.

Engel (1962, cited in Archer, 1999) proposed that, during grieving, organisms show these two basic, but opposite, responses of active distress and passive depression. Klinger (1975, cited in Archer 1999) argued that these responses were part of a sequence in which passive depression followed active distress, when the latter is unsuccessful in alleviating the grief. Opposed to this sequential view, Hofer (1984, cited in Archer, 1999) proposed that both active distress and passive depression were responses to grief, which may occur simultaneously, since there were different triggers. Hofer explained that active distress was the result of the specific loss, while passive depression followed the feeling of deprivation from the relationship.

Active distress reaction includes emotions of distress, searching, preoccupation and aggression, which also correlates with Bowlby's first two phases of grief; the phases of (1) numbing, and (2) yearning and searching. Passive depression, on the other hand, includes features such as lack of sleep and appetite, and

depressed mood, which correlates closely with Bowlby's third phase of grief; namely (3) disorganization and despair (Cook & Oltjebruns, 1998).

The different emotional reactions experienced in both active distress and passive depression have been recorded and observed in various studies, which will be discussed hereafter.

### **3.1. *Adult bereavement***

Numbness and disbelief: These are common initial reactions to bereavement and have even been called one's natural defense as a temporary buffer from the overwhelming emotions of reality (Worden, 1991; Archer, 1999; McHaffie et al., 2001). These emotions are often manifested in statements such as "It doesn't seem real", or "This isn't happening", which indicates a loss of feeling (Barton, 1977; Kübler-Ross, 1975, 1983; Worden, 1991; Archer, 1999). Even though the bereaved might look exceptionally calm, it is often short-lived and could be interrupted at any time by an outburst of more intense emotions (Archer, 1999).

In cases where a person's body cannot be found and he/she is only "presumed dead", these initial feelings of numbness and disbelief could be prolonged and kept active by the remote possibility of the person's survival (Archer, 1999).

Shock: This emotion is usually displayed when the person has not registered the full impact of the loss, and it may last for minutes or months, depending on the

individual (Kübler-Ross, 1975, 1983; Schuchter & Zisook, 1993; Cook & Oltjebruns, 1998). Shock is often manifested in the survivor as disorientation and numbness (Kübler-Ross, 1983; Worden, 1991; Cook & Oltjebruns, 1998).

Distress, anxiety and fear: Distress is an emotion typically found early in bereavement (Bowlby, 1973; Parkes, 1973; Barton, 1977; Kübler-Ross, 1975; Cook & Oltjebruns, 1998; Archer, 1999). Parkes (1972, cited in Archer, 1999) described this distress as anxiety on the verge of panic, and a desperate feeling of confusion about what to do next, and responses of flight (Schuchter & Zisook, 1993; Archer, 1999). Also associated with this distress is lack of concentration and an inability to sleep because of a higher arousal state (Cook & Oltjebruns, 1998; Archer, 1999).

Greenspan (1988) argued that grief-reactions following the loss of a loved one were irrational. The need for expression of grief often seemed to worsen the situation that was already perceived as hopeless. The way in which grief served to make the distress of the survivor more, was because its nature prompted the bereaved to dwell on his/her misfortune. Greenspan (1988) then tried to answer the question why did people express grief, if it only served to worsen everything? The answer that she arrived at was that an expression of grief must then fulfill some kind of social obligation, perhaps even satisfying the interest of the person who was now deceased – he/she would have expected of one to be sad and to cry (Greenspan, 1988).

The feeling of distress is, however, not consistent and varies between pain of grief, episodes of longing for the deceased and great sadness and crying (Bowlby, 1973; Parkes, 1973; Barton, 1977; Cook & Oltjebruns, 1998; Archer, 1999). Archer (1999) distinguished between mere tearfulness, which is a more passive form of sadness in which the deceased is often tenderly remembered; and sobbing, which is the active crying aloud of pain and grief. Both tearfulness and sobbing is associated with bereavement (Cook & Oltjebruns, 1998; Archer, 1999).

Sobbing is usually at its peak during the early months following bereavement, and diminishes in severity and amount as time goes by. However, it might be triggered anew if it is precipitated by something that brings the loss to mind, for example the birthday of the deceased or a favorite song (Cook & Oltjebruns, 1998; Archer, 1999).

Worden (1991) identified two main sources of anxiety in survivors, namely

1. Anxiety about not being able to take care of themselves on their own. This source of anxiety is identified by statements such as “I won’t be able to survive without him/her”; and
2. Anxiety about the survivor’s own personal death awareness, which becomes more prominent when one loses a loved one (Worden, 1991; Schuchter & Zisook, 1993)

Survivors may also fear losing another loved one (Schuchter & Zisook, 1993). Measures used to determine whether or not a person is anxious, include signs of nervousness, tenseness, panic, fearfulness and restlessness, all of which are associated with grief reactions. Often the bereaved may feel especially exhausted by their grief (Archer, 1999). If anxiety during grief is not kept under control, it might develop into full-blown phobia in the survivor, which could be pathological (Worden, 1991).

Helplessness: This feeling is closely related to feelings of anxiety and may cause survivors to panic (Worden, 1991; Cook & Oltjebruns, 1998). The helplessness may be manifested shortly after the loss as not being able to do something to bring the deceased back and, by doing so, relieve the pain of grief (Worden, 1991). Helplessness can also be manifested in thinking about the future without the deceased and feeling as if one would not be able to cope (Worden, 1991).

Hopelessness and depression: Although feelings of hopelessness and depression are considered to be part of the passive phase of grief, it may occur throughout the entire grief process, and include loss of appetite and sleep, lack of concentration, tearfulness, low affect, *et cetera*. (Barton, 1977; Cook & Oltjebruns, 1998; Archer, 1999).

Sadness: This is one of the most common reactions to bereavement and often, but not always, involves crying (Barton, 1977; Worden, 1991; Cook & Oltjebruns, 1998). According to Parkes & Weiss (1983; cited in Worden, 1991) one of the functions of crying is to signal to other people that the survivor needed sympathy and protection.

According to Barr-Zisowitz (2000) sadness could be described as an emotion that is experienced in the face of an event that is unpleasant, and it is generally associated with a decrease in attention and rather a focus of attention to oneself.

Anger and aggression: This is a common emotion experienced after a loss and could be both an initial response to bereavement and a later response that flares up periodically throughout the grieving process (Parkes, 1973; Barton, 1977; Kübler-Ross, 1975; Schuchter & Zisook, 1993; Cook & Oltjebruns, 1998; Archer, 1999; McHaffie et al., 2001). Sometimes this feeling of anger could be manifested in physical aggression, and even in some cases acts of extreme hostility and violence (Marris, 1986; Cook & Oltjebruns, 1998; Archer, 1999).

Anger also forms part of separation anxiety reactions of infants, and could therefore be regarded as one of the basic emotional responses to loss. These feelings of anger could have the function of alleviating and postponing the pain that usually follows a loss (Archer, 1999). Anger and bitterness often have personal and social consequences, for example people may feel guilty about

their anger, or it may drive people away who could have helped with the healing process (Barton, 1977; Archer, 1999).

Worden (1991) called anger one of the most confusing emotions that a survivor might experience after a loss, since it often caused immense guilt feelings. He identified two major sources of anger in grief, namely;

1. Frustration because of feelings of helplessness in the survivor who could not prevent the death, and
2. A kind of regressive experience, where one wants to punish the deceased for leaving and convey the message that the death has caused immense pain and distress. Regression makes one feel helpless and unable to survive without the deceased, and frequently goes hand in hand with anxiety (Worden, 1991).

One potential problem with the second source of anger is that it is frequently misplaced and rarely identified as anger towards the deceased because the survivor might feel guilty about being angry with their loved one (Barton, 1977; Worden, 1991). It is rather manifested in anger towards other people who one perceives to have been responsible for the death, for example, physicians, nurses, and even God (Worden, 1991; Schuchter & Zisook, 1993; Archer, 1999). Or it might be directed at people who remind one of the loss, like family or friends (Worden, 1991; Schuchter & Zisook, 1993; Archer, 1999). Another maladaptive direction of anger is retrospectively to the survivor him/herself, and could cause

suicide tendencies or unnecessary guilt feelings (Worden, 1991; Schuchter & Zisook, 1993; Archer, 1999).

Guilt and self-blame: This reaction involves the attribution of responsibility, as with anger (Marris, 1986; Archer, 1999). Usually the guilt and subsequent self-blame are centered around something that had happened, or something that was neglected; and could be manifested in questions such as "What could I have done?" to specific blame for something the bereaved did or omitted to do which might have caused the death of a loved one (Marris, 1986; Barton, 1977; Kübler-Ross, 1975, 1983; Worden, 1991; Cook & Oltjebruns, 1998; Archer, 1999; McHaffie et al., 2001). Guilt related to responsibility for the loss is the most intense and lasting form of guilt (Barton, 1977; Schuchter & Zisook, 1993). Usually these feelings of guilt are irrational and should be able to be proven as such by reality testing (Worden, 1991).

The bereaved may experience so-called "survivor guilt" in which the question is frequently asked: "Why couldn't I have died in his/her place?" (Worden, 1991; Schuchter & Zisook, 1993; Archer, 1999). Usually survivor guilt is accompanied by a feeling of being inferior, or less worthy of life, than the deceased (Archer, 1999).

The bereaved could also look back at their relationship and feel regret and guilt about things that had happened that should not have happened, or things that

the bereaved did not do. These are examples of "if only" thinking, or counterfactual thinking and would include thoughts such as "If only I told him/her more often that I loved him/her", or "If only I could have said goodbye" (Worden, 1991; Archer, 1999).

Sometimes these feelings of guilt and self-blame may be manifested in self-injury, which is relatively familiar in Christianity (Archer, 1999). In the Old Testament of the Bible this form of grieving was described in various places, for example Job who, after he heard of the sudden death of his sons and daughters, he "... got up and tore his robe and shaved his head" (Job 1:20) and later "Job took a piece of broken pottery and scraped himself with it as he sat among the ashes" (Job 2:8) (The Holy Bible, New International Version, 1978).

Regret: No matter how many things have been anticipated or provided for, there will always be regret for those things that could still have been done. The ultimate regret is that the person could not be alive and healthy (Schuchter & Zisook, 1993).

Yearning and preoccupation: Preoccupation is a state that is characterized by an intense longing for, and missing of, the deceased (Parkes, 1973; Barton, 1977; Kübler-Ross, 1975; Marris, 1986; Worden, 1991; Cook & Oltjebruns, 1998; Archer, 1999), and is also called an obsession with thoughts about the deceased, for example thoughts about recovering the lost person (Worden, 1991). Usually

preoccupation triggers pangs of grief and is often followed by outbursts of sobbing (Parkes, 1973; Marris, 1986; Archer, 1999).

A central cognitive feature during grieving is the preoccupation and continuous thinking about the deceased (Barton, 1977; Marris, 1986; Worden, 1991; Archer, 1999). This places the bereaved in a predicament, because they simultaneously want to remember everything about the deceased, but also want to force these memories from their minds because of the pain and grief it triggers (Marris, 1986; Archer, 1999).

Preoccupation often entails a reliving of memories surrounding times that were shared with the deceased, as well as circumstances surrounding the death, especially if it was a sudden and unexpected loss (Barton, 1977; Cook & Oltjebruns, 1998; Archer, 1999). It has been described as the obsessive-review and forms part of a psychological phenomenon of intrusive thought processes (Worden, 1991; Archer, 1999). Not only does the survivor frequently think about the deceased, but he/she also has an urge to talk or write about the deceased often (Archer, 1999).

Associated with this preoccupation is the loss of interest in other areas of life, such as work, appearance, food, friends, family, etc. (Barton, 1977; Cook & Oltjebruns, 1998; Archer, 1999). However, this could also be the result of an

overall depressed state, and not necessarily only because of preoccupation (Archer, 1999).

When the feeling of yearning diminishes, it might be a sign that the grief-period is ending (Worden, 1991).

The urge to search: According to Parkes (1970, 1972; cited in Archer, 1999; Parkes, 1973), many of the features of grief, such as preoccupation, hallucinations about the deceased and restlessness have been associated with the urge of the survivor to search for the deceased. This is also an integral part of separation anxiety in infants and children when separated from their primary attachment figure (Archer, 1999). Longing, or pining, in particular is the persistent and fervent wish that the lost person would return, and tend to take up a lot of the bereaved individual's grief. Even though the bereaved might realize that it is not fruitful to search for the deceased, because of the irreversibility of death, the bereaved might still experience the emotions associated with longing and searching (Parkes, 1973; Barton, 1977; Archer, 1999; McHaffie et al., 2001).

Sometimes this urge to search for the deceased is deliberately suppressed by the survivor. Other times it might be manifested as subtly as the survivor wanting to visit places where the deceased frequently went. In severe grieving, the survivor might even contemplate suicide as a means of rejoining the deceased (Parkes, 1973; Archer, 1999).

Confusion: This is manifested through a lack of concentration and forgetfulness, because of a preoccupation of thoughts surrounding the deceased and the death (Worden, 1991; Cook & Oltjebruns, 1998). Survivors often feel that they cannot control or order their thinking (Worden, 1991).

Illusions, hallucinations and ghosts: Sometimes inexplicable sights and sounds could be interpreted as the presence of the deceased during the survivor's bereavement (Parkes, 1973; Barton, 1977; Worden, 1991; Cook & Oltjebruns, 1998; Archer, 1999). Both auditory and visual hallucinations are often recorded in bereaved individuals, and may even serve to be helpful for the survivor who might wish to "see" the deceased again or to say goodbye (Worden, 1991). However, this is not too common in Western cultures amongst adults (Archer, 1999).

Sense of presence: Survivors often have a sense of the deceased still being present, which may be a manifestation of the yearning and longing for the deceased (Parkes, 1973; Barton, 1977; Worden, 1991).

Anniversaries and reminders: Rosenblatt (1983; cited in Archer, 1999) emphasized how events such as anniversaries of the death, birthdays of the deceased, and reminders, for example people, music, places, and things associated with the deceased, could evoke renewed feelings of distress and

sadness in the bereaved (Archer, 1999). Because of the, sometimes, painful nature of these reminders, many individuals try to avoid them, but it does not seem to be effective in the resolution of grief (Archer, 1999). On the other extreme, some survivors deliberately try to remember as much of the deceased as possible and tend to surround themselves with all sorts of reminders to maintain a sense of the deceased still being present (Archer, 1999).

In some cases a reminder of the deceased might be used as a linking object, which Volkan (1972, 1981; cited in Archer, 1999) described as a photograph or personal possession of the deceased that is kept safe by the survivor in an attempt to keep the attachment bond between them alive. It is usually an object with a lot of symbolism (Archer, 1999).

Mitigation or avoiding grief: Grief and distress, as well as the pain and sorrow associated with it, is of such a nature that many survivors try to suppress and avoid grief. This could manifest in a continuation of one's initial reactions of numbness and denial of the death. It could also be a deliberate avoidance of painful thoughts about the deceased in an attempt to lessen the impact of grief. A survivor could try to avoid people and places that remind him/her of the deceased and hiding photographs and personal belongings out of sight (Archer, 1999).

Although these reactions of avoiding grief does seem to work well in the short term by alleviating some of the symptoms of grief, in the longer term it will be dysfunctional since it tends to preclude progress and the personal growth of the bereaved. It is on this basis that grief-work intends to support and help survivors with the eventual healthy resolution of grief (Archer, 1999).

Identification: Identification is the way in which one person's identity is defined by the presence of a significant other person, and includes the ways in which the individual strives to be like another person, or role model (Barton, 1977; Archer, 1999).

In grief, following bereavement, identification frequently occurs between the survivor and the deceased. One of the most common examples is where the survivor develops a physical pain in the same part of the body as the deceased, or the survivor starts to talk like the deceased and adopts the deceased's interests, likes and dislikes (Barton, 1977; Archer, 1999). In this way identification behavior of the survivor seems to be part of the continued attachment (Archer, 1999).

Changes in self-concept: Sometimes, after the loss of a loved one, the survivor might describe it in terms of losing a part of oneself, especially in the case of losing a child or spouse (Barton, 1977; Cook & Oltjebruns, 1998; Archer, 1999). According to Archer (1999): "This feeling of physical loss can be understood as a

subjective consequence of the internalization of the personal world which is at the heart of all emotional attachments that people built up. When something is missing from this personal world, the bereaved person may feel physically incomplete” (p. 89).

A change in the survivor’s self-concept becomes necessary for the resolution of grief, as indicated by Bowlby’s last phase in grief, namely reorganization. The survivor needs to adopt new roles, depending on the roles that the deceased used to fulfill and that now needs to be internalized by the survivor(s) (Archer, 1999).

Loneliness: This emotion/feeling is common during bereavement, especially if the deceased and survivor had a very close day-by-day relationship (Lopata, 1973; Kübler-Ross, 1975; Worden, 1991). Now that this relationship ended, the survivor might feel alone frequently.

Fatigue: Survivors may frequently feel listless and without energy, and it could be disturbing for persons who were used to being active (Barton, 1977; Worden, 1991).

Relief: A feeling of relief is usually very confusing for the survivor, and is often accompanied by guilt feelings. However, relief is also considered a normal grief response, especially if the loved one suffered during their illness, or they could

have been physically or mentally impaired if they would have survived a deadly accident (Worden, 1991).

Emancipation: This is a very positive feeling that sometimes occurs after the death of a person close to one, especially if the deceased somehow managed to suppress the survivor. After the death of such a person, the survivor may feel emancipated because of a release from this relationship (Worden, 1991).

Physical sensations: The most common physical sensations experienced during bereavement are (1) hallucinations, (2) tightness of the chest and throat, (3) over-sensitivity to sound and noise, (4) a sense of depersonalization and the feeling that one is unreal, (5) breathlessness or shortness of breath, (6) weak muscles, (7) lack of energy, and (8) dry mouth (Kübler-Ross, 1975; Barton, 1977; Worden, 1991; McHaffie et al., 2001).

Behaviors: The following behaviors are often recorded with survivors, and are usually precipitated by reminders of the deceased; namely (1) sleep disturbances, which can be either hypersomnia or insomnia; (2) appetite disturbances, either over-eating or under-eating; (3) absent-mindedness; (4) social withdrawal; (5) dreams of the deceased; (6) avoiding reminders of the deceased; (7) searching or calling out; (8) sighing; (9) restlessness and over-activity; (10) crying; (11) visiting places or carrying objects that remind the survivor of the deceased; and (12) treasuring objects that belonged to the

deceased (Parkes, 1973; Kübler-Ross, 1975; Barton, 1977; Worden, 1991; Cook & Oltjebruns, 1998). Irwin & Pike, 1993, and Kim & Jacobs, 1993 (cited in Cook & Oltjebruns, 1998) conducted studies in which the possibility was raised that bereavement may also have an effect on the immune functioning of some individuals.

Religion: During bereavement it may happen that some people 'turn to God' for comfort, others might 'turn away from God' as a response to their loss (Leming & Dickinson, 1998). Sometimes survivors try to strike a bargain with God if He would let the deceased live again (Kübler-Ross, 1983).

Withdrawal: There are various possibilities as to why a bereaved individual withdraws from social support during his/her bereavement (Marris, 1986; Cook & Oltjebruns, 1998). They may feel that nobody would be able to understand their grief, or they might withdraw because of reminders of the deceased in other relationships. Sometimes bereaved individuals would not want to be emotionally involved in any other relationships for fear that it might also end and result in the pain of grief. Whatever the reason, bereaved individuals still need the emotional support of other loved ones while grieving for the deceased (Marris, 1986).

Marris (1986) described grief as a conflict between contradictory impulses in the following words:

“The behavior of the bereaved is characteristically ambivalent: they may be desperately lonely, yet shun company; they may try to escape from reminders of their loss, yet cultivate memories of the dead; they complain if people avoid them, embarrassed how to express their sympathy, yet rebuff that sympathy irritably when it is offered. They may insist that there is no longer anything to live for, while they hurry back to their jobs, take care of the children, move house with practical efficiency. This ambivalence seems to express a complex conflict between claims of the past and the future, which makes the present almost unbearably painful. The bereaved refuses to surrender the dead, reviving them in imagination – they talk to them, do things that they would like, think of all the things they did together, continue familiar routines. But when the illusion falters, they try to turn away from anything that will revive their distress – condolences, memories, places associated with the dead. But then, if for a while they can forget their loss, they begin to fear that they have betrayed the relationship... Thus each of the two fundamental impulses of grief – to return to the time before death, and to reach forward to a state of mind where the past is forgotten – is checked by the distress it arouses, forcing the bereaved to face conflict itself” (pp 28-29).

On the one hand the survivor wants to consolidate everything from the past that has value and importance, while on the other hand he/she would like to move on into a future where the loss is accepted.

### **3.2 *Child bereavement***

Children have similar emotions to loss than adults, although some of the emotions might be more intense (De Spelder & Strickland, 1996; Haasl & Marnocha, 2000). Some physical and emotional symptoms of adult grief are also noted in children, for example lack of appetite, insomnia, nightmares and nausea (De Spelder & Strickland, 1996). Children do not, however, necessarily react the same way to a stressful event (Macksound, 1993; Goldman, 1999). A child's grief will be influenced by his/her age, temperament, home environment, stage of mental and emotional development, patterns of communication and interaction with the family, the degree of the child's relationship with the deceased and any previous experiences that the child may have had with loss (Macksound, 1993; De Spelder & Strickland, 1996; Seager & Spencer, 1996; Goldman, 1999).

Elizur & Kaffman (1986) said that: "... the death of a parent during childhood should be regarded as a crisis situation with long-term consequences" (p. 57). In a similar way Hammerslough (1991), Piraino (1991) and De Spelder & Strickland (1996) argued that a child's social context depended largely on the presence of his/her primary caregiver. Should this caregiver, in most cases the mother of the

child, die, the child's social context would change radically and his/her well-being could also be disrupted, since he/she is losing security, nurturance, affection and support which was previously there (Hammerslough, 1991; Piraino, 1991; Bright, 1996; De Spelder & Strickland, 1996). Children have a need for understanding death and therefore adequate support from their caregivers is extremely important (De Spelder & Strickland, 1996).

There is not a fixed recipe to describe a child's mourning process, and not a fixed time-table for the completion of grief (Hallam & Vine, 1996; Seager & Spencer, 1996). Unlike adults, children and adolescents usually do not grieve in a linear pattern, but rather in clumping patterns of intense periods of grief separated by intervals of apparent indifference to the loss (Seager & Spencer, 1996).

Shock and disbelief: Similar to adult bereavement, the child usually initially does not believe that the loss is real or possible and may deny it. Shock and denial/disbelief help the child to cope by not immediately facing painful emotions. Adults should try to continuously talk to the child about the death in order to let reality slowly set in (Macksound, 1993; Hallam & Vine, 1996; Goldman, 1999; Haasl & Marnocha, 2000).

Another way of disbelief might manifest in the child selectively forgetting some of the less desirable images and memories, especially if the circumstances surrounding the death were particularly disturbing. The child may then

reconstruct his/her reality in what seems to be a more acceptable way (De Spelder & Strickland, 1996).

Anxiety and fear: Anxiety and fear about their own mortality increase dramatically when children are confronted by the death of a loved one, especially if they do not fully understand the facts surrounding the death (Elizur & Kaffman, 1986; Hallam & Vine, 1996; Goldman, 1999; Haas & Marnocha, 2000). Even though young children between the ages of eight and twelve begin to have a mature understanding of grief and do not believe that the deceased will return, they may react with fear and anxiety towards their environment or other people (Macksound, 1993; Goldman, 1999), including fear of being left alone, that another loved one might also die, the possibility of danger and fear of the unknown (Elizur & Kaffman, 1986; Bright, 1996; Seager & Spencer, 1996; Goldman, 1999).

Sometimes parents try to shield their children from death by using euphemisms. This could actually lead to more disturbances in children, for example when told that "Mommy has gone to sleep", they may become excessively afraid of going to sleep and not waking up; or when told that "Daddy has gone on a long trip" the child might be extremely confused and worried when another loved one has to leave (Bright, 1996; Cook & Oltjebruns, 1998; Goldman, 1999).

Sometimes children may become afraid of seeing adults around them grieve. This could lead to a suppression of emotions by the child in an attempt not to burden the adults with their own grief, which could have long-term negative outcomes (Haasl & Marnocha, 2000).

Guilt and self-blame: These are also emotions that can become extremely intense in children (Gyulay, 1978; Bright, 1996; De Spelder & Strickland, 1996; Hallam & Vine, 1996; Goldman, 1999; Haasl & Marnocha, 2000). Children are not always aware that their actions and thoughts did not influence the death and may believe in their own "magical thinking". The child might have wished at one time that the person would "drop dead", and might now, after the death, experience intense feelings of guilt and self-blame (Bright, 1996; De Spelder & Strickland, 1996; Seager & Spencer, 1996; Goldman, 1999; Haasl & Marnocha, 2000). This may be enforced by adults as a way of punishment towards children, for example by threatening that "If you are naughty, I will go away and leave you", or "worrying over you will be the death of your mother" (Bright, 1996).

One way in which the child tries to understand the reason for the death is by assuming responsibility and can be seen as a type of survivor guilt in children (De Spelder & Strickland, 1996).

Indifference: It may seem as if the child has "shut down" and is emotionless by seemingly continuing with his/her usual activities, because their feelings may be

too much to accept and understand at present (Hallam & Vine, 1996; Haasl & Marnocha, 2000).

Emptiness and sadness: These feelings occur when the child realizes that their loved one is never coming back (Macksound, 1993; Hallam & Vine, 1996; Goldman, 1999; Haasl & Marnocha, 2000). This realization is usually worse at those special times in which the child and the deceased used to be together, for example during Christmas. It could be helpful to be open to talk to the child and let him/her express his/her emotions freely. The adult may also share his/her own feelings with the child and show the child that it is okay to grieve (Macksound, 1993; Hallam & Vine, 1996).

Physiological symptoms: As a result of grief a child may experience some, or all, of the following physiological symptoms - fatigue, difficulty in sleeping, loss of appetite or increase in appetite, sore throat, shortness of breath, difficulty in sitting still, headaches, stomach aches, clumsiness, listlessness, absent mindedness, nightmares, bed-wetting, and excessive hugging or touching (Hallam & Vine, 1996; Seager & Spencer, 1996; Goldman, 1999; Haasl & Marnocha, 2000). Some of these symptoms may remind the child of the deceased's illness, and this may increase the child's anxiety about his/her own possible death (Haasl & Marnocha, 2000).

Anger and resentment: This is considered to be a common response to loss and it is often misdirected towards inappropriate people or situations because the child may feel that he/she do not have any control over the situation (Gyulay, 1978; Macksound, 1993; Hallam & Vine, 1996; Seager & Spencer, 1996; Goldman, 1999; Haasl & Marnocha, 2000). A child's expression of anger during bereavement does not replace the manifestations of grief and sorrow, but rather operates simultaneously with it (Elizur & Kaffman, 1986; Goldman, 1999). Children's anger may cause acting-out, which is not necessarily familiar for either the child or the other survivors (Macksound, 1993; Seager & Spencer, 1996; Goldman, 1999; Haasl & Marnocha, 2000). It is important to provide an environment for the child to express his/her anger and help him/her to understand the death by explaining the circumstances and what is going to happen next (Gyulay, 1978; Macksound, 1993; Hallam & Vine, 1996).

Regression: A child may become very dependent after the death of a loved one and demand to be always close to his/her surviving relatives in an attempt to cope with his/her feelings of anxiety and fear (Elizur & Kaffman, 1986; Seager & Spencer, 1996; Goldman, 1999; Haasl & Marnocha, 2000). If the deceased was not the child's primary caregiver, the child may develop separation anxiety at prospects of even temporary separation from his/her primary caregiver. At school the child may exhibit this regression in failure to work independently and a development of dependence-seeking behavior, such as "baby talk" and bed-wetting (Goldman, 1999; Haasl & Marnocha, 2000).

Responsibility: Sometimes children may feel that they should somehow fulfill the role of the deceased. For example, the eldest son might feel obliged to take over the role of his deceased father, which could place an immense responsibility upon his shoulders. Or a surviving sibling might try to replace his/her deceased sibling in an attempt to console his/her parents (Haasl & Marnocha, 2000).

Disorganization: Many children may feel that they are out of touch with reality and may be especially forgetful, restless, unable to concentrate and irritable (Macksound, 1993; Hallam & Vine, 1996; Goldman, 1999; Haasl & Marnocha, 2000). This disorganization often results in problems in school with concentration and performance. Usually this is because the child is often distracted by his/her sadness and memories of the deceased (Macksound, 1993; Goldman, 1999).

Relief: Although relief is usually a very confusing reaction for the child after the loss of a loved one, it is a common emotion amongst survivors, especially relief that their loved one did not suffer (Goldman, 1999; Haasl & Marnocha, 2000).

Withdrawal: This may be demonstrated as a lack of interest in other people or activities previously enjoyed. Grief may also be manifested in sudden changes in the sleeping or eating behavior of the child and he/she may be more nervous than usual (Hallam & Vine, 1996; Goldman, 1999; Haasl & Marnocha, 2000).

Low self-esteem: Children usually do not understand their emotional changes following the death of a loved one and they may become ashamed, for example, of crying. They may also act out in anger in an attempt to lower other people's self-esteem to be able to feel better about themselves (Goldman, 1999; Haasl & Marnocha, 2000).

Stress: Normal children frequently show stress reactions or exhibit problem behaviors if they were exposed to fearful or painful experiences (Macksound, 1993).

Need for safety and security: After a stressful event in children's lives, such as the death of a loved one, a child may need the security and safety of being close to their surviving attachment figures, for example their parents, siblings or other close family members (Macksound, 1993; Hallam & Vine, 1996; Goldman, 1999). If possible, bereaved children should not be separated from their primary caregiver, but if this is not possible it would be important to help the child form new close relationships. Another way in which to offer security to a bereaved child is through routines and daily activities that are stable (Macksound, 1993; Hallam & Vine, 1996).

Repetitive talk about the event: It is important for children to talk about the stressful event repetitively in an attempt to understand the changes that are occurring around them. Children should be encouraged to express their feelings

and they should be listened to. The child may also ask many questions with regards to the death and dying in an attempt to try and understand it. Adults should be honest in answering these questions. Children's methods of coping with loss differ and it is important for adults to be willing to listen and accept the reality of the child's experience (Elizur & Kaffman, 1986; Gyulay, 1978; De Spelder & Strickland, 1996; Hallam & Vine, 1996; Seager & Spencer, 1996; Goldman, 1999).

Inappropriate affect: Sometimes the child may respond with seemingly inappropriate affect after a death. The child may act cheerful and happy in an attempt to make their parents feel better, but it may only confuse the parents and make them believe that the child is not grieving (Gyulay, 1978; Goldman, 1999). Children often feel that they do not want to burden their parents by showing them their grief, since the parents have enough of their own grief to deal with. Many children vent their emotions in diaries or letters and poems, which their parents may find years later only to realize the intensity of love and grief of their child (Gyulay, 1978).

Loss of future relationship: Many children may grieve the loss of a future relationship with the deceased parent, for example, a girl might start to wonder who will be giving her off at her wedding one day with her father dead (De Spelder & Strickland, 1996; Seager & Spencer, 1996).

### **3.3 *Adult understanding of child bereavement***

The literature is not very favorable towards adults' understanding of children who grieve. For example, Seager & Spencer (1996) argued that parents and teachers often misunderstood the grieving pattern of children. Grollman (1997) wrote that this poor understanding of adults towards children's grief is because of a death-denying and death-defying culture, where it is unfortunately believed that children did not understand death and therefore did not grieve. Often the parents of children were so overwhelmed by their own grief feelings that they were unaware of the possibility that children could grieve, and a number of children were even reported not to be told of the death of a significant close relative. As Bertoia (1993) wrote: "Many people avoid the topic [of death] with children, believing this avoidance protects the child" (p. 1).

From the extensive literature research that has been conducted for this study, it is obvious that many of adults' beliefs concerning children's grief were incorrect. Instead of avoiding any discussion about death with a child, an adult should be actively involved and even more aware of a grieving child's emotional and behavioral changes during times of trauma and death (Hallam & Vine, 1996).

This is especially difficult, because a child often does not show any emotional or behavioral changes, but this does not mean that the child is not grieving. Sometimes a child's grief can be very subtle. For example, Fleming & Balmer (1996) mentioned research that suggested that the death of a significant person

could have a great impact on a child's school performance in terms of his/her academic achievement. Dysfunction in school is generally not regarded as a symptom of grief, and adults could easily overlook this critical information about the child and misunderstand it as low intelligence or misbehavior.

Tyson-Rawson (1996) especially warned against misunderstanding of adolescent bereavement: "Although adolescent bereavement shares characteristics with both adult and childhood responses to loss, it differs because of its increased affective intensity, a product of the interaction of the loss and the developmental context within which it occurs" (p. 157). Balk & Corr (1996) also argued that adolescent grief processes and mourning were not exactly parallel to adults' grief. Adults often misinterpret adolescent bereavement in terms of "a phase that will pass", and therefore do not give enough attention to the emotional and behavioral changes that the adolescent experiences. In a developmental stage where the adolescent typically struggles to find identity, the death of a significant person could have devastating effects, especially if the grief is misunderstood by other significant people. If an adolescent is able to grieve fully for the deceased, it might be a catalyst for growth, maturity and a new self-awareness instead of a catalyst for depression (Tyson-Rawson, 1996).

Tyson-Rawson (1996) further argued that adolescents would frequently avoid talking about the deceased or about their feelings because they might be afraid of upsetting the surviving parent. The parent, in turn, may regard the

adolescent's silence as meaning that he/she does not want to talk about the deceased or the death. In this double bind, neither the parent nor the adolescent has the time or the opportunity to work together through this trauma in their lives.

In this research the understanding of secondary caregivers towards children's grief were also recorded. The argument was that secondary caregivers were not as much involved in the trauma as primary caregivers were, and it could therefore be expected that secondary caregivers would have a more objective understanding of children's grief.

This led the researcher to the following question: would it be better for one's understanding of children's grief to be part of the child's experience, or would objectivity be better? One can only speculate at this stage, and there were certainly arguments for both sides. Secondary caregivers, as objective observers, might be more open to see emotional and behavioral changes in the child, but, since the teacher was often not involved with the child and may be unaware of the trauma, these changes may be misinterpreted in the child. On the other hand, primary caregivers would be subjectively part of the child's circumstances, and one would expect them to be more aware of what is going on in the life of the child, but frequently the primary caregiver is too preoccupied with his/her own emotions and grief that the child's emotions were often neglected. It would be interesting to compare the findings between the primary and secondary caregivers' understanding of children's grief in this study to be able to draw

tentative conclusions about the advantages of objectivity or subjectivity towards helping children grieve.

In the following chapter the research methodology and methods that were used in this study are discussed.

## **CHAPTER 4: RESEARCH METHODOLOGY AND METHOD**

The aim of this chapter is to give the plan and structure according to which this research project was conducted. By making the plan and structure explicit, it could be easily duplicated by other researchers, ensuring the eventual validity of the study (Mouton & Marais, 1996).

### ***4.1. Research design***

The qualitative form of data analysis was used in this research. Qualitative research uses different methods than quantitative methods, for example, relatively unstructured interviews, which allow a person to discuss what he/she thinks is important. The qualitative research design was considered to be more suitable for this research context than a quantitative method, because it allowed participants to freely express and define their unique worlds and experiences. As Brost & Kenney (1992) (quoted in McHaffie et al., 2001) wrote: "Grief cannot be measured or compared. Grief is like a fingerprint, composed of identifiable universal characteristics and yet uniquely individual" (p. 9). There are different ways in which people grieve, and every individual's grief can differ from moment to moment (Stroebe, Stroebe & Hansson, 1993).

It was decided to use a semi-structured interview guideline (Appendix A) in individual interviews with the participants in order to obtain an in-depth view of each participant's understanding of childhood grief.

The data analysis used in this research was Philip Mayring's Qualitative Content Analysis, and it was aimed at finding patterns in the interview data. For example, similarities and differences in cognitive perceptions, actions, emotions and understandings of childhood grief were all possible patterns that could be found in the interview data. By doing this, categories were determined. The data was consequently classified according to these categories.

## **4.2. Research method**

### **4.2.1. Target group / Sample**

Following the advice in Mouton & Marias (1996), it was decided beforehand that the units of analysis should be individuals. Unfortunately there were difficulties involved in obtaining a simple random sample of the population of Namibia, for example, the unreliability of a list of names, and the probability that most of the people on the list will not display the independent variables. Therefore the population was rather defined beforehand, and a sample was selected from that.

These types of definitions that divide the population into groups were called "break characteristics" (Millward, 1995). The population from which the sample

was selected consisted of families in which there have been a loss of either one of the primary caregivers due to death, and in which there were children who were between the ages of eight (8) and eighteen (18) when the loss occurred. In the context of this research “primary caregivers” included parents, grandparents, other relatives, or close friends of the family who were taking care of the child(ren). The sample population was further specified as that the death of the primary caregiver should have occurred not longer than three (3) years ago in order to minimize questioning about the reliability of memory.

With this sample population in mind possible participants were identified as either primary or secondary caregivers of a child who grieves, or who have experienced grief. The primary caregivers were contacted through various religious structures by explaining the aim of the research and asking for volunteers to participate. The religious structures identified possible participants who qualified as part of the pre-defined population, and they were contacted in order to make appointments for individual interviews. These participants were contacted telephonically and appointments of approximately one hour duration were scheduled.

In order to involve secondary caregivers as participants, a letter of permission was obtained from the relevant government’s ministry of education. With this letter (Appendix B) different schools in the relevant region were contacted and asked for their participation. From those schools that replied to the letter a

contact person's details were obtained and he/she was contacted telephonically. This contact person helped to identify teachers who qualified for the sample population, who in turn were contacted telephonically and individual interviews were scheduled of approximately one hour each.

#### **4.2.2. Data generation**

Data generation took place by collecting data from semi-structured individual interviews with ten (10) participants. The interviews were conducted in either English or Afrikaans, depending on the preference of the participant. At the beginning of each interview the participant gave written permission to the researcher that the interview may be tape-recorded and that the information gained from the interview may be used in this research thesis, although confidentiality was still ensured. The researcher did not have permission to use the participant's name or surname or any other identifiable information about the participant, or about the child under discussion (Appendix C).

Furthermore, each participant completed a short questionnaire with biographical details of the participant as well as information about the child and the loss (Appendix C). The researcher followed a semi-structured interview guideline, but the interviewees were free to discuss whatever they felt was important. The interview guideline (Appendix A) were followed only when necessary.

The interviews were tape-recorded and transcribed verbatim by the researcher into written text. The transcripts of the interviews that were conducted in Afrikaans were translated into English. The transcripts and translations were reviewed by a lecturer in Translation at the University of Namibia.

#### **4.2.3. Data analysis**

The process of qualitative data analysis entailed organizing the interview data on the basis of themes (Neuman, 1997). By doing this, the researcher could identify similarities and differences amongst participants' interviews. The selection of themes were guided by the chosen theoretical frameworks, but mostly followed from the data gathered in the research. The method used to evaluate the data was Philip Mayring's Qualitative Content Analysis technique.

Since content analysis consisted of both a mechanical and interpretive content, the data was first organized and subdivided into categories before determining which of the categories were meaningful to the research questions (Millward, 1995).

#### Basic steps in order to conduct Qualitative Content Analysis

There were three techniques in the Qualitative Content Analysis which were developed by Philip Mayring in the 1980's, namely:

- 1) Summarizing Content Analysis,
- 2) Explication, and

### 3) Structuring Content Analysis.

The aim of Summarizing Content Analysis was to reduce a large amount of text material to include only the main contents. Opposed to this, the second technique of Explication aimed to extend text material by using additional material that were relevant to the text in order to make it more understandable. The third technique of Structuring Content Analysis was used in the qualitative-quantitative evaluation of qualitative data (Plattner, 2001).

Mayring (Plattner, 2001) described his Qualitative Content Analysis in systematic steps that a researcher could follow in the process of evaluation of the text:

- 1) Decide which parts of the text should be evaluated.
- 2) Describe the situation in which the material was produced in order to understand the material that will be evaluated.
- 3) Describe the formal characteristics of the material that will be evaluated, meaning the form in which the material is available.
- 4) Decide the so-called direction of analysis according to which theoretical approach the material should be evaluated and interpreted.
- 5) Determine the theoretical framework that will be used during the analysis.
- 6) Decide which of the three techniques of Qualitative Content Analysis would be used, and apply the chosen one(s). This will produce a system of categories.

- 7) Check whether the categories truly reflect the text material and whether it relates to the theoretical framework.

### Summarizing Content Analysis

This is a technique of Mayring's Qualitative Content Analysis in which the research material was summarized into categories that were related to the research question and the theoretical framework. This reduction of the material was done in such a way that the essence of the content remained, and the verbal material was brought to an abstract level without losing the original content (Plattner, 2001).

The Summarizing Content Analysis technique followed through seven steps:

- 1) Determine the units of analysis. This can be done after the material have been described and it has been decided what should be summarized. The units of analysis are chosen that are relevant to the research question.
- 2) Paraphrase the units of analysis to extract the essence of the text and to leave out the parts of the text that does not carry content. Mayring formulated three rules for paraphrasing, namely:
  - a. Delete all those parts of text which do not carry content (or carry less content) such as elaborations, repetitive or emphasizing phrases.
  - b. Transform those parts of the text which carry content to the same level of language.

- c. Transform them into a short grammatical version.
- 3) Generalize the paraphrases by transforming them into a more general, abstract level. In order to do this, the researcher should determine the level of abstraction and all paraphrases should be generalized to that level. The theoretical framework and assumptions will guide the researcher with the generalization. Mayring formulated four rules for generalization:
- a. Generalize the contents of the paraphrases into the chosen level of abstraction in such a way that the original content is still implied.
  - b. Generalize the expression of the sentences (predicates) in the same way.
  - c. Leave those paraphrases which are above the intended level of abstraction in place.
  - d. In cases of doubt get help from theoretical assumptions.
- 4) The first reduction is accomplished by determining a level of abstraction and then transferring the text that had been generalized in step three in which one should select/build categories. One should select only one category of each and place it in the reduction column and delete repetitions that occur in the generalization column. Those generalizations with unimportant or meaningless content could also be deleted.

The rules for the first reduction are:

- a. Delete those generalizations which have similar meaning.

- b. Delete those generalizations which on the new level of abstraction are regarded as unimportant or meaningless.
  - c. Take over those generalizations whose contents can further be regarded as important.
  - d. In cases of doubt get help from theoretical assumptions.
- 5) Sometimes a second reduction might be needed if the outcome of the first reduction is still too comprehensive. Again one summarizes onto a higher level of abstraction which is predetermined, related categories are grouped together or integrated into each other, or new categories can be constructed.

The rules for the second reduction are:

- a. Summarize those content which are similar or have similar predicate (that is, everything in a sentence apart from the subject).
  - b. Summarize those content which are similar and have different predicates (construction/integration).
  - c. In cases of doubt get help from theoretical assumptions.
- 6) Compilation of a system of categories which are based on the second reduction and reflect the results of the evaluation. These categories will be the basis of one's interpretation of the results and should be supplemented by the theoretical framework.
- 7) Check whether the system of categories still represent all of the original material.

In the following chapter the results of the study are presented and discussed, followed by Chapter 6, the interpretation of the results.

## CHAPTER 5: RESULTS – PRESENTATION AND DISCUSSION

### 5.1. *Sample profile*

Ten individual interviews were conducted with primary and secondary caregivers of children who grieve, or who have experienced grief, associated with the loss of a parent. Each interview lasted between 30 minutes and one hour. Four of the participants were defined as primary caregivers, and six were defined as secondary caregivers. In the following table the distribution of participants according to sex and type of caregiver are given.

Table 5.1: Participants' demographic details

	Primary caregiver	Secondary caregiver
<b>Male</b>	1	1
<b>Female</b>	3	4
<b>Teacher</b>		5
<b>Surviving parent</b>	1	
<b>Other relative</b>	1	
<b>Friend/Foster care</b>	2	

A total of fourteen (14) children were discussed in the interviews by the different participants. These children's demographic details are given below in Table 5.2.

Table 5.2: Children's demographic details

		Male	Female
	<b>Amount</b>	11	3
<b>Age now</b>	<b>&lt;8</b>	1	
	<b>8 – 11</b>	4	2
	<b>12 – 15</b>	3	1
	<b>16 – 18</b>	3	
<b>Age at loss</b>	<b>&lt;8</b>	1	
	<b>8 – 11</b>	6	2
	<b>12 – 15</b>	2	1
	<b>16 – 18</b>	2	
<b>Deceased</b>	<b>Mother</b>	1	1
	<b>Father</b>	9	2
	<b>Other (Stepmother)</b>	1	

The mean age of the children in this sample was 11.4 years. The children's mean age at the time of the loss was 10.7 years.

In Table 5.3 the demographic details of the deceased are given.

Table 5.3: Deceased's demographic details

		Father	Mother	Other
	Amount	11	2	1
Loss	Unexpected	9	2	
	Expected			1
	Unknown	2		
Cause of death	Motor accident	7		
	Illness	2	2	1
	Suicide	1		
	Unknown	1		
Date of death	2000	2		
	2001	3	1	
	2002	1		
	2003	5	1	1

## 5.2. Presentation of results

The interviews were tape-recorded and these recordings were transcribed verbatim. The text data was analyzed by using Philip Mayring's Qualitative Content Analysis.

The first step in the Qualitative Content Analysis was to determine which parts of the text were to be evaluated. It was decided to use only text that was the direct speech of the participants, and therefore the questions and comments of the

researcher were not used in the analysis. The text was furthermore reduced to include only those text parts where the participant spoke about the grieving child, the deceased, or the participant's own beliefs and reactions to death.

The interviews were conducted at places chosen by the participants, on an individual basis at different times and dates. The first step was for the participant to read through and complete the form (Appendix C) in which personal particulars of the participant and the child who lost a parent were given. Each participant was also required to sign a consent form (Appendix C) that gave permission to the researcher to use the information in her research; while at the same time confidentiality was ensured.

The participants were identified by schools and religious structures as fitting the break characteristics of the defined population, as discussed in Chapter 4, of this study. Participation in the research project was voluntary.

The interviews were tape-recorded and transcribed verbatim in order to obtain the interview material in written text form.

The direction of analysis was pre-determined by the chosen theoretical framework of the study, that is, John Bowlby and William Worden's Attachment Theory and Bernard Weiner's Attribution Theory, as described in Chapter 2.

Therefore, in this study, the data analysis was done by especially looking at the participants' understanding of children's grief. For example, the ways in which participants attributed certain behavioral traits and emotions to the grieving children. It was also noted to what extent the understanding of the participants reflected what the literature predicted about children who grieve.

In this research project the researcher applied the Summarizing Content Analysis technique in order to determine various categories from the text which was then used to interpret the results of the study.

The data of the primary caregivers who participated and those of the secondary caregivers who participated were analyzed separately. This was done in order to be able to adhere to the research objectives, as stated in Chapter 1. These were:

1. To record a range of subjective perceptions of caregivers with regards to children's grief;
2. To compare these perceptions with the relevant literature to see if the subjective perceptions of caregivers are similar to or different from the perceptions of children, as predicted by literature; and
3. To compare the ways in which primary and secondary caregivers perceive children's grief.

The following categories were identified with the primary caregivers:

Primary caregivers: categories

1. Initial reactions of the children
  - i. Awareness
  - ii. Emotional reaction
  - iii. Non-emotional reaction
  - iv. Withdrawal
2. Behavioral changes of the children
  - i. Sleeping
  - ii. Dreaming
  - iii. Eating
  - iv. Schoolwork
  - v. Physical contact
  - vi. Attention-seeking
  - vii. Aggression
  - viii. Crying behavior
  - ix. Talking about the deceased
  - x. Formation of new attachment bonds
  - xi. Identification with the deceased
3. Emotional manifestations of grief
  - i. Did not show emotions
  - ii. Sadness

- iii. Anger
- iv. Shock
- v. Anxiety
- vi. Relief
- vii. Pride

#### 4. Participants' beliefs about children's grief

- i. Children do not understand grief.
- ii. Children avoid grief.
- iii. Children want sympathy.
- iv. It is difficult for children to deal with death.
- v. Parents should not cry/grieve in front of children.
- vi. Talking about the deceased is too painful.

Different categories were identified with the secondary caregivers, but there were also some overlap. The categories of the secondary caregivers were the following:

#### Secondary caregivers: categories

##### 1. Behavioral changes of the children

- i. Schoolwork
- ii. Concentration
- iii. Talking about the deceased
- iv. Attention-seeking

v. Aggression

vi. Withdrawal

2. Support structures of the children

i. Family

ii. Peers

iii. Psychological help

3. Emotional manifestations of grief

i. Did not show emotions

ii. Sadness

iii. Anger

4. Participants' beliefs about children's grief

i. It is difficult for children to deal with death.

ii. Children avoid/deny grief.

iii. Children of today are more aware of death.

iv. Intelligent children are better prepared for death.

v. Children do not understand death.

vi. Children need good support structures.

vii. Parents are too preoccupied with their own grief and therefore do not understand their children's grief.

viii. Children try to be strong for their parents.

- ix. Teachers are not educated about children's grief.
- x. Black families offer better support to grieving children.
- xi. Teachers should be more observant towards children's problems.

### **5.3. Discussion of results**

The research question that was kept in mind by the researcher throughout the study was mentioned in Chapter 1. This research question asked: How do primary and secondary caregivers of children who grieve, or who have experienced grief, see and understand their grief?

It was with this research question as basis that the categories mentioned under 5.2 were extracted from the text data. From the start it was further hypothesized that there would be a difference between the understanding of primary and secondary caregivers with regards to children's grief. Per definition primary caregivers were more subjectively involved with the child in his/her grief, as the trauma would have also had an effect on them. On the other hand, secondary caregivers were regarded as more objective in the circumstances, but had less contact with the child than primary caregivers.

From the data, however, it became apparent that the primary and secondary caregivers had similarities in their understanding of children's grief, especially

with regards to the children's emotional manifestations of grief and some of the beliefs of the participants about children's grief.

However, there were also differences in understanding children's grief, for example, between behavioral changes observed in the children. Furthermore, secondary caregivers emphasized changes in schoolwork and concentration of children, as well as commenting on the support structures of the children, while primary caregivers could give an understanding of children's initial reactions after confrontation with the loss, and more detailed descriptions of children's behavioral changes.

In the following chapter an in-depth discussion of the interpretation of the results is given.

## CHAPTER 6: RESULTS – INTERPRETATION

### 6.1 *Primary caregivers*

There were four primary caregivers who participated in this study. Of these four participants only one participant was a surviving parent. The other three participants fitted into the definition of a primary caregiver, as given in Chapter 1, and consisted of close family and friends of the deceased, and one foster parent. Altogether five children were discussed by the four participants.

One of the children that were discussed were only two years old at the time of the death of his father, and therefore did not fit into the predefined criteria to be included into this study. However, it was interesting to see the way in which this child's grief differed from the other children in the study.

The child, who was four years old at the time of the study, lost his father unexpectedly in a motor accident two years ago. The primary caregiver (Participant 5) said that the child:

Participant 5 (p. 1): ... thinks that his father is still here, he wants to go to his father. For example, yesterday evening he cried again and said that he wanted to go to his father.

This observation was in line with what the literature predicted about young children's lack of understanding of death. It was evident that this child did not yet possess a mature understanding of death in terms of irreversibility. The child regarded death as similar to going away on a trip and returning again. Participant 5 described the child's understanding as follows:

Participant 5 (p. 3): No, I don't think he understands death at all, he... he, if we drive past the deceased's work, he will say that he wants to go to his father, and, I think he knows he is still somewhere, but he does not know where, although we say he is in heaven... and he also believes he is in heaven, but, still thinks that he is here on earth.

For a surviving parent this grieving behavior of a child could be very disturbing, as Participant 5 also mentioned:

Participant 5 (p. 6): All that I, that really doesn't bother me, but is difficult for me to handle is like the child that says he would like to go to his father... and he misses his father now, I... what do you tell that child... such a child? I cannot tell him you cannot go, because then he feels that you do not want him to go, and... So it's really, it is difficult for me...

Although this child did not fit into the criteria for this study, it was interesting to observe that this child's understanding of death, or lack of understanding, was

adequately predicted by the literature, even though the literature was not specified for Namibia.

Four categories were identified from the text of the primary caregivers. These were:

1. Initial reactions of the children,
2. Behavioral changes of the children,
3. Emotional manifestations of grief, and
4. Participants' beliefs about children's grief.

#### **6.1.1. Category 1: Initial reactions of the children**

The first category that was identified through the Qualitative Content Analysis of the text data for primary caregivers was "Initial reactions of the child". Primary caregivers are often in the unique position to be able to observe children's initial reactions when they are confronted with a trauma such as the death of a parent.

Under the category "Initial reactions of the child", the following sub-categories were identified:

- i. Awareness
- ii. Emotional reaction
- iii. Non-emotional reaction
- iv. Withdrawal

Participant 1 spoke about a child of eight years old, whose father committed suicide. The participant decided not to inform the child of the circumstances surrounding the death of her father and the participant further maintained that the child did not understand what it meant when a person dies. For example:

Participant 1 (p. 6): I think on a, on a later stage, she will miss him a lot. But now it's like a person who is going away and will come back.

This is similar to what the four-year-old child, discussed previously, understood about death. The eight-year old child was not aware of the circumstances surrounding her father's death, which might have had an impact on her poor understanding of the concept. Her initial reaction when she was told about the death of her father was a non-emotional reaction:

Participant 1 (p. 1): Uhm... I told her. And then, uhm... she come to me, and then run aw... uhm, run away.

This child's initial reaction was a withdrawal from her primary caregiver and a non-emotional response. Simultaneously the child was not aware of the circumstances surrounding the death of her father and the participant believed that she did not fully understand death.

Participant 2 was the foster parent of a child who lost her biological mother. The child was 13 years of age and was with family when she heard about the death. Therefore she was aware of the circumstances surrounding the death. Since the participant was not present when the child was informed of the death, the participant did not observe first-hand what was the initial reaction of the child. However, the participant did comment on the child's early grief reactions, which were emotional in nature:

Participant 2 (p. 5): ... In the beginning, of this year, she was crying very, she started to cry easily, but it was a short period, I can. It was not for a, a long, few months. It was for a short, short period...

Participant 5 was the surviving parent of two children, the four-year-old child who was discussed earlier, and an eleven-year-old child who was included in the study. The eleven-year-old child's initial reaction was reported to be severely emotional in nature, and he was fully aware of the circumstances surrounding the death.

Participant 5 (p. 2): You know, I told him myself. It was like, in the morning hours when it happened. And, so I told him personally that his father was in an accident, and I have not even spoken further when he started crying, so... I think he realized... Ag, and he just, cried terribly,

and we gave him sugar water until he became calmer, and... afterwards he cried terribly, nearly every day.

The eleven-year old child also lost his sister when he was five years old, and the participant believed that her death has helped the child to understand the death of his father.

Participant 5 (p. 3): Ahm... he said... at the beginning I think he didn't understand, he said I don't know, but I think after her death and after his father's death he has, he knows what's going on. I think he understands sort of.

Participant 7 was a friend of the deceased and became the primary caregiver of the young person of 17 years when his mother passed away. Participant 7 described his relationship with the child as a father-son-relationship. The child and the participant were present when they were informed of the death, and the participant described the child's initial reaction as follows:

Participant 7 (p. 4): You know what his first reaction was? He immediately wanted to organize his life, and he started, he organized his life, but in practical terms: I'm going to live with you and your wife now, ahm... you know those-those practical things. I want, I want to survive now.

The seventeen-year old child's initial reaction was non-emotional in nature and he was fully aware of the circumstances surrounding the death. The child also, to an extent, withdrew from his own family and attached to a different family.

Participant 7 (p. 4): Strangely enough, his dad wasn't part of, of the plan... for survival.

From the interviews it was already evident that the children showed completely different reactions to the news of a parent's death.

From the literature study, as discussed extensively in Chapter 3, it becomes clear that the literature predicted even more initial reactions that were typical of children who lost a significant person, none of which were mentioned in the interviews.

For example, children often experience feelings of shock, disbelief or disorganization (Macksound, 1993; Hallam & Vine, 1996; Goldman, 1999; Haasl & Marnocha, 2000).

One wonders why these reactions were not observed by the primary caregivers. It could be a result of the small sample, in which only four primary caregivers were interviewed. If more primary caregivers could have participated, one would

expect a broader range of responses. It could also be that primary caregivers are very much in a state of shock themselves after hearing the news of the death of a spouse or friend. This may result in poor observation about their surroundings, including the children that are involved, and therefore a poor recall during the interviews about initial responses of the child. As Participant 7 observed:

Participant 7 (p. 5): The child... was... and I must think now... The child... said... the child said, and I'm not sure whether he said it, I'll get there (laugh)... ahm... he said from this, he wasn't crying, number one.

It was clear that the participant struggled to comment and remember exactly what it was that the child said or did not say or feel. As the loss occurred two years ago, memory could be failing, or it could be that the participant was shocked and overwhelmed himself and perhaps did not observe the child's reactions very clearly.

### **6.1.2. Category 2: Behavioral changes of the children**

The second category that was identified from the text data of the primary caregivers was "Behavioral changes of the child". The following sub-categories were identified:

- i. Sleeping
- ii. Dreaming
- iii. Eating

- iv. Schoolwork
- v. Physical Contact
- vi. Attention-seeking
- vii. Aggression
- viii. Crying behavior
- ix. Talking about the deceased
- x. Formation of new attachment bonds
- xi. Identification with the deceased

*i. Sleeping:* One child was observed to be having problems with his normal sleeping pattern following the death of his father. For example, Participant 5 observed the following:

Participant 5 (p. 4): Yes, he was very restless, he woke at night and got up and said that he was missing his father, it is something that he didn't use to do at all, because usually he slept through.

The other three children who were included in the study did not show any change in their sleeping behavior.

*ii. Dreaming:* None of the participants reported any awareness of the children having nightmares about the deceased or about death. Two of the participants were not aware of any dreams that the children might have had about the

deceased. The other two participants were aware of the children dreaming about the deceased, and said that the children seemed to be enjoying dreaming about their loved one. For example:

Participant 2 (p. 6): I think she still thinks about her mother and dreams about her, and I think she, she remembers the good times that they had together.

Participant 5 (p. 5): He will always tell me the next morning that he dreamed about his father last night, or they did something, or... so he, I, I can see that there is a, when he dreams about his father he is happy. He... some of the contact that they have in the dream.

*iii. Eating:* Two participants said that there were no changes in the eating behavior of the children, while the other two participants did notice a change in the children's eating habits.

Participant 2 noticed an increase in the child's appetite after the loss of her mother:

Participant 2 (p. 4): But ah-ah, the eating. It was, ah, I noticed that she ate a lot when she came back... But to me, it was for two months, it was very strange that her eating habits changed, especially during the

afternoons during, ah-ah, lunch, she ate a lot of food, and she gained a lot of weight also, I, you know she's growing fast...

Participant 7 noticed quite another eating problem with the child after the loss of his mother:

Participant 7 (p. 10): Okay... behavioral patterns that changed radical, radically, uhm... they, they eat... bread... I almost want to say raw bread. They eat bread without putting anything on it... ahm... He stands when he eats... Ah... (silence).

*iv. Schoolwork:* In most of the cases reported by the primary caregivers there were little or no change in the grieving children's schoolwork, even to the surprise of some.

Participant 2 (p. 6): And, ah, no, I can't say that there is any change in her schoolwork, her behavior at school also. It stabilized, ah, it's-it's the, it's much better than it was, two years before. Then I had to go often to school, because there were problems. But now it's-it's stable. So-so I can't say that, even though the-the-the schoolwork, ah, it's the average normal that she had before.

Participant 5 (p. 3): His schoolwork has, I have to say it surprised me, stayed constant. He is smart and did well, and throughout his symbols stayed the same. He did not do any worse, or, it's just here at home, the way in which he used to do things, that also changed, but at the school, not at all.

Participant 7, however, noticed a drastic deterioration in the child's schoolwork, but also said that it has improved again.

Participant 7 (p. 6): The child's schoolwork went for a loop, totally, his... Yes, down. Since he is here, it-it-it started for, I mean only mathematics it improved with about 23 percent... uh... because of, because of, because of the order... the order, and maybe the-the, support, maybe that.

While speculating about the reason behind the child's poor schoolwork, Participant 7 said:

Participant 7 (p. 8): It's the loss of his mother. If his mother was alive, he would've been an eighty percenter, because his mother made sure that both, the other sons, made it... If the deceased was alive, ahm... the child would've been a super-performer, and he was a good performer up until the time that his mom died. And then, and then all of a sudden he

started, he tried to manipulate us, into making, ahm... decisions on not HIGSI but IGSI, not-not mathematics but something easier.

v. *Physical contact*: Participant 1 observed that the child withdrew from any physical contact after the death of her father.

Participant 1 (p. 2): She doesn't want a-a hug, and she, ah, run away.

Participant 2 noticed the opposite from the child she had contact with, an increase in the need for physical contact.

Participant 2 (p. 6): And, ah, I noticed even with me she's fond of simply coming up to me to give me a hug. She didn't do it before. Ah, you know in the morning, or she, she'll just come close, she won't say anything, but she want you to hug her, she wants to feel the closeness.

vi. *Attention-seeking*: Only Participant 2 described the child as attention-seeking in the following words:

Participant 2 (p. 2): She seeks a lot of attention, but she doesn't know how to express herself. And so, she agitates everyone around her the way she seeks, and ah, in fact it is only that she wants, she's crying for attention.

*vii. Aggression:* Participant 7 observed aggressive acting-out in the child after the death of his mother.

Participant 7 (p. 6): Ahm... the child and his father... the child would take out his aggression on his father and his brother. Ahm... in the period before he came here, there were huge... mega huge fights. And the fights usually centered around the child wanting to do his own thing, ahm, the child challenging authority, ahm...

Participant 5 also noticed anger outbursts in the child after the death of his father, for a period of about three months. The participant also offered her understanding of the child's aggression at that time:

Participant 5 (p. 1): ... He had anger outbursts during a time and slammed the door, and... So I think it was his way to get rid of the pain that he had...

For the other children, although the participants noticed anger in some of the children, there was no aggression present.

*viii. Crying behavior:* Three of the four children included in this study of the primary caregivers, were reported to cry at the funerals of their loved ones. Participant 2 were not present at the funeral of the child's mother, and could therefore not give any information about the child's behavior there. For example, although Participant 7 reported that the child only cried quietly in his bed, he also mentioned that the child cried at the funeral of his mother.

Similarly, Participant 1 noticed that the child only cried at the funeral of her deceased father, but that she has not cried since. This behavior of the child was disturbing to the participant, who was worried that the child was avoiding dealing with the death of her father.

Participant 1 (p. 5): She doesn't cry. Uhm... I think, when someone dies, you must cry.

Participant 5 said that the child cried terribly for most of the time after his father's death. His crying, however, subsided and became less until he would cry only when he was alone at night in his bed.

Participant 5 (p. 2): He cried in the morning, he cried in the afternoon... throughout the whole day, it was very bad for him, so... it diminished, and then it started to appear in the evenings, in the evenings when he gets into bed. Not at all anymore before people.

*ix. Talking about the deceased:* All of the participants reported that the children, when talking about the deceased, would refer to the deceased in the past tense. Two of the children were reported not to talk to their caregiver about the deceased, with one of these children apparently not talking to anyone about the deceased. Participant 1 noticed the following:

Participant 1 (p. 3): (silence) When we are talking about the, uhm... her father, she, uhm, starts talking about something else. She doesn't want to talk, too much, about it.

Participant 5 noticed that her child preferred to talk to his grandparents about his deceased father, while they would rather avoid talking about the deceased if the participant and the child were alone.

Participant 5 (p. 5): And I think it is important for the child, because it has, connection with his father, and they also talk very often about the deceased. So, it is nice for him to go there, because they always talk and laugh and cry about everything that they have done, and what happened, and... ... we shall focus more on the good things, or not good things, we shall say, do you remember he did that, and laugh about it and then it is over. But if I talk about it a lot, then I become angry, and then... so I prefer it not to really speak about it, because it is still too

difficult for me. Ag, and then it becomes difficult for them, so... we talk more on the surface about, about the whole story.

From the above it becomes clear that the primary caregiver finds it difficult to talk about her deceased husband, resulting in an avoidance of the topic with her child. This avoidance led to a withdrawal of the child from his primary caregiver, and rather talking to his grandparents about his deceased father, since it seemed to be easier to talk to them.

Quite another type of behavior was observed by Participant 2 about the child, who has lost her mother recently. For the participant the child was too talkative about her deceased mother and the participant found it disturbing that the child immediately told everybody she knew about her mother's death. The participant tried to explain it as follows:

Participant 2 (p. 2): ... I saw that, when, at the beginning of the year, ah, the way that she reacted was very, of course it was bad for her, and she was often in tears, but to me I saw that, at the beginning of the year, when someone that she knew before came to her, she immediately told the person, do you know my mom died? Immediately, because she want them to know and to hug her, and to sympasi... sympathize with her.

Participant 2 (p. 3): The child wanted to share, ah, wanted to talk a lot about, ah, the funeral, and the belongings of her mother, how they shared it... She liked at the beginning to tell this and to discuss it with, with anyone who wanted to listen. She wanted to share this...

For Participant 7 it was reassuring that the child talked about his mother often, since he felt that it helped the child to cope with his loss.

Participant 7 (p. 6): Uhm... (silence)... He talks about his mom a lot, so he ventilates.

Similarly, Participant 5 also thought that the child's continuous talk about the deceased was a way of grieving.

Participant 5 (p. 6): One can see from the things that he does or what he will, a lot of things, speak about or so he will say that his father has done this, his father has done that. I don't know, it was so long ago that he really cried, I don't know if he still lies awake at night, he will not tell me, except if I hear it if he starts to cry. But he will talk a lot with other people, so I think it is a way to... grieve to talk about it. So, I think he still does.

*x. Formation of new attachment bonds:* All of the participants observed that the children formed new attachment bonds with significant others in their lives after the death of a parent. It was interesting to notice that most of the children formed close bonds with family or friends of the same gender and approximate age of the deceased, and it was often an aunt or uncle of the child.

For example, Participant 1 observed that the child formed a bond with her uncle, the participant's husband, after her father's death:

Participant 1 (p. 4): Uhm... I think that she wants to do some, when she, uhm, see my husband and my kids, I think she, she thinks she and her father can do, uhm, could do it. But now he is passed, he passed away. And now she is alone and she must be with my husband and our children. She wants to play with him all the time, and she comes and hugs him, and... that shows me she misses her father.

Participant 2 noticed that the child formed a close bond with her deceased mother's twin sister:

Participant 2 (p. 6): Ah, you know, I realized that she, she grew very fond of her aunt. Ah, the twin sister. Her relationship with, between them became very close.

Participant 5 spoke about an attachment bond between her child and his uncle after the death of his father.

Participant 5 (p. 8): You know, I only know of my brother-in-law, unfortunately they live very far, because he is in Oranjemund, but... he is a role model to him, and I think, because his uncle has a very similar personality to what my husband had, he looks up to his uncle, and also his uncle is very much the same as his father was, he will wrestle with them and will do things with them, and it is also similar to what the deceased did with them. So I think he looks up to his uncle.

The bond that formed between Participant 7 and the child who has lost his mother was the exception to bonds with persons of the same gender and age of the deceased, as observed with the other children. This bond was formed through an active response of the participant to the child's loss. Participant 7 described it as follows:

Participant 7 (p. 7): Ahm... Because, because the child told me that he introduced Formula One to his mom, I decided, okay, let me keep that memory alive, because it is a good memory to ch, cherish... There's another memory that I keep alive, and it's not a memory, it's a physical thing... Ahm... I make coffee each morning, in any case for everybody. I take his coffee to him... I sit at his bed... and I give him the coffee the

way his mom used to. And then... I rub him on his back and I tell him, that God and I love him... It's a ritual. Well, initially-initially the thought I had was... it is too big of a shock to lose everything in (snaps fingers) the snap of about... and therefore I was happy to-to keep this thing alive. Again this is, this is now becoming it's-it's, what it was initially meant for is not what it is... It's not a role I play anymore.

From above one can see that the attachment between the participant and the child is reciprocal in nature. The participant not only took over the role of primary caregiver of the child, but also became a primary attachment figure in the child's life.

*xi. Identification with the deceased:* Identification with the deceased occurred when either the child took over the role of the deceased and started to behave like the deceased used to behave, or when the child collected so-called linking objects. Linking objects are objects that belonged to the deceased and that the child keeps close to him/her, or objects that reminds the child of the deceased that the child has certain attachment to. Identification with the deceased could also mean that the child idealized the deceased and only remembered the good things about him or her.

Participant 2 noticed that the child collected material belongings of her deceased mother shortly after her death.

Participant 2 (p. 3): The child brought small things from her mother, you, you know, make-up and jewelry and things... that she inherited from her mother.

Participant 5 also observed various reminders that the child has about the deceased.

Participant 5 (p. 2): And, some times that he also became sad, I know, was when he saw a candle burning, because at the morgue, ag not the morgue, Avbob, a candle was burning at his father, so. It gave him that connection with his father. So then he became sad.

Participant 5 (p. 4): I think he still sits by himself at night when he lies in bed, there are specific songs that he listens to when he longs for... then I know, when I hear it, he misses him now.

Participant 5 further expressed her own helplessness and powerlessness when she realized that her child was missing his father.

Participant 5 (p. 4): You know, it makes me quite, I can almost say bewildered. I-I don't know, should I go to him, or shouldn't I go to him? Should I help him, or should I? ... I think I feel powerless, because one cannot really help a child, you can only sit and comfort, but, it is also not really comfort for him.

There was also another type of identification behavior that this child displayed. Although he was only nine years old at the time of his father's death, he took on the role of the deceased and started to behave like an adult.

Participant 5 (p. 7): He suddenly, and after the deceased's death he had it very bad, he took on the role of this father figure in our home. He checked what I wore, where I, where I was going, what time I would be back at home, when am I going to do this, and when am I coming back...

When the researcher wanted to find out how the participant understood this behavior of the child, the participant explained it in the following way:

Participant 5 (p. 7): You know... it was always when his father would go away... he always told him, listen here son, you must look after your

mother well, and... (silence)... and you must watch that you, (laughter) he always spoke about vultures, as other men, watch that there does not come any vultures... and I think in a way it stuck in his subconscious, that he should look after me, he mu, if he is not there, so I think it did... I think so.

Participant 7 observed that the child started to idealize his mother after her death.

Participant 7 (p. 5): ... And then it came out when my mom was alive, this wouldn't have happened. My mom would have handled this differently. What he did, or what he does, is he-he-he idealizes his mom... But he only remembers the good things. He chooses to forget. What I do each time is to remind him that it is not always the truth...

Similar to the interpretation of the initial reactions of the children, the observation was made that the primary caregivers only noticed a few of the vast range of behavioral changes and physical symptoms of children who have lost a loved one that were reported by the literature in Chapter 3. For example, fatigue, sore throat, shortness of breath, difficulty in sitting still, headaches, stomach aches, clumsiness, listlessness, absent mindedness and bed-wetting (Hallam & Vine, 1996; Seager & Spencer, 1996; Goldman, 1999; Haasl & Marnocha, 2000).

This could be explained by the fact that the sample was very small and included a diverse range of participants and children. If the study were larger, or more focused on one specific age group, for example, more information might have been gained from the interviews. Otherwise, the few observations could also be explained in terms of the hypothesis that primary caregivers are usually so overwhelmed by the loss of a loved one themselves that they have difficulty observing and remembering any changes in behavior of other people. It could be that the participants did not notice any changes because they were not involved enough with the child during the time of grief.

### **6.1.3. Category 3: Emotional manifestations of grief**

This third category was divided into five sub-categories, namely:

- i. Did not show emotions
- ii. Sadness
- iii. Anger
- iv. Shock
- v. Anxiety
- vi. Relief
- vii. Pride

*i. Did not show emotions:* Participant 1 observed that the child did not show emotions after the loss of her father.

Participant 1 (p. 1): Uhm... (silence) She doesn't show any, uhm... (silence)... emotions. She doesn't, uhm, show very, uhm, much emotions. She is, uhm, very quiet, sometimes.

Participant 1 (p. 2): Most of the time I do not speak to her about it... And she's going on... normally.

This lack of apparent emotions worried the participant, as she mentioned that her main concern about the child was that she did not cry about her deceased father. However, she decided not to put any pressure on the child to grieve.

Participant 1 (p. 4): ... And I don't think I will pressure... uhm, pressurize, uhm, her to go. I think we must leave it, when she is ready she will ask for it.

Participant 7 observed similar lack of emotions from the child who lost his mother.

Participant 7 (p. 4): ... everything, everything was very confusing, as you would imagine... Then about... eight o'clock in the morning, I said to the

child, I took him and said, let's go make you, your father's bed... To keep him busy, number one, number two... to try... and help him to st... to ventilate, because he said nothing.

*ii. Sadness:* Sadness was manifested in different ways in the children. For example, Participant 5 mentioned that the sadness and grief in her children was still present two years after the death of their father.

Participant 5 (p. 6): ... It worries a person that, one can see that they do not really come over, over the grieving process or the sadness, but I think that will always be there, so... It's just, one can see they are also struggling.

Similarly Participant 7 was of the opinion that the child will grieve again for his mother in the future.

Participant 7 (p. 6): Because... ahm... because there is too many... there's too many firsts still to come. He would grieve again, when it is time for... matric farewell. He would grieve again... when it's time to make... ahm... You know what? I think he grieves every time we watch, ahm, Formula One. He grieves a little...

*iii. Anger:* Three of the four participants noticed anger in the children after the loss of a parent.

Participant 2 (p. 5): Ah, in the beginning, the, I-I, mff, I think about it, there was a little bit of anger, sometimes. Outbursts of anger. But ah, now, it's much better, because now she-she behaves better, her relationship with the other kids is much better, and if there's a problem she can discuss it without getting over excited...

Participant 5 (p. 3): You know, it was about three months after my husband's death. It started, he began to, talk back, terribly, and he did not listen when I spoke to him, and if I told him something he... became angry, and... But it is also now, everything is over now. It think it was just part... it is now almost two years, so he became calmer...

Participant 7 (p. 10): So... when the mom died, the lightning-conductor wasn't there anymore, so I assume the conflict was more intense. But these things are now... sort-of calm down...

*iv. Shock:* Participant 5 especially noticed that the children were shocked about their father's death. The participant took the children for a last look at their deceased father, and noticed that it was especially upsetting.

Participant 5 (p. 5): He was very quiet, I could see he was, he did not know what to expect, and I think when he saw it, it was terrible for him. But I also told him, remember when a person dies he is placed in a fridge to keep him beautiful, so if he touches him he should know that it is cold, and hard. So, he handled it well, actually, yes, he has. I think he didn't know what to expect... But one could see on their faces, it was actually a shock.

*v. Anxiety:* Participant 5 noticed some form of separation anxiety in the child towards her, the surviving parent, after the death of his father.

Participant 5 (p. 8): You know, no, they have never, they have never mentioned it, but I think, to an extent, because it was so soon after their father's death, I got the idea that they were afraid something will happen to me. I also think that is why the child is so concerned about me. There is still somebody that, if the mother falls away then the father will be there, then there is nobody, so... I think deep inside them it bothers them or it worries them, but they have never spoken about it.

Participant 7 read the private songs of the child that he started to write after his mother's death. From these the participant believed that he could not determine any anxiety in the participant, nor any suicide tendencies.

Participant 7 (pp. 7-8): I have, in not one of those songs, picked up any... fears, any... What I have picked up is loneliness. I haven't picked up suicidal tendencies...

*vi. Relief:* Only one participant observed feelings of relief in the child after the death of a parent. Participant 2 described it as follows:

Participant 2 (p. 9): Ah, she was, ah-ah. If I think back, she was telling that, oh no, she knows, I know where my mom is, she is safe, she can't have pain now, you know... that sort of thing. That she was saying it to herself, perhaps in a way of coping with the fact that her mother is away, but she also said it's better for her where she is now, because she'll never suffer again. That was, was sad for me, because her mother did not have an easy life. And she, as a twelve year old, picked up and told me, she'll never suffer again.

This child apparently experienced relief that her mother did not suffer during death, and she believed that it was better for her mother to have died than to

have continued living. This emotion of the child was difficult for the participant to understand.

Participant 2 (p. 9): Ah... sometimes, but not now, it was a little bit too much, you could see she was pushing it, the religious part. Perhaps it was her way of coping.

*vii. Pride:* Participant 2 observed that the child felt proud about the funeral of her deceased mother.

Participant 2 (p. 3): ... she felt very proud the way that the burial took place. It was... it was good for her, everything was in place... and she shared that.

The circumstances of the relationship between Participant 2 and the child is different from the rest, since it is a foster-parent and child relationship, where the child was removed from the care of her biological parents and placed in foster care as a place of safety. The fact that the participant noticed feelings of pride in the child is therefore unique in the sense that the literature does not predict feelings of that kind in grieving children.

Most probably there are other dynamics also present which could explain this emotion in the child, for example, the relationship between the child and her

deceased mother might not have been good, and now the child could feel that she should give tribute to her deceased mother. One gets that impression from the participant, for example, when she commented:

Participant 2 (p. 6): ... especially, I think the last holiday, because previous holidays were not so, there was, there were incidents, and the way she received a hiding, you know, when she came back and I saw, I wa... I was, ah-ah, I was a bit annoyed when I saw how she was treated. Not, not really, but her mother was so annoyed at her reaction at home...

The range of emotions that the participants picked up from the grieving children was at the same time diverse and similar. This seems to be a pattern throughout the research where there would be some similarities in the observations and understanding about children's grief, while each child's grief was also very individual and different in nature from the others. This emphasizes what the literature predicted about the difficulty to understand grief, and especially children's grief, because of the individual nature of grief and bereavement.

However, again there was a shortage of emotions noticed, as compared to the literature on children's grief. According to the literature, children can experience any one of a vast range of emotions during grief. For example, shock, disbelief,

anxiety, fear, guilt, self-blame, indifference, emptiness, sadness, anger, resentment, regression, responsibility, disorganization, relief, low self-esteem, stress and inappropriate affect.

The same arguments could be cited to try and explain why the participants in this study only noticed a few of these emotions in the children who have lost a parent. It could be because of the small sample, with only four primary caregivers who participated, and therefore one would expect a longer list of emotions if the study were to be bigger and more focused. Otherwise it could be explained in terms of the hypothesis that primary caregivers are often preoccupied with their own grief and might be unaware of what the children are going through. Another possible explanation for the few emotional manifestations observed in the grieving children could be that the children do not grieve in front of their caregivers, but rather ventilate their feelings in alternative manners, for example, at school with their peers. It could be that the children are trying not to upset their caregivers more by burdening them with their emotionality, and therefore it might seem to the participants that the children do not have a lot of emotions.

#### **6.1.4. Category 4: Participants' beliefs about children's grief**

Six subcategories were identified of the way participants understood children's grief. These are the following:

- i. Children do not understand grief.
- ii. Children avoid grief.

- iii. Children want sympathy.
- iv. It is difficult for children to deal with death.
- v. Parents should not cry/grieve in front of children.
- vi. Talking about the deceased is too painful.

*i. Children do not understand grief:* Participant 5 formulated this belief in the following words, even though the child that she referred to was eleven years old:

Participant 5 (p. 4): You know, it becomes, I think I become angry at circumstances, because I think a man, in a certain sense, can better, are much stronger, they can help, but... you feel powerless, especially with a child. If it is an adult, is it much better. They understand and can know and they can grieve and cry, but not children. I think I feel powerless, because one cannot really help a child, you can only sit and comfort, but, it is also not really comfort for him.

Similarly, Participant 1 answered negatively when questioned whether or not she believed that the eight year old child understood what it meant when somebody dies. Participant 1 furthermore said:

Participant 1 (p. 6): I think on a, on a later stage, she will miss him a lot. But now it's like a person who is going away and will come back.

*ii. Children avoid grief:* Participant 1 was of the opinion that the child was avoiding grieving for her deceased father, since she has shown no change in behavior or showed any emotional manifestations of grief.

Participant 1 (p. 2): And she's going on... normally.

Participant 1 (p. 3): She's avoiding grieving.

The participant further decided not to put any pressure on the child to start grieving, and rather avoided any discussion about the deceased with the child. Especially since the deceased committed suicide, and the child was not fully aware of that. The participant explained their decision not to inform the child of the suicide of her father, but simply telling her that he died, as follows:

Participant 1 (p. 2): But she doesn't know he has committed suicide. We don't mention it every time. Uhm, when she's old enough we can tell her.

There are different dynamics and issues of possible concern that should be noted when a person is grieving the death of somebody who committed suicide. These issues and dynamics will be discussed in Chapter 7 of this research in more detail. It would be sufficient to say at this stage that this child's behavior should be interpreted with great care, since it could be problematic if one would simply compare the findings from this interview with the other cases on an equal

basis, when there are special considerations to take into account. For example, the stigma that is associated with suicide and the decision of the caregiver not to inform the child of the way in which her father died. The child is therefore unaware that it was a suicide, and the caregiver is avoiding any talk about the deceased, which could make it problematic for the child to deal with her own grief.

*iii. Children want sympathy:* Two of the participants believed that the children were looking for sympathy from other people after the death of their parents, and that they used the fact of the death in order to receive this sympathy.

Participant 2 (p. 2): Ah, I would find it strange, when she came back at the beginning of the year, ah, the way that she reacted was very, of course it was bad for her, and she was often in tears, but to me I saw that, when, at the beginning of the year, when someone that she knew before came to her, she immediately told the person, do you know my mom died? Immediately, because she want them to know and to hug her, and to sympasi... sympathize with her.

Participant 7 (p. 10): He would come, because he absolutely loves ice-cream, he would say, ah-ahm... ag, my mom, usually my mom and I had ice-cream this time of the day... Yes, he would try to be away from home, as often and as long as possible... He... he started, very

negatively, gloating on the sympathy of the people around him. Remember, this is one of the most beautiful little boys in the world... Apart from the fact that he's now strong and he's a wrestler, he's got those, those... hush-puppy eyes. If he throws those eyes down like that... your heart immediately turns into chocolates... he can do anything with you.

Both of the participants experienced the need for sympathy of these children as negative and manipulative in nature. It was apparent that the participants did not believe it was a positive trait to want sympathy and to look for it so obviously.

*iv. It is difficult for children to deal with death:* Participant 2 is of the opinion that the death of a loved one is a difficult thing for a child to handle.

Participant 2 (p. 10): It's part of the loss of her mother, that's, that's a big thing to work through and get used to, and she's very young still.

Similarly, Participant 5 talked about the difficulty of the death for her child.

Participant 5 (p. 1): But we don't, because I think for all of us it is still too painful, it's... a person doesn't know how to handle it, so, for him it was really... very bad, it was difficult for him to handle, he did not know how to handle it.

v. *Parents should not cry/grieve in front of children*: When the researcher questioned Participant 1 about her own grieving, she answered:

Participant 1 (p. 7): (silence)... Yes, I've cried, I have cried, a lot.

Furthermore, the participant simply nodded her head in affirmation to the researcher's further statements about how the participant herself expressed her grief. The participant apparently decided not to cry in front of the child, and she tried to be strong and pretend that she was fine about the loss. To a large extent Participant 1 avoided handling the grief of the child, and more than once indicated that she decided not to put any pressure on the child to grieve.

Participant 1 (p. 6): We will deal with it on a later stage.

When the researcher questioned Participant 5 about her own grief, she answered in a manner similar to Participant 1:

Participant 5 (p. 9): No, there I am on my own a lot. I will not... I will cry like on my daughter's birthday, or if we go to the grave I will... but otherwise I am also like my child. When the children are in bed at night, then, I become sad or I go to the bathroom and do it on my own. Because I know it is difficult for them, I do not want to involve them in

this, so... I grieve on my own. It's very seldom that I will cry before other people. So I also speak only on the surface, but... when I'm alone then I sit and think, and, all the thoughts and all the pain and those things. But it is by myself that I do this.

Statements like these were regarded as a belief of the participants that the parent or primary caregiver of the child should avoid to show any negative emotions and grief in front of the child.

This is opposed to what the literature recommend. In fact the literature rather advises caregivers to share with their children their emotions and their feelings of grief, and be open to discuss the difficulties of the loss with the child. It is a misconception of some adults that children should not be part of the grief of the caregiver also. The results were still interpreted with great care, because the researcher remained continuously aware of the fact that it was a very small sample from a very large population, and therefore definite conclusions were made with caution.

*vi. Talking about the deceased is too painful:* The participants did not necessarily specify whether they thought that talking about the deceased is too painful for the child, or for the participant self.

However, Participant 5, for example, said:

Participant 5 (p. 1): The child... uhm, for him it was very difficult. He was very close to his father..., but the child handled it very differently, he has, until today we do not speak a lot about his father, the only time that we really speak is when he cries...

Participant 5 (p. 1): But we don't [talk about the deceased often], because I think for all of us it is still too painful, it's... a person doesn't know how to handle it, so, for him it was really... very bad, it was for him very difficult to handle, he did not know how to handle it.

It became apparent from the interpretation of the participants' beliefs about children's grief that the participants often did not have an adequate understanding of the processes and emotions of children who have lost a parent. As indicated earlier, though, the interpretation of the data was regarded with great care, as not to make conclusions that might be false. It is an important consideration to keep in mind that the study was indeed very small, while it did, at the same time, cover a broad spectrum of participants. Generalizations could not have been made with certainty about the findings from the research, but it was the opinion of the researcher that more research in this area was urgently needed, especially when one takes into consideration the devastating effect of

HIV/AIDS on the population of Namibia, and the consequent rising amount of AIDS-orphans.

Subsequently the results from the data gathered from the interviews with secondary caregivers are discussed.

## **6.2. Secondary caregivers**

A total of six secondary caregivers participated in this study. One of the participants, Participant 8, was not included in the research, because of the poor quality of the tape-recording of the interview, which resulted in an inability to transcribe the interview data into text form. This participant's interview was therefore abandoned.

Five secondary caregivers' interviews were successfully transcribed and included in the interpretation of this study. All of the secondary caregivers were teachers of children who have lost a parent, and were interviewed about the behavioral or emotional changes that the participants observed about the children.

A total of ten children were discussed by the five participants. As predicted, the secondary caregivers were not so much involved in the child's loss, and were therefore regarded as more objective in their observations about the children. Because of the nature of the relationship between a child and a teacher, the

categories that were identified differed in certain respects from the categories obtained from the data of the primary caregivers. For example, the secondary caregivers placed more emphasis on the child's school behavior, including concentration and interaction with peers, as well as commenting on the child's social support structures, which included, amongst others, the primary caregiver. However, the secondary caregivers were also able to observe the emotional manifestations of the children's grief, as well as behavioral changes of the child after the loss of a parent.

Because there were ten children who were discussed by only five participants, the children were numbered in order to be able to distinguish between them in the text. The children were numbered from one to ten according to the order in which they were presented by the participants.

Four categories were identified from the text data, namely:

1. Behavioral changes of the children,
2. Support structures of the children,
3. Emotional manifestations of grief, and
4. Participants' beliefs about children's grief.

### **6.2.1. Category 1: Behavioral changes of the children**

Opposed to the eleven subcategories under the category of "Behavioral changes of the child" that were identified from the data of the primary caregivers, only six

subcategories could be identified from the data of the secondary caregivers.

These subcategories were:

- i. Schoolwork
- ii. Concentration
- iii. Talking about the deceased
- iv. Attention-seeking
- v. Aggression
- vi. Withdrawal

There is quite a difference between the number of behavioral changes that the primary caregivers noticed about the children, and those that the secondary caregivers noticed. There is also a big difference between the number of subcategories identified from the secondary caregivers and the behavioral changes predicted by literature that children might experience during the grief process.

These differences could be explained by the small size of the study. Only five secondary caregivers' interviews were included in the study, and one might be able to identify a broader range of behavioral traits if the study were more extensive.

Another possible explanation for the little information about children's behavioral changes from secondary caregivers could be because of the fact that the

secondary caregivers have classes of up to 45 students. This makes it very difficult for a teacher to be able to observe the behavior of every student individually and often teachers simply do not have the ability to notice every child. Some of the children were only seen by the secondary caregiver for one period of the school day, of approximately 40 to 45 minutes. This little amount of time, together with the amount of children in the class makes it extremely difficult for the secondary caregivers to be able to notice and remember the behavioral changes of grieving children.

Participant 4 (p. 3): ... I mean it's quite difficult, I think, especially in our setup because sometimes you have such very large classes, and you have children that get lost... somewhere in the... the whole... situation, because it just kind of fall through the cracks...

Participant 6 (p. 2): You know, it's, such big classes that we work with, a person does not go into such depth if when, ah, the child was disrupted we would have definitely by now have reported it to a psychologist or have given help...

It further became apparent from the interviews that some of the secondary caregivers themselves were not aware of the children's loss, and was therefore not especially observant of the child. It was sometimes the case that the teacher

was not made aware of the child's loss and only became aware of the fact through this research. For example, Participant 10 said:

Participant 10 (p. 5): And, uhm, I never noticed that something was wrong. Until you told me that the other's have passed away, that she has lost her father. And, ah, then after that I called her in and said, child (9), tell me that, did you lost your father? Yes, teacher, why? Three years ago. Oh, it was a long time ago. Three years is long for a child, especially for a girl with her father.

Similarly, Participant 6 was not informed of the death of a child's stepmother by either the child or the child's caregiver.

Participant 6 (p. 1): No, he didn't even come and tell himself. Round about break time another teacher sent a girl to me and said if I knew, uh, child (5)'s mother has died. I nearly died of fright...

As will be made clear later in the chapter, under participants' beliefs about children's grief, teachers feel that they have to be informed about children's difficulties at home in time to be able to pay special attention to the children's needs. It happened that the teacher attributed a child's behavior to naughtiness, when in fact it might have been explained through the loss. For example,

Participant 10 commented that after she found out that the child has lost his father recently, she understood his misbehavior in class better.

Participant 10 (p. 5): Ah, but if I can talk about child (9)'s brother, whom I also teach mathematics, then I will rather say, he's much older, not much-much older, but there's maybe a year or two difference between them... Because he was, maybe, maybe ah-ah a male figure in the boy [child 10], we do have, at the moment problems with his behavior at school... And ah, as you have mentioned, it might be now the case... because I've never, as I've just said, I've never noticed that something might be wrong with child (9), or at home or whatsoever, but child (10), definitely. We do have problems with child (10)... He is, he's trying to get the attention on him, you understand?

*i. Schoolwork:* One of the participants observed that the child's schoolwork deteriorated after the death of his father.

Participant 9 (p. 3): But with child (6), I noticed a slight, you know, change in his schoolwork and so. Not that he's not doing his homework, but when it comes to tests, you know, and so on, ah... his marks has come down a little.

Opposed to this, two of the grieving children were reported to show an improvement in their schoolwork since the death of their parents.

Participant 3 (p. 3): No, the child (1) was a slow worker, still is a slow worker. Actually, I just told his mother the other day, it's as if he is working faster now (laugh)...

Participant 10 (p. 1): Yes, definitely, because it has now gone for a long time, it is almost a year now. And, ah, even I'm only teaching him mathematics, but ahm, you can say that... he even improved, in mathematics.

This behavior is contrary to what the literature predicted, and a possible explanation could be that the children received more attention from the secondary caregivers after their losses, which may have resulted in an improvement in their schoolwork. Perhaps the secondary caregivers became more observant towards those children and gave them more individual attention because of a concern they might have had about the children's grief, and it resulted in an improvement of the children's school performance.

Four of the children were observed as showing no change in their schoolwork.

Participant 4 (p. 5): ... but for child (3) I think, ahm... (silence). He has, he hasn't done well in my class all year, you know, so it's, I really can't... Yes, it's-it's not worse, you know (laughter). It's just, it's bad... (laughter), so you really can't say, well I can't really say that I think I can ascribe it to the fact that he lost his father, you know, it wasn't like he used to perform at this level and all of a sudden he dropped down, you know...

Participant 4 (p. 6): But, I mean, if I was experiencing child (4) at the same level, I mean, I normally see child (4)'s report card, and he's not doing as well as he should be either, you know. It's like everybody else in my class have been improving... you know, first term, second term, people that used to fail two subjects are now passing everything. So this is general... curve that everybody has, but that curve doesn't seem to be existing for child (4), you know? So, I mean, in that sense I can be just as worried about him.

Participant 6 (p. 3): Child (5), we have now, uh, the last week been writing a lot of tests, he has done very well. His, his schoolwork did not deteriorate. His homework has been done regularly, uh...

Participant 9 (p. 3): With... child (7)... I wasn't here, ah, when he lost his father, so... ahm, looking at his history, I mean the, from his, the-the-the previous reports and-and so on, I wouldn't say his work has deteriorated, and I wouldn't say he is having problems with his schoolwork, as such. Ahm... I started teaching him last year, and he's still the same boy, he's still performing on the same level...

*ii. Concentration:* From the literature the researcher expected that a child who grieves and whose concentration deteriorated would consequently have problems with schoolwork also. This was true for child (6).

Participant 9 (p. 3): Yes. Child (6) is having a problem with concentration and paying attention in class. And I-I think, okay, it-it-it can be due to the fact that he has lost his father recently, ahm... and that-that is probably still fresh in his mind and is still bothering him, ahm... that and, that is how I experience him in my class, when we have social studies.

Participant 9 (p. 3): Yes, with child (6), yes. With child (6), he will sit there, ah-ah, staring outside, because he is s-s-sitting, you know, in a position where he is facing the windows and he will stare outside, you know, and I've noticed that, and I know that he's gone through that. And... to me if-if I notice that and realize that, I mean, there's a lack of

concentration, or he doesn't pay attention, I'm not too hard on him, because I know that possibly he, you know, he thinks about his father.

Child (3) was reported to also have problems with concentration, even though his schoolwork hasn't deteriorated, but stayed constant.

Participant 4 (p. 7): But with child (3), ahm, yes, every now and then. But he's a very talkative child so, the times that he is not p-paying attention is because he is playing, you know... Ah, I can't really say that, you know, I can't really say that... he drifts off too much, because most of the time he is talking.

Opposed to child (6), child (3) did not withdraw or become quiet when he did not pay attention, he rather became the clown of the classroom and became talkative.

Two of the children were reported to show no change in their concentration, and they were also the children whose schoolwork seemed to improve after their losses.

Participant 3 (p. 3): Well, a-as I've said, ahm, child (1), sometimes, could be a bit of a dreamer, but he can... answer my questions, he-he does his work, so... ahm. If he didn't listen he wouldn't be able to do it.

Participant 10 (p. 3): Because, as I've said, in the class he is on his place. It's not as the other boys, talking around, running around, ahm... always to shout at, please sit down, etc, etc...

*iii. Talking about the deceased:* Only child (9) was reported to talk spontaneously about the deceased.

Participant 10 (p. 5): And then, ah, I asked her what happened? Because, as I've said she's an outspoken child, so I asked her what happened. So she told me, no, teacher, he was a lorry driver, and on this road to the airport, that... that's where something happened, and he lost control of the lorry, and... he passed away on that, on the scene. Then I said, oh, how do you take it? Then she said, no, I'm fine teacher, I'm fine...

The other children only spoke about the deceased when asked by the participant, and then gave a little information and as little detail as possible.

Participant 3 (p. 2): The child (1) wasn't very talkative, ah, before, anyway, and he-he hasn't said anything about his father. And I'm not ready to ask him...

Participant 4 (p. 1): ... ahm, because, both of them [child (3) and child (4)] really, became very quiet and withdrawn for a while... Definitely, ah, did not really speak that much in class anymore, and both of them are very talkative children... ...You know, I think it had something to do with the fact that they are boys, maybe? But they weren't really opening up emotionally towards their friends either. They didn't really talk about it much, they just, they were just quiet and their friends let them be and so did I, because, you know, all of us deal with, with loss differently, and I got the distinct impression that that's how they needed to deal with it.

Participant 6 (p. 1): No, he didn't even come and tell himself. Round about break time another teacher sent a girl to me and said if I knew, uh, the child (5)'s mother has died. I nearly died of fright, and then I went afterwards to him during break time. Then he half indignantly shook his head and said, but it is not my mother...

Participant 9 (p. 1): No, not at all. Not, doesn't happen spontaneously, not from him [child (7)], but if you ask about... ah, his father. If you talk about what happened and then he would talk to you, he would talk to you about it, but it's not coming from him spontaneously. Mmm, ahm... not, I've only asked him, you know, what happened and when did this happen. Ah, but he didn't go into any details, that's all I asked. Yes, he was only answering my questions, so I didn't see any emotion in that. He

was only answering my questions, and I don't think he wants or he likes to talk about it. Because I don't think that he has got over that, I don't, I'm not sure whether he is, he's not coping.

Participant 9 (p. 2): Child (6) is more into himself... Ahm, and I don't think he's quite ready to talk about that, I mean... with me...

Participant 10 (p. 1): Actually the child (8) joined the school only this, no, I understood that he joined last year, and ah... but he was having quite a problem with, with the language itself... And ahm, but I, ahm, I later wondered if it was only the, the language problem which he is having, because he was more, ah... an introvert than an extrovert. And, ah, so I called the mother in, I spoke to her and I noticed, but I, the mother never told me that... that the boy lost his father in the beginning. It's only later that I heard that the boy lost his father last year, due to illness, etc., etc. But, ahm... I decided to... to talk more to him and give him more attention, etc., and I-I noticed that he is opening up now.

Participant 10 (p. 4): I, I did. I did talk to child (8). And, ah, but I didn't go into, into detail. I just talked to him about what was the matter, was he ill, was it an accident, and what happened, and etc. But I didn't go into details on their relationship, and all this. I think it will take time before I maybe enter that sphere.

*iv. Attention-seeking:* Two of the participants described the behavior of the children as attention-seeking in the following ways:

Participant 9 (p. 1): The child (7) has to have a reason. You know, you have to explain to him why you are doing that specific thing to him. Ahm... You know, he has to know why things are happening. Sometimes it appears to me that he is also a little bit confused in the sense that, you know, I think that, you know, he's looking for attention, but I really do not know is it... what type of attention he is looking for, because he's always at my table, understand, when we are not working he is always with me, talking to me, sharing, ah, you know, his outside life with me.

Participant 10 (p. 5): Uhm... the child (10) is trying to get the attention, he's trying to, to, to be naughty, he's trying to be funny... and, but funny enough, if you talk to him... then, then, then, then he is not really a bad boy.

Participant 10 offered a possible explanation for child (10)'s attention-seeking behavior.

Participant 10 (p. 7): Oh! I tell you. But child (10) is, I think he is trying to cope now. But as a child... yeah, but he is big enough to notice that he

has really maybe lost someone. Especially for a boy. So it might be that all these things... is playing a role... ... Because a child, if a child is trying to be funny, I would rather prefer a child as child (10). He is naughty, he is trying to get the attention on him, then you, if you are tuned enough or if you are... someone who is... observant, yes, and you will notice that-that the child needs something. Yes. Needs attention and love. And maybe he is missing a father.

From the above it seemed as if secondary caregivers would easily attribute attention-seeking behavior as being funny or naughty, but if they were made aware of possible trauma that the child might be experiencing at home, they seemed to be willing to consider the alternative of the child's misbehavior due to grief.

*v. Aggression:* Participant 9 reported that child (7) was behaving aggressively after the death of a parent.

Participant 9 (p. 1): ... but child (7) is a person who is always looking for attention, ah. And whenever he is not getting his way, you know, he will become a little bit aggressive. And he's, he likes to defend himself... ... Ahm, he's always, you know, his aggressiveness sometimes gives me that impression, that I mean, there's something there troubling him,

there's something, you know, ah-ah... Ahm... Maybe emotionally, socially something, something is wrong.

Participant 9 (p. 4): So, I think that if the father was also present, I mean, that it would've been a lot different than what it is today. Especially in terms of child (7)'s aggressiveness. I don't, I don't believe he was like that in... before, or in the past.

Participant 10 noticed that aggression was not necessarily part of grief in children.

Participant 10 (p. 4): No... I do have aggressive boys, but it's-it's not part of those who lost their parents.

This cautioned the researcher to make hasty conclusions about aggression as such if it was noticed by the participants.

v. *Withdrawal*: The following children were reported to have become more withdrawn after the loss of a parent.

Participant 4 (p. 1): Definitely, ahm, did not really speak much in class anymore, and both child (3) and child (4) are very talkative children. So they're outgoing and they're spontaneous, so you would immediately

notice something like that, such drastic change in their behavior. So both of them really became very, very withdrawn. Child (3) I think a bit more than child (4), ahm... so, they became very, very quiet, and, ahm, it was very difficult to get them to talk about, anything, during that period... ... but during that period of time you could really see that, ahm, that it was a difficult time for them, because both of them just became very quiet.

Participant 9 (p. 2): Yes, I've noticed, you know, quite a change in how... with child (6) now, he is more quiet, he's more withdrawn. You know, he's always on his own in class. You know, I used to have problems with him, he was also a bit outspoken. So in class activities, but now, he's a little bit withdrawn.

The other participants did not report withdrawal from any of the other children who have lost a parent. For example:

Participant 6 (p. 1): ... child (5) really did not change. Uhm. He goes flat-out. For example, this weekend he is playing in a match...

Participant 9 (p. 2): But I think child (7) is trying his best, I mean, since he's not withdrawn and he's outspoken in class, on playgrounds and so.

Participant 10 (p. 7): Yes, it's that child (9) is coping fine. She's even come, openly, to me and said, teacher, do you know what happened, ah, last... yesterday at our place? Teacher? She's open.

The behavioral changes that were observed in the grieving children by secondary caregivers were already discussed as being too little, and possible explanations posed. For example, the small size of the research study, the difficulties that teachers may have to observe problems in children when they have such big classes, and the relatively short amount of time that the teachers spent with the children could all be part of the explanation, or the explanation as such.

### **6.2.2. Category 2: Support structures of the children**

The participants were quite outspoken on the topic of the grieving child's support structures, or lack of support structures. The participants, as secondary caregivers, were in the advantaged position to be able to comment on three different areas of possible support to the children, which were also identified as the following subcategories:

- i. Family
- ii. Peers
- iii. Psychological help

Most of the participants emphasized the importance of good support structures from the side of the family, including the primary caregiver of the child. Less emphasis was placed on the support from peers for the child who have lost a parent, and the participants regarded the support from a psychologist only necessary if the child exhibited so-called problem behavior.

For example, Participant 6 said:

Participant 6 (p. 2): ... a person does not go into such depth but when, ah, the child (5) was disrupted we would have definitely by now reported it to a psychologist or have given help, but this child... continued as if nothing happened, so... I also do not want to bother too much, because I am afraid of asking the wrong questions. And it doesn't look... like he is disrupted at the moment, or that he needs any help.

From this, it seemed as if a child, who has lost a parent, would only be considered as having difficulties with grieving if the child were somehow disrupted. The fact that child (5) was apparently denying and avoiding grief was not serious enough for the secondary caregiver to consider getting help for this child.

*i. Family:* Overall the participants were satisfied with the children's support structures from the side of the family, and thought it to be adequate.

Participant 4 (pp. 4-5): Ahm... I really think child (3) and child (4)'s mother is the pillar of the household. You know, she's the one that... everything, everything revolves around... ... And I think that there's an aunt or a cousin, I'm not quite sure the relationship there, but there's another woman also, that is... either related to the mother or very close friends to the mother, that the boys, you know, also seem to have a good relationship with... ... Yes, it seems as if though they are coping, I mean, I think that they do have people that they talk to, that they were open up to more, so... you know.

Participant 6 (p. 2): Child (5) also has a grandmother who is in Windhoek and with whom he often spent time.

Participant 9 (p. 3): Child (7)'s mother is quite supportive. Ahm... because whenever we are having activities at school, she is always involved. Whenever we call her, if we've got problems with child (7), she comes, we make an appointment, we meet, and we talk about that. Ahm... and she's involved, I mean, and-and-and quite helping him.

Participant 9 (pp. 3-4): With child (6), I don't know. I've never met child (6)'s mother, ah... I never talked to her, but I'm-I'm sure he has got a mother and he... ah... they are having a house and, I don't ahm-I-tst, I don't believe that he is struggling at home... With anything, with-with food, attention, love, care, and so on... ... So I believe that there is, there's-there's a support structure, there's people supporting him, there's a mother taking care of him... And... and I, yes.

Under Category 4 of the secondary participants, namely "Participants' beliefs about children's grief", the topic of the important value that secondary caregivers placed on adequate support structures is discussed further.

*ii. Peers:* Similarly to participants' comments on the family support structure of grieving children, the participants also indicated in some of the interviews that peer support also played an important role for children during grief. Participant 3 answered to the question of the researcher whether or not the other children in the class were supportive towards child (1) and child (2) that she definitely thought so.

Participant 1 (p. 8): So yes, they're very considerate, their friends, yes. They look after them.

Participant 4 also noticed that the peers of child (3) and child (4) also supported them during their time of grief, although child (3) less than child (4).

Participant 4 (p. 3): I think that they, they supported child (3) and child (4). I know child (3), well, both of them, because they're such outgoing children, ahm... really draw people towards them, because of the nature of their personalities, I think. So, it was really a time, I especially saw that in my register class with child (4), because a lot of his friends are in that class, that they, ahm, they kind of "coo"-ed around him a bit more. They were just around him a lot, and... answered for him, and... you know. Just appeared to be doing as much as they could not to have him deal with anything that he doesn't have to, at school. You know, so, I think that, ahm, that they supported him, a lot, in that regard, because he is somebody that they look up to and, that they, that they cherish as a friend, so... And as for child (3), I really can't say, or, you know, whether they supported them, or not. I think, in my class the way I experienced it is while he was quiet, you know, everybody just kind of let him be, and didn't really... say anything against him, or messed with him. At the moment they do, you know. They just let him be, and gave him his space.

*iii. Psychological help:* Child (2) was reported to have been to a psychologist after the death of her father.

Participant 3 (p. 2): She's fine (laugh)... Fine, fine, fine! Well, the child (2) is staying with her aunt, and, ah, they took her for therapy. I don't know about child (1), if child (1) is going to therapy, I don't think he...

Participant 9 was quite strongly convinced that child (6) needed to see a psychologist.

Participant 9 (p. 6): Ahm... No... I wouldn't say there is anything that worries me about them. But, prr, I would like, I'm not sure what the parents are doing, I mean, what ah-ah, the-the-the remaining parent is doing, what type of support the child (6) is getting. Ahm, may it be professional help and so on... But I believe that, especially child (6) needs that... He needs to express himself very, he needs to talk about his father. He needs to talk about what happened... Ah, and I don't think he's talking about that, to anyone. I'm not sure at home... That's not healthy. And I think that is the only problem probably that I, that I think that child (6) will encounter in the future, because if he doesn't talk to anyone about that... you know, uhm, it will be a problem for him in the future.

Opposed to this, Participant 6 felt that it was not necessary for child (5) to see a psychologist, because he was apparently not disrupted enough by the death of his stepmother.

Participant 6 (p. 2): ... a person does not go into such depth if when, ah, the child (5) was disrupted we would have definitely by now have reported it to a psychologist... or have given help, but this child (5)... has continued as if nothing happened, so...

### **6.2.3. Category 3: Emotional manifestations of grief**

Similar to the behavioral changes observed in the grieving children, the secondary caregivers observed less emotional manifestations of grief in the children after the death of a parent. The same possible explanations for this difference in observation could be given, for example the small size of the study, the large classes of the teachers together with the relatively short time that the teachers are in contact with the children per day.

A further possible explanation could also be given in terms of the small amount of emotional manifestations of grief that secondary caregivers noticed in grieving children. Participant 4 used the following words to explain how she understood it:

Participant 4 (p. 2): You know, there's, there's so much, especially when you start dealing with things that are emotionally difficult to deal with, it is

very, very rare that you have a child that really comes and that opens up completely towards the teacher or whatever the case may be, and those opportunities, or those times are things that you really cherish because, you know, it took so lot, it took so much for that child to actually reach that point of opening up to you and talking to you about things that's going on in their lives. And yes, there's so much going on all the time, you know. Most of it we are not even aware of, you know, and I mean, me as a teacher, I deal with these kids all the time, you know, every single day I see them, but there's so much going on in their lives that I find out after the fact, maybe, you know when things happen, and you just cannot believe it, and it just makes you realize the fact all over again that there's things happening in their lives all the time. And, ah, we should be so sensitive to that, because you just don't know.

From this it is apparent that the participant felt that children only very rarely opened up their emotions to their teachers. This could therefore also explain why the secondary caregivers only identified three different manifestations of grief in the children who have lost a parent. These three subcategories were:

- i. Did not show emotions
- ii. Sadness
- iii. Anger

Participant 3, however, noticed anxiety as an emotional manifestation of a child's grief, but the child was too young to be included in this study.

Participant 3 (p. 9): I know child (1)'s little brother was having some problems, this, this morning... not problems, but he's more difficult than child (1)... He's much smaller... More-more like five, four-five... Actually not behavior, there's just, he doesn't want his mother to leave in the morning. He's kind of got anxiety, that sort of thing.

This child displayed separation anxiety from his mother, and it only appeared after his father passed away. Anxiety was not an emotional manifestation of grief that was noticed by any of the other participants in this study.

*i. Did not show emotions:* Child (9) was reported not to show any signs of her grief for her father who passed away three years ago. Actually the participant was not even aware of the fact that child (9) has lost her father before this research study identified the children who have lost parents.

Participant 10 (p. 5): And, uhm, I never noticed that something was wrong. Until you told me that the others have passed away, that she has lost her father.

Participant 9 said the following about child (7) when asked whether the child showed any noticeable signs of grieving after the loss of both his father and his little brother in the same motor accident two years ago:

Participant 9 (p. 4): Child (7) is not withdrawn, he's not talking about his father, you know, he's not talking about his little brother or his father... He's not showing me the signs of somebody who has lost someone, you know, a father, recently. But on the other hand, I would also say he's not... really, I mean, over it.

Similarly child (5) did not show any emotions after the death of his stepmother recently, to the surprise of the participant.

Participant 6 (p. 1): Nothing, nothing, nothing. It all stayed the same. That is why I initially, when the principal said about these interviews I felt that this child really does not fit here.

*ii. Sadness:* Child (1) and child (2) were reported to be sad after the death of their parents, although Participant 3 was not certain about it.

Participant 3 (p. 4): It's quite recent, it was last term. Uhm (silence). You know, perhaps a little bit of sadness, and the look of sadness in their eyes.

Participant 4 observed that child (4) seemed more sincere in his grief than child (3), his brother, after the loss of their father.

Participant 4 (p. 6): And I think ahm, I really think that child (4) is a person that really, ah, perhaps, suffered the most, more... intensely, because, ahm, it just appear that he's-he's. The way that he handled, becoming so much withdrawn, was really more, I don't know if you can say sincere? You know? You know, when you know you're supposed to... like something like that happen to you in life... and so... you're standing still because you know you should be standing still, do you understand what I'm saying? You know? And not of the fact that it is really making you stand still... So, I don't know, to a certain extent I kind of felt that-that more, sometimes, not all the times, sometimes with child (3), you know. Ahm, but with child (4), the experience was a bit more real. Yes, you know, he-he appeared to me to really... you know, just being brought to a halt by... wow, this has just happened. I have no idea how to deal with this, you know?

Participant 9 described child (6) in the following way:

Participant 9 (p. 5): Child (6) is very gentle, he's very polite, decent. You know... ah, he wouldn't become aggressive, he will... cry easily, you

know if you confront him or if you... ah, if he's under pressure, I don't think he will cope under pressure that well.

*iii. Anger:* A few participants noticed anger and irritability from the children after the loss of a parent.

Participant 9 (p. 4): Yes, child (7) has got anger... Yes, very-very, he becomes irritated easily, quite easily.

Participant 10 observed that child (10) was apparently difficult to handle at home, due to his misbehavior.

Participant 10 (p. 6): I don't know, I think he was trying to prove something, and ah... if I can recall, even at the beginning of the year, the mother also maybe could not cope with it, because I remember he was taken out the first term and taken to Cape Town or something like that. And then I ask child (9), the little girl, child (9), where is your brother now? She said with my mother's brother in Cape Town, or something like that, he's schooling there, so it seems that maybe he didn't even cope at home, so... or it was maybe even tough on the mother, to control him. I don't know, it might be, my observation. And ah... strange enough, this term, they brought him back.

Under this category of emotional manifestations of grief as identified by secondary caregivers, it is apparent that the caregivers did not have a very broad knowledge of children's emotions after the loss of a parent. Again, this could be explained by the fact that the sample was very small and one could perhaps identify a broader range of emotions from a larger sample, or a more focused sample.

However, the little emotional information could also possibly be explained by the fact that secondary caregivers are not so much involved with the children and therefore would not be able to see the children's emotions clearly. The children are only in the secondary caregivers' classes for a relatively short period of the day, in which it might be possible for these children to hide their emotions from their teachers.

This explanation becomes more plausible if we take into consideration the number of emotions that the primary caregivers could identify, even though the sample of primary caregivers were smaller than the sample of secondary caregivers. The primary caregivers, who were hypothesized to be more subjectively involved in the grief of the child, were able to identify six subcategories under the category of "Emotional manifestations of grief", as opposed to only three subcategories of the secondary caregivers under the same

category. With this in mind, above explanation perhaps carried more weight than the other possible explanations.

#### **6.2.4. Category 4: Participants' beliefs about children's grief**

Compared to the six beliefs identified from the text of the primary caregivers, the secondary caregivers seemed to be more outspoken on their beliefs about children's grief, because there were eleven subcategories identified under this category of secondary caregivers. These subcategories were the following:

- i. It is difficult for children to deal with death.
- ii. Children avoid/deny grief.
- iii. Children of today are more aware of death.
- iv. Intelligent children are better prepared for death.
- v. Children do not understand death.
- vi. Children need good support structures.
- vii. Parents are too preoccupied with their own grief and therefore do not understand their children's grief.
- viii. Children try to be strong for their parents.
- ix. Teachers are not educated about children's grief.
- x. Black families offer better support to grieving children.
- xi. Teachers should be more observant towards children's problems.

A possible explanation for the difference in number of participants' beliefs about children's grief between primary and secondary caregivers could be that

secondary caregivers were not so much involved in the children's grief, and could therefore be more outspoken about their beliefs without fear of being criticized for it. However, it could also possibly be explained when one took into consideration that secondary caregivers were more exposed to grieving children than primary caregivers. The secondary caregivers often had children in their classes that have suffered loss, whereas the primary caregivers were only exposed to their own grieving children. This could explain why the secondary caregivers had more beliefs about children's grief as opposed to the primary caregivers.

*i. It is difficult for children to deal with death:* Some of the secondary caregivers believed that losing a parent is a very difficult thing for a child to work through.

Participant 4 (p. 9): So... yes, you always... you are sensitized more towards children that you know have had... you know, such a big loss... in their lives. I mean we have children that are in grade eight and losing parents, you know, or who have lost parents this year. So... yes, that it's-it's children that, you know, you really carry them in your heart, especially. Because, ahm, you can never know what that parent mean to that child, and then what that loss means to that child... Yes, exactly. So... so, and I mean that I think, personally for me... knowing what my parents meant to me when I was that age, you know, they were just my world, you know. So I think that... losing a parent at such young... age... would-would really have broken me, and I think, with that in mind, you

know, I'm very sensitized to that, to that whole emotion, and looking out for the child.

Participant 9 (p. 2): And I also talked to his mother once. I mean, his mother was here, and we talked and she also talked, ah-ah, told me that, I mean, the problem with child (7) is that he lost not only his father, but also his little brother in that same accident, so... Yes, ahm. And this is, I mean, it's very difficult for him, you know?

Participant 3 (p. 7): I know it's difficult for child (1), but I want to support him. But he must also realize, life is actually going on.

*ii. Children avoid/deny grief:* Participant 4 expressed her concern regarding child (3) and child (4)'s apparent avoidance of grief. She explained it in the following way:

Participant 4 (pp. 3-4): So, they were, they were in school throughout this whole process for most of the time, you know. Uhm, I think that is, that their father passed away during the weekend and they buried him during the week sometime. And I think they were both just absent for two days or so. That was very short. That, to me, was quite surprising as well. You know, that was very-very short. But, and I asked them as well, you know, why didn't you stay at home, or, I mean, I, no-nobody would

blame you if you feel that you want to be with your mom, or whatever the situation may be, and... both of them answered that, you know, there's nothing for them to do at home, and they want to be with their friends and they want to be surrounded by people, that... Almost escape from home, yes. Almost escape from the circumstances, or in a way, perhaps, dealing with the situation. You know, but, ahm, yeah, but that was their preference, because I-I had asked them that question because it was so surprising to me, that they were back in school so quickly. But, ahm, that response that I got from both of them, that, you know, they needed to be in school, which I didn't think was true, you know, it wasn't a need for them, not under those circumstances to really be in school, but, ah, I think it was their choice to be in school, they really wanted to be in school. Not to have to... to grieve, or deal with the whole process of grieving for too long, you know.

Participant 4 (p. 7): Ahm...I think like, I mean they are not the, the only children that I've had in my class, that, you know, have suffered loss in terms of, ahm, their parents especially. Ahm, it's just... well, it's just, sometimes it's quite amazing to see how, I think there's a lot of denial in terms of really dealing with the loss, of their parents, you know, ahm.

Participant 4 (p. 8): You know, so... it really makes me think that it's not happening at all, you know, that it's... being put off for... well, a later stage in their life or whatever the case may be, to really deal with it.

Participant 4 offered a possible explanation for the children's avoidance of grief:

Participant 4 (p. 7): Because, ah... because I think that everybody else around them, you know, is just... they're children, they don't want to be treated differently, they don't want to stand out particularly, you know, amongst their friends or anything like that, and saying that, you know, I'm having a difficult time makes you stick out, you know? Or showing vulnerability makes you stick out, and... most of these kids, I mean, they just, they just don't want to be that different.

It was important to take into consideration that Participant 4 observed the grieving behavior of two adolescent children, aged seventeen and eighteen, which may be an indication of why they would not want to be different from their peers. The other two children who were observed to be avoiding grieving were much younger, aged eight, and the participants did not offer explanations for their avoidance.

Participant 6 picked up avoidance/denial from child (5) in terms of the death of his stepmother.

Participant 6 (p. 1): No, he didn't even come and tell himself. Round about break time another teacher sent a girl to me and said if I knew, uh, child (5)'s mother has died? I nearly died of fright, and then I went afterwards to him during break time. Then he half indignantly shook his head and said, but it is not my mother... And he was in school the whole day also. And the next day his, his biological mother came to fetch him.

Participant 3 expressed her surprise at the apparent lack of emotion from child (2) after the death of her father.

Participant 3 (p. 5): But, ah, I asked them, child (2)... child (1)'s is just too short at this moment, ahm... to write me some sentences about being scared, about being excited, or anything like that and I thought maybe she's going to write something, but she didn't at all.

*iii. Children of today are more aware of death.* Participant 3 observed that children are perhaps more aware of death in the 21<sup>st</sup> century:

Participant 3 (p. 2): ... and the whole class, actually is fine. I think these days the children, are more... ah... aware, definitely.

*iv. Intelligent children are better prepared for death:* Again, Participant 3 raised this belief about children and grief:

Participant 3 (p. 3): ... and child (2) was really fine afterwards. She didn't have any reaction and, but she's a good worker as well. I don't know, maybe that's the difference between... more intelligent... I don't know if there's... a relationship.

Participant 10 mentioned the following that indicated a similar belief:

Participant 10 (p. 8): Child (9) is above average, so I never noticed anything.

*v. Children do not understand death:* Some of the participants raised the belief that children did not yet understand death.

Participant 6 (p. 2): Because I do not know at all how... ah, I cannot think how a person... could think that way about it, but you know, our children's worlds are so confused that I know they think that they do not understand themselves everyday.

Participant 4 (p. 7): And they're just, it's just like, it happened, and let's move on, you know. And I really don't think they experience it like that in their hearts at all.

Participant 10 (p. 2): ... they started to give, maybe, attention and love, etc., etc., but sometimes if a child is not aware of what it's all about then he can misuse that love and attention, you understand? And I think that's what's happening at home, child (8) is misusing it now. Because the mother told me if they even said go and bath, he said it's not time for me to bath, and etc., etc.

*vi. Children need good support structures:* The secondary caregivers who participated in the study largely believed that good support structures for children are very important during grief, support from family as well as peers.

Participant 3 (p. 12): So maybe it's, that's why I think the support sy... the support system is... quite valuable for the children.

Participant 4 (p. 5): And helping them to cope and maybe talking to them to have them, you know, share their feelings and their opinions about what-what's going on, you know? So I think that child (3) and child (4) have those people in place at home, that's why... a lot of children don't have that at home, so you often find them turning towards their peers or

towards teachers at school, but normally the children that have that at home, you know, have this capability to... bounce back, and to... you know, to, ahm, to deal with things and have things normalize in their life. Because they're having, they have somebody at home that's quite simply dealing with them.

Participant 4 (p. 3): Yes, I know, I mean, I think, ahm, especially for-for child (4), you know, it was, it was just, it was very nice for me to see that, you know, that they really care about each other, and it's not guys that will ever say... that, listen, we love each other. You know, they're never going to say something like that, you know, because they're boys. They're just, aaah! (laugh) That's sissy! You can't say stuff like that, but I mean, at the same time, when something like that, when they experience something like that they just, they come together, you know what I'm saying?

*vii. Parents are too preoccupied with their own grief and therefore do not understand their children's grief:* Participant 4 raised this belief and explained it in the following way:

Participant 4 (p. 7): You know, so it happens with their very close friends, but the rest of the world is telling them, you know, life goes on, you know, so... that's the attitude in terms of dealing with that as well. You

know, and I think, maybe a part of it comes from the parents as well. You know, that is... dealing with their own loss, you know, and just... so wrapped up in that, that uhm, sometimes they-they leave, they tend to leave out the children, maybe, and not address what they're going through, you know?

Participant 6 also commented on the parents of grieving children:

Participant 6 (p. 3): I even get goose bumps, because parents do not realize what they are really doing to the children.

*viii. Children try to be strong for their parents:* Again it was Participant 4 who observed the following:

Participant 4 (p. 7): And so the children are there being strong for the mother, or being, do you understand what I'm saying? When it really should be the other way around, and you see a lot of that going on, as well.

*ix. Teachers are not educated about children's grief:* Some of the participants were very uncertain about how to handle a child who has lost a parent, and expressed their uncertainty in the types of advice that they were looking for from the researcher, and the comments that they made.

Participant 3 (p. 6): Actually, I, what do you? You seem to be... qualified, and... what am I supposed to? Am I supposed to talk to these children? Ask them, or, do I have, just to support them, as a teacher?

Participant 3 (p. 9): No, I was just a little bit concerned by myself, if I'm supposed to... reach out more? I mean, just comforting them, or supporting them?

Participant 4 (p. 8): I don't think so. But you know, again, I mean, you are dealing with so many children, so many... different upbringings and backgrounds, and... you know, you can't say the people who teach you how to love and how to... handle loss and all of those types of things and, so you can't really... ever put your finger on it and say this is definitely what is going on about that particular child, unless you are dealing with that child on a very personal basis.

Participant 6 (p. 2): I also do not want to bother too much, because I'm afraid of asking the wrong questions.

Participant 6 (p. 2): A person does wonder, I don't know, you must tell me, should I speak to the child (5) more? (laughter) Should I ask him how he feels? I really don't know how to handle this further.

Participant 6 (p. 3): Yes, you know what I mean... so... maybe I should have, I should, you should tell me what I should ask him.

*x. Black families offer better support to grieving children:* This belief came from the interview of Participant 10, who is a black teacher.

Participant 10 (p. 3): ahm... as I'm also a black teacher... I can tell you that, the-the-the, that blacks are mostly in that cases very-very supportive. Even, if you can maybe notice if you know something about the blacks, you will know that even if you, for example now if my sister's child, if my sister pass away, I will act as a mother. Whether I'm not even, go to the court or whatsoever, welfare people, I will certainly take over the role as a mother. And I think it's, it's exactly what happened. Ah... the family stepped in immediately as-as-as mother and father and... I don't think that the child (8) is feeling the, not that he's not feeling the death, I don't think that it's so much maybe a trauma for him, but definitely as a boy, maybe he longs for his father.

*xi. Teachers should be more observant towards children's problems:* Various participants commented that, as secondary caregivers, they should try to be more observant towards children's problems.

Participant 3 (p. 3): I'm really, I'm really watching child (1) and child (2), you know, they're just fine.

Participant 3 (p. 5): ... but I'm not worried as... uhm... no, the teacher, not worried at all, because I saw them, they are really going, it's fine.

Participant 4 (p. 2): Most of it we are not even aware of, you know, and I mean, me as a teacher, I deal with these kids all the time, you know, every single day I see them, but there's so much going on in their lives that I find out after the fact, maybe, you know when things happen, and you just cannot believe it, and it just makes you realize the fact all over again that there's things happening in their lives all the time. And, ah, we should be so sensitive towards that, because you just don't know.

Participant 4 (pp. 8-9): Yes. You have, you are, because you have to be sensitive towards those things, you know... you have to, ahm, give the child that room and that space, if... if that process is there. Because, I mean, at some point in time you have to deal with it... in their lives, you know. And if you can be of any help or any assistance to get them

through that process, then, ah, then I think that it is my job and my obligation as a teacher and human being to do it. So, yes, you're always on the look out. To see, you know, if-if there's anything you can do or, with this child, if there's any type of change or, you know, if anything is going on in their lives... So... yes, you always... you are sensitized more towards children that you know have had... you know, such a big loss... in their lives.

Participant 10 (pp. 2-3): Yes, I-I noticed that, something wasn't right, but you'll never think maybe in terms of somebody's death. Most of the cases that we can notice is maybe the-the-the... tsp... the parents are not on good feet, or... maybe the mom's a single mother and does not have time for the boy or for the girl, etc., etc. But you never think in terms of-of death, in most cases... Then I can try maybe another... strategy. Because sometimes if you don't know these things, you might be harsh on the child.

Participant 10 (p. 7): Yes-yes. Truly speaking, as a teacher, if a child is sitting in front of you, you don't see the color, you don't see the... what, you just see a child. And immediately sometimes you will see and notice that the child needs really-really attention or that this child needs love and, some of them you can notice that they are just... trying to be funny.

From the teachers' beliefs about children's grief, it became apparent that they have different and sometimes even contradicting beliefs. For example, the belief that children of today are more aware of death and that intelligent children are better prepared for death, could be regarded in some ways as opposite of the beliefs that children do not understand death, or that children avoid/deny grief. This could be explained in terms of the difficulty of grasping children's grief, because every child experiences it very individually and differently. As Participant 4 observed:

Participant 4 (p. 8): ... so you can't really... ever put your finger on it and say this is definitely what is going on with that particular child, unless you are dealing with that child on a very personal basis.

In the last chapter of this research the final conclusions about the study are drawn, as well as a discussion about the shortcomings that were identified and possible future recommendations are made.

## **CHAPTER 7: CONCLUSION AND RECOMMENDATIONS**

In this chapter an attempt was made to answer the research question and research objectives in the light of the previous chapters.

The research question was: How did primary and secondary caregivers of children who grieve, or who have experienced grief, see and understand their grief?

The research objectives of the study were:

1. To record a range of subjective perceptions of caregivers with regards to children's grief;
2. To compare these perceptions with the relevant literature to see if the subjective perceptions of caregivers are similar to or different from the perceptions of children, as predicted by literature; and
3. To compare the ways in which primary and secondary caregivers perceive children's grief.

In Chapter 6 it became apparent that there was a difference in the understanding of children's grief between primary and secondary caregivers, and it also differed from what the literature predicted in Chapter 3.

There were various possible explanations for these differences:

1. The sample size was very small, and therefore conclusions about the findings of the study had to be interpreted very sensitively. For example, in both the primary and secondary caregivers there were relatively little information about their understanding of children's grief in terms of their behavioral changes and emotional manifestations, when compared to the predictions from the psychology literature. This might be adequately explained when it was taken into consideration that only four primary caregivers and five secondary caregivers' interview data were included in the interpretation of the study.

Considering some of the statistical data, that was reported in Chapter 1 of this study about HIV/AIDS orphans, it becomes clear that nine caregivers could perhaps not be representative of the Namibian population in terms of understanding children's grief.

However, it did raise some important questions with regards to children's grief that hopefully would encourage new research on the topic. For example, one of the questions for future research would be to ask to what extent were the subjective perceptions of the caregivers true for the reality of the children's grief. Could it be that the children did not fully express their grief in front of their caregivers or did primary and secondary caregivers perhaps not have an adequate understanding of children's grief?

If the latter was true, it would be reason for great alarm, since children were very much dependent upon their caregivers for help with their grief. If the caregivers were to have erroneous perceptions about children's grief, how would they be able to assist grieving children?

During the collection of the interview data some of the participants admitted to their lack of understanding children's grief. Many participants indicated that adults should not talk to children about death and grief, while the literature strongly advised adults to be open for discussion about death and grief with their children, in order to help them grieve adequately (Hallam & Vine, 1996). Many of the participants admitted to avoid talking about the deceased with the children, for example:

Participant 5 (p. 6): But, if I talk about it a lot, then I become angry, and then... so I prefer it not to really speak about it, because it is still too difficult for me.

Also, some of the participants told the researcher that they do not cry or grieve in front of the children, while the opposite was encouraged by literature (Hallam & Vine, 1996). For example:

Participant 5 (p. 9): When the children are in bed at night, then, I become sad or I go to the bathroom and do it on my own. Because I know it is

difficult for them, I do not want to involve them with this, so... I grieve on my own. It's very seldom that I will cry before other people. So I also speak only on the surface, but when I'm alone then I sit and think, and, all the thoughts and all the pain and those things. But it is by myself that I do this.

If one took into consideration that a child often learned behavior through watching how others behaved, one may begin to understand why many of the children in this study then also preferred not to cry in front of their caregivers and rather grieved alone.

The sample population was defined quite broad in order to be able to identify voluntary participants. However, the researcher still had difficulty in finding caregivers who were willing to participate in this study.

2. Ideally speaking, the study should have been more focused on, perhaps, different age groups' grief reactions. For example, in this research paper, the age groups between eight (8) and eighteen (18) were grouped together, but the literature warned against trying to understand young children and adolescents' grief reactions simultaneously. Adolescent grief reactions were predicted to be more complex than either adult bereavement or childhood responses to death. Adolescent bereavement apparently differs in its affective

intensity, and should be regarded in terms of the developmental context in which it occurred, namely, identity formation (Tyson-Rawson, 1996).

From this, an analysis of the data that were collected from the different caregivers suggested that the types of emotions displayed by the young children differed from those of the adolescents. For example, Participant 7 said about an adolescent of seventeen years after the loss of his mother, that his initial reaction was to organize his life:

Participant 7 (p. 4): You know what was his first reaction? Okay, I am going to live with you now. He immediately wanted to organize his life, and he started, he organized his life, but in practical terms...

This reaction from an adolescent was congruent with predictions from literature about adolescents' grief reactions. Tyson-Rawson (1996) explained that: "Conceptually, then, the death of a parent means that adolescents face a need to reorganize existing elements and create new components of their internal working model without a significant person on whom to base affectional, gender, and vocational roles" (p. 155-156).

Opposed to this, the initial reaction of a child of 8 years was described by Participant 1:

Participant 1 (p. 1): Uhm... I told her. And then, uhm... she came to me, and then ran aw... uh, ran away.

This behavior could be evaluated in terms of literature about childhood grief. For example, the literature stated that the initial reactions of children were often shock and disbelief, where the child initially did not believe that the loss was real or possible and may deny it (Macksound, 1993; Hallam & Vine, 1996; Goldman, 1999; Haasl & Marnocha, 2000).

The differences in grief reactions between children and adolescents warned against the generalization of the research results and emphasized the importance of focusing future studies more on either one of the age groups, when studying children's grief.

3. Another area, in which this research study was perhaps not focused enough, was on the causes of death of the parent. Subsequently, various different causes of death were identified from the participants, ranging from suicide and illness, to motor vehicle accidents. Also, under the category of "illness", it was not specified which type of illness, and one would expect different grief reactions from death due to cancer as opposed to death due to AIDS,

because of the negative stigma associated with the AIDS disease. Similarly, the grief reactions of parents who died unexpectedly and those whose deaths were expected were also grouped together. This could explain why the children's grief reactions were so diverse and little similarity could be identified in the data.

Therefore the interview data and subsequent findings from the interview with Participant 1 were regarded with caution, as the child about whom she was talking lost her father due to suicide. The situation of Participant 1 was complicated by the decision of the participant not to inform the child of the cause of her father's death. The child might have displayed different emotions if she was fully aware of the circumstances surrounding the loss being that of suicide.

Some of the causes of death were also simply described as an "illness", which made the interpretation of those data also problematic, because the exact illness was not made known. The statistical data about HIV/AIDS in Namibia, makes one wonder whether or not the illness could have been AIDS, and what the consequences of that could have been on the grief of the child? Far too little research has been done in this area to draw any conclusions, and one could only hope that future research would decide to focus specifically on the grief reactions of AIDS-orphans.

4. A further area in which the sample population of a study about children's grief reactions could be more focused is on the gender of the deceased. Various authors differentiated between childhood grief reactions following the death of a father as opposed to reactions following the death of a mother.

For example, in a study done on the effects of maternal mortality on children in Africa by the Defense for Children International (1991), it was observed that Namibian households were frequently female-headed. This was regarded as a direct result of the contract labor system which offered employment to males only in the big cities, and that subsequently left females alone to care for the children in the rural areas. Piraino (1991) emphasized that: "The mother's consequent preponderant role as provider in a subsistence economy of scarcity puts a child who loses her at a special risk" (p. 65). From this it followed that children might be more disturbed by the death of a mother than the death of a father, since their primary attachment often was with their mothers.

Studies done by Tyson-Rawson (1996) on adolescent grief reactions after the loss of a parent concluded that adolescents talked more about their feelings regarding the loss if the surviving parent was female. This could have an effect on the way in which the primary caregiver understood the adolescent's grief about a parent, and would also be an interesting way to focus future studies of bereavement.

5. A fifth possible explanation for the relatively little information from the caregivers could be that the literature predictions might not be relevant for the Namibian society. Most of the literature that was studied about children's grief reactions was written in developed societies. This could be problematic in the sense that Namibia is a developing society with different cultural beliefs and values. It would be best if literature about Namibian children's grief reactions could be established.

Various recommendations for future research could be considered. It is recommended that future researchers should decide to have a more focused study.

For example, future research could focus on especially children who have lost a parent due to AIDS, and focus the study furthermore to only include young children and exclude adolescents. It could also be interesting to find out how the children themselves understood the loss, instead of collecting data about adults' understanding of children's grief.

It is further recommended that primary and secondary caregivers of children should be educated about childhood grief.

With regards to the understanding of grief in adolescents, Tyson-Rawson (1996) found that: “The distress of the bereaved spouse may reduce his or her availability to an adolescent. Not only may the parent be unable to attend to the adolescent’s grief, but the adolescent may avoid talking about his or her feelings, for fear of distressing the parent further. In turn, the parent may interpret the adolescent’s silence as a message that he or she does not want to talk about the death or the deceased. In this case, the reciprocity of concern between parent and adolescent means that neither has the opportunity to work together to develop a safe, intimate environment for the grieving process” (p. 168). This misunderstanding between parents and their children could lead to unnecessary distress in both parties.

This belief was also echoed by Participant 5:

Participant 5 (p. 6): But, if I talk about it a lot, then I become angry, and then... so I prefer it not to really speak about it, because it is still to difficult for me. Ag, and then it becomes difficult for them, so... we talk more on the surface about, about the whole story.

The possible result of this belief was that the parent remained so concerned about the child's grief, and the child in turn remained so concerned about the parent's grief, that neither one of them were able to grieve fully for the deceased, for fear of upsetting the other. From this type of reasoning, one can see that neither the parent nor the child had malicious intent, on the contrary. But the result of their concern for each other seemed to rather have been devastating in effect, when neither of them felt free to grieve fully for the deceased.

Primary and secondary caregivers needed to be educated about children's grief. As Participant 3 voiced her helplessness:

Participant 3 (p. 6): Actually, I, what do you? You seem to be... qualified, and... what am I supposed to? Am I supposed to talk to these children? Ask them, or do I have, just to support them, as a teacher?

Similarly, Participant 5 admitted to her lack of skills concerning her child's grief:

Participant 5 (p. 4): I think I feel powerless, because one cannot really help a child, you can only sit and comfort, but, it is also not really comfort for him.

One way in which primary and secondary caregivers could be educated about children's grief is through psycho-education, in the form of workshops, information pamphlets or training of caregivers. Psycho-education could focus on giving information to caregivers about the different types of emotions and the possible behavioral changes that one could expect from a child after the loss of a significant person in his/her life. Furthermore, psycho-education should focus on giving caregivers guidelines about how to assist grieving children. For example, by overcoming common myths about childhood grief, such as that one should avoid talking to children about the deceased, and adults should not cry in front of the children.

The third research objective was to compare the way in which primary and secondary caregivers perceive children's grief. A question that was formulated from this research objective was voiced in Chapter 3, namely whether it would be better for one's understanding of children's grief to be part of the child's experience, in other words the primary caregiver, or would objectivity be better, as in the case of secondary caregivers?

The argument was that secondary caregivers, as objective observers, might be more open to see emotional and behavioral changes in the child, but, since the teacher was often not involved with the child and may be unaware of the trauma, these changes may be misinterpreted. On the other hand, primary caregivers were seen as subjectively part of the child's circumstances, and one would

expect them to be more aware of what is going on in the life of the child, but frequently the primary caregiver was too preoccupied with his/her own emotions and grief that the child's emotions were often neglected.

Unfortunately it was not possible to draw any significant conclusions about whether objectivity or subjectivity was better in understanding childhood grief, because of above mentioned possible explanations for the results. However, one could infer from the data that there it was possible that there was a difference between the understanding of primary and secondary caregivers about children's grief. This was also in line with what the literature from the attribution theory of Bernard Weiner predicted; that parents and teachers had different perceptions about the same child, and therefore different expectations (Halloway & Hess, 1985). For example, primary caregivers could give information about the child's initial reactions after being informed of the loss, and were also able to give a broad spectrum of behavioral changes and emotional manifestations of grief in the child. Opposed to this, the secondary caregivers were often unaware of the child's loss, and gave more detailed information about the child's school performance and concentration in class.

It seemed that both primary and secondary caregivers' understanding about childhood grief could be insufficient, if one looked at the participants' perceptions of children's grief and the different observations that they made about the children.

This study was an attempt to highlight the importance of grief-research, especially in a developing country. Although it is only a small drop in a large pond of research, it could still be regarded as important research, especially for the Namibian context. It is the belief and hope of the researcher that many more drops will still fall in this pond in order to better the understanding of adults about children's grief.

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## **APPENDIX A**

### **Semi-structured interview guideline**

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## **INTERVIEW GUIDELINE**

### **Primary caregivers:**

- Shortly describe how your husband/wife died.
- How did you tell your child what happened?
- How did your child react to the news?
- How was it for your child to lose his parent?
- Did your child change after the loss? In what way(s)?
- How long did you notice signs of your child's grief? What were these signs?
- Have your child stopped grieving yet? When?
- Is there any behaviour of your child that you do not understand? What?

### **Secondary caregivers:**

- How did you come to know of the child's loss?
- How was it for the child to lose his/her parent?
- How did the child give notice of his/her grief?
- Did the child change after the loss? In what way(s)?
- How does the child's support system look like?
- How long were you able to see signs of the child's grief? What were these signs?
- Is there any behaviour of the child that you do not understand? What?

## **APPENDIX B**

### **Letter of permission**

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REPUBLIC OF NAMIBIA  
MINISTRY OF BASIC EDUCATION, SPORT AND CULTURE

Tel: (09 264 61) 293 4311  
Fax: (09 264 61) 231367

Private Bag 13236  
Windhoek

File No.: 12/2/4/4/2

August 5, 2003

The Principal  
Khomas Region

**PERMISSION TO CONDUCT RESEARCH: MS D. GOUS**

Approval is hereby granted to the researcher in the possession of this letter to carry out her research study.

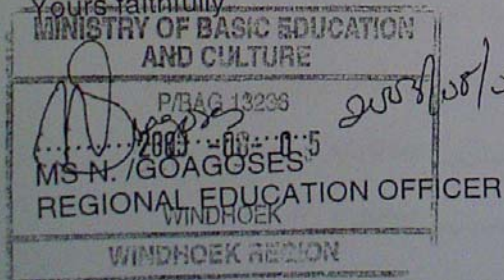
This approval is subjected to:

1. Prior arrangements should be made with the school principal to ensure that all logistics are put in place.
2. Normal school programme should not be disrupted.
3. Respondents to do so on a voluntarily basis.

We are wishing the researcher best of luck and hope to be provided with the final document for reference purposes.

Thanks for your usual cooperation.

Yours faithfully,



## **APPENDIX C**

### **Participant's and child's details and consent form**

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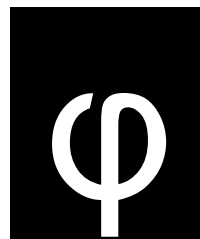
## DALENE GOUS

HonsBA (Stellenbosch),  
Intern Clinical Psychologist

P.O. Box 23273, Windhoek, Namibia

Cell: 0812618522

Fax: (061) 227287



### Details of participant:

Name and surname: \_\_\_\_\_

Sex: M \_\_\_\_\_ F \_\_\_\_\_

Relationship to the grieving child: \_\_\_\_\_

Approximate amount of hours per day contact with the child: \_\_\_\_\_

### Details of the grieving child:

Name and surname of the child: \_\_\_\_\_

Age of the child: \_\_\_\_\_

Sex of the child: M \_\_\_\_\_ F \_\_\_\_\_

Grade and school of the child: \_\_\_\_\_

Circumstances surrounding the loss:

Relationship between the child and the deceased:

Mother \_\_\_\_\_

Father \_\_\_\_\_

Other (specify) \_\_\_\_\_

Approximate date of the loss: \_\_\_\_\_

How did the person die: \_\_\_\_\_

**Consent form:**

With this letter, I, \_\_\_\_\_, give my consent that the sessions may be tape-recorded by the researcher, Mrs. Dalene Gous. I further give the researcher permission to use the information gained from me in her Masters Thesis, but she is not allowed to use my name, surname, or any other identifiable information about me or about the child under discussion.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

---