A STUDY OF CHILDREN AND GRIEF: LIVING THROUGH BEREAVEMENT

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Submitted in fulfilment of the requirements for the degree Masters in Social Work (M.SW) in the School of Social Work and Community Development in the Faculty of Humanities, Development and Social Sciences of the University of KwaZulu-Natal (Durban Campus).

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EXAMINER'S COPY

ABSTRACT

The high levels of HIV/AIDS and violent crime in South Africa mean that millions of children are being forced, and will continue to be forced, to deal with the death of a parent/primary caregiver in their early and middle childhood years. Acknowledging that does not lessen the apprehension and uneasiness which lingers in formal and informal discussions of children, death, dying and grief, nor does it ameliorate the fact that childhood bereavement is becoming a normative childhood experience in South Africa. It is vital, therefore, to understand what are South African children's experiences of bereavement and grief, and to explore what impacts are likely to be exerted on their development. Children do not grieve in the same way; and children's grief is influenced by factors such as environment, unique experiences, developmental level, personality, age and gender. Family, too, is important because it is still the primary institution of society, and it influences substantially how children understand death, bereavement and grief. The school, too, has an impact on childhood grief. The majority of school-going children in South Africa are in primary school grades. Attending primary school corresponds with (most often) middle childhood, which is a critically important developmental stage. The experience of bereavement and grief during middle childhood is challenging precisely because it occurs in such a sensitive emotionally, cognitively and socially developmental period. Childhood grief experienced in that period can have long-term consequences. Important, too, is the fact that school-going children will, more than for younger children, not only experience grief privately but will grieve in public settings such as the school setting. This study, therefore, was concerned with exploring and gaining insight into the dynamics of bereavement and grief as experienced by children, who were in middle childhood, and enrolled in the primary school system.

An exploratory design was chosen to explore the issue. A purposive sample was drawn from the school's list of scholars, and included 25 children attending Grades Five to Seven (Senior Primary Phase) at a co-educational, English-medium, state school. Data were collected both qualitatively and quantitatively. Qualitative primary data collection, involving in-depth interviews, was chosen because it allowed the researcher to explore the issue from the children's own perspectives. Each child was interviewed by the researcher over two to three sessions. Quantitative secondary data collection, involving key demographic and academic information extracted from the school's records, was included, and that helped triangulate and contextualise the data collected in the interviews.

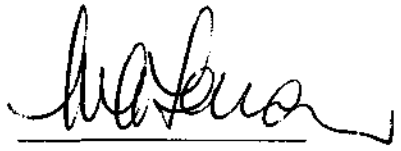
This study found that children in middle childhood do experience a diverse range of grief responses to the death of their parents/primary caregivers in the school environment, among other places, and some of those grief responses were challenging. Although respondents experienced different and confusing emotions; and although some had had their grief acknowledged by significant others, while others had not, all were able to engage in honest, clear discussions about death and grief. Respondents reported experiencing a range of secondary losses associated with the initial loss on their daily lives, and that was especially so for girl children. Respondents did know how to access support services but had not done so. The respondents also expressed a need to be encouraged to remember and memorialize their dead parent/primary caregiver. The study found, too, that the more prepared and supported the bereaved child was prior to that death, the better s/he coped with the event. Understanding children's bereavement can help those individuals and organisations, which are responsible for

children's optimal development, provide children with the necessary support to prevent the child's bereavement and grief from becoming a lasting trauma.

DECLARATION

The Registrar (Academic)
University of KwaZulu-Natal
Howard College Campus
Durban

I, MONICA ANN JACKSON, do hereby declare that "A Study of Children and Grief: Living through Bereavement" is my own work except for suggestions made by my supervisor. All sources that I have used, or quoted, have been acknowledged by means of complete references.



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To all the children who have experienced the death of a parent, or primary caregiver, I trust that in some small way, this work will be of some comfort to you. My wish is that someone will be there for you in any circumstances in which you may find yourself. May you find comfort and support as you give your sorrow words.

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CHAPTER ONE

1.1. INTRODUCTION

Death is a material fact of life. Death is also more than simply a material event; it is a social phenomenon which can be understood from diverse societal and cultural perspectives. In some cultures, death is a sensitive, even taboo, topic. For example, Carr et al in Corr, Nabe & Corr (2000) noted that indigenous American Navajo culture has a death taboo. Death, within the Navajo cultural perspective, was believed to pollute the home, and when someone was terminally ill, that person was removed from the home and taken somewhere else, such as a hospital, to die. Diverse cultural groups also vary in their practices of what children are told about death, and across the social world, there are many different assumptions about childhood bereavement and grief. In Western, Judeo-Christian cultures, the topic of children and death is rarely discussed. According to Kroen (1996), adults within Western, Judeo-Christian cultures do not have the will or the words to be open and honest with children on the issue of death. When adults avoid the topic, noted Kroen (1996), they do so because they assume that children are innocent of life experience, and that childhood should be a period of life free from the material facts of life. By avoiding the topic, adults assume that their silence will allay or lessen the child's grief because attention is diverted from the bereavement or material loss.

As a consequence of those cultural assumptions, developmental theory and thanatological research from English-speaking, Western, Judeo-Christian societies, such as the United States or the United Kingdom, reproduce the view that children in general do not experience parental death during childhood. That assumption is challenged by the impact of the HIV/AIDS pandemic in developing societies, and particularly in the case of South Africa. This study, therefore, focused on the experiences of children, during middle childhood, who were bereaved following the death of one or more of their parents/primary caregivers.

The prevalence of HIV/AIDS in South Africa makes the topic of children, death and grief unquestionably relevant. The HIV/AIDS pandemic has not only destroyed the hopes, desires and plans of countless numbers of people whose lives have been cut short by this disease, according to van Dyk (2001:iii), but it has also ravaged the lives of many young children whose parents/primary caregivers have succumbed to the disease. According to UNAIDS, cited in van Dyk (2001:334), the AIDS epidemic globally has created more that 13 million orphans (children under the age of 15 years who have lost a parent or both parents to AIDS). Staggeringly, 95% of those orphans live in sub-Saharan Africa. Child-headed households are constantly increasing, and that can be attributed directly to the effects of the pandemic on society. It is not HIV/AIDS, alone, which creates child orphans in South Africa. The country's high violent crime rates, too, have meant that more young children are forced to deal with the death of a parent/primary caregiver. Sudden or traumatic death, such as due to murder, suicide or accidental death, may leave the home environment unstable, and may leave the child feeling shocked and confused. Many children in South Africa are cared for in single-parent homes, and that fact means that the death of the primary caregiver deprives the child not only of parental support but also a home and a stable psychosocial support system.

Grief in childhood is a growing phenomenon that needs to be better understood, especially given that more and more South African children are forced to deal with parent/primary caregiver death in childhood. Social work, as a professional discipline in South Africa, needs to engage this phenomenon more rigorously than it has. The purpose of social work is to promote or restore mutually beneficial interaction between individuals and society in order to improve their quality of life, Bernstein & Gray (1997). Responding to clients who are dying or bereaved, according to Currer, in Adams et al (2002), can no longer be left only to social workers employed in specialist palliative care settings, but must be part of all areas of social work practice. With increasing numbers of children facing parental/primary caregiver deaths in South Africa, social workers more than ever will be faced with child grievers in their daily practice. Death, especially that of a child's parent/primary caregiver, can potentially be an experience which disrupts and damages the interaction between a child and society. As members of the caring profession, and equipped with appropriate theoretical training, social workers should be able to respond appropriately to the needs of bereaved clients, especially bereaved children. Unfortunately, there is very little South African literature available on how children from diverse cultural groups experience and make sense of the death of a parent/primary caregiver. There is, thus, a gap in South African theoretical literature on the topic of childhood bereavement, with the result that social work's knowledge of the phenomenon has not kept pace with the growing numbers of children who experience parental/primary caregiver death during middle childhood in South Africa.

1.2. RATIONALE FOR THE STUDY

Vithal & Jansen (2006:11) define a rationale as a clear and brief statement of how the researcher became interested in the proposed topic showing why she/he believed that the proposed study would benefit the discipline concerned. The rationale for this study has to be contextualised with reference to the professional environment within which the researcher operates, and that context is described briefly here. As a social worker based at a co-educational primary school in central Durban, the researcher noted that an increasing number of the attending children reported that a parent/primary caregiver had died as a result of AIDS, murder, accidental and/or natural causes. The total learner enrolment in the school in 2003 and 2004 was 1437 and 1440, respectively (www.kzneducation.gov.za/school/info/default.asp). According to the school's Education Management Information Systems (EMIS), during 2003, 317 parents/primary caregivers' deaths were noted; and during 2004, 247 parents/primary caregivers' deaths were recorded. This should not imply that all those deaths occurred in that calendar period. The high numbers of parent/primary caregiver deaths suggested that an alarming number of children at this school experienced bereavement during middle childhood. The researcher, therefore, was concerned with the possible impacts of childhood bereavement on the children in the school. The researcher was interested in exploring whether the bereaved children perceived the deaths of a parent/primary caregiver as one of the most formative experiences in their lives, and how they perceived its impact on all aspects of their psychosocial or educational development. There was also an additional, professional concern. As a social worker employed at the school, the researcher was directly concerned with promoting resilience and healthy coping skills, including coming to terms with death, in children. Most of the literature available has concentrated on the theoretical aspects of understanding children and grief in contexts different from the South African context. Limited information is available about potential intervention services in the primary school environment which can be used with South African children living through bereavement. And that scarcity of information was particularly concerning given

the high levels of HIV/AIDS in South Africa, and among the bereaved children in the school in which the researcher worked.

South Africa has one of the highest recorded numbers of individuals living with HIV in a single country (http:/www.unaids.org). Up to and including 12 April 2006, a total of 1 768 318 people in South Africa had died from HIV/AIDS, according to the HIV/AIDS barometer published each week in the Mail & Guardian (April 12 to 17, 2006). HIV/AIDS programmes and services have been given priority by Government. The 2004-2005 national budget allocated R1,439 billion for HIV/AIDS programmes and services (http:/www.unaids.org). van Dyk (2001:iii) argues that never before in history has one disease presented so many challenges and brought about so many unanticipated changes. Although over a billion Rand has been allocated to preventing and treating the disease, it is unclear what percentage of this budget was available for intervention services for bereaved children whose parent(s)/primary caregiver(s) had succumbed to the disease.

The HIV/AIDS pandemic has created many unanticipated challenges and changes in South Africa. The pandemic is not merely a health issue; it is a social, economic, and an educational issue, too. Millions of South African school children are affected directly or indirectly by HIV/AIDS, and that means that South African schools are witnessing increasing numbers of AIDS orphans. Children in middle childhood spend significant periods of time at school. Louw et al (1998) have stated that although the influence of parents and family is still of utmost importance, the school's contribution to a child's development should never be underestimated. It is often assumed, too, that the school environment is where most children feel safe and familiar. The school environment, therefore, has been and will continue to be one of the primary environments in which children grieve. Due to that fact, a better understanding is needed of children's grief during middle childhood. This improved understanding will assist social workers, teachers, and all those concerned with child development, with knowing how best to support children experiencing bereavement and grief.

1.3. PROBLEM STATEMENT

Steinberg (2004:5) defined problem identification as a search for a general area of interest that has professional meaning, while Vithal & Jansen (2006:13) highlighted the significance of any study is its contribution to improving practice, informing policy or enriching the knowledge base of the topic being investigated.

Based on literature surveyed to date, it seemed to be the case that no empirical study had been conducted on the phenomenon of childhood grief among bereaved children in primary schools in KwaZulu-Natal. How children made sense of those experiences, whether or not their experiences were similar or different from those of other bereaved children, and what forms of intervention services they needed, seemed not to have been sufficiently researched and documented. The problem which this study chose to focus on, therefore, was the issue of South African children's own experiences of childhood bereavement in the middle childhood period.

1.4. AIMS AND OBJECTIVES

The overall aims and objectives of the research were:

- To gain insight into how bereaved children (in middle childhood and in primary school), who had experienced the death of a parent /primary caregiver, grieve;
- To explore the impact of bereavement on children's psychosocial development and school performance, including the impact as perceived by the children, themselves;
- To identify bereaved children's needs and to suggest possible forms of support services for primary school children living through grief; and
- To explore the impact of gender on childhood grief.

1.5. CRITICAL QUESTIONS

Related to the above-mentioned aims and objectives, the following critical questions were addressed in the research study:

- How did bereaved children, in middle childhood, grieve and/or experience the death of a parent/primary caregiver?
- How did bereavement impact on children's psychosocial development and/or school performance?
- How best could the bereaved child's grieving needs be catered for in the primary school environment, and by whom?
- How did gender impact on childhood bereavement?

1.6. HYPOTHESIS / UNDERLYING ASSUMPTIONS

An exploratory design is not a design approach which specifies prior to data collection or analysis what are the hypotheses to be tested or confirmed in the study. Hypothesis testing is an approach associated with explanatory designs which seek to identify causes. This study, given its exploratory nature, did not predetermine specific hypotheses to be tested but it did have a set of underlying assumptions.

With high levels of HIV/AIDS and violent crime, more and more children in South Africa are forced to deal with the reality of death of a parent/primary caregiver. The experience can no longer be regarded as an exceptional or non-normative event in South African childhood. During 2000, it was reported that the average life expectancy for South African adults living in KwaZulu-Natal was 49.4 years for males and 53,8 years for females. During 2005, these figures were drastically reduced to 45,1 years for males and 50,7 years for females. With the projected average life expectancy for adults living in KwaZulu-Natal in 2010 dropping to an alarming 37 years (www.hst.org.za), dealing with the death of a parent during childhood can by no means be assumed to be a non-normative life event in the current generation of South African children.

In South Africa, according to Louw et al (1998), the majority of school-going children are in the primary school system. It is assumed that the experience of grief during the middle childhood stage is particularly challenging because children are developmentally in an emotionally,

cognitively and socially sensitive period. Bereavement experienced during that period can potentially have long-term consequences for their lives. Given, too, that children in middle childhood will be attending school, that grieving is assumed to they may grieve in a public setting such as the school.

1.7. ANTICIPATED VALUE OF THE STUDY

The study is likely to be of value in the following areas:

- The respondents would be given an opportunity to discuss their experiences and to articulate their thoughts and feelings about death and grief in a non-threatening environment.
- The results of this study would provide teachers with information on how to support bereaved children in the classroom.
- The results would guide the educational policy / decision-making process on how best the bereaved child's grieving needs can be catered for in the primary school environment.
- The results could improve understanding and benefit the discipline of social work, by adding, expanding or improving existing theoretical knowledge of middle childhood development and grief.
- The results could determine if there is a need to introduce multi-disciplinary intervention services for bereaved children in the school environment.

1.8. THEORETICAL FRAMEWORK

A theoretical framework, according to Vithal & Jansen (2006:17), provides a well-developed and coherent explanation of a phenomenon or event. This study's theoretical framework was based on the theory of ecological systems or ecosystemic theory. For an understanding of the phenomenon of grief in middle childhood, ecological systems theory is preferable to theoretical perspectives such as the person-centric model typically used in social work research. Erik Erikson's theory of person-centred development is one such example. Humans are thought to move through different stages of development and must resolve the life events of each stage before moving to the next stage. Dealing with the death of a parent was not assumed by Erikson to be a normative life event, Corr et al (2000). Unfortunately, the reality of HIV/AIDS and violent crime in South Africa proved otherwise, the experience being no longer an exceptional or non-normative event in South African childhood. Insufficient attention to familial, cultural and gender differences, or so claimed Corr et al (2000:294), further vitiates Erikson's theory. In a multi-cultural society, and in a co-educational school (such as the setting of this study), such differences cannot be ignored.

It is useful, therefore, to use a theoretical framework which acknowledges that different and diverse phenomena have an influence on childhood bereavement and grief. Ecosystemic theory was identified as one framework which did that. According to Jordaan & Jordaan (2000:31), ecosystemic theory is defined as follows:

> The prefix eco- comes from the word ecology which indicates the study of the relationship between living organisms and their

environment. Systemic adds the notion that the study should allow for the fact that things and phenomena ought not to be studied in isolation but in interdependent context.

A significant feature of ecosystemic theory is its emphasis of the idea that people vary in their perceptions of reality. In other words, as was said by Jordaan & Jordaan (2000:31), "what is perceived and described as reality is just a product and creation of the observer".

Jordaan & Jordaan (2000:36) have listed the following characteristics of the ecosystemic theory:

- Its basic view is that the personality of a human being is in large part shaped by constant interaction with others and with the systems to which the person belongs. In this way, inter-subjective meanings are co-constructed and these direct people's behaviour.
- Its broad units of analysis are ecologies of ideas as they occur in various systems.
- Its specific focus is discursive practices through which rules on permissible behaviour originate and are sustained and modified in different systems.
- Its research method is the analysis of specific relevant examples of discursive practices, for example, discussions between parents and children, school rules, church norms, or the contents of educational textbooks.

Ecological systems theory, as a framework, was considered pertinent to this study because:

- It acknowledged that individuals exist within a cultural and familial system. Jordaan & Jordaan (2000:31) thus highlighted the imperative of understanding the cultural, family and school systems within which grieving children live.
- It believed that we cannot grasp a phenomenon as a whole by dividing it into smaller parts or, as Jordaan & Jordaan (2000:31) have said, by studying these parts in isolation and in a reductionist way. This, in turn, has fostered a more holistic approach to understanding how the diversity of the systems in which children live influenced how they made sense of grief.
- It lent itself to analysing specific discursive or conversational practices in the child's life, such as the conversation between the surviving parent/primary caregiver and the child about the deceased parent's death, or between the child and the educator, or child and religious leader.

1.9. RESEARCH METHODOLOGY

de Vos et al (2005:159) stated that the term research methodology embraces the rules and procedures applicable to a specific research project and justifies the chosen way by demonstrating its validity and reliability. According to Collins et al (2000:11), the selection and implementation of a suitable research method ensures that researchers works independently of external influence or personal position, in order to arrive at a conclusion which is based on demonstrable and measurable evidence.

1.9.1. Research approach

The nature of this study's focus, namely on children's experience of bereavement, demanded that the approach be predominantly qualitative, although quantitative data collection and analysis were used when necessary. McRoy, in de Vos et al (2005:74) argued that qualitative researchers are interested – as the current research is – in understanding, rather than explaining, the meaning that people attached to their everyday life experiences. According to Collins et al (2000), a benefit of qualitative research is that it gives researchers an opportunity of interacting with the individuals whose experiences and subjective feelings they seek to understand. A qualitative approach helps foster a relationship of trust and empathy between the researcher and the research respondents. This allowed the researcher, who in this case was also the school's social worker, to establish a relationship of trust and empathy with bereaved children, allowing them to relate their experiences from their own viewpoint, thus contributing to a better understanding of the phenomenon of grief experienced by bereaved children.

1.9.2. Research design

Within the qualitative paradigm, an exploratory research design was used. Exploratory research investigates the "what" of the matter but seldom gives a final answer. According to Neuman, cited in Collins et al (2000:93), exploratory research helps familiarize the researcher with the basic facts, with the people involved, and with the problems being addressed by developing a clearer account of the events.

Highlighting the value of this type of research design, Neuman stated that:

> Explorative researchers ask creative questions and take advantage of serendipity (the ability to make pleasant and unexpected discoveries entirely by chance), those unexpected or chance factors that have larger implications, Collins et al (2000:94).

The selection of an exploratory design was considered compatible with the following issues:

- Death is a sensitive, perhaps even taboo, topic, and the researcher had to exercise the necessary caution and discretion to establish rapport and trust with respondents.
- The respondents were children who had been indemnified by their parent/guardian or primary caregiver and the school principal before they could participate. The respondents' ages determined the span of their concentration during an interview. For this reason, the researcher undertook approximately 2 contact sessions with each respondent individually. Each of the sessions lasted no more than 30-45 minutes at a time. That was necessary to avoid creating fatigue in respondents, and to collect data without being insensitive to the respondents' bereavement. The researcher, who is also the service provider, is a qualified social worker and is equipped to deal with respondents' responses.

- The language of the interview discussions: The interviews were conducted in English, and the researcher ensured that the respondents fully understood all the questions asked. The school is an English-medium school, although many of the respondents did speak other languages as their home languages.
- The data are necessarily of an emotional and memory-based nature. The use of in-depth interviews meant that data collection was reliant on the respondents' memory of their experiences. To help build a better understanding of their experiences, school administrative records (personal files and school reports) were also used as part of the quantitative approach. That quantitative secondary data helped build a more holistic interpretation of the respondents' responses, and it included some qualitative evaluations of the respondents' school attendance and performance levels, as rated by their teachers.

1.9.3. Sampling strategy

A target population can be defined, according to Collins et al (2000:147), as the entire group of individuals containing all the variables that are of interest to the researcher. A sample, according to Arkava & Lane, cited in de Vos et al (2005:194), comprises representative elements of the population considered for actual inclusion in the study.

Qualitative research studies do have samples and must address sampling issues. The study's sample was bereaved children, in middle childhood, and attending a co-educational school at which the researcher is employed as a social worker. Using purposive sampling, the respondents were recruited from the school's Educational Management Information System (EMIS) which listed relevant information about the children attending that school, including information about parents/primary caregivers and next-of-kin. The researcher identified bereaved children in the Senior Primary phase from the school's EMIS list. After identifying potential respondents, the researcher contacted their caregivers and the school principal for permission to proceed as participants in the study.

In purposive sampling, according to de Vos et al (2005), a researcher must critically consider the parameters of the population, and then choose the sample for the study. This study's sample comprised 25 bereaved children, attending Grade Five to Grade Seven (Senior Primary phase), who had experienced the death of a parent/primary caregiver, irrespective of the time of death. Although middle childhood is defined in Louw et al (1998) as the period from approximately the age of six to twelve years, the age of children attending the Senior Primary phase ranged in age from nine to fifteen years. As much as is possible, an equal distribution of male and female respondents were included in the sample. Since this study focused on understanding the meaning that children attached to the experience of a death of a parent/primary caregiver from their own viewpoint, only the selected sample of respondents were interviewed.

1.9.4. Data collection techniques

Vithal & Jansen (2006:20) defined data collection as a plan detailing a strategy for collecting data. The purpose of the research guided the researcher's choice of the most effective method of collecting data from respondents' stories/viewpoints. For the researcher to understand each

respondents' experience, the data collection techniques used in this study included both interviews as well as the use of existing data from respondents' personal administrative school records.

An interview, as a data collection method, used personal contact and interaction between an interviewer and an interviewee to glean data. The research tool selected for the purpose of the study was an interview guide which was a qualitative method of data collection. This allowed the interviewer to have guidelines, consisting of questions and themes that were relevant to the research questions. The use of an interview as a data collection had several advantages:

- The purpose of the interview was made clear at the beginning of the interview in order to put the respondents at ease;
- It allowed for direct personal contact between the respondents and researcher. The researcher is employed as a social worker at the primary school where the research was undertaken, and is known to the learners/respondents;
- The researcher (interviewer) asked respondents (interviewees) questions designed to gather information from their points of views, and in their own words;
- The researcher observed respondents' body language which was a non verbal form of communication assisting with understanding the respondents' experiences;
- During the interviews, flexibility permitted the researcher to address issues or ask questions which emerged spontaneously in the discussion.

Additional information was obtained by asking follow-up questions, especially where responses were ambiguous or unclear.

Collins et al (2000:181) have highlighted certain limitations associated with the interview process, and have urged researchers to be aware of those, including the issue of possible bias against an interviewee because of racial, gender or age differences, and also the practice of an interviewer showed approval or disapproval for particular responses. A further limitation of face-to-face interviews is the lack of anonymity which could result in dishonest responses, especially when the topic being discussed was a sensitive one. These challenges associated with using the qualitative interview method were recognised by the researcher, and countered by the following: as a social worker, the researcher is a skilled professional who uses the interview method on a daily basis; and qualitative interview data were triangulated with quantitative secondary data.

1.9.4.1. Section A. Demographic Information:

Data sheets to record information from school administrative records for each respondent prior to interviews. Demographic information obtained from the respondents' personal files included the following:

- Gender, age, current grade, birth order, number of biological siblings, number of siblings attending the school, home language, religion, who enrolled the child in the school, when did the child enrol at the school, in which grade, had the child repeated a grade, school attendance, school

performance, behavioural information as per official school report rating table, and any other relevant information.

The purpose of using existing secondary data from personal administrative school records was to determine the respondents' demographic details and social backgrounds, while existing data from school reports provided information on respondents' academic performance, school attendance, behavioural patterns, and included comments from teachers/primary caregivers as well.

1.9.4.2. Interview guide

The broad structure of the interview guide included ten subsections, and the interview was conducted over two to three sessions with each respondent. The interview guide contained the following sections and questions:

- Session One:
  - Section A: Introduction and discussion of the research topic with respondents. Explained to respondents the value of their participation in the research study and that participation was voluntary. Discussed that confidentiality and anonymity would be respected throughout the research. Explained that if respondents did not understand any aspect of the process, or terms used, this would be explained to them. Explained that each session would be tape-recorded for the purpose of data collection.
- Section B: Comprised of questions relating to bereavement and respondents' understanding of the death experience.
- Session Two.
  - Section A: Discussed the respondents' family structure and other relevant questions.
  - Section B: Explored respondents' relationship with the deceased and other relevant questions.
  - Section C: Discussed culture, rituals & traditions and other relevant questions.
- Session Three.
  - Section A: Discussed Grief (emotions, physical reactions to loss).
  - Section B: Explored Grief support systems (inside and outside of the family).
  - Section C: Explored respondents' grieving experiences in the school environment.
  - Section D: Discussed the impact of gender on childhood bereavement.
  - Section E: General discussions and acknowledged respondents' participation in the research.

The older respondents completed their interview discussions within two sessions, and the younger respondents completed their discussions within three sessions.

A copy of the interview guide is contained in the Annexure section of this report.

1.9.5. Methods of data analysis

According to Patton, cited in de Vos et al (2005:333), qualitative analysis transforms data into findings by reducing the volume of raw information, sifting the significant from the trivial, identifying significant patterns, and constructing a framework for communication of the essence of what the data reveals. Steinberg (2004:123) has argued that at the heart of qualitative analysis is content analysis, and that analytic method ensures that the interview is conducted in a language that is intelligible, coherent, and conducive to easy interpretation.

This study relied on content analysis, and the researcher closely scrutinized the data in order to uncover relationships and common themes from which logical conclusions would flow. Briefly data analysis involved the following stages:

- Data reduction: from field notes and transcriptions, themes and categories were identified.
- Data display: data was displayed in an organised manner so that conclusions could be drawn. Colour coding and visualisation techniques (such as mind maps) were used to display the data.
- Drawing conclusions and verifying them.

Secondary data were also collected, and the researcher created close-ended questions in the data collection tool (see Appendix section of this report) in which to record the information extracted from the school's records. Data were coded, entered into a spreadsheet, and basic descriptive statistics – including the mean, standard deviation, and frequency tabulations – were created. That permitted trends in that data to be quantified and that added value to the study's data interpretation.

Combining both quantitative and qualitative methods is a form of triangulation. According to Padget, cited in de Vos et al (2005:361), triangulation refers to the convergence of multiple perspectives that provided the researcher with a greater confidence that what is being targeted was accurately captured. Jick, in de Vos et al (2005:362), have identified the following advantages of using triangulation in qualitative research:

- It allows researchers to be more confident of their results.
- Divergent results from multi-dimensional strategies lead to an enriched explanation of the research problem.
- The use of multi-methodological approaches leads to an integration of theories.
- Initiates fresh ideas and criticism.
- Expansion of the scope and breadth of the study.

Data triangulation, in this study, included the use of more than one data source: the use of interviews with both open-ended and close-ended questions, and the extracted information from the school's administrative records. In view of the benefits that accrued to the study, the researcher carefully weighed the merits of combining the qualitative and quantitative methods to substantiate its conclusions.

1.10. RELIABILITY AND VALIDITY

Collins et al (2000:191) defined reliability as the degree to which a scale of measurement used in a survey or in an interview question yields consistent results or scores. de Vos et al (2005:163) stated that reliability occurs when a measuring instrument does not fluctuate unless there are variations in the actual variable being measured.

Determining reliability in qualitative research can sometimes be more challenging than in quantitative research because the instruments used to collect data are more flexible and dynamic. One way in which reliability can be tested, according to Singleton, cited in de Vos et al (2005), is to conduct a pilot test on a small number of respondents having characteristics similar to those of the target group of respondents. A pilot test was conducted with a small group of respondents in order to test the efficacy of the interview guide. This pilot test allowed the researcher to determine that the questions were clear, unambiguous and easily understood by the respondents, some of whom were not English first-language speakers. The questions were understood without difficulty, therefore no adjustments were required before administering the interview guide to the sample population.

Vithal & Jansen (2006) stated that validity is an attempt to 'check out' whether the meaning and interpretation of an event is sound and includes determining whether a particular measure is an accurate reflection of what is intended. According to Collins et al (2000), validity is the degree to which the measurement actually measures what the researcher intends to or claims to measure. In order for the measurement to be reliable, it has to produce the same results over a period of time. In this study, validity was determined by referring to data contained in the respondents' school performance records.

1.11. ETHICAL CONSIDERATIONS

The concern with the ethical impacts of a research study is a justifiably important issue, particularly when the research study involves working with children and sensitive issues, such as bereavement and death. Collins et al (2000:107) have said that concerns with ethics in research should be reflective of the professional codes of conduct within the particular country in which the research is being conducted. Noting that, this study was undertaken in accordance with the following ethical principles of research:

- The researcher obtained written permission from the primary caregiver and the school principal before recruiting respondents.
- Respondents' confidentiality was protected and was explained to them in the first interview session.
- Respect for each respondents' uniqueness (such as, culture and religion) was maintained at all times during the research.
- Bereaved primary school children were not coerced or pressurised into participating in the study.
- In respect of respondents "reliving" their sensitive experiences, such as the death of a parent/primary caregiver, the necessary mechanisms were in place, should it have been necessary, for follow-up and/or support services as the researcher is also the service provider at the school.

- In the event of respondents requiring additional specialised intervention services, the researcher undertook to recommend appropriate referrals to other professionals.
- The researcher acknowledged and referenced all sources of information at all times.

1.12. POTENTIAL LIMITATIONS OF THE STUDY

Many authors have written about children and death, but there appears to be limited amount of cross-cultural research literature available on the experiences of bereaved children in primary schools in KwaZulu-Natal. Most of the literature available reflects a Western, Judeo-Christian cultural perspective. As a result of that, one of the limitations of this study was the limited theoretical and cultural framework available within which to interpret the findings.

Other limitations associated with this study were identified as the following:

- The sample size: The research was conducted in one co-educational primary school in central Durban, and used a small sample size. As a result, the study was not representative of all children living through bereavement in the province; and was not representative of all children living through bereavement from different socio-economic backgrounds in the province. Given, though, that the study's design was exploratory, the sample size was appropriate for that purpose. If, however, future research is to be conducted on this issue, a groups design and a large sample size should be considered as it permits comparisons to be made and firmer conclusions to be drawn.
- The language of data collection: English was used because the school which the respondents attended is an English-medium school, and the researcher is an English-speaker. The use of English did not impact on the respondents' levels of understanding and description of death and grief, as the respondents were either English first-language speakers or fluent in English and accustomed to learning in English.
- Reliance on human memory: In the interviews, the topic discussed was death – which was an event that had happened in the past. This meant that the respondents relied on imperfect, and not necessarily factual memories of, the event. This could have contributed to partial and missing data. Nevertheless, psychological research on memory and learning, as described by Louw et al (1998), revealed that all memory retrieval is reconstructive, and the assumption that human memory is an objective and neutral process, free of decay or distortion, has been shown empirically to be false.
- The researcher, who is employed as a social worker at the school, was familiar with the respondents in the sample. Anonymity therefore could not be maintained. This limitation was also considered as less significant because of the exploratory nature of the design used in this study. If an experimental design was used, this would have been a more serious limitation than it was for this study. To overcome this, the researcher explained the purpose of the study, that respondents would not only be given an opportunity to discuss their experiences, but that the results from the

study would provide teachers and those concerned with child development with information on how to support bereaved children in the classroom; guide educational policy process on how best to cater for the bereaved child's needs in the primary school environment; and determine if there is a need to introduce intervention services for bereaved children in the school environment. The respondents were assured that the information given would be treated with confidentiality and would only be used for the stated purpose of the research.

1.13. STRUCTURE OF THE STUDY'S DISSERTATION

The chapters of this study's dissertation report have been organised as follows:

- Chapter 1: contains the introduction and the overview of the study. It includes the aim, rationale for the study, critical questions, research methodology, ethics, limitation, and describes the structural organisation of the dissertation report.
- Chapter 2: reviews current literature on children, in middle childhood, living through bereavement.
- Chapter 3: contains a discussion of the analysis and findings of the study.
- Chapter 4: outlines the researchers' conclusions and recommendations.

CHAPTER TWO
LITERATURE REVIEW

2.1. INTRODUCTION

This chapter focuses on current literature to provide some insight into how children, in middle childhood, experience and respond to bereavement, and the consequences following the death of a parent/primary caregiver in that child's life. The following are some of the relevant and major issues which have been identified by the literature review process, and which will be discussed critically in this chapter:

- Issues of definition and conceptualisation:
  - How grief, mourning and bereavement are defined, and by whom / which cultural frameworks.
  - Bereaved children's conceptualisation and understanding of death experienced in middle childhood, vis-à-vis their developmental level; cognitive development; emotional development; personality development; and gender-role development.
  - Misconceptions regarding children and grief.
  - Stages, phases, tasks or needs of the grieving process.
  - Uncomplicated and complicated grief.
- Issues of family structure:
  - Family structures and the insights which attachment theory can offer.
  - Relationships within the family and significant others.
  - Culture and attitudes towards death and dying.
  - Previous experience/s of death.
  - Situational challenges and the services offered to vulnerable children.
- Issues relating to the nature of the death event:
  - The cause of death.
  - Multiple losses, both initial and secondary.
- Issues of bereavement and childhood resilience:
  - Reactions to grief, both emotional and physical.
  - Positive outcomes of childhood bereavement, if any.
- Issues of grieving children in the school environment.
- Issues of intervention and support services:
  - Activities and suggestions to support children living through bereavement.
- Issues of the representation of death and violence and the media.

Many people balk at the subject of death and dying because it involves confronting issues and emotions with which they find difficulty. That apprehension intensifies when the subject is

discussed with children, and / or involves the related issue of childhood experiences of bereavement. Doka, cited in Corr et al (2000:322), has suggested that communication with bereaved children should address the following three questions:

- What does the child need to know?
- What does a child want to know?, and
- What can a child understand?

Those guidelines can help reduce stress, and / or elicit only the relevant information in the course of a discussion. Those guidelines notwithstanding, the literature review process exposed the researcher to theoretical texts which, although formal and / or scientific in purpose, sometimes seemed not to have overcome entirely the authors' apprehensions and anxieties about the topic of childhood bereavement.

2.2. DEFINITIONS: GRIEF, MOURNING AND BEREAVEMENT

Loss and grief are experiences in all life, according to Allan et al (2003:171), and is something which will be experienced by every human being, irrespective of how ordinary and extraordinary they are. Most authors writing on bereavement concurred that death is one of the most intense human experiences, but is also one of the least talked about, and that fact is, in itself, declared Backer et al (1994), indicative of our anxiety about it. Talking about children and grief challenges our deepest assumptions about ourselves as human and cultural beings. Before discussing children and grief, it is important to clarify the definitions of grief, mourning and bereavement which are the central elements in the human experiences of loss.

Grief was defined in Corr et al (2000) as the reaction to loss, and included sorrow, pain, distress or sadness about that loss, especially when it was associated with the death of a significant other. Grief signified one's reactions to the impact of the loss and manifested itself both internally and externally. According to Corr et al (2000), grief is not associated entirely with feelings, but encompasses three components: a somatic, a behavioural, and an emotional component. Wolfelt (2001) stated that grief is a gathering of internal thoughts and feelings which were experienced when a loved one dies.

Current literature defined mourning as the interpersonal aspects of social expression of grief. Corr et al (2000) claimed that mourning is the process of coping with loss, which included such feelings as sorrow or regret for the loss, in an attempt to incorporate them into the routine of our daily lives. Whereas Worden (2001) defines mourning as the adaptation to loss, which is a process - and not a state - that individuals have to undergo in order to regain interest in life. Ann Freud, expanding on her father's insights, as cited in Marrone (1997:108) argues that young children are capable of grieving the loss of a parent only when they have developed a mature concept of death, its finality, irreversibility and permanence. Until such time, emotional reactions such as feelings of sadness, rage and longing, cannot be classified as elements of the mourning process.

Bereavement is the actual state of deprivation caused by the loss, while grief is a psychological state characterised by mental anguish and emotional pain in response to the loss, Backer et al (1994). The intensity of the bereaved person's grief, according Backer et al (1994), is not necessarily related to the degree of love for the deceased but rather to the degree of feeling, both

negative and positive, for the deceased. While Corr et al (2000:212) claim that bereavement identified the objective situation of individuals who have experienced a loss of some person or thing valued. Generally, that was a loss caused by death. Stroebe & Schut, in Adams et al (2002), stated that bereavement resulted from a person confronting and coping with two stressor categories: the loss itself and its consequences. Stroebe et al (2001:214) highlighted three important issues associated with bereavement: consequences, coping, and care. Various authors have examined developmental factors that influenced grief, both for the individual and the family, at different phases of life. In the next sub-section, the phase of middle childhood is discussed in detail.

2.3. MIDDLE CHILDHOOD AND GRIEF

2.3.1. Understanding grief in middle childhood

"The kingdom where nobody dies, is the fantasy of grown-ups" or so said St. Vincent Millay when he described the concept of childhood, as was cited in Corr et al (2000:299). The reality is that children experience death-related events and phenomena whether or not society or adults are able to recognise or accept the fact. Many cultures assume that childhood should, by all accounts, be a happy and carefree experience, but sadly, a growing number of children in South Africa cannot lay claim to this carefree life because they have experienced sadness and/or other forms of distress associated with the death of a parent/primary caregiver.

Kroen (1996) has stated that when children experience parental death, there are certain forms of support which caregivers need to share with them in order to help them through the initial shock, while Nagy, cited in Corr et al (2000), has argued that it is not possible to conceal death from children, nor is any attempt to do so advisable. According to Kastenbaum, in Corr et al (2000:309):

> Adults striving to gain insight into children's understanding of death, to teach children about death, or to provide empathic support to children who are coping with death, must attend to at least four principal variables: developmental level, life experiences, individual personality, and patterns of communication and support.

Worden (1996) has claimed that during middle childhood children realise that death is final and irreversible. Kastenbaum, in Corr et al (2000:320), has argued that part of each child's adventure into life is her or his discovery of loss, separation, non-being, and death. No one can have this adventure for the child by proxy, nor can death be locked in another room until a child comes of age. How children learn about death, and how adults assist them with understanding death or experiencing and expressing grief will in part form the foundation of their future development. Significantly, children in middle childhood are at a stage when they have the potential to be more altruistic (unselfish) towards others, and empathetic of others, according to Louw et al (1998). Their experiences are directly influenced by family structures and the school environment. Children's knowledge of death, dying and grief during this period is influenced by the adult role-models in their lives. These role-models are individuals in the family, the school, and in other public settings with which the child has increasing contact.

Wolfelt (2001) has stated that grieving children in middle childhood do not talk about their feelings or emotions. Grieving children are inclined to act them out because children mourn through their behaviour rather than through verbal expressions. Similarly, Western cultural assumptions about childhood invite adults to assume that children can "bounce back" into a daily routine shortly after the funeral. That is especially so when told by adults that they must be "brave." Implicit in that instruction is the idea that denying sadness or any other intensely experienced emotion can make a bereaved child "strong" Woo & Wong (2003) have argued that children take a longer time to grieve than adults, although during middle childhood, children may hold off any outward signs of grief in an attempt to control their emotional pain. Their pain is present, according to Kroen (1996:59), and it will emerge at some point. Often their delayed grief surfaces well after the rest of the family has moved on to living normally again.

Many young South African children, during middle childhood, will experience one or more of the following: death, divorce, family violence, crime, poverty, as well as the impact of HIV/AIDS on family life. There are no guarantees that parents/primary caregivers will be a permanent part of children's lives during childhood, nor are children exempt from death-related encounters simply because they are "too young to understand death and dying." According to Ramsden et al (2002), by the year 2015, there are likely to be as many as 5 million children in South Africa who have been orphaned by the HIV/AIDS pandemic alone. Although, daily, the media reminds South Africans about the devastation of the HIV/AIDS pandemic, as a society and a government, it is still necessary to ask: is enough being done to address the issue of children living through bereavement?

One of the most fundamental losses a child can face is parental death, or so claimed Abrams (2000), because of its consequences for home and family. That death has the potential to change the very core of a child's existence. If that death remained shrouded in mystery, and when children were not told the truth/facts from adults, they may never come to terms with their loss. Withholding factual information from children not only denies them their right to information, it has potentially negative impacts on their psychosocial development. The anguish and despair of death and bereavement are sufficiently challenging in themselves without having additional consequences and reactions, such as a sense of being betrayed or deceived, to deal with, too. Worden (1996:10), citing Furman, Piaget & Smilansky, have said:

> The child's comprehension of death and the role this comprehension plays in the process of mourning is a major component in our understanding of childhood bereavement. Concepts such as finality, causality, and irreversibility are abstractions, the understanding of which is clearly related to a child's cognitive development.

In Western literature on the topic, parental death is not assumed to be a normative life experience for most children. Unfortunately, this assumption (as noted in Chapter One) has been challenged by: the HIV/AIDS pandemic, poverty, family violence, and the high crime rate in our society. Young children may feel cheated, robbed or even abandoned when their parent/primary caregiver is no longer a part of their daily lives. Because young children experience grief from their own unique perspectives, they lack prior experience in dealing with such life-altering encounters. Bereaved children need reassurance that they will be loved and cared for by nurturing people in the future. When children understand that death is a normal part of life, when the facts are not hidden from them, and when they are not denied the right to

give expression to their feelings and thoughts, they develop a better understanding of grief. If children are told ahead of time that death encounters bring with them mixed, sometimes contradictory emotions and "strange" thoughts, they may be able to cope with pain, despair and loss which bereavement typically delivers.

People rarely grieve in isolation. Families and communities, according to Stroebe et al (2001), are the context within which bereavement and growth occur, and that is particularly so for children. When a parent/primary caregiver dies, the child does not immediately understand the full impact of the death. It is only living through each day thereafter that the true realisation of what has been lost sets in; it may take a lifetime to understand the extent of the loss.

To ignore or deny childhood grief and the capacity of children to mourn, is to stunt our ability to accept grief as adults. Lee (1994:164) has stated that children have more beginnings to find, and more opportunities to look forward to. Given supportive circumstances, the buoyant optimism of childhood will help children recover from grief faster than adults. Although each death-encounter is different, the respondents in this study may share the same feelings of shock, confusion, anger and isolation. For the purpose of this research, only the experiences of loss related to the death of a parent /primary caregiver were considered. Kastenbaum, cited in Corr et al (2000:309), has identified four principle variables which adults, striving to gain insight into children's understanding of death, must give attention to: developmental level, life experiences, individual personality, and patterns of communications and support. In the next sub-section, the discussion focuses on the unique nature of middle childhood as a developmental phase.

2.4. DEVELOPMENTAL LEVEL: MIDDLE CHILDHOOD

Human development, wrote Louw et al (1998), is a process that takes place over the entire life span, beginning at conception and ending at death, and is influenced by a variety of factors such as: environmental and social interaction, physical events, personal and metaphysical influences. The three most important domains of human development are the physical, the cognitive, and the psychosocial domains. Middle childhood, as defined by Louw et al (1998), is the period from the age of approximately six to twelve years, and is usually referred to as the "school-going years" in which a balanced development serves as a solid foundation for later development in adolescence and adulthood.

Although many theories are available for describing human development, according to Corr et al (2000), Erik Erikson is especially well-known for his categorization of human development into eight stages. One of the foci in Erikson's model of middle childhood development is the Initiative versus Inferiority theme. Within that theme, Erikson spoke about competence development in middle childhood, and claimed that it involved the individual's ability to master certain skills, associated with achieving success with normative life events that are expected to occur at certain times, and when that had been mastered, that eliminated feelings of inferiority. For example, at school, children are motivated to think and act independently, and if children are encouraged and supported, they develop initiative, which is not only pleasing for the child but also for those involved in their development.

Bee (1997) has said that generally, psychologists concur that in middle childhood, which is a period characterised by slower physical growth, the most important and significant areas of development are in the cognitive, social, emotional and self-concept domains. It is during middle childhood that children develop a better understanding of their world by acquiring new

learning skills. Children, too, become less dependent on their parent/primary caregiver in terms of active help while they become more eager to learn and to understand, and their displays of curiosity suggest as much. Parents/primary caregivers continue to be important in children's lives, but growth and development are now also shaped by various outside influences such as friends and teachers. Parents remain, however, responsible for teaching their children cultural, moral and religious norms and values. During this stage of development, children tend to spend more time away from home, but the parental home is still likely to be where they feel most secure.

Cognitive, emotional, self-concept, social and moral development during middle childhood, claimed Louw et al (1994), equips children with skills to make discoveries about the environment, society and themselves. It is during this exciting stage of a child's development that children are keen to learn, experiment, discover and understand their worlds. During the process of moral development, children learn principles that enable them to judge right and wrong, and to direct their own behaviour accordingly. Moral behaviour is learned like any other behaviour, according to Bandura's social learning theory cited in Lindon (1998:118), and by observing the behaviour of others – children and familiar adults – in their social environment, including in the school environment. Although moral values and standards differ among cultures and societies, the intention to do good, regardless of culture, ought to be the value system that shapes one's life. Therefore, one of the most important developmental skills to be acquired during the middle childhood years is the competence to differentiate between right and wrong, and to be respectful of others. During middle childhood, children develop a respect for rules, as well as for the view that rules must be obeyed at all times. Children learn special rules about particular forms of social interaction, which include: rules about good manners, respect, about when you can and cannot speak, and about authority. Children may feel disrespected or wronged when adults are not honest or, as was noted Lindon (1998:152), do not appear to "play fair".

2.4.1. Cognitive development

Louw et al (1998) have said that there is significant cognitive skills development during the middle childhood years and an overall improvement in memory performance. Cognitive development depends on a child's sensation, perception, conceptualisation, and of processing circumstantial information. An important feature of middle childhood is the advancement in cognitive sophistication, and children's learning about themselves and their environment improves and expands considerably. According to Woolley & Wellman, as cited in Vander Zanden (1993:302), a crucial change takes place in children's cognitive abilities, and that is the child's ability to understand what is fiction, appearance and reality. That has implications for how children will perceive death.

Loss through death is experienced and expressed in different ways at different developmental stages. Worden (1996) has claimed that by the age of five years, most children can understand that death is irreversible and universal; has a cause; involves permanent separation; and that dead people differ from living people in a number of respects. In the absence of an explanation of the facts of death, children may fail to understand what death is, and may fantasise in the absence of an explanation. As children mature, so, too, does their understanding of death and dying. Adults need to acknowledge their own apprehension about talking to children about death, but they do need to respect children enough to be honest and open to them about death and dying. Children of school-going age are as capable as adults of comprehending death, of

expressing grief, and, as was pointed out by Worden (2001), of managing their grief. When children are not provided with the facts about death and dying, their ability to sense of their worlds and feel in control and / or secure of themselves and their worlds is affected.

Children in middle childhood are more inclined to understand the physical changes associated with death. In contrast to Worden (2001), Kubler-Ross & Kessler (2005:84) have stated that children do not have the words or permission to voice their grief, while adults have trouble expressing their emotions. When children do not discuss their feelings, it should not be assumed that they are resilient, but rather that they may be hesitant to do so because they are not encouraged or perhaps not allowed to. However, if children are given facts, they will be able to think and behave in the light of increased understanding.

The death of a parent/primary caregiver disrupts childhood and may impact negatively on a child's development. Death is a subject that needs to be discussed openly and honestly with children, the details of which should be appropriate to their age and cognitive developmental stage. According to Mphuthi (2004), coming to terms with the death of a loved one is always traumatic and painful, with everyone having their own unique way of grieving because bereavement, grief and mourning are highly individual phenomena.

Given that children communicate at different levels, according to their developmental or reading level, there is an extensive body of literature available on the subject of children and grief that can be read to or by children. This may promote the process of effective communication while minimizing misunderstandings about death and dying. The foundations laid in middle childhood on understanding that grieving is a necessary process that bereaved children have to go through will help them work through and understand the pain associated with loss. Kubler-Ross & Kessler (2005:79) suggest that adults need to be realistic about their views of life. If not, they perpetuate the incorrect beliefs, and children who take these beliefs and assumptions into adulthood, will have little sense of reality and life.

2.4.2. Personality development

Louw et al (1998) state that current literature on childhood development also deals with the development of self-concept, emotional development and the development of sensitivity towards others all of which are important determinants of personality development during middle childhood. Meyer et al (2003:3) argue that the incompleteness of our knowledge about the forces that control behaviour results in different opinions about the nature of human behaviour and what motivates it. The term personality is used primarily when discussing adults, whereas the term temperament is used to describe individual differences in childhood and to explain the in-built tendencies for children's behaviour and reactions to their experiences, according to Lindon (1998:143). Meanwhile, Digman, McCrae & John in Bee (1997:250) refer to the "Big Five" traits used to describe children's personality: extroversion, agreeableness, conscientiousness, neuroticism and openness. A person's self-concept is one's idea of who and what one is, of one's value as an individual.

Individuals do not exist or function in isolation. They live in environments with particular physical, social and cultural forces, and those help determine their behaviour. Meyer et al (2003:11) define personality as:

> Constantly changing but nevertheless relatively stable organisation of all physical, psychological and spiritual characteristics of the individual which determine his or her behaviour in interaction within the context in which the individual finds himself or herself.

Middle childhood, according to Louw et al (1998), is an active period of personality development as it is accompanied by greater emotional maturity as well as a development of sensitivity towards others, suggesting a decrease in egocentrism. Whereas Corr et al (2000:309) claim that each child's individual personality will be a powerful variable in the ways in which he or she can and does think about death. Because children are described as being more sensitive during middle childhood, the experience of a parent's/primary caregiver's death may influence their self-concept more negatively than in the previous developmental stage. Facing the changes associated with parental death challenges the very core of the child's existence and no-one can be adequately prepared to deal with this experience regardless of one's personality development. Corless et al (1994:91) have stated that Bowlby's model of attachment plays in a pivotal role in providing insights into the experiences of attachment and loss in children. Bowlby, like Freud, assume that the root of human personality lies in the earliest childhood relationships, and significant failure or trauma in those relationships will permanently shape the child's development, according to Bee (1997:270).

2.4.3. Emotional development

During middle childhood, children's understanding of their emotions and emotional reactions change noticeably, according to Vander Zanden, as cited in Louw et al (1998). Children become aware that emotions are connected to internal causes. Emotional attributes and coping skills do not come naturally to people, especially to children, who learn through observing the examples set by significant others in their lives.

How do caregivers prepare children for coping with life, handling conflict, sadness and stress? Children have to be taught these important life skills by caregivers. De Klerk & le Roux (2003) discussed the importance of caregivers developing the level of emotional intelligence in children, so that children are better prepared to face these challengers. Emotional intelligence development is defined by de Klerk and le Roux (2003) as ability to identify, understand and control thoughts and feelings, communicate them appropriately to others and have empathy with the emotions of others leading to meaningful interaction.

Children learn that they are able to mask the physical manifestations of their inner emotions and also to learn to "read" facial expressions of others with greater accuracy. It is during this period of childhood development that fear emotions transform. In early childhood, young children typically fear dogs, loud and sudden noises, and supernatural beings such as monsters and ghosts. During middle childhood, children, claimed Louw et al (1998), become less fearful about their physical well-being but do develop new fears about academic performances, or for teachers. According to Beale & Baskin, cited in Louw et al (1998:348), many children in middle childhood report that they fear that their parents could die.

Kroen (1996:16) has said that sharing emotions with young children is healthier than hiding them as the former encourages children to express their feelings. Lessons in emotional

expression should not only be for the sole purpose of expressing hostile feelings, but sharing how one feels in all situations will equip children with the skills necessary to identify and deal with their own feelings, regardless of age and gender. Children should learn that no-one is happy all the time, that sadness is a necessary adjustment to life.

Through the process of childhood maturation, children develop both greater emotional flexibility and greater emotional differentiation which enable them to express a variety of emotions. Children realise that different emotions can be experienced simultaneously. They also learn to identify and attribute inner feelings to emotions, by expressing, controlling or hiding their feelings. As children mature, they develop the ability to identify emotional labels such as love, anger and fear and of attributing inner feelings to them. Worden (1996) identified four emotions most often observed in bereaved children: sadness, anxiety, guilt and anger in response to the death of a parent.

2.4.4. Gender-role development and stereotyping

Children are labelled by virtue of their gender as either boys or girls but childhood is not exempt, as was pointed out by World Vision (undated:136), from the social and cultural definitions of what are gender-appropriate roles and behaviours associated with males and females. Gender roles are acquired through a process of socialisation and through the culture of a particular society. Despite the South African Constitution advocating gender equality, many social and cultural practices continue to discriminate against female children.

Children become more aware of their gender roles during the middle stages of childhood where girls and boys usually identify with role models of their respective gender and model their behaviour accordingly. Girls are allowed to be emotional whereas boys may be "culturally constrained" and need to control their emotions. Gender-role stereotyping may often prevent children from expressing emotions. For example, boys are taught that "cowboys don't cry." Boys are often discouraged from showing fear, whereas girls are often criticised if they become aggressive as this behaviour is "unbecoming of young ladies." According to Louw et al (1998) such gender-role stereotyping prevents children from fully expressing their emotions. Children who are allowed unrestrained emotional expression while growing up are better able to deal with their own emotions by developing ineffective methods of coping. Marrone (1997) states that gender, emotional expression and grieving style affect males and females in different ways. Males were more likely to hide their distress, in line with male mores, which implicitly suppressed emotions, such as crying and sadness, especially in front of peers and/or in public. Boys may even shut down their emotions in order to "weather the storm." However, girls are more inclined to show their emotions and seek comfort and support from family members and friends.

Depending on the development of children, they will experience most of the same cognitive, emotional and behavioural effects of bereavement that are displayed in adults, Harvey (2000:57). Regardless of gender, to recognise that one needs to grieve their loss is healthy. Some people try and succeed in hiding their loss, even to themselves throughout their lives. According to Marrone (1997:237), without a clear cultural prescription for proper mourning behaviour, people revert to generally defined role prescriptions. While some authors refer to gender-role stereotyping which influences the nature and quality of emotional expression, they believe that in most instances gender roles may influence the way in which children mourn. For example, boys who are too sensitive, or show too much gentleness, may be viewed as "sissies,"

while girls should not show too much courage as girls are sensitive, gentle and need to be protected.

Worden (1996) claimed that the impact of the child's gender on the course of mourning depends to some extent on the gender of the parent who died. Worden's findings reflect some interesting differences between boys and girls, without looking at the gender of the deceased parent:

- The degree of loss of a mother is worse for most children than the loss of a father;
- Girls regardless of age, showed more anxiety than boys over the two years of bereavement;
- Girls were more sensitive to family arguments/fights that occurred in the early months after the death;
- Somatic symptoms were also more likely to be experienced by girls than boys especially one year after the death;
- Girls spoke more to their surviving parent about the death, and were more able to share their feelings with the family than were boys;
- Girls tendered to be more attached to the dead parent than boys and after one year, were more likely to idolize the deceased;
- Girls were more likely to keep objects belonging to the dead parent than boys;
- Boys were more likely to evaluate their conduct as worse than their peers, and were more likely to have learning difficulties during the first year of bereavement;
- Boys were more likely to be given specific instructions to "grow up" than were girls in the early months after the loss, according to Worden (1996:91).

2.5. MISCONCEPTIONS REGARDING CHILDREN AND GRIEF

There are several misconceptions regarding children and grief. Some of the common ones include the following: the first funeral a child attends should not be their parent's funeral; children heal quickly from a loss; children should not talk about or be near death; and children may believe that in order to be strong and in control, they should not show outward signs of grief, such as crying, but yet if they suppressed tears, that might be perceived as not caring enough about the deceased.

Wolfelt, cited in Woo & Wong (2003:9), has claimed that grief does not focus on one's ability to understand but, instead, upon one's ability to feel. Current literature on children and grief suggested that the process of grieving does not differ between adults and children. From the age of seven to adolescence, children grieved a lot like an adult did, and had improved understanding and better coping skills. Children were old enough to grieve, claimed Kubler-Ross & Kessler (2005:160), if they were old enough to love. Failing to acknowledge children's ability to grieve is relegating them to the status of "forgotten grievers." The importance of acknowledging children's grief is highlighted in the following quote from Kubler-Ross (1995:19):

> If we grownups would be more honest, and instead of making such an incredible nightmare out of dying, we could convey to children where we are at and what we feel; if we would not be embarrassed to shed tears or to express our anger and rage (if we have any), and if we would not try to shield our children from the windstorms of life but instead share with them, then the children of the next generation will not have such a horrible problem about death and dying.

Being a child does not exempt one from grief as a emotional reaction to bereavement or loss. Traditional theories of childhood development regard death as an exceptional or non-normative event in childhood, but the rapidly declining average life expectancy rate for adults in South Africa due to HIV/AIDS pandemic and/or violent deaths has changed this. Children's concepts of death are assumed to develop through natural maturational sequences and in relation to specific life experiences such as the death of a pet or an extended family member, usually the older grandparent or aged relative, not parental death.

2.6. ATTACHMENT THEORY

Attachment theory describes the establishment and long-term impact of an infants' early relationships. Attachment, usually to parents, provides children with a secure base from which to explore their world and master social competence, according to Payne (2005:81). Attachment theorists concurred that in securely attached relationships with the primary caregiver, children are likely to develop self-confidence that will stand them in good stead when they later confront challenges and difficulties in their lives. Children learn all about forming attachment relationships from their parents/primary caregivers. Bowlby's developmental theory of attachment (1960, 1979, 1980), as cited in Harvey (2000) is based on his extensive research with children and their mothers. Forming attachment with significant others is normal behaviour for both children and adults – and this attachment starts in early childhood when the infant has an inborn biological need for close contact with its mother (primary caregiver). Children view their parents as nurturers or caregivers, and the loss of a parent/primary caregiver is most often associated with distressing feelings of anxiety. According to Bowlby's attachment theory, as described in van Dyk (2001:293), the reason for the formation of attachments is to fulfil safety and security needs rather than satisfying biological needs only.

Children develop a fear of abandonment if and when maternal deprivation, for whatever reason, takes place. Bowlby, cited in Harvey (2000:42), is also known for his important contributions towards our understanding of grief where he argues that grief instinctively occurs and is focused on resolution and adaptation. Bowlby frames his analysis of grief on the child-mother relationship because humans have a strong need to form attachments with significant others - and when these bonds are terminated or broken, it means confronting issues and emotions that may be difficult to deal with. Harvey (2000) and Noppe (2000) claimed that the disruption of attachment bonds is loss and grief, but attachment literature shows little development toward a conceptual linkage with these theories. Many authors convincingly argue that children's security of attachment is influenced by both their parents' and their own mental representations of relationships, according to Noppe (2000).

When one person dies many different relationships are lost. The loss of an important attachment figure greatly affects the safety and security of the bereaved child. Therefore, the impact of parental death will depend on the quality and strength of the attachment/relationship the child had with the parent or primary caregiver – and how dependent they were on the deceased, noted Woo & Wong (2003). Patterns of attachment behaviour and defence mechanisms are often maintained across the life cycle and affect relationships with parents and family, peers, society, partners and children, according to Payne (2005:83). Because attachments are motivated by survival and security needs, some children with strong attachments never fully resolve their loss. A child who has suffered a loss of a parent/primary caregiver may feel it very deeply as bereavement if it is accompanied by a terrifying sense of insecurity and the feeling that, if one person died, it can happen to the rest of the family.

Secure relationships lay the foundation for later social competence through which children develop their understanding by sharing experiences with others through intimate relationships. The bereavement experience is not always negative. Howe, cited in Payne (2005:83), referred to particular difficulties that impact attachment, such as sexual abuse, losses and bereavement. However, death forces changes in people's lives, regardless of the circumstances. How the bereaved child deals with the death of an abusive or uninvolved parent/primary caregiver will depend on their personality, the circumstances of the death, and the support they received after the death. Rando, in Mphuthi (2004) argued that children who were either neglected or abused by a deceased parent or guardian may be conflicted in their mourning, and this conflict may present itself in future death experiences. In these circumstances, the child may have a tendency to grieve about what the abuser has taken away, such as innocence or the loss of a happy childhood, according to Mphuthi (2004:42).

Death inevitably involves endings, separations and brutal losses of being deprived or robbed of someone that is important to the bereaved person. Hence, when a child experiences the death of an attachment figure this experience threatens their sense of security, safety and belonging. Everyone who experiences love, or who forms an attachment to another, runs the risk of losing the loved object and suffering the consequences of loss. According to Noppe (2000:533), it is evident that attachment is not a "one-size-fits-all" phenomenon when it comes to either "normal" or "complicated" grief because grieving is determined by a variety of factors, which includes: gender, cultural context, ages of the survivor and the deceased, and the mode of death. Relationships are not severed by death - eventually the relationship is redefined - just in different ways. Redefining the relationship is important as it requires the child to accept that the relationship with the deceased has changed from one of interaction to one of memory. Kroen (1996) speculated that the path a child will follow through grief is as unpredictable as children themselves and even when children do not show outward signs of grief, they may still be grieving.

2.7. POSITIVE OUTCOMES OF CHILDHOOD BEREAVEMENT

Stroebe et al (2001) referred to many early studies of childhood bereavement which assumed that later dysfunction was predictable and inevitable because of the association of loss with pain. However, the authors highlighted some research findings where positive outcomes had been reported by bereaved children, despite the challenges and difficulties associated with childhood bereavement: the child had matured, developed better coping skills, valued other people more than they had before experiencing the loss, and developed a higher sense of self-

esteem. Aldwin, in Stroebe et al (2001:181) agreed that some childhood bereaved had enhanced creative abilities and psychological functioning in later years.

Wolfelt (2001) described children as resilient, strong, amazing human beings who when giving ample support can not only heal in grief, by can also grow as a result of it. By integrating death into their lives they can go on to live well and love well again. Positive outcomes for grieving children, according to Wolfelt (2001), is when they emerge emotionally and spiritually stronger, more adaptable, and more appreciative of life's joys.

2.8. CULTURE AND DEATH ATTITUDES

Death-related encounters and attitudes are expressed differently by cultural groups, or so argued Corr et al (2000). South Africa is not a single, homogeneous entity but a multi-cultural society where cultural diversity should be understood and respected. According to Backer et al (1994:169), every culture provides a way for its members to think about and respond to death. This meant that every culture has norms about the kinds of emotions permissible as expressions of grief and the duration for which those emotions can be expressed. Customs and rituals around death and burial help members understand that death is something that happens to all people and living things.

Van Dyk (2001:306) highlighted many emotional experiences which are common to all people who mourn - people may exhibit variations in their manifestation of grief, in the extent to which they demonstrate certain forms of behaviour and in ways in which they express their grief. Mourners from different cultural groups may choose to indicate that they are in mourning for close relatives by adopting symbolic clothing and/or insignia, according to Elion & Streiman, (2001:48). They may restrict social activities during periods of mourning, while many cultures mark the end of mourning period – often a year – with a memorial service. On the anniversary of the death, some people may gain comfort from visiting the place where the ashes are scattered, or the grave, as this provides a temporary link with the deceased person during the extremely painful letting-go period. van Dyk (2001:306) referred to examples of traditional African people sharing their grief more within their community, or consulting ancestors through traditional healers for obtaining closure of the grief process, while other cultures may not express grief publicly because this is not an acceptable norm.

Different cultures have norms about what reactions, if any, children can have to death as well as customs and rituals, if any, which children must perform. Family rituals, argued Worden (1996:21), are important mediators influencing the course and outcome of bereavement and grief. According to Denis, in a traditional African context, children are not permitted to ask questions of their parents, neither are they permitted to participate in adult conversations (www.sorat.ukzn.ac.za.sinomlando/reseach/memory-boxes.html). Important information on issues such as death or sexuality is transmitted to children via older boys or girls. Denis highlighted the problems associated with the lack of inter-generational dialogue, which has not been replaced in modern societies.

When children have knowledge and practice of cultural customs regarding death, funerals and mourning they get the sense that adults are in control and that life goes on. Children should not be forced to attend the funeral service if they do not want to, although Kroen (1996) agreed that this should be a family decision. However, as a general guideline children over the age of six years should be given the opportunity of making their own decisions in this regard. Bereaved

children will benefit from joining family and friends in customs and rituals around death and burial so that they are able to participate, express their grief and feel part of a group that is going on with life despite the loss.

From the time of death there are certain rituals that families need to participate in. All these are important elements in the grief process and it is unwise to underestimate the powerful emotional effects of such rituals. Corr et al (2000) illustrated the importance of rituals as a way in which society, through its death system, seeks to help bereaved individuals meet post-death needs. The rituals and customs surrounding a funeral reflects the beliefs of the person who has died, their family, and the society in which they lived, and how the body will be disposed of.

Traditionally in some cultures, the funeral service or gathering is an opportunity for the bereaved to share their personal loss with family and friends. Kon (2002) referred to the significance of the funeral service, which include the following: to acknowledge that the death actually occurred; to bid farewell; to mark the end of a life; and to celebrate and reflect on the life that has been. It is also an opportunity for family and friends to acknowledge the bereaved person's pain and provide a social support network soon after the death has occurred. Unfortunately, children are often overlooked during these rituals. This is where they need emotional support and reassurance about what is happening. Often children are not permitted to attend the funeral service and this may result in feelings of regret or anger later on. Worden (2001) argued that one fact that weakens the effect of funerals is that they happen too soon after the death have occurred, often immediately. Family members are dazed or bewildered and the service does not have the positive psychological impact that it might have had. The findings from research undertaken by Silverman & Worden, as cited in Corr et al (2000:330) suggested that when children participate in planning the funeral or in funeral rituals, this helps them with their grief work.

2.9. RELATIONSHIPS

2.9.1. Parents/primary caregivers

Parents/primary caregivers remain the most significant others in the lives of children, especially during the essential stages of middle childhood development. Children have a fundamental right to expect that parents/primary caregivers will be available to take care of their basic needs, so that they may be given the opportunity of growing up healthy, both in body and mind. In an ideal world, parents/primary caregivers are the role models from whom children learn life-skills which are necessary for them to take care of their own needs in later life. Bowlby, cited in Worden (2001), argued that the most important function of a child's primary caregiver is to provide a secure foundation from which the child will develop the capacity to form caring and loving bonds later in life.

Children's primary needs are to survive and be cared for by their family - children in middle childhood thrive in a safe and non-threatening environment because of their fear of abandonment. As human beings, it is only when we mature that we are able to make choices on how to live our lives. The way in which a family functions will determine, in part, the success of each member's life and the way in which they face crisis. Parents and children do not function independently, but as people influencing each other.

According to Louw et al (1998), during early childhood the family is profoundly influential and continues to be so even during middle childhood when children spend less time at home with parents and more time at school with teachers and peers. As a social system, each family has its own role structure defining how each individual should behave and what their relationship with one another should be. During middle childhood, children start to spend more time away from the family home than they did during their earlier years, because they have to attend school, play outdoors with friends, or when they are involved in outside interests. As they gain more independence, children may express dissatisfaction with and question their parent/primary caregiver's decisions. Examples of this include disagreements about bedtime rules or when to complete homework tasks. Parents/primary caregivers are responsible for teaching their children moral, cultural and/or religious values, thus equipping their children with the necessary skills and competence to function effectively and independently in society, or so argued Louw et al (1998).

2.9.2. Parenting style

All families have a particular style for functioning and relating as a unit. How parents parent their child is determined largely by their own life experiences from their childhood. Parenting roles in our society vary from family to family, for various reasons, and may be influenced by strong cultural traditions. Lindon (1998) noted that cultural tradition is not something that just happens to other people, everyone is influenced by their own traditions.

Lindon (1998) claimed that a considerable amount of research has been conducted on families and parenting styles. The findings have produced some common patterns between ethnic group parenting styles and cultural traditions. Parenting styles are categorised by the approach used by adults to "train" their children to take their place within the family and society. The type of relationship between parent and child will determine the impact on the intensity of loss or the degree of dependency of the child on the surviving parent/primary caregiver. Parents that have an open system of communication, a supportive structure and a balance between control and warmth will provide comfort and assurance for children. Strained relationships, existing resentment or conflicts on the other hand, may impact on the family's ability to group together in a crisis, argued Woo & Wong (2003). Generally, children from cohesive families are more able to cope with childhood adversities than those children from less cohesive families.

Each child's response to a death depends largely upon the relationship they had with the parent/primary caregiver who died; the closer the child was towards to the deceased, the more difficult the separation is likely to be. Not every child is a member of a two-parent family, so when children from a single-parent family experience parental death, they are more vulnerable and have more changes and challenges to deal with than children from a nuclear family. Parental responsibilities include teaching children how to live their lives, and yet who accepts the responsibility of teaching children how to live their lives when parents/primary caregivers die? In South Africa, children are not exempt from experiencing death related encounters from a young age. For the majority of children, a primary caregiver's role is to provide protection and give the child a safe, secure, and loving environment in which to develop. Unfortunately, the HIV/AIDS pandemic in our country has changed, and will continue to change, the family as a social system, and that will have consequences for children because the family is an important influence on childhood development.

2.9.3. Factors that influence the child/family response to death

Worden (1996) identified several factors which influenced the child/family response to the death of a parent, namely: family size, family cohesiveness, family stressors, style of coping, family solvency, socioeconomic status. However, the manner in which the family unit responds to the death of a parent/primary caregiver will invariably influence the child's response. Families that experience large concomitant stressors occurring before and after the death will have parents with more stress and depression and children who show more emotional/behavioural problems, according to Worden (1996). Ambivalent or conflicting relationships can also complicate grief.

The death of a primary caregiver disrupts and changes children's lives. Worden (1996) argued that how a child adjusts to the death is dependent on the manner in which the family, and especially the surviving parent, responds to this loss. Woo & Wong (2003) suggested that when a parent is unable to mourn in front of the child – because they did not want to upset the child unnecessarily – the child has no role model on which to base his/her grief, and that may result in the child denying his or her own feelings instead of expressing them. Grosshandler-Smith (1995) argued that the bereaved child is faced with certain challenges when a primary caregiver dies, some of which the child would rather not face, especially when grieving is involved. The child may experience feelings of helplessness and anger regarding the death, or physical sensations such as a lump in the throat and cognitive reactions such as hallucinations. How adults react to children's emotions, thoughts, sensations and behaviour is therefore important. Relatives and other caregivers who decide not to tell children facts about the death of a primary caregiver are still teaching those children something about death, dying and grief, namely, that it is a topic to be avoided.

Backer et al (1994:83) claimed that children can learn to cope with death, but they do have difficulty coping with family avoidance of death. Silence about the death of a significant other will reinforce the fact that death is a taboo subject, especially for children. Death comes into children's lives in so many different ways, with no two experiences being the same. Children who have experienced the death of a parent through family violence, will live the rest of their lives in shame because, they are the children of a killer according to Harris-Hendriks et al (2000). Those whose parent(s) have died from AIDS-related illnesses may feel ashamed because of the stigma still attached to this disease.

Harris-Hendriks et al (2000) agreed that children who have reached school going age have the intelligence to understand the concept of death, the physical changes associated with death, to express grief, and to experience mourning. According to Harris-Hendriks et al (2000), school-aged children are as capable as adults of comprehending death; they just need understanding adults to help them understand the experience.

2.10. GRIEVING CHILDREN IN THE SCHOOL ENVIRONMENT

2.10.1. The role of the school in middle childhood development:

Many studies on school performance and bereaved children in middle childhood have shown a correlation between achievement and self-esteem when compared with their peers, according to Corr et al (2000). School played a key role in the development of children, especially during middle childhood years. Shaffer, cited in Louw et al (1998:358) argued that, of all the formal

institutions that children encounter in their lives away from home, few have the potential to influence their behaviour as the school they attend.

At school, children are provided with information which increases their cognitive development and knowledge base. The classroom brings new challenges, both academic and social. Life Orientation, a learning outcomes-based programme aimed at health promotion and social, personal, physical, has been introduced into the school curriculum to equip learners with life skills to achieve and extend personal potential to respond effectively to challenges at school and in their personal lives as well. The Soul City initiative, which includes the Soul Buddyz multi-media programme, is specifically targeted at children, in middle childhood, as well as being a classroom resource for use in Grade Seven. The stories relate to children and their everyday experiences. In outcomes-based education, according to Soul Buddyz (2000:vii), the emphasis is on what the learner will learn rather than the information that the teacher will cover in the classroom, thus offering an integrated approach to learning.

Schools are public places in which bereaved children may grieve. Schools cannot compensate for children's severe losses, and teachers cannot ease children's grief alone. Schools, however, must become aware that children living through bereavement may experience various emotional reactions to grief during the school day. Woo & Wong (2003) argued that children may become preoccupied with thoughts of their deceased parent or primary caregiver during lessons. When children are discouraged or prevented from expressing grief, this may impact on other aspects of their development and their school performance in particular. London, cited in Lourens (2004) highlighted the need for schools to become emotionally safe places by taking the initiative to implement programmes to protect, strengthen and support children against the ravages of social disorganisation and family collapse.

Kroen (1996) and Abrams (2000) concurred that in order to create as much stability for the grieving child outside of the home it is advisable for the child to return to school as soon as possible. Newman (2000) argued that children at different ages may experience their involvement with teachers in different ways - children learn that a secure relationship can serve as a base from which one can safely seek help. Teachers are not expected to be experts in dealing with grieving children, but they are an important factor in identifying early warning signs that may indicate that the child is experiencing difficulties.

During the grieving process, children weighed down by sorrow and anguish may experience difficultly maintaining mental focus or express anxiety in restlessness. Hence, the support structure of school life is invaluable while the child is grieving. Teachers can play a supportive role in assisting the child adjust to the loss while in the school environment by, for instance, modifying the child's work load or homework assignments shortly after the bereavement. When a bereaved child shows emotional distress in the classroom, the teacher can take them aside, acknowledge their sadness and reassure them, allow them to cry and given them time to calm down. According to Worden (1996), it is not uncommon for children to become preoccupied with their thoughts, have more concentration problems, become forgetful, or be unprepared for class during the early stages of grief. This is a normal response to grief, and children may become anxious if they are not informed that this is a temporary situation. Worden (1996) cautioned against the assumption that bereaved children will develop learning difficulties as a consequence of bereavement. School-related stress should also be addressed and appropriate help should be provided for academic difficulties. Teachers should be discouraged from becoming impatient or insensitive towards bereaved children by telling them that they have had

long enough to mourn, or its time to move on, or act as if nothing has happened in the child's life.

Woo & Wong (2004) and Kroen (1996) concurred that children do not like to feel "different" from their peers, because of their need to feel accepted. A bereaved child may avoid discussing the death of a parent/primary caregiver at school with their peers because they may not wish to feel different. This decision may be interpreted by the child as proof of having control over her or his life. If the bereaved child has been transferred to a new school, then they may never share this life altering experience with others in order to be seen as being in control of their lives. This is where the teacher will play a significant role in making the child feel safe enough to communicate their feelings with people who care. Harris-Hendricks et al (2000) agreed that a society and school which educates children about death and dying will be better placed to help all bereaved children.

Historically, though, schools have not assumed that most school learners will be bereaved or will be grieving. School systems, too, are not historically set up to help bereaved children who are grieving the loss of a parent/primary caregiver. South African schools should be prepared to help bereaved learners work through grief, especially with the escalating numbers of young children faced with the death of a parent/primary caregiver. Orphan and vulnerable children require the support of teachers or support staff at their schools, instead of being allowed to grieve on their own. Many children, according to Lourens (2004:9), are not experiencing loving primary relationships, which are essential to a child's development of self. Hence, the need exists to use every opportunity possible to create safe places, like classrooms, where children can be supported and strengthened.

2.10.2. The school environment as a support system for grieving children

School libraries can be a valuable source of information for learners, by providing age and language appropriate literature on children and grief. This should be available for learners to read themselves, or with a friend, parent, teacher or school counsellor so that they may improve their understanding about death and dying. According to Schneider, cited in Soul Buddyz (2000:102):

> Unless the loss aspect of a change event is recognised and acknowledged and support for grieving and resolving is received, the change event becomes and remains a source of stress.

Soul Buddyz (2000) recommended that teachers should not to let their own attitude about death and dying prevent them from discussing this topic in the classroom, or respond punitively with negative comments. If school personnel are prepared to offer support to children who are working through grief, children will understand that grief is a natural, normal and healthy response to death. When children know that school personnel care and are available if need be, to listen or to share, such intervention services will not only assist the child in coping with their own loss but also equip the child with skills to support others who may encounter similar experiences. Support is based on caring and friendship, not therapy.

2.11. REACTIONS TO GRIEF

2.11.1. Emotional reactions

According to Kroen (1996:11), a child's reaction to death depends on the child's personality, sensitivity and coping skills, level of development and abstract thinking skills. It is very important to recognise that grieving is a skill which can be learnt. Children learn how to react or respond to emotional experiences from significant others in their lives, but mostly from their primary caregivers.

Children may also experience fear that the other parent will die too, or may become unduly dependent on the surviving parent, while others may need constant reassurance that someone will always be there to take care of them, especially in the case of children from single parent families. The fear of abandonment is also a reaction to the loss of a parent/primary caregiver. In some instances, bereaved children are known to regress into younger behaviour. Bereavement can lead to intense regression where the bereaved perceive of themselves as helpless, inadequate, incapable, childlike, or personally bankrupt, according to Horowitz et al, cited in Worden (2001:15). During the adjustment to an environment in which the deceased is missing, the bereaved are also faced with the challenges of adjusting to their own sense of self. Bereavement can lead to regression where the bereaved perceived themselves as helpless and inadequate. In most cases, Worden (2001) claimed, these negative images are not permanent, and usually give way to more positive ones as the bereaved person learns new ways of coping with their environment and the experience.

The most common defence mechanism for blocking out painful feelings and emotions is repression, which is a defence mechanism by which unacceptable thoughts and feelings are banished from consciousness. Most of us are taught that losing control of our emotions is wrong, that crying is a sign of weakness, or that displays of anger or fear are signs of immaturity. In emotional repression, according to Marrone (1997:20), the muscles and nerves block out or mute what are unacceptable bodily feelings, or thoughts and emotions which are painfully connected to an event in our lives, or we consciously (or unconsciously) forget memories of those events.

Because children vary in their reactions to death, the extent of support from family members and significant others will also determine how the child copes with the grieving process. Marrone (1997) referred to regression as one of the numerous emotional reactions which grieving children may exhibit in response to the loss of a loved one. It is, therefore, not uncommon, during the initial stages of coping with death and bereavement when a child's sense of security is threatened, that the bereaved child regresses to earlier stages of development, and even appears to lose some of the skills which they have already mastered. Regression to an earlier developmental stage may be a child's way of expressing internal distress, and this is precisely when they may need more physical care from a significant other. In this regard, Corr et al (2000:248) has stated that:

> No one can simply stop experiencing what he or she is experiencing. Feelings and all of the other reactions to a significant loss are real. These grief reactions need to be lived with and lived through. They only change in their own ways and at their own pace.

2.11.2. Physical reactions

Corr et al (2000:213) argued that grief is not only felt as an emotional reaction to loss but it can also manifest itself in physical sensations. Corr et al (2000) cited examples of how grief can be expressed:

- Grief feelings include sadness, anger, guilt, self-reproach, anxiety, loneliness, helplessness, shock, yearning, emancipation, relief or numbness.
- Grief physical sensations include fatigue, hollowness in the stomach, a lump in the throat, tightness in the chest, aching arms, oversensitivity to noise, shortness of breath, lack of energy, muscle weakness, dry mouth or loss of coordination.
- Grief cognitions include disbelief, confusion, preoccupation, sense of pretence that the deceased has not actually died, paranormal ("hallucinatory") experiences, or dreaming of the deceased.
- Grief behaviours include sleep and/or appetite disturbances, absent-mindedness, social withdrawal, loss of interest in activities that previously were sources of satisfaction, crying, avoiding reminders of the deceased, searching or calling out, restlessness, over-activity, or visiting places and cherishing objects that remind one of the deceased.

According to Corr et al (2000), social additional expressions of grief can be experienced in the religious and spiritual domains of life. Examples of that include more (or less) frequent praying; changes in the child's levels of participation in church- (or temple / mosque-) based activities; and changes in the perceptions of the role or significance of supernatural spiritual beings in the child's life.

2.12. SITUATIONAL CHANGES AND SERVICES FOR VULNERABLE CHILDREN

2.12.1. The changing face of traditional families in South Africa and the challenges faced by orphaned or vulnerable children

With the death of a parent/primary caregiver becoming an increasingly normative life experience for many young children in South Africa, the government can no longer be considered solely responsible for providing for the needs of all orphaned or vulnerable children. When the orphaned child is from a single-parent household, the primary caregiver's death has greater consequences for their lives. For example, if children have to relocate to live with others or are placed in residential care, they may feel that they cannot burden their new caregivers and may stop the mourning process in the belief that the death of their loved one may have no significance for their new caregiver. For Ramsden et al (2002), that fact meant that the child also had no-one with whom to commiserate.

The decrease in the life expectancy rate for adults in our country adds to the dilemma because fewer adults will be available to take care of children's needs. Ramsden et al (2002) argued that when children are hurt and angry, reckless behaviour becomes a likely consequence. Secondary trauma will result if children cannot deal with their loss in a loving, safe and secure environment. This may result in on-going hurt and pain where feelings of distrust, anger,

despair and anxiety persist. Society has a moral duty and obligation to the children of our country to do whatever it takes to allow children to be children.

2.12.2. Child-headed households

The death of a parent/primary caregiver may result in children being left without appropriate adult supervision, especially in respect of single-parent families. Caring for orphans or vulnerable children, according to Ramsden et al (2003), is an additional burden for families that are already poor, because the HIV/AIDS crisis plunges poor families into even greater poverty. One of the many and most challenging experiences arising from parental/primary caregiver death in poor communities in South Africa is the phenomenon of child-headed households. As more and more adults succumb to the HIV/AIDS pandemic, there is a rapid increase of child-headed households. Despite a significant amount of media attention given to the issue, according to Denis (www.sorat.ukzn.ac.za/sinomlando/research/memory-boxes.html), there are actually no reliable statistics on the number of children actually living in child-headed households. In child-headed households, older siblings have to take on parenting roles in order to keep the family household together. Children as young as 12 years have been known to take care of younger siblings. Often, these children are forced to drop-out of school to take on the responsibility of caring for younger siblings. Adolescents from poor households may have to leave school as part of a household coping strategy. According to Hunter (2002:33), most often gender, not age, will determine who drops-out of school, who stays at home to take care of sick parents, younger siblings or attends to household chores. Ramsden et al (2002) argued that this is a burden too heavy for a child, and is against the law.

Denis (www.sorat.ukzn.ac.za/sinomlando/research/memory-boxes.html) cautioned that children living in child-headed households are extremely vulnerable. Giese, cited in Denis (www.sorat.ukzn.ac.za/sinomlando/research/memory-boxes.html), highlighted some of the issues affecting these vulnerable children:

> Living on the margins of society, deprived of educational opportunities and recipients of few health and welfare services. In terms of psychological impact, they have experienced trauma of watching their parent die and have to worry about who will care for them after the parent's death

Ramsden et al (2002) noted that, in reality, child-headed households may be the best solution for a family of children as it does keep them together in their family home. Government has in the past rejected the idea of building orphanages in favour of orphans growing up in the community. However, with the growing number of child-headed households, as a result of HIV/AIDS and poverty, government was forced to rethink the idea. According to Minister Zola Skweyiya (Social Development and Welfare), the reality of AIDS in our midst and children without anyone to look after them must prick our conscience one way or another (Daily News, 28 July 2006:3).

Denis (www.sorat.ukzn.ac.za/sinomlando/research/memory-boxes.html) argued that while comments have been made on the economic hardships of children affected by HIV/AIDS, very little has been said about the effects on children's emotional wellbeing. According to Denis, it appears that researchers have failed to explore the impact of AIDS-related illness or death on children's psychosocial well-being.

2.12.3. Homeless children who live on the streets

When children are left destitute after experiencing parental/primary caregiver death, the street may become the only option available to them. The appearance of street children in South Africa, as in other parts of the world, is linked to socio-cultural factors such as urbanisation and impoverishment which lead to the disintegration of family life, according to Richter, cited in Louw et al (1998:364). Children living on their own, or in difficult circumstances, such as living on the streets, often have good reasons to be suspicious of people. Ramsden et al (2002) argued that they may feel vulnerable and may be afraid that adults will take advantage of them or exploit them.

Most South African street children are Black and Coloured boys who have taken to living on the streets for long periods of time, without parental care, support or protection, in order to escape the hardships associated with poverty, or the loss of a parent or caregiver, according to Richter, cited in Louw et al (1998). Poverty has forced some street children to support their siblings by begging on the streets or engaging in criminal activities. Without proper parental supervision, these children are further at risk for alcohol or substance abuse to escape the reality of surviving on the streets. Most often street children are associated with petty crime, but, young children are especially vulnerable as the older more experienced street children exploit them to their own advantage. No child should have to consider the street as an alternative to family life. Richter, as cited in Louw et al (1998), recommended that strategies should be developed to render aid to families in crisis before the family loses its ability to take care of the children.

Ramsden et al (2002) cautioned against people giving money to children begging on the streets, but instead advises that these children be referred instead to the necessary authorities for help to reduce the risk of their ending up in prison. Vulnerable children are often ashamed of what has happened to them, and develop feelings of guilt or self-blame for their predicament. They may withdraw and fail to react to what is happening around them. With so many families in our society already living in poverty, it is important for vulnerable children to get help before they become hungry, homeless and desperate. When parental death robs a family of their bread-winner, living on the streets may become the only means of survival available to vulnerable children.

2.12.4. Government's responsibilities and services for children

The Child Care Act (74 of 1983) makes provision for the protection and welfare for children, according to van Niekerk (1998:15). Children are given special rights by provisions in the Constitution. "Child" refers to a person under the age of 18 years. Section 28 of the South African Bill of Rights outlines various rights that are in a "child's best interests and of paramount importance in every matter concerning a child." Ramsden et al (2002:13) agreed that the rights and needs of the child are the basis for all work with children.

van Niekerk (1998) has stated that there are multi-faceted explanations to children in need of care, and children and their parents (caretakers) can only be understood in relationship to each other and the environment. Webb, as cited in van Niekerk (1998:5) recommended that when working with these children, a thorough bio-psychosocial assessment needs to be undertaken. Bio-psychosocial support for vulnerable children is defined as an ongoing process of meeting

the necessary physical, emotional, psychological, social and mental needs for the growth and development of children. Psychosocial support goes beyond meeting just the physical or material needs of the children as it aims to strengthen vulnerable children's inner resources to help them cope with and overcome the many challenges they face, according to World Vision (undated:149).

Child's growth and development are largely influenced by environmental and psychosocial support. Many bereaved children experience great distress and trauma and this impacts on their psychosocial well-being, especially when they find themselves in difficult situations in which their basic needs are neglected. These children often have special needs because of their vulnerable status. Ramsden et al (2002) highlighted some of the causes leading to an increase in the number of children needing support services from government and/or other service providers: HIV/AIDS, poverty, unemployment, the breakdown in family-life, and violence in both the community and in the family. According to Ramsden et al (2002), government alone cannot provide for all vulnerable children's needs, nor can the Department of Social Development and Welfare build large numbers of orphanages to take care of all orphaned and vulnerable children.

Children are at risk if they are not provided with loving care and a safe and protected environment. According to the Constitution, the government has the responsibility of supporting families who cannot provide adequate care for children in need. The government makes available specific services for orphaned or vulnerable children whose families are no longer able to provide care for them. However, there are gaps between legislation, policy and implementation regarding accessing these grants and the exploitation of vulnerable children. With the high levels of poverty, unemployment and corruption in our country, vulnerable children are at risk of exploitation. They become easy targets for unscrupulous strangers, relatives who abuse them financially, physically and emotionally. Ramsden et al (2002) referred to the Law Commission's recommendations for the new Child Care Act that will help protect children and make fostering and adoption easier.

Government has developed policies and programmes to improve the general well-being of children. These services are provided by the following eight government service providers:

- Child and Family Welfare provides care and support.
- Child Safety and Security provides for the protection of children.
- Department of Education provides schooling for children.
- Department of Health provides health services for children.
- Psychosocial Support.
- Socio-Economic Support such as childcare grants.
- Legal Aid and Representation.
- Social Development provides vocational or life skills training.

  World Vision (undated:114).

Government also makes provision for various services to families or primary caregivers for children in need:

- Child Support Grant available for children under 11 years of age.

- Foster Care Grant is available once an applicant (not a legal guardian) has been registered as the child's foster parent (under the Child Care Act). This grant is available for children from birth to age 18. The foster-parent application is reviewed every two years to determine if the child is receiving adequate care.
- Adoption is permanent and no grant is available for parents who adopt a child.
- Placement of children in need of care in a Place of Safety or Children's Residential Home.
- Social Relief Grant is temporary help offered to people who are destitute and unable to meet their needs.
- Free Health Care for children (under 6 years) at all provincial clinics or hospitals.
- Exemption from school fees for children in foster-care, registered children's homes or whose primary caregivers are unable to pay school fees, according to Ramsden et al (2002:31).

Foster Care Grants and Residential Care are just two of the services the government provides for vulnerable children whose parents/primary caregivers have died. Mphuthi (2004) noted that while Foster Care is not without its difficulties, children in residential care are separated from their families, home, schools, friends, and/or siblings, and now they are faced with the added challenge of grieving the death of a parent/ primary caregiver outside of the family unit.

Despite the economic situation of households deteriorating as a result of parental/primary caregiver death, most children orphaned by AIDS in South Africa already live in poor communities. Does "the presence of certain securities (such as shelter, a consistent care-giver, friendships, and/or an income source) make a critical difference to the impact of parental death on children?", asked Denis (www.sorat.ukzn.co.za/sinomlando/memory%20boxes.html). Jewitt (2001:12) referred to a question often asked about children who have been affected by AIDS, which is: "Why is psycho-social support important in the face of the many material needs of children who have been affected by AIDS?" According to Jewitt (2001), the answer to this question is simple: When children are attended to emotionally, they are better able to use opportunities for education, health and other aspects. Giving children food and clothing is no longer enough.

Sanders, as cited in Mphuthi (2004:18), argued that families today are more scattered in both a physical and emotional sense. Whereas traditional people, living in rural communities, were known to take care of each other and/or rally together to look after children whose parents were incapable of caring for their offspring, in the true spirit of Ubuntu, HIV/AIDS is changing and challenging the rules by which communities live in South Africa, and are overwhelming traditional and Western support systems alike.

2.12.5. Social work role in relation to working with the bereaved

Bernstein & Gray (1997) suggested that the nature of social work should be determined by its role of promoting or restoring mutually beneficial interaction between individuals and society in

order to improve the quality of life for everyone. Because social work is so diverse, it has no single or integrated theory to regulate its practice. Several theoretical approaches have been advanced, many drawing from knowledge in the related behavioural and social sciences such as anthropology, psychology and sociology, according to Bernstein & Gray (1997:61). van Niekerk (1998) advised that, before initiating the helping process for children in need, social work practitioners must learn to scan the broad picture of the child's environment, which requires that the social worker has the necessary knowledge of social work practice methods and the develop the appropriate practice skills. Currer, in Adams et al (2002) argued that all social workers in ongoing contact with service users will meet persons experiencing bereavement, since this is a normal life event. Therefore, it should not be assumed that bereavement intervention work is for specialist social work practitioners only. When bereaved children lack the support they require to help them resolve the pain of mourning, the early detection of grief as a response to minimize the possibility of bereaved children developing more serious problems.

Worden (1996) argued that not all bereaved children require or would benefit from grief counselling. The death of a parent/primary caregiver requires various adjustments for the bereaved child. Social work intervention services are required when the primary caregiver is no longer able to provide or meet the child's needs. These services may include bereavement intervention work from the social worker. Currer, in Adams et al (2002:218), stated:

> It is tempting to think that responding to the grief of people who are dying and bereaved is no longer possible for social workers except in specialist palliative care settings. Such a view is mistaken. In so far as dying and bereavement are everyday events, they will arise in the course of social work practice in all areas. In many settings, we are ideally placed to respond appropriately – probably as members of a multidisciplinary team – given the necessary theoretical basis for intervention, and confidence concerning our part in care.

2.12.6. Community initiatives to assist vulnerable and orphaned children

Services providers, such as NOAH (www.noahorphans.co.za) and CINDI (www.cindi.org.za), are organisations that have been established in response to the realisation that South Africa faces an "epidemic of orphans" in the wake of the HIV/AIDS pandemic. These non-governmental organisations (NGOs) provide services to orphans and vulnerable children whose parents are no longer able to take care of them or have died. According to these service providers, it is predicted that by 2015 there will be approximately 2,5 million orphans and vulnerable children in South Africa. These children will make up 10% (or more) of our total population by 2020. Ramsden et al (2003), on the other hand, has predicted that by the year 2015, there are likely to be as many as 5 million orphaned children. It is imperative that accurate figures be obtained through reliable research so that policy and provision can be made for orphaned and vulnerable children (OVC) in our society.

World Vision (undated:219) emphasized the importance of mobilising community-led initiatives to develop action plans for the care, support and protection of orphaned and vulnerable children within the community. However, World Vision and many other non-government organisations have recognised that short-term relief and service provision strategies

are not fully appropriate or viable to address the large-scale, long-term, orphaned and vulnerable children crisis generated by the HIV/AIDS pandemic. The World Vision community-based initiatives mobilise resources to address critical needs identified within the community, by providing technical, material and/or financial assistance for creating income-generating activities.

The community of Inanda (Natal Mercury, 27 July 2006:3) has taken the initiative for community members to get to know one another better so that they can be of help in times of need. The "Know your neighbour" project was developed in response to the death of a mother from the community who left behind two young children to face an uncertain future. This project aims to help among others, orphaned children who or community members who are unemployed due to ill health. This initiative is another indication of the presence of Ubuntu from within the community.

2.13. THE GRIEVING PROCESS

Most authors on children and grief concur that children who have reached school age are as capable as adults of comprehending death, expressing grief and experiencing mourning. Worden (1996:93) argued that the impact of death on children depends in part on their understanding of death, while Gillette (2003:8) suggested that grief was not a misunderstanding of what a person has, but a clear vision of what the person had lost.

2.13.1. Internal and external changes

Death brings both internal and external changes in the life of a bereaved person, and children may feel angry and helpless when they do not have a choice about the changes they have to face, especially when these changes include such hurt and pain. Children need to be informed that life necessarily entails many changes, according to Grosshandler-Smith (1995). Walter, cited in Marrone (1997:38) claimed that the notion of "natural" death reminded us that:

> Death is a part of the human condition which we cannot and should not run away from. But as soon as the concept gets caught up with nostalgic reading of how people die and grieve in traditional societies, we are in a world of myth.... Humane approaches to dying and grieving today should be grounded not in mythical notions of the natural, but in the on-going project to develop ways of dying and grieving appropriate to our time and place.

Kon (2002) argued that if making preparation for death and dying is a part of everyday life, death will become a natural thing.

However, for those who cannot or are not allowed to speak, there is no name for dread. Knowing how a grieving person feels may be impossible to distinguish, but expressing words of support and sorrow to a grieving child is very much within reach. Losing a loved one, especially one that a child is still so dependent on, rocks their foundation. Hence, it is understandable why people battle to deal with death.

2.13.2. Phases, Stages, Tasks, Needs of Grief

2.13.2.1. Kubler-Ross: 5-Stage Model of grief

Elisabeth Kubler-Ross, according to Corr et al (2000), is one of the best known authors writing on the subject of death and dying, and is responsible for developing a five stage model of grief. Kubler-Ross's 1984 model claims that people go through five stages that are not sequential but overlap with one another. Kubler-Ross & Kessler (2005:7) recommended that the five stages of grief are used as a basis from which the bereaved are able to identify what they may be feeling in their attempt to deal with life and loss. These five stages are:

- First stage: Denial functions as a buffer, or a sense of numbness, after receiving unexpected or shocking news. Denial is usually a temporary defence and will soon be replaced by partial acceptance.
- Second stage: The first stage of denial is replaced by anger, rage, envy or resentment, and by asking "why me" questions.
- Third stage: Bargaining is usually an attempt to postpone the inevitable.
- Fourth stage: Depression characterizes this stage when the person's numbness, anger and rage is replaced with a sense of loss, actual or impending.
- Fifth stage: Acceptance refers to the stage when the bereaved person has worked through the previous stages.

2.13.2.2. Worden: 4 Tasks in the mourning process

Worden (2001:35) referred to the Tasks rather than phases/stages in response to the mourning process. In opposition to the passivity implicit in the Kubler-Ross' 5-stage model, Worden recommended an active response to grief:

- (1) Acceptance of loss - even if the death is expected, there is always a sense that it hasn't happened. In the first task of grieving, Worden examines the importance of accepting that the death has really occurred and that the deceased will no longer be a part of their life. Some people refuse to believe that the death has occurred, and continue to search for their loved one, or they may deny that the loss has actually occurred. Denying the meaning of the loss, or that death is irreversible is another way that people try to escape the reality. Worden identifies another strategy used to deny finality of death, which involves spiritualism and the hope for a reunion with the deceased, especially in the early days or weeks following the death. It takes time to come to terms with the reality of the death because it involves both an intellectual and an emotional acceptance. Worden notes that traditional rituals, including funerals, may help bereaved people move toward acceptance. Children should be encouraged, but never forced, to participate in such rituals. Corr et al (2000) recommend that adults should be available to discuss the child's reactions and feelings, or to answer any questions that might arise from their experiences.

- (2) Work through the pain of grief, Parkes, in Worden (2001:13), states that it is necessary for the bereaved person to go through pain and grief for eventual emotional relief, and continually avoiding or suppressing this pain will prolong the course of mourning. Bowlby, cited in Worden (2001:14) argues that, "Sooner or later, some of those who avoid all conscious grieving, break down–usually with some form of depression." Worden emphasizes the importance of the bereaved person having a good social support system to help through the process of mourning.

- (3) Adjustment to the environment in which the deceased is missing – This is dependent on the type of relationship between the deceased and various roles the deceased played. Worden (2001) argues that for some time after the death, people are not usually aware of all the roles that the deceased played. Over time, the negative images of inadequacy and helplessness concomitant with grief, usually give way to more positive ones and people are able to carry on with their tasks and learn new ways of dealing with the world, according to Schuchter & Zisook, in Worden (2001:15). Adjustments to the changed environment involve developing new skills in order to move forward with a reassessed sense of the world.

- (4) Emotionally relocate the deceased and move on with life. Volkan, as cited in Worden (2001:16), suggests that a mourner never altogether forgets the dead person. Worden believes that the fourth task is the most difficult one to accomplish because people can get "stuck" at this point of grieving when they latch on to the past attachment rather than going on to form new relationships. When the bereaved find an appropriate place (location) for the dead in their emotional lives they will be able to reinvest effectively in the world.

Ignoring the fact that bereavement is inevitable and unavoidable raises the risk that one may deny childhood grief and fail to help develop children's capacity to mourn, and that will, in turn, impact on a child's ability to accept grief as future adult, too. In other words, the cumulative risk is that grieving may be denied as a legitimate human experience in and by future generations.

2.13.2.3. Wolfelt: Six needs of understanding children and grief

According to Wolfelt (2001:3), people who interact with bereaved children must be aware of the "six needs" of understanding children and grief and how children express these needs.

The first need: Wolfelt explains why children need to acknowledge the reality of the death of their loved one. Children need to understand the meaning of the word "dead," because so often, adults use common euphemisms which are more gentle and less direct when referring to an unpleasant experience, instead of using direct language when discussing death and dying with children. Corr et al (2000:84) mention an interesting phenomenon in respect of what they refer to as death-related language. People use this in everyday conversations to emphasise or exaggerate what is being said, for example, "dead tired," "dressed to kill" or "dead certain." However, when it comes to the choice

of words to describe death or dying then these are conveniently absent from ordinary speech. Children also need to understand that "dead" means that their loved one is no longer alive, that death is irreversible, and that their loved one will no longer be part of their lives again. However, according to Elion and Strieman (2001: 48), the traditional belief of the African Independent Churches (of which the Zionist Christian Church has the largest membership), is that the dead continue to live but remain unseen by the living. The word for death (isiKhosa = ukufa, isiZulu = ukushona) is not applied to people.

The second need: Children need to feel and embrace the pain of the loss. Most authors on this topic believe that children should be encouraged to talk and share their painful thoughts and feelings with someone they can trust, someone who will listen and be non-judgemental. More importantly, if adults openly express their feelings in front of children, then children will learn that it is acceptable to feel the pain of the loss and to mourn in the presence of others. Woo & Wong (2003) argue that when significant others are overwhelmed by their own grief and are themselves unable to mourn or grieve, they may neglect the child, or fail to recognise that the child is also feeling pain and sadness, which could result in the child feeling isolated and/or abandoned. If the children have no role-model on which to model how to grieve, then they deny their own feelings instead of expressing them. According to Wolfelt (2001), children usually "dose" their pain; it is therefore acceptable for children to feel their pain in small doses. Wolfelt believes that crying children will feel more comforted if they are held gently and allowed to express their pain whenever they feel the need to do so. Again, these views may not be acceptable to all cultures in our society.

Wolfelt's third need is the importance of letting the child remember the person who died. The old adage, out of sight, out of mind need, not apply, especially to grieving children. Adults should not deny a child's pain by preventing them from actively remembering the person who has died. Children find great comfort in looking at photographs of their loved one, listening to or re-telling stories about the life that meant so much to them. Children need to be encouraged to share special moments about photographs, mementoes or keepsakes that are of sentimental value to them. Remembrance and hearing pleasant recollections about their loved-one is both comforting and healing to a bereaved child, as it honours their loved one's life. Children need to feel that although their loved one is no longer present in their lives, it is acceptable to keep their memory alive by celebrating special occasions. Adults should also remember and celebrate these occasions as this will convince children that their loved one's life had meaning for others as well. Once again, cultural principles need to be taken into consideration before generalising about how all children are allowed to remember their loved ones.

The fourth need of the child is to develop a new self-identity because part of the child's self-identity was formed by the relationship with the person who died. Wolfelt (2001) cautions against caring adults trying to find a substitute to "fill in" for the person who died, although finding a supportive relationship for the child is encouraged. In certain South African cultures, bereaved children often "inherit," by virtue of their gender or seniority, the roles and tasks that belonged to the deceased. These are bestowed on the child, who may consider it an honour. The consequences of children assuming adult roles may hinder the child's healing process or unfairly deprive them of their childhood, according to Wolfelt (2001).

In the fifth need, Wolfelt refers to the search for the purpose or meaning of life when children experience the death of a significant other. Cultural aspects will determine the type of questions, if any, that bereaved children will be permitted to ask. Whereas children from traditional Westernised societies would possibly ask the following questions: "Why do people die?"; "What happens to people after they die?" and; "Can the deceased have the same job in heaven?" Children will feel comfortable questioning only someone they trust. They might also search for meaning through play. Wolfelt (2001) advises adults to admit to grieving children that they do not know all the answers to their questions and that they themselves struggle with the same issues. Adults should be encouraged to share their beliefs about life and death with the child without pressurising the child into accepting their beliefs. According to traditional African belief, the dead become an ancestral spirits (through various stages of rituals) and are responsibility for protecting and disciplining their descendents, according to Elion & Strieman (2001:38).

In need six, Wolfelt (2001) mentions the importance of bereaved children receiving ongoing support from caring adults through the grieving process as there is no specific time period for a child to grieve. Bereaved children need compassionate support throughout the grieving process, not only immediately after the bereavement, but also in the months and years ahead to help the child become healthy, loving adults.

There is no right or wrong way for bereaved children to handle grief. The most common themes associated with bereaved children who have experienced the loss of the parent/primary caregiver are facing the prospect of participating in everyday routines; the empty space that no-one can fill; the future without the parent being present to share important milestones in their lives; the loss of the parent-child relationship, and; the fear of another loss even years after losing a parent/primary caregiver. There is no easy cure for the feelings associated with loss, and no-one should deal with these feelings alone.

2.13.2.4. Adult and child responses to grief

Many people assume that adults respond differently from children when grieving. Those assumptions are evident when adults make a decision not to discuss the death of a parent/primary care giver with a child, or when they interpret the absence of grief-specific behaviours by children as an absence of grief.

Children, too, are different from one another, and it is important to recognise that all children are unique in their response to death and dying. These perceptions and responses, according to Kroen (1996), depend on personal factors, such as personality, understanding, and on the cultural and familial systems which influence them.

There is no ideal or prescribed response when a relationship is broken by death. In discussing the mourning of parental death, Marrone (1997:216) referred to the old adage, when we lose a child we lose our future, but when we lose a parent we lose our past. Children may respond by experiencing confusing feelings. Harris-Hendricks et al (2000) argued that not every death is necessarily a painful experience for a bereaved child, especially when the parent that has died was an abuser or an absent parent. This brings a whole new dimension to responses which may complicate the grieving process because of guilt and unresolved feelings between parent and child.

Death forces us to let go of our attachment to a loved one, and when that becomes conscious, the pain of grief begins. Worden (1996) and Abrams (2000) concurred that mourning is a process that is unique to each individual, that it cannot be rushed, that it has to be lived through by the individual, regardless of age, and that should never be artificially expedited even when the bereaved person is a minor child. The grief process obliterates hope. The death of a loved one is not something that one simply gets over, but rather a process that one responds to, step by step, teardrop by teardrop, according to Kubler-Ross & Kessler (2005:43).

When dealing with the bereaved, there are those that let us talk and those that do not let us talk about our losses. Very early on, it is common for people to use avoidance. Harvey (2000) argues that generally, avoidance merely highlights the "awkwardness" associated with children and grief. Adults usually respond to bereaved children by "watching" everything that they do. This makes a child unduly self-conscious, and could in extreme cases, lead to an introverted personality. Thanatologists agree that adults should not "infantilise" children who are experiencing loss but rather offer support so that the child can recover and grow from the experience and feel safe again.

Kubler-Ross & Kessler (2005:29) gave an apt description of the inner world of grief, which they describe as being:

> An unimaginable, indescribable loss that inflicts a wound so deep that numbness and excruciating pain are the material of which it is made. From the moment that one receives the shattering news about the death, the world seems to stop, it takes on a slowness, a surrealness. It seems strange that the clocks in the world continue when your inner clock does not and your life continues but you don't know why. Others may also suffer or try to console you, but your loss stands alone in its meaning to you, in its painful uniqueness.

During bereavement, a sense of emotional disorganisation and despair fills our lives and we may find it difficult to respond to the normal everyday environment. In the midst of emotional devastation, according to Marrone (1997:121), some may desperately seek the companionships of others during their account of the loss experience, to cry and be held, while others may socially withdraw into darkness and depression.

2.14. THE CAUSE OF DEATH

2.14.1. Sudden, traumatic or stigmatised causes of death

One of the fears that children in middle childhood most often experience, according to Beale & Baskin, in Louw et al (1998), is the fear of parental death,. Although there are many standard reactions to death, they seem to be more intense when associated with sudden and traumatic death. Worden (2001) cautioned that traumatic deaths can create distinct problems for people and usually complicates the grieving process. Children in middle childhood should have a clear understanding about death, because the cause of death will impact on the child's reaction to the death. The cause of death often prevents the bereaved from disclosing the facts surrounding the death, especially when it is associated with a social stigma (AIDS-related, suicide or a family

killing), thereby preventing children from reaching out for support. Confronting the reality of HIV/AIDS for some families may generate a variety of fears that may cause severe emotional strain because the disease stigmatizes sufferers and/or their loved ones in our society. When a child is bereaved by AIDS often they have to cope not only with being orphaned, but also with multiple deaths in the family, secrecy, stigma and many misconceptions still attached to the disease.

While accidental death, death from natural causes or crime-related death may evoke sympathetic responses, death from other causes may generate negative attitudes, or silent whispers about the deceased, their lifestyle and/or the cause of death. Some cultures may associate the cause of death as a form of punishment for a particular lifestyle. According to van Dyk (2001:315), traditional African views attribute disease to natural agents, witchcraft or the displeasure of the ancestors. The stigma associated with AIDS-related death may evoke various reactions: anger at the untimely death of the parent; guilt about the deceased being rejected by the family for fear of contracting the disease; or fear of disclosing the cause of death.

Children should be informed about the circumstances of death, but in a simple and direct way. Unnecessary detail should be avoided. Kroen (1996) concurred that there is no "perfect script" for explaining to a child that their parent/primary care giver has died, or how they died. It is not only what you tell a bereaved child but how you disclose the shattering news. The use of language should be sensitive and age-appropriate. When children are given a direct and clear explanation of what has transpired and a carefully worded account of the consequences, this will enable them to feel secure about their future.

Children may be left with strong feelings of anger or despair when there is no illness to explain the cause of death, or no accident for which to blame fate or a person. Bereaved children are faced too, with society's reaction to the cause of death, which brings a whole new dimension to their grief. According to Harris-Hendricks et al (2000), children who have experienced the trauma of one parent being killed by the other parent usually fear and distrust the future. As the children of a killer, they will forever live their lives in shame. In the midst of such tragedy the needs of children who experience the loss of both parents may be overlooked. Murder shatters the hopes and dreams of entire families and children are vulnerable to a whole range of experiences including uncertainty and instability which will affect them for the rest of their childhood. Harris-Hendricks et al (2000) argued that the victim's loved-ones generally endure the impact of the cruel and senseless deed most of all.

Children affected by crime and trauma are increasing in number. These children are forever changed when witnessing crime or violence because it affects a child's whole being: the heart, mind, body and soul, according to Alexander (1999:xvi). A major loss may well entail a serious secondary loss which may be almost as devastating for the child. For instance, when the mother has been killed by the father, the father is imprisoned, or when the child is sent to live with others in unfamiliar surroundings, new schools, friends, teachers and caregivers. Bereaved children who have to re-locate or leave familiar surroundings, post-death, may be forced to return to day-to-day living long before the shock and numbness have disappeared. Worden (2000) refers to feelings of guilt and anger associated with sudden death, which may include the need to blame someone or something. The trauma that children experience as a result of the loss gradually undermines their self esteem and sense of security. Kroen (1996) suggested that the sorrow one feels when a loved one dies is not primarily for the deceased, but also for one's self because the loss is permanent and will affect the bereaved for the rest of their lives.

Traumatic death is associated with intense upheaval and pain which could complicate the path of mourning and leave emotional scars that may last a lifetime. Jacobs, cited in Harvey (2000) claims that anger can complicate grief in cases of murder or accidental death, especially when the judicial system fails to hold someone accountable for the death. The only comfort to alleviate the pain of this type of loss is for the family to seek solace in the fact that the person responsible for the crime is held accountable for their actions. According to Alexander (1999), when grief is a result of a traumatic incident, the process of mourning becomes complicated or incomplete because of the long-term legal proceedings that prolongs the trauma and stress.

Grief is best managed and children cope better with loss in an environment that promotes and encourages the expressions of emotions. Alexander (1999:132) agreed that in nurturing families, feelings can be trusted, understood, expressed, and used in meaningful ways. When the bereaved are isolated or unsupported in their grief, this prolongs the agony of the loss.

2.14.2. Multiple losses

Abrams (2000) referred to the set-backs that may complicate the grieving process when additional losses are experienced. According to Kastenbaum, as cited in Corless et al (1994:262), the term bereavement overload refers to the loss of two or more loved ones simultaneously, or to the experience of a number of losses within a brief period of time. Any new and direct experience of death, when an individual is still reeling from the effects of the first death, can be a set-back for the bereaved by reactivating feelings of fear, vulnerability and helplessness.

Corless et al (1994:262) described some of the dilemmas one has to deal with when faced with multiple losses:

- the approach to be taken in mourning multiple deaths;
- prioritization of the loved ones to be mourned;
- differentiation among the loved ones;
- loss of social support;
- conflicts inherent in multiple deaths;
- the overwhelming nature of the situation; and
- survivor guilt.

Multiple losses may be associated with multiple reactions: anger, despair, rage, survivor guilt and anguish. According to Abrams (2000), coping with multiple losses is compromised by the predominance of anger and guilt over the normal feelings of grief. When children are bereaved by the death of one parent at the hands of the other, usually as a result of domestic violence, they suffer multiple losses. For example: one parent is dead while the surviving parent is incarcerated. In order to protect children who have experienced bereavement in combination with trauma relatives generally attempt to ease the situation by concealing the truth from them.

When children experienced multiple losses, expressions of their emotions may be stifled when well-meaning adults refuse to allow the child to relive their experience. The suddenness of the event and the lack of its anticipation influence the mourner's internal world and coping abilities

so adversely that a subjective trauma is created, which Raphael, as cited in Corless et al (1994:258), termed the "shock effect." Families traumatised by violent deaths may feel further violated by the law, especially when the law fails to provide the necessary remedies readily available after the sudden or traumatic death of a loved one, denial is usually the most common response. According to Harris-Hendriks et al (2000), children who suffer multiple losses, or witness the murder of a parent, are more at risk of developing long-term effects, especially when they are unable to make sense out of such trauma. The bereaved need to know, when, where, how their loved one died, in order to come to terms with the loss.

Denis (www.sorat.ukzn.ac.za.sinomlando/research/memory-boxes.html) stated that since the start of the new millennium, many KwaZulu-Natal families have experienced the loss of two, three or more members in one year through HIV/AIDS. AIDS orphans endure a double loss. Denis defines double loss, as follows: losing a parent, deterioration in quality of life, facing the stigma associated with their tragedy, and more importantly being left alone in the grieving process because of the secrecy and silence surrounding HIV/AIDS.

Bereaved children from single-parent families are more likely to experience multiple losses, especially when they are sent to live many miles from where they lived before among people they hardly know, or when they have to change schools, if they are not well received by their new caregivers. The changes resulting from the loss of a parent/primary caregiver encompass physical, emotional, intellectual, financial, social, and spiritual dimensions of life, according to Marrone (1997). For bereaved children who suffer multiple losses, the frightening consequences of change may destroy their will to survive and face life's challenges.

Abrams (2000) argued that the loss of youth is distressing to children who experience the death of a parent/ primary caregiver because bereaved children are usually forced to see the world from a perspective beyond their years. Added responsibilities may add to the feeling that, in a sense, youth is over. When a child experiences the death of a parent/primary caregiver during middle childhood, the child is left in limbo between youth and adulthood. According to Abrams (2000), in addition to grieving for the deceased, the child has to now mourn the loss of youth.

2.14.3. AIDS-related deaths in South Africa.

The Mail & Guardian has for several years, been presenting a weekly HIV/AIDS barometer in which it reports on AIDS-related deaths in South Africa. According to one particular weekly barometer in August 2006, a total of 1 874 519 deaths had occurred by noon on August 16, 2006. That figure has increased substantially since that date.

The Mail & Guardian article also referred to the launch of a report, at the 2006 International AIDS conference in Tornonto, wherein Michel Sidibe of UNAIDS said children were "the missing face" of the pandemic. According to the article, by 2010, 15-million children in sub-Saharan Africa will have lost one or both parents to AIDS. The article referred to the neglect of these children, who have been largely invisible, as a double betrayal because without parents, they were especially vulnerable to exploitation and abuse, and are far more likely to become HIV-positive themselves (Mail & Guardian, 13 to 18 August 2006:35).

2.15. INTERVENTION IN MIDDLE CHILDHOOD GRIEF

2.15.1. Bereaved children and uncomplicated grief

Most thanatologists believe that the grieving process for bereaved children may last up to a year, while others suggest that it takes up to two years for the intense pain to diminish. When bereaved children are in an environment that is conducive to feelings of safety and security, as suggested Kroen (1996), they will be able to accept that death is a reality, the changes it brings, and make the internal adjustment needed to progress as normal, healthy, happy human beings.

According to Grosshandler-Smith (1995), children who have experienced the death of a primary caregiver should be encouraged to find help to share their grief with others. Kubler-Ross & Kessler (2005) recommended that caring adults have not a once off conversation, but rather have a series of discussions to better equip the child to deal with the experience. According to the Childline SA Prevention & Education Training Manual (2006:4), children learn to grieve, just as they learn to love, one step at a time. Children cannot be entirely sheltered from grief and the sadness associated with it because the experience of grief is not based on an ability to "understand" but on an ability to "feel." A child may need to ask the same questions about death repeatedly, this is more out of the need for reassurance rather than for factual accuracy.

The discomfort associated with death is attributed to our general fear of it. Children watch adult reactions so they can gauge their own reactions. If a child is experiencing complicated grief, rather than normal grief reactions, counselling may be necessary in order to help facilitate the grieving process. When children are included in intervention approaches, the same stages and tasks of grieving are thought to apply to both adults and children. According to Worden (1996), practitioners need to modify their intervention approaches to the bereaved child's cognitive, personal, social and emotional development stage. Children in denial need to be comforted and encouraged to grieve because children encounter death and dying so unprepared.

Of importance in South Africa, though, is that intervention approaches must be sensitive to different cultural and religious systems, and to the diverse family structures which exist in the country. Unfortunately, most of the interventions which are offered to South African children are premised on cultural systems or family structures which are alien to the bereaved children of specific groups and societies.

2.15.2. Bereaved children and complicated grief

Thanatology is the modern field of death-related studies which has broadened our knowledge of death, dying and the mourning process. Marrone (1997) argued that normal grief is universal in all human beings and in all cultures, but when it is denied or unexpressed it may become complicated grief. Complicated grief is characterised by physical symptoms, behavioural symptoms and disturbed thought patterns, (such as nightmares), and feelings (such as lingering depression, and confusion). Complicated grief may result from bereaved children not expressing their feelings. These are early warning signs of underlying anxiety that may warrant further intervention.

Worden (1996) and Kroen (1996) concurred that the common reactions to uncomplicated grief, include: crying, aggression, longing for the deceased, resentment at the deceased and other caregivers, isolation, social withdrawal, sleep disturbances, concerns about physical health, and a decline in academic performance. All people will suffer loss and grief. When a bereaved individual experiences chronic, intense depression and/or separation distress, then it is referred to as complicated grief. Harvey (2000) cautions that when mourning exceeds what is considered to be the norm, or when it is denied or delayed, the chances of a bereaved child needing professional help in coming to terms with parental death are increased. Chronic grief – an intense grief that starts at the time of death and lasts for long periods – is rare, according to Kroen (1996:70).

Families have a duty to ensure that bereaved children are not alone with worries and fears because children who feel safe will discuss issues pertaining to their experiences with people they can trust, and determine how they want to remember their loved one, thereby preventing complicated grief. The path that a child will follow through grief is as unpredictable as children themselves, suggested Kroen (1996), therefore primary caregivers should be alert to the most common early warning signs that bereaved children may be experiencing the onset of complicated grief or depression. The early warning signs include: sadness, withdrawing, crying over a long periods of time, limited or excessive sleep, or the expression of suicidal thoughts. Complicated grief reactions seem to develop as a result of difficulties that the bereaved have with normal and healthy grief reactions. Corr et al (2000) highlighted the importance of significant others being alert to potential complications in grief and mourning which may need a professional assessment to determine healthy grief reactions from unhealthy grief reactions. Woo & Wong (2003:45) provided a comprehensive list of early warning signs and symptoms that help primary caregivers identify if, and when, a bereaved child may need professional intervention, such as:

- excessively imitates the dead person
- repeatedly mentions wanting to join the dead person
- shows a sharp drop in school performance
- refuses to attend school
- is unable to respond to acts or words of comfort
- rejects support
- refuses to believe that the person has died
- grieves excessively
- has difficulty weeping
- loses interest in friends or daily activities
- shows major changes in his/her sleeping or eating patterns
- has nightmares
- is afraid of being alone
- always wants to be alone
- acts much younger than his/her age
- uses drugs or alcohol to dull the emotional pain

- has destructive outbursts
- is persistently anxious about his/her own health
- fears that he/she is going to die
- has excessive somatic complaints (headaches and stomach aches)
- shows a dramatic change in behaviour

However, if or when bereaved children need to get help outside of the family, they should not be discouraged by caregivers as this will have a profound effect on their emotions. If children are given proper answers and intelligent guidance, in age-appropriate language, they may respond differently to the death experience. Even in cases of prolonged illness where children have realized that parental death is inevitable, death leaves scars and disrupts families. Intellectually we know that people don't want to die on us, but that message does not always translate into our emotional response to the loss. According to Kubler-Ross & Kessler (2005:73), losses un-grieved remain stored in our body, heart, and soul and can emerge with greater force each time we experience loss anew.

2.15.3. Why grieving is necessary

Bowlby (1980), as cited in Stroebe et al (2001:385), highlighted the importance of working through grief in order to rearrange the representation of the deceased, and of the individual, for the furtherance of the bond. Stroebe, in Stroebe et al (2001) cited one of the limitations of the grief-work hypothesis: the belief that one has to confront the experience of bereavement to come to terms with loss and avoid detrimental health consequences.

According to a psychoanalytical perspective cited in Stroebe et al (2001), grief work brings about the severance of the attachment to the non-existent object in order to detach energy invested in the deceased person, while in attachment theory, the purpose of grief work is linked to adaptation, which implies a relocation of the deceased so that adjustment can be gradually made to the physical absence of this person in ongoing life. Abrams (2000:101) argued that a parent's death will nearly always be the catalyst for a whole series of changes in one's life, internally and externally.

During the past 15 years, a great deal has been learned about child and grief from researchers such as Elisabeth Kubler-Ross, John Bowlby, Maria Nagy, and Gerald Koocher, or so claimed Kroen (1996:37). That claim does need to be qualified by the fact that most of that empirical and theoretical information was developed in a Western context. That notwithstanding, thanatological researchers agree that grieving is a necessary process that has to be undertaken by the bereaved, sooner rather than later, in order for healing to take place. Coming to terms with the death of a loved one – the person the child depended on completely – is considered by many to be a traumatic or a painful experience. Worden (2000:19) referred to the words of Sigmund Freud who wrote, in a letter sent to a friend whose son had died, that:

> We find a place for what we lose, although we know that after such a loss the acute stage of mourning will subside, we also know that we shall remain inconsolable and will never find a substitute no matter what may fill the gap, even if it be filled completely.

Mourning never really ends for the child, but as time goes grief can become less intense. According to Kroen (1996), children grieve in "spurts," on special events such as birthdays, anniversaries of the death, or any other special occasion which may evoke memories of the deceased. Stroebe et al (2001) argued that although grief is associated with a period of intense suffering for most people, it does not usually require the help of professional counsellors or therapists. According to Kubler-Ross & Kessler (2005:47), acceptance of death is part of the work that must be done if we are to grieve fully.

2.15.4. Tears

Shedding tears allows the pain to work through one's system, according to Grosshandler-Smith, (1995). Corless et al (1994:370) cautioned that grief that is not expressed through crying sits around all the time, waiting for an opportunity to be heard. Tears are a necessary part of the grieving process because they are a way to release sadness, or deep emotions, when words cannot. Deits, cited in Mphuthi (2004:20) concurred that crying is one of the healthiest things one can do. Tears of sadness are not a sign of weakness because crying can have a calming effect on the bereaved.

Tears allow one to take pain from inside and release it on the outside, because it is an outward expression of inner pain. Tears are a symbol of life, a part of who we are and what we feel – they live in us and through us, or so suggested Kubler-Ross & Kessler (2005:43). Because of the traditional cultural gender roles, males are still widely, and mistakenly, seen as not feeling deeply or not needing to grieve. Gender and age are likely to be determinants of whether or not crying is condoned in front of others. Boys are more likely to cry in private because "boys don't cry," in public, while girls are encouraged to express their feelings publicly. Emotions cannot be contained to suit the environment, age, or gender because unexpected tears are reminders that one's loss is always there.

Corless et al (1994:370) highlighted the benefits of tears when one experiences the pain associated with the death of a loved one:

- Tears of regret for the future that would not be
- Tears for anticipated pleasures that are now as dust
- Tears of anger and frustration, shed for the life that has been lost
- Tears for one's self, because of one's own loss
- Tears demanding the return of the loved one into one's life
- Tears over unfinished business
- Tears for small things that are constant reminders of the deceased.

Often one holds back tears out of fear or shame. Kubler-Ross & Kessler (2005:43) advised that if one is bereaved, that one should not restrain one's tears; and suggested that if crying was part of one's outer culture or inner sadness and because humans have tears to cry, then one should use this wonderful gift of healing without hesitation.

2.16. ACTIVITIES TO SUPPORT CHILDREN LIVING THROUGH BEREAVEMENT

2.16.1. Practical suggestions and guidelines

Worden (1996) and Wolfelt (2001) offered practical suggestions and activities on how to actively support children and assist them in coping with death, dying and bereavement. These include: art, play, games, writing, music, story telling, creating a 'memory box' as well as various relaxation techniques. Ramsden et al (2002:54) suggested that in order to help children recover, all bereaved children need ASAPP (an acronym for, Affection, Safety, Attention, Play and Participation) and that this assistance should be given As Soon As Possible, Please. Ramsden et al gives practical examples to assist children recover using ASAPP:

- Affection: children need to feel that they are loved and valued to enable them to rebuild trust in people, especially their caregivers.
- Safety: children need to feel safe, secure and protected in the routine of an orderly life, both at home and at school.
- Attention: children need to have someone they can trust and who will listen to them, so that they can share their experiences and feelings.
- Play: children need play and recreation – when they can choose what to do they feel less powerless and more in control of their lives. Play allows children to be involved in activities which diverts their attention from their grief.
- Participation: helps children recover quicker from hurt if they have a sense of belonging to a family or group, especially when they can help others and contribute in a meaningful way. Participation in community care can help children integrate into community. Peer support groups is one way to help them participate.

Denis (www.sorat.ukzn.ac.za/sinomlando/research/memory-boxes.html) concurred that the role of memory in the bereavement process is widely acknowledged and is relevant in all cultural contexts. According to Denis, bereaved children need material assistance, but they also need emotional support as well. Creating the Memory Box ("opportunities to remember") is a process that assists members of a family, both children and adults, to participate in creating the box thereby opening up lines of communication between family members. More importantly, the Memory Box gives family members an opportunity to share their memories for the benefit of the children. The process of sharing, recording and storing these memories helps the family share family stories. The success of the Memory Box project, according to Denis, is when the final product is owned by the family members.

The Childline SA's Prevention & Education Training Manual (2006:53) suggested simple guidelines for helping children handle grief according to C.H.I.L.D. which is the acronym for: Consider, Honesty, Involve, Listen and Do it.

- Consider the effects of grief on children.
- Honesty is the only policy when talking to children about death.
- Involve the child in the processes and rituals that help them grieve.

- Listen to the child's questions – and respond with honesty.
- Do it over and over until each aspect has been worked through successfully.

2.16.2. Care and support from significant others

Kroen (1996) and Backer et al (1994) concurred that children cannot grieve if they do not understand what has happened to them. Death ends a life, not a relationship. The old adage "time heals all wounds" does not apply to children living through bereavement. Bereaved children have a need for love, support and care from significant others, as well as their own friends to talk to about the death. When children are encouraged to talk about their feelings, and share their experiences, they are able to come to terms with their feelings and feel less anxious about their future. Caregivers need to ensure that bereaved children get back into reorganising their daily routines as soon as possible, which include: appropriate personal care, sleeping and eating habits, homework assignments, and maintain acceptable levels of behaviour despite feeling overwhelmed by the death experience. Backer et al (1994) cautioned that reorganisation should not be seen as recovery, but merely a part of normalising the grieving process as children start to participate in activities that they enjoyed prior to their parent's death.

Children are able to get in touch with their feelings through games and exercises. Play is the child's natural language and medium for communication. To play it out is the most natural self-healing measure that childhood affords, according to Erikson, as cited in the Childline SA Prevention & Education Training Manual (2006:40). Art, music and play are all therapeutic activities for children, despite their painful experiences. Play helps children focus on the present – and the future - because it helps them think and reflect on their environment. They cannot change the past, but play affords the opportunity to be happy again. The Childline SA Prevention & Education Training Manual (2006) describes a number of valuable benefits for children who play: providing a means for establishing rapport, helping others understand children's relationships and interactions, helping children express feelings they are unable to verbalise, and it can also be used to act out feelings of anxiety or tension in a constructive manner. Play is beneficial when it is age-appropriate and in accordance with the child's level of development. Bereaved children usually welcome the opportunity to express their feelings through constructive play.

Kubler-Ross & Kessler (2005) suggested that when facing loss, it takes an enormous amount of strength and determination to cope with our loss in a manner that honours our love one. It is difficult to determine what a grieving child feels, but the support of listening and respecting their needs on how to work things out in their own way will be helpful. Offering expressions of reassurance and allowing the bereaved to reminisce about their loss are essential for a child living through bereavement. In helping children grieve, children should not be made to feel helpless because grieving is an emotional experience and not a mental one. Significantly, according to Jackson, as cited in Abrams (2000:46), talking is considered to be the single most important influence on how well people adjust and recover. It doesn't take away the pain, but talking is enormously beneficial.

2.16.3. Memory projects

Healthy grieving involves recognising the importance of remembering. When bereaved individuals socially share the loss of a loved one, they give both the death itself and its consequences more reality. Because the deceased is still in a sense part of the bereaved, one needs to preserve and indulge in memories of the dead as part of the grieving process, according to Abrams (2000).

Kon (2002) highlighted the importance of a "memory box" for the bereaved, especially for a bereaved child who may be desperate to "hold on" to memories that may be fading fast. Memory boxes hold tangible memories, where valued or treasured keepsakes, such as: photographs, letters, poems and little effects associated with the loved one, are a great source of comfort. Each treasured memento has its own story or associated memory. Kon (2002) recommended that memory boxes need not be elaborate, but rather something children are able to make by themselves, and keep in a special place so that they can access it whenever they need to.

Van Dyk (2001) refers to the National Community of Women Living with AIDS in Uganda who have successfully implemented the Memory Project for infected parents and children. This project allows children to gather information about their parent/s that will be beneficial to them in later life, especially for orphans. Nyammayarwo, as cited in van Dyk (2001:337), also emphasises the importance of the memory project in encouraging children to take up the challenge of looking after themselves after their parent/s have died.

The Sinomlando Project devised a Memory Box Programme, aimed at facilitating opportunities for family members, infected and affected by AIDS living in the Durban area, to tell their life stories. (Sinomlando is the Zulu phrase for "we have a history"). With the help of "memory facilitators," children whose parents are living with, or have died from AIDS, were given the opportunity of creating memory banks that would allow them to know more of their family history, especially events associated with familial happiness. The research findings of the Sinomlando Project's pilot study, according to Denis, suggested that children who have distinct recollections of life with their parents are better able to cope with the misfortunes associated with AIDS-related death because they are more familiar with their family history and can infer the cause of parental illness or death (www.sorat.ukzn.ac.za.sinomlando/research/memory-boxes.html).

2.16.4. Giving grief words

Kubler-Ross & Kessler (2005) highlighted some of the benefits of letter writing for the bereaved, and those include: grief being externalised, finishing unfinished business, drawing comfort from reading old letters and cards, and being able to commit to paper their feelings for loved ones. Because bereaved children grieve for a longer period of time, memory projects create opportunities for them to participate in creating something that comforts them and allows them to personalise the way in which they choose to remember their loved one. Anniversaries and special occasions, that once brought happiness and great joy, now symbolise sadness associated with the loss, Hence the importance of creating an appropriate way to deal with these memories.

Memories have an important place in one's grieving process because it keeps the past alive, according to Grosshandler-Smith (1995:120). Children should be honest in remembering all aspects of the deceased, some good and some not so good. Memories signify that although the body has gone, attachment still continues. Grieving involves remembering, not forgetting.

2.17. DEATH, VIOLENCE AND THE MEDIA

The media has a strong influence on children's attitudes and understanding of violence, death and dying. Each child's attitude and understanding of violence, death and dying are unique to their context, their level of development and the particular trauma they have experienced. Children are exposed to so much "pretend" death on television, movies, and video games that it can be tempting for younger children to think of death as something not real. It is important to separate the fiction of the game from the facts of real life because in movies, often characters survive incidents that nobody could survive in reality. Death-related themes appear in popular children's popular songs, nursery rhymes, and fairly tales which form part of the fantasy world of childhood, according to Corr et al (2000). Death-related humour and stories of this sort are not necessary morbid or un-healthful for children. Bettelheim in Corr et al (2000:312) argued that they are, in fact, rather as worthwhile experiences in which children can work through fears and anxieties related to death in a safe and distanced way.

The print, electronic and entertainment media all expose children to death and dying. Violence has become celebrated entertainment, according to Alexander (1999), who cautions parents to limit children's daily exposure to violence, especially where violence and hate are glorified. Marrone (1997) argued that the media has played a major role in distancing people from death and dying. On a daily basis the media exposes children to human-induced death. The media, primarily television news, bring pictures and sounds of violence and death daily into most households. The media are pre-occupied with the deaths of important people, or pictures of death and destruction, such as mayhem and war which are then beamed into family homes. According to Marrone (1997), this type of exposure, television's way of dealing with death revolves around a few basic but contradictory messages, such as death is fun and revocable, death is brutal but fast, and death is horrible but distant.

Corr et al (2000) suggested that by the time children graduate from elementary school, they would have witnessed at least 8,000 murders or more than 1,000,000 other assorted acts of violence. Depending on the amount of television viewed, children could see more than 200,000 violent acts before they hit the schools and streets of our nation as teenagers, according to Huston et al, cited in Corr et al (2000:85). Children's toys are not exempt from similar "stomach-churning blood and gore" while movie- makers cash in on making violent movies where the use of "hack-and- slash" tactics mainly depict young males as violent killers who are in turn killed in graphically horrific ways, argued Marrone (1997:15).

South Africa has one of the highest crime rates in the world (despite the government's reluctance to admit that crime is out of control). Violence is all around us, especially in our homes and communities. Pynoos & Nader, in Backer et al, (1994:82) stated that children may witness different types of violence, including spousal abuse, homicide, rape and suicidal behaviour, as well as be victimised themselves by juvenile gang violence and violence in the community. The media, argued Harris-Hendricks et al (2000), can be very insensitive when vying for a major story, specifically when violence is the cause of death. Family members and

relatives may first hear about the death through the media. Televised accounts of violence and war often generate a kind of psychological immunity in the general public to the impact of death. According to Corr et al (2000), the media has less and less contact with the realities of natural human death, because such deaths are silently omitted as being un-newsworthy.

2.18. SUMMARY

In this chapter, the definitions of the concepts of bereavement, grief and mourning were clarified. Children in middle childhood not only can be bereaved but can and do experience grief. That grief takes physical and psychological forms, and can bring internal and external changes to the life of a bereaved child. Variables such as age, gender, personality, religion and culture, the family structure, and the cause of death are some of the factors which influence the nature of children's grief. Not every bereaved child, though, requires professional intervention. However, in South Africa, HIV/AIDS and violent crime has meant that many children experience the death of a parent/primary caregiver in middle childhood. Childhood bereavement and grief is an increasingly common experience for South African children. Offering psycho-social support to bereaved children is as important as taking care of children's material needs because children who are attended to emotionally are better able to use the educational, health and other developmental resources provided to them by their families, communities, the school and even the state. It is not enough to provide children only with food or clothing, and this is especially so if that child is a bereaved child.

CHAPTER THREE
ANALYSIS AND DISCUSSION

3.1. INTRODUCTION

This chapter presents and analyses data collected through secondary and primary data collection methods for a sample of 25 children (14 males and 11 females), in middle childhood, who had experienced the death of a parent/primary caregiver.

Secondary data were collected from the school's records, and recorded in Section One of the interview guide. Demographic information were extracted from the enrolment forms, as was provided by a parent/primary caregiver when the respondents were enrolled at the school. Data were also collected from respondents' school reports and those included the ratings given to them by teachers for their school attendance, school performance, and behaviour at school.

Primary data were collected during in-depth interviews conducted with the respondents, and their responses were recorded in Section Two of the interview guide. Questions in the interview directed the discussion towards respondents' experiences of living through bereavement. Interviews were also tape-recorded and transcribed by the researcher. Once transcriptions were completed, data were analysed and organised into themes such as family structure, relationship with deceased, culture, school environment, gender, and general issues.

In this chapter, the research findings extracted from the primary and secondary data are presented. Most are summarised in the form of a table and graph, and then interpretations are offered of each. Some, as in the case of the respondents' perceptions about grief and the School Environment, are not presented in a tabulated format because a more nuanced, narrative approach has been used.

The tables which have been compiled and which are presented in this dissertation reflect the key variables which were identified as pertinent to that issue. The following points need to be noted about that:

- The tabulated findings emphasise gender because it was a key variable influencing respondents' experience of bereavement and grief. That was in line with the study's critical questions, its fourth aim and objective.
- Quantitative findings are represented most often in the form of a frequency. The sample size was not sufficiently large to permit inferential statistical tests to be performed on the data set.
- Percentages have been used, and were all rounded up to the nearest whole number.
- The order of the discussion of the findings does not necessarily reflect the order in which questions appeared in the interview guide. This was because it was sometimes necessary to discuss particular responses separately.

Due to the sensitive nature of the research topic, the respondents were monitored carefully by the researcher. Respondents were offered follow-up sessions with the researcher if they requested it. None of the respondents required intervention services.

3.2. DEMOGRAPHIC INFORMATION

The demographic information obtained from the respondents' enrolment forms included details on their gender, age, birth order, number of children in the family, home language, religion, personal particulars of parent/guardian, or details of person with whom the child lived, if not a parent, and the relationship, grade applied for. In this sub-section, that information will be presented and discussed.

3.2.1. Age and gender

Table.3.1: Age according to grade and gender

Grade & gender	11 years	12 years	13 years	14 years	Frequency	%
Grade 5						
Male = 6	2	4			6	24
Female = 4	1	2	1		4	16
Grade 6						
Male = 2		1	1		2	8
Female = 3		3			3	12
Grade 7						
Male = 6			3	3	6	24
Female = 4			2	2	4	16
Total	3	10	7	5	25	100

The age distribution in relation to gender and grade is shown in Table 3.1. The average age of respondents was calculated as being 12.5 years. The ages of the respondents ranged from 11 to 14 years. As is clear from Table 3.1., not all respondents in Grade 5 were in the youngest age category of 11 years. One respondent in Grade 5 and one respondent in Grade 6 were 13 years. Fifty (50%) percent of the Grade 7 respondents were 13 and 14 years respectively.

Backer et al (1994:158) described the ten variables that influence the outcome of bereavement:

> Age, gender, social class, prior grief experiences, religion, personality of the bereaved, type of relationship, age of the deceased, mode of death, cause of death, and quality of social support.

Two of the variables that significantly affect the outcome of bereavement, according to Backer et al (1994), are age and gender. Worden (1996:87) concurred that the age of the child has a considerable influence on the child's adaptation to the loss. A child's immediate reaction to the death of a parent/primary caregiver is also dependent on their stage of emotional and cognitive development within the context of age and gender. However, it would be inaccurate to generalise, argues Worden (1996), about which group of children (older/younger, boys/girls) would find it more difficult to adapt to the loss of a parent.

3.2.2. Order of birth

Table 3.2. Order of birth

Order of birth	Frequency	Male	Female	%
1st born	10	6	4	40
2nd born	8	3	5	32
3rd born	2	1	1	8
4th born	0	0	0	0
5th born, +	3	2	1	12
Not specified	2	2	0	8
Total:	25	14	11	100

Table 3.2 indicates that the forty (40%) percent of respondents were 1st born children, while eight (8%) percent of the respondents did not have their birth order specified. According to one respondent, who was the third eldest child in a single-parent family, after the death of his parent, his siblings realised that despite losing someone very special, they still had each other. During a family discussion, his siblings agreed that although their parent was no longer a part of their lives, they would honour their parent's memory by doing what she had taught them - and what she would have expected of them - and that was to support each other. This would make their parent very proud of them, they believed.

The birth order in a family can play a significant role because of the responsibilities that children may "inherit" following the death of a parent/primary caregiver. After parental death, siblings are confronted with a new status in the structure of the family. Hunter (2002) mentions that usually the oldest child in a family is most often at risk of finding him or herself with a new and often difficult task after a parent or caregiver dies. However, in some cultures gender rather than birth order, or age may determine who drops-out of school, or gives up being a child, in order to take on the role as caregiver of the family, or younger siblings. Ramsden et al (2002) cautions against children taking on adult responsibilities as this burden is not only too arduous for a child, but also is against the law.

3.2.3. Number of biological siblings

Table 3.3: Number of biological siblings

No. of biological siblings	Frequency	%
Only child	0	0
1 sibling	2	8
2 siblings	7	28
3 siblings	6	24
4 sibling	2	8
5 or more siblings	3	12
Not specified	5	20
Total	25	100

Table 3.3 indicates that none of the respondents was the only child in their families. The majority, twenty eight (28%) percent of the respondents had 2 biological siblings each. The average was 2.1 siblings.

Of the most important relationships that children have within the family are those they have with siblings – because sibling interaction continued across the life span, according to Vander Zanden (1993:282). Becoming an "adult" child created difficulties for bereaved children as it is intensely confusing when the death of a parent/primary caregiver deprived a child of a childhood. Abrams (2000) claimed that stepping into a dead parent's shoes is often an unconscious action and it is only later that a bereaved child may come to terms with what had happened. It was evident from discussions with respondents that when there were other siblings in the home to offer comfort and support, the bereaved child felt less different, isolated or insecure. Mphuthi (2004) argued that bereavement may result in added strain on sibling relationships especially when siblings felt frightened or worried about the changes they see in their siblings.

3.2.4. Home language

Table 3.4: Home language

Home language	Frequency	%
isiZulu	15	60
English	6	24
Afrikaans	1	4
Sesotho	1	4
Swahili	1	4
isiXhosa	1	4
Total:	25	100

Table 3.4, indicates that sixty (60%) percent of respondents' home language is isiZulu, although the sample population was representative of 6 various language groups. All the respondents are learners at an English-medium primary school, where instructions are given in English. (isiZulu is a compulsory subject taught in the Senior Primary Phase at the school.)

3.2.5. Religion

Table 3.5: Religious affiliation

Religious affiliation	Frequency	%
Not specified on form	13	52
Roman Catholic	9	36
Apostolic Church	1	4
Jehovah's Witness	1	4
Methodist	1	4
Total	25	100

As reflected in Table 3.5, fifty two (52%) percent of the parents/primary caregivers did not specify religious affiliation on the respondent's enrolment form. Thirty six (36%) percent of respondents were Roman Catholics. The researcher did not ask the respondents specifically about their religious affiliation as this information should have been supplied by their parent/primary caregiver when enrolling the learner at the school. However, during discussions, respondents often made reference to religion, especially in their quest of trying to make sense of living through bereavement.

As reflected in Table 3.37, sixty four (64%) percent of responses believe that, after death, the deceased immediately went to heaven where they (the deceased) were able to "watch over them from above." Because religious systems generally offer explanations to the major mysteries of human existence, such as the meaning and purpose of life, and what happens after death, adults may find it helpful to use religious viewpoints when communicating with children about death, and what happens to the body after death. Wolfelt (2001) argues that while some religions emphasize that death should be an event of celebration because the person has gone on to eternal life, even when a child believes this to be true, they still need to mourn and embrace painful feelings. Religious systems may offer the bereaved comfort and support, although believers may question their faith when seeking an explanation of their personal tragedy. According to Alexander (1999:67):

> After suffering a painful experience, one may try to search for the meaning in life. Spiritual exploration is a natural and necessary step in looking for meaning in tragedy and restoring hope and trust in the future. It's an important part of resolving a life-altering experience.

3.2.6. Person responsible for enrolling respondent in the school

Table 3.6: Person responsible for enrolling respondent in the school

Person responsible for enrolling respondent in the school	Frequency	%
Mother	16	64
Father	3	12
Grandparent	2	8
Legal guardian	4	16
Total	25	100

It is evident from Table 3.6 that sixty four (64%) percent of the respondents were enrolled in the school by their mothers. Table 3.30 indicates the respondents' relationship to the deceased. Of the sixteen mothers who had enrolled the respondents, six had died, while two of the three fathers who enrolled their children had died.

3.2.7. School career

Of the 25 respondents in the study, forty eight (48%) percent started their school career in Grade One at the school, while twenty eight (28%) percent enrolled in Grade Four which is the beginning of the Senior Primary Phase at school, and the balance of twenty four (24%) percent were enrolled in various other Grades in the school.

Louw et al (1998) highlighted the importance of schooling in the development of children during middle childhood. Outside of the home, the school assumes significance as an environment in which bereaved children will grieve. A parent's death will nearly always be the catalyst for a whole series of changes in a child's life, both internally and externally. The findings support the view of Worden (1996) that the death of a mother appeared to impact more on bereaved children's schooling than the death of a father, because of the more extensive involvement of mothers with children's education.

When a child experiences the death of a parent/primary caregiver, the reactions of his/her peers and teachers are important to the child. When children feel accepted at school, they may want to discuss their experiences with someone outside of the family. According to Abrams (2000), if teachers are unaware of what is happening in a bereaved child's life, the child is left to deal with unexpected and overwhelming feelings all by themselves at school.

3.2.8. Place of residence at the time of enrolment

Table 3.7: Place of residence at the time of enrolment

Place of residence at time of enrolment	Frequency	%
Both parents	8	32
Mother	9	36
Father	3	12
Grandparent	3	12
Primary caregiver	2	8
Total	25	100

The majority, eighty (80%) percent of respondents, as reflected in Table 3.7 lived with a biological parent(s) at the time of enrolment in the school. A severe loss generally results in additional disruptions and changes in bereaved children's lives that may contribute to feelings of anger and powerlessness. Family roles are not the only changes experienced by bereaved children. Secondary losses resulting from the initial loss include moving from the family dwelling, changing schools, moving from neighbourhoods, and/or leaving familiar surroundings. Bereaved children often have no choices regarding the changes that have to take place in their lives. These forced changes may greatly impact on how the child deals with sorrow, as well as facing the future. Marrone (1997:165) argued that bereaved children from stable families appear to suffer less psychosocial dysfunction than children from fragmented or dysfunctional families.

3.2.9. Current grade

Table. 3.8: Current grade

Current grade	Male	Female	Frequency	%
Grade 5	6	4	10	36
Grade 6	2	4	6	24
Grade 7	6	3	9	40
Total	14	11	25	100

Table 3.8 represents the sample population attending three different Grades in the Senior Primary Phase, with forty (40%) percent of respondents attending Grade 7. Age is an important variable influencing children's understanding of death and bereavement. In Table 3.13., respondents' understanding of the meaning of the word death shows the differences for younger and older respondents.

3.2.10. School attendance, performance and behaviour

The purpose of a school report is to communicate a written account to parents/primary caregivers of a learner's progress. In the Senior Primary Phase a learner's progress is indicated according to a ratings table (between 1 – 4) which includes among others, attendance, performance, and behaviour at school. The respondents' personal records indicates other relevant information regarding requests for parents/guardians, or primary caregivers, to attend a meeting with the school principal to discuss concerns regarding attendance, performance, behaviour or the child's general well-being.

When children enjoy strong support and encouragement from their families, regardless of their environment, they are more likely to work harder at school in order to bring honour to themselves and their families. Parents/primary caregivers play a enormous role in instilling in children a high level of respect for all forms of learning. According to Schaffer, cited in Louw et al. (1998:358), of all the formal institutions that children encounter in their lives away from home, few can impact on their behaviour as the school they attend. With the rapid emergence of bereaved children in our society, due to various factors which include, the HIV/AIDS pandemic, violent crime and/or family violence, more and more children in the school environment will experience grief.

The rating table as per official school report is show below:

Rating	Percentage
1 = has not satisfied the requirements (weak)	1-34%
2 = has partially satisfied the requirements (fair)	35-39%
3 = has satisfied the requirements (good)	40-69%
4 = has exceeded the requirements (excellent)	70-100%

3.2.10.1. School attendance

Table 3.9. Average school attendance

Rating as per school report	Male	Female	Frequency	%
1 = weak/poor	0	0	0	0
2 = fair	2	1	3	12
3 = good	10	7	17	68
4 = excellent	2	3	5	20
Total	14	11	25	100

As reflected in Table 3.9, teachers reported that there was no negative impact on respondents' school attendance following the bereavement. However, twelve (12%) percent of respondents indicated that their school attendance had in fact deteriorated following the bereavement. The first respondent indicated that due to his primary caregiver's financial constraints, he was unable to attend school regularly, while the second respondent indicated that he was too "sad" to return to school for the remainder of the school year after his parent died as he had to "look after" his surviving parent. The third respondent in this category had a history of irregular school attendance.

3.2.10.2. School performance

Table 3.10. School performance

Rating as per school report	Male	Female	Frequency	%
1 = weak/poor	1	1	2	8
2 = fair	6	5	11	44
3 = good	5	4	9	36
4 = excellent	2	1	3	12
Total	14	11	25	100

Table 3.10, indicates that there were no significant changes in the respondents' overall school performance after the death of their parent/primary caregiver. Forty four (44%) percent of respondents' scored a rating for overall school performance within the category of "fair." In the category of "excellent" school performance, it is interesting to note that one respondent is in the top 7 positions in Grade Seven, despite his family experiencing severe economic difficulties following the death of his parent earlier in the year. Respondents disclosed that although they had initially been very sad and experienced concentration problems after the death of their parent/primary caregiver, their school performance had not changed significantly. Eight (8%) percent of respondents indicated that their school work had improved following the death of their parent. They attributed the improvement to the high regard that their parents had for education, as well as wanting to "honour" the memory of the deceased.

Worden (1996) argued that it is not uncommon for bereaved children to experience learning difficulties at school as a consequence of grief initially after their parent's death. Boys, in general, were more likely to experience academic difficulties than girls in the early months after the death, according to Worden (1996:67). Supportive and understanding teachers contribute significantly in helping bereaved children understand that a lack of concentration or motivation

towards school work is normal grief reactions, and that these feelings are temporary. Class teachers also play a significant role in recognising the early warning signs that may indicate that the child is experiencing difficulties. Worden (1996) concurred that a bereaved child should come through bereavement with no lasting ill-effects, if and when the proper support is given during the grieving process.

3.2.10.3. Behavioural information

Table 3.11. Behavioural information

Rating as per school report	Male	Female	Frequency	%
1 = weak/poor	0	1	1	4%
2 = fair	4	3	7	28%
3 = good	7	5	12	48%
4 = excellent	3	2	5	20%
Total	14	11	25	100%

Table 3.11 indicates that the majority (48%) of respondents scored a "good" rating, while twenty (20%) percent scored in the top rating of "excellent" for behaviour. According to the school records and reports, the death of the respondents' parent(s)/primary caregiver did not impact negatively on their behaviour at school.

Worden (1996) argues that aggressive behaviour is not uncommon after a loss but should be monitored. If the behaviour should persist, then the child should be referred for profession evaluation. However, Wolfelt, cited in Worden (1996:149), cautioned that acting-out behaviour related to normal grieving should not be inappropriately diagnosed by clinicians, for example: attention-deficit/hyperactivity disorder (ADHD).

3.2.10.4. Relevant information from respondents' school records

Table 3.12: Relevant information from respondents' school records

Frequency	Poor academic progress	Referral for assessment (academic)	Behaviour problems	Final warning / suspension	Home situation	No request	%
GRADE 5							
Male = 6	1	2	1			2	24
Female = 4		1	1			2	16
GRADE 6							
Male = 2			1		1		8
Female = 3			2		1		12
GRADE 7							
Male = 6		3	1	1		1	24
Female = 4	1				1	2	16
Total = 25	2	6	6	1	3	7	100

Table 3.12 indicates that seventy two (72%) percent of respondents' parents/guardians or primary caregivers were requested to attend a meeting with the school principal and/or class teacher to discuss various issues pertaining to academic performance and/or behaviour. Of these forty four (44%) percent were male and twenty eight (28%) percent female respondents. The home circumstances of eight (8%) percent of the male respondents and four (4%) percent of the female respondents created cause for concern.

According to school records, the majority of requests for parents/guardians or primary caregivers to meet with the school principal were made prior to the death of the respondent's parent/primary caregiver. There was, therefore, little evidence to suggest that the respondents' school performance/behaviour was significantly affected by the bereavement, but other factors. The researcher was not able to establish whether concern for an ill parent/primary caregiver could have been a contributory factor.

There is no substitute for family and parent involvement in a child's healing process. In the school environment, teachers are at the forefront of identifying changes in the bereaved child's behaviour and/or academic performances. According to Alexander (1999), school teachers, administrators, and staff members have the opportunity of creating a safe and secure environment for all children at school without compromising academic and behavioural standards.

3.3. EXPERIENTIAL INFORMATION

In this section, the research findings which are presented were obtained from the data collected from interviews conducted with the respondents. The interview guides are contained in the Annexure of this dissertation.

3.3.1. Respondents' understanding of the meaning of the word "death."

Table 3.13: Understanding of the meaning of the word "death"

Frequency	The body stops working	Cannot see them anymore	Do not understand	Other	Frequency	%
GRADE FIVE						
Males = 6	2		2	2	6	24
Females = 4	1		2	1	4	16
GRADE SIX						
Males = 2	2				2	8
Females = 3	1	1		1	3	12
GRADE SEVEN						
Males = 6	6				6	24
Females = 4	2	2			4	16
Total = 25	14	3	4	4	25	100

Fifty six (56%) percent of respondents understood the word death to mean that the body stopped working. Of the sixteen (16%) percent who indicated that they did not understand the meaning of death, the following comments were noted:

- "When a person is bad their soul does not rest when they die."
- "A person only died when bad things happened to them."
- "When a person no longer existed in the world."
- "Death means sorrow and loneliness at the end of a life."

It is interesting to note from the above responses that the respondents who did not understand the meaning of death were in Grade Five, representing the youngest respondents in the 11-12 year age group. Kroen (1996) argued that the concept of death among preadolescent children between the ages 10 to 12 years approaches that of an adult. According to the findings, fifty six (56%) percent of the older respondents attending Grades Six & Seven understood that death occurred from the moment at which life ended, or when they could no longer see the person anymore.

Ramsden et al (2002) argued that all children should be prepared to cope with the death of friends and family, especially children living in an HIV+ country like South Africa. According to Ramsden et al, children over the age of six years require more information about death and dying, for example, they should be told that the body shuts down, that the person is unable to breathe, talk, eat or sleep. Jewitt (2002) suggested that when talking to children about death and dying, simple and practical explanations must be used to avoid any confusion or misunderstanding. Jewitt recommends that children must be told the truth about the death of a significant other, because children between the age of 10 and 11 years understand their world in physical terms, especially when feelings about death are surrounded by uncertainly and fear.

Worden (1996) claimed that some thanatologists disagree as to whether or not children are capable of mourning. According to Worden (2001:124), children from the age of seven to adolescence approach mourning more like an adult, with more sufficient understanding and better coping skills. Mourning is therefore determined, in part, by the child's cognitive and emotional development which is pivotal to their understanding of death. Worden (1996) concurred that children cannot integrate something which they do not understand. Although children in middle childhood have a greater ability to understand death and its consequences, according to Kroen (1996), the use of vague explanations and indirect language creates confusion and possibly increases a child's anxiety and fear. Kroen highlighted the importance of significant others being available to answer children's questions, and providing them with as much consistent stability and security which should gradually reduce their anxiety.

3.3.2. Age at which respondents first learned about death

Table3.14: Age at which respondents first learned about death

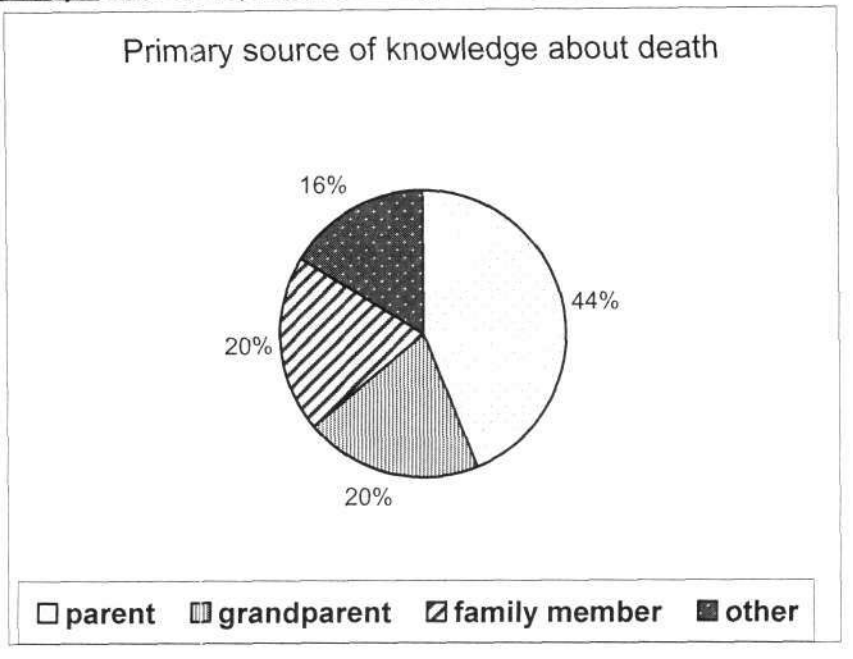
Age	Males	Females	Frequency	%
4 - 5	4	5	9	36
6 - 7	3	1	4	16
8 - 9	1	2	3	12
10 - 11	3	1	4	16
12 - 13		1	1	4
Not sure	3	1	4	16
Total	14	11	25	100

As indicated in Table 3.14, thirty six (36%) percent of respondents first learned about death between the ages of 4 – 5 years, while sixteen (16%) percent were unsure when they first learned about death. Table 3.15 indicates that sixty (60%) percent of respondents' first death experience was that of a parent/primary caregiver. According to Table 3.16, twenty eight (28%) percent of respondents were between the ages of 9 – 10 years, and thirty six (36%) percent were between the ages of 11 – 12 years when they experienced the death of a parent/primary caregiver.

Childhood is a generally a relatively stress-free period where dying and death usually only happened in the movies, on TV, in the print media, or to other people. When children are unable to separate the fiction of the "pretend death" from the facts of real life, they associate death with something very remote. Whether the death is sudden or anticipated, the child may take years to fully integrate the reality of the loss, claimed Wolfelt (2001:3).

3.3.3. Primary source of acquiring knowledge about death

Figure 3.1: Primary source of acquiring knowledge about death



As indicated in Figure 3.1, forty four (44%) percent of respondents' primary source of learning about death was from a parent, while sixteen (16%) percent of respondents learned about death from a family friend, neighbour, priest or from attending Sunday school.

Corr et al (2000) argued that while much is already known about human development during childhood, there is much that still remains to be learned, especially true when one thinks of children and issues related to death, dying and bereavement.

3.3.4. First experience of death of a close family member

Table: 3.15: First experience of death of a close family member

Death experience	Frequency	%
First experience	15	60
Not the first experience	9	36
Unsure	1	4
Total	25	100

Table 3.15 indicates that sixty (60%) percent of the respondents' first death experience was the death of a close family member, while four (4%) percent were not sure if this was the first time a close family member had died.

Current literature on children and grief suggests that the first death experience encountered by the majority of children usually involved that of a grandparent, or parent.

3.3.5. Respondents' age when the parent/primary caregiver died

Table 3.16: Age when the parent/primary caregiver died

Age	Male	Female	Frequency	%
5 - 6	2	2	4	16
7 - 8	2	2	4	16
9 - 10	5	2	7	28
11 - 12	4	5	9	36
Not sure	1	-	1	4
Total	14	11	25	100

Based on the responses in Table 3.16, thirty six (36 %) percent of respondents were between the ages of 11 – 12 years when they experienced the death of a parent/primary caregiver.

Worden (1996) said that age is one of the variables that impacted on the course and outcome of bereavement, although studies have found that these variables are not significant enough to predict risk categories. Given these variables, Worden cautioned against generalizations regarding which group of children would find it more or less difficult to adapt to the loss of a parent. When bereaved children receive support during the process of grief, and reassurances about their future, they are less likely to display insecure patterns of attachment later on. According to Worden (1996), findings from studies with bereaved children indicate that family stressors influenced the experience of bereavement more than any other category, both for the surviving parent and for the children. Childhood grief is best facilitated within a supportive family unit, or with a reliable adult, able to meet the child's needs and to assist the child express feelings about the loss.

3.3.6. Respondents' whereabouts at the time of death of the parent/primary caregiver

Table 3.17: Whereabouts at the time of death of the parent/primary caregiver

Whereabouts at time of death of parent/caregiver	Male	Female	Frequency	%
At home	7	5	12	48
Other (specify)	1	4	5	20
Did not live with parent	2	1	3	12
Present at the time of death	2	-	2	8
Not informed about the death	1	1	2	8
At school	1	-	1	4
Total	14	11	25	100

As indicated in Table 3.17, forty eight (48%) percent of the respondents were at the family home at the time the parent/primary caregiver died. In the category of "Other," eight (8%) percent of respondents were visiting a relative, eight (8%) percent were visiting a neighbour, while four (4%) percent were playing at a friend's home at the time the parent/primary caregiver died.

3.3.7. Witnessing the death of a parent/primary caregiver

Table 3.18: Witnessing the death of parent/primary caregiver

Witnessing the death	Male	Female	Frequency	%
No, did not witness the death	12	11	23	92
Yes, did witness the death	2		2	8
Total:	14	11	25	100

According to the findings in Table 3.18, ninety two (92%) percent of the respondents did not witness the death of their parent/primary caregiver, while eight (8%) percent did. One respondent witnessed the murder of his parent by a group of street-children, during an outing at the beach. The other respondent was home alone with his parent at the time of death. He disclosed the exact time, day, month, and year when he had given his parent lunch, and made him comfortable before his parent "just died."

Table 3.17 refers to the respondents' whereabouts at the time of the parent/primary caregiver's death. When the death happened at home, respondents disclosed that they felt uncomfortable because each time they returned home the reality of the loss became apparent once again. According to one respondent, "hospitals are places for people to die in, not the family home."

The process and outcome of bereavement is determined by a number of factors, which include the type of death and location of death, claims Worden (1996). Different deaths lead to different kinds of grief, according to Harris-Hendriks et al (2000:48), and according to them, humans experienced different reactions to loss and trauma. Harris-Hendricks et al (2000) argued that it is especially difficult for children to understand and accept the death of a loved one when it was caused by the action of another person, either intentionally or unintentionally. The effects of trauma can put children on an emotional roller-coaster, they may be sad one day, fearful on another, forget about the traumatic experience all together on the next day, or it is all that they think or talk about on the next. Alexander (1995:5) stated that when emotional balance is lost, children do not behave, think, act, or feel the same. Traumatised children will regain their sense of emotional stability with adequate support.

3.3.8. Primary source of information regarding the death

Table 3.19: Primary source of information regarding the death

Primary source of information	Male	Female	Frequency	%
Informed by a sibling/relative	6	8	14	56
Informed by a parent	3	2	5	20
Not informed about the death until much later	2	1	3	12
Witnessed the death	2	-	2	8
Informed by outsider	1	-	1	4
Total	14	11	25	100

Fifty six (56%) percent of respondents were informed about the death by a sibling/relative, whereas twenty (20%) percent were informed by a surviving parent. Twelve (12%) percent

were only informed at a later stage that their parent/primary caregiver had died. Eight (8%) percent of respondents witnessed the death of their parents, and four (4%) percent reported that they were informed of the death by an outsider, such as a neighbour, priest or family friend.

Who wants to talk to a child about death? The answer must surely be no one, argued Kroen, (1996:1). Perhaps it is not that adults don't want to, but more likely that they do not have the words to do so, or that they just want to shield them from the pain associated with death. When children experience the death of a significant other, there are challenges and changes that they have to face. Feelings about death are surrounded by uncertainly and fear, especially when children do not understand what they have to deal with in an environment of which their loved on is no longer a part. Kroen (1996) stated that when families share their feelings children are able to develop a sense of closeness and mutual caring which equip them to deal with the powerful emotions associated with death and dying. Children who understand that death is irreversible are more prepared to begin to deal with the emotional impact of the loss.

3.3.9. Initial response to the death of a parent/primary caregiver

Table 3.20. Initial response to the death of a parent/primary caregiver

Response to the death	Male	Female	Frequency	%
Cried	4	4	8	32
Fear/anxiety	4	2	6	24
Not informed	2	1	3	12
Disbelief	1	1	2	8
Shocked	1	1	2	8
Did not understand	1	-	1	4
Cannot remember	1	1	2	8
Anticipated the death	-	1	1	4
Total	14	11	25	100

Table 3.20. indicates that the majority (32%) of the respondents cried when initially informed of the death. During discussions, majority of the respondents disclosed that parents are not suppose to die, only old people die.

Kastenbaum, in Corr et al (2000:309), mentioned that bereaved children's responses are strongly influenced by at least four principal variables: developmental level, life experiences, individual personality, patterns of communication and support. Other factors that may influence the response is the child-parent/child-primary caregiver relationship prior to death. Grieving children display numerous emotional reactions in response to the death of a loved one - the most frequent reaction to sadness is crying. According to death research, tears have been found to offer relief from pain, especially when words cannot adequately express deep emotional pain. Deits, in Mphuthi (2004) recommended that when one is feeling sad, crying is one of the healthiest things one can do. Emotional responses may be influenced by the child's gender, although crying should never be interpreted as a sign of weakness. Because young children may experience difficulties in putting their emotions into words, they may instead act them out.

Feelings and behaviour are normal manifestations of grief. When bereaved children do not get the necessary support, they may feel emotionally alone, or they may become silent or

withdrawn. Children may turn away from grieving from time to time, for example, or to play, watch television. This should not be interpreted as though they are not affected by the death of their loved one, but rather that it is necessary to have temporary relief from being overwhelmed by the loss and its implications, according to Corr et al (2000).

3.3.10. Understanding the death experience

Table 3.21: Understanding the death experience

Understanding of the death experience	Male	Female	Frequency	%
Yes, did understand	6	9	15	60
No, did not understand	6	2	8	32
Unsure	2	-	2	8
Total:	14	11	25	100

Table 3.21. indicates that the majority, sixty (60%) percent of respondents understood the death experience.

The views about what happened after death were influenced by respondents' religious and/or cultural backgrounds. The death of a parent/primary caregiver marks an emotional and psychological change in a child's life. It is not an uncommon form of bereavement, and yet it remains one of the least discussed. According to Kroen (1996:11), a child's personality, sensitivity, coping skills, level of development, and abstract thinking are just some of the variables that influence how children understand death.

3.3.11. Discussions of the death experience with family members and/or friends

Table 3.22: Discussions of the death experience with family members and/or friends

Discussion of death experience with family members	Male	Female	Frequency	%
Did discuss	9	6	15	60
Did not discuss	4	5	9	36
Unsure	1	0	1	4
Total	14	11	25	100
Discussion of death experience with friends				
Did discuss	9	9	18	72
Did not discuss	5	2	7	28
Unsure				
Total	14	11	25	100

According to Table 3.22 sixty (60%) percent of respondents, of which the majority were males, had discussed the experience with family members. However, seventy two (72%) percent of respondents discussed the experience with friends. The findings indicate that the majority of respondents preferred discussing the loss with friends rather than with family members. A number of respondents, equally represented in terms of gender, experienced discomfort when discussing the deceased with other family members, especially if the discussions resulted in

others being distressed. Others reported that, because they were children, they were not encouraged to discuss the deceased anymore.

The majority of respondents reported that they felt more comfortable sharing with their friends, especially those who had also experienced the death of a parent/primary caregiver, because they were able to empathize with the respondents' experiences. Female respondents reported that they felt no discomfort in crying before their peers when feeling sad. Male respondents reported that most of their peers were not aware of the loss because they (respondents) did not wish to discuss the topic at school. Although male respondents reported that they also identified with peers who had experienced the death of a parent/primary caregiver, the majority of male respondents reported that it was "not right" for boys to cry in front of others. According to the findings, respondents did not discuss the exact cause of death with their peers, especially when there was a social stigma attached to the circumstances surrounding the death. Woo & Wong (2003) recommended that the more the bereaved child's grief is acknowledged, the more opportunities they will have to share their feelings of grief in a safe and non-threatening environment. According to Corr et al (2000:235), until recently, not much attention was given to role(s) of families or other similar social groups in bereavement, despite loss and grief occurring in social and relational contexts. Worden (1996) suggests that one way to facilitate the grief process is to talk about the deceased and the circumstances of the death. Family members are respondents in the child's bereavement; hence for the child to share with them is in itself cathartic.

3.3.12. Understanding death as a universal experience

Table 3.23: Understanding death as a universal experience

Understanding death as a universal experience	Male	Female	Frequency	%
Death is a universal experience	11	10	21	84
Death is not a universal experience	3	1	4	16
Total	14	11	25	100%

Table 3.23. indicates that eighty four (84%) percent of respondents believed that death is universal, because it eventually happened to every living person, or living thing, while sixteen (16%) percent indicated that death only happened to the sick, injured, elderly or people who "got shot."

Does everyone die? Yes, physically, but not in your heart when you loved and admired someone, claims Worden (1996:16). According to current grief literature, preadolescent children's concept of death can be compared with that of an adult. Jewitt (2002:34) argues that children in middle childhood understand their world in a very physical manner. Jewitt (2002:34) cites "four truths" that children should be told when a significant other dies:

- being told the truth about the death,
- honesty in terms of what is happening,
- continuity in the child's life (which creates a feeling of safety for the child), and
- involvement in the planning for the disposal of the remains after the death (rituals, help children to say good-bye).

The findings support Kroen's (1996) view that avoidance of the subject is not necessarily wrong, nor in any way emotionally abusive, it is not emotionally helpful.

3.3.13. Respondents' understanding of what happened to the body after death

Table 3.24: Understanding of what happened to the body after death

Understanding what happened to the body after death	Males	Females	Frequency	%
Body stopped working	4	3	7	28
Body rots/perished	2	3	5	20
Buried/cremated the body	3	1	4	16
Not sure	1	2	3	12
Body goes blue	1	-	1	4
Other	3	2	5	20
Total:	14	11	25	100

Table 3.24 indicates that twenty eight (28%) percent of respondents' understood that, after death, the body stopped working. Twenty (20%) percent indicated other variations; eight (8%) percent believed that the body of the deceased had gone to heaven, or hell; eight (8%) percent reported that after death there were sad feelings in the family; four (4%) percent indicated that the body gets used as fertilizer. Twelve percent (12%) of respondents indicated that they were not sure what happened to a body after death.

Respondents' understanding of what happened to a body after death was based, in part, on their cultural or religious backgrounds. Some believed that the physical body decayed after death, and the soul of the deceased is "released" and continued to exist in some way either in heaven, or hell. The "afterlife" is where the soul is sent, depending on whether the deceased was a "good" or "bad" person while on earth. Others believed that the deceased is reincarnated, and the soul is reborn as another person or creature. According to traditional African belief, the dead become ancestral spirits (through various stages of ritual) with the responsibility of protecting and disciplining their descendants. One's place in the spirit world is determined by how one has conducted oneself in this world, stated Elion & Strieman (2001:38).

3.4. FAMILY STRUCTURE

3.4.1. Respondents' place of residence following the death of a parent/primary caregiver

Table 3.25: Place of residence following the death of a parent or primary caregiver

Place of residence, post death	Frequency	%
Both parents	0	0
Mother	4	16
Father	5	20
Grandparent	3	12
Primary caregiver	4	16
Family member	3	12
Older sibling(s)	2	8
Legal guardian	2	8
Other	2	8
Total:	25	100

Based on the responses in Table 3.25, thirty six (36%) percent of respondents lived with a biological parent. It is important to note that twenty (20%) percent of respondents now lived with their fathers following the death of the parent/primary caregiver. One respondent has since been placed in a Children's Residential Home while the other respondent is taken care of by a "gogo" who is not related to the respondent.

However, prior to experiencing the death of a parent/primary caregiver, Table 3.7 indicates that only twelve (12 %) percent of respondents lived with their father, thirty six (36%) percent with the mother and eight (8%) percent with a primary caregiver. It is significant to note the increase in respondents living with a father or primary caregiver and the decrease in respondents living with a mother, post-death. Table 3.30 reflects that fifty four (54%) percent of respondents experienced the death of a mother, thirty nine (39%) percent the death of a father, and seven (7%) percent the death of a primary caregiver. Mturi & Nzimande, cited in Kasiram et al (2006:21), argued that in more recent years, the world has been witnessing change in family structures and composition, especially in the developing countries. South Africa has not been spared from such changes.

3.4.2. Change in place of residence and/or school, post-death

Table. 3.26: Change in place of residence and/or school, post-death

Change in residence, post-death	Frequency	%
Had to move from family home	13	52
Did not have to move from family home	10	40
Other	2	8
Total:	25	100
Changing school, post-death	Frequency	%
Had to change school	1	4
Did not have to change school	24	96
Total:	25	100

Table 3.26 indicates that fifty two (52%) percent of respondents relocated from the family home following the death of a parent/primary caregiver. Due to the economic difficulties arising from the loss, eight (8%) percent of respondents were left homeless, or placed in a Children's Residential Home. Ninety six (96%) percent of respondents did not have to relocate to another school, post-death. It was evident from the discussions that economic hardships resulting from parental death contributed, in part, to other changes.

Abrams (2000) stated that most often a parent's death will be the catalyst for a whole series of changes in a child's life. More importantly, these changes highlight how very different life becomes following parent/primary caregiver death, especially when it involves moving from familiar surroundings, loss of friends, changing schools, and the loss of childhood if the child has been forced to "grow up" prematurely. Thanatologists concur that children can accept loss provided there is something else to look forward to.

3.4.3. Respondents' caregiver (after school and during school holidays)

Table 3.27: Respondents' caregiver (after school and during school holidays)

Primary caregiver	After school	%	School holidays	%
Parent	6	24	4	16
Grandparent	6	24	6	24
Family member	5	20	3	12
Home alone	6	24	9	36
Other	2	8	3	12
Total:	25	100	25	100

Figure 3.27 indicates that twenty four (24%) percent of respondents were taken care of after school by a parent, twenty four (24%) percent by a grandparent and twenty four (24%) percent stayed home alone. Of the eight (8%) percent in the category "Other," four (4%) percent attended an after-care centre, while the other four (4%) percent were placed in a Children's Residential Home.

During school holidays, thirty six (36%) percent of respondents stayed at home alone. Twelve (12%) percent were taken care of by a family member. In the category "Other," eight (8%) percent attended a holiday programme, and four (4%) percent were placed in a Children's Residential Home.

3.4.4. Family breadwinner, post-death

Figure 3.28. Family breadwinner, post-death

Family breadwinner, post-death	Frequency	%
Parent	15	60
Grandparent	2	8
Older sibling	3	12
Other (specify)	3	12
Unsure	2	8
Total:	25	100

The majority (60%) of respondents reported that the family breadwinner post-death was a parent. Twelve (12%) percent reported that the family breadwinner was an uncle or an aunt.

The findings support Worden's (1996) view that a major stressor for bereaved families is the lack of financial resources. During discussions, respondents expressed their concerns about financial resources. The family's economic status determined, in part, whether the family needed to relocate, if the children had to change schools, and whether the surviving parent/primary caregiver had to find employment to support the family or the children were now recipients of State Social Security Grants. Respondents indicated that they were more anxious about their family's financial situation especially when the surviving parent/primary caregiver became sad because they "still cried a lot" when there was not enough money for the family's needs.

3.4.5. Family's economic status, post-death

Forty eight (48%) percent of respondents disclosed that their family's financial situation had changed following the death of a parent/primary caregiver, while thirty six (36%) percent reported no changes. Sixteen (16%) percent were unsure of any changes to the family's economic status.

3.4.6. Assistance from various outside sources

Figure 3.29: Assistance from various outside sources

Assistance received from various outside sources	Assistance from School Feeding Scheme	%	Assistance from Religious group	%	Assistance from State: Social Security	%
Received assistance	8	32	3	12	8	32
Did not receive assistance	17	68	21	84	14	56
Unsure			1		3	12
Total:	25	100	25	100	25	100

Figure 3.29 highlights the impact of the economic circumstances on the respondents' families, post-death. The school feeding scheme assisted thirty two (32%) percent of respondents; while twelve (12%) percent of respondents indicated that their family received assistance from religious groups. During discussions, thirty two (32%) percent of respondents disclosed that their families had become recipients of monthly Social Security Grants (Foster Care Grant, Child Care Grant, or the primary caregiver receiving a monthly Old Age Pension). The financial burden increased on family members when parents/primary caregivers died without having made the necessary financial provisions for their families.

Rando, in Harvey (2000) refers to both primary and secondary losses associated with death. Secondary loss is defined by Rando as a physical or psychosocial loss that coincided with or developed as a consequence of the initial loss, according to Harvey (2000:4). When a parent/primary caregiver dies, minor children may be entitled to Social Security. This can make up for the financial strain on the surviving parent/primary caregiver.

3.5. RELATIONSHIP TO THE DECEASED

3.5.1. Respondents' relationship to the deceased

Table 3.30: Respondents' relationship to the deceased

Relationship to the deceased	Frequency	%
Mother	15	54
Father	11	39
Primary caregiver (female only)	2	7
Total:	28	100

Twenty five respondents participated in the study, collectively, there were twenty eight deaths in total. This implies that some of the respondents experienced the death of more that one parent. Table 3.30 indicates that the majority (93%) of respondents experienced the death of one biological parent. Seven (7%) percent experienced the death of a primary caregiver. Three of

the respondents had experienced the death of both mother and father. This explains why twenty five respondents collectively experienced twenty eight deaths.

Older children, aged between six and twelve, are establishing their own sense of who they are in relation to their parents. Therefore, the death of a same-sex parent at this stage is very difficult for children to deal with, according to Abrams (2000). The remaining parent (provided that the child has one) provided a vital combination of support, security, a link between the child and the deceased as well as providing an example of how to grieve for the deceased. Marrone (1997) argued that when a mother is the primary caregiver and organiser for daily living, death-related research confirms that her death will result in a more immediate and profound affect on children. According to the respondents, fathers are synonymous with safety and security.

3.5.1.1. Parent/primary caregiver's age at the time of death

Table 3.31: Parent/primary caregiver's age at the time of death

Age	30-34 years	35-39 years	40-44 years	45-49 years	50-54 years	55-59 years	60+ years	Unsure	Total	%
Mother	3	2	2	2				6	15	54%
Father	2	4		2			1	2	11	39%
Primary caregiver (female only)						1		1	2	7%
Total deaths	5	6	2	4		1	1	9	28	100%

Table 3.31 indicates that although the majority of respondents did not know the age of the parent/primary caregiver at the time of death, they nevertheless felt "cheated" as their parents were too young to die because they had young children to take care of. Although the question of the age at the time of death was not included in the interview guide, it emerged during discussions with respondents that death as a result of old age appeared to be more acceptable than the death of a parent with young children. However, with the average age for adults decreasing rapidly in South Africa, as a result of the AIDS pandemic, more young adults will die, leaving behind children with too few adults as caregivers.

3.5.1.2. Cause of death

Question 3.5.1.2 was also not in the interview guide, however, during the general discussions respondents disclosed that they were not always told the particulars surrounding the cause of death. Respondents discussed the cause of death candidly with the researcher, even when the cause of death carried a social stigma, such as HIV/AIDS-related death. The reasons given for the cause of death included:

- 53% of the deaths resulted from ill health, which included: cancer, "chest problems," or HIV/AIDS-related deaths,
- 7% of the deaths were due to murder/violent death resulting from a shooting or stabbing,

- 3% of the deaths were accidental death as a result of a motor vehicle accident,
- 7% of the deaths were due to substance abuse, both alcohol and drug abuse,
- 7% of the deaths occurred during childbirth. One baby survived while the other died with its mother, and
- 23% of respondents did not know the cause of death.

The findings support Wolfelt's (2001) view that the circumstances surrounding how and why death occurred impacted significantly on a child's grief, especially when the cause of death is shrouded in mystery. Some of the concerns that emerged during the discussions with respondents include:

- One respondent reported that he felt helpless when he witnessed the murder of his parent by a gang of street-children while they were enjoying a day at the beach.
- Another respondent indicated that he thought his mother died during childbirth because of the stress from being in an abusive relationship. The respondent disclosed that he was grateful that his baby sibling survived, although he felt sad for his young sibling because he will never know their mother. The respondent was also anxious about having to tell his younger sibling about their mother in case the younger sibling felt guilty that he survived, while their mother did not.
- Another respondent reported that his baby sibling and mother died during childbirth because of the situation at home. He felt that it was best for the baby to die because the family situation was not conducive to raising a young female baby without a mother.
- Yet another respondent disclosed that she was very sad that her father was murdered while alone. She constantly thought about him, his last thoughts, and whether he suffered after being shot. She is also fearful that the perpetrators (gang members) may come back to hurt her remaining family members.

Kroen (1996) claimed that truth and honesty are always the best approach when speaking to children about death and grieving. However, Woo & Wong (2003) cautioned that when children are too ashamed or embarrassed to discuss the cause of death, especially when it carries a social stigma, it may prevent them from expressing their feelings or grieving normally.

3.5.2. The type of relationship with the deceased prior to the death.

Fifty two (52%) percent of respondents indicated that they enjoyed a caring and loving relationship, whereas twenty four (24%) percent indicated that the parent/primary caregiver were strict disciplinarians. Twelve (12%) percent of respondents enjoyed happy and fun relationships with their parent/primary caregiver, and twelve (12%) percent cannot remember the type of relationship they had because they did not live permanently with the parent/primary caregiver prior to the death. Respondents all indicated that they viewed parents as very important caregivers in children's lives, because they are nurturers and the providers of security.

Each loss is difficult in its own way. While most adults expect their parents or grandparents to predecease them, the delicate and peculiar relationship between parent/primary caregiver and child make death a difficult experience. The type of relationship that is shared between the child/parent prior to death impacts on how the loss is felt and the emotional recovery, according to Woo & Wong (2003). For the rest of their lives, bereaved children will mourn the loss of support, advice and assistance that parents are generally synonymous with. Black, as cited in Mphuthi (2004:68), stated that it is not the quality but rather the intensity of the relationship with the deceased that is crucial. Woo & Wong (2003) argued that despite the child experiencing the death of a parent (primary caregiver) during childhood, they are able to develop into well-adjusted adults if they have good family support. The other important factors that contribute to the growth and development of bereaved children include the wider social environment such as school, religious community and peers.

3.5.3. On-going communication about the deceased

All of the respondents indicated the importance of on-going communication about the deceased. When bereaved children were encouraged to talk about the deceased, they took comfort from the words and presence of significant others, especially when the significance of their relationship with the deceased was acknowledged. Generally, moments of significance in one's life frequently recur in thoughts and words long after the event. According to respondents, living the rest of their lives without their loved one was extremely daunting. Relationships with the dead parent/primary caregiver continue to develop and change throughout their lives. In death, good memories are as important to bereaved children as they are to adults. Abrams (2000) argued that a parent remained in one's memories and thoughts whether or not one is always conscious of it.

3.5.4. Thoughts about the deceased

Table 3.32: Thoughts about the deceased

Thoughts about the deceased	Male	Female	Frequency	%
All the time	10	6	16	64
Especially at night time	1	4	5	20
Not so frequently	3	1	4	16
Total:	14	11	25	100

Sixty four (64%) percent of respondents experienced constant thoughts about the deceased, with more boys than girls indicating that they had experienced constant thoughts. The frequency of these thoughts was determined by the significance of pre-death relationship. Respondents reported that "different" thoughts occur especially when they could no longer remember particular personal aspects about the deceased. They became afraid that they were forgetting important aspects regarding their loved ones, or perhaps the thoughts of the deceased were lost to them forever. Respondents were most anxious when they were unable to concentrate on anything, or when their minds went blank.

3.5.5. Frequency of discussions about the deceased with family members and/or people outside of the family

Table 3.33: Frequency of discussions about the deceased with others

Frequency of discussions with family members	Frequency	%
Do not have frequent discussions about the deceased with family members	12	48
Do have frequent discussion about the deceased with family members	7	28
Seldom have discussions about the deceased with family members	6	24
Total	25	100
Frequency of discussions with people outside of the family	Frequency	%
Seldom have discussions about the deceased with people outside of the family	10	40
Do not discuss the deceased with people outside of the family	9	36
Frequent discussions about the deceased with people outside of the family	6	24
Total	25	100

Table 3.33 indicates that forty eight (48%) percent of respondents did not discuss the deceased with other family members. The main reasons for the lack of discussions were that respondents were not encouraged to discuss the deceased in case they themselves became upset, or they upset significant others.

Forty (40%) percent of respondents seldom discuss the deceased with people outside of the family, twenty four (24%) percent did have frequent discussions with others outside of the family. Children remain children, even after a death. There is no magic formula to protect bereaved children from bereavement. According to Table 3.63, although ninety two (92%) percent of respondents did not receive bereavement counselling after the death experience, 100% of respondents indicated that bereaved children should receive supportive services from people other than family members so that they can understand what has happened to them. Encouraging bereaved children to appropriately express their feelings help the child to cope with this difficult time, according to Wolfelt (2001).

3.5.6. What respondents missed the most about the deceased

Table 3.34: Missed the most about the deceased

Missed the most about the deceased	Male	Female	Frequency	%
Missed the special things that were done together	8	1	9	36
Missed the deceased no longer being a part of their life	1	7	8	32
Missed everything about the deceased	5	2	7	28
Cannot remember	-	1	1	4
Total	14	11	25	100

Table 3.34 indicates that thirty six (36%) percent of respondents missed the special things they did with their loved ones, for example, returning from school to find the parent/primary

caregiver no longer there to welcome them home, the deceased not being there to cook favourite meals, help with the homework, or just be part of their lives.

Just as there is no right way to mourn, there is no correct timetable for the journey through grief. Wolfelt (2001) argued that, given ample time and the necessary support, bereaved children will adapt to the loss and integrate death into their lives in order to go on to live well and love again. According to the findings, respondents were upset about having and knowing their parent for such a short time, and felt a sense of injustice that usually remained throughout life. One respondent indicated that, "I wished I had known my father better before he died."

3.5.7. Certain days and occasions when respondents most missed the deceased

Table 3.35: Certain days and occasions when respondents missed the deceased

Certain days and occasions	Frequency	%
Everyday	7	28
At night time	6	24
Special occasions: such as birthdays, anniversary, Christmas Day	5	20
Only when feeling sad	3	12
Not all the time	2	8
Not sure	2	8
Total	25	100

Twenty eight (28%) percent of respondents, as indicated in Table 3.35, reported that they missed the deceased on a daily basis, while twenty (20%) percent of respondents reported that they missed the deceased mainly on special occasions. When respondents were alone, for example, after school or during school holidays, they reflected on the impact that the loss had on their every daily lives, and the reality of their grief.

3.5.8. The importance of parents/primary caregivers in the lives of children

All of the respondents indicated the importance of parents/primary caregivers in the lives of children. A child's need for love, security, being part of a family unit, sharing special milestones, and parents being positive role models were cited by respondents as the most important aspects of parenting. Parenting is a kind of social context, although the presence of a parent in a child's life is no guarantee of adequate parenting. The essence of parenting is in the parent-child relationship, rather than the child being part of a "normal" family unit. Although single parent families have traditionally suffered a bad reputation, it is increasingly recognised as a viable family form and the child can flourish in a wide variety of family arrangements so long as they are loved and their basic needs are met, according to Smith, cited in Vander Zanden (1993).

3.5.9. Respondents' current feelings towards the deceased

Figure 3.36: Respondents' current feelings towards the deceased

Current feelings towards the deceased	Male	Female	Frequency	%
Feeling sad and lonely	4	3	7	28
Unsure of feelings	4	2	6	24
Feeling scared	1	3	4	16
Feeling alright	3	1	4	16
Anticipated the death	2	2	4	16
Total	14	11	25	100

Although the respondents were at various stages of the mourning process, twenty eight (28%) percent of respondents, according to Table 3.36, experienced current feelings of sadness and/or loneliness because of missing the deceased. Sixteen (16%) percent indicated that they had anticipated the death because their parent/primary caregiver was sick, although they did not realise just how sick they really were.

During bereavement there was a mixture of emotions that need to be dealt with. Although anger or blame are common responses that loved ones usually felt towards the loved one who had died it is interesting to note in Figure 3.36 that not one of the respondents expressed feelings of anger towards the deceased for dying. Of the sixteen (16%) percent of respondents who had indicated that they were feeling "alright," they did not live, or enjoy a close relationship, with the parent/primary caregiver prior to the death.

3.5.10. Particular location of the deceased

Table 3.37: Particular location of the deceased

Particular location	Male	Female	Frequency	%
In heaven with God	10	6	16	64
In the grave	2	3	5	20
Unsure of specific location	2	1	3	12
Not yet in heaven		1	1	4
Total	14	11	25	100

Sixty four (64%) percent of respondents believe that the deceased was already in heaven with God, while four (4%) percent responded that the deceased was not yet in heaven as it took 10 years to get to heaven, especially when the deceased did not live a good life. These responses were in keeping with what children have been told by significant others about dying and death from a religious and cultural point of view. Respondents who had indicated that their loved ones had gone to a better place (heaven) found comfort in knowing that their loved ones were protected from any further harm or suffering.

One of the most important functions of death, from a religious prospective, is to provide believers with the necessary coping strategies for accepting the inevitability of death. Children in middle childhood are usually able to understand most religious interpretations of life and

death. However, the age and developmental stage of children should always be taken into consideration when explaining the consequences of death and dying to children. According to Kroen (1996:4), talking to a child about death in religious terms is a decision each family must take. Kroen recommended that the amount of religious education a child has received should be taken into consideration when discussing death and dying so that they can better understand religious references.

3.5.11. Primary source of learning about the location of the deceased, and description of location

The following percentages were calculated for the responses given to the questions about where they were when informed about the death, and the deceased's location post-death:

- 28% of respondents were informed by the church,
- 28% of respondents were informed by a family member (other than a parent),
- 24% of respondents were informed by a parent,
- 12% of respondents were not informed at all,
- 8% of respondents were informed by a neighbour.

Some of the responses in respect of what the particular location was like included the following:

- 52% thought that heaven was paradise, a peaceful place with angels and heavenly things, with no problems, or violence,
- 24% were not sure what the specific location was like,
- 16% responded that the deceased were put in a coffin that was placed in the ground in a graveyard, and
- 8% of the respondents believed that the deceased are in a place where they are able to see them (family members) so that they can try to make amends for the mistakes they made on earth.

Respondents believe that the deeds of people in this life influenced what would happen in the afterlife. In the face of uncertainly, people, especially children, seek evidence. Corr et al (2000:513) stated that many different beliefs about an afterlife are expressed in the Hebrew and Christian scriptures. Elion & Strieman (2001:38) noted that, according to African culture, every member of a family or a lineage is considered sacred and will, after death, become one of the ancestral spirits. Respondents indicated that one's place in the spirit world is determined by how one has conducted oneself in this world. However, no one has ever been able to give an accurate account of what death means in terms of ongoing existence.

3.5.12. Communication with the deceased

Table 3.38: Communication with the deceased

Communication with deceased	Male	Female	Frequency	%
Do not communicate with deceased	8	2	10	40
Do communicate with deceased	3	5	8	32
Unsure	3	4	7	28
Total	14	11	25	100

Of the forty (40%) percent of respondents who indicated that they no longer communicate with the deceased, thirty two (32%) percent were boys. As is evident in the table above, thirty two (32%) percent of respondents indicated that they still communicate with the deceased, the main methods of communication being: communication through prayer, talking aloud to the deceased when respondents were alone, or just by thinking about the deceased. Twenty eight (28%) percent of respondents were unsure if it was possible to communicate with the dead.

3.5.13. Dreams about the deceased

Table. 3.39: Dreams about the deceased

Dreaming about deceased	Male	Female	Frequency	%
Dream about deceased	8	5	13	52
Do not dream about deceased	5	5	10	40
Unsure	1	1	2	8
Total	14	11	25	100

According to Table 3.39, fifty two (52%) percent of respondents indicated that they still dream of the deceased. Although dreaming about the deceased can be either comforting or distressing, none of the respondents indicated that the dreams were nightmares. However, respondents did indicate that they experienced sleeplessness at night because of preoccupation with thoughts of the deceased.

Dreams can often mirror the state of the bereaved child's mind, especially when they feel vulnerable and helpless, according to Abrams (2000:69). Even though the parent/primary caregiver is physically gone, the bereaved child may find comfort in dreaming about the deceased. Abrams has argued that feeling close to, or connected to, the deceased in a dream gives a bereaved child a kind a peaceful feeling, and can even ease the pain and feeling of loss, even just for a short while. African culture, as described by Elion & Strieman (2001:39), believes that during the dream stage, the spirit or soul leaves the body, and goes to dwell in other realms and returns with a special message for the dreamer. The messages obtained from these dreams are, therefore, more significant to the dreamer than the advice and information obtained from those with whom one interacts in one's daily existence. Although it is important to acknowledge African cultural beliefs, it is still important to acknowledge, too, that African culture is not a monolithic, homogenous cultural belief system, and that there is a wide diversity within the numerous cultural systems occurring on the African continent. With regard to findings on dreaming from other cultures, studies of children interviewed for the Child

Bereavement Study in the United States suggested that dreaming about one's dead parent is not only a normal part of grieving, but was also a healthy part of grieving, or so claimed Abrams (2000:69).

3.5.14. Present thoughts about the deceased

Table 3.40: Present thoughts about the deceased

Present thoughts about deceased	Male	Female	Frequency	%
Thoughts about the deceased still being alive	6		6	24
Aware that deceased cannot be a part of their lives		5	5	20
Cannot remember thoughts about deceased	3	2	5	20
Not sure of thoughts about the deceased	3	1	4	16
Good thoughts about deceased	1	2	3	12
Sad thoughts about the deceased	1	1	2	8
Total	14	11	25	100

According to Table 3.40, twenty four (24%) percent of respondents' present thoughts regarding the deceased involved thinking about them as still being alive. None of the respondents experienced thoughts of anger towards the deceased for dying and leaving them behind.

Table 3.41 below refers to the frequency of thoughts experienced by respondents. The research findings regarding the frequency of thought was indicative of the intensity of child-parent relationship, and the way in which the respondents were adapting to living life without the deceased.

3.5.15. Frequency of thoughts about the deceased

Table 3.41: Frequency of thoughts about the deceased

Frequency of thoughts	Male	Female	Frequency	%
Constant thoughts of deceased	7	5	12	48
Thoughts occur at different times, special occasions	3	2	5	20
Not sure when thoughts occur	2	2	4	16
Thoughts occur only when someone discusses the deceased	1	1	2	8
Thoughts occur during school/class time	1	1	2	8
Total	14	11	25	100

A total of forty eight (48%) percent of respondents indicated that they experienced frequent thoughts about the deceased. Twenty (20%) percent indicated that these thoughts occurred at different times, especially on special occasions. Table 3.41 refers to specific times, days, and occasions when these thoughts occur. According to respondents, special occasions reinforced the reality of the loss and the absence of the deceased from respondents' daily lives.

3.5.16. The impact of thoughts about the deceased on respondents

Table. 3.42: The impact of thoughts about the deceased

Impact of thoughts on respondents	Male	Female	Frequency	%
Thoughts make respondents feel sad, scared, lonely	10	8	18	72
Thoughts make respondents feel happy	3	2	5	20
Unsure of impact of thoughts	1	1	2	8
Total	14	11	25	100

Seventy two (72%) percent of respondents indicated that they felt sad, scared or lonely when experiencing thoughts about the deceased. Twenty (20%) percent of respondents indicated that although thoughts about the deceased made them feel happy, they were still somewhat sad because they missed the deceased.

Some respondents indicated that they thought that the deceased was "with them" in some way, while others indicated that since the death of their loved ones, they have become preoccupied about the well-being of significant others in their lives. Elion & Strieman (2001:49) noted that when acknowledging bereavement to an African mourner, one uses euphemism of "leaving" rather than using forms of the word "dying", while Xhosa and Zulu phrases for death suggest that the deceased has been "taken home."

3.5.17. Memories of the deceased

The majority, sixty eight (68%) percent, of respondents remembered the good times and things about their parent/ primary caregiver, while sixteen (16%) percent indicated that they remembered that their parent/primary caregiver was strict. Sixteen (16%) percent revealed that they could not remember much about the deceased. The responses were consistent with respondents who did not enjoy a close relationship with their parent/primary caregiver prior to the death experience.

3.5.18. Favourite reminders (keepsake) of the deceased

Table 3.43: Favourite reminders (keepsake)

Favourite keepsake	Male	Female	Frequency	%
Personal possession	7	3	10	40
Photograph	4	6	10	40
No keepsake	3	2	5	20
Total	14	11	25	100

Table 3.43 indicates that forty (40%) percent of respondents have a favourite keepsake of the deceased, such as a personal possession, or favourite photograph. Of the twenty (20%) percent of respondents who indicated that they did not have a favourite keepsake, it is interesting to note that eight (8%) percent of respondents revealed that they were not allowed to have a keepsake. Twelve (12%) percent indicated that because they did not live permanently with the deceased,

they were not given anything to keep as a reminder of the deceased. The respondents indicated that they would dearly have loved to have something as a keepsake, especially a photograph so that they would never forget what the deceased looked like. Respondents attached enormous importance to having something belonging to the deceased to cherish as a constant reminder. One respondent disclosed that he was "very cross" because thieves had broken into his paternal grandmother's home and stolen some of his deceased parent's personal possessions, which were meant for the respondent.

When someone dies, the love or passion felt for them is often, for a short time, transferred on to the objects which belonged to them, according to Wolfelt (2001). Personal possessions often provide a temporary link to the deceased. Giving objects meaning is something which all healthy children do - hence the need to find meaning in the loss of a loved one can be expressed in numerous different ways; through objects, through music or through investing the sky with personal significance. One of the biggest fears of bereaved people is forgetting the dead person, hence the need to create something very tangible to fill the physical gap left by a deceased.

3.5.19. Respondents' three wishes

Table 3.44: Respondents' three wishes

Respondents' wishes	Males	Females	Frequency	Total
Wished that deceased was still alive	10	9	19	76
Wished they would pass at school	11	7	18	72
Other, specify	9	8	17	68
Wished for a happy life	4	10	14	56
Wished for a better life for their family	8	4	12	48
Wished for violence to end	8	3	11	44
Wished that HIV/AIDS did not exist	4	4	8	32
Wished that there was no death	2	2	4	8

Respondents were invited to discuss three wishes, although not all gave three responses. Of the 54 responses to this question, Table 3.44 indicates that the majority, seventy six (76%) percent of respondents wished for the deceased to be alive. In the category of "Other," fifty six (56%) percent of respondents' wishes included:

- 24% wished for a Play Station game, iPod, or cell-phone,
- 20% wished for employment for their caregivers,
- 12% wished to have transport for their families,
- 8% wished to have electricity in their homes, and
- 4% wished that the deceased had seen the baby before she died.

The respondents' wishes were, in part, based on their lifestyles and experiences prior to parental death, with the most significant wish being that death was not a part of their lives. Worden (1996) referred to certain factors within the family that determine how a child responds to the death of a parent (primary caregiver), these include: family size, family cohesiveness, style of coping, family solvency, and socioeconomic status. Although Worden (1996) cautioned against

generalising about children from poor, bigger families, they are not necessary more at risk or showed poorer bereavement outcomes than children from smaller, wealthier, cohesive families.

3.6. CULTURE, RITUALS AND TRADITIONS

Culture is the social heritage of people and includes learned patterns for thinking, feeling and acting which are transmitted from one generation to the next. The rituals associated with the rites of passage mark everyone's life, from birth to death. These rites are often deeply grounded in one's cultural heritage, claimed Elion & Strieman (2001). Grief does not occur in a vacuum, according to Abrams (1992:125), and is located in a family's emotional culture. Families vary in their reactions to dying and death, and how the family members react to bereavement will depend not only on the immediate circumstances surrounding the death but on how emotions and problems have been handled in the past. Also important in a multicultural society is the issue of tolerance. Pityana in Elion & Strieman (2001) have emphasised the need for tolerance and mutual respect in a religious and culturally society as diverse as South Africa.

3.6.1. Respondents' primary source of information about the death

Table 3.45: Respondents' primary source of information about the death

Primary source of information	Frequency	%
Parent	11	44
Grandparent	7	28
Family friend/neighbour	3	12
Family member (sibling, aunt, uncle)	3	12
Religious person (priest, church elder)	1	4
Total	25	100

Forty four (44%) percent of respondents' primary source of information about the death of their parent/primary caregiver was from the surviving parent.

Children can cope provided they are told the truth and are allowed to share with significant others the natural feelings people have when they are suffering, according to current literature on children and grief. Death changes lives because of the pain and unhappiness associated with it. Children cannot grieve with positive outcome if they do not understand what has happened to them. Kon (2002:100) argued that children should not be "protected" from death by adults, because this can impact on their emotions, their mental stability and their perception of the world later in life.

3.6.2. Culture, children and questions about the death

Table 3.46: Culture, children and questions about the death

Culture, children and death questions	Frequency	%
Children are allowed to ask questions	20	80
Children are not allowed to ask questions	3	12
Unsure if children are allowed to ask questions	2	8
Total	25	100

The majority (80%) of respondents indicated that according to their culture, children were allowed to ask questions about death. Twelve (12%) percent indicated that their culture does not permit children to talk about death, while eight (8%) percent were unsure if their culture condoned children asking death-related questions.

During discussions, respondents disclosed that, according to cultural beliefs, the deceased were able to control their (respondents) behaviour because they (deceased) could still see everything that the child did. Unusual events were said to be caused by spirits, making respondents fearful of the spirit. For example, one respondent indicated that while walking with a family elder in a field on the family farm, a snake appeared in the pathway. The child was instructed by the family elder not to strike or kill the snake as the snake was her dead parent coming to give a message to the child. If the child had hurt or killed the snake, harm would come to the child.

According to some cultures, people are all made up of two parts – the physical body and an invisible element referred to as the spirit or soul. Some of the respondents indicated that their families believed in reincarnation, where the soul of the deceased is reborn as another person or creature. For others, death is simply the end. Respondents felt very strongly about their cultural beliefs. According to traditional Zulu belief, as described in Elion & Strieman (2001:48), the dead continue to live but remain unseen by the living. Respondents from different cultural groups indicated that they were in mourning for close relatives by adopting symbolic clothing and/or insignia such as: wearing of an animal skin bracelet around the wrist or the wearing of black clothing as a sign of respect for the dead.

3.6.3. Facts pertaining to the death of a parent/primary caregiver

Table 3.47: Facts pertaining to the death of a parent/primary caregiver

Facts pertaining to the death	Frequency	%
Informed about the facts pertaining to the death	13	52
Not informed of the facts pertaining to the death	9	36
Witnessed the death	2	8
Unsure	1	4
Total	25	100

According to Table 3.47, fifty two (52%) percent of respondents were informed of the facts pertaining to the death of the parent/primary caregiver, while eight (8%) percent witnessed the death.

Children can misunderstand what adults are trying to tell them. Worden (1996), Woo & Wong (2003), and Wolfelt (2001) have said that caregivers should provide bereaved children with information about the death in a factual, age-appropriate manner. The authors also recommend an open and honest approach when answering children's questions, and avoiding unnecessary detail. When adults keep the lines of communication open and engage children in on-going communication, children are less likely to remain mixed in misunderstanding. Nagy, cited in Mphuthi (2004), stated that the most difficult task associated with the death of a parent was informing the child of the death. Because death is a sensitive topic, Mphuthi stressed the importance of the bearer of such news exercising caution and sensitivity when breaking the news to the child.

3.6.4. Funeral service

Table: 3.48: Attendance of the funeral service

Attendance of the funeral service	Frequency	%
Attended the funeral service	20	80
Did not attend the funeral service	5	20
Total	25	100

Table 3.48 indicates that the majority, eight (80%) percent, of respondents attended the funeral service of their parent/primary caregiver. All of the respondents indicated that they understood the significance of a funeral service as a means of bidding farewell to the deceased and disposing of the physical body.

There is no reason why children should not attend the funeral service of their loved one, according to Woo & Wong (2003:32), who cite several benefits for children attending the funeral service of their loved one:

- attending the funeral is part of the mourning process,
- it decreases the likelihood of the child having fantasies about the deceased returning,
- it offers the child an opportunity of witnessing how people support each other by openly mourning a loved one, and
- saying goodbye to the deceased, by honouring their life and by showing respect for the dead.

If a child is not allowed to attend the funeral service, they may feel deprived later on in life of not being part of an important experience, or they may regret not having the opportunity of saying goodbye to their loved one. Attending a funeral is beneficial because it gives the child a sense of the finality of death, according to Woo & Wong (2003). Kroen (1996) cautioned that children should never be forced to attend a funeral, regardless of the family customs or religious beliefs. When children are prepared about what to expect at the funeral, the occasion becomes less frightening for them.

During discussions, respondents reported that, prior to the funeral service, certain family members were assigned various tasks, such as: going to the funeral parlour to identify the body; choosing a coffin; arranging the funeral service; arranging transport for people attending the service, and organising the catering for after the service.

3.6.5. Participation in the funeral service

Table 3.49: Participation in the funeral service

Participation in the funeral service	Frequency	%
Did participate in funeral service	15	60
Did not participate in funeral service	10	40
Total	25	100

Sixty (60%) percent of respondents disclosed that it was necessary to participate in the funeral service. Some of the ways in which respondents participated in the funeral service include: presenting a personal tribute, reading a verse from the Scriptures, saying a Prayer, singing a solo, singing with the choir, or singing with mourners attending the service. Whatever the form of participation, respondents felt that their participation honoured the deceased. However, one respondent said that she was so overwhelmed during the funeral service that she ran out of the church when she saw the deceased in the coffin. A family member reprimanded her for her behaviour and instructed her to sit quietly during the rest of the funeral service.

3.6.6. Number of funeral services attended by respondents

Table. 3.50: Number of funeral services attended

Number of funeral services attended by respondents	Frequency	%
1st funeral service attended	12	48
2nd funeral service attended	11	44
Unsure of the number of funeral services attended	2	8
Total	25	100

Forty eight (48%) percent of respondents indicated that the 1st funeral service they attended was the funeral service of their parent/primary caregiver. According to death research findings, because the death of a parent is not deemed to be a normative life event, the first death that a child experienced is not likely to be the death of a parent. However, this assumption has been challenged in the South African context because HIV/AIDS has raised the adult death rate in South Africa, resulting in an increase in the deaths of parents, according to Mturi & Nzimande, in Kasiram et al (2007:25).

3.6.7. Viewing the body during the funeral service

Table: 3.51: Viewing the body of the deceased during the funeral service

Viewing the body of the deceased	Frequency	%
Did view the body	14	56
Did not view the body	10	40
Unsure	1	8
Total	25	100

Fifty six (56%) percent of respondents indicated that they "viewed" the body of the deceased during the funeral service. Respondents reported that they wanted to see their loved one for the last time, while others indicated that they had kissed their loved one goodbye. Some respondents reported that the coffin was closed at the funeral service, so they were prevented from viewing the body of the deceased. One respondent indicated that she would never know if the body of her beloved parent was in fact in the coffin.

Part of acceptance of the finality of death is viewing the body of the deceased. According to Christian beliefs, the open coffin it situated in the church, where it is customary to view the deceased before the service begins. However, it is not obligatory to file past the coffin. Mphuthi (2003) cautioned that in case of violent or traumatic death, care should be exercised about viewing the body of the deceased during the funeral service.

3.6.8. Cremation or burial ceremony

Table 3.52: Cremation or burial ceremony

Cremated or buried	Frequency	%
Deceased was buried	17	68
Deceased was cremated	2	8
Unsure how deceased was disposed of	6	24
Total	25	100

In Table 3.52, sixty eight (68%) percent of respondents indicated that their parent/primary caregiver was buried according to custom that prescribed how the deceased's body was disposed of. Table 3.48 indicates that eight (8%) percent of respondents did not attend the funeral service; hence they were unsure of how the deceased's remains were disposed of.

In the early days after the parent/primary caregiver's death, the main focus of attention was arranging the funeral service. The significance of the funeral service, regardless of culture or religion, is a means of bidding farewell to the deceased. The timing of the funeral service or rituals is significant because various religions or cultures determine when and how the deceased's remains are disposed of. According to Zulu-speaking respondents, it is traditional for the deceased to be buried with certain of their personal possessions, as is the custom of the deceased being buried in one's place of birth (family home). Most respondents indicated that the funeral was a "scary" experience for them, especially as they were unprepared for what to expect. When the death is violent or accidental, the dead are buried facing away from home (or,

in the Zulu custom, outside the homestead) – so that the living can be spared the same fate. In keeping with traditional African belief, the dead become ancestral spirits (through various stages of rituals) with the responsibility of protecting and disciplining their descendants, while one's place in the spirit world is determined by how one has conducted oneself in this world, according to Elion & Strieman (2001:48).

3.6.9. Respecting respondents' cultural needs at the school

Table 3.53: Respecting respondents' cultural needs at school

Respecting cultural needs at school	Frequency	%
Cultural needs were respected at school	7	28
Cultural needs were not respected at school	5	20
Did not attend the funeral	2	8
No response	2	8
Unsure if cultural needs were respected at school	9	36
Total	25	100

Thirty six (36%) percent of respondents indicated that they were unsure if their cultural needs were respected at school following the bereavement. Twenty eight (28%) percent of respondents indicated that their cultural needs were respected at school. Eight (8%) percent of respondents did not attend the funeral service therefore they did not need to take time off from school.

3.6.10. Participation in rituals

Table 3.54: Participation in rituals

Participation in rituals	Frequency	%
Did not participate in rituals	14	56
Did participate in rituals	7	28
Did not attend funeral	2	8
Unsure	2	8
Total	25	100

Fifty six (56%) percent of the respondents did not participate in rituals, the majority of respondents attributing their non-participation in the rituals to their age at the time of the death of the parent/primary caregiver. Respondents disclosed that after the funeral service, they attended a service to mark the "putting up" of the headstone, resulting in respondents requesting time off from school for this purpose.

3.6.11. Time off from school after the death of a parent/primary caregiver

Table 3. 55: Time off from school following the death

Time off from school	Frequency	%
Did not take time off from school	15	60
Had to take time off from school	7	28
Not necessary to take time off from school	2	8
Did not return to school	1	4
Total	25	100

Table 3.55 indicates that sixty (60%) percent of respondents did not have to take time off of school as the death occurred during school holidays, while eight (8%) percent did not take time off from school as they did not attend the funeral service. One respondent did not return to school, for the remainder of the school year, following the death of his parent at the end of October 2005. Based on the findings in Table 3.53, only twenty eight (28%) percent of respondents indicated that their cultural needs were respected at school as they had requested time off from school to attend cultural or religious ceremonies.

3.7. GRIEF (EXPERIENCES AND MANIFESTATIONS)

The voices of this chapter are the children who have experienced the death of a parent/primary caregiver. How these experiences will impact on the type of friend, partner, adult or parent they will eventually become, will be determined by the way in which each one will deal with their loss. Abrams (2000) argued that if people are not helped to resolve their grief for the loss of their very first love, a parent, their capacity to love again can be seriously impaired. Helping children cope after parental death is the responsibility of significant others in their lives. It is only when bereaved children observe how significant others dealt with their own grief, that they learn how to mourn, and how to live with sorrow. When children hear others verbalise their feelings, they learn that they are not alone in feeling sorrow, pain, anger or guilt.

3.7.1. First experience of grief and sorrow

Table 3.56: First experience of grief and sorrow

Grief experience(s)	Frequency	%
1st experience	20	80
Not the 1st grief experience	4	16
Unsure	1	4
Total	25	100

Table 3.56 indicates that the majority (80%) of respondents' first experience of such sorrow was the death of their parent/primary caregiver, despite parental death assumed to be a non-normative childhood experience.

3.7.2. Manifestations of grief

Corr et al (2000:214) have argued that thinking of grief solely as a matter of feeling risks misunderstanding and missing the full range of reactions to loss. According to Marrone (1997), there are many theories regarding the process of uncomplicated mourning. One such example cited by Marrone (1997:11), includes Schneider's model which offers an elaborate holistic model across five dimensions (the behavioural, physical, cognitive, emotional, and spiritual) in reaction to loss.

3.7.2.1. Behavioural manifestations of grief

Table 3.57: Manifestations of grief on behaviour

Manifestation of grief on behaviour	Male	Female	Frequency	%
Death experience did impact on behaviour (specify)	10	6	16	64
Death experience did not impact on behaviour	4	3	7	28
Unsure, if death experience impacted on behaviour	-	2	2	8
Total	14	11	25	100

Sixty four (64%) percent of respondents, of which forty (40%) percent were male, indicated that grief did have a noticeable impact on their behaviour. A discrepancy, in this regard, was noted between the respondents' responses and their school records. It is worth recalling here the teachers' comments about the respondents' behaviours. According to findings in Table 3.11, there were no noticeable changes noted by teachers in the behaviour of respondents following bereavement.

However, respondents indicated how grief had impacted on their behaviour:

- 8% of males and 4% of females were withdrawn,
- 4% of males and 4% of females felt less confident,
- 12% of males and 4% of females experienced negative feelings,
- 8% of males and 4% of females became disruptive at school, and
- 8% of males and 8% of females indicated other ways in which their behaviour had changed: loss of interest in activities that previously were sources of satisfaction, dreams of deceased, cherishing objects of the deceased.

Mphuthi (2004) has claimed that it is insensitive to think that children can move quickly through the grieving process and the stages of grief; neither can an exact time be given for how long it takes for a child to work through their grief. Bereaved children in the school environment invariably experience considerable anxiety about the need to behave "as if nothing has happened" resulting in feelings that they have nowhere to express their feelings of distress, according to Abrams (2000:18). However, some respondents disclosed that they did not wish to discuss their experiences with teachers or peers, because it gave them a sense of control over their feelings.

3.7.2.2. Emotional manifestations of grief

Table 3.58: Emotional manifestations of grief

Emotional manifestations of grief	Male	Female	Frequency	%
Angry outburst	8	2	10	40
Mood swings	5	3	8	40
Sadness/anxiety	4	3	7	28
Lack of motivation	3	4	7	28
Not sure of feelings	3	1	4	16
Grown stronger from the experience	1	1	2	8
No emotional manifestations of grief	0	1	1	4
Other (specify)	2	1	3	12

Table 3.58 indicates that forty (40%) percent of respondents experienced both angry outbursts and mood swings in response to grief. Whereas four (4%) percent of respondents indicated that they did not experience any form of emotional expressions of grief.

Grief is broader, more complex, and more deep-seated than the usual narrow understanding of emotions and emotional reactions to loss would suggest, according to Rando, in Corr et al (2000:213). While thanatology has yielded valuable insight into how people grieve and been helpful in outlining the stages and phases of the grieving process, it can never incorporate the uniqueness of every individual experience. Corr et al (2000:213) have argued that an overly narrow understanding of grief is both inadequate in its own right and insufficient as a basis for appreciating the full scope of bereavement and mourning.

3.7.2.3. Physical manifestations of grief

Table 3.59: Physical manifestations of grief

Physical manifestation of grief	Male	Female	Frequency	%
Tearful	9	8	17	68
Eating disturbances	9	4	13	52
Sleep disturbances	6	6	12	48
Headaches	7	4	11	44
Concentration difficulties	4	4	8	32
Stomach ache	3	4	7	28
No affect that respondent is aware of	1	2	3	12
Unsure	1	1	2	8
Other, lack of energy	1	-	1	4

Table 3.59 indicates that sixty eight (68%) percent of respondents, of almost equal gender, had become more tearful since the death of the parent/primary caregiver Thirty six (36%) percent of the boys indicated that they had experienced physical symptoms such as: eating disturbances, while sixteen (16%) percent of the girls had experienced the same problem.

Interesting to note is that the twelve (12%) percent of respondents who were not aware of any physical manifestations of grief had not lived with their parent prior to the death. Kroen

(1996:59) stated that pre-adolescent boys in particular may refuse to cry or show emotion, as this makes them appear vulnerable. They may hold off any outward signs of grieving, trying to remain above the emotional pain.

3.7.2.4. Other manifestations of grief

Table 3.60: Other manifestations of respondents' grief

Other manifestations of respondents' grief	Male	Female	Frequency	%
Cannot recall any other affects	10	7	17	68
Recall having other affects (specify)	4	4	8	32
Total	25	11	25	100

According to Table 3.60, sixty eight (68%) percent of respondents indicated that they did not experience any other manifestations of grief, while thirty two (32%) percent indicated that they experienced the following:

- 8% felt unhappy when they saw other children with their parents,
- 8% felt sad because the routines at home had changed so much,
- 8% felt uncomfortable without having their parent/primary caregiver to share their lives anymore,
- 4% felt angry that their lives had so much pain and problems, and
- 4% were homeless as a direct result of the death.

These responses did not indicate that respondents were experiencing difficulties with the grieving process. It did however serve as a reminder to adults that children may not verbalise their feelings adequately, although their pain is present.

3.7.3. Bereavement and the presence of grief

According to the findings, eighty four (84%) percent of respondents indicated that they were affected by grief following the death of a parent/primary caregiver; whereas, twelve (12%) percent of respondents reported no effect at all. Four (4%) percent were unsure of any effect.

Although respondents had experienced various behavioural, emotional and physical manifestations of grief, twenty four (24%) percent of respondents indicated that grief had made them feel "sadder." The various ways in which sixty (60%) percent of respondents indicated that they had been affected by grief include the following:

"Fathers must be there for their children."

" It is not nice when your mother dies."

"My father must not die. He has to support our family."

"I am scared of having to tell my baby brother about my mother when he is older."

"I get angry when anyone says anything about my mother. I want to run after them and hit them."

"My family is suffering very much."

"I would like to have my father back in my life."

"I don't have a mother anymore."

"I have changed since my mother died."

"I did not say goodbye to my father – so I miss him."

"I am sad most of the time because my mother cannot see me anymore."

"I don't like living with my sisters, because they hit me. I have to cook and clean and we don't have enough food anymore."

"I have changed because I miss my mother so much."

"I feel sad that my father died from AIDS. We did not say good-bye to him when he was in the hospital."

"It affected me very much because I miss my father very much."

The findings from the study concurred with Kroen (1996) and Worden (1996) that grief is the process by which one reacts and responds to the losses in one's life. Grief includes having to deal with both internal and external changes that the death of a loved one brings about.

3.8. GRIEF (SUPPORT SYSTEMS)

3.8.1. Support received from family members after the bereavement

Table 3.61: Support received from family members after the bereavement

Support received from family	Frequency	%
Received support from family	18	72
Did not receive support from family	7	28
Total	25	100

Table 3.61 indicates that the majority, seventy two (72%) percent, of respondents received some form of support from family members following the death of their parent/primary caregiver, while twenty eight (28%) percent indicated that they did not receive any form of support.

Thanatologists concur that the death of a parent marks an emotional and psychological turning point in the life of a bereaved child. If this is not handled sensitively, it can become a lasting trauma, according to Abrams (2000).

3.8.2. Support received from outside of the family after the bereavement

Table 3.62: Support received from outside of the family after the bereavement

Support received outside of family	Frequency	%
Did not receive support	17	68
Did receive support	7	28
Unsure	1	4
Total	25	100

Sixty eight (68%) percent of respondents indicated that they did not receive any form of support outside of their family, while only twenty eight (28%) percent indicated that they did receive some form of outside support. Four (4%) percent of respondents were unsure if they received any outside support because they did not live with the person who died. Respondents indicated that other than having to deal with the devastating news of the actual death of their parent/primary caregiver, the most painful experience occurred when others did not encourage them to talk about, or they were not allowed to discuss the deceased, with others.

3.8.3. Support received, post-death experience

Table 3.63: Support received, post-death experience

Support received, post-death	Frequency	%
Did not receive support	18	72
Received immediate support	4	16
Unsure	3	12
Total	25	100

Table 3.63 indicates that the majority, seventy two (72%) percent, of respondents did not receive any form of support following the death of their parent/primary caregiver.

Often grieving children don't talk about their feelings, although the emotional pain is present. Abrams (2000) highlighted the need for on-going support while children work through the pain associated with loss. Abrams realised that there was little support in society for bereaved children struggling with parental death, prompting her to write a best-seller about bereaved children learning to live with the loss of a parent. Abrams argued that during the last decade there has been an increased awareness of the needs of bereaved young people. Human beings mourn in response to grief, and if mourning is denied an outlet, the result will be suffering, either psychological or physical, or both, according to Gorer, cited in Abrams (2000:96).

3.8.4. Bereavement counselling

Table 3.64: Bereavement counselling

Bereavement counselling	Frequency	%
Did not receive bereavement counselling	23	92
Did receive bereavement counselling	2	8
Total	25	100

The majority, ninety two (92%) percent, of respondents indicated that they did not receive bereavement counselling following the death of a parent/primary caregiver, while only two respondents attend bereavement counselling.

It is interesting to note that all of respondents indicated that bereaved children should receive support (help) from people other than their family members after they had experienced the death of a parent/primary caregiver. Respondents indicated that bereaved children need to share their experiences so that they can understand what has happened to them. Respondents agreed that family members may be too distressed to discuss the deceased with them as this may make them (family members) feel sad or tearful. Kon (2002), having experienced the death of her mother as a young child, recommended that bereaved children need to give vent to their feelings and seek help in order to begin the healing process, although there are bound to be permanent scars.

3.8.5. Knowledge of support services for bereaved children

Table 3.65: Support for bereaved children

Support for bereaved children	Frequency	%
Know where to get support	19	76
Do not know where to get support	4	16
Unsure	2	8
Total	25	100

According to the findings, as indicated in Table 3.65, seventy six (76%) percent of respondents were aware of where they could access support services, if needed:

- 60% indicated that the school social worker could offer them support,
- 8% indicated that their teacher could offer support, and
- 8% indicated either Childline or The Open Door Crisis Centre (Pinetown).

3.8.6. Intervention services for respondents, post-death experience

Table 3.66: Intervention services, post-death experience

Intervention services for respondents	Frequency	%
No intervention services	20	80
Appointment with psychologist	2	8
Appointment with medical doctor	1	4
Appointment with religious leader	1	4
Other	1	4
Total	25	100

Table 3.66 indicates that eighty (80%) percent of respondents were not taken for intervention services following a parent or primary caregiver's death. These findings supported the view of some Worden (1996) that not all children required bereavement intervention services following parental death.

Woo & Wong (2003:38) recommended that one component of coming to terms with the death of a loved one is allowing children and adolescents to talk about their loss. In order to manage grief effectively, the authors recommend that one has to be patient with a grieving child, encourage him or her to openly discuss and show their feelings. In the school environment, teachers are at the forefront of identifying early warning signs that a child may be experiencing problems. Woo & Wong (2003) referred to the importance of identifying the difference between normal sadness and depression in bereaved children. When childhood grief is not dealt with it may result in complicated grief or childhood depression. Worden (1996) argued that when grief becomes complicated, it is advisable to seek the services of professional people who are qualified to assist the child with their issues.

3.8.7. Adults assisting bereaved children in coping with grief

Table 3.67: Adults helping bereaved children in coping with grief

Adults helping bereaved children cope with grief	Frequency	%
Let bereaved children talk when they want/need to	12	48
Listen when bereaved children talk	7	28
Are not angry with bereaved children	2	8
Help bereaved children understand what has happened	2	8
Teach children about death	2	8
Total	75	100

Table 3.67 indicates that forty eight (48%) percent of respondents want adults to know that bereaved children should be allowed to talk about their experiences, and be given the necessary space to grieve.

Adults have the daunting tasks of helping children through experiences which they aren't sure how to get through themselves. However, what bereaved children do require from adults are workable solutions to help them cope with grief as well as role models on which to model their

grief. The effects of parental death, the loss of a child's anchor, will continue to make themselves felt for a least two years, and usually much longer, according to Abrams (2000). Some thanatologists have argued that changes in attitudes towards death, dying and grief work should become something people must seriously work towards.

3.8.8. Self-control

Table 3.68: Self-control

Respondents having control over their feelings	Male	Female	Frequency	%
Talking about the experience means having no control over feelings	4	4	8	32
Not talking about the experience means having more control over feelings	5	2	7	28
Unsure if not talking means having more control over feelings	5	5	10	40
Total	14	11	25	100

Table 3.68 indicates that forty (40%) percent of respondents were unsure that if by not talking about their experiences they had more control over their feelings. It is evident from the responses that the wording of the question may have been ambiguous.

According to Woo & Wong (2003) and Kroen (1996), not talking about the death gave some children a sense of control over their lives. When significant others do not express their feelings in front of children, they (children) may assume that something is wrong with their own feelings and suppress the way they feel. Bereaved children will find comfort if they are able to talk to someone they can trust – someone who will listen to them. At school the reactions of teachers, staff and peers are important to the bereaved child being able to express their grief.

3.9. THE SCHOOL ENVIRONMENT

3.9.1. Informing the school about the death of a parent/primary caregiver

Ninety six (96%) percent of the respondents stressed the importance of the school being informed of the death of a parent/primary caregiver, while four (4%) percent indicated that it was not necessary for the school to be informed.

Respondents reported that the death of a mother impacted more on children's daily routines than the death of a father. Worden (1996:76) added that there has been speculation as to whether it is worse to lose a mother or a father. According to Table 3.30, fifty four (54%) of respondents experienced the death of their mother. Respondents acknowledged the significant contribution that mothers generally make towards a child's school career; helping with projects, helping and checking homework, reminders about activities, and a general interest in the child's daily school activities. Although gender-role stereotypes are changing, mothers and fathers still tend to take traditional roles within the home, which means that when one of them dies, his or her role will be very obviously vacant – and not that easy for the remaining parent (if there is one) to fill, according to Abrams (2000:104). When the school is aware of any significant changes within

the child's family, the necessary plans can be made to accommodate the bereaved child in the school environment.

3.9.2. Feeling "different" on their return to school

It was interesting to note that fifty two (52%) percent of respondents indicated that they did not feel "different" on their return to school following the death of their parent/primary caregiver. Twenty eight (28%) percent indicated that they did feel "different." Twenty (20%) percent of respondents were unsure of how they felt on their return to school. Because the majority of respondents were already aware of other learners at the school who had experienced the death of the parent/primary caregiver, they did not feel "different" from their peers.

Kroen (1996) has said that pre-adolescent children like to wear the right clothes – they identify with "brands" in order to be accepted by peers. Children have a strong need to feel accepted by their peers and do not like to feel "different." Bereaved males may even refuse to cry or show emotions in front of peers for fear of being labelled "different." Being "different" may cause the child to fall into disfavour within their group, according to Kroen (1996:59). Children may fear going back to school after the bereavement because they are worried about how their peers will react to them, or they may be anxious about how they will concentrate in class, cope with questions about the deceased, or unsure who is aware of the situation and who is not. Some cultures may expect mourners to wear specific symbols in public to signify that they are in mourning. If the teacher has prior warning, then they are able to prepare the class before the child returns to school, thus helping to allay some of the child's feelings of anxiety. The experience of parental death changes children, but with adequate support from significant others in their lives it can help children cope with the loss of a loved one.

3.9.3. Discussing the death experience with teacher(s)

Sixty percent (60%) of respondents reported that they had discussed the death of their parent/ primary caregiver with their teachers, while twenty four (24%) percent did not. Sixteen (16%) percent of respondents were not at school when the death of their parent/primary caregiver occurred. Worden (1996) has claimed that although some teachers are sensitive towards the needs of the bereaved child, when a child is promoted to another class the new teacher is not always made aware of the death. Generally bereaved children want to discuss the death experience with teachers, especially when the teacher initiates a conversation.

3.9.4. Feelings resulting from discussing the experience with teachers

Forty (40%) percent of respondents indicated that they felt sad when they discussed the death with their teachers, twelve (12%) percent of respondents felt "alright" discussing the death with their teachers. Twenty four (24%) percent did not discuss the death with the teachers. Twenty (20%) percent did not respond to the question and, sixteen (16%) percent were not at school when the death occurred. These responses are an indication of the child-teacher relationship prior to the death experience. Respondents indicated that they did not share painful experiences with others, especially if they did not feel respected or valued by them. How a teacher responds to a bereaved child will determine how the child deals with grief in the school environment.

3.9.5. Teachers' reaction to the news about the death experience

Of the sixty (60%) percent of respondents who discussed the news with the teacher, twenty eight (28%) percent indicated that the teachers were sorry to hear about the news, twenty (20%) percent said that the teachers had either hugged them or patted them on their back when they heard the news, eight (8%) percent could not remember how the teacher reacted to the news. Four (4%) percent were informed by the teacher that they should just "get on with their school work, and life." Twenty four (24%) percent did not inform the teacher of their news. Sixteen (16%) percent were not at school when the death occurred.

3.9.6. Discussing the death experience with a female or male teacher

Fifty six (56%) percent of respondents indicated that they were more comfortable discussing the death of a parent/primary caregiver with their current, or favourite class teacher, regardless of the teacher's gender. Forty (40%) percent had no particular preference, while four (4%) percent of respondents were unsure. Eighty four (84%) percent of respondents indicated that they felt more comfortable discussing the death of a parent/primary caregiver with a female teacher/staff member, while eight (8%) percent did not have a preference. Eight (8%) percent were unsure if they were more comfortable discussing such news with a female teacher/staff member. Respondents indicated that females are easier to share such news with, because they care more than males do about children. Seventy six (76%) percent reported that they did not feel more comfortable discussing such news with a male teacher/staff member. Sixteen (16%) percent indicated that they were unsure if they would feel more comfortable. Eight (8%) percent indicated that they would feel comfortable to discuss such news with a male teacher/staff member. These findings are indicative of the traditional gender-role stereotyping that exists in society where females are considered to be more caring and nurturing than males.

3.9.7. Discussion and reaction of peers to the death experience

Eighty (80%) percent of respondents had discussed the death of their parent/primary caregiver with their peers, while twenty (20%) percent indicated that they had not. Respondents indicated that forty (40%) percent of their peers were "sad" or "sorry" when they heard the news about the death. Twenty four (24%) percent of their peers understood because they had experienced the death of a parent. Twenty four (24%) percent did not discuss the news with their peers. Twelve (12%) percent offered no response to the question.

3.9.8. Impact of death experience on respondents' school attendance

Eighty eight (88%) percent of respondents indicated that there had been no negative impact on their school attendance. Of the twelve (12%) percent who had indicated that their school attendance had been affected, one respondent (who was 10 years at the time) indicated that, after the death of his parent, he did not return to school during the last term because he had to "look after" his surviving parent. Another respondent disclosed that his caregiver did not always have money for transport, while the other respondent had a history of poor attendance. The findings correlated with the responses in Table 3.9 where school records indicated that there was no significant impact on respondents' school attendance following bereavement.

3.9.9. Impact of death experience on respondents' school performance

According to the respondents, fifty two (52%) percent indicated that there was a significant impact on their school performance, as a result of them feeling sad, day dreaming, being forgetful, or due to a lack of concentration. Forty (40%) percent reported no significant impact on school performance, while eight (8%) percent of respondents reported an overall improvement in their school performance. According to Table 3.10, there was no significant impact noted by teachers on respondents' overall school performance as a result of the bereavement, despite individual respondents indicating that they experienced lapses in concentration during school time. These findings correlate with Worden (1996) and Woo & Wong's (2003) views that it is not uncommon for bereaved children to present with some form of short-term learning difficulties, or behavioural problems, in response to bereavement.

3.9.10. Thoughts of the deceased while attending school

Eighty (80%) percent of respondents indicated that they experienced thoughts about the deceased during school time, especially during assembly when they prayed or sang hymns. Respondents indicated that they did not enjoy making Mothers'/Fathers' Day cards at school as this reminds them of the deceased and how much they miss their parent/primary caregiver. When other children were with their parents, this reminded respondents about their losses. Sixteen (16%) percent of respondents indicated that they tried not to think about the deceased during school time. Table 3.32 indicates that sixty four (64%) percent of respondents experience thoughts about the deceased all the time, even during school time. When respondents become preoccupied with thoughts of the deceased while attending school, they experienced a lack of concentration during lessons.

3.9.11. Dealing with grief in the school environment

Table 3.69: Dealing with grief in the school environment

Dealing with feelings of grief in the school environment	Male	Female	Total	%
Hide their feelings from others	5	7	12	48
Sit quietly until feeling goes	3	4	7	28
Ask to leave the classroom	5		5	20
Unsure	1		1	4
Total	14	11	25	100

Table 3.69 indicates that forty eight (48%) percent of respondents tried to hide their feelings from others in the classroom. Twenty (20%) percent of male respondents asked the teacher for permission to leave the classroom so that they could go to the toilet to have some water to drink, or to wash their face. Twenty eight (28%) percent of respondents indicated that they "sat quietly until the feelings went away," or that they tried not to think about the deceased during school time. The responses are in keeping with the gender-role stereotyping, and how gender impacts on mourning, even during middle childhood. It is apparent from the responses that male respondents were more comfortable to leave the classroom so that they could deal with their feelings in private. Worden (1996) argues that boys were more likely to be under pressure from society to maintain control of their emotions. While Abrams (2000) mentioned that boys are

less likely to confide in others about what they are feeling, girls are expected to cry and display symptoms of pain or vulnerability.

3.9.12. Teachers' responses to grief expressed in the school environment

Table 3.70: Teachers' responses to grief expressed in the school environment

Teachers' responses to the situation	Male	Female	Frequency	%
Respondents did not inform the teacher	11	10	21	84
Respondent did inform the teacher	3	-	3	12
Other (specify)	-	1	1	4
Total	14	11	25	100

Eighty four (84%) percent of respondents, of almost equal gender, did not inform their class teachers when they experienced these feelings in the classroom. Twelve (12%) percent of respondents felt comfortable enough to inform their teachers because they felt that the teachers would understand what was happening to them. However, according to one respondent, the day after her parent died, her male class teacher had informed her "to get on with her school work, and life."

3.9.13. Peers/friends' responses to grief expressed in the school environment

Table. 3.71: Peers/ friends' response to grief expressed in the school environment

Peers/friends' response to the situation	Male	Female	Frequency	%
Respondents did not tell their peers/friends	5	7	12	48
Respondents only told those who had experienced the death of a parent/primary caregiver	5	2	7	28
Respondents did tell their peers/friends	4	2	6	24
Total	14	11	25	100

Forty eight (48%) percent of respondents did not tell their friends about the experience. Twenty eight (28%) percent felt that only those friends who had already experienced the death of a parent would understand their situation.

Williams, in Mphuthi (2004), have made an interesting observation regarding bereaved children sharing their experiences with other children: they have noted that children respond more naturally and gently towards their bereaved friends than adults would respond to bereaved adults.

3.9.14. Bereaved children in the school environment

All the respondents in the study agreed that the school environment should offer the following support services for bereaved children by; talking to the children, helping children understand death and dying, listening to children, and teachers understanding that bereaved children are not naughty or lazy, they are affected by grief and loss.

According to an actuarial report on the AIDS epidemic, the life expectancy rate for adults in KwaZulu-Natal has decreased drastically to 43 years. Not only does this report highlight the impact of the epidemic on the adult population, it also highlights the fact that less than half of South African 15-year-olds will not live long enough to collect a pension at the age of 60 (The Independent on Saturday, 2 December 2006). The true victims of the AIDS pandemic are the children of the young adults (parents) who succumb to the disease. School personnel have to become aware of the needs and the impact of bereavement on children in the school environment.

3.9.15. The needs of bereaved children upon their return to school

Lourens (2004:10) has highlighted the important need for schools to become emotional safe places for children, especially when families are unable to meet a child's basic emotional and developmental needs, so that children can be supported and strengthened. Woo & Wong (2003:43) have suggested that teachers should be compassionate and acknowledge the special needs of the grieving child.

According to the findings, ninety six (96%) percent, of respondents felt that they would like to inform teachers that bereaved children should receive special consideration on their return to school:

- 24% indicated that teachers should talk to them to help them understand what had happened to them,
- 20% indicated that the teachers should just listen to the children if and when they wanted to share their experiences,
- 16% indicated that teachers should allow bereaved children to leave the classroom if they felt the need to go outside, or to the toilet to cry,
- 16% indicated that the school social worker should talk to the children,
- 4% indicated that bereaved children needed time to be quiet at school,
- 4% indicated that bereaved children should be allowed to cry if they wanted to,
- 4% indicated that they should not be forced to make Mothers'/Fathers' Day cards at school, and
- 4% indicated that the class teacher must ask class members to collect money for the bereaved child's family.

It was interesting to note that one female respondent indicated that teachers should ask class members to collect money for the child before they return to school so that the money can be given to the bereaved family to help with expenses. This response is in keeping with the child's cultural practices, where money is collected then given as a gift to the next-of-kin to assist with the cost of the funeral, according to Elion & Strieman (2001).

3.10. GENDER, BEREAVEMENT AND GRIEF

3.10.1. Gender, mourning styles, and emotional expressions

Male and female respondents expressed their reactions to loss and coping with their grief in different ways because of their different backgrounds, personalities and ways in which they lived their lives. Male respondents reported that they are more likely to hide their distress, which is in keeping with gender-role stereotyping that males should not express certain emotions such as crying, or appearing helpless in public. Table 3.71 indicates that sixty (60%) percent of respondents agree that gender does in fact have an impact on mourning, especially when males are taught from an early age to be "strong" or "in control." According to Marrone (1997), males are more likely to suppress their distress and their emotions may be repressed until long after the event. Grief and mourning is not about gender, but the style of mourning. When children feel safe, regardless of gender, they are able to express themselves accordingly in a safe and secure environment. Grief is an individual process, where the bereaved may seek to share patterns among various groups of bereaved people whose members may or may not be of a specific gender.

3.10.2. The impact of gender on mourning

Table 3.72: The impact of gender on mourning

Impact of gender on mourning	Male	Female	Frequency	%
Gender does impact on mourning	8	7	15	60
Gender does not impact on mourning	4	3	7	28
Unsure if gender impacts on mourning	2	1	3	12
Total	14	11	25	100

Table 3.72 indicates that sixty (60%) percent of respondents reported that gender did impact on mourning. The male respondents reported that it was not acceptable for boys to cry or show emotions in front of others. The males felt a need to control their emotions and wait for an appropriate opportunity, for example, when they were alone in the bath or in their beds, only then would it appropriate to give vent to their emotions. The older group of male respondents indicated that they were "too old for tears," whereas, females were encouraged, and expected, to grieve publicly.

Abrams (2000) has argued that much of research on bereavement is drawn from the female perspective of grieving, with the result that little is still known on how males experience and handle grief. According to research findings, girls are generally able to express their grief more immediately and more directly. However, this should not be taken to mean that they suffer more or less than boys when a parent/primary caregiver dies, but rather that girls generally handle their pain differently.

3.11. GENERAL

In the interview, under the topic "General", respondents were given the opportunity to discuss issues of importance to them. The most frequent issues raised by the respondents are discussed below.

3.11.1. Interest in the research

Respondents had been informed beforehand of the aim of the research and the importance of their contributions. They were interested to learn more about the importance of research, and how research findings contributed to our understanding and knowledge of certain phenomena.

Significantly, respondents were enthusiastic about their contributions to a research study on children and grief. Some of the questions asked by them were:

- "Can anyone read/buy the book (dissertation)?"
- "Would my (i.e. the respondent's) name be in the book (dissertation)?"
- "Why is it important to do research?"

Those questions suggested that the respondents felt positive about the possibility that their experiences could help others understand better the phenomenon of childhood bereavement.

3.11.2. Researcher's personal experiences with death and dying

All the respondents were keen to know if the researcher had experienced the loss of a loved one, at what age, and how the researcher and her family had dealt with the death. Depending on the specific questions asked by individual respondents, the researcher provided feed-back on how parental death had impacted on her life as an adult. The researcher shared childhood losses such as: parental divorce, economic hardships, and the impact thereof on her life. Some of the questions asked by the respondents included:

- "Is your mother/father alive?"
- "How did you feel when your mother/father died?"
- "Did you get any help when your mother/father died?"
- "When do you think about your mother/father?"
- "What keepsake do you have from your mother/father?"
- "Where (location) is your mother/father now?"

3.11.3. Opportunities to share personal experiences

Eighty eight (88%) percent of respondents said they welcomed the opportunity to participate in the research as it had given them an opportunity to talk about their loved ones and share their experiences. Eight (8%) percent indicated that because they did not live with the parent prior to their death, they did not need to discuss their experiences, whereas four (4%) percent were unsure if it was important for bereaved children to share their personal experiences.

It was evident from the way in which respondents participated in the study that they were eager to share their experiences. During discussions respondents spoke openly about the cause of death, and the age of the parent/primary caregiver at the time of death. They asked the following questions:

- "What did your mother/father die from?"
- "Where did your mother/father die?"
- "Do you think that your mother/father are together again?"
- "Do you believe in God?"

While the research topic was of a sensitive nature, respondents expressed a sense of relief in being able to talk openly in a safe and non-threatening environment about their experiences of living through bereavement. During the interviews, some of the respondents did cry. All respondents were monitored by the researcher, who is also the school social worker, for signs of distress. Extreme caution was taken not to distress the respondents, and unconditional positive regard was offered to those who did cry during part of the interview. The respondents who did cry were permitted time to cry, and were not encouraged to "hurry up" nor were they told to "stop crying" or "be brave". They were allowed to experience what they were feeling, and the interview did not continue until they judged themselves prepared to do so.

3.11.4. HIV/AIDS and income

Some respondents were interested to learn more about HIV/AIDS, and about how the disease is impacting on our country, and especially those communities living in KwaZulu-Natal province. Some of the respondents also asked questions about income, including differences between poor and wealthy. Some of the questions asked by them were:

- "Do white people get HIV/AIDS?"
- "Are white people poor?"
- "Do all white people live in their own houses and have their own cars?"

3.12. SUMMARY

In the context of this study the respondents were given the opportunity of sharing their personal experiences of living through childhood adversities, such as the death of a parent/primary care-giver. From the analysis of the data it is evident that children in middle childhood do experience grief in response to the death of a loved one and they want and need their grief acknowledged. The consequences of parental/primary caregiver death will pose a risk or have a negative and long-lasting effect under certain circumstances. If those interacting with bereaved children do not meet their basic emotional and development needs, the risk is higher. The critical questions remains, how best can bereaved children's needs be addressed, and by whom, especially in the school environment? Conclusions and recommendations, based on these findings, are presented in the next chapter.

CHAPTER FOUR
CONCLUSIONS AND RECOMMENDATIONS

4.1. INTRODUCTION

This chapter presents the main conclusions and recommendations from this study of childhood bereavement and grief. The discussion which follows, and the conclusions which were drawn, are organised into sub-sections which reflect the four aims and objectives of this study. The study's first objective was to gain insights into the nature of middle childhood bereavement caused by the death of a parent/primary caregiver. The second objective was to explore the impact of that bereavement on children's psychosocial development and school performance. The third objective was to explore children's needs and to identify possible support services which could be offered to these children. The fourth objective was to explore the impact of gender upon childhood grief. Recommendations are presented after the main conclusions.

4.2. MAIN CONCLUSIONS

4.2.1. Insights into the nature of childhood bereavement

4.2.1.1. Bereavement as a major life event

The first conclusion drawn from the findings was that the death of a parent/primary caregiver during middle childhood is a significant life event for a child. Not only was the event significant, it was also stressful. Coddington, cited in Lourens (2004), has rated the death of a parent as one of the four most stressful experiences which a child younger than 16 years of age can endure. The definition of a stressful experience in childhood, offered by Anthony & Thibodeau, in Lourens (2004), is one where the child perceives a phenomenon or event as a threat, either to their survival or their self-image. This was the case for 22 of the respondents, in other words, eighty-eight (88%) percent of the study's sample.

4.2.1.2. Parental/primary caregiver death as the first encounter with death

According to the findings, ninety three (93%) percent of the respondents' first encounter with death and dying involved the death of a parent/primary caregiver. Prior to this, they had little experience of death, or its consequences. This is a very significant finding, and the implications of this should not be underestimated. Firstly, the child's first encounter with death, and the responses of significant others to that death, can potentially influence all future reactions to other deaths which that child will encounter in his/her life, as both a child and as an adult. Secondly, the respondents' first encounter with death involved a parent/primary caregiver with whom all but 3 of the respondents had a significant attachment. That attachment impacted considerably on how the respondents' grieved.

4.2.1.3. The influence of the pre-death relationship

Developmental theorists claim that the family – in all its diverse forms – remains the most important unit of society. When death occurs within that family unit, it has impacts, as Worden

(2001:117) has stated, on the entire family system. This study found that the way in which respondents reacted to a parent/primary caregiver's death was influenced by the nature of the pre-death relationship between the child and the parent/primary caregiver.

While the majority of respondents had lived with their parent/primary caregiver prior to the death, not all of them had done so. Those respondents who had lived with their parents/primary caregivers experienced that loss more intensely than those respondents who had not. Proximity clearly influenced the nature of the attachment between the co-habiting child and the parent/primary caregiver. All of the respondents who lived with their parents/primary caregivers declared that they had enjoyed a close, loving attachment to those parents/primary caregivers. Unfortunately, no firm conclusion could be drawn about the nature of grief experienced by respondents who had not enjoyed a positive relationship with their parents/primary caregivers prior to death as none of the respondents in this study's sample claimed to have had a negative relationship with a co-habiting parent/primary caregiver. A tentative conclusion which could be drawn was that when a child had enjoyed a warm and supportive relationship with a parent/primary caregiver prior to death, they grieved that loss.

4.2.1.4. Death as a substantial stressor in the family system

Rando, cited in Marrone (1997:121), has distinguished between primary and secondary loss, and stated that primary loss was the death of the person, and the secondary loss was a physical or psychosocial loss coinciding with or developing as a consequence of that initial loss. According to the findings, respondents experienced stressful life events that coincided with the initial loss, such as: having to live with people who were not known to the child; relocation from the family home; moving from familiar surroundings/communities; changes in daily routines and lives; and/or socio-economic changes.

All of the respondents in this study were children from working class and / or impoverished families, and the death of a parent/primary caregiver was a stressful event which impacted on the family's economic status and the family structure. Forty-eight (48%) percent of respondents had said that the death had changed their families' financial situation, while sixteen (16%) percent were unsure. But, the respondents were children and would not have known in detail their families' precarious financial situation. Secondary data revealed that fifty-two (52%) percent had had to move from the family's home; and thirty-two (32%) percent had joined the school's feeding scheme as their families could no longer provide lunch to eat at school . One father, for example, was buried a pauper as the family could not afford to pay for a funeral service. That respondent's family had became homeless as a direct consequence of the loss. Another respondent had been placed in a Children's Residential Home. The conclusion which was drawn from this was that the experience of bereavement for the respondents became a multi-layered experience filled with secondary losses such as the loss of a home; the loss of food; and the loss of one's family. That collectively contributed to the experience of bereavement as a stressful experience. Fortunately, none of the respondents in this study had assumed the role of the head of household, and hence, no conclusions could be drawn about that. It can only be hypothesised that if that had happened, that additional stressors would have been brought to bear on that child-headed family unit.

4.2.1.5. The influence of family size and birth order on grief

Respondents' grief responses were different depending upon whether or not they had shared the grief experiences with their siblings. The size of the family and the order of births were found

to influence how respondents coped with the loss. Although Worden (1996) cautioned that the ordinal position of children in the family should not be interpreted too rigidly, Adler, in Moore et al (2003:14), has suggested that:

> A certain lifestyle develops as a function of a person's position within his or her family, and the individual must always be studied within his or her relationship with others, for these early relationships are used by the creative self in constructing a style of life.

Respondents who were the older siblings, or first-borns, revealed that they felt an added sense of responsibility toward younger siblings after the loss. Respondents' birth order (and gender, which is discussed in Section 4.2.4.) in the family also determined whether or not they "inherited" added responsibilities, extra household chores, or took on the role of parent to keep the family household together. The conclusion which can be drawn is that family size and birth order did influence the nature of grief experienced by the respondents. Further, relationships with siblings had undergone changes, especially when respondents felt obligated to help younger siblings get to know or remember important aspects about the deceased, or when respondents modelled their behaviour in ways which would please the deceased parent/primary caregiver. Other factors which influenced respondents' grief reactions included: the quality of the relationships within the family (family cohesiveness); and the number of children in the family. It seems reasonable to conclude that sibling support before, during, and after the death of a parent/primary caregiver contributes positively to the grief experience. The act of sharing the loss as a family unit is, in itself, potentially cathartic. However, when faced with bereavement, not all bereaved families look to outside support services for its members. However, their ability to deal with such natural life stressors as a family should not be taken for granted.

4.2.1.6. The influence of culture, rituals and religion on grief

It is apparent from the findings that cultural and/or religious beliefs are important determinants which helped shape the respondents' understanding and attitude towards death, dying and grief, and how the remains of the deceased would be disposed of. The customs and rituals, associated with the various rites of passage marking an individual's transition from life to death, were prescribed according to the respondents' cultural and/or religious practices. This study's findings differed from the claim made by Dennis that there was a lack of inter-generational dialogue about death and dying in today's black African families in KwaZulu-Natal, South Africa (www.sorat.ukzn.sinomlando/research/memory-boxes.html). Eighty (80%) percent of all of the respondents in this study, including 18 of the 25 respondents (or 72% of the sample) who were black Africans, claimed that they were permitted to ask questions pertaining to death and dying. However, these respondents indicated that they had waited for such discussions to be initiated by adults. No firm conclusion can be drawn about the fact that certain cultural groups in KwaZulu-Natal discourage inter-generational discussions about death and dying. More research is required to substantiate Denis's claim, or either, to confirm this study's finding that inter-generational discussions are taking place to some extent.

The majority of respondents, that is eighty (80%) percent of the sample, had attended the funeral service of the deceased. The study revealed that certain respondents were distressed by that experience or by the fact they had little memory of the actual funeral service which they had attended. Although respondents understood the significance of a funeral service, it was

evident that not all respondents had been prepared beforehand by the significant adults in their lives for what to expect at the funeral service. The conclusion which was drawn was that children's attendance of and participation in funeral services, when not adequately mediated by caring adults, can contribute to a negative grief reaction. Kroen (1996) recommended that children over the age of six years should be allowed to attend the funeral services if they wished to do so. This study argues for a qualification of Kroen's (1996) recommendation, as preparing children for what to expect at that funeral was found to be very important.

The influence of religion on childhood bereavement could not be conclusively determined. Fifty-two (52%) percent of the respondents' religious affiliations were not indicated on their enrolment forms, and, therefore, it was not possible to correlate religious beliefs with grief reactions. What was observed was that respondents' perceptions of what had happened to the person and their body after death were influenced to some extent by religious concepts. Religious concepts influenced the perceived location of the person after death. "Heaven" was the most commonly identified location for the person after death, and knowing that seemed to have provided the respondents with a source of comfort as that parent/primary caregiver was believed to be protected from any further harm or suffering. Some of the respondents claimed to be comforted by the idea that they would, one day, be reunited with their loved ones again in "heaven". However, some respondents did acknowledge that they were angry with "God" because "He" had allowed the parent/primary caregiver to die. That finding suggested the need for a more nuanced interpretation of the impact of religion on childhood bereavement. Therefore, one cannot automatically assume that religion is always comforting for bereaved children.

4.2.1.7. The influence of the cause and nature of death on grief

As children mature, so, too, does their understanding of death and dying. In this study, forty (40%) percent of the Grade 5 respondents stated that they did not know what the word "death" meant, compared with none of the Grades 6 and 7 respondents. Further, eighty four (84%) percent of respondents understood death to be irreversible and universal, and the end of bodily life. Kroen (1996) has stated that pre-adolescent children's concept of death and dying was similar to that of an adult's. This study's findings did not substantiate Kroen's (1996) claim. A possible influence on why that was so was the sources from which the respondents had learnt about death.

Forty-four (44%) percent of respondents had discussed the concept of death with a parent/primary caregiver. Death was linked by sixteen (16%) percent of respondents with violent crime as well as with sickness and aging. Some of the respondents had witnessed the violent deaths of relatives, family friends, neighbours, public transport commuters, community members, drug lords, or criminals. Respondents' attitudes and emotions towards the death(s) they had witnessed were influenced by the "job" and/or the lifestyle of the deceased. That perception did not apply to how they interpreted their parent/primary caregiver's death.

Worden (1996) has stated that regardless of a child's developmental stage, each child's understanding of death, and the extent to which this understanding contributes towards the process of mourning, is an important factor in understanding how that child grieves. Children's knowledge of death, dying and grief during middle childhood is largely influenced by the adult role-models in their lives. This study's findings confirmed that. These role-models were adults in the family, the school, and in other public settings, such as the church, with which the child has increasing contact. However, this study's respondents also lived in residential areas within

which violent crime was a daily occurrence. Criminals and violent crime, therefore, did influence some of their perceptions of death, particularly for those respondents whose parent/primary caregivers had been murdered. The long-term consequences of violent crime in communities, and on children's perceptions of their worlds, was not underestimated, and was seen to have influenced how they perceived death.

The age of the parent/primary caregiver at the time of death was found to be an influence on how the respondents' perceived death, and how they experienced grief. When the parent/primary caregiver was perceived by the respondent to be "young", they felt "cheated" by the death. The respondents claimed that old people were supposed to die, not parents. The perception of being "cheated" was not a positive grief reaction. Unfortunately, that perception of feeling cheated is likely to be common among AIDS orphans and other vulnerable children precisely because the HIV/AIDS pandemic in South Africa has caused the deaths of millions of young South African adults.

Fifty-three (53%) percent of the respondents' parents/primary caregivers had died due to illness. When the cause of death resulted from long-term, non-AIDS-related illnesses, such as cancer, respondents were "prepared" in some way for the impending death because they could observe the daily decline of their loved one's health and quality of life. Sudden or unanticipated death, such as murder or accidental death, left respondents reeling from the shock, disbelief and lack of understanding of what had taken place. They, however, did not perceive themselves to be socially isolated or discriminated against because of the cause of death. Respondents whose parents/primary caregivers had died of AIDS-related illnesses claimed that they felt more isolated from their peers and communities because of the social stigma associated with HIV/AIDS. They claimed that they risked being discriminated against because of the social stigma attached to AIDS-related deaths. The conclusion drawn from the study's findings was that children whose parents/primary caregivers had died of AIDS-related deaths experienced isolation and shame in their grief reactions.

When respondents were not informed about the facts surrounding the death, the nature of their grief was influenced by confusion and unanswered questions. This study's findings supported Kroen (1996), Worden (1996) and Abrams (2000), who have argued against obscuring the facts about the death from children in middle childhood. When respondents were denied honest, accurate, factual information about the death of a parent/primary caregiver, their grief reactions included fear and anxiety. That was not determined to be a healthy grief reaction.

4.2.1.8. The presence of resilience in bereaved children

Resilience has been defined, according to de Klerk & le Roux (2003:81), as a universal capacity that allows a person, group or community to prevent, minimise or overcome the damaging effects of adversity. Woo & Wong (2003) identified a number of external and environmental factors which had to be in place to foster resilience in childhood. These factors included: the child having a sociable personality, good family support, and positive influences from the wider social environment such as school, religious community and peers. Woo & Wong (2003) and de Klerk & le Roux (2003) have identified significant adults (such as parents/primary caregivers, teachers and religious leaders) as playing an important role in building resilience in children. The assumption implicit in the aforementioned authors' claims is that a child generally grows up in a two-parent household. That assumption did not hold true for the respondents in this study. The study's findings drew on secondary data provided by teachers, and included their evaluations of each respondent's general coping and life skills. Although no

personality testing was conducted, it did appear that respondents with better coping and life skills exhibited more resilience, and, hence, had more positive grief reactions. The conclusion which was drawn was that developing children's resilience prepares them to grieve healthily.

4.2.1.9. The prevalence of uncomplicated grief

Worden's (2001) 4 Tasks of Mourning, Kubler-Ross' (1984) 5-Stage model of Grief, and Wolfelt's (2001) 6 Needs of Understanding Children and Grief, have contributed much to improving our understanding children and grief in Western, Judeo-Christian societies. Research on childhood bereavement from African and / or non-western cultural systems have not entered the mainstream as much as has Western research and theory. While thanatologists have documented the typical manifestations of grief, and have described the phases of and tasks related to human grief and the mourning process, one cannot assume such perspectives to be universal.

Noting that gap in the existing literature, it was still important to appreciate that thanatologists have distinguished between complicated and uncomplicated grief, and have identified a range of symptoms associated with each. Depression, thoughts of or attempts at suicide, negative self-worth, low self-efficacy, and a variety of psychosomatic symptoms over a sustained period of time were identified by Worden (1996) as risk predictors for complicated grief. None of the study's respondents exhibited any of those risk predictors. The conclusion drawn was that the respondents had experienced uncomplicated grief.

That did not mean that the respondents, who were children in middle childhood, had failed to exhibit typical childhood grief reactions or had not experienced intense emotions in response to their losses. Nightmares and being afraid to sleep were also identified by Worden (1996) as normal manifestations of grief in children in middle childhood. In this study, several respondents claimed that they had experienced sleep disturbances. Respondents had reacted to the death of a parent/primary caregiver by displaying a wide range of reactions associated with uncomplicated grief, which included: physical, cognitive, behavioural, and emotional manifestations of grief. What was apparent from the findings was that the majority of reactions were more prevalent in the months immediately following the bereavement, where the grief reactions varied in intensity and duration. The conclusions drawn from the respondents' descriptions of their own grief were that firstly, they had not grieved continuously, but did so periodically or intermittently, and secondly, that their grief reactions included a wide range of physical, emotional, behavioural and cognitive reactions. All of the identified reactions reported by the respondents were considered consistent with the definitions by thanatologists, such as Worden (1996), of normal, uncomplicated childhood grief.

4.2.2. Impacts of grief on psychosocial development and school performance

4.2.2.1. Childhood grief and psychosocial development

Wolfelt (2001) has claimed that grieving children do not talk about their feelings, but rather are inclined to act them out in their behaviours. Woo & Wong (2003) have argued that children take a longer time to grieve than adults, while Kroen (1996) has claimed that children may experience delayed grief, largely because they are expected to be "brave" in the immediate aftermath of the loss, and are encouraged to resume their normal, daily routine as soon as possible. Sadness and fear were two emotions, identified frequently in the literature, as part of the childhood grief experience. Kroen (1996) has argued, too, that delayed grief may occur

when a child is discouraged from expressing their grief, particularly the emotion of sadness, openly. During middle childhood, the emotion of fear is still present in a child's emotional life but, according to Beale & Baskin, in Louw et al (1998), a child is generally less fearful about his/her physical well-being, and more fearful about parental death. When a parent's death occurred, it would be understandable for that fear to intensify. The respondents in this study definitely did experience fear following the death of a parent/primary caregiver, and significantly, reported that after that bereavement, they were more fearful about the death of significant others in their lives, as well as their own death. As was consistent with Corr et al (2000), Kroen (1996), Worden (1996), Wolfelt (2001), and Woo & Wong (2003), this study's conclusion was that when children understood death in developmentally appropriate ways, they were more likely to be able to cope with and resolve their fears around death and dying.

Regardless of age or gender, the respondents who had developed a healthy balance between proficiency and competence were able to understand that death was a part of the natural life process. Those respondents expressed their grief-related emotions more openly, or asked for help if, and when, they felt the need to do so. Despite the loss, these respondents were less fearful of the future because they were confident that their needs would be taken care of by supportive significant others. Respondents, on the other hand, who had feelings of inferiority, regardless of gender or age, were less likely to grasp the finality of death, or took much longer to adjust to the consequences of their loss. They were more likely to be dependent on others, and less likely to cope with stressful situations. These respondents were also fearful of the future despite having a supportive network of significant others to take care of their needs. The conclusion drawn from those findings was that each child grieved in his/her unique way, and expressed his/her emotions differently.

Importantly, twenty (20%) percent of respondents reported that they had experienced happy memories associated with the deceased. It was apparent from that, that respondents were able to differentiate between various emotions associated with grieving, and could label them accordingly, and understood why they had experienced such feelings. For example, when they felt sad they cried. Some respondents were able to "read" the facial expressions of others (who were grieving) and could understand why they felt that way.

4.2.2.2. Bereaved children in the school environment

Children in middle childhood, regardless of the environment or circumstances, have a strong need to be accepted because they do not want to feel "different" from their peers. Children without parents may feel "different" from those children with parents. The death of a parent, according to Kroen (1996:59), is often perceived by pre-adolescent children as something that brands them as "different." Fifty-two (52%) percent of the respondents claimed not to feel different about themselves on their return to school, compared with twenty-eight (28%) percent of respondents who did feel different. A tentative conclusion drawn from that is that bereavement does not necessarily mean a child feels different about themselves.

Ninety six (96%) percent of respondents indicated that the school should be informed of the death so that teachers "could tell the class" before the bereaved children returned to school. The significance of that is that bereaved children want their bereavement acknowledged by their school peers and teachers. They do not want to be invisible or silent mourners.

The study concluded that the reaction of the respondents' teachers and peers determined how respondents dealt with grief experiences in the school environment. For example: on the day

after the death of a respondent's parent (her other parent died during 2001), the class teacher informed the respondent that he was sorry to hear that her parent had died, and that she should "get some toilet paper to blow your nose, get on with your school work, and your life." That example illustrated how a teacher's insensitive response impacted negatively on the respondent's ability to mourn in the school environment. A second example is of a 13-year old male respondent who reported that when he felt sad in the classroom, he would ask to be excused so that he could go to the toilet to wash his face, drink some water and deal with his feelings in private. According to him, when this happened he felt very "alone" during the experience. Some of the other respondents indicated that if teachers "truly cared" or initiated conversations about the loss, they would willingly share their experiences with their teachers. The conclusion drawn from that is that bereaved children will be less likely to express their grief openly in the school environment if teachers are perceived as unsupportive of that experience.

4.2.2.3. School attendance following bereavement

The study revealed that when the death of a parent/primary caregiver occurred during a school term, twenty eight (28%) percent of respondents took approximately one week off from school to attend funeral services and associated rituals. Of the seventy two (72%) percent of respondents who did not take time off from school following the bereavement, the following reasons were mentioned:

- twenty four (24%) percent of the deaths occurred during the school holidays,
- twenty (20%) percent of respondents did not attend the funeral service,
- twelve (12%) percent of funeral services took place on a Saturday,
- eight (8%) percent of respondents were not yet attending school,
- four (4%) percent did not return to school for the rest of the school year following the bereavement, and
- four (4%) percent indicated that the deceased was buried as a pauper.

Three of the 25 respondents exhibited diminished school attendance following the death of a parent/primary caregiver; but the vast majority, eighty eight (88%) percent of respondents, reported that it had not impacted on the amount of time they were away from school. Based on that, it was concluded that there was no significant impact on respondents' overall school attendance following bereavement.

The majority of respondents reported that their caregivers had encouraged school attendance as soon as the funeral service and associated rituals had been finalised, so that respondents could return to a daily routine as soon as possible. The conclusion drawn from that was that the respondents, because they are children, were expected to "return to normal" far more quickly than would be expected of an adult. Currently, South African educational systems do not provide special or compassionate leave for bereaved children.

Returning to one's normal routine can, however, be supportive to the grieving child. Kroen (1996) claimed that doing so reduced the sense of disruption within and around them, and replaced a sense of hopeless with purpose within their daily lives. However, this study's respondents reported that they were anxious about returning to school after the bereavement

because they had to face teachers and peers, had to explain the situation, and were unsure how teachers and/or peers would think of and/or react to them. The conclusion which can be drawn from that is that returning to school was an anxiety-provoking experience for the respondents. There is real possibility that their anxiety is justified because the school is not necessarily perceived by children in middle childhood to be an emotionally safe environment.

4.2.2.4. School performance following bereavement

Information about perceived changes in the respondents' school performances was collected from both teachers and the respondents, themselves. It was noted that there was generally a difference between the teachers' perceptions (as recorded in the school's records) and the respondents' responses in the interview. When looked at from the perspective of teachers, there was no correlation between poor school performance and bereavement. However, fifty two (52%) percent of respondents reported that they had experienced a lack of concentration during school time soon after the bereavement, and that had impacted on their school performance.

There are several conclusions drawn from those findings. Firstly, there was a discrepancy between teachers' observations and respondents' self-reported accounts of childhood bereavement in the school environment. That was a matter of concern, as is suggested that teachers were not aware of, or unable to acknowledge, the presence of grieving children in their classrooms. Secondly, the respondents were anxious about their own grief reactions and their impacts on their school performance. Unfortunately, respondents were not aware that the lack of concentration could be attributed to a temporary aspect of the grieving process. Worden (1996) and Woo & Wong (2003) have pointed out that it is not uncommon for bereaved children, especially boys, to experience some form of learning difficulties in the early months following the loss.

4.2.2.5. Behaviour at school and attitudes to school following bereavement

Once again, teachers' and respondents' reports of the respondents' behaviours differed. Teachers claimed that there were no significant behavioural changes from either boys or girls following the bereavement. During interviews with respondents, however, the respondents revealed that initially they were anxious about how to behave towards their teachers, school personnel and/or peers on their return to school and how they would respond to them following the loss. The respondents described the changes in their own behaviours and thoughts in detail. Eighty (80%) percent of respondents experienced thoughts about the deceased during classes. Twenty eight (28%) percent of girls, and twenty (20%) percent of boys hid their feelings from others. Twenty (20%) percent of boys requested permission to leave the classroom so that they could express their feelings in private. Sixteen (16%) percent of girls, compared to twelve (12%) percent of boys, chose to sit quietly in the classroom until they regained control over their feelings. The conclusion drawn from that was that teachers were unaware of the fact that there were grieving children in the classroom, and, were unaware of how an individual child was grieving in his/her own unique way.

Lourens (2004) has cautioned that without proper understanding of a child's circumstances, a teacher may identify grieving behaviour and actions as those of a "problem child", and may assume the child needs to be reprimanded. Woo & Wong (2003) argued that when a bereaved child's feelings were validated, this taught the child to express those feelings in appropriate ways, regardless of the environment. The findings of this study concurred with Kroen's (1996)

view that being patient with a grieving child in the school environment is not tantamount to condoning inappropriate behaviour.

With regard to the issue of attitude to school, it was noted that a small minority of the respondents experienced a positive change in their attitudes towards school following the loss, and that resulted in an improvement in their academic performance. Those respondents claimed that they wished to "honour" the memory of the deceased parent/primary caregiver by improving on their school performance. Given the scope of this study, it can be concluded that the death of parent/primary caregiver does not always impact negatively on overall school performance. It was also concluded that when some disruption was experienced, that the short-term disruption did not necessarily imply a long-term or permanent disruption in school performance following bereavement.

4.2.3. Children's needs and support services

4.2.3.1. Schools and classrooms as emotional safe places

Lourens (2004) has argued that with the HIV/AIDS pandemic in South Africa, it was imperative that society used every opportunity of creating emotional safe places, such as classrooms and schools, where children could be supported and strengthened, regardless of their circumstances. Sixty four (64%) percent of respondents experienced thoughts of the deceased "all the time," regardless of their whereabouts. Eighty (80%) percent of respondents experienced thoughts of their loved ones during school time, especially during assembly, or on special occasions such as Mother's/Father's Day. Forty four (44%) percent of boys and forty (40%) percent of girls did not inform the teacher when they experienced these feelings in the classroom. According to the respondents, if teachers/staff members were aware of the situation they would be more understanding of the bereaved child's needs at school, and would "not think that they were lazy or naughty" when the child experienced overwhelming feelings of grief in the classroom. The conclusion drawn from that was that the nature of the relationship between respondent and teacher determined whether the respondent communicated his/her needs to the teacher. When respondents did not feel comfortable enough to share their experiences with a teacher or another significant adult in the school environment, this resulted in them feeling "alone" with their grief experiences.

4.2.3.2. Therapeutic support services for bereaved children

The majority, ninety two (92%) percent, of respondents did not attend bereavement counselling, but respondents unanimously supported the idea that bereaved children should receive support services from people other than family members. Seventy six (76%) percent of respondents knew where they could access support services for bereaved children. They were able to identify those resources, and that included sixty (60%) percent of the respondents claiming that they were able to obtain such support from the school social worker (who was also the researcher). The conclusion from that was that respondents were aware of the availability of (a free) support services offered to them by their school.

Worden (1996) and Woo & Wong (2003) have claimed that not all grieving children require professional intervention, provided that they receive adequate support and care from significant others during the grieving process. At school, those significant others can be a teacher, or a staff member, or a peer. Grief literature has suggested that uncomplicated grief must be allowed to run its course, and if that happens, the majority of bereaved children will be able to adapt to

the loss without professional help. As has already been pointed out, most of the respondents in the study were experiencing uncomplicated grief at the time of the study, and did not appear at that stage to require professional grief counselling services. The tentative conclusion drawn from that was that bereaved children do not automatically have to receive professional grief counselling services in order to grieve normally.

4.2.3.3. Memorialization and opportunities to remember

Denis (www.sorat.ukzn.ac.za.sinomlando/memory%20boxers.htm) has argued that the role of memories in the grief process is widely acknowledged and relevant in all cultural contexts. The respondents in this study reported that they needed to remember their parent/primary caregivers, and wanted be encouraged to do so. However, some of the respondents reported that their significant others had discouraged them from discussing the deceased parent/primary caregiver. The reasons given for that were that it would prevent the respondent from "becoming upset" and from experiencing pain. The conclusion drawn from that was that respondents had few opportunities, both in the family and school environment, to remember their deceased parent/primary caregiver.

Remembering the deceased parent/primary caregiver was reported to be difficult for some respondents, especially those who were discouraged from opportunities to remember. Those respondents reported feeling anxious about the fact that they could no longer remember the finer details of the deceased's facial features or voice, and they feared that those important details would be lost to them forever. The conclusion drawn from that is that when discouraged from remembering the deceased parent/primary caregiver, the bereaved child may experience anxiety associated with the normal process of forgetting.

Retaining a tangible possession, which had belonged to a deceased parent/primary caregiver, was identified as important. Those physical reminders functioned as memory cues for the respondents, and helped them remember their loved ones. Those physical reminders provided comfort to the respondents during their grief.

The Memory Box concept, as described by Partab, in Kasiram et al (2006), and as implemented in the Sinomlando Project, is one of the ways in which children in under-resourced communities have been given access to mechanisms for recording, storing and sharing memories of deceased family members. None of the respondents in the study were familiar with the concept of a Memory Box prior to participation in this study. The researcher provided each of the respondents with a Memory Box after the study's data collection had been completed. The reason for that was because of the importance, as Abrams (2000) has argued, of bereaved children having their own account, their own story, which would fit their own particular grief. Ramsden et al (2002) has said that it is important to help children keep memories of their loved ones because those memories assist in the grieving process.

Although all of the respondents welcomed the opportunity to create their own unique Memory Boxes, they reported that being interviewed actually contributed to helping them understand their own grief reactions. The conclusion drawn from the respondents' statements about talking about their grief and remembering their deceased parents/primary caregivers, was that talking with a caring, significant other still remained a critical need, irrespective of whether one had access to a Memory Box or not.

4.2.4. Impact of gender on childhood bereavement

4.2.4.1. The gender of the bereaved child

Western, Judeo-Christian cultures permit women to grieve more openly and publicly than they do men, according to Abrams (2000). The same applies to girls and boys in middle childhood. Whether the bereaved child is a girl or boy did appear to impact on their experiences of grief. In this study, both genders experienced emotional pain as a response to the internal and external changes resulting from the death of a parent/primary caregiver.

According to the findings in Table 3.58, boys experienced more negative emotional manifestations of grief (angry outbursts, mood swings and feelings of sadness/anxiety) than girls. More girls reported experiencing a general lack of motivation as part of their grief reactions than did boys. A small minority of respondents – namely, four (4%) percent of boys and girls, respectively – reported that they had grown stronger from the experience. Only one girl claimed that she had not experienced any emotional manifestations of grief in response to the loss of her father. The reason for that, as identified by her, was she did not live with him.

According to findings in Table 3.42, forty (40%) percent of boys, compared to thirty two (32%) percent of girls, experienced feelings of sadness, fear or loneliness. As this is a qualitative, exploratory study, it was not possible to determine if that difference was statistically significant. It did seem, however, that boys tended to experience more intense, negative grief reactions than did girls. The conclusion drawn from that was that gender socialisation appeared to impact on how the respondents expressed their grief in public.

Respondents, who were all in middle childhood, had already developed clearly defined gender roles, and those social and cultural constructions of identity encouraged gender specific behaviour. Bereavement had a different impact on girls' lives than on boys' lives with respect to the issue of the child's responsibility for household work. That was consistent with the practice of women and girls being primarily responsible for household work. Girls reported that their bereavement resulted in them "inheriting" additional household work, or being expected to take over the responsibilities of the household following the death of especially a mother. For the boys, the expectation was that if they were the oldest son in the family, regardless of age or ordinal position in family, that they would become the "man" in the household. That role did not, however, automatically imply that the "man" did more household work.

According to the findings it can be concluded that parental/primary caregiver death was just as significant for boys as it was for girls, and that it despite the social and cultural norms around gender and grief. Sixty (60%) percent of respondents indicated that gender did impact on their mourning processes. The gender of the respondents also influenced how they expressed specific emotions following the bereavement. Although the majority of boys initially cried when first told the news, crying could result in a boy's masculinity being called into question because crying was perceived by society as a sign of "weakness", and a behaviour generally associated with girls. According to the respondents, boys tried to control or hide their emotions, whereas girls were expected or encouraged to vent their emotions publicly. It was concluded that the boys experienced the same feelings and emotions as the girls, although the way in which the boys expressed them differed noticeably.

Both male and female respondents reported that they had discussed their experiences with family members. Although Worden (1996) claimed that girls were more likely to keep objects

belonging to the dead parent than would boys, this study did not find any difference between boys' and girls' use of tangible physical keepsakes.

Regardless of gender or age, respondents disclosed that they felt older than their years, and more responsible than their peers following childhood bereavement. Some thanatologists have referred to that that as a "forced maturity," according to Corr et al (2000). Gender, along with age, was found to be an important variable which affected childhood bereavement and influenced the grief reactions of this study's sample of respondents.

4.2.4.2. The gender of the deceased parent/primary caregiver

During childhood, although the loss of a parent of either gender is difficult, there has been speculation as to whether it is worse to lose a mother or a father, argued Worden (1996:75). When a mother dies, the child usually loses their primary emotional caregiver as well as the stability derived from daily life routines. Abrams (2000:108) has suggested that mothering still tends to be something different from fathering. According to the findings, fifty four (54%) percent of respondents who had experienced the death of a mother reported that mothers remained the primary caregiver and/or organiser of the daily routines; and that fathers were associated with discipline, protection and/or economic security. The conclusion that was drawn was that the respondents perceived a mother's death as having a more negative impact on a young child than the death of a father.

Worden (1996) has argued that the death of the same-sex parent is especially problematic for children between the ages of six to twelve years because they are still forming their own sense of who they are in relation to their parent. The death usually denies the child of a role model on which to base the formation of gender identity. This notwithstanding, the study concluded that the death of a mother impacted more on children's daily routines than the death of a father.

4.2.4.3. The gender of the support provider

Sixty (60%) percent of respondents had personally discussed the death experience with a teacher. Eighty four (84%) percent of respondents indicated that, should they decide to discuss the situation with a teacher, they would discuss the experience with a female teacher/staff member rather than a male teacher/staff member. They claimed that that was because "females understood and / or cared more about children than males did." These responses were based on the premise that a teacher's ability to understand or offer care and support to a bereaved child was directly attributed to the gender of the teacher. The conclusion drawn from that was that even though there is at least one male teacher in each grade, the respondents had already formed very definite perceptions of who would be supportive of their grief, and those were based on traditional gender roles in society.

4.3. RECOMMENDATIONS

The recommendations which follow are discussed under the following subheadings: Children's understanding of death and dying; Support services for bereaved children in the school environment: Accessing support services, Death Education Programmes for school children; Exploring options on how to address the needs of grieving children at school; The importance of memorializing, and On-going research on children living through bereavement .

4.3.1. Children's understanding of death and dying

Ramsden et al (2002) has noted that children in middle childhood understand their worlds in physical terms, and that impacted on the nature of their understanding of death and dying. Based on the literature and this study's findings, the researcher recommends that, where possible, children be told the facts about the death of their parent/primary caregiver. It is useful to recall Jewitt's (2002:34) suggestion that children be told "four truths" when a significant other has died, namely:

> being told the truth about the death, honesty in terms of what is happening, continuity in the child's life (which creates a feeling of safety for the child), and involvement in the planning for the disposal of the remains after the death (rituals help children to say good-bye).

Leming and Dickinson, in Kasiram et al (2006:151), have said that adults need to stop pretending that children cannot handle the topic of death. Because children take their emotional cue on how to understand and model their grief from significant others, it is the view of the researcher that children should not become "forgotten or silent mourners"; and that they be encouraged to express the psychological pain associated with the death of a parent/primary caregiver.

4.3.2. Support services for grieving children in the school environment

The duty of a parent/primary caregiver is to raise a child, while the duty of a school is to educate a child. Teachers in South African state schools face many challenges in the school environment, in addition to the challenges of implementing the curriculum equally across all sectors of the school population, limited financial and/or human resources, and social problems which impact on the development of the child. At school, teachers have the special role of identifying changes in children's behavioural patterns which indicate that something may be amiss with the child. When learners are distressed or in emotional crises, then no learning takes place.

Teachers, through their professional training, should be au fait with the various crises and events that may impact on a child's psycho-social development. Despite the challenges facing the teaching profession, we must be practical and realistic on how schools maximise resources to deal with grieving children in the school environment. Teachers are not expected to be experts or trained bereavement counsellors in the school environment. However, if teachers are aware of the special needs of grieving children, they should be able to, at a minimum, acknowledge the grief, and ideally, offer to listen to a bereaved children's expression of their grief.

In view of the above-mentioned, it is recommended that:

- It should be mandatory for the school principal and/or class teacher to be informed of the loss (not necessarily the cause of death), and any significant changes resulting from that to the child's life,
- Bereaved children should never be forced to discuss their experiences,

- Only after the bereaved child has given permission to do so, may teachers inform class members and/or significant others about the loss,
- During the initial stages of the mourning process, bereaved children should be allowed to leave the classroom when experiencing overwhelming feelings,
- Teachers should not pressurise or instruct bereaved children to "get over" the death as there is no specific grieving time period,
- Teachers should assist children with catching-up with work missed as a result of the bereavement,
- Bereaved children should be informed by school personnel of the school's support services, or bereavement support organisations in the community (if available), and how to access such services, if necessary,
- Given that death, dying and bereavement are generally seen as controversial issues, and because it occurs in diverse cultural, religious and relational contexts, the school personnel should engage in open and honest communication with a child's relatives in determining what support services are in place, and if there is a need to offer the child support services, and
- If the school personnel cannot offer such services, then it is necessary to network with outside organisations such as: Faith-based, Community, or NGOs which offer such services for bereaved children.

The researcher believes that the school environment has certain advantages for children dealing with grief. It can help children understand that they are not the only ones who have suffered such a loss; allow children to share experiences with peers in similar situations; help children develop safety nets with other children by learning and sharing coping skills from peers. When bereaved children are attended to emotionally, they are better able to use opportunities for education. Giving children food and clothing is no longer enough, as has been pointed out by Denis (www.sorat.ukzn.ac.za.sinomlambo/memory%20boxes.html). The researcher supports the views of Kon (2002), Ramsden et al (2002), Worden (1996) and Woo & Wong (2003) that when the proper support is given to a child during the grieving process, the child is more likely to come through the bereavement experience with no lasting ill effects.

4.3.3. Accessing supportive services

Based on the respondents' articulated need for support services to be available, and on the prevalence of bereavement among South African children in primary schools, the researcher recommends that schools should offer some form of support services for bereaved children. If schools cannot provide such support services, it is recommended that they should collaborate with service providers within the community in order to determine how to access support services for bereaved children. Such intervention services would have an advantage because of ready access to the target population in a setting already committed to educating children and developing their life-skills. A large number of children who might be experiencing emotional trauma could benefit from such services, especially children who would otherwise not have access to such specialised services, provided prior consent has been given by the child's caregivers. That recommendation is in keeping with the White Paper on Social Welfare which has recognised the importance of volunteerism in social welfare delivery in South Africa.

Because social workers, teachers, and health care workers cannot meet all the needs of children, especially in the school system, government has identified the need to encourage people and community organisations to volunteer their time and/or expertise to deal with the varied demands for social welfare services. Non-governmental Organisations (NGO's), Civil Society Organisations (CSO's), and Faith-based Organisations (FBO's) do undertake work in support of the national objectives through specialised voluntary community service delivery. Those facilities should also be recognised as possible resources.

4.3.4. Exploring options for addressing the needs of grieving children at school

Many state schools have identified the need to employ social workers to deal with a wide range of social problems impacting on school children (due to limited social services available from the state). Despite the primary school's limited financial resources, where the research was undertaken, the researcher is employed as a qualified social worker at the school. On a daily basis, teachers are faced with grieving children in the classroom. The school management team identified the benefits of having a qualified social worker available to deal with learners' psycho-social and/or behavioural needs, especially given that a number of children in the school had experienced the death of a parent/primary caregiver.

Learners are identified by school personnel and referred to the school social worker where they, and/or their families, are offered support services in a non-threatening environment. Weekly grief group sessions and/or individual counselling sessions are offered to learners living through bereavement (participation is voluntary). Learners are referred to other professionals for intervention services when it is deemed necessary. The school management has also been proactive in networking with various tertiary institutions to offer additional support services to the children and members of the school community. Intern social workers, student nurses, student child and youth development workers, as well as intern trauma counsellors undertake practical work placement at the school under the supervision of the school social worker. This has been very beneficial for the school community as a wide range of support services are offered on the school campus, at no cost, to the school community members.

This intervention model, although not formally evaluated yet by an independent party, does appear to be working, and can potentially be a model to be used by other schools. Alternatively, a school can partner with a volunteer civil society or faith-based or non-governmental organisation to ensure that such services are available within the school environment. It is worth recalling here that Ramsden et al (2002) has said that, for various reasons, there are many children in our society who do not get the loving family care and protection they need. Because the school system is at the forefront of efforts in providing children with developmental skills, the school system is, therefore, a logical setting for accessing the necessary support services for bereaved children. School personnel have access to a target audience of children. They should be proactive and seek out partnerships with other agencies and organisations, whether non-governmental or faith-based or civil-society. Those organisations are available to provide such services to children who are bereaved.

4.3.5. Death education programmes for primary school children

The key issue in understanding children and grief is not debating whether or not children experience grief – which they clearly do – but rather whether or not the adults in their family

and school environment, among others, respond appropriately or supportively to their grief reactions. During the recent International Death, Grief & Bereavement Conference, held from 4-6 June 2007, at the University of Wisconsin., Daniel Leviton, a pioneer in the field of thanatology, highlighted the need for Death Education to be incorporated in to the school curriculum. However, Leviton cautioned that including death and dying in the public school curriculum remained a controversial issue, because some parents viewed this as an "infringement upon their and the church's domain." While some critics claimed that there was inadequate preparation of teachers to teach this topic, others expressed concern that Death Education would create anxiety and heighten fears in school children. Given this level of controversy, Leviton stated that:

> It is unlikely that the subject of death will be viewed as a part of the school's curriculum, although proponents of death education insist on the need to also address the life and people problems of today and help students to learn skills to solve them. These may be basic ingredients of long-term primary prevention of destructive behaviour and serve as an antidote to the distorted perceptions children form from the entertainment media (http://www.uwlax.edu/conted/pdf/DGB2007) .

With the majority of children in South African's schools in the primary school system, the onus seems to be on the Departments of Education, Health and Social Welfare to determine whether to, and how to, introduce Death Education Programmes in the Life Orientation curriculum. At present, the Life Orientation curriculum for Primary Schools does not include death, dying and grief in the syllabus. That omission seems particularly odd given that death is part of the natural life process. That makes it logical that children need some basic understanding of death, dying and grief. It is, therefore, recommended that urgent attention be given to ways in which this topic can best be addressed. One such specific recommendation is a call for the revision of the current Life Orientation curriculum for primary schools, or to incorporate Death Education Programmes in the primary school syllabus. It is recommended that Death Education Programmes should include an age-appropriate, integrated approach to the universal facts of death, dying and grief to ensure that all primary school children across the country receive basic information on the topic. The school environment remains an ideal opportunity to introduce such programmes. Given the impact of the HIV/AIDS pandemic on our society, and the increase of bereaved children dealing with grief during school time, the implementation of Death Education Programmes is vital. The opportunity to introduce such school-based programmes should not be squandered by a lack of unwillingness among interested parties to collaborate.

Leviton (http://www.uwlax.edu/conted/pdt/DGB2007) has highlighted the need for Death Education to be incorporated into the public schools' curriculum, but is still mindful of the controversy surrounding the introduction and implementation of such a subject. The researcher supports Leviton's view that Death Education is not intended to "infringe" on the parent/primary caregiver's religious or cultural domain, nor is it intended to create additional burdens for teachers and induce anxiety or heighten the fears of children. Its basic aim is to provide children with an improved understanding of death, dying and bereavement, and the opportunity to learn about death-related topics in a factual, sensitive way.

It is a fact that for those concerned with child development, whether in the Social Sciences, Education, or Health Care Services, theoretical and empirical knowledge of the phenomenon of

childhood bereavement has not kept pace with the growing numbers of children who experience parent/primary caregiver death, especially given the HIV/AIDS pandemic in our society. South Africa lacks sufficient support services for bereaved children in three areas, namely: identifying key personnel to implement specialised services, planning such services, and resources for these services.

Because schools remain at the forefront of having to deal with grieving children, the researcher recommends that:

- Death Education Programmes should be an important component of the primary school curriculum.
- Death Education Programmes can be instrumental in educating primary school children about death, dying and bereavement through formal school systems. Such programmes should be mandatory in teacher training institutions as those will equip teachers with knowledge and information on how to deal with the effects of childhood bereavement in the classroom.
- Greater collaboration between the various Departments would be necessary for designing a national Death Education curriculum, and developing resources in order to reach the target population, namely school children and teachers.

4.3.6. The importance of memorializing

Memories play an important role in the grieving process because they comfort the living and honour the dead. Partab, in Kasiram et al (2007), has described the Memory Book project, and its adaptation in a South African context. The method has come to be used by several organisations to assist children and families dealing with death and dying, especially those infected and affected by HIV/AIDS. The project not only keeps memories alive but strengthens the child's sense of belonging and builds resilience in children whose parents/primary caregivers are living with or have subsequently died from AIDS.

Getting on with life after the death of a significant other should not mean forgetting about the past. According to respondents, it was very comforting for them to be encouraged to mention their loved one by name, while reminiscing about the deceased. There are various ways to help children memorialize their loved ones. Listed below are some of the practical activities recommended to help bereaved children share, record, or store precious memories:

- Writing: poetry, writing a letter (to share some important event that has taken place), creative writing which permits the child to express thoughts and feelings (which the child may or may not be comfortable discussing with significant others), and making a birthday or Mother's/Father's Day or Christmas card can be used.
- Diary/Journals: these can be used for recording reactions to the death and/or memories of the deceased, or to record how they coped with intense feelings,
- Photographs: looking at photographs of the deceased may bring back bittersweet memories, not only as a constant reminder of what the loved one looked like, but also a reminder of good times, too. Although many children

do not have access to photographs, it is still important to note that for those who do, photographs remain one of the most prized possessions linking the child to the deceased. If children do not have access to photographs, they could be encouraged to draw/sketch a picture as a reminder of their loved ones.

- Communication: there are various ways in which children can come to terms with grief by communicating with others:
  - (a) Spirituality/religion: talking to loved ones through prayer, or the belief that the dead still communicate with the living, or vice versa.
  - (b) Communicating with significant others: talking about their loved ones, hearing stories about their loved ones, or learning new things about their loved ones. While this may make children feel sad, more importantly it makes them realise that their loved one has not been forgotten by others. In general, children enjoy hearing stories about the various stages of their loved ones lives, or the importance of the life of someone so dearly loved.
- Personal possessions: wearing something that belonged to the deceased, such as a favourite item of clothing or jewellery, can help children feel connected to their loved one.
- Music: listening to favourite songs provides a connection between children and the deceased. Although feelings of sadness may be associated with music, children nevertheless enjoy listening to a favourite song.
- Special occasions: visiting the cemetery on anniversaries, birthdays, or Christmas day are ways in which the bereaved gather together to remember the deceased, or honour the memory of an important person, as well as acknowledge the loss.
- Memory Box/Books: children can be encouraged to create a Memory Box/Book to store some of treasured possessions associated with the deceased. Partab, in Kasiram et al (2006), said that the Sinomlando Project provided opportunities for children whose parents were living with, or have died from HIV/AIDS to create memories by gathering information about their loved ones that would benefit them in later life. The creation of a Memory Box/Book offers a source of comfort to the bereaved child. Each respondent was presented with a Memory Box which they could decorate and personalise in order to store personal messages, photographs, poems, letters, cards and other special items that once belonged to their loved ones and which they could access whenever they wished.
- Death-related literature to help bereaved children: Special emphasis is placed on the value of death-related books as tools in helping bereaved children, in middle childhood, find ways in which to cope with their grief by reading stories that they can identify with, or stories that can initiate discussions about death and dying between children and significant others.

While the findings supported Worden's (1996) view that not all bereaved children would necessarily need or benefit from grief counselling, the researcher recommends that one or more of the above-mentioned suggestions for memorializing a loved-one be used to help bereaved

children cope with the loss of a loved one. These activities can be part of the normal classroom routine.

4.3.7. On-going research on children and grief

Grief in childhood is a real phenomenon in South Africa, and it needs to be better understood so that all who are concerned with or responsible for childhood development do understand the long-term impact of parental/primary caregiver death on children. The information for this exploratory study was collected over a period of six months from the school records, and from interviews conducted with 25 respondents who were at various stages of the grieving process. The findings of the study are exploratory, and many of the conclusions are tentative. It is, therefore, recommended that future research be conducted with a more representative sample, at a national level, and should include a more comprehensive quantitative component, to understand:

- The impact of bereavement on children's psychosocial development and/or school performance,
- How to address the needs of bereaved children in the school environment,
- The impact of gender, and/or gender-specific behaviour and childhood bereavement,
- Cross-cultural research on death, dying and childhood bereavement with children living in a multi-cultural society, and recognising the cultural differences relative to death, dying and childhood bereavement,
- Longitudinal studies to determine if the death of a mother impacted more significantly on a child's psycho-social and educational development than the death of a father,
- Empirical studies to provide objective data on the effects of Death Education in the primary school curriculum, and
- The ethical issues in identifying a sample of bereaved children, gaining access to them, and finding representative samples of bereaved children. The researcher believes that this type of research must remain strictly controlled so that bereaved children are not exposed to additional or secondary trauma when questioned about their most personal emotions by reliving the death of a parent/primary caregiver.

Thanatology is a relatively new discipline, and although it is in its infancy, it has broadened our knowledge of death and dying. Thanatologists, according to Marrone (1997:42), have the unenviable task of creating knowledge about and theoretical understanding of the dynamic, contradictory, and occasionally opposing attitudes we hold about death, dying, and mourning.

Although society cannot prevent childhood bereavement, it is recommended that every effort be made to understand more about children and death-related matters in South Africa, especially given our HIV/AIDS pandemic. On-going research is imperative to support those working in the field with the tasks of understanding and developing guidelines for the future management of middle childhood bereavement. Importantly, the bereaved children in middle childhood, themselves, should not be excluded from that process.

As has been emphasised throughout this dissertation, children in middle childhood are able to think about their experiences and their needs, and articulate those to others. By listening to, and learning from, bereaved children, this research study found that bereaved children want their grief acknowledged, not denied; and that acknowledgement applies equally to the school environment in which the grieving child spends a significant part of his or her day. Teachers, especially, may be in daily contact with bereaved children, and they need to understand the likely impacts of the grieving process on the child's educational and psychosocial development. Denying the child the right to grieve, especially in the school environment, can disrupt their educational and psychosocial development. The challenge, however, remains how best to accommodate those needs in the dynamic environment of the South African primary school.

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ANNEXURE

ANNEXURE A: DATA COLLECTION TOOL

When?	How?
Before first interview session	Demographic information obtained from the respondents' personal files before the first session. Review conducted of existing data contained from school's administrative records

Session 1: Introduction to research Bereavement	Semi-structured interview guide

Session 2: Discuss respondent's family structure Relationship with deceased Culture (traditions & rituals)	Semi-structured interview guide

Session 3: Grief Support systems School environment Gender General	Semi-structured interview guide

SECTION 1: DEMOGRAPHIC INFORMATION

Data sheet to record information from school administrative records for each respondent prior to interviews. Demographic information to be obtained from the respondents' personal files before the first session.

Respondents' Number:	
Respondents' Name(s):	

1. Gender : Male ☐ Female ☐

2. Age :

7 years	☐	11 years	☐
8 years	☐	12 years	☐
9 years	☐	13 years	☐
10 years	☐	14 years	☐

3. Current Grade :

Grade 4	☐	Grade 5	☐
Grade 6	☐	Grade 7	☐
Special Class	☐		

4. Birth order :

first born	☐	second born	☐
third born	☐	last born	☐
other	☐		

5. Number of biological siblings : _____

6. Number of siblings attending the school: _____

7. Home language:

isiZulu	☐	English	☐
Afrikaans	☐		
Other	☐	Specify:_____	

8. Religion : Specify:_____

9. Who enrolled the child in the school?

mother	☐	father	☐	grandparent	☐
aunt	☐	uncle	☐	foster-parent	☐
sibling	☐	other	☐ specify _____		

10. When was the child enrolled at the school? _____day ____month _____ year

11. In which grade?

Grade 1	☐	Grade 2	☐
Grade 3	☐	Grade 4	☐
Grade 5	☐	Grade 6	☐
Grade 7	☐	Special Class	☐

12. Has the child repeated a grade? Yes ☐ No ☐
Specify:_____ Year_____

13. School attendance: (rating: 1 = poor, 2 = fair, 3 = good, 4 = excellent)

Grade 1	☐	Grade 2	☐
Grade 3	☐	Grade 4	☐
Grade 5	☐	Grade 6	☐
Grade 7	☐	Special Class	☐

14. School performance: (rating: 1 = weak, 2 = fair, 3 = good, 4 = excellent)

Grade 1	☐	Grade 2	☐
Grade 3	☐	Grade 4	☐
Grade 5	☐	Grade 6	☐
Grade 7	☐	Special Class	☐

15. Behavioural information: (rating: 1 = poor, 2 = fair, 3 = good, 4 = excellent)

Grade 1	☐	Grade 2	☐
Grade 3	☐	Grade 4	☐
Grade 5	☐	Grade 6	☐
Grade 7	☐	Special Class	☐

16. Any other relevant information (e.g. referrals, request for caregiver to attend a meeting with school principal / class teacher i.r.o. child's school performance / behaviour / attitude, etc. specify:

_____

Rating table as per official school report
1 = has not satisfied the requirements (weak/poor)
2 = has partially satisfied the requirements (fair)
3 = has satisfied the requirements (good)
4 = has exceeded the requirements (excellent)

SECTION 2: INTERVIEW GUIDE

Session 1. Section A: INTRODUCTION

Introduce the research topic to the respondent:

Explain to the respondents the value of their participation in the research study.

Explain to the respondents that participation is voluntary.

Explain that confidentiality and anonymity will be respected throughout the research.

Explain to the respondents that should they not understand any aspect of the process, or the terms used, this will be explained to them.

Explain that each session will be tape-recorded for the purpose of data collection.

Session 1. Section B: BEREAVEMENT (understanding death experience)

Explain the meaning of the word **bereavement** to respondents.

1. What do you understand/know about the word "death"?

_____

2. How old were you when you first heard about death?

☐	1 years	☐	2 years	☐	3 years
☐	4 years	☐	5 years	☐	6 years
☐	7 years	☐	8 years	☐	9 years
☐	10 years	☐	11 years	☐	12 years
☐	13 years	☐	Don't know / unsure		

3. Who taught you what you know about death?

☐	mother	☐	father	☐	brother
☐	sister	☐	grandmother	☐	grandfather
☐	aunt	☐	uncle	☐	minister / priest
☐	friend	☐	family member	☐	other:_____

4. Was this the first time that a close family member died?

Yes	
No	
Unsure	

If no, which close family member(s) had died, e.g. parent, sibling, grandparent, uncle, aunt, cousin etc._____

5. When did the death of your parent/caregiver occur?
   Date: _____ Month: _____ Year:_____
   Year only:_____ Unsure:_____

6. How old were you when your parent/caregiver died?

....months	☐	1 year	☐	2 years	☐	3 years	☐
4 years	☐	5 years	☐	6 years	☐	7 years	☐
8 years	☐	9 years	☐	10 years	☐	11 years	☐
12 years	☐	13 years	☐	unsure	☐		

7. Where were you at the time of your parent/caregiver's death?

_____

8. Did you witness the death of your parent/caregiver?

Yes	
No	
Unsure	

If yes, explain_____

9. How did you find out about the death of your parent/caregiver?

_____

10. How did you respond to the news that your parent/caregiver had died?

_____

11. Did you understand what was happening to you?

Yes	
No	
Unsure	

12. Have you discussed the experience of your parent/caregiver's death with family members?

Yes	
No	
Unsure	

13. Have you discussed the experience of your parent/caregiver's death with your friends?

Yes	
No	
Unsure	

14. Does everybody die?

Yes	
No	
Unsure	

If no, explain _____

15. What happens to the body after a person dies?

Session 2. Section A: FAMILY STRUCTURE: Semi-structured interview discussion guide about respondent's family structure.

1. Who do you live with?

mother	☐	father	☐	step-parent	☐
brother	☐	sister	☐	grandmother	☐
grandfather	☐	uncle	☐	aunt	☐
neighbour	☐	family member	☐	other	☐

2. Have you always lived in your present home?

Yes	
No	
Unsure	

If no, explain_____

3. Did you have to move from your home after the death of your parent/caregiver?

Yes	
No	
Unsure	

4. Did you have to change schools after the death of your parent/caregiver?

Yes	
No	
Unsure	

5. Who takes care of you after school each day?

parent	☐	grandparent	☐	family member	☐
neighbour	☐	attend after-care	☐	older sibling	☐
stay home alone	☐	other	☐		

6. Who takes care of you during school holidays?

parent	☐	grandparent	☐	family member	☐
neighbour	☐	attend holiday-care	☐	older sibling	☐
stay home alone	☐	other	☐		

7. Who is the breadwinner in your household?

parent	☐	grandparent	☐	foster parent	☐
older sibling	☐	unsure	☐	other	☐

8. Has your family's economic status changed since the death of your parent/caregiver?

Yes	
No	
Unsure	

If yes, explain:_____

9. Do you know of any people/organisations which help you and your family with the basic day-to-day needs since the death of your parent/caregiver?

Yes	
No	
Unsure	

If yes, explain: _____

10. Do you receive food each school day from the school's feeding scheme?

Yes	
No	
Unsure	

11. Do you receive weekly food parcels from the school?

Yes	
No	
Unsure	

12. Does your family receive help/assistance from the church?

Yes	
No	
Unsure	

13. Does your present caregiver receive financial support from the government for you?

Yes	
No	
Unsure	

If yes, explain:_____

Session 2. Section B: RELATIONSHIP WITH DECEASED (explain that all respondents in the study have experienced the death of a parent, or primary caregiver)

1. All respondents in this study have experienced the death of a parent/primary caregiver. Which parent/caregiver died?

_____

2. What kind of relationship did you share with your deceased parent/caregiver?

_____

3. Do you think that it is important for children to talk about their deceased parent/caregiver?

Yes	
No	
Unsure	

4. How often do you think about your deceased parent/caregiver?

_____

5. How often do you talk about your deceased parent/caregiver to other family members?

_____

6. How often do you talk about your deceased parent/caregiver to people outside of your family?

_____

7. What do you miss the most about your deceased parent/caregiver?

_____

8. When do you miss your deceased parent/caregiver the most?

_____

9. Do you think that parents/caregivers are important in children's lives?

Yes	
No	
Unsure	

10. How do you feel towards your deceased parent/caregiver for dying and leaving you?

_____

11. Where do you think your deceased parent/caregiver is now (specific location)?

_____

12. Who told you about this specific location?

_____

13. What do you think this specific location is like?

_____

14. Do you still communicate with your deceased parent/caregiver?

Yes	
No	
Unsure	

If yes, how do you communicate with your deceased parent/caregiver?

_____

15. Do you dream about your deceased parent/caregiver?

Yes	
No	
Unsure	

If yes, how often do you dream about your deceased parent/caregiver?

_____

16. What are your present thoughts about your deceased parent/caregiver?

_____

17. When do these thoughts about your deceased parent/caregiver occur?

_____

18. How do these thoughts of your deceased parent/caregiver make your feel?

_____

19. How do you remember your deceased parent/caregiver?

_____

20. Do you have any reminders (keepsake) from you deceased parent/caregiver?

Yes	
No	
Unsure	

If yes, which are your favourite reminders (keepsakes)?

_____

21. If you had three wishes, what would they be?

_____

Session 2. Section C: CULTURE (Rituals & Traditions)

1. Who told you about the death of your parent/caregiver?

mother	☐	father	☐	grandmother	☐
grandfather	☐	older sibling	☐	family friend	☐
neighbour	☐	priest	☐	unsure	☐
other	☐				

2. According to your culture, are children allowed to ask questions about the death of a parent/caregiver?

Yes	
No	
Unsure	

If no, explain: _____

3. Were you told all the facts about the death of your parent/caregiver?

Yes	
No	
Unsure	

If no, explain: _____

4. Did you attend your parent/caregiver's funeral service?

Yes	
No	
Unsure	

5. Did you participate in the funeral service?

Yes	
No	
Unsure	

If yes, explain how you participated

6. Was this the first funeral service you attended?

Yes	
No	
Unsure	

7. Where you allowed to view the body of your deceased parent/caregiver?

Yes	
No	
Unsure	

If yes, how did you feel about viewing the body?

_____

8 Was your parent/caregiver cremated or buried?

Cremated	☐	Buried	☐	Unsure	☐

9. Were your cultural needs respected at the school, for example: rituals or ceremonies that needed to be done or attended?

Yes	
No	
Unsure	

If no, explain:_____

10. Did you take part in rituals?

Yes	
No	
Unsure	

If yes, how did you feel about taking part in these rituals?

_____

11. Did you get time off from school after the death of your parent/caregiver?

Yes	
No	
Unsure	

If no, explain: _____

Session 2/3. Section A: GRIEF (e.g. emotional, physical reactions to loss)

*** Explain the meaning of the word grief to respondents.**

1. Is this the first time you have experienced grief (deep sorrow)?

Yes	
No	
Unsure	

2. Has your behaviour changed in any way after the death of your parent/caregiver?

Yes	
No	
Unsure	

If yes, how has your behaviour been affected?

- ☐ withdrawn
- ☐ more quiet
- ☐ less confident
- ☐ disruptive
- ☐ act out negative behaviour
- ☐ other

3. What feelings have you experienced (felt) since the death of your parent/caregiver?

- ☐ depressed
- ☐ angry outbursts
- ☐ lack of motivation
- ☐ mood swings
- ☐ coping well
- ☐ grown stronger
- ☐ not sure
- ☐ no change at all
- ☐ other, specify: _____

4. Following the death of your parent/caregiver, how did it affect you physically (e.g. how does it relate to your body)?

- ☐ lost weight
- ☐ sleeplessness
- ☐ eating difficulties
- ☐ concentration difficulties
- ☐ tearful
- ☐ stomach ache
- ☐ headache
- ☐ no affect that I am aware of
- ☐ unsure
- ☐ other, specify: _____

5. Where there any other ways that you were affected by the death of your parent/caregiver that you would like to mention?

_____

6. Do you think that you have been affected by grief?

Yes	
No	
Unsure	

If yes, explain _____

Session 3. Section B: GRIEF (support systems)

Explain the meaning of support systems

1. Did you receive support (help) from inside the family after the death of your parent/caregiver?

Yes	
No	
Unsure	

If yes, explain:_____

2. Did you receive support (help) from outside the family after the death of your parent/caregiver?

Yes	
No	
Unsure	

If yes, explain:_____

3. How soon after the death of your parent/caregiver did you receive this support(help)?

_____

4. Did you receive bereavement counselling after your parent/caregiver died?

Yes	
No	
Unsure	

If yes, when did you receive bereavement counselling?

_____

If yes, where did you receive bereavement counselling?

_____

5. Do you think that a bereaved child should receive support (help) from people other than their family members after they have experienced the death of a parent/caregiver?

Yes	
No	
Unsure	

If yes, explain: _____

6. Do you know where children can get support (help) if they want to after they have experienced the death of a parent/caregiver?

Yes	
No	
Unsure	

If yes, explain:_____

7. Was there anyone else you were taken to visit/see after the death of your parent/caregiver?

Yes	
No	
Unsure	

If yes, explain :_____
* (prompt – medical intervention)

8. If you could tell adults how they could help children cope with grief, what would you tell them?

_____

9. Do you think that if a bereaved child does not talk about their experience, it indicates that they have more self-control over their feelings?

Yes	
No	
Unsure	

If yes, explain _____

Section C: School environment

1. Do you think that the school should be informed about the death of a child's parent/caregiver?

Yes	
No	
Unsure	

If yes, explain:_____

2. On your return to school, did you feel ***different*** from your classmates (peers)? ***Explain what different means***

Yes	
No	
Unsure	

If yes, explain: _____

3. Did you discuss the death of your parent/caregiver's death with your teacher(s)?

Yes	
No	
Unsure	

If no, explain:_____

4. How did you feel discussing the death of your parent/caregiver with your teacher(s)?

_____

5. How did your teacher react to you when he/she heard about the death of your parent/caregiver?

_____

6. Was there a particular teacher/staff member that you felt more comfortable with discussing the death of your parent/caregiver?

Yes	
No	
Unsure	

If yes, explain: _____

7. Did you feel more comfortable discussing the death of your parent/caregiver with a female teacher/staff member?

Yes	
No	
Unsure	

If yes, explain: _____

8. Did you feel more comfortable discussing the death of your parent/caregiver with a male teacher/staff member?

Yes	
No	
Unsure	

If yes, explain: _____

9. Have you discussed the death of your parent/caregiver's death with your class mates (peers)?

Yes	
No	
Unsure	

If no, explain:_____

10. How did your classmates (peers) react to you when they heard about the death of your parent/caregiver?

_____

11. Has your school attendance been affected by the death of your parent/ caregiver?

Yes	
No	
Unsure	

If yes, explain: _____

12. Has the death of your parent/caregiver impacted on your school performance?

Yes	
No	
Unsure	

If yes, explain: _____

13. Do you think about your deceased parent/caregiver while attending school?

Yes	
No	
Unsure	

If yes, explain: _____

14. How do you deal with your feelings when this happens in the school environment?

_____

15. How does your teacher deal with the situation?

_____

16. How do your friends deal with the situation?

_____

17. Do you think that the school environment should offer support (help) for bereaved children?

Yes	
No	
Unsure	

If yes, explain:_____

18. If you could tell teachers and staff what bereaved children need in the school environment, what would you tell them?

_____

19. Do you think that bereaved children should receive special consideration on their return to school?

Yes	
No	
Unsure	

If yes, explain:_____

20. Are you aware of any other child in your grade who has experienced the death of a parent/caregiver?

Yes	
No	
Unsure	

Section D: GENDER

1. Have you witnessed how women mourn?

Yes	
No	
Unsure	

2. Have you witnessed how men mourn?

Yes	
No	
Unsure	

3. Do you think it is acceptable for girls to mourn in front of other people?

Yes	
No	
Unsure	

4. Do you think it is acceptable for boys to mourn in front of other people?

Yes	
No	
Unsure	

5. Do you think boys and girls mourn differently?

Yes	
No	
Unsure	

If yes, explain: _____

If no, explain: _____

Section E: GENERAL

Other comments or questions: (Look for Themes)

Thank respondents for their participation in the research study.

ANNEXURE B: CONSENT LETTER

Monica Jackson
c/o Addington Primary School
43 Bell Street
Durban 4001
Tel: 031- 337 4458

18 July 2006

Dear Parent/Guardian

Re: CONSENT FOR MINOR CHILD TO PARTICIPATE IN RESEARCH STUDY

As a qualified social worker employed at the school, and presently studying for a Masters Degree in Social Work at the University of KwaZulu-Natal, Durban campus, I am required to undertake a research project. The research will be supervised and monitored by a lecturer from the Department of Social Work and Community Development. The topic for my research project is, **A Study of Children and Grief: Living through Bereavement.**

Your child..... in Grade:..... has been identified for possible participation in the research study. I would therefore like to request consent for your child to participate in the study.

The purpose of the study is to gain insight into the experiences of bereaved children, in middle childhood, and to determine if there is a need to offer intervention services for bereaved children in the school environment. The study is likely to be of value to the respondents because they are given an opportunity to discuss their experiences and to articulate their thoughts and feelings about death and grief in a non-threatening environment. Their contribution will also be of benefit to other professionals working with bereaved children. The study will include 24-30 learners, in middle childhood, from Grades 4 and 7 who have experienced the death of a parent, or primary caregiver. There will be three sessions (30-45 minutes per session), conducted on the school campus during school time by the school social worker, who is also the researcher. The interviews will commence at the beginning of the third term, and should be completed before the end of the third term 2006. Confidentiality and anonymity will be respected at all times (no personal identifying details will be included in the research). Respondents will be informed that they may withdraw from the research project at any stage and for any reason. Should it be deemed necessary that a child may require individual counselling, then the researcher will make the necessary recommendations for same. Should you wish to discuss any concerns in respect of this request, please contact me at the school to arrange a meeting.

Should I not hear from you within one week from the date of this request, this shall indicate that you do not have any objections to your child participating in the research.

Yours sincerely
MONICA JACKSON
Researcher.

Please complete the tear-off consent form and return same to school social worker in self-addressed envelope supplied.

CONSENT FOR MINOR CHILD TO PARTICIPATE IN RESEARCH STUDY

I, ..., the parent/guardian of

..... in Grade..... hereby acknowledge receipt of

the above-mentioned letter and understand the contents thereof.

I hereby give my consent for my child to participate in the research study ☐

OR

I do not want my child to participate in the research study ☐

....

Signature of parent/guardian/primary caregiver Date: .....

ANNEXURE C: PERMISSION LETTER

ADDINGTON PRIMARY SCHOOL

Tel. 031 337 4458
Fax 031 337 4463
addingtonps@mweb.co.za

43 Bell Street
DURBAN 4001
Private Bag X01
POINT 4069

05 May 2006

The Head
Department of Social Work
University of KwaZulu-Natal
Howard College Campus
Durban
4001

Dear Sir/Madam

I hereby confirm that I am aware that Mrs M A Jackson is studying for her Masters Degree in Social Work at the University of KwaZulu-Natal. Mrs Jackson is currently employed at the school as a qualified social worker.

Permission is hereby granted for Mrs Jackson to undertake her research at our school regarding the experiences of children and grief. The research will be undertaken on the school campus during school hours. Permission will be obtained from the caregiver(s) once learners have been identified for participation in the research study.

G L Teunissen
Principal