

**INTERTWINED LIVES**  
**Reconstructing Life After The Death Of My Son:**  
**An Autoethnography Of A Pastoral Counsellor And Mother**

**By**

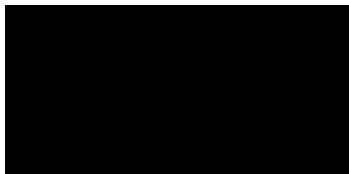
**Adri Mariette Sutherland**  
**Student Number 932424983**

A thesis submitted in fulfilment of the requirements for the degree of Doctor of Philosophy  
(Ministerial Studies) at the University of KwaZulu-Natal

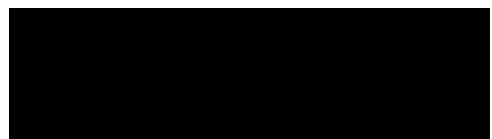
2 December 2021

## DECLARATION

I declare that this thesis has not been submitted to any other university. It is my entirely own work. I have given due acknowledgement of all sources



Adri Mariette Sutherland  
PhD Candidate



Professor Sue Rakoczy  
Supervisor

## DEDICATION

This thesis is dedicated to Aidan, with whom my life is irrevocably intertwined.

## ABSTRACT

Through the Triquetra as metaphor for intertwined lives, this dissertation seeks to demonstrate how the loss of a child impacts on the personal, family and professional life of a pastoral counsellor or minister. The research question was developed from integrating my personal experience as pastoral counsellor and mother who have lost a child with the narratives of other pastoral counsellors and ministers who have lost a child. A first-hand account is thereby provided from the participants' perspective of their experiences of grief and loss. This also provides a narrative to the academic world and other pastoral counsellors and ministers to study and evaluate.

The qualitative research approaches used were autoethnography and semi-structured interviews based on questionnaires. Participants were obtained through purposive sampling, coupled with snowball sampling.

To keep the voices and perspectives of the pastoral counsellors and ministers in focus, the Listening Guide of the Voice Centred Relational Method (VCRM) was used as analytical tool for the participants' interview data. Creative Analytical Practices (CAP) was used to analyse the autoethnographic data, which consists of different texts, prose, journal entries, poetry, photos and pictures, diagrams and maps.

What emerged from this research study was that the pastoral counsellors and ministers were often feeling disenfranchised, 'being silenced' by those around them. Participants responded by keeping feelings of grief and loss to themselves, with husband and wife often keeping their grief from one another for fear of opening each other's wounds. Their faith in God provided comfort and a way to cope with the loss of their children. They indicate growth from the trauma of their loss when they resumed their professional lives while still working through their grief and managing their vulnerability whilst counselling and ministering.

The narrative research design may provide other bereaved parents with an accessible resource and add another dimension to the current body of academic knowledge, by illuminating theory with lived experience. Writing an autoethnographic account of my grief experience as pastoral counsellor and mother who have lost her son, contributes to the body of bereavement literature. Adding the narratives of the other participants, strengthened this contribution.

### Keywords

autoethnography, emotions of grief, parental bereavement, pastoral counsellor, minister, personal function, professional function, spirituality, support, metaphor, catholic spirituality

## **ACKNOWLEDGEMENTS**

I firstly want to thank God for carrying me through the most difficult time of my life, the death of my son, Aidan. I am grateful that God carried me through the journey of writing this thesis on my loss while I was still grieving.

Special thanks go to the participants in this study who so generously shared their experiences of the loss of their children and the impact it had, and continues to have, on their personal and professional lives.

I want to thank my father, Arthur Adams, who was always so proud of my achievements, especially when I was accepted in the doctoral programme. Daddy, I believe that you are looking down proudly from heaven.

I want to thank my husband Andrew, and sons Alquin and Austen who also were deeply affected by Aidan's death. May we continue to journey together as a family.

I am grateful for the support of my mother, Joan, brother, Arthur, sister, Christelle and their families throughout my journey to healing, as well as my mother-in-law, Virginia, brother-in-law, Stephen and wife Imelda, and sister-in-law, Stephnie, and their families.

I would like to convey my gratitude to Professor Sue Rakoczy for her supervision, guidance, encouragement, support, and financial contribution towards my travel costs to conduct the interviews.

## Table of contents

Declaration	ii
Dedication	iii
Abstract	iv
Keywords	iv
Acknowledgements	v
<b>Chapter 1 The Presentation</b>	<b>1</b>
1.1. Introduction	1
1.1.1. Theoretical Framework	2
1.1.2. The researcher's dual position: insider and outsider	4
1.1.3. Problems/Limitations/Scope Of Study	14
1.1.4. Chapter Outline	14
<b>1.2. The Proclamation: Literature Review</b>	<b>17</b>
1.2.1. Literature On Death And Dying	18
Literature On Death Of Children In Relation To Parents	20
Literature on African cultural grief and rituals	24
1.2.2. Literature On Pastoral Care And Counselling	25
1.2.3. Literature On Resilience	25
1.3. Research Gap	28
1.3.1. Key Research Question	29
1.3.2. Research Sub-Questions	29
1.3.4. Objectives	29
<b>Chapter 2 The Annunciation Research Methodology</b>	<b>31</b>
<b>Chapter 3 The Crucifixion Participant Profiles With Their Narratives</b>	<b>78</b>
3.1. Adri	78
3.1.1. Profile	78
3.1.2. Narrative	79
3.2. Roelf	116
3.2.1. Profile	116
3.2.2. Narrative	116
3.3. Annamie	131
3.3.1. Profile	131
3.3.2. Narrative	131
3.4. Kobus And Mariette	152
3.4.1. Profile	152
3.4.2. Narrative	152

3.5. *Peter And *Paula	176
3.5.1. Profile	176
3.5.2. *Peter’s Narrative	176
3.5.3. *Paula’s Narrative	188
3.6. Summary Of Interviews	201
3.6.1. Effect on Emotions	201
3.6.2. Effect on Spirituality	202
3.6.3. Effect on Health	203
3.6.4. Effect on Family	203
3.6.5. Effect on Ministry	204
3.7. Themes	205
3.8. Reflection On The Interview Experience	206
3.9. Reflections of participants on their experience of recounting and narrating their stories	209
<b>Chapter 4 The Agony</b>	<b>213</b>
<b>4.1. The Crowning With Thorns</b>	<b>213</b>
4.1.1. Impact Of Loss On Emotions	213
4.1.2. The Cycle Of Grief	227
4.1.3. Coping With The Conflicting Emotions Of Grief	230
4.1.4. Impact Of Loss On Spirituality	233
<b>4.2. The Scourging</b>	<b>246</b>
4.2.1. Impact Of Loss On Family Relationships	246
4.2.2. Impact Of Loss On Other Relationships	250
<b>4.3. The Carrying Of The Cross</b>	<b>251</b>
Impact Of Loss On Professional Life	
<b>Chapter 5 The Resurrection</b>	<b>257</b>
<b>5.1. The Last Supper</b> Strength From Spiritual Practices	<b>257</b>
<b>5.2. The Transfiguration</b> Resuming Professional Life As Wounded Healer	<b>273</b>
5.2.1. Resilience	275
5.2.2. Growth	280
5.2.3. The Wounded Healer	306
<b>Chapter 6 The Descent Of The Holy Spirit</b>	<b>314</b>
<b>6.1. The Findings</b>	<b>314</b>
6.1.1. Reflections On Implications For Research	314
6.1.1.1. Feeling Disenfranchised	317
6.1.1.2. Faith helping to cope with the loss of their children	319

6.1.2. Summary of Findings	320
Application of Tedeschi and Calhoun’s Five Domains of Growth	320
6.1.3. Managing vulnerability whilst counselling and ministering	328
<b>6.2. The Ascension</b>	330
6.2.1. Conclusions	330
6.2.2. Recommendations	332
Model for Loss and Grief Retreat	334
Reflection on Model for Loss and Grief Retreat	336
Conclusion	337
References	339
<b>Appendices</b>	363
Appendix A – Recruitment Documents	363
Appendix B – Introductory Letter	365
Appendix C – Consent Form	368
Appendix D – Demographic Information	369
Appendix E – Interview Schedule	370
Appendix F – Questionnaire	371
Appendix G – Consent Form for Release of Information	374

# **CHAPTER 1**

## **THE PRESENTATION**

### **INTERTWINED LIVES**

#### **Reconstructing Life After The Death Of My Son: An Autoethnography Of A Pastoral Counsellor And Mother**

#### **Introduction**

In this chapter, I present the aim of my study on how the loss of one's child affects pastoral counsellors and ministers. The study is an autoethnography of my own experience of the unexpected death of my son and the resultant grief which impacted on my personal, family and professional life. This led me wanting to research the grief experience of other pastoral counsellors and ministers. The theoretical framework is based on my won experience as participant-observer, using my won context as locus of interpretation. As researcher, I occupy the dual positions of insider and outsider, which I discuss in this chapter. I position myself as a novice researcher, coloured female, pastoral counsellor and mother who has lost my eldest son. I share my experiences of studying at an historically coloured tertiary institution, the University of the Western Cape and working as pastoral counsellor at the local parish until my services were terminated. I employ the Triquetra as metaphor for continuing bonds with my son, myself and our family.

The limitations of my study are that I often became emotional to the point where I could not continue writing. Writing about my grief would take me right back to my point of loss and grief. As chapter headings, I have chosen to use the Mysteries of the Rosary, as these prayers and meditations provided comfort and the connection with God during my deepest sorrow.

The literature review includes general literature on death and dying, literature on death of children in relation to parents, literature on African cultural grief and rituals, literature on pastoral care and counselling and literature on resilience. In the light of the absence of specific literature on the grief experiences of pastoral counsellors and ministers, the selected literature topics support my research study on the grief experiences of pastoral counsellors and ministers and the loss of their children and be inclusive of the varied demographics of participants.

## **The Aim Of This Study**

This is an autoethnography to explore how bereavement affects a pastoral counsellor or minister when faced with their own bereavement at the loss of their child.

**KEY WORDS:** autoethnography, emotions of grief, parental bereavement, pastoral counsellor, minister, personal function, professional function spirituality, support, metaphor, catholic spirituality

## **Background To The Research Problem**

The unexpected death of my eldest son left our family shattered with shock. This devastating loss of my son has prompted me to research parental grief at the loss of a child of parents who are pastoral counsellors or ministers, to investigate how we deal with our own grief while having to continue to minister to others. I hope this study will add to the grief literature about pastoral counsellors and ministers who have lost children. After my thesis is accepted, I also hope to revise it for publication as a resource for people in ministry about grief experiences of their colleagues.

### **1.1.1. Theoretical Framework**

#### **Theoretical Frameworks Upon Which The Research Project Was Constructed**

The theoretical framework is contextual in nature, as I am using my own context and experience as participant-observer as locus of interpretation.

My own personal experience at the loss of my son and that of other parents I have spoken to, are echoed in the findings of bereavement researchers. Arnold (2005) finds that: "In bereavement literature there is agreement that the death of a child is almost beyond the parents' endurance". Toller (2005) states: "The death of a child is one of the most devastating and life-altering events that a parent can experience." Rosof (1994) concurs that "Nothing prepares you for your loss, or for the intensity of your grief... grief for a child is wrenching and disabling. It hits harder and lasts longer than anyone anticipates". Buckle and Fleming

(2011) The death of a child has a tremendous and overwhelming impact on parents and siblings, completely altering the psychological landscape of the family. Toller (2011) reiterates that, “One of the most painful and life-altering events that a person can experience is the death of his or her child.” Price and Jones (2015) concur that, “The death of a child is a life-altering event for parents, leading to grief that is individual, intense, and long lasting.” For Shankar et al. (2017), “The death of a child can be seen as one of the most devastating experiences for parents which can result in a unique and enduring grief.”

Several studies, Holly (1989); Robinson (2000); Bolton (2000), Pennebaker (2004), Smyth et al., (2008); Murnahan, 2010; Klein and Boals, (2010); Jensen, (2016); Glass et al, 2019; Zheng et al., (2019); Valtonen, 2022; Deveney and Lawson (2022) show that writing about a traumatic event has a therapeutic effect on the writer, whether the writing is private or intended for publication. Klass et al. (1996), Walter (1996), Foster et al. (2011) Klass and Steffen (2017); Clabburn et al. (2021); Jones et al. (2021) also found that writing is also a way of continuing bonds with the deceased child. Edwards (2006: 116) claims another reason for writing about the deceased, is to prevent the dead “being erased”. This fear of their children being erased from a society reluctant to remember them, may account for the rise in parents writing their own grief stories.

I remember the day we had to remove my son from our medical aid scheme. I broke down and told my husband that it feels as if we were erasing him from our lives, as if he never existed. Writing about my grief is therefore also writing about my son, my story is his story – committing him to history, always to be remembered.

Arnold (2005) states, “While analytical studies contribute to scholarly understanding of grief, the clinical and academic language renders them largely inaccessible to bereaved parents.” Schnell (2000) and Duder (1998), both academics, stated that after the death of their children they found nothing they could relate to in the academic literature on grieving, the theoretical analyses of grief being of no help at all. The personal-experience stories, however, helped them recognise their own grief journey. Riches and Dawson (2000) highlight the power of storytelling, which may be used as a tool to help the bereaved construct a new reality. Such a

narrative may also provide other bereaved parents with an accessible resource and add another dimension to the current body of academic knowledge, by illuminating theory with lived experience.

It is therefore my hope that this academic work will eventually be reworked into a book accessible to other bereaved parents, most notably pastoral counsellors and ministers who have lost a child.

### **1.1.2. The researcher's dual positions: insider and outsider**

I have set out to prove that the loss of a child, indeed, has emotional and spiritual impact on a pastoral counsellor or minister's professional life. The concept of insider and outsider has influenced how knowledge of parental bereavement has been, and is being, transmitted. Consequently, a description of the experiences of parental bereavement of a pastoral counsellor or minister might best begin with a discussion of the concept of insider-outsider and my position as researcher and where I locate myself, on the continuum between the two, or as either, or both. I will explore insider-outsider issues in terms of my positionality, power and knowledge and claim that my experience reflects a combination of insider-outsider status.

What will make this research study credible is that I have declared my insider-outsider positionality as a novice researcher, coloured female, pastoral counsellor, and parent of three boys, of whom the eldest has died, wanting to explore the impact the death of a child has on a pastoral counsellor or minister's emotional, spiritual, and professional life. My experiences are being perceived through the accumulation of my life experiences and understanding in relation to gender, spiritual and cultural background, age, and many other factors. However, this recounting of the story is also being informed by the research participants and their narratives.

Questions that arose were: Will I have an insider status due to commonality, as a pastoral counsellor in her and bereaved mother? When I engage with my research participants, will my age, gender or spiritual and cultural background affect these engagements? I have found

that none of these questions mattered, as the participants met me on the common premise of having lost a child. An insider aspect that became quite significant, was that I found I could relate my experience as female theology graduate to some of the female participants. Like them, I have studied for my undergraduate degree at the University of the Western Cape (UWC), the university which was historically established for Coloured students. UWC housed the Dutch Reformed Mission Church's School of Theology, the church, which was historically established for Coloured people, separate from the mother Church, the Dutch Reformed Church. The School of Theology has since changed to an interdenominational School of Theology. Instead of pursuing ordination in the Dutch Reformed Mission Church like Maryanne Plaatjies van Huffel, who was three years my senior, and completing my honours degree, I opted to continue my studies in Pastoral Counselling at the University of Natal, before the name changed to University of Kwa-Zulu Natal. Shortly before getting married, I converted to Catholicism, which effectively put paid to being ordained. As my goal was always to be a pastoral counsellor, I did not feel it much of a loss, but through the years there were the odd feeling of envy that I was theologically qualified for ordination yet would never be able to be ordained. I comforted myself that my "preaching" was done in the workshops and retreats that I conduct. I had the privilege to stand on the pulpit at the local Methodist Church and I remember the indescribable feeling when I mounted the stairs up into the pulpit. When I started working for my home parish as pastoral counsellor, I felt I was living my vocation and calling. Again, there was that bit of envy that the deacons with less theological training were able to deliver homilies, yet again I consoled myself that being pastoral counsellor was my calling. It was just very hurtful, and it took a very long time to work through that hurt, when a new priest informed me that my services were no longer required at the parish. No amount of persuasion from myself and, I learned later, other parishioners, could change his mind. Now and again that bit of yearning for ordination crops up, like when at a recent retreat when the priest said that he hopes that he would in his lifetime still see married women being ordained. Through the years I have made my peace with my decision to focus on being a pastoral counsellor. Upon reflection, it seems then, that what I also have in common with the female participants and the daughter of the one male participant, is being hurt by our pursuit of trying to serve in the capacity for which we have studied and were trained for. I am gratified to say that with perseverance and resilience, we managed to overcome the obstacles. Aside from the young minister who died tragically, the

one participant did become a minister at a parish, the other one became a chaplain at correctional services, and I opened my own pastoral counselling office.

The understanding of myself as a central part of the research process, as both a data collection tool, and how I will be positioned within the research field, were two important aspects of the study. My identity as a researcher doing research then became one of seeking authenticity, agency, and capability to pursue these choices (Mockler, 2012). At the same time, I had to recognise that reflexivity is an important but questioned and multifaceted concept. It is an explicit self-consciousness about the researcher's social, political and value positions in relation to how these might have influenced the design, implementation and interpretation of the theory, data and conclusions (Griffiths, 1998; Greenbank, 2003).

A concern I had was how to design a document that represents all my research participants in a meaningful way. It is reassuring to know that other authors had also had these types of dilemmas and discussions, with the importance and interpretive implications of concepts such as '*reflexivity, legitimation, representation, and the politics of location*' (Caelli et al, 2003).

Kusow (2003) writes that 'the insider-outsider debate in field research has recently been identified as one of the more important areas of research' in the social sciences and humanities. Many authors, especially those utilising qualitative methodologies that require reflexivity have explained their motivation for their research by frequently positioning themselves as either 'insiders' or 'outsiders' to their research domain. Similarly, this thesis is my autoethnographical narrative.

Merriam et al. (2001) write that early scholars, labelled themselves as *either* insiders or outsiders to their studies. Some recent discussions of the insider-outsider status have acknowledged the complex nature of either status, and that the boundaries between the two positions are not clearly defined.

Usually, insider-researchers are those who choose to study the group to which they belong, while outsider-researchers do not belong to the group under study. It is common for researchers using qualitative methodologies to study a group, organisation, or culture to

which they belong and, in doing so begin the research process as an insider (Bonner and Tolhurst, 2002). Insider researchers are often intimately engaged with their research-domains and, unlike outsider researchers, would rarely be described as those who “parachute into people’s lives... and then vanish.” (Gerrard, 1995)

Ashforth et al’s critique is that the insider-outsider dichotomy is simplistic and is unlikely to be applicable to all researchers. They suggest that, instead, the role of the researcher is better conceptualised as a continuum, rather than as an either/or dichotomy (Ashforth et al 2000).

The dichotomy of the insider and the outsider was relevant to my present study, particularly as a mother and pastoral counsellor who lost a son. It was equally important in my accounts of the interaction, empathy, knowledge, and interpretation of the biographical narratives of my interviewees. The key to the insider-outsider research process is vigilance, so as not to be ‘swallowed’ up by either status and lose one’s position or perspective.

For some researchers, the motivation for their choice of topic results from a combination of experiences. I admit that my personal experience as a mother and pastoral counsellor who lost a son influenced my decision to research the parental bereavement of pastoral counsellors and ministers; my experiences also influenced the way I chose to research this topic.

Reflexivity is the critical consideration of the researcher’s self, their biases within the research and those effects on the research (Jacobs-Huey, 2002: 791; Rose, 1997: 308). Positionality (Chiseri-Strater, 1996:116) is the means for researchers to examine, “how the self impacts upon the data generated, but it tends to do so in a relatively safe manner by focusing on social categories such as gender, class, ethnicity rather than on more controversial issues such as personality and emotions” (Punch, 2012: 87). These attributes are ethically required for disclosure in ethnographic research as they affect the data.

Lived experiences can be seen as both strengths and weaknesses with regards to the research. They can also create a new emotional link to a past vulnerability leaving the researcher vulnerable to unearthing emotions from our pasts (Hume, 2007).

In a discussion with a fellow PhD student, I admitted that I have difficulty with vulnerability – showing exactly what my experiences are and how I cope with my experiences. This contrasts greatly with my need to shout to the world that my son has been ripped from my world, and the need to hide my emotions and feelings in case people do not want to hear and see my pain. Writing about my pain to an academic audience provided me with a more academic, even clinical distance. On the one hand I had the insider position and on the other hand the outsider position, each with their own benefits and challenges, such as outsider neutrality vs. inability to truly understand; or insider capacity for greater access vs. potential for bias (Merton, 1972 and Pike, 1967).

Smith-Sullivan (2008) states that:

Personal narratives and autoethnography can function as emotional conduits and therapeutic vehicles from at least two perspectives. In one respect, the writer can have a therapeutic experience because it is self-reflexive research and the process serves as a healing act. Additionally, the reader or audience of autoethnography can have a therapeutic experience or emotional catharsis as the story may elicit empathy toward others, possible self-reflection, and result in better understanding of self and other. I believe that the real power of autoethnography comes from authors who have endured pain, who then capture that suffering in words, with the ultimate intention of assisting others. As a side result, writing is usually healing for the writer and most probably therapeutic for readers. The act of writing can be cathartic, but often it is the act of re-reading and revising one's writing that helps people make sense of their experiences. In addition, readers of illness or trauma narratives may become the vicarious benefactor of the author's experience, transformation, and wisdom. Writing and reading illness related stories is often a form of support or catharsis, yet in some instances, it becomes a moral act.

In wounded storytelling the physical act becomes the ethical act... In stories, the teller not only recovers her voice; she becomes a witness to the conditions that rob others of their voices. When any person recovers his [or her] voice, many people begin to speak through that story (Frank 1995, xii-xiii).

Autoethnography shows the significance of being conscious of reactions, responses, thoughts, and feelings no matter how small or insignificant they may seem. I have to learn to own my

weaknesses, limitations, and strengths, and realistically evaluate my contribution to the research encounter. What is required is a vigilance to open myself up for analysis and to recognise and critically examine my feelings and emotions, and reflecting on them. This will be achieved by questioning. Questioning my position of researcher, questioning my position as a bereaved mother, and questioning how these *positionings* will frame and shape how I will perceive the participants and the narratives I seek to understand.

As autoethnographical researcher I became part of the data, and I had to apply deep self-introspection and vulnerability because self-reflexivity and rigorous honesty are essential. I was inspired by the use of narrative metaphor in grief research. The narrative metaphor proposes that persons live their lives by stories - that these stories are shaping of life, and that they have real, not imagined effects and that these stories provide the structure for life. (White 1991:28; Bruner, 2004; Frank, 2010; Kirmayer, 2016)

In her conference paper, Eleanor Pardess (2004) gives the following definition of metaphor that is significant for my study:

The word “metaphor” is Greek in origin; the Greek etymology is from meta (change) and pherein (to bear or to carry). The word “amphora,” which has the same root, means an ancient Greek vessel for carrying and storing precious liquids. Metaphors can convey ideas and feelings that might otherwise be difficult to put into words. (Knopp, 1995; Siegelman, 1990).

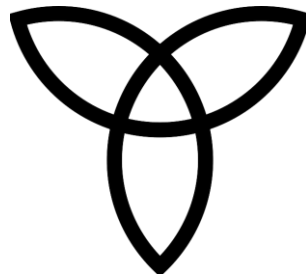
I was specifically inspired by Lorraine Hedtke’s (2003:1-6) metaphor of the Origami of Remembering, drawing her inspiration for the Origami metaphor from the ancient Japanese art of folding paper. She uses it to describe the process of folding and re-folding the stories of people’s lives and how these are linked to those who have passed away: As Hedtke speaks with people after their loved one has died, she recalls the beauty of the folding metaphor. She likes to think of each person’s life as having the posthumous potential to become an elaborate folded work of art:

With each retelling of the stories of someone’s life, especially when these are being told to a new person – someone who has never met the deceased – it is as if the deceased person’s stories are being folded into seams and creases that give contour and texture to the lives of the living. As the stories of the deceased

continue to influence our lives in the present, it is as if our folding and unfolding brings the person into three-dimensional life. The stories that are folded into being may indeed hold water. They may even do more than this – they may make the lives of the living worth living.

(Hedtke 2003: 5-6)

Based on Hedtke’s metaphor, I used the Triquetra as a metaphor for Intertwined Lives of Pastoral counsellors or ministers who have lost a child.



In Christianity, the **Triquetra** is a symbol for the Trinity which symbolizes the three persons of the Father, the Son and the Holy Spirit representing one God. The idea of the Trinity is expressed in a number of verses of the Bible which includes *Matthew 3:16-17* and *John 14:16-17*, among others. The three equal arcs of the Triquetra stand for equality while the lines moving in a continuous arc represent eternity. The unique interweaving of the Triquetra symbolizes unity and indivisibility. The **Triquetra**, as a symbol of the Trinity was used commonly by the Celtic Christian Church and sometimes represented by three interlaced fish within a circle representing unity. The Triquetra could also represent the concepts of body, mind and soul.

<http://www.innovateus.net/innopedia/what-does-symbol-triquetra-mean> (accessed 8.10.2016)

Grieving reveals the complexity of being human in that we “respond organically, in all dimensions of our being at once” (Attig, 2001; Hedtke and Winslade, 2016; Pierre, 2016; Whyte, 2019; Bonanno, 2019), spiritually, physically, emotionally, intellectually, and socially. The Triquetra has long been a symbol for the Trinity, and I suggest that our lives resemble an intertwined trinity of the physical, emotional, and spiritual, which can be richly symbolised by the Triquetra. The Triquetra can also be a symbol of our intertwined relationship with our children, while they were alive, when they were ill and the continued relationship after their death. The Triquetra can also symbolize our intertwined lives in our

personal, spousal and professional selves as pastoral counsellors or ministers. The Triquetra, for me, is a continual movement from one dimension into the next, a never-ending flow of intertwined relationship, as we tell our narratives. Attig (1996: 36) suggests that narratives are the heart of the matter and that, when we are bereaved, we seek safe contexts in which we can tell and re-tell our stories of loss, hoping that the therapist can bear to hear what others cannot, validating our pain as real without resorting to simple *cliché* reassurance. The narrative story (Neimeyer and Stewart, 1996; Finkbeiner, 2012; Parkes, 2013; Rosenblatt, 2016; Doka, 2017) helps to organise and make meaning of the survivor's life after the death, as well as the life of the person who has died. Pastoral counsellors and ministers, by virtue, or the assumption, of their designation as people of faith, would be able to safely move between the temporal and the transcendent of their intertwined lives in the context of the Triquetra as metaphor, or vehicle, of their narratives. And in doing so, make meaning of their own, and their child's life.

In current theology, the relational model of the Trinity as 'Persons-in-Relation' gives full significance to the centrality of love in the biblical picture of God and of our relationship with him.

I have explored the relational model of the Trinity based on LaCugna's and Moltmann's theology of the trinity. LaCugna sees the Trinity in communal or relational categories:

The doctrine of the Trinity, which is the specifically Christian way of speaking about God, summarizes what it means to participate in the life of God through Jesus Christ in the Spirit. The mystery of God is revealed in Christ and the Spirit as the mystery of love, the mystery of persons in communion who embrace death, sin, and all forms of alienation for the sake of life. (LaCugna 1991:1)

LaCugna (1991) goes on to say that the doctrine of the Trinity, in addition to the persons of the Trinity being in communion with each other, is a teaching about God's life with us and our life with each other – a mutual indwelling.

Moltmann argues that the crucifixion of Jesus was, first and foremost, a Trinitarian event in which all three members of the Godhead participate toward their bearing of the suffering of the world.

What happens on the cross manifests the relationships of Jesus, the Son to the Father, and vice versa. The cross and its liberating effect make possible the movement of the Spirit from the Father to us. The cross stands at the heart of the Trinitarian being of God; it divides and conjoins the persons in their relationships to each other and portrays them in a specific way. The Son suffers dying; the Father suffers the death of the Son. The grief of the Father here is just as important as the death of the Son because the Son suffers in his love being forsaken by the Father as he dies; the Father suffers in his love the grief of the death of the Son.

Moltmann (1974: 246 - 248)

The experience of my grief as pastoral counsellor and mother at the death of my son was therefore viewed through the lens of the relational model of the Trinity, of God who first-hand understands the grief of the death of His Son, whereby we were brought into communion with God who is for us and with us in our life experiences. LaCugna's view that "The exodus of all persons from God and the return of all to God is the dance in which God and we are eternal partners" (1991: 304), has as metaphor our relationship with God as a dance, tying in with the metaphor of the movement within the Triquetra.

The loss of a child has an enormous emotional impact on parents. Assessing the impact of that grief is complex and must take into account several elements. In bereavement, there are behavioural patterns that appear which provide a standard that can be used to assess individual grief reactions. It is important to stress the fluid nature of the identified phases of movement through the mourning process.

Bereavement may be expected to impact the bereaved parents in many aspects such as their religious or spiritual beliefs, autonomy, social reintegration, personal growth, or engagement in social activities, and affecting them emotionally, for example, causing depression, distress, or other features of mental or physical health, which will be studied.

In this research, spiritual experiences were encountered in the narratives of the grieving parents, given their designations as pastoral counsellors and religious ministers. I tried to assess their role in attributing meaning to the loss of the child, in finding comprehensibility and/or significance, and in coping with the continuity and discontinuity of their narratives. The main question, then, is: what role do spiritual experiences play in the narrative construction of continuity and discontinuity in the changed relationship between parents and the deceased child? I opted for a narrative approach because I am interested in people's subjective constructions of their experiences (Ganzevoort et al, 2012; McAdams, 2015; Ganzevoort, and Sremac, eds., 2018; De Luca et al., 2019; Captari et al., 2019; Cho, 2019; Sremac and Ganzevoort, 2019). The narrative approach permits various reconstructions of meaning in life stories. It was especially useful for my purpose because of the complexity of observing continuing bonds with the deceased and because of the many nuances of finding and expressing meaning after bereavement.

The impact of their bereavement and the emotional affect it has on their personal, family, and professional life were assessed through their narrative stories, which consisted of three phases, based on the Questionnaire that was administered:

1. Starting with the period leading up to the moment of death, describing their experience and their deepest feelings and thoughts.
2. Focusing on the period from the actual death up to the funeral, describing their negative thoughts and feelings relating to the death.
3. Ending with the phase since the death. In this latter part of the narrative, they will be asked to focus mostly on what was meaningful to them and on whether they felt their child was still close by, describing their deepest feeling and thoughts about the impact of their child's death, and their perspective on the future.

### **1.1.3. Problems/Limitations/Scope Of Study**

#### **Personal**

“Why am I doing this to myself? Each time I edit this, I sob. I have tapped into the unresolved pain. Can it ever be resolved?”  
(Ellis, 1993)

Similarly, to Ellis writing about the death of her brother, I found myself becoming emotional while engaging with the literature and reflecting on my own experience of the loss of my son. I therefore tried to work for no longer than two hours at a time, to allow myself time to let go of the emotion, even during the proposal, as I was required to do extensive reading on bereavement literature, which all evoked my own emotions and issues of bereavement, catapulting me back and forth between being researcher and bereaved parent. Goodall (2000) found that autoethnographies focus on the author as the central character and do not run from emotions, but actively describe what the author thinks and feels.

#### **1.1.4. Chapter Outline.**

Walsh, Val et al. (2002), Wortman and Park (2008) as well as Klass (2014) found that religions and their interpretive frameworks are able to offer solace and constructs of meaning within the contexts of stress and distress, and especially in the context of death and bereavement. I have chosen the Mysteries of the Rosary as chapter titles because it was one of the prayers and meditations that provided immense solace and consolation, especially during the first months of my bereavement.

The rosary involves the recitation of five decades consisting of the Our Father, 10 Hail Marys and the Doxology. It starts with the Apostles Creed, the Our Father, three Hail Marys and the Doxology ("Glory Be"), and concludes with the Salve Regina. Journeying through the Joyful, Sorrowful, Glorious and Luminous mysteries of the rosary, the individual brings to mind our Lord's incarnation, His passion and death and His resurrection from the dead. In so doing, the rosary assists us in growing in a deeper appreciation of these mysteries, in uniting our life more closely to our Lord and in imploring His graced assistance to live the faith. We also ask for the prayers of our Blessed Mother, who leads all believers to her Son.

<https://www.ewtn.com/library/answers/rosaryhs.htm> (Accessed 8.10.2016)

When Aidan died, it was as if I shut down on many levels, including maintaining my spiritual practices of meditation, scripture reading and reflection and praying. However, a part of me knew that if I did not pray, it will be so much harder to reopen communication with God. I chose to pray the Rosary, where I could identify as a mother with Mary, Jesus' mother, as she walked the path with him in his Passion and Death in the Sorrowful Mysteries, as well as the Joyful, Glorious and Luminous Mysteries. The Rosary Booklet that I used, starts every decade with a Scripture verse, which was the closest I came to reading Scripture for almost a year after Aidan died. Praying the Rosary helped me maintain my spiritual connection with God. As I prayed the different stages of Jesus's life from birth to ministry, to suffering, crucifixion and death, resurrection and ascension, I could lament and weep before God as I would superimpose Aidan's life onto Jesus' life and my life onto Mary's life. And the comfort praying the Rosary gave me, is that God understands what I was going through.

The Rosary Mysteries as titles for the various chapters and sections are merely serving as my interpretation of the content and linking it to the Mystery.

In the Mystery of The Presentation, we meditate on Mary and Joseph presenting the infant Jesus in the Temple. In Chapter 1, it refers to the presentation of the background of the study, theoretical framework, and research methodology. In the Mystery of the Proclamation, we meditate on Jesus proclaiming the Kingdom of God, whereas I use it to 'proclaim' or convey the literature review. Chapter 1 focuses on the background of the study and theoretical framework. The literature review is also presented in this chapter, which will explore the process of bereavement in pastoral counsellors and ministers who have lost a child. The Literature Review examines literature on death and dying, death of children in relation to parents, African cultural rituals, pastoral care and counselling and resilience. Chapter 1 also covers the research design and ethical considerations, research gap with the key research question, research sub-questions and objectives.

In the Mystery of the Annunciation, we meditate on the angel Gabriel announcing to Mary that she will bear the Messiah. Chapter 2 covers the Research Methodology on how the research was conducted, analysed, and written.

In Mystery of the Crucifixion, we meditate on Jesus' crucifixion and death on the cross. In Chapter 3, I use it to signify the death of our children and our experiences as parents. Chapter 3 contains the participant profiles with their narratives, as well as the reflection on the research process and interview process.

In the Mystery of the Agony, we meditate on Jesus' agony in the Garden of Gethsemane. In Chapter 4, it is used to denote the agony of the grief parents suffer at the death of our children. In the Mystery of the Crowning with Thorns, we meditate on the soldiers putting a crown of thorns on Jesus' head. As section heading, it denotes the continued pain parents who have lost our children, feel. In the Mystery of the Scouring, we meditate on the Jesus being sentenced by Pilate to be flogged. I use the heading to denote the physical, emotional and spiritual pain of grief of parents who have lost our children. In the Mystery of the Carrying of the Cross, we meditate on Jesus carrying his cross despite his battered and broken body. The heading symbolises that parents have to carry their pain of the loss of our children. Chapter 4 recounts the experience of the pastoral counsellors and ministers in terms of the impact of loss on emotions, the cycle of grief, coping with the conflicting emotions of grief, the impact of loss on spirituality, impact of loss on family and the impact of loss on professional life.

In the Mystery of the Last Supper, we meditate on Jesus instituting the Eucharist. The mystery as heading in Chapter 5, represent all the spiritual practices employed to provide strength during the grieving process. In the Mystery of the Transfiguration, we meditate on Jesus' transfiguration on Mount Tabor. Used as a heading, it denotes the change in the parents grieving process. Chapter 5 relates the pastoral counsellors' and ministers' experience of drawing strength from spiritual practices, as well as resuming professional life while grieving and as wounded healer.

In the Mystery of the Descent of the Holy Spirit, we meditate on the Holy Spirit descending on the disciples, as Jesus had promised. As heading for Chapter 6, it represents the final chapter of the thesis, but also the strength and courage received from the Holy Spirit for the way onward for parents who have lost our children. In the Mystery of the Finding of the Child Jesus in the Temple, we meditate on Mary and Joseph searching for Jesus for three

days and finding him in the Temple preaching to the elders. Here, I use the heading to summarise the findings of the study. In the Mystery of the Ascension, we meditate on Jesus' ascension into heaven. As a heading, it encapsulates the way forward and the ascension out of grief, which will never be complete, but we will be able to live our lives despite the loss of our children. Chapter 6 contains a summary of the study, the limitations and reflections on implications and recommendations for future research and conclusions. This chapter also includes a model grief retreat outline.

Changes had been made to the chapter numbering and headings as during the writing, the thesis had evolved. Some of the initial aspects had been merged into another section, making some subsections superfluous, while there were additional subsections with new headings made.

## **1.2. THE PROCLAMATION: Literature Review**

### **Review Of Literature**

This autoethnographical study aims to explore my personal experiences as pastoral counsellor of bereavement and grief at the loss of my son. Pastoral counsellors provide care to those experiencing loss, yet I have not found any studies on the personal experience of loss, bereavement, or grief of pastoral counsellors. The pastoral counsellor's experience of grief is being compared with the personal experience of grief of other pastoral counsellors and ministers at the loss of a child. The included literature on death of children in relation to parents, pastoral care and counselling and resilience, are particularly relevant for this study exploring the loss experiences of ministers and pastoral counsellors navigating personal and professional lives in the midst of their grief after the loss of their children. The literature review, which includes general literature on death and dying, literature on death of children in relation to parents, literature on African cultural grief and rituals, literature on pastoral care and counselling and literature on resilience, were selected to support my research study on the grief experiences of pastoral counsellors and ministers and the loss of their children and be inclusive of the varied demographics of participants.

### **1.2.1. Literature On Death And Dying**

The purpose of grief has been defined for most of the 20th century as to break an attachment (Klass, 2000). Freud's article 'Mourning and Melancholia' (1917) described mourning as a task to detach the survivor's memories and hopes from the dead. He believed grief work is accomplished when a bereaved individual is able to withdraw attachments from the deceased and live contentedly in a restructured lifestyle (Davies, 2004). In 1944, Lindemann felt that bereavement was aimed at conscious expression of feelings and confronting the reality of loss, with the goal of therapeutic intervention being the successful resolution of grief. He developed the concept of 'normal', as well as 'abnormal' grief (Davies, 2004). Robertson & Bowlby (1952) had identified three phases of separation response: protest (related to separation anxiety), despair (related to grief and mourning), and denial or detachment (related to defence mechanisms, especially repression). Bowlby & Parkes (1970) collaborated on a joint paper in which the phases of separation response delineated by Robertson for young children were elaborated into four phases of grief during adult life: (a) numbness, (b) yearning and protest, (c) disorganization and despair, and (d) reorganization.

Kubler-Ross (1969) proposed the theory that grief is a process, stating that the grieving process over the loss of a loved one includes five stages: denial, anger, bargaining, depression, and acceptance. This theory is updated by Kubler-Ross and Kessler (2014), In Stage 1: Denial – bereaved people find it difficult to process the loss of their loved one. There would still be times that they wake up expecting to see their loved one, at that moment having forgotten that they have passed away. In Stage 2: Anger – bereaved people may be angry with themselves because they have lost their loved one; they may be angry at the loved one for having left them; they may blame other people and feel angry with them or even feel angry with life in general. In Stage 3: Bargaining – bereaved people may pray, trying to make an exchange for their loved one to come back to them, or they may wonder if things have happened differently, what the outcome may have been. In Stage 4: Depression – bereaved people may become depressed when they recognise that the reality of their loss will not be changed by bargaining and fantasising. As they process the finality of their loss, bereaved people may become sad and withdraw. In Stage 5: Acceptance – bereaved people begin to experience acceptance they begin to resume their lives without sadness permeating every waking moment. In the acceptance stage, people acknowledge the reality of the death and

move forward with their lives. For Kubler-Ross and Kessler (2014: 7) the stages “are a part of a framework that makes up our learning to live without the one we lost. They are tools to help us frame and identify what we may be feeling”. These stage do not necessarily follow a linear pattern, because bereaved people may move back and forth from one to another stage; some stages could overlap, and stages may even be skipped by some people. The stages theory is a general guide which may vary from one person to another as people respond differently to grief. The stage theory was criticized by Neimeyer (2013, 2015) because it focuses entirely on emotion and not enough focus is placed on cognitive or behavioural responses to loss. Neimeyer continues his critique of Kubler-Ross’s stage theory, saying that it does not take cultural variations in the grieving process into account.

Worden’s (1982, 1991; 2009; 2015;) model of grieving was designed to help the bereaved as well as healthcare professionals attempting to provide support for the grieving. In response to the potential passivity of these stage/phase models, Worden identified four tasks to the bereavement process which, presenting a dynamic action within the mourner's power, allowing them to do something about their grief. The first task is to accept the reality of the loss, the second task is to process the pain of grief. The third task, to adjust to a world without the loved one, comprises of three areas of adjustment: everyday functioning, sense of self, and beliefs, values, and assumptions about the world. The fourth task is “to find an enduring connection with the deceased in the midst of embarking on a new life” (Worden, 2009: 50). Task Five—to rebuild faith and philosophical systems challenged by loss, was added by Kenneth Doka (1993). Worden’s four-task model was very popular, but he did a major revision in later years. Worden (1982) based the first edition of his book *Grief Counseling and Grief Therapy*, on Freud’s (1917= 1957) view that the purpose of grief work and mourning is to detach oneself from the deceased loved one. In the 1991 and 2002 editions of his book, Worden incorporated the theory of Klass et al., (1996) of continuing bonds, in which individuals should have a connection with the person who is gone and at the same time be able to continue with their life. Worden’s model recognises that the mourning experience can be different for each individual and that the grief process can be affected by mediators. Worden argues for mourning tasks that lead to an adjustment in life after loss, yet he agrees that “in a sense mourning is never finished” (Worden, 2009: 77).

### **Literature on death of children in relation to parents**

A child's death is truly a life changing event of immense proportions, such that one life [is] ended and another life is indelibly changed (Bernstein, 1997). The grief that parents endure following a child's death may be the most intense and long-lasting of all human encounters with grief (Edelstein, 1984; Sanders, 1989; Schwab, 1990). Parental grief is generally considered one of the most severe, enduring, and debilitating forms of bereavement (Oliver, 1999). For many parents, the bond with their child is the most significant interactive relationship they have in their lifetime (Klass and Marwit, 2000). The death of a child and the subsequent bereavement for parents has been shown as being associated with more overwhelming reactions and severe adjustment disorders than other forms of bereavement (Stroebe, Stroebe and Hansson, eds. 1993)

While much of the research describes the acute phase of grief as lasting 6–8 weeks this is grossly inadequate for the death of a child (Rando, 1993; Rosenblatt, P.C., 2016; Malacrida, C., 2016; Vegsund et al, 2019; Lichtenthal, 2019; Pohlkamp et al. 2019; Calderwood, K.A. and Alberton, A.M., 2023.). Parents may report a 'shift' in their grief around four to six months after the death, where the every-minute intensity of their grief is replaced by the grief coming in waves (Rosof, 1994; Hunt, S. and Greeff, A.P., 2012; Stevenson et al., 2017). Many people maintain a 'timeless' emotional involvement with the deceased, but this attachment often represents a healthy adaptation to the loss of a loved one (Marcia Kraft Goin in Stroebe, Stroebe and Hansson, eds. 1993; Snaman, et al. 2016; Denhup, C., 2019).

Modern theories suggest that bereaved parents do not detach from their child. Traditional definitions of unresolved or abnormal grief are now seen as the 'normal' reactions of parental grief, arguing that traditional theories have not been able to explain the complex and multidimensional nature of grief (Coyle, 1998; S. Hogan, Daryl B. Greenfield, Lee A. Schmidt, N., 2001; Berzoff, J., 2011; Hill, 2019; Yousuf-Abramson, S., 2021). The bond between parent and each individual child is considered by some to be irreplaceable or, 'sacred' (Klass and Marwit 1988-1989). This bond between parent and child cannot be broken by lack of interaction because they are not contingent upon changes in the behaviour of the other (Klass and Marwit, 2000).

The new emphasis on parental bereavement is the concept of ‘continuing bonds’ with their deceased child (Klass, 2000). This concept of continuing bonds challenges the dominant assumption that resolution of grief is achieved through severing bonds with the deceased (Davies, 2004). Continuing Bonds represent the idea of maintaining an emotional connection with the deceased as a way to cope with the loss (Klass, 1996; Garattini, 2007; Hibberd, 2013; Bogensperger and Lueger-Schuster, 2014; Neimeyer, 2019). A mental representation of the deceased can take the form of

- A fond memory or memories that the bereaved associates with the deceased, a sense of being spiritually guided or watched over by them, or a perception that the deceased is physically nearby.
- A keepsake of the deceased that the bereaved retains, such as a photograph or a watch that belonged to the loved one.
- A location the bereaved associates with the deceased. This location can be as formal or informal as desired by the bereaved, such as a religious shrine or the deceased’s former bedroom, respectively (Field et al., 1999; Field et al., 2003).

Parents may also turn to religious support resources when dealing with the loss of a child, searching for meaning in the loss or relying upon the promise of particular religious beliefs that bring comfort to them (Cook & Wimberley, 1983; Edmonds, 1993; Klass, 1993; Walsh, F., 2003 & 2019; Ogińska-Bulik and Kobylarczyk, 2019; Doehring, 2019). Although reliance on religious sources of support may be facilitated through discussion with clergy, believing friends or family, the source of support lies in the religious beliefs or meanings that a person believes in or holds to be valuable (Cook & Wimberley, 1983). During the earlier stages of bereavement, it is common for bereaved parents to question God's mercy and to feel intense anger at God when a child dies (Knapp, 1986; Edmonds, 1993; Perrine, 2019; Engelstad and Malotky, 2019). Over time as parents search for resolution of their grief they may rely upon particular religious concepts for some comfort and peace.

Religious parents’ theodicy of grief displays the following elements: (Cook and Wimberley, 1983; Wuthnow et al., 1980; Lohmann, 1989; Oliver, 1995; Hass and Walter, 2007; Hays and Hendrix, 2008; Cowchocket al., 2010; Nuzum et al., 2017; Kalu, 2019.)

- i. Blame or question the mercy of God
- ii. Question the benevolence of God
- iii. See death as a punishment for parental wrong-doing
- iv. Believe that their child's death occurred because it was intended by God to serve a good and useful purpose
- v. Feel that the child is better off, especially in the case of debilitating illness or disability
- vi. Believe that they will be reunited with the deceased child in Heaven

Neimeyer and Stewart (1996), along with, amongst others, Gilbert (2002); Terry (2012); Hedtke (2014); Ruthven (2019) and Neimeyer (2019); as well as South African researchers Kotzé, Els, and Rajuili-Masilo (2012); Appel and Papaikonomou (2013) and Sturrock and Louw (2013) maintain that the narrative story is instrumental in organising and making meaning of one's life after the death, as well as the life of the loved one who has died. The process of active interaction within a community where the death is recognised, the deceased person's death is mourned, and the continuing bond with the dead person is validated and shared, makes this possible. (Neimeyer, ed. 2000).

Klass (1993) found that parents often undergo changes in religious understanding, as well as experiencing spiritual connections with the inner representation of their child who has died. Bereaved parents find some measure of meaning in the traumatic loss they have experienced when relying on religious sources of support which can diminish anxiety.

The process of mourning for one's child encompasses dealing with loss of the loved child, as well as with the loss of part of one's self (Videka-Sherman, 1982; Rando, 1986; Bonanno, 2019; Currie et al., 2019; Neimeyer, 2019; Harris and Winokuer, 2019; Cleiren, 2019; Pelacho-Rios and Bernabe-Valero, 2022.). Parental identity, for a great part, is centred on the basic function of the parent, which is to provide and do for one's children. The death of a child denies parents their ability to fulfil their functional roles. The loss of a child often makes parents feel as if they themselves had also died and lost their identity (Edelstein, 1984; Knapp, 1986; Lichtenthal et al., 2010; Spuij et al., 2013; Lichtenthal et al., 2019; Currie et al., 2019). The parental grief process is often extended because the parent has adapted to the child's death as well as re-construct their own identity. Parents have to learn to see themselves and the world in a new way which profoundly alters parents' sense of their

individual identity (Klass, 1993; Lichtenthal et al., 2010; Spuij et al., 2013; Lichtenthal et al., 2019; Currie et al., 2019)).

Edmonds (1993) found that some parents find purpose by carrying on with a meaningful activity of the child's life, thereby trying to continue the child's future. The part of a parent's identity that planned for their child's future is gone forever and can never be reclaimed, but parents try to fill the void of that future with memories and new activities (Knapp, 1986; Brotherson, 2000; Lydall, 2008; Klass, 2018).

### **Critique of Bereavement Theories**

Previous models of grief imply that grieving people have to passively negotiate an order of psychological changes forced on them by external events, thereby disempowering them. (Neimeyer, ed. 2000).

The literature may reflect some gender differences in the way men and women respond to grief and bereavement, however, it is important to recognise that these differences and styles are just as valid as any other, and can still be healing (Golden and Miller, 1998).

The bereavement process by the Kubler-Ross model suggests a rigid structure. While it is useful to have a concept of predictable patterns to bereavement, the word stage suggests a lack of fluidity (Dershimer, 1990). Parkes (2013) states that Kubler-Ross has made a valuable contribution to grief studies, however, she isolated herself from other researchers and failed to mention them, even when using their work.

Hussein and Oyeboade (2009) notice with regret that the theoretical development in continuing bonds research has thus far exceeded empirical research.

## Literature on African cultural grief and rituals

The reason for including a brief literature review on African Cultural Grief and Rituals, is because of one of the participants' African cultural background. There are many more written accounts on this topic, but it is beyond the scope and purpose of my study.

Solomon (1986), Van Heerden (2002), Yawa (2010), Appel (2011), Setsiba (2012) and Potelwa (2016) give accounts of various traditional African grief and funeral rituals, including Xhosa rituals. Some rituals are *Ukubopha*, where "Immediately after telling the news a short prayer is made, to "bandage" the wound - *ukubopha*. God is asked to comfort the bereaved, make him accept His will and the irreversibility of the situation" (Solomon, 1986: 28) and *Umkhapho* which, as Van Heerden (2002: 14) states, "Following the death of a grandparent, parent or sibling, the *umkhapho* ritual is performed to accompany (*ukukhapha*) the spirit of the deceased to the ancestors".

Siphe Potelwa (2016) writes

Traditionally, usually a week or so after the burial a ritual called cleansing of the spades and pots takes place. These are the utensils which are used for digging the grave and cooking. The ritual is performed to show appreciation to the men and women who helped the family with funeral arrangements, and is conducted in a peaceful manner. Potelwa (2016: 30)

Angela Ntombizodwa Nokuphila Solomon (1986) reports the following regarding Xhosa rituals for the bereaved:

Widows are expected to mourn for a whole year. Parents mourn their children for 6 months. Children mourn their parents for three months and their sibs for one month. Men only need buttons. They are not normally expected to mourn for long. Visiting the bereaved usually continues for about six weeks after the funeral. During such visits the senior kin members observe if there are any deviations from the normal. If the mourner still shows grief such behaving is viewed in a serious light and may be formally reprimanded. It is regarded as "Ukuhlola" - pathological behaviour that invites disaster, or misfortune. (Solomon, 1986: 33-34)

### **1.2.2. Literature On Pastoral Care And Counselling**

Pastoral counsellors and ministers who have suffered the loss of their child, need to be aware that they are wounded healers (Nouwen, 1972; Nolte and Dreyer 2010; Zerubavel and Wright, 2012) and should therefore ensure they have experienced sufficient personal healing so as to be effective in their ministry.

In the light of this awareness, the views of the following authors are particularly relevant for this study where pastoral counsellors and/or ministers have experienced the loss of a child and have to continue ministering to others in crisis:

Estadt (1983)'s view that the pastoral counsellor should be a religious integrated person, is important because they should be aware of their own grief and having worked through their grief, be able to stand with the person in crisis to whom they have to minister and convey God's healing love.

Clinebell (1984)'s Growth Model is significant for all people in crisis, including pastoral counsellors and ministers whom have lost a child and have to work through, and grow from, their grief to enable them to minister other grieving people.

Blanchette (in Estadt, 1987) similarly views the pastoral counsellor or minister as having to grow from their own life experiences to enable them to minister to others, because they themselves have been able to experience the healing of God and the way to becoming fully human.

### **1.2.3. Literature On Resilience**

Resilience may be broadly defined as "the human capacity to deal with, overcome, learn from, or even be transformed by the inevitable adversities of life." (Luthar and Zelazo, 2003). Initial research into resilience concentrated on children and the capacity of some of them to adapt to adverse events and circumstances; (Taylor et al (ed), 2000). However, researchers

increasingly examine resilience in adults, with reference to trauma, bereavement, and disability (King et al (ed) 2003).

According to Bosworth (2011), the assumption that the absence of grief-related symptoms is pathological reflects the belief that individuals manifesting this pattern of bereavement must have little or no attachment to the deceased or that they are heartless individuals. However, evidence suggests that many bereaved individuals adapt well to loss without showing indications of dismissive attachment or emotional distance. (Bonanno, 2004). Rather, these individuals display genuine resilience. They remain functional at work and in relationships, although they may experience some yearning, emotional pangs, and intrusive thoughts.

Murphy and Moriarty (1976) defined resilience as the recovery of smooth functioning after the loss of integration in the face of stressor(s) or trauma. This form of resilience is described as having both a biological and a psychological foundation. The biological nature of resilience can be seen in the capacities of the cells to regenerate tissues damaged by illness or accident when an individual receives the appropriate amount of rest, sleep and care. The psychological restorative processes of resilience may include active problem solving, seeking help, and receiving loving care, striving for mastery, or using defence mechanisms. Thus resilience refers to the human capacity to recover from periods of malfunction, to self-repair and to master the changes of life on the basis of psycho-physiological restorative processes.

Bonanno (2004) argues that resilience refers to the experience of insight and growth after being exposed to disruption in life, while recovery refers to a return to the pre-disruption homeostasis without any experience of growth or insight from the adversity.

Richardson (2002) proposes that resilience is a process which begins at any point in time when a person has adapted to his/her situation in life. This condition is called biopsychospiritual homeostasis where body, mind and spirit are in harmony with one another as well as with the external circumstances of the individual. The biopsychospiritual homeostasis is routinely attacked by internal and external life prompts, stressors, adversities, and opportunities. Disruption in biopsychospiritual homeostasis may lead to the first stage of the resilience process wherein a person experiences self-doubt, hurt, guilt, fear, and

confusion. With the passing of time, an individual begins to think about what he/she should do under the given circumstances. At this stage the process of reintegration emerges. A person can reintegrate resiliently, attempt to return to pre-event homeostasis, reintegrate with loss or reintegrate dysfunctionally (Richardson, 2002). Resilient reintegration involves the experience of insight or growth and the strengthening of resilient qualities. Reintegration back to the pre-event biopsychospiritual homeostasis implies recovery without growth. Recovery with loss means that people give up some motivation, hope or drive because of the demands of life. And lastly dysfunctional reintegration refers to the use of substances and other forms of destructive behaviours to deal with life events.

Sandler, Wolchik, and Ayers (2008) support the assertions that resilience is distinct from recovery, specifically in the context of bereavement and grief following the death of a loved one. Recovery may imply that grief is a disorder from which one recovers to establish pre-existing levels of functioning or health, rather than as a normal process of adaptation and change following loss. In contrast, resilience can be studied through the notions of cumulative risk and protective factors underlying adaptation in the context of bereavement. While the debate about this conceptualization of resilience continues, there are some scholars who maintain that both recovery and reconfiguration (growth) are manifestations of resilience and researchers should specify what form of resilience they are referring to in their studies (Lepore & Revenson, 2006).

### **Resilience in bereaved pastoral counsellors and ministers**

Seah and Wilson (2011) offer ideas for healthy coping skills: talking with others, resting, journaling, meditation, writing, exercising, or learning new hobbies. Getting back to mundane and predictable activities can also bring a sense of normalcy and agency (Rynearson, 2001; Seah & Wilson, 2011). Resilience is closely linked with the personality trait *hardiness* (Seah & Wilson, 2011). Hardiness and resilience have been shown to help minimize debilitating symptoms and support positive functional responses (Rynearson, 2001; Seah & Wilson, 2011). Resilience is defined as having an internal locus of control, a great degree of commitment, and the ability to view change as an adventure toward personal growth, as

opposed to something dreadful (Mathews & Servaty-Seib, 2007). Lang, Goulet, and Amsel described hardiness as “a learned ability potentially amenable to change” (2003: 870).

In taking the literature into account, reflection will be sought on how the participant’s own worldview of grief and loss may have been altered. Furthermore, the study will enquire if the participants perceive themselves to have developed personal or professional resilience as a result of processing their bereavement and loss. An assumption will be made that often hidden underneath their saturated stories of bereavement at the loss of their child, are rich stories of *resilience* (the capacity to recover from difficult circumstances), *agency* (acts of free will, volition, and deliberate choice), and *resistance* (a person's deliberate action against the trauma impacting their life) (Denborough, 2006). Participants will be invited to consider the challenges faced by their bereavement; and if any resilience or post traumatic growth was identified.

### **1.3. Research Gap**

In spite of growing insight about parental bereavement, currently there is minimal research available specifically related to parental bereavement as it is experienced by pastoral counsellors and ministers who have experienced the death of a child. This research study seeks to address this gap by attempting to explore and better understand the parental bereavement experience of pastoral counsellors and ministers. In addition, this research seeks to enhance knowledge and understanding of the ways in which pastoral counsellors and ministers negotiate intrapersonal bereavement experiences within the contexts of marital and family relationships, as well as in their professional relationships in ministering to others in the midst of their own bereavement. Exploration of the lived bereavement experience of pastoral counsellors and ministers can certainly strengthen understanding of the bereavement process of pastoral counsellors and ministers.

### **1.3.1. Key Research Question**

How does my own bereavement at the loss of my son affect me in my personal, family, and professional life as pastoral counsellor, as well as other pastoral counsellors or ministers when faced with their own bereavement at the loss of their child?

### **1.3.2. Research Sub-Questions**

1. How has the bereavement of their child impacted the pastoral counsellor or minister's spiritual and emotional life, at various points in 0 – 24 months after the death of their child?
2. How does their bereavement impact the pastoral counsellor's or minister's family life?
3. In what ways can the pastoral counsellor's or minister's loss of their child, their woundedness, become a source of healing for others in their professional life?

### **1.3.3. Objectives**

1. To analyse the impact of the loss of their child on the pastoral counsellor or minister's spiritual and emotional life, taking into account their theological and professional training.
2. To examine the impact of the loss of their child on the pastoral counsellor or minister's family life
3. To investigate in what ways the loss of their child, their woundedness, can become a source of healing for others.

In Chapter 3, the above questions are being dealt with in the narrative of the participants as they share on their grief experiences of pastoral counsellors and ministers who have suffered the loss of a child.

## **Conclusion**

In Chapter 1, I presented the background of the study and theoretical framework. The research design and ethical considerations, research gap with the key research question, research sub-questions and objectives are also covered in Chapter 1. The literature review explores the process of bereavement in pastoral counsellors and ministers who have lost a child and examines literature on death and dying, death of children in relation to parents, pastoral care and counselling and resilience. As bereaved mother and pastoral counsellor, the literature reviewed provides information relevant to my own experience of loss and grief, as well as giving a basis for this study to build on. As stated before, there is very little to no studies and literature specific to the loss and grief experiences of ministers and pastoral counsellors. I therefore hope that this study will contribute to the body of literature of bereaved pastoral counsellors and ministers. There is still much more to literature on the subject of grief and loss, but the literature I have used suffices for this study. The next chapter will present the narrative of the participants, as well as reflection on the interviews and interview process.

## **CHAPTER 2**

### **The Annunciation**

#### **Research Methodology**

##### **Introduction**

This study set out to examine the grief experience of pastoral counsellors and ministers who have lost a child. It was therefore important that the selected methodology should reflect how complex the grief experiences and interpretations of pastoral counsellors and ministers are. The methodology also needed to reflect how meaningful actions unfold and intertwine within the lives of pastoral counsellors and ministers. In addition, my own experience as a bereaved mother and pastoral counsellor called for a method that recognises me, the researcher, as an integral part of the study.

In this chapter, I will explain the research design, participant selection, and conducting the interviews. Some of the ethical and analytical concerns I have been faced with in the research process will be discussed, and how they were dealt with. Analysing and writing up the narratives will also be discussed.

##### **Method of enquiry**

The method of inquiry for this study is a narrative approach of autoethnography to explore the impact of the personal experience of grief of myself as mother and pastoral counsellor at the loss of my son.

The narrative research design highlights the grief experience of pastoral counsellors and ministers who have lost a child. Narrative enquiry as a research tool is discussed before a discussion of the specific autoethnographic research method and its components.

##### **Narrative Inquiry**

When using narrative inquiry as a research method, researchers reflect on events that are related. They reveal meaning from people's experiences by using the writing process, because human beings are narrative, "storytelling organisms", according to Connelly & Clandinin (1990: 2). Stories attract people, people tell stories, they love hearing, reading, and

writing stories. Through narrative, a researcher can become part of the research and the research process. A researcher can be deeply involved in the study, instead of only be a passive observer. Laurel Richardson (1990: 183) states, “Narrative is the best way to understand the human experience because it is the way humans understand their own lives.” My personal experience and perspectives as a mother and pastoral counsellor who have lost a child, form an essential part of the research.

The narratives in this study are written and viewed through the lenses of bereavement literature, as well as the religious and spiritual traditions by virtue of all participants being pastoral counsellors and ordained ministers who are theologically trained and qualified, and confess spiritual and religious faith.

From a theological perspective, Ganzevoort maintains that

...human beings tell—indeed: live—stories that invite and serve them to see the world in a certain way and act accordingly. And they do so in close interaction with the stories of a religious tradition that offer possible worlds, created through narrative and portrayed in stories and symbols, rituals and moral guidelines. In one way or another human stories are connected with stories of and about God...

(Ganzevoort, 2013: 1-17)

The pastoral counsellors and minister indeed view their lived experience of grief at the loss of their children in relation and connection with their faith in God.

The South African theologian, Klaasen, concurs with Ganzevoort when he states

A common thread of narrative theology is that persons can make sense of themselves, the world and God through stories. A narrative approach to theology is much more than a bridge between interpretation and first order language. It is the process, structure, and form of interpretation and reflection of the experience, activities, and communication of the Christian community through stories. (Klaasen, J., 2017: 457 – 475)

Even during their bereavement, the pastoral counsellors and minister relied on their faith and relationship with God to make sense of their own grief ‘story’ as they navigated their lives

during their bereavement and grief journey. Ganzevoort explains how human stories and the story of/about God interact:

In the first position, the stories of God as found in the Bible express the human stories. They give words to what we know or feel, thus validating our experience. This happens for example when we read a psalm of lament with people who are suffering. Through this expressive mode, our human stories are lifted up coram Deo. In the second position, the stories of God confront our stories and critique our life. This prophetic style challenges us to reconsider our stories, offering guidance, warning, or comfort. In the third position, the stories of God offer an open space where we can bring and reflect on our own stories, without being pushed in one direction or the other. This evocational approach builds on the idea of narrative as an open work of art. The sermon (for example) should not convey one specific message, but create the space where listeners can find their own message. (Ganzevoort, 2011: 214 – 223)

For the South African feminist practical theologian, Denise Ackermann, narrative is necessary because, “Telling stories is intrinsic to claiming one’s identity and in this process finding hope and furthermore it can help to make sense — of an often incomprehensible situation” (Ackermann 2004: 41). For the pastoral counsellors and ministers it was important to tell their stories of grief at the loss of their children. It helped them to make sense of their grief experiences which was emotionally incomprehensible, especially initially. In addition to Ackermann (2004: 51) encouraging recognition of, and using narrative, she also supports embodiment, moral community and issues of life and death. Although Ackermann (2004: 51) offers the Eucharist as hope in a context of HIV and AIDS in South Africa, I believe we can offer the Eucharist as hope in grief and bereavement, trauma, and all life’s challenges.

Narrative as a method of inquiry, constructs knowledge through the process of writing (Richardson, 1994: 5-10). Through writing, we generate thoughts, uncover new conclusions, and make sense of what we uncover. As we write, our ideas grow and develop. Social scientists act as narrators to interpret and understand the data of lived experiences when our writing is shared with readers. (Bochner, 1994). Writing teaches us how to speak about our experiences, and they could be understood and hopefully dealt with.

However, Klaasen (2017) cautions that

Narrative is not restricted to the writing or narrated modes of plots or dramas, but the story is the identity of a person(s). To tell a narrative of a person is not just transmitting information, as powerful as that may be, but is a mode of being in the presence of others; the telling of a story is living life in the company of others. It is a way of being before it is a mode of giving. The story is integral to the identity of the person. The story is not only information about the person, nor is it antagonistic with confessional forms of theology. The story is also not an intermediary or source of raw material. The structure and form of the story is lived experiences.

(Klaasen, J., 2017: 457 – 475)

The lived experiences shared in narratives, participants' life stories can thus be viewed as sacred and needs to be handled with sensitivity. Being present to the pastoral counsellors and ministers while they were sharing their narratives during the interviews brought me into their lives, not just as an observer, but sharing in their life stories, walking with them through their journey of grief at the loss of their children. The importance of sharing life stories is made clear by Post, Ganzevoort and Verdonck-de Leeuw, when they state that

Life stories are distinctive for their correlative character: life stories enable one to make connections between events, people and places that would otherwise be separate facts. This correlative character not only gives direction to a life story, but also to the person behind the story. Life stories show how people see themselves in the midst of others, and how they have become, and remain, themselves. Life stories, moreover, give insight into the guiding meaning, values, principles and assumptions one has learned to embrace in the midst of the vicissitudes of human existence.

(Post, Ganzevoort and Verdonck-de Leeuw, 2020: 142.)

For this reason, I wanted to combine my own life story of grief, with the life stories of other pastoral counsellors and ministers who have lost a child. I wanted to find out that I was not alone in my experience of grief, or that I was not mad in going through times of acute grief even years later. I explored the narratives of other parentally bereaved pastoral counsellors or ministers to gain a fuller understanding of the impact of the death of their children, using semi-structured interviews based on questionnaires. To explore my own experience as

pastoral counsellor and mother who have lost my son, I chose the personal narrative form of autoethnography. I invite the reader to enter my experience with me and “use what they learn there to reflect on, understand, and cope with their own lives” (Ellis & Bochner, 2000). Autoethnography moves away from the objective distancing of traditional research and embraces subjective and embodied writing that makes space for empathy, compassion, and caring (Bochner, 2012; Ellis & Bochner, 2000).

Bochner (1994) wrote

First, authors usually write or perform in the first person, making themselves one of the objects of research, and thus breaking away from the conventional separation of researcher and subject. Second, the narrative text normally breaches the traditional focus on generalization across cases by focusing on generalization within a single case extended over time. Third, the text usually is presented as a story replete with a narrator, characterization, and storyline, akin to forms of writing associated with the novel or biography, and thus fractures the boundaries that traditionally separate social science from literature. Fourth, the story often discloses hidden details of private life and highlights emotional experience, and thus challenges the rational actor model of social performance that dominates social science. And fifth, the ebb and flow of relationship experience is depicted in an episodic form that dramatizes the motion of connected lives across the curve of time, and thus resists the standard writing practice of portraying a relationship as a snapshot. Bochner (1994: 158)

Autoethnographic storytelling has reflection at its heart. According to Vivian Gornick (2008: 9), “It is the depth of reflection that makes or breaks it.” Stories containing challenging life issues, present feelings and decisions that need to be explained and understood. Autoethnography is an inquiry because an issue is inquired into, it is clarified, it is made sense of, and it is assessed. An autoethnographic storyteller should verify facts, but it is not the transfer of facts that makes the autoethnographic story significant and have evocative power, because facts in and of themselves cannot convey what they mean or how they feel. The autoethnographic storyteller’s responsibility is to make meaning out of all the memory and experience – how it felt at the time the event occurred and how it feels now. My autoethnography deals not only with my reflection on my bereavement, but also with my faith, spirituality and relationship with God in the midst of my grief. As Ackermann

(2007:13) states, “It is important to remember that —we know God only insofar as we know ourselves. All that we know, perceive and believe is grounded in our experience as human beings and in our reflection on this experience”.

Autoethnographical writing has to be based on truth, however, according to Bochner,

Like most social science inquiry, the kind of social science writing I favor aspires to truth, but these truths are not literal truths; they’re emotional, dialogic, and collaborative truths. Autoethnographies are not intended to be received, but rather to be encountered, conversed with, and appreciated.

Bochner (2012: 161)

For Bochner,

The truths of autoethnography exist between storyteller and story listener; they dwell in the listeners’ or readers’ engagement with the writer’s struggle with adversity, the heart-breaking feelings of stigma and marginalization, the resistance to the authority of canonical discourses, the therapeutic desire to face up to the challenges of life and to emerge with greater self-knowledge, the opposition to the repression of the body, the difficulty of finding the words to make bodily dysfunction meaningful, the desire for self-expression, and the urge to speak to and assist a community of fellow sufferers. The call of these stories is for engagement within and between, not analysis from without.

Bochner (2001: 131–157.)

My narrative approach is based on my experience of engaging in therapeutic writing, poetry, prayers, journaling, and holding onto artefacts of my son to make meaning about my loss and to connect with my lost loved one (Neimeyer 1999, 2000). In autoethnography the focus remains primarily on the narratives, with the incorporation of theory and literature into reflections and analysis, a way to make meaning about my experience and relate it to the experience of others (Ellis & Bochner, 2000). My journal entries, although dated, were placed thematically instead of according to the dates on which they had been written.

“Many autoethnographies are narratives of loss that help the writer and readers “understand and cope with our own losses, heal wounds, create meaning, and move ahead with our lives” (Hoppes 2005: 78–87). Ellis and Bochner (2000) describe how evocative personal narratives

can help to move us away from dominant and conventional forms of research so that we can connect:

The accessibility and readability of the text repositions the reader as a co-participant in dialogue and thus rejects the orthodox view of the reader as a passive receiver of knowledge; the disclosure of hidden details of private life highlights the emotional experience and thus challenges the rational actor model of social performance; the narrative text refuses the impulse to abstract and explain, stressing the journey over the destination, and thus eclipses the scientific illusion of control and mastery; and the episodic portrayal of the ebb and flow of relationship experience dramatizes the motion of connected lives across the curve of time, and thus resists... portraying social life and relationships as a snapshot.

(Ellis and Bochner, 2000:744)

Adams and Ellis (2012: 189 - 212) suggest that autoethnographic research has the therapeutic possibility to change the lives of those who engage with it, writers, and readers alike. Autoethnography can facilitate witnessing and the ability to share stories that may involve stigma, pain, or difficult emotions such as grief (Ellis, Adams, and Bochner, 2011: 273 – 290). In this way, autoethnography allows readers to witness another's experience, create meaning, and expand their awareness.

Ganzevoort echoes this when he iterates,

When we tell our life story, or when we retell and re-enact the stories of our religious tradition in liturgy, we are actively negotiating what to include and how to frame it in such a way that it will communicate with our audience. The central dimensions of a narrative approach therefore regard the relation with that which is given (reality, the facts in one's life course, tradition) and the relation with those for whom one tells this story (significant others, the wider world, God). This implies a strong and positive attention to the narrator's subjectivity. Instead of taking stories as mere windows that enable us to see the reality about which they speak, we expect stories to be part of an ongoing dialogue in which the narrator engages with her or his audience.

(Ganzevoort, 2011: 214 – 223)

As a female novice autoethnographical doctoral researcher, what resonates with me, is Ettore's (2017: 6) four ways in which autoethnography is a feminist method:

1. Autoethnography creates transitional, intermediate spaces, inhabiting the crossroads or borderlands of embodied emotions

Writing autoethnographically about grief experience as pastoral counsellor and mother who has lost my son, provided me with the tool to place my emotions in the space of this study, in the space of the public domain and bringing out my emotions from inside my body into the world I occupy: my personal world of home and the public world of my professional life as pastoral counsellor and novice researcher in the academic space.

2. Autoethnography is an active demonstration of the "personal is political"

The personal experience having connection to the larger social and political structures immediately became apparent when, during the interviews, the personal grief of other female pastoral counsellors and ministers could be linked to them being marginalised in their pursuit of positions as ministers and as a chaplain. I think it is important for the church to heed Ackermann when she says,

Feminism does not benefit any specific group, race or class of women, neither does it promote privilege for women over men. It is about a different consciousness, a radically transformed perspective which questions our social, cultural, political and religious traditions and calls for structural change in all these spheres. (Ackermann, 1993:24)

There is a definite call for the church to see feminism in the above definition and to rethink the structures and privileges to include and benefit all her members, male and female. Ganzevoort (2011: 214 – 223) underscores this when he states that, "A narrative approach to social and religious interaction sees actions and stories as performative rather than representative. The central question is what the narrator wants to accomplish in the relation by telling the story." I set out to tell the story of grief of pastoral counsellors and ministers at the loss of their children, and in the process uncovered the unfair treatment of female ministers who wanted the same opportunities as their male counterparts. At least, their

experience has been brought into the open. At best, there may be improvement in women's positions in the Church.

3. Autoethnography is feminist critical writing, which is performative, that is committed to the future of women

Writing performatively, or creatively, is to create or enact change in the world and the individuals in it, in this case, female pastoral counsellors and ministers. For Ackermann (2005: 387), "all theology should be done in service of the fulfilment of God 's reign on earth. The reign of God brings good news to people in terms of their life situations. It speaks of justice, love, peace and wholeness, of the flourishing of righteousness and shalom". I hope that there will be those who listen to these stories and that the doors will open more widely for female pastoral counsellors and ministers in the church at large. As Ganzevoort (2011: 214 – 223 ) states, "...narrative approaches... empowers marginalised voices by creating an audience for their stories."

4. Autoethnography helps to raise oppositional consciousness by exposing precarity.

Butler (2009: 25) defines precarity as "the politically induced condition in which certain populations suffer from failing social and economic networks . . . becoming differentially exposed to injury, violence, and death". Precarity is therefore part and parcel of our human experience. Throughout our lifetime, we would all face types and levels of precarity just by being alive and navigating a perpetually changing world. Neilson and Rossiter (2008: 51–72), states that some people's 'ontological experience', or experience of being, is an experience of vulnerability and insecurity, because forces that seem to be outside of their personal control threaten their work conditions and work lives. This study has found that some of the women have clearly been affected by precarity in their hopes to secure a position in their chosen fields, exposing their vulnerability and insecurity to the systems that govern their work life, causing them such severe distress that led to the loss of their babies. During the interviews, the memories of the pain at that time came back for the female participants and the male participant regarding his daughter. Ackermann regards this as important, as she says, "Our memories of pain and evil are a vital shield against future wrongs. Forgetting past

wrongs only pleases those who have inflicted them. We must remember in order to redeem. Otherwise, there will be no justice". Ackermann (2003:70)

### **Participant selection**

Participants were obtained through purposive sampling; in other words, they were targeted specifically as parents who are ministers or pastoral counsellors who have lost a child. A letter requesting participants, with relevant details of the study, was sent via email to the South African Association for Pastoral Workers (now Council for Pastoral and Spiritual Counsellors). The Council disseminated the letter via email to all members on their database residing across South Africa. Interested participants then contacted me, whereupon I sent them more details of the study and consent forms and made arrangements to meet in person for the interviews. In addition, snowball sampling was used, where a participant was asked whether they knew someone else who might be interested in participating in the study, where after I contacted the referred person. Information about the research was disseminated via the South African Association of Pastoral Work, since renamed the South African Council for Pastoral and Spiritual Counsellors (CPSC). Bereaved parents who are pastoral counsellors and ministers were requested to contact me via email should they wish to become participants in the study. Upon their reply, an information letter was forwarded to them to consider whether they would like to participate in the research.

Initial criteria were bereaved within the last 10 years with their children having been 25 years old or younger, at the time of death. The initial criteria were changed when a participant asked to be included and his daughter was 27 at the time of her death. The criteria were further adjusted to include miscarriage and stillbirth. Another adjustment to the criteria was made to include up to 18 years since bereavement. Consent forms were the following: Participation Form and Release of Information Form, both forms have the option of whether to use their real names or pseudonyms in the research. All, except one participant, opted for the use of their own names. Because the person was married, I also used a pseudonym for the partner, although she had consented for her real name to be used

## Map of South Africa showing interview participants' locations



Adapted from <https://www.sa-venues.com/maps/south-africa-provinces.htm>

I was hoping for more participants, but only 8 people responded. However, two people were excluded. The first person was excluded because she responded on behalf of her aunt, who was not a pastoral counsellor or minister. The second person was excluded because he lives in Lesotho. Although the mountain country of Lesotho seems closer to Durban where I live, I did not have the funding to enable me to cover the cost of the expensive flight to Lesotho, and accommodation there.

Participants for this study were selected using a purposive technique based on their specific experiences and their perceived ability to provide the most relevant information to meet the aims of the study (Denscombe, 2003). Purposive sampling was used to ensure that specific elements that contain the most characteristics, representation and attributes of the population are included in the sample. Parents representing different race and ethnic groups as found within the South African context were included. The deaths had to have occurred prior to the previous 13 months. This time period was chosen for ethical reasons in line with Pardo (1989: 103 – 123), who asserts that contact at that time should reduce the likelihood of distress, as individuals have passed important milestones such as anniversaries, birthdays and Christmas. The initial powerful emotions should therefore be under some degree of control for data to be collected.

Rosenblatt (1996: 45–58) argued that for parents, bereavement may be experienced indefinitely and that individuals may often grieve intermittently throughout their lifetime. Therefore, the assumption is made that parents would still be able to vividly recall their experiences of their child's death.

The purposive sampling technique, also called judgment sampling, is the deliberate choice of an informant due to the qualities the informant possesses. It is a non-random technique that does not need underlying theories or a set number of informants. Simply put, the researcher decides what needs to be known and sets out to find people who can and are willing to provide the information by virtue of knowledge or experience (Bernard, 2002).

As researcher, I also drew on prior knowledge as an insider to identify initial respondents, using snowball sampling. Snowball sampling as a technique for finding research subjects, is when one subject gives the researcher the name of another subject, who in turn provides the name of a third, and so on (Vogt, 1999). This process assumes that a 'bond' or 'link' exists between the initial sample and others in the same target population, allowing a series of referrals to be made within a circle of acquaintance (Berg, 1988).

<b>Sampling</b>	<b>Qualitative interviews</b>	<b>Post-interviews</b>
<p><b>Purposive sampling</b>            Purposeful sampling is widely used in <b>qualitative research</b> for the identification and selection of information-rich cases related to the phenomenon of interest.  <a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4012002/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4012002/</a> accessed 8.09.2022</p> <p><b>Snowball sampling</b>            Snowball sampling is a recruitment technique in which research participants are asked to assist researchers in identifying other potential subjects.  <a href="https://research.oregonstate.edu/irb/policies-and-guidance-investigators/guidance/snowball-sampling">https://research.oregonstate.edu/irb/policies-and-guidance-investigators/guidance/snowball-sampling</a> accessed 8.09.2022</p>	<p>Semi-structured interviews based on questionnaire as guidelines, but participants were encouraged to proactively share experiences</p>	<p>Member checking for verification and validity</p>

### **Interview Process Table**

### **Critique**

Unlike random sampling, non-probability methods such as purposive sampling are not free from bias. Informants may be chosen out of convenience or from recommendations of knowledgeable people (Lopez *et al.* 1997). However, data collected from purposive sampling may still be valid for certain studies. When a sample is representative, it becomes valid over the realm it represents, providing external validity. When a sample is measured correctly, it becomes valid for the sample, thus providing internal validity. Non-probability methods contribute more to internal validity than external validity. In purposive sampling, interpretation of results is limited to the population under study. To be valid over a greater realm or to form the basis for a theory, the study may be repeated for confirmation in a different population, still using a non-probability method (Bernard, 2002). It is important to state the bias clearly when the results are analysed and interpreted so as not to mislead people into inferring general conclusions (Bernard, 2002).

Data was obtained from parents who are ministers or pastoral counsellors who have lost a child. Six participants were interviewed during December 2017. Three of the participants are coloured, one is Xhosa and two are white. The sample included 3 males and 3 females. All

three 3 males are ordained ministers, one is a professor at a university, one is co-minister at a parish with a pastoral counselling practice, the third one is in fulltime ministry. Of the three females, two are ordained ministers, one is chaplain at a prison. The third female is not ordained and practices as pastoral counsellor. The first male participant and both couples who were interviewed, are ordained ministers in the United Dutch Reformed Church of South Africa. The female pastoral counsellor is Christian but does not subscribe to a particular denomination. One couple was interviewed together, and one couple was interviewed separately. The one participant's wife declined to be interviewed and another participant's husband had a work commitment on the day of the scheduled interview. The children were at varying ages at the time of death, from miscarriage during first trimester, stillbirth at full term, nine months post-birth, 18 and 27 years old, which makes for a meaningful comparison. I wanted to explore the experiences of bereavement and communication more deeply from a specific set of bereaved parents. I especially wanted to incorporate the perspectives of parents who are pastoral counsellors or ministers in the Christian tradition to evaluate whether their grief experiences are similar or different to mine. Including fathers and mothers who have lost a child, as well as the age range of the children at the time of death, facilitated understanding the parents' diverse experiences and perspectives in their grief experiences.

All but one participant agreed that their own names may be used. However, as the partner was also interviewed, for this presentation I will use a pseudonym for her as well until I am able to check whether he has changed his mind.

Participants were asked to reflect on their experiences as parents who have lost a child and how it affected them as ministers or pastoral counsellors.

Interviews were recorded with a digital audio recorder and were transcribed for analysis and emerging themes.

Some of the interviews were conducted in Afrikaans, because I wanted the participants to be comfortable in the sharing of their narratives. I hope I did justice in the translation to English.

**Participant Demographics (in interview order)**

**\*Pseudonyms**

<b>Name/s</b>	<b>Designation</b>	<b>Gender</b>	<b>Race</b>	<b>Age Category</b>	<b>Child's Gender</b>	<b>Age at time of death</b>	<b>Time lapse since death (at time of interview)</b>
Roelf	Ordained minister/ Pastoral Counsellor	Male	White	55-60	Female	27	3 years
Annamie	Pastoral Counsellor	Female	White	40-45	Female	9 months after birth	15 years
Peter*	Ordained minister/ university professor	Male	Xhosa	45-50	Male	8-month stillbirth	18 years
Kobus and Mariette	Ordained minister  Ordained minister/ chaplain	Male  Female	Coloured  Coloured	50-55  45-50	Unknown	First trimester miscarriage	16 years
Paula*	Ordained minister	Female	Coloured	40-45	Male	8-month stillbirth	18 years

**Data collection methods**

A semi-structured questionnaire was administered to encourage participants to think about how they felt during the times when they struggled most deeply with the loss of their child and, specifically, to describe how the loss impacted on their emotional, spiritual, family and professional life.

The questionnaire was used as a guide for the interview process although questions were open ended so as to allow the interviewer to take cue from the participants. Probing questions were also used to get data relevant to answer the research questions.

## **Interview Procedures**

The interviews took place between 14 and 27 December 2017 and were tape-recorded. Upon e-mail contact, participants were sent an introductory description of the study (see Appendix B). Arrangements were made for time and place to conduct the interviews. I flew from Durban where I reside to the different locations, as the participants were from Pretoria in Gauteng, Kuruman in the Northern Cape, with four participants in the Western Cape, and were interviewed in Stellenbosch, Saron and Kuilsriver. The first participant was interviewed in his study at home in Pretoria, the second in her pastoral counselling rooms in Kuruman and the third participant was interviewed in his university office in Stellenbosch. In the Western Cape, the couple who was interviewed together, was interviewed in Saron in my parental home in the lounge with the door closed for privacy. The last participant was interviewed in a restaurant in Kuilsriver. All interviews were audio-taped and transcribed in full. I made notes of my thoughts, emotional reactions, and impressions of the participants and the interview process to check my interpretation of participants' stories. These notes became supplementary sources of data for analysis.

At the start of the interviews, I explained the background and purpose of my study. I gave a short explanation of my personal experience the loss of my son, Aidan. This had been included in the introductory letter they were sent via email. Participants were informed of my general purpose, in understanding how they grieved the loss of their child and how their loss experience impacted their personal, professional, and family lives. A Consent Form (Appendix C), Demographic Information Form (Appendix D) and Consent for Release of Information Form (Appendix G) were completed. Participants were encouraged to tell the stories of their loss and had the choice of responding in English or Afrikaans.

I referred to the Interview Questionnaire (Appendix F) only when participants needed to be prompted or seemed unsure of how to continue. At end of the interview if I was uncertain that all relevant topics were addressed. I would check the Interview Questionnaire. The Questionnaire consisted of two sections: the first sections dealt with questions on the impact of the loss of their child on their personal and family life. The second set of questions dealt with the impact of the loss of their child on their professional lives as pastoral counsellor or minister. Interviews lasted between 1 ½ to 3 hours.

The interviews took the form of a conversation, rather than strictly following the Questionnaire in question and answer-format. This form of interviewing is called reflexive dyadic interviewing by Ellis and Berger (2003), where, rather than a hierarchical researcher-interviewee model, the interview is conducted as a conversation between equals. The researcher is obliged to reveal some information about their own experience because of the intimate nature of the details that participants are sharing. The researcher needs to remain mindful of the meanings of the shared information and emotional dynamics in the interview and reflect on this afterwards. Participants were informed of the loss of my son, and I would tell them a bit more during the interview when they asked me. However, I deliberately controlled how much I revealed so that the participants narratives would not be influenced by experience and how I dealt with my loss and grief, as well as to guard myself from becoming emotional.

Participants were emailed a copy of the transcript. The first participant's transcript was sent verbatim, including the false starts, repetitions, and paralinguistic utterances. However, I realised that I needed to remove these to make for a more readable version so that participants could provide me with their reactions and thoughts. I resent the first participant's transcript after it had been smoothed, like the other participants' transcripts. Sending the transcript for member checking, clarified participants' intended meanings and perspectives, acting as a check on my interpretation and presentation of their narratives. To preserve the richness and depth of the lived experience that is a characteristic feature of narrative inquiry, participants' stories were presented as full narratives (Cherry, 1996; Kiesinger, 1995).

### **Data analysis methods**

Data analysis has been characterized as a researcher's most vulnerable spot; where, as researchers, we 'open ourselves up for scrutiny' (Mauthner and Doucet, 1998: 123). Particularly in its earlier stages, it is 'unsystematic' (Mauthner and Doucet, 1998: 121), and 'messy, confusing and uncertain' (Mauthner and Doucet, 1998: 122). It has been argued that the choices one takes in data analysis are inevitably influenced by 'personal, political and theoretical biographies' (Mauthner and Doucet, 1998: 122). Clearly, "who you are, and where you are situated, does make a difference to the knowledge you produce." (Edwards and Ribbens 1998: 4)

There are many kinds of narrative analysis, for instance, the term narrative analysis can refer to a variety of different approaches to data collection and analysis, including biography, autobiography, life history, oral history, autoethnography, life narrative and the sociology of storytelling.

Coffey and Atkinson emphasise this in their statement,

There are no formulae or recipes for the ‘best’ way to analyse the stories we elicit and collect. Indeed, one of the strengths of thinking about our data as narrative is that this opens up the possibilities for a variety of analytic strategies.

Coffey and Atkinson (1996: 80)

### **Analysis**

Narrative analysis was used to reflect on, analyse and present participants’ stories. The analysis of parents’ stories is in the form of narratives that includes the interview transcripts, research observations, reflections of my experiences and responses to participants’ stories, and feedback provided by participants. I also added a picture to each of the narratives to depict a visual representation of the participants’ stories. The narratives were written that expresses the analysis in a way in which the richness and intensity of participants’ individual stories are preserved, in addition to presenting a profound depth of understanding of parents’ personal accounts of their loss.

Narrative analysis is an umbrella term consisting of more than one method of analysis, which takes the story, or narrative itself, as its focus of analysis. Riessman (2008: 11) states, “Narrative analysis refers to a family of methods for interpreting texts [e.g., oral, written, and visual] that have in common a storied form”. Narrative analysis can therefore be defined as a method that interprets the ways people understand reality, make sense of their lived experiences, and fulfil social activities. For Riessman (1993), the purpose of narrative analysis is to see how people in various situations, create order in the experience, for example, interviews, to make sense of events and actions in their lives.

According to Polkinghorne (1995: 6) narrative inquiry can be divided into two distinct categories, namely (i) analysis of narrative and (ii) narrative analysis.

(i) Analysis of narrative:

The researcher collects stories as data which is then analysed through a thematic process. Common themes, principles, and categories in the acquired narrative are looked for and a theory and methodology, like grounded theory, phenomenology, etc., is employed.

(ii) Narrative analysis:

Refers to “studies whose data consist of actions, events, and happenings but whose analysis produces stories” (Polkinghorne, 1995: 6). The researcher creates a narrative in which multiple sources of data are integrated and clarified. This includes written or interview narratives. Stories thus becomes a research outcome.

According to Polkinghorne (1995), researchers can assume that narrative is one of the functions of the sphere of meaning. The investigation of this sphere would clarify the understanding of narrative.

Polkinghorne concluded that:

... narrative meaning is one type of meaning produced by the mental realm. It principally works to draw together human actions and the events that affect human beings, and not relationships among inanimate objects. Narrative creates its meaning by noting the contributions that actions and events make to a particular outcome and then configures these parts into a whole episode. (Polkinghorne, 1995: 6)

An important point made by Riessman (2008) is that the researcher shapes and is shaped by the research process. As such, research narratives are co-constructed, so rather than staying in the background, they can be brought to the fore.

Riessman (2008) states the following regarding the strengths of research narratives:

Stories don't fall from the sky (or emerge from the innermost 'self'); they are composed and received in contexts—interactional, historical, institutional, and discursive—to name a few. In understanding that stories are co-constructed,

researchers need to pay attention to “a complex choreography—  
in spaces between teller and listener, speaker and setting, text  
and reader, and history and culture. (Riessman, 2008: 105)

For Riessman, by doing narrative analysis, the researcher becomes a ‘storyteller’.

Narrative, or story analysts add an additional level of analysis and theory, and treat stories as data that needs abstract analysis, theoretical explanation, and then written up. Storytellers avoid the addition of another level of analysis and theory. Instead, they treat stories, or narratives, in and of themselves as analytical and theoretical. For Ellis (2004), analysis and theory help us understand aspects of our lives, therefore a story is analytic and theoretical because stories help us understand aspects of our lives. Ellis (2004: 195 – 196) states, “Narrative analysis assumes that a good story is itself analytical and theoretical. When people tell their stories, they employ analytic techniques to interpret their worlds. Stories are themselves analytic”. There is therefore no need for storytellers to separate analysis and theory from story. Ellis and Bochner (2006: 444) echo this, “Analysis and story can work together. [S]tories can and do theorise”.

In moving from an analysis of story towards analysis is the story, there is also a shift from telling the story, to showing the story. Another distinguishing characteristic is that a story analyst tells a story and theory, whereas a storyteller shows a story and theory. A storyteller does not get involved in the narrative nor clarify to the reader what is happening in the story, their feelings about a character in the story, and how to theoretically interpret the story as a story analyst does. A storyteller allows a story to speak for itself rather than explaining theory and analytical interpretations to the reader or listener. A storyteller endeavours to trust the audience, by relinquishing ownership of the story and allowing audiences the choice in how to interpret and evaluate the story from their distinct viewpoints. A storyteller will aim to encourage the reader or listener to participate in reality and theory construction.

As Barone (1995) states,

The declarative author-persuader, therefore, seeks direct control over the interpretations placed upon the text in the act of reading; the artful writer-persuader understands the necessity of relinquishing control, of allowing readers the freedom to interpret and evaluate the text from their unique vantage points.

In other words, the writer grants to the reader a greater degree of trust. Barone (1995: 245-266)

Frank (1995) points out,

To think about a story is to reduce it to content and then analyse that content. Thinking with stories takes the story as already complete; there is no going beyond it. To think with a story is to experience it affecting one's own life and to find in that effect a certain truth of one's life. Frank (1995: 23)

In reflecting on the possibilities of theorising with stories and not just about them, Frank further points to the need to respect the integrity of the story as a story. For Frank, “thinking with stories is not to move on once the story has been heard, but to continue to live in the story, becoming in it, reflecting on who one is becoming, and gradually modifying the story” (Frank, 1995: 159).

### **Analysing the Data**

Since I collected data through interviewing, as well as autoethnography, I used two forms of narrative data analysis:

1. Voice Centred Relational Method to analyse the interview data
2. Creative Analytical Practices to analyse the autoethnographic data

#### **1. Voice Centred Relational Method to analyse the interview data**

The individual narratives' interview transcripts were analysed through Mauthner and Doucet's (1998) voice-centred relational analysis. Voice-centred analysis is based on the book, *Women's Psychological and Girls' Development* by Brown and Gilligan's (1992). Mauthner and Doucet (1998) expanded this model to include the broader social and cultural contexts, instead of the individual and psychological focus of Brown and Gilligan's (1992) model. Mauthner and Doucet (1998) used the voice centred relational method in an attempt to “transfer relational ontology into their methodology and data analysis by considering respondents' narratives in relation to the people around them and to the broader social, structural and cultural context in which they live.” Mauthner and Doucet (1998:126)

The Voice Centred Method is 'voicecentred' because it enables examination of individuals' narrative descriptions of their own experience. The method is 'relational' because it recognizes that each individual narrative account also unavoidably occurs within an extensive system of personal social relationships, as well as cultural and social structures, and is produced within a relationship between the participant and the researcher. The voice centred relational method when combined with a reflexive approach to research, enables a consideration of the relationship between researcher and respondent and its impact upon the research process and product. Brown & Gilligan (1992) stress the importance of the researcher's capacity to be both a responsive and empathic listener and a 'resisting' listener, that is, one who listens for the ways people are silenced by disempowering political and cultural norms and how they resist this silencing.

The voice-centred relational method (VCRM) was chosen due to its emphasis on ensuring that the participants' experiences and perceptions are brought to the fore alongside the social and cultural frameworks that surround them (Brown and Gilligan 1992). The voice-centred method strives to keep the voices and perspectives of the pastoral counsellors and ministers in focus, while simultaneously recognizing my own role as researcher in shaping the research. I have chosen to use this type of analysis because of its focus on how the participants speak about their own experiences, their relationships with others, the world around them, and my own reflexive experience as a researcher and participant-observer. I employed the voice centred relational method developed by Mauthner and Doucet (1998) to analyse pastoral counsellors and ministers', men and women, narrations about grief and loss following the death of their children, since it had the potential to provide not only an additional dimension to the analysis, but it also permitted an exploration of men and women's accounts in considerable depth. Mauthner and Doucet (1998) recognize that data analysis is an ongoing process and occurs throughout the research process.

As researcher, I was completely part of the research process, so my emotional reactions and personal engagement with the data, however they are revealed during the analysis process, are meaningful to the study. An important aspect to take into account, is to determine how these emotional reactions interact with the data and participants and applying them to

strengthen the overall data analysis. This constant reflexive process has enabled me to have my own voice heard through an appropriate channel (Mauthner & Doucet, 1998). However, it is this same reflexive practice that rightfully places me under “critical scrutiny by [my] readers” (Bloom, 1998: 9), as an integral component of ensuring accountability of the research. As researchers, our position of power within the research relationship renders it important to remain aware of our own emotional reactions (Bloom, 1998; Brown & Gilligan, 1992).

For this reason, Brown and Gilligan (1992) suggest we continually ask ourselves the following questions:

In what ways do we identify with or distance ourselves from this person? In what ways are we or our experiences different or the same? Where are we confused or puzzled? Where are we certain? Are we upset or delighted by the story, amused or pleased, disturbed or angered?

Brown and Gilligan (1992: 27)

My reflexive journaling throughout the study were led by such questions.

Mauthner and Doucet's (1998) voice-centred relational analysis follows the narrative, in terms of relationships and the social and cultural contexts that surround the participant. As such, Mauthner and Doucet (1998) recommend viewing the data with specific objectives through numerous readings of the interview transcript. The process involves undertaking four distinct readings of the data that focus attention on stories, the self, relationships and the social and cultural context (Mauthner and Doucet, 1998). The final analysis involves integrating the content from these four readings thematically (Finch and Taylor, 2013).

The process involving the four distinct listenings in a Voice Centred analysis, is the Listening Guide. This is an analytic tool that helps the researcher familiarize yourself to the different voices in a narrative, and to ascertain how these voices occur within, and are moulded by social and structural contexts. The Listening Guide takes the researcher into a series of Listenings with the data, listening for different voices. The Listening Guide is flexible and

can be tailored to the research question and the theoretical positioning of the study (Bright and Bevin, 2019: 351-367).

Ackermann's view that feminist theology of praxis is interested in the praxis of listening, emphasises that,

Such listening is deliberately empathetic...It is participative, since the listener may enter the conversation, allowing both the story being told and her (or his) own story to interact and in this process to change. The praxis of listening is linked to an ethic of listening that respects confidentiality, respect anonymity, respects cultural differences, and, when given permission, uses narratives in the interest of resistance to stigma and discrimination. Lastly, listening requires discernment that is in essence sensitive to the context, to the place and plight of the narrator, and that is aware of other narratives, some of which may paint very different pictures.

(Ackermann, 2006: 232)

Ackermann's caution was applied both the initial face-to-face interviews with the pastoral counsellors and ministers, as well as during the analysis using The Listening Guide with the four listenings.

Carol Gilligan and Jessica Eddy (2021) state that,

The attention to plot, to the "I" or first-person voice, and to different voices and their interplay, reflects the logic that underlies the method: namely, that people construct the story of their lives, that there is a plot or narrative structure, and also a narrator; and since we live our lives in relationship with others and within social and cultural worlds, our inner worlds contain many voices and our narratives are co-constructed. As qualitative researchers with an interest in people's stories, we have a responsibility to create the conditions in which people can safely tell their stories to someone who is listening and who can be trusted to bring their voices into conversations about human experience. The Listening Guide is one step in the direction of realizing this aspiration.

(Gilligan and Eddy, 2021:142).

Brown & Gilligan (1992) and Mauthner & Doucet (1998) describe a process of data analysis that consists of four successive readings of the interview transcripts, while listening to the original tapes. From the categories proposed by Brown & Gilligan (1992) and Mauthner &

Doucet (1998), Fairtlough (2007) has constructed a framework, which I adapted for my analysis, with the bullet points showing how these were applied to the interview narratives. Despite being separated conceptually, in reality each reading built upon and interacted with each other.

**Listening 1: Listening for the story and the researcher's response to the narrative**

- Voices: silences, hesitations
- Stories and language: plots, key words, metaphors, expression of grief experience
- Researcher's reflexivity: emotional responses, experiential influences

**Listening 2: Listening for the self**

- Listening for 'I' statements: emotions, reflections, opinions, actions, intentions
- Impact of personal identity as bereaved mother or father, husband, or wife
- Identity and concepts about self as bereaved pastoral counsellor or minister

**Listening 3: Listening for relationships**

- Relationship with spouse, other children, extended family, friends
- How relationships with others affected the grief experience
- How the grief experience impacted on relationships with others

**Listening 4: Placing people within cultural contexts and social structures**

- What differences and power dynamics are spoken about: e.g., 'race', class, culture, church
- Impacts on professional life as pastoral counsellor or minister

**Listening 1: Listening for the story and the researcher's response to the narrative**

This Listening stays close to what people say and the words that they use and the stories that immediately rise to the surface (Gilligan and Eddy, 2021). Whilst reading for the story, the researcher should at the same time attend to their own response, which Mauthner and Doucet (1998) describe as reading for yourself within the story:

The researcher reads for herself in the text in the sense that she places herself, with her own particular background, history and experiences, in relation to the person she has interviewed. The researcher reads the narrative on her own terms—how she is responding emotionally and intellectually to this person.

Mauthner and Doucet (1998: 126).

These reflexive accounts are then integrated into the final analysis stage.

This helps make the researcher's role in knowledge construction explicit and helps promote reflexivity. As researcher, one has to note of the aspects which resonate with one's own personal experiences, and the aspects that confuse or surprise you. Any strong emotional

reaction for the researcher brought on by listening to the data, needs to be investigated to understand why it happened, and how it might influence one's own ability to listen more deeply. First Listening might raise questions for you as researcher that need to be taken note of. These observations can all be helpful in shaping the analysis, helping to identify data which bears closer investigation, and data where you as researcher might be at risk of making assumptions.

### **Reflection**

Using Mauthner and Doucet's (1998) voice-centred relational analysis, I read the first reading of the transcript for the overall plot and story. The central plot to participants' stories was the death of their child yet, how the death occurred differed and formed the sub plots. A reflexive focus on the researcher's involvement and response to the narrative is also highlighted in the first reading. Reactions and interpretations, of the researcher, are examined to discover the participant's narrative in relation to the researcher's interpretation (Mauthner and Doucet, 2003). I will include my own thoughts and reactions to the narratives in Chapter 3.

In Listening 1 the researcher should consider how she responds emotionally and intellectually to the participant. This allows the researcher to examine whether, how and where, her own personal, theoretical, or political assumptions and views might affect the interpretation of the respondent's words. I kept a journal to reflect on my emotional and intellectual responses to what the participants were saying, as "The person(s) telling the story does not become an autonomous individual who simply observes and make individual sense of the story. The person is becoming, forming, and is constantly aware of the experiential dimension of reasoning." (Klaasen, 2017: 457 – 475). As researcher, I therefore needed to stay aware of my own role and how I am formed through listening to the participants' stories, and eventually, telling their stories keeping in mind to be true to what they have told me.

I reflected on how my own position as a researcher might be affecting their responses. I noticed early in the process that I identified with the participants when they expressed their emotions of grief and trauma at the loss of their children. I also identified and empathized with the challenges that they faced in trying to continue their professional lives as pastoral counsellors and ministers in the midst of their grief with limited support. This led me to be

aware of the need to guard against getting too overwhelmed by my own emotional identification and to keep in mind the need to balance empathy with my role as researcher.

However, I take heart from Ackermann who says that,

personhood comes out of loving relationships with others and that it grows and is nurtured because it is summoned into such loving relationships. We are being always in the process of becoming more ourselves through our relationships with others.

(Ackermann 2006: 234)

### **Listening Two: Listening for the self**

The second Listening prompts the researcher to listen to how participants speak of themselves, their actions, meaning-making, thoughts, and feelings. This Listening is to familiarise the researcher to the participants, how they speak of themselves and the voices in their narrative. When observing the different ways the participants speak of themselves in their narrative, the different voices they speak with are illuminated, as well as the contexts in which they speak with those voices. Personal pronouns, for instance, 'I' or 'you', are especially significant to gauge how the participants experience and understand their surroundings and themselves (Brown and Gilligan, 1992; Mauthner and Doucet, 1998). By listening carefully to the use of the pronoun 'I', the researcher stays close to the multidimensional voices and views of the participant. In listening and reading for the 'I', the pauses and the gaps in speech, as well as metaphors have to be paid particular attention as people try to express how they feel. Metaphors are frequently employed in bereavement narratives to describe grief, which creates another story line in the broader narrative. Metaphors in narratives occur especially when referring to relationships such as those with husbands and wives, parents, health professionals, and these interactions impact parents' reactions to the loss of their children. Listening for the 'I', 'you' and metaphors, is the step in analysis of the participants' interview narratives that provided me with an outline, and guided me to find themes, based upon how the participants understood themselves within their experiences as pastoral counsellors and ministers who have lost a child.

### **Reflection**

I determined whether the participants' statements conveyed emotions, reflections, opinions, actions or intentions regarding their grief experience at the loss of their children. This helped

to obtain a sense of how participants presented themselves as pastoral counsellors and ministers, and their views, judgements and emotional responses to their grief experiences, as well as how they reflected on their own grief and healing process. I also wanted to find out more about their identities, based on their experience as a parent and pastoral counsellor and minister that the participants assumed for themselves, and the connections participants made between these identities and their grief experiences. The pastoral counsellors and ministers readily spoke about their identity and faith, true to Klaasen's (2017: 457 – 475) statement that, "The Christian faith assumes that identity is meaningful within the contours of the narrative, specifically the story of the person of Jesus Christ."

### **Listening 3: Listening for relationships**

In Listening 3, the researcher listens for other 'elements' such as listening for the 'other' (in particular, how the participant speaks of 'others' and their relationship, often recognisable by the use of pronouns such as 'they' or 'we'). Listening 3, the researcher pays attention to the different voices identified in Listening 2: listening for 'contrapuntal voices' to understand how the different voices within a person's narrative relate together (Gilligan et al., 2003). When listening for contrapuntal voices, or multiple cultural perspectives expressed by the participant, the researcher identifies the different voices they are interested in (usually just two). The researcher may listen for voices of 'care' and 'justice' (Mikel Brown, Debold, Tappen, & Gilligan, 1991: 43 – 62), or they may listen for voices of 'resilience' and 'distress' (Sorsoli & Tolman, 2008: 49). The researcher identifies when these occur, separately and together, and consider how they relate to each other, perhaps how they contrast or support each other. According to Bright, Kayes, Worrall, et al. (2018: 35 – 48), The Listening Guide is a flexible tool that can be adapted to individual studies, its theoretical framework and methodology. The key is to be specific about what you as researcher are listening for and make certain that this corresponds with the research question and broader research process.

### **Reflection**

In Listening 3, the researcher listens for how the participant talks about their interpersonal relationships, be it with their husbands or wives, their children, their extended family members, and their broader social network. This step focused my attention upon how the pastoral counsellors and ministers described their experiences with their children, their

spouses and extended family members, and the feelings surrounding their relationships with them. Listening 3 is especially useful to explore any apparent grief differences among men and women in the research study. I was surprised to find that although the literature makes a distinction between grief among women and men, some of the men expressed clear grief emotions, whereas one of the women stated that she did not express her grief emotions. In addition, the grief experience of the parents is viewed in light of the relationships with others such as health professionals, friends and colleagues, members of the church congregation and pastoral counselling clients.

Participants as grieving pastoral counsellors and ministers who have lost a child, appear to have experienced positive and negative perceptions from other people's approaches to them. While they, as grieving parents appreciated, appreciated the more empathic encounters which made them feel acknowledged as a grieving parent, this quickly turned into disappointment and sadness when empathy often was followed by unsympathetic attention by other people. Grieving parents, in this case pastoral counsellors and ministers' responses to the loss of their children, were affected by such negative and unsympathetic experiences.

In Listening 3, I also looked for the ways in which the participants were speaking about how their interpersonal relationships affected their grief experiences. Firstly, I had to note who the people were whom the pastoral counsellors and ministers spoke about, for example, husband, wife, friends, children, extended family and colleagues, and the types of statements, stories and feelings they associated all the people in their lives with. Secondly, I had to distinguish between the people who were spoken about in terms of their effect on the grief experience of the pastoral counsellors and ministers, for example, people who supported or hindered their grief experience, and people that they identified as being affected by their grief, for example, wife, husband, their other children, friends, family members, colleagues, members of the church congregation, pastoral counselling clients. The effect of the pastoral counsellors and ministers' grief at the loss of their children had a clear effect on these groups of people in their lives.

#### **Listening 4: Placing people within cultural contexts and social structures**

Listening 4 focuses on the cultural and social world, where their impact on the participant's experiences is highlighted (Mauthner and Doucet, 1998). In Listening 4 Pastoral counsellors and ministers' experiences of grief and loss are placed within the wider social, political, cultural and structural contexts surrounding bereavement. This can lead to varied interpretations of the grief reactions of pastoral counsellors and ministers at the death of their children, in light of the various cultural and social contexts. The following social issues came to light as experienced by the pastoral counsellors and ministers: care, support and ambivalence due to societal expectations. Themes that emerged, were coping and feelings, gratitude or disappointment in response to societal and family support or lack thereof.

#### **Reflection**

In listening for context, I had to place the pastoral counsellors and ministers' experiences according to the social and cultural context to which they belonged and in so doing uncovered other factors which had an impact on parents' experience of loss their children.

Three areas were of particular interest:

1. The impact of having a cultural identity and how their identity as bereaved pastoral counsellors and ministers are represented.
2. How participants spoke about their grief experiences within the cultural group of pastoral counsellor and minister
3. How their professional life as bereaved pastoral counsellor and minister had impacted on their understanding of, and ability to work within the lives of the parishioners and pastoral counselling clients they worked with.

Culture in the stories of the pastoral counsellors and ministers can refer to African, Coloured or White culture. It can refer to culture as pastoral counsellors and ministers. Culture can also refer to the Christian tradition, as Klaasen (2017) says,

It is a story of Jesus's birth, ministry, death, and resurrection. The story of Jesus Christ is not a closed story that is limited to our interpretation or the interpretation of any tradition. It is a story that is connected to the story of the Israelites and that of

the Christian Church. It is a story that encapsulates the past, present, and future. The Christian story as open-ended is not closed to other stories, such as the story of culture or society.

Klaasen (2017: 457 – 475)

The pastoral counsellors and ministers explicitly placed themselves in the Christian tradition, speaking about their grief in relation to their faith in Jesus Christ, and how holding onto their faith helped them through their grief, struggles and challenges.

Attention was paid to the ways in which pastoral counsellors and ministers spoke about the impact of social structures and cultural contexts on their grief experiences, for example gender and ethnicity.

Two female participants explicitly stated that they linked the loss of their babies to gender issues: that being female, the stress of seeking respectively. a position as minister in the Church and correctional services chaplain, directly caused the stress that led to their miscarriage and stillbirth and the male participant linking his daughter's death to the fact that she was overlooked for the permanent position she was already fulfilling as a minister in the parish. As Ganzevoort (2013: 1 – 17) states, "One of the strengths of a narrative perspective is that it starts from the concrete and specific narratives of real people to challenge the abstractions and absolutes that always serve to bolster the authority of the hegemonic group." The narratives of these women are real, concrete lived experiences which puts a human face to the abstract. For Ackermann, "a feminist theology of praxis embraces relationship as a central concept. It begins with a critique of the historical forms in which relationship has been realized. Such critique focuses on the inequality of power and the unfair patterns of economic sharing that have dogged sexual relations, parental responsibilities and political systems" (Ackermann, 2006: 234). The experience of unfairness of female participants and the daughter of one of the male participants in their hopes to secure positions as ministers and as chaplain, is sadly and example of the inequality of power and church political systems that are still present in the Church.

### **Reflection on using VCRM as analytical tool**

The VCRM data analysis process made me confront my central role as researcher in shaping the outcome by following certain leads and seeing where it took me. As researchers, the leads we choose might not always be clear to us, because we are obviously influenced by our own 'personal, political and theoretical biographies' (Mauthner and Doucet, 1998: 122). However, during the crucial process of data analysis we can choose to magnify participants' voices and construct a narrative that conveys those voices and be clear about our personal reactions to these voices. The richness of these narratives would not have been so apparent if I had used a different data analysis tool. The VCRM is an innovative analytical approach which can be used effectively in research to create an extensive theoretical corpus on men and women's bereavement experiences, and particularly, pastoral counsellors and ministers' grief experiences, which I found is absent from the literature concerning bereavement of pastoral counsellors and ministers following the death of their children.

Mauthner and Doucet's (1998) voice-centred relational analysis allowed me to hear the stories of pastoral counsellors and ministers, of their experiences of the death of their children and their relationships with their children and families, from their own perspective. This approach to analysis allowed the linkage of the pastoral counsellors and ministers' experiences of their children's death to their own personal meanings of the loss of a child within the social context of those around them. The voice centred analysis allowed viewing the data through a specific lens, generating more themes, based on the objectives of each reading.

### **Reflection on writing the narratives**

The process of writing a narrative that makes the data analysis meaningful can be seen as the final phase in the analysis procedure. My intention from the start, was for my analysis to keep each pastoral counsellor and ministers' story in their own voice as a whole and not divide their narratives into themes and categories. I felt that I had accomplished my intention of keeping each pastoral counsellor and minister' voice, rather than adding my own interpretation, and placing their stories within categories. I also felt that I was able to keep each narrative as a whole by not cutting the story into sections. The narrative provided an account of each pastoral counsellor and minister's experience of his or her loss of their child,

and their relationship with their spouse, other children and extended family through their own words and voice. This analysis did not explicitly intend to compare the differences, but instead prioritise the voices of the pastoral counsellors and ministers, listening to how they talk about themselves and their relationships with others within specific social contexts and structures (Mauthner and Doucet, 1998).

I attempted to present the narrative data in a unique, provocative, and meaningful way that preserved the richness of the stories. The transcripts were constructed into narratives based on the histories and experiences as told by the participants, essentially verbatim, but changed into the third person to make for a smoothed account and easier-to-read narrative.

Analysis of my autoethnographic data was done through Creative Analytical Practices (CAP) as analysis tool. I will now discuss the CAP procedure.

## **2. Creative Analytical Practices to analyse the autoethnographic data**

Creative Analytic Practices (CAP), as described by Richardson (2000), is an umbrella term for different kinds of writing, visual, oral, and, for example, ethnodramatic practices that are both creative and analytic. Richardson (2000: 930) states that “textual, verbal, ethnodramatic, or visual representation cannot be divorced from analysis, and each should be thought as analytic in its own right.” Through CAP, data is modified to produce a story and the story is a theory.

According to Richardson,

CAP ethnography displays the writing process and the writing product as deeply intertwined; both are privileged. The product cannot be separated from the producer or the mode of production or the method of knowing. Because all research – traditional and CAP ethnography – is now produced within the broader postmodernist climate of “doubt,” readers (and reviewers) want and deserve to know how the researcher claims to know. How does the author position the Self as a knower and teller? These questions engage intertwined problems of subjectivity, authority, authorship, reflexivity, and process on the one hand and representational form on the other.

(Richardson 2000: 930)

The ethnographic genre includes poetry, drama, conversations, readers' theatre, and others, which are produced through creative analytic practices. Richardson (2000) is calling this class of ethnographies creative analytic practice ethnography, or CAP ethnography, with autoethnography one of the many "species" of CAP ethnography (Richardson, 2000: 930).

When using creative analytic practices, ethnographers learn about their topics and about themselves that which was unknowable and unimaginable using conventional analytic procedures, metaphors, and writing formats. Even if one chooses to write an article in a conventional form, trying on different modes of writing is a practical and powerful way to expand one's interpretive skills, raise one's consciousness, and bring a fresh perspective to one's research.

(Richardson 2000: 931)

Richardson calls these evocative representations, because "evocative writing touches us where we live, in our bodies." (Richardson 2000: 931).

Autoethnography is one form of evocative writing. Autoethnographies are highly personalized, revealing texts in which authors tell stories about their own lived experiences, relating the personal to the cultural. The power of these narratives depends upon their rhetorical staging as "true stories," stories about events that really happened to the writers. The writers construct sequences of events, or "plots," holding back on interpretation, asking readers to "relive" the events emotionally, with the writers. These narratives seek to meet literary criteria of coherence, verisimilitude, and interest. Autoethnographers are somewhat relieved of the problem of speaking for the "Other," because they are the "Other" in their texts.

(Richardson 2000: 931)

Richardson (2000: 937) has the following five criteria for CAP ethnography, or in my case autoethnography:

1. Substantive contribution: Does this piece contribute to our understanding of social life?

I believe that writing an autoethnographic account of my grief experience as pastoral counsellor and mother who have lost her son, I contributed to the body of bereavement literature. Adding the narratives of the other participants, strengthened my contribution.

2. Aesthetic merit: Is the text artistically shaped, satisfying, complex, and not boring?

I have employed different texts, prose, poetry, photos and pictures, diagrams and maps, which make for an interesting and aesthetically pleasing piece of autoethnographic CAP study.

3. Reflexivity: Is there adequate self-awareness and self-exposure for the reader to make judgments about the point of view?

Writing autoethnographically called for reflexivity on my part, which I tried to convey throughout the thesis, especially in the chapters dealing explicitly with my autoethnographic account as pastoral counsellor and mother who have lost my son.

4. Impact: Does this affect the reader emotionally, intellectually?

Given the subject matter of bereavement and grief as pastoral counsellor and mother at the loss of my son, I am sure that the reader would be able to empathise with my experience on an emotional level. Intellectually, I strove to link my grief experience to existing literature, to make a meaningful comparison and contribution. However, as Klaasen (2017) states,

Those who tell the story and those who hear and interpret or re-interpret the story have equal authority in meaning making. The meaning of the story is not left to the academic theologian who applies hermeneutics; the telling of the story has intrinsic value and meaning forms part of the narration.

(Klaasen, 2017: 457 – 475)

In effect, this means that the reader will make their own interpretation of my story, making meaning as they read it into and against their own lived experiences and life stories.

5. Expression of a reality: Does this text embody a fleshed out, embodied sense of lived experience? Does it seem “true”- a credible account of a cultural, social, individual, or communal sense of the “real”?

There can be no doubt as to my expression of the reality of my grief expression. The raw emotion that emerged and which I have written about, at times clearly shows my embodied lived experience. The setting of my own lived experience in the cultural, social, individual and communal, brings the “real” account of my experience starkly to the forefront.

Analysing my autoethnographical data against Richardson’s criteria helped me to ensure that my writing was up to standard, and suitable as an adequate piece of research that makes a meaningful contribution to the bereavement literature.

### **Writing up the research**

In writing up the autoethnographic research for my thesis, I adapted some of Richardson’s exercises:

1. Apply creative writing skills

The creative writing skills I have used, include writing in a flowing narrative form, yet also including poems in addition to the prose. The use of pictures and photos as points of reflection, brings in an additional form of creativity.

2. Keep a journal to help write the story about the writing process.

I have kept a journal and wrote extensively about the process and my reactions, responses and reflections on my grief journey, as well as my research and writing experience.

3. Write a text using different typefaces, font sizes, and textual placement.

This particularly brings to mind a poem I have written where the text was placed in different ways to depict a heart gauged with a nail, with ‘blood’ dripping down. For

journal entries, used textual placement placing them in borders to distinguish them from the reflective writings. I also used italics as typeface of the journal entries.

4. Write a “layered text” by putting yourself into your text and putting your text into the literatures and traditions of social science by writing a narrative about an event that is especially meaningful to you.

The autoethnographic chapters are the prime example of this point of Richardson’s. I have weaved and intertwined my autoethnographic narrative – my story of embodied lived experience as pastoral counsellor and mother who lost my son – with the existing literature. The narrative that emerged displays the events that is not only meaningful to me, but hopefully to other pastoral counsellors and ministers who have lost children.

5. Then step back and look at the narrative from your disciplinary perspective and insert into the narrative relevant analytic statements or references.

This step ties in with the preceding one, as I would read and reread the written narrative references to write not only a therapeutic study, but a relevant research study which would add to the existing bereavement literature and contribute to the specific bereavement literature of pastoral counsellors and ministers who have lost a child.

6. Write your “data” in three different ways, for example, as a narrative account, as a poetic representation, and as readers’ theatre, noting how do the different renditions enrich each other.

My data for this study, were written as a narrative and includes poetry which enhance the written account. The poems, in many ways, convey the raw emotion and enhances the narrative, which may not have conveyed the emotions as poignantly and vividly without the poems.

7. Write a narrative of the Self from your point of view, such as something that happened in your family, then interview another participant person tell you his or her story of the event, to see yourself as part of the other person’s story in the same way he or she is part of your story.

My research and thesis are based on this point. When I started the research for my thesis, I knew from the onset that I wanted to interview other pastoral counsellors and ministers who have lost a child. I have written quite extensively about my own experience before I started the interviews, while conducting the interviews, doing the transcripts and the analysis, I could clearly tie my story to their story, and their story to mine. Although there are, for obvious reasons, differences, there are also similarities and parallels, and points of learning from one another.

8. Memory work, or stories that are shared, with attention paid to the discourses that are shaping the stories in each of their tellings. As others tell their stories, more details of one's own story is remembered, and ones discovers what the stories have in common. Analysing the participants' narratives with The Voice Centred Relational Method, using the different Listenings, drew attention to the people, settings, events and thoughts that shaped the stories in each of their narrations. Conducting and transcribing the participants' interviews definitely brought back memories of my own grief journey as pastoral counsellor and mother who lost my son. The main reason I wanted to conduct interviews was to find out whether I was mad for still experiencing grief after many years. I was vindicated when I discovered that all the pastoral counsellors and ministers, to a greater or lesser extent, also still experience moments of grief even after many years have passed since the death of their child.

9. What have you left out? Who is not present in this text? Who has been repressed or marginalized? Rewrite the text from that point of view.

Although I did not rewrite the text from the point of view of those who were left out, I did incorporate grandparents' experience at the death of a grandchild in my autoethnographic narrative. Unfortunately, the focus of the research study for my thesis did not allow for interviews with grandparents, but I do acknowledge the impact the death of my son Aidan had on my parents and parents-in-law. Similarly, the focus of my study did not allow for interviews with siblings, and I regret that my other two sons, Alquin and Austen seem to have been marginalised, as I know that they have been, and still are, deeply affected by the death of their brother. The point of view of my husband Andrew is also not shared, as he chose not to participate in the

research study when I asked him. Had these omitted accounts been included, it may have provided a more holistic view of our entire family's bereavement and grief experience.

Writing up the data in a coherent and thick description and narrative, in itself also becomes a type of analysis of the data. This is because one still sifts through and even continues to examine the data while one writes the narrative based on the data and the analysis. I can only hope that I did justice to the participants', and my own, analysis and subsequent narratives to make for a meaningful contribution to the literature as well as honouring the parents' journey grieving the loss of our children.

Narrative and autoethnographic analysis also have to meet with evaluation criteria as other research and analysis. However, validity within qualitative research methods has been a contentious one, with much debate as to what criteria should be used to evaluate qualitative studies. Researchers have proposed the need for criteria that are specific to narrative inquiry, as they believe this type of inquiry has unique characteristics in comparison to other qualitative approaches. Below I will discuss the criteria as proposed by different scholars.

### **Evaluation Criteria for of narrative and autoethnographic analysis**

Connelly & Clandinin (1990: 2 – 14) states that, instead of using quantitative terms, such as “validity,” “reliability,” and “generalization”, a narrative writer must use language appropriate to qualitative research. Because personal, human experiences and emotions cannot be measured quantitatively, traditional evaluative criteria need to be replaced with criteria suitable for those human experiences.

Richardson (2000: 931) proposes that instead of rigid triangulation to confirm validity, crystallisation should be used. According to Richardson, crystals, grow, change, alter, but are not amorphous.

Crystallization, without losing structure, deconstructs the traditional idea of “validity” (we feel how there is no single truth, we see how texts validate themselves), and crystallization

provides us with a deepened, complex, thoroughly partial, understanding of the topic. Paradoxically, we know more and doubt what we know. Ingeniously, we know there is always more to know. Richardson (2000: 931)

Richardson's explanation of the paradox of crystallization makes me smile, because I have truly come to understand that the more I thought I knew, the more I realise that there is much that I do not know. The paradox she finds in crystallization certainly holds true for qualitative research, but especially for the narrative writing based on the interviews of the pastoral counsellors and ministers in my study. Dealing with the complexity of human emotion in my study, showed me that even though I have my own grief experience, each person has their own unique experience. The paradox of knowing and then realising how much I do not know, became clear when my assumption of male and female grief experiences as different. This I discovered when during the interviews and transcripts I found that even among males, grieving can present as 'female' grieving and vice versa.

For Witcher (2010: 124) in his article titled, "Negotiating Transcription as a Relative Insider: Implications for Rigor," a transcript is "merely one representation/re-presentation of this event". However, "being a relative insider contributes to transcription quality" which has "implication for research rigor/trustworthiness". Witcher (2010: 127) goes on to warn researchers that to ensure rigor and trustworthiness during an interview where participants use "nonstandard meaning" or a dialect or slang particular to their culture data, those words must be transcribed in the same language and analysed in that language, or they could be "misrepresented and misinterpreted".

As a member of the culture – pastoral counsellors and ministers grieving the loss of their child – my analysis was conducted understanding that the cultural interpretation of the data influences the analysis because the process of analysis "transforms bits of autobiographical data into culturally meaningful and sensible text" (Chang, 2008: 126). I was able to make meaning perhaps easier, because of my insider perspective giving me the advantage, as Chang (2008: 127) states, "In a conventional ethnography, insiders and outsiders are different people; therefore, it takes outsiders a considerable number of border crossing experiences to decipher the cultural meaning of data collected from insiders". According to Mostyn (1985:

118) trying to find meaningful relationships in qualitative data, “the analyst must also understand the roles, values, and lifestyles of respondents in order to interpret the data”. I certainly do understand the pastoral counsellors and ministers’ roles, values and lifestyle, as I am also a pastoral counsellor and mother who have lost my son.

According to Blumenfeld-Jones, narrative can also be understood as a literary art featuring “great evocative beauty of language and image which draws us in as it transforms our imagination” (Blumenfeld-Jones, 1995: 33). Blumenfeld-Jones (1995: 26) proposed the term fidelity to indicate “what [the experience] means to the teller of the tale (fidelity to what happened for that person)”.

Blumenfeld-Jones maintains that

Truth treats a situation as an object while fidelity is subjective.  
The object/subject distinction can become a test for the presence  
of fidelity and a warning for when fidelity is slipping over into  
truth”

(Blumenfeld-Jones 1995: 26).

Consistent with Blumenfeld-Jones’ (1995) suggestion for narrative analysis, I chose fidelity rather than ‘truth,’ since truth implies objectivity (e.g., what happened in a situation); whereas fidelity acknowledges subjectivity. For Blumenfeld-Jones, fidelity has “an obligation towards preserving the bonds between the teller and receiver by honouring the self-report of the teller and the obligation of the original teller to be as honest as possible in telling” (Blumenfeld-Jones, 1995: 28). The judgement of fidelity depends on the teller and the listener or the researcher. Between these two collaborators there is a bond, a betweenness, with two aspects; the bond between the original teller of the story and the listener, or researcher; as well as the interplay between the initial teller and the narrative context. Blumenfeld-Jones (1995) insists that narrative inquiry has to maintain fidelity to a person’s story and the context in which the story exists. The teller of the tale entrusts their story to the researcher, trusting that their worth and dignity will be preserved. The trustworthiness and credibility of stories were preserved by including the participants’ stories in their entirety (Moss 2004). By including the participants’ stories in their entirety, I believe that it helped to preserve what Blumenfeld-Jones states as ‘the worth and dignity of the teller’ (Blumenfeld-

Jones, 1995: 27). Pastoral counsellors and ministers who have lost a child were constantly constructing their world, creating a sense of fidelity with the world that they live in and the world 'under construction'. For this sense of fidelity to be adequately maintained, as Blumenfeld-Jones argues, there must be ... interactions between (a) the teller of the narrative, (b) the narrative and its objects, and (c) the receiver of the narrative.' (1995: 27). Member checks were done by sending a smoothed transcript of their interviews to participants to ensure issues of validity, or fidelity, is attended to and to verify and be "honest" to the data (Blumenfeld-Jones, 1995: 27). 'Honesty' refers to the fact that as researcher, I have to be open and honest about the influence of my perspective and experience in re-telling the participants' stories. Reflexivity is a reasonable concern in this study, due to my personal connection to the topic, as well as my use of unconventional writing methods. conveying my reactions, assumptions, beliefs, and choices in how and what I wrote is especially valuable to remain faithful to the meanings that the participants' intended.

As far as autoethnographical research is concerned, autoethnographical researchers Ellis, Adams and Bochner (2011: 273 – 290) say, that when terms such as reliability, validity, and generalizability are applied to autoethnography, the context, meaning and utility of these terms are altered:

**For an autoethnographer:**

**Questions of reliability refer to the narrator's credibility.**

*Could the narrator have had the experiences described, given available "factual evidence"?*  
*Does the narrator believe that this is actually what happened to her or him? (Bochner, 2002: 86)*  
*Has the narrator taken "literary license" to the point that the story is better viewed as fiction than a truthful account?*

Writing my autoethnographical account as pastoral counsellor and mother who has lost my son, Aidan, my experiences are indeed factual, yet also emotional and experiential. It is my experience and view of what actually has happened to me. It is the truthful account of my son's death, and my subsequent journey of grief and trying to reconstruct my life as mother, as pastoral counsellor and educator in the midst of my grief. It is perhaps here that the reader may have to view my story through Blumenfeld-Jones' lens of fidelity, if they start doubting

my narrative, as my narrative also incorporates my faith and my experiences through continuing bonds (Klass, 1993a).

**Validity means that a work seeks verisimilitude.**

*It evokes in readers a feeling that the experience described is lifelike, believable, and possible, a feeling that what has been represented could be true.*

The autoethnographical account of my grief experience has been written as an emotionally raw, open and honest narrative that could leave little doubt that it is authentic. In writing the autoethnographical account as a truthful and realistic account of my personal grief experience, verisimilitude was achieved by the truthful depiction of scenes, settings and people, which ties in with Ganzevoort's statement that

The final dimension is justification for an audience, or how the author accounts for his or her life in front of significant others. This account or justification is judged by criteria for legitimacy and plausibility the audience holds, which may differ from one audience to another. The audience's constellation therefore determines the number and consistency of stories needed for justification. Often narrators refer to normative or canonical stories to render their own story more plausible.

(Ganzevoort, 2011: 214 – 223)

According to Parry (1991: 42) my study will achieve verisimilitude if readers feel pulled into “the reality of the story”, when they believe my narrative and feel the experiences I am describing. Ellis (2004) also suggests that truth and resonance are more appropriate standards for autoethnographic work than validity or generalization. Accounts need to be truthful and accurate, and the story should resonate with reader:

... story as analysis, for evocation in addition to representation as a goal for social science research, for generalization through the resonance of readers, and for opening up rather than closing down conversation. (Ellis, 2004: 22)

For Denise Ackermann,

Telling our stories, hearing the stories of others, allows our stories to intersect. Sometimes they conflict, accuse and even diverge greatly; sometimes they attract, connect and confirm.

As our stories touch one another, they change, and we too are changed. (Ackermann, 1998b:24)

I hope that my autoethnographic narrative of a bereaved pastoral counsellor and mother, will resonate with readers and that they will believe my study will make a meaningful contribution to the bereavement literature.

**The focus of generalizability moves from respondents to readers.**

*It is always being tested by readers as they determine if a story speaks to them about their experience or about the lives of others they know.*

This ties in with Ganzevoort's view that

The central notion here is that meanings are not fixed or defined by something intrinsic to the facts or texts. Instead meaning is attributed in the act of reading the text or approaching an external reality. This places the reader centre stage. The main question becomes how individuals and communities construct their stories in conversation with other 'readers', incorporating that which presents itself as 'real' and aiming at the construction of a consistent and meaningful story of the self. The reader thus creates his or her own story vis-à-vis self, others, and 'reality'. This process of narrative construction of a story can thus be seen as a negotiation of possible meanings.

(Ganzevoort, 2013: 1-17)

Grief at the loss of a loved one is a universal experience. My autoethnographical account of grief at the loss of my son, may resonate with other parents who have lost a child. Narrowing my experience to my grief as a pastoral counsellor's grief at the loss of my son, may be useful as a guide to help other pastoral counsellors and/ or ministers who have lost a child. My story shed may shed light on the lived experiences of readers (Ellis, 1995): readers who are parents and readers who are pastoral counsellors and ministers who have lost a child. I sincerely hope that my study conveys my truthful autoethnographical account of the detailed description of my experiences and resonates and draws readers into the narrative.

**Ethical Considerations**

Asking bereaved people about their grief experiences may seem insensitive and unethical because it is assumed that talking about their loss will cause them pain and sorrow, and that

there is a risk that inflicting pain on the participants may outweigh the potential benefits of the research. Perhaps, in hindsight, this may be the reason why I had so few respondents to my study. People may have anticipated their grief responses and decided against participating in my study. However, many participants in bereavement studies have voiced their appreciation at having the opportunity to talk about their experience, even when they found it painful to do so (Dyregrov, 2004). This is especially true if it has been a number of years since their loss, because they seldom are asked to talk by those around them, and often feel they should not bring it up. As Cook (1995: 115) stated ...one mother who recently participated in a bereavement study said to me, “Most people feel uncomfortable with my tears so I try to hold them back. It feels good to have my feelings accepted and not to have to apologize for crying.” I have a similar experience, where the participants voiced their appreciation in being able to speak about their loss, especially the mothers for whom it has been around 15 years since the death of their children. The interviews did bring up emotions, but it was almost with a sense of gratitude that there was a safe place because for most parents who have lost a child, people expect one to be ‘over it’ after a certain period of time.

Rowling (1999) suggested that in bereavement research interviews there is a pull to use one’s “therapist self,” an instinct that must be closely monitored. In a therapy context, individuals more often feel (at least temporarily) exposed, vulnerable, and in need of help, whereas a sense of power derived from bereavement research interviews comes from participants offering their experiences so that other bereaved persons might be helped. This was explicitly stated by some of the participants, that they have agreed to the interviews because of two reasons: to speak about their child and their grief after such a long time, and to be able to assist me and others who are on this grief journey of having lost a child.

### **Ethical considerations during the interview process**

1. If a conversation became too painful, I allowed myself to be guided by the participants whether they would want to continue or stop and continue at a later stage (Bierman, 2005).

Participants did become emotional, but were able to compose themselves, and chose to continue with the interview.

2. To avoid retraumatisation I asked parents questions about not only their story of trauma but also about that of survival (White 2004).

The Interview Questionnaire was set up in such a way that the questions cover the initial bereavement, but also coping and living with their grief.

3. Risks and/or Benefits: While some of the interview questions evoked feelings of sadness and grief, it was equally possible that the opportunity to discuss grief experiences offered the positive therapeutic benefits of catharsis. (Mayhall 1982)

The participants thanked me for the opportunity to share their grief experience, and to be able to speak about their children. They did feel emotional, but they were grateful even to be able to show emotions that have been suppressed for so long.

4. The emotional wellbeing of the participants was considered, and steps were put in place to minimise any distress which may have occurred when discussing these highly emotive experiences. A qualified and experienced clinical psychologist would have been immediately contacted after the interview if distress occurred and debriefing would have been carried out. Fortunately, all participants said that they were fine and the emotions that were evoked were manageable. One participant does attend sessions with a psychiatrist, and another intended making regular appointments with a psychologist closer to her home, as the psychologist I had enlisted resides in Durban.

## **Relational Ethics**

In using personal experience, autoethnographers implicate themselves, and also close, intimate others (Adams, 2006; Etherington, 2007; Trahan, 2009). As an autoethnographical writer, I strived to stay aware of how the protective devices of protecting the privacy and safety of participants and others I write about by altering identifying characteristics such as circumstance, topics discussed, or characteristics like race, gender, name, place, or appearance can influence the integrity of their research as well as how their work is interpreted and understood. (Bochner, 2002; Tullis, Owen et al., 2009). Writing about my

experience, inevitably also included writing about my family. It has not been possible to employ protective devices in their case.

### **Conclusion**

In this chapter I discussed the research methodology, using narrative enquiry and autoethnography. I outlined the participant selection through purpose and snowball sampling. I discussed my approach to data collection through interviews and the interview process. I discuss the narrative data analysis methods of the Voice Centred Relational Method to analyse the interview data and the Creative Analytical practices to analyse the autoethnography. I concluded the chapter by discussing evaluation criteria and ethical considerations.

The chapter that follows, contain the narratives of the pastoral counsellors and ministers I interviewed. The narratives convey their journey of grief at the loss of their children and coping and resuming their personal and professional lives as pastoral counsellors and ministers, showing their vulnerability and strength to endure and cope with the loss of their children.

## CHAPTER 3 THE CRUCIFIXION

### Participants' Profiles and Narratives

#### Introduction

Jesus' mother was present at his crucifixion and death. It must have been the most painful experience for Mary to witness, and stand by helplessly as she watched her son's painful last hours and death (John 19: 16 - 30). There are images of the crucifixion, where Mary is portrayed as a silent witness to her son's suffering and death. I commented to a friend after the death and funeral of my son, that I think Mary stood there, with everything in her screaming at the injustice of it all, because that was my reaction at the death of my son, and for the parents I interviewed, as will be seen in my own, and the participants' narratives in this chapter. The participants' narratives are followed by a summary of the interviews and the effects of emotions, spirituality, health, family and ministry. The chapter continues with the themes, my reflection on the interview experience and the participants' reflection on their experience of recounting and narrating their stories.

#### 3.1. Adri



[https://farm2.static.flickr.com/1940/44509977224\\_f71e9d351f\\_b.jpg](https://farm2.static.flickr.com/1940/44509977224_f71e9d351f_b.jpg): accessed 27.02.2019

##### 3.1.1. Profile

I am a pastoral counsellor in private practice, who also teach at a boys' high school where I am at times called upon to counsel boys. I also conduct psychospiritual workshops and retreats. I am married to Andrew, and we have two other sons who are younger than Aidan. This year, 2021, marks the 7<sup>th</sup> anniversary of Aidan's death. We continue to struggle with our

grief, but the acute pain is lessening. However, at times it still feels as if we are catapulted back to the day when our lives were changed irrevocably.

### 3.1.2. Narrative

In one moment, my world stopped  
My heart was ripped out of my body  
And fell crashing to the floor  
Shattered into a thousand slivers  
The screams emanating from me  
Made others stop their worlds  
And for a few moments our worlds turned in  
tandem

But slowly their worlds started turning again  
Almost oblivious that I was still standing still  
My heart lying at my feet

Now and again someone notices  
And tries to hand me a sliver of my heart...  
Don't they know my heart is forever shattered,  
changed...?  
Someday, it will start beating again  
But it will never be the same

For you are gone

My only hope:  
You are safe  
You are happy  
And I will join you

Someday...

I wrote this poem two weeks after the unexpected death of my eldest son that left our family shattered with shock.

Aidan, our eldest son, contracted encephalitis (inflammation of the brain) at four and a half years, resulting in non-stop seizures and coma. In hospital he contracted septicaemia and pneumonia. In short, only a miracle would ensure that he would survive all these attacks on his little body – a little body hooked onto life-support machines for the longest six weeks of our lives.

When he recovered from the coma, which doctors themselves hailed a miracle, the long, arduous journey began for us as a family. Aidan had to learn to walk and talk again, and initially he did. But he was left with intractable (difficult to control) epilepsy, resulting in daily seizures. This eventually left him with brain damage with severe cognitive and learning disabilities, and eventually he lost his speech as well, only managing a few basic words: “mama”, “daddy” and “Acca” (Alquin – his little brother who was one and a half at the time). The ensuing years took a heavy emotional toll on us as a family. I fell pregnant with our third baby. The pregnancy suffered, possibly because of the stress of dealing with Aidan’s condition and care, resulting in early emergency caesarean delivery. Austen was a bit small but thankfully, by the grace of God, healthy. As a mother, I often felt overwhelmed and inadequate to provide in my family’s needs. Eventually depression set in, and I had to get professional help.

Aidan’s condition demanded constant care and supervision, but as he grew, his seizures lessened to clusters of a few days per month. He could dress himself and make sandwiches, although he would leave the mess for us to clean up, to our exasperation at times. He loved water and would run his own (cold) baths, so we did not have to worry that he would burn himself with hot water. However, seizures in the bath were often cause for concern, as was his unexpected walks, causing us much distress as we had to search the neighbourhood for him. But he loved to hug and kiss us and our extended family and friends – big bear hugs and sloppy kisses on the cheek, after which he would hold you and look at you with a huge grin.

In 2013, I had started reading Macrina Wiederkehr’s book, *Behold Your Life: A Pilgrimage Through Your Memories*. It is a self-guided retreat for 40 days. I got as far as Days 3:

The One from whom I came chose my parents – perhaps I even had something to say about the choice. I can’t remember those “before the womb” moments. Yet somehow in God’s divine plan I was part of this glorious unfolding. I say “Yes” to that moment now. “Yes” to the parents to whom I was born.

(Wiederkehr 2000:26)

After reading this, I could not continue. My mind was reeling, because I thought that if God shows each soul their life and gives each soul the choice to be born, as is described in Day 2

and Day 3 by Wiederkehr, it means that Aidan was given that choice too, and that he had consented, not only to be born, but he had the knowledge that at the age of 4½ he would become ill and he would spend the rest of his life on earth with cognitive impairment and living daily with multiple seizures. I became very distressed and confused at this ‘revelation’. On the one hand I could not comprehend that Aidan said yes to a life such as he had. On the other hand, I thought that he so much wanted to be in our family, to be loved by us and to love us back that he consented to the life shown to him.

We started accepting his condition through the years, although our hopes and prayers were always that he would outgrow the seizures and become more independent. When, shortly before his 19<sup>th</sup> birthday, his seizures increased, we thought that he had outgrown his dosage of medicine. I had planned to make an appointment to see his paediatrician.

I never expected to come home from shopping on 2 September 2014 to these words ... As I opened the safety gate, Andrew, my husband greeted me at the door with the words that are forever etched in my mind:

“Adri, I have some sad news, Aidan has passed on.”

I put down the tray of eggs that I was carrying on the cupboard in the entrance, and looked at him uncomprehendingly. Then I looked at my middle son, Alquin who was sitting in the lounge – he was crying ...

I have heard, and read, about people screaming in shock at traumatic news or experiences. I have always been calm in such situations; I would do what needs to be done while other people were falling apart.

This time, I fell apart. The shock and horror I felt erupted in scream upon uncontrollable scream out of my chest. For almost half an hour I could hear myself scream, “NOOOOOO! NOOOOOO! NOOOOOO! ...” Andrew tried to calm me down to no avail. Eventually, I subsided enough to ask where Aidan was.

Andrew took me to our bedroom. Aidan was lying on my side of the bed, covered in the crocheted blanket, looking as if he was sleeping. His hands were above the blanket. I fell on the bed and felt how cold his hands were, so I covered his hands, pulling the blanket up under his chin. And I sobbed and sobbed ...

Our house quickly filled up with neighbours from our cul-de-sac, who obviously heard my screams and came to investigate. Family and friends were contacted by Andrew and my friend whom I went shopping with. All the while, I was lying with my arm around Aidan, trying to warm him. The neighbours and friends tried to comfort me, but I was inconsolable.

Eventually, the priest came to anoint and bless his body. Andrew tried to be strong, making all the calls and arrangements. Just as he cut the cord when Aidan was born and gave him his first bath in hospital, Andrew blessed Aidan's body with holy water and oil. I tried to support Andrew by holding his waist. That was a poignant and sacred moment for us as parents.

The police came with the paramedics, and Aidan was certified dead of natural causes. I did not want to let him go when the undertakers came, but I had to, with my heart breaking.

When everybody left, Andrew and I could not sleep. We sat up and had tea in the midnight hours, talking about the unreality of it all.

We had the funeral three days later. I agreed with Andrew, as only my mom and sister would be able to come from Cape Town to Durban from my side of the family. My dad was undergoing chemotherapy and my brother stayed to be with him. Andrew could not bear the thought of leaving Aidan lying alone in a cold dark mortuary.

Because we planned the funeral so soon after Aidan's death, there was no timeslot for us to be at the crematorium. We stood outside as the funeral parlour attendants took the coffin to the crematorium. The cremation had to take place after we left. We had a meal afterwards. Andrew had arranged for the attendant at the crematorium to phone him when the cremation would take place. He had left the phone on the table, and when it rang, I picked it up. It was the attendant notifying us that the cremation had started. I became very emotional, and I said, "I am eating while my child is burning." Even writing this makes me tear up again.

Later the afternoon, we were trying to relax from the emotional day. I was physically and emotionally exhausted, as I am sure Andrew and the boys, my mom and sister also were.

We were chatting quietly, and my mom remarked that Aidan's funeral was like that of a very important person. Then she added, "He was a very important person." Aidan had a full Requiem Mass, his school rendered a hymn, the church choirs sang, it was a beautiful send off for our beautiful boy, who used to point at the crucifix of Jesus above the altar in Church.

Being emotionally and physically exhausted after the funeral, we went to bed early. As had been the case since Aidan died, I sobbed in my pillow until I fell off to sleep. This was the pattern for a very long time.

Because Christelle, my sister, were leaving soon after, we scheduled the interment of Aidan's ashes for the following Tuesday as soon as the funeral parlour had it ready. Shortly before it was to be delivered, we got a call from the funeral parlour that the driver was hijacked, and they were trying to recover the ashes. Andrew and I joked that Aidan is still trying his tricks – disappearing and going for walks and we would have to look for him. However, even though we received ashes from the funeral parlour, I am still left with doubts whether they gave us his ashes. This resulted in me very seldom visiting the memorial wall at church. Instead, I continue to view Aidan as being at home, where we have placed the enlarged photo that was on his coffin, surrounded by potted orchids which bloom almost the entire year. We call them Aidan's flowers. Two Christmases ago, I went through a period of intense sorrow. I started ruminating about what happened to the rest of Aidan's remains. Surely the little box of ashes they gave us could not contain his whole body's ashes, indeed, how else could they have given us a second box of ashes after the driver had been hijacked...? All these thoughts were going through my mind until it felt as if I was going mad and making me very depressed and tearful. Eventually, I had to pray very hard, entrusting whatever has happened to God, consoling myself that the most important part of Aidan, his soul, was in heaven, intact.

I had taken two weeks leave after Aidan's death as I just could not face going back to school. It was exam time, and I phoned my colleague to tell her where she could find my exam papers, ready to be used. I even told her that I think it was God leading me to prepare the papers so long in advance, knowing that I would not be able to set exams at this particular time. Or my spirit had some premonition. She told me after I returned to school that she had teared up when I had told her that. I had another strange experience. Two weeks before Aidan died, I had been on a

weekend retreat in Pietermaritzburg, where during a prayer session, the retreat leader was praying over people for healing. I started praying for Aidan's healing, as even after 14 years, we still hoped and prayed that he would be seizure free and restored cognitive ability. Suddenly, I broke down in heart-wrenching, uncontrollable sobs. Looking back, I think I knew in my spirit that Aidan was going to be healed, but not the way we wanted. He was going to be healed into heaven.

My life took on a duality, my way to try and cope and even control my life. During the day I would be as calm as I could possibly be. While my mom and my sister were still with me, we would talk and laugh as normal as possible, only to be crying when a memory would trigger us, or we would realise that Aidan was not with us anymore. Night-time, I would give in to my grief, sobbing into my pillow as my grief overwhelmed me. My sister left after a week, but my mom stayed for another two weeks. It was the first time since we were married that my mom celebrated her birthday with me, and we took her out for supper. It was a quiet, subdued celebration.

After my mom left for Cape Town, I returned to school, and I thanked everyone for their support. People have sent us flowers and even money towards funeral expenses. But the gift that touched me the most, was a packet of coins to the value of about R200 which my class collected on their own.

Aidan had died many hours before I returned home, so his body was already cold when I got home. I had a deep yearning to be able to say goodbye and prayed fervently to God for the grace to be able to say goodbye. I believe that God granted me that grace. One day, a few weeks after Aidan had passed away, I was lying on my bed, aching with grief, with a deep longing to just hear his voice again. For a moment I could hear the softest of whispers, "*Mom,*" then I felt a barely-there kiss on my cheek. Even though in life he used to give bear hugs and sloppy kisses, in my heart, I just knew it was Aidan. "Hearing" his voice, opened two-fold floodgates: joy and immense sorrow. I remember him with the joy that he brought in my life, our family's life. And the same joy brings immense sorrow that he is no longer with me physically. So, although Aidan will live on in my heart, the longing for his physical presence is always there. With the years, it has become easier to suppress that longing under the layers of

the busyness of life, but when I allow myself to think and feel, like on the day I wrote the poem “Palimpsest”, the layers get stripped away and I am right back at the point of joy and sorrow, saying his name “Aidan”.

Our priest friend arranged for our little family to go away for the September school holidays to Red Acres Retreat Centre that he was managing. We spent time in the tranquil environment, and also took walks and drives to the surrounding little town of Merrivale. We took photos at the waterfall in Howick, the Mandela Capture Site and at Piggly Wiggly. When we sent the photos to my parents, my dad said that he noticed that none of us were smiling. I checked the photos and found that he was right. It came as a surprise to me, because I honestly thought that I was smiling – the natural thing to do when a photo is taken, and I also saw that Andrew and the boys were also not smiling. We were all clearly felt the void of Aidan’s presence. We had always been on holiday as a family, and his absence were acutely felt.

Late one afternoon, I went into the small chapel at Red Acres. As I entered, I saw a life-sized statue of Mary. Most statues of Mary have a blue cloak over a white garment, but in this statue, the cloak and garment were white. I burst into heaving sobs. On the night Aidan died, I had a vision of him running through a garden and running his hands through the colourful flowers. He was running towards Jesus and Mary, dressed all in white. They were smiling indulgently as they watched him, and when he reached them, they embraced him. Seeing this statue of Mary all in white, opened the floodgates of my grief and sorrow. People had thought to encourage me with messages, saying that Mary was caring for me and Aidan. But at that moment in the chapel, through my sobs, I told her that I needed Aidan with me. I am his mother and I need to take care of him. I told Jesus to help me and show me what to do. Trying to regain my equilibrium in my life and control my grief, I had tried to add more and more things to do. And I just was not coping. I realised that I needed to scale down and focus on healing. But it is because of my belief that God understands my grief and pain, that I could vent my anguish.

I envy people who have dreams about their loved ones. I hardly ever dream about him. One dream I had was of Aidan speaking to me, haltingly, like someone who is speaking after a long time. Aidan had progressively lost his speech with the intractable seizures affecting the speech centre of his brain, and deep down I believe that God showed me that his speech was restored.

The most recent dream I had was of us packing to go on holiday. I told the boys to go find Aidan because he has gone missing, we cannot leave without him. Another dream I had while on holiday in Cape Town while Andrew stayed in Durban, was seeing him, and touching his face with the palm of my hands, immeasurable joy welling up inside of me. I clearly noticed his pants and blue shirt, touched his face, telling him how happy I am to see him. He then said, "I have to go see Daddy now, mom." And he disappeared, leaving me feeling bereft.

I believe with all my heart that Aidan is in heaven, and I consoled myself with that belief. I would even tell people that I know that he is happy and healed in heaven. But when I was on my own, the thought crossed my mind, "I just caught myself in a lie." The lie was that I wanted him with me, his mother. My emotions did not correspond with the words I spoke to others, telling them what I thought they wanted to hear. People would tell me that I was managing my loss so well, that I was so strong, and I would smile and let them believe that. I think in a way, I probably deprived myself from more support, or I let people off the hook when they did not know what to say or do for me. Two statements stand out for me: on the night he died and the family and friends and the whole neighbourhood descended in support of us, my niece simply said, "Aunty Adri, I don't know what to say." For me that was one of the best things anyone could have said. The most unhelpful thing someone said was, "You are a counsellor, you know what to do." I just smiled, or I think I smiled. But inside I was screaming, "I am grieving as a mother, not a counsellor!!"

The Christmas holidays after Aidan had died were difficult. I continued attending Mass, where different triggers would cause me to weep, a song that was sung at his funeral requiem mass, a reading from scripture, even during consecration of the Eucharist. Christmas Midnight Mass, three months after Aidan's death, was one of the worst times. The tears ran uncontrollably during the entire Mass. It became worse after communion, when I remembered the previous year when my mom and dad were looking after him, and this year he would not be there when I get home. I shook with sobs, the lady next to me put her arms around me and comforted me, saying that she could see my suffering.

Struggling to cope with my grief, by the end of October I had decided to resign from school and stop counselling. However, I also had an intense fear that if I allowed myself, I could just lie on

my bed with the blanket over my head and never get up again. I believe it was God who intervened when I got a call from a school I had sent my CV to before Aidan had died. They asked whether I would want to come for an interview and I decided to go for the interview with the notion, but I did not care whether I get the post or not. The next day I got an email with a contract. I could not get myself to sign the contract. I took almost a week when the headmaster called me to say that he hopes I did not change my mind and he is waiting for the signed contract. I took a deep breath, signed the contract, and emailed it to the headmaster. I believe, as difficult as it was in the beginning, that the new post was my saving grace. It helped me to focus on something new and different. Yes, there were time that I would become overwhelmed by emotion when something would trigger my grief, and I would walk out the class and take a steadying breath. But for the most part, I believe that the move was God-ordained.

At this time, silly me, forgetting what I have learnt about grief and how I counsel and teach about grief, told myself that I am giving myself six months to get over my grief and move on with my life. I can only shake my head when I look back at this decision.

I went into the New Year of 2015 trying my best to cope, and completed my vision board for 2015. Every year in the first week of January, I make a vision board, using the bagua of nine quadrants, each representing an aspect of my life and what I would like to achieve for the year. 2014 was no exception, however, one of the nine quadrants was unfinished. The boys kept nagging me to complete it, but I never got around doing it. Later that year, I looked at it, and I realized the empty space was Aidan being ripped out of my life...

My world was turned upside down when a stranger gave her number to Andrew asking me to contact her. Thinking that she wanted a counselling appointment, I called her. When she told me that she has a gift, I thought she meant that she has a gift to give me. She proceeded to tell me that she 'saw' a young man who told her that his mother is suffering because she never got to say goodbye. Andrew and I were in the car when I had called her, so he got upset when I burst into tears. I managed to calm myself and the lady apologised for upsetting me. She then said that when I am ready, Andrew and I could come and see her, and she would tell me more. When the call was ended, I told Andrew what she said. He helped me to realise that this was not of God when he said that our faith does not allow us to dabble in clairvoyance. We spoke about

King Saul who went to the witch of Endor to call up the spirit of Samuel. Samuel reprimanded Saul, saying that it is not of God to speak with the dead. I sent a message to the lady telling her that we would not pursue this, as it was against our faith. However, when I got home, I was still distraught by the encounter. I tried contacting some priest friends and another older spiritual friend, but no one was available. I then turned to my little Rosary prayer book, and the first scripture Matthew 28: 5-6 the angel said: "Do not be afraid... He is not here; He is as risen as He said." For me, it was that God was telling me that I need not be afraid that Aidan was roaming earth like a lost soul, because he is not here on earth, he is in heaven with Him, as He had promised. Even though I told her that Andrew and I discussed it and that it was against our beliefs, the woman contacted me again the following week and told me her fee. She became very persistent. When I told our parish priest, he advised me to block her, which I did. The whole encounter left me shaken, and angry that people can take advantage of one's grief.

My grief had taken many forms: disbelief and shock which resulted in me screaming uncontrollably that first evening. This turned into anger and blame – anger and blame at myself for not being there, and not taking Aidan to the doctor in time when I knew his seizures had increased. Anger that I should have known the moment of his death, how could I not have known, I am his mother. Anger at God for taking him now that I have learnt to love him the way he was. Anger at my then school principal for refusing for me to take off when he was ill because we had a disagreement. The anger, turned to impotent rage, where I would envision myself at a shooting range, firing a pistol repetitively until all bullets, and my pent-up emotions are spent.

This impotent rage turned into depression, and I recognised that I needed to talk to psychologist. I made an appointment for myself and Andrew, as well as for Alquin and Austen. The boys only went once and did not want to return. When Andrew and I went in for our first session, I started talking, but I could not say the words, that the reason we were there was because Aidan had died. Andrew had to say it. Andrew attended sessions with me for about four weeks, but I continued for almost a year.

As parents, when our children are hurt or ill, we are also hurt. When Aidan first fell ill as a toddler, Andrew and I were in agony at the very thought that our eldest son might die. We

prayed for his recovery day and night until he did, and was released from ICU, and eventually hospital. We continued praying for his full recovery as he had to learn to walk and talk again. Though our hopes for his recovery were dashed with every seizure he had daily, which eventually took away his speech, leaving him with only a few words, we continued praying that he may be healed. So, when he died, my hopes for his recovery also died. As much as I tried to console myself that he was healed in heaven, the painful truth was that I wanted him with me on earth.

The bond between our family members was, and still is, very strong. The fact that Aidan had special needs made the bond with him even stronger. So it follows then, that even after his death, there would still be a connection. I often say that love never dies, it continues to live on even beyond this life. Due to his condition, we did almost everything together and went almost everywhere together as a family.

I felt Aidan's presence everywhere at home: in the bathroom – he absolutely loved to bath. He loved bubble bath, and we would have to remove the bottle from the bathroom otherwise he would empty all of it into his bath – something he had done on numerous occasions. Failing that, he would pour shampoo or even squeeze toothpaste into his bathwater and vigorously try to make it foam. At times he would even squeeze toothpaste on his hands and rub his hands together, or splash in them in the basin with water. I would get cross and shout at him, but the next day he would do it again!

Aidan in the toilet – he would use the toilet and clap his hands when he was finished so that he could be wiped. And he would not leave the toilet until I had sprayed the air freshener.

Aidan in the kitchen – he loved food and would make his own sandwiches, and when he used the mayonnaise, tomato sauce or chutney, he would leave the jars and the fridge door open. We had to resort to locking the kitchen door. He loved being in the kitchen while I was cooking. I used to say that we were dancing in the kitchen, as I stepped one way, he would step the other to make way. He would give me the onions, or more potatoes to peel and cut.

Aidan would take his knife and fork and a placemat and sit and wait at the table, sometimes as

soon as I started cooking. Sometimes he would set the entire table with placemats and cutlery, with extra place settings. One thing is for sure, he would not even start eating unless he had a placemat and knife and fork, even for just a sandwich. He loved his tea and would put his favourite cup next to his father's and mine as soon as I put the kettle on. Sometimes he would pour his own milk – and as usual, leave the fridge wide open.

In the first two weeks after Aidan died, I found it difficult to cook as that was 'our' time. The kitchen became a difficult place to be in. I told myself I needed to start cooking otherwise I would never cook again. When I did start cooking, I would find that I would put out five plates. When I did not put out a fifth plate, I would find myself wondering why there was extra food left over... I would avoid the supermarket aisles with canned beans and beetroot because he loved canned beans and beetroot. And I would tear up when I would see it, or I would take the canned beans and beetroot of the supermarket shelves with tears and a knot in my throat...

There were times when I would lie on my bed, not wanting to get up. I forced myself to get out of bed and do something constructive, like planting flowering seedlings in my garden. I hated it when people would say, 'You are so strong ...' when I did not feel strong. Inwardly I would feel angry that they would assign strength to me in the midst of my sorrow and I felt when they did that they did not have to do anything about my pain. So, I would portray the strong person they wanted to see and at night cry in my pillow. I did, however, come to the realisation, which I also verbalised at one stage, that if I could deal with the death of my beloved son, nothing else can faze me.

As I was typing this, I was crying so much, I had to leave off writing until the next day.

We as a family, were fortunate to have many photographs of Aidan, as well as him with us a family. For a long time, I could not look at the album his school gifted us with after his passing, without crying. We have an enlarged photo in our lounge surrounded by orchids which seems to perpetually bloom and hang over his photo, that I started calling them Aidan's flowers.

I felt as if everybody else's lives were carrying on and I am looking on from the shadows. I had written a poem about this, entitled, "Dancing in the shadows." Even though at times I was

forcing myself to carry on with my daily life, even trying to have some form of fun aspect, I felt alone in my grief. Part of the poem refers to the longing I had to say goodbye to him, and feeling his soft embrace and kiss on my cheek as he came to say goodbye to me.

When Aidan died, it felt as if I was mourning the same child twice. The first time was when he became ill and returned changed from the smart, bossy boy I had raised till the age of four-and-a-half-years. And then, 14 years later, I was mourning him the second time as he was forever lost to me in this life.

I was coping, even though it was very difficult. It also showed my desperate attempt at trying to bring my life to 'normality' or as it was before Aidan passed away. I remember wanting that 'normality', to have my life without feeling emotional and exhausted, which obviously was not possible at that time – only six months after Aidan died. Andrew likes to speak of grief as a wave, sometimes it is low tide and life seems to be going reasonably smooth. And other times, grief will hit you like a big wave, suddenly and without warning, capsizing your world. I naïvely tried to create an artificial timeline by which my grief would be over. This timeline was relatively short, and I would be caught by surprise when grief would rear its head outside my self-imposed grief construct.

I maintained my connection with God through praying the Rosary and attending Mass. However, the time came when I felt ready to return to my spiritual practices of Centering Prayer, Lectio Divina, Gospel Contemplation and Journalling. I was ready to let God speak to me, instead of me doing all the talking. It was stop and start, but I think it was another step into my healing process. God's divine spark in me has reignited, calling me to consciously enter the divine dance again. I think that the dance did not stop, I just stop participating consciously because of being caught up in my grief and yes, anger toward God.

About two weeks after Aidan died, I was busy in the kitchen. The question that came up for me was, "I am missing him so much, does he even think about us?" And the scripture that came to mind was that of the rich man who died. When he was alive, he would not give Lazarus, the beggar, any food. Instead, he let him eat the food that was thrown to the dogs. When he landed in hell, he wanted Abraham to bring him water. He was then told that the divide between

heaven and hell cannot be crossed. Then he asked for someone to please go and warn his brothers. The message of consolation I got from this is that our loved ones think and care about us even after death – so I know Aidan thinks and cares about us, his family.

I desperately held onto my Catholic faith and prayers. I prayed the rosary daily, because I was afraid if I did not, I would never pray again. It also provides much comfort as I could pray through the sorrowful mysteries, walking with Mary through Jesus' Passion, Crucifixion and Death. Strangely, I cried the most when I would pray the Joyful Mysteries and the Glorious Mysteries of the Holy Rosary. I would reflect and compare my own experiences as a mother with the Joyful Mysteries: The Annunciation – the awe and joy I felt when the doctor told us that I was pregnant would make my heart ache that Aidan was no longer with me, The Visitation – when my parents come to be with me for Aidan's birth, The Birth – remembering going into labour and the joy of Aidan's birth, The Presentation – Aidan's baptism that was specially arranged because my parents needed to leave earlier because my mom's aunt passed away suddenly, and Finding of Jesus in the Temple – reminded me of how we had to look for Aidan so many times when he would take a walk on his own, the fear we felt while searching for him, praying that we would find him unharmed, which time and again would be the case due to what we believe to be God's hand of protection over him. The Glorious Mysteries, I think, more than anything, made me angry and upset initially in addition to deeply sad, because even though I believe that Aidan is alive in heaven, Jesus was resurrected in this life and his mother could see him, while I did not have that same privilege.

Holding on to my religious beliefs and faith was what kept me sane. It is so easy to fall into a black hole. Prayer is what kept me going. Believing that Aidan is in heaven, kept me going. Believing that I will join him one day is what kept me going. But at night, trying to keep going, made me fall into bed exhausted. Grief exhausts a person. Trying to continue with life while keeping grief at bay during the day, is exhausting. The only way to get through it, to quote a cliché, is one day at a time.

I accepted that God has taken Aidan, but I wish that he did not. Among the different emotions of grief, anger was definitely one of the most predominant emotions I felt. I think part of me wanted God to have 'consulted' me, strange as it may sound. But part of me knew that I would

have prayed for Aidan to live had I known that he was dying. And God, in His wisdom, knew that this time, there might have been worse damage to his brain. Yet, my mother's heart still yearned for God to have left Aidan with me. My biggest point of anger and blame towards God taking Aidan so unexpectedly. Deep down, I would have wanted to be prepared. The guilt I felt was because I felt, as a mother I should have known the moment he died. How could I not have known? I knew that he was not well, with increased seizures, I felt it in my own sympathetic reaction when my head was aching to the point that I could not see. [I am tearing up as I am writing this all these years later, reliving that last day and night of Aidan's life. I need to take a break now.]

When Aidan first got ill as a toddler, I was a young mother, and even my spirituality was not as developed as it, hopefully, is now. I did think that God was punishing me by causing my healthy, bright boy to become intellectually impaired. I thought that it was because I placed such a high premium on the intellectual. I have, through the years come to accept that it was something God allowed to happen. I had stopped fighting against his disability and seizure and have learnt to love him for who he was. That was my fight with God. In one of my rants with God, I said, "Now that I have learnt to love him the way he is, now you choose to take him." But I do not view Aidan's death as punishment for something I did wrong.

I did not believe that Aidan's death was intended by God to serve a good and useful purpose. That would go against my beliefs that God has our best interests at heart. That would mean that God used his death to push me to do something for his purpose. I do not believe that God works that way. I do however believe that God can make good come out of any traumatic event once we are sufficiently healed. But not that God cause the trauma so that we can do what he wants us to do.

Despite his intellectual disability and recurring seizures, I did not feel that Aidan is better off dead. Intellectually, I understand that Aidan died because a massive seizure caused a blood vessel in his brain to rupture. My spiritual beliefs tell me that it was his God-ordained time. Yet my mother's heart was at war against all the thoughts because all I wanted was for him to be alive and with me. No amount of rationalisation could take that away. I would outwardly and even verbally agree with well-meaning sympathisers who would tell me things like, "He is in a

better place,” “He is no longer in pain,” “He is better off.” One evening, after such a conversation, I was crying in my pillow, thinking, “I am caught in a lie. I don’t think he is in a better place. His place is with me. I am the best person to take care of him.”

My firm belief is that Aidan is in Heaven and that I will be reunited with him in Heaven. I believe that Aidan is with Jesus, and that he is with the rest of our family, especially his beloved grandfathers who both followed him a year and a half later.

I thought that I had healed sufficiently to be able to run a workshop on parental grief. I optimistically even scheduled around the anniversary of Aidan’s death, thinking I would run it as an honour-work. I managed very well throughout the workshop, as I generally do even during counselling. After the workshop, I went home and all the emotion that I kept at bay during the workshop surged to the surface. The weather had changed to stormy winds and dark clouds, and I felt that it echoed what I was feeling inside. I felt that I needed to be at the beach, to feel the waves crashing in tandem with the feelings inside, until both waves and emotion subside. Due to the weather being too inclement, my husband and I went to a restaurant overlooking the beach, and I watched as the wind battered and bent the trees and waves, finding a resonating feeling inside. By the time we went home, I felt better. It was a painful insight to find that even a few years after Aidan’s death, the emotional and spiritual growth I thought I had, was not sufficient, at least not to yet conduct a workshop for other bereaved parents.

I believe and find comfort that Aidan is in heaven and no longer suffering, the excruciating pain at his loss at times was unbearable. The peace only really came a very long time afterwards. And as I found, years later, reliving his death, still takes me back both to the time around his death as well as the same emotions I felt, still having the ability to affect me greatly.

I found solace in my faith and spiritual practices. I also found that they brought both comfort as well as allowed me to express my sorrow. While praying, I could weep and openly speak to God about my pain. I also found that I would weep during Mass, brought on by different triggers, a song that was sung at his funeral requiem mass, a reading from scripture, even during consecration of the Eucharist. The comfort I felt, was that I was able to express myself during my religious practices. Attending a funeral not long after Aidan’s, had me weeping bitterly. A

friend comforted me, and she voiced the fact that she knew that I was weeping for Aidan – that was a real comfort for me.

Believing that Aidan is in heaven is very comforting, but the grieving process is irrational, it does not follow the logical stages from sadness through acceptance. The grieving process can make one jump back and forth from acceptance that Aidan is in heaven, to anger and depression that he has died and is no longer with me. I used to say that my head knows all this, but the reality has not moved to my heart, which continued to grieve.

Grief leaves one exhausted, mentally, emotionally, and physically. Journaling, writing my thoughts, writing poetry, have always been a way to express myself. During my bereavement, there were times that I could sit and write for long stretches of time, I could write poems to express my grief. Then there would be times, where I would have the intention to write and only manage a heading, as seen in the journal entries in the next chapters.

With my family, there has always been a close relationship, so even after Aidan's death that relationship continues among us here on earth but also recognising that he is still part of our family, and will always be until we are reunited in heaven.

Our relationship is extended and continues with Aidan's school friends. We were invited to one of the friend's 21<sup>st</sup>. I only decided on the day of the 21<sup>st</sup> to go, hoping that I would not become emotional. I found release when, alone at home that afternoon, I cried at my grief at never being able to celebrate Aidan's 21<sup>st</sup> birthday. At the party, I enjoyed watching everyone enjoying themselves. Yet, I was emotionally unprepared for one of his friends asking me throughout the evening, "Where's Aidan?" Constantly being confronted by Jody and her question, taxed me emotionally, which made me fall exhausted into bed that night.

Aidan's continued presence as part of our family is also felt in our extended family.

At the end of 2015, the year after Aidan's death, my family came for Christmas and for Andrew's 50<sup>th</sup> birthday after New Year. The big function I was planning for Andrew's 50<sup>th</sup> birthday celebration had to be cancelled because he did not want a fuss, and because his dad

was in hospital for almost the entire December. We had the celebration at home with close family and friends. My dad, who could not be at Aidan's funeral because of chemotherapy, wanted to go to the memorial wall at church where Aidan's ashes were interred. Daddy and I were in the lounge early the morning after their arrival. He asked me how I was doing, especially during this time. He then told me about the memorial service he had organised with our extended family and their church minister, which took place at the same time as the funeral service we had for Aidan. The evening before, he had asked my sister-in-law, Stephnie, to call him when we arrived at the crematorium. He said when she called him, he had broken down. We held each other and cried together. We went to the memorial wall, again our tears flowed, then my dad said, "*Nou is ek tevrede*" (Now I am satisfied.)

[I had burst into tears at this memory and had to take a break. Even now, seven years later, it was as if I was right back there in that very moment. I am continuing writing the next day.]

On Andrew's 50<sup>th</sup> birthday after New Year 2016, he left early in the morning. He said that he just needed to be alone. He returned home for lunch. In the afternoon, Andrew's family and friends joined us and we had a celebration. Andrew wanted a low-key celebration as it had been two weeks since his dad had been hospitalised. My mom and dad went with Andrew, his mom and sister to visit his dad in hospital that evening. My dad came back, saying he did not expect Andrew's dad to be so frail.

2016 turned out to be another difficult year for us as a family. A week after Andrew's birthday, the hospital called about 6 am to ask the family to come in. by the time we got there, Dad (my father-in-law) had been placed in a different room – he had died already but the hospital did not tell us until we got there. I stood at his bedside, looking at his face with a strange emotion. I could not identify what I was feeling. When I reflected on this strange feeling afterwards, I realised that it was envy – envy that Dad got to see Aidan before I did. As we were leaving, Imelda, my sister-in-law, said that she would cancel her 50<sup>th</sup> birthday party – Dad had died the day before her birthday. We all told her that she should not cancel, Dad would not have wanted her to, so the next evening we celebrated Imelda's birthday. Because of my belief that Aidan is in heaven, I also believe that Dad had gone to heaven and that he would therefore meet and be with Aidan, while I could not.

On 5 April 2016, our family suffered another loss with the sudden passing of my Dad.

In March, Daddy called to say that his blood results were very bad. He was sounding very down spirited, and I decided to go visit my parents during the Easter school holidays. I asked my brother not to tell my parents, as I thought to surprise them. But he told me that Mommy was so down spirited one evening, he just wanted to cheer her up, and he told her that I was coming. When I arrived, I walked around the back of the house. My parents were sitting on the veranda. I spoke up, saying, "It is such a long walk from Durban to Saron, I am really tired now." Daddy exclaimed loudly, "My child, you came, you came!" We embraced, with tears flowing freely. My aunt came running from next door, thinking something has happened. It was the first Easter that I spent with my parents since I got married. I attended Good Friday and Easter Sunday church services with them. Daddy being the church choir conductor, led the choir, but by the last choral piece handed over to his assistant as he felt weak. I joined in the excitement of preparing for the annual church bazaar (fete). It was a lovely time spent with my parents. Daddy started feeling worse, and was in a lot of pain. He got cross with me for calling the hospital on the Friday, because they wanted him to come in. I ended up asking my cousin to buy painkillers until he decided to go to hospital. Daddy did not want to eat, because he said the food tasted funny, or had no taste at all. This stressed-out Mommy. I had a heart-to-heart talk with Daddy. I was lying on the bed with him, and I tried to encourage him to try eating and not to think of the worst. He shared his fears and hopelessness. Mommy and Christelle came into the room while we were talking and crying. His deteriorated condition affected each one of us. After our talk, Daddy got up and seemed quite cheerful. He even sat outside on the veranda again. I cooked a chicken dish, which he ate quite a bit of. We left for Cape Town the Sunday morning to attend my nephew's confirmation. After the church ceremony, we had lunch and the rest of the family and friends joined for continued celebration. Later the afternoon, Daddy went to lie down as we started to feel weak. We discussed him going for a check-up at the oncology department at the hospital. He said he would go after dropping me off at the airport. Before I boarded, I ran back and told him, "Net so 'n laaste drukkie" (just a last hug) – not knowing that it would be the last hug. Daddy went to hospital, and he was admitted for a transfusion, which to us was a good thing because he was always improved afterwards. The next day, my sister, Christelle, phoned to say that I must come back immediately, Daddy was not doing well. She sent me reports

throughout the morning, each one progressively worse. I was in shock; I could not understand why he was suddenly deteriorating so fast. I found out afterwards that he had a massive heart attack the night before – his heart was too weak to handle the transfusion. By twelve midday, Christelle phoned saying, “I can’t say it,” and I knew Daddy was gone.

That night I had a dream of three people walking, the one in the middle a bit shorter, and skipping, thinking that the person in the middle was my dad, with the two figures holding his hands being angels leading him into heaven.

On the way to the airport the next morning, I messaged Arthur, my brother, to say that I want to do the eulogy, although it was still so unreal. I teared up at the thought of the fact that a eulogy needed to be said at all...

When we got to my parents’ home, I put my head on Mommy’s shoulder and cried. That evening, we sat and planned the funeral. It was all so unreal. Unexpectedly, more family members wanted to speak at the funeral – that was the impact daddy had on people’s lives. Mommy found it a consolation, and agreed to myself, uncle Christie and aunty Lomy from daddy’s side of the family, and aunty Minnie and my cousin Marsha from her side, to speak. Planning the funeral was hard, with Arthur breaking down when the undertaker showed him daddy’s identity document with ‘CANCELLED’ stamped over it. I broke down while typing the eulogy and programme. We all had our moments, with bouts of laughter in between as family visited and memories were shared.

Andrew then showed me a drawing: it was of two tall men with a shorter one in the middle. I was stunned. I told him this was the picture I saw in my dream. He told me this was his dad, Daddy, and Aidan in the middle. I could not believe it. It made so much sense. We were later to find out that Andrew’s mom had the same mental picture.

Uncle Martin, mommy’s cousin, a minister, led a beautiful wake service, joking when he got emotional, that he told his sisters to behave and now he was the one breaking down. The funeral was well attended, with about 600 people coming to pay their respects. Various choirs came to sing their goodbyes, with daddy’s colleague and friend, Mr Abels, singing a beautiful solo. The

funeral was like a choral gathering – a fitting send-off to my dad who loved singing and conducted many choirs in his lifetime.

After my dad's death, I used to say that I felt like an orphan, or rather half an orphan. Personally, I think one can feel like an orphan no matter one's age, because I definitely felt like one. The death of my dad, because it came so suddenly, really hit me hard, yet not in the same way as my son Aidan's death. With my dad, I found my equilibrium much quicker. There would be times of sadness and mourning, of wanting to pick up the phone to tell him something and then realising he was not here anymore.

I mourned my dad's death, as difficult as it was, differently to Aidan's. I managed my grief journey differently and my world righted itself quicker. This might be due to various factors, including my dad being spared the suffering of end-stage cancer, my dad's age or even perhaps that I already went through emotional expenditure of grieving Aidan, or perhaps the fact that I got to say goodbye to my dad. Or, perhaps, that the death of a child is infinitely more excruciating than the death of a parent. I do not have the answer to the why, I can only posit some options.

The anniversary of Aidan's death and his birthday continue to be difficult days for me. I never know how I will react emotionally on the day. Sometimes I act strong when inside I am highly emotional. Other times I will give in to the emotions and just crawl into bed, not pretending that I am fine.

Aidan's death impacted on my family relationship in a similar way as expressed by other participants: the fear of losing my other children. As a parent, from the time they were born, the fear is always subconsciously there. But after Aidan died, it became more prominent. With Austen, our youngest, it was tempered by the fact that he attended school where I teach, so he was with me most of the time. With Alquin, it became very intense. He started chomping at the bit of me having become over-protective, and started pushing the boundaries of coming home later than his curfew. I would go almost mad with fear and anxiety, praying with my heart in my throat until he would get home. The worst experience was during the riots of July 2021, when he also went to stand watch to prevent rioters coming into the neighbourhood. I prayed

the entire time he was out, and I could hear gunshots. I barely slept, until he would let me know by four in the morning that he was home safe. One evening couple of weeks ago, when Alquin was not home at the expected time, I got worried and tried repeatedly to phone him, but he did not answer his phone. Eventually I phoned his aunt where he had been visiting and he answered her phone, saying he had been in an accident but that he was fine. Someone had been speeding, drove over a red light and into his car causing the car to spin due to the impact. My fear response was activated even though he said he was fine. I could not sleep until he got back home with his father who went to check up on him while waiting to do statements with the police. Only when they arrived back home at around 1.30 am, could I have some sleep on and off. The fear of losing our other children is a reality for bereaved parents even though it seems to be irrational at times.

I look back and I realise that my emotions were impacted by other families' and other mothers and their loss of their children. I did not know my colleague's wife, but my heart especially went out to her, the mother. I attended the funeral, and conveyed my sympathies to the mother. Although I knew from my own experience that she would not even remember everyone who were at the funeral, but that afterwards it would be a comfort that so many people came to support her. The funeral was made all the more poignant when it was conducted by their eldest son, who is a priest. I marvelled that he could stay so strong to conduct his brother's funeral. I might have projected my own experience of preparing my dad's eulogy and bursting into tears while preparing, and the emotional exhaustion I felt after delivering the eulogy at the funeral.

A funeral is a celebration of the life of a person, and also their continued life in eternity. Other celebrations we have, include them as part of their continued life with us in our memories, in talking about them, even if talking about them and the memories are bittersweet. Sometimes they may bring joy and laughter, and sometimes evoke tears. This is all part of their continued life with us.

I tried to embrace the fact that my grief and memories permeate every aspect of my life, including my professional life. I have tried to push my feelings and memories aside, but they would intrude anyway. By acknowledging and embracing them, I could navigate my life, especially my professional life, conscious of the fact that the feelings and memories may

intrude and therefore be more prepared in how to handle them and cope at that specific point.

I take comfort from the life and writings of Henri Nouwen, who popularised “The Wounded Healer” as a metaphor for ministers who are called not only to care for other people’s wounds but to make their own wounds into an important source of healing.

My own grief experience at Aidan’s death, made me hyper-sensitive for other people’s loss and grief. I felt a sort of kinship grief when an acquaintances’ son passed away.

Interspersed with trying to continue with my professional life and ministry, I am continuously confronted with the sting of death, whether it be from people close to me, or those I have known briefly, or not so well.

I cried a lot during Mass in those first few months. I did not intend crying, and it was not always at the same point during Mass, but inevitably something will trigger my emotions and the tears would flow. It might be words from a hymn, or even just the haunting melody, or a hymn that was sung at Aidan’s funeral. Sometimes it would be during consecration ... One of the worst times was during the first Christmas Midnight Mass, three months after Aidan’s death. I literally dripped tears during the entire Mass service. The worst was after communion, when I remembered the previous year my mom and dad were looking after him, and this year he would not be there when I get home. I ended up sobbing so hard, my friend next to me put her arms around me and comforted me, saying that she can see my suffering. Perhaps, it was God speaking through her, even though I did not even think of it like that at the time.

It is amazing how, as pastoral counsellor having accompanied many people on their grief journey, I seemed to have forgotten that grief does not have a linear timeline, nor does it have a timeframe where the stages and tasks of grief would be finished. Yet, there I was, five months after Aidan died, trying to set a timeframe.

My faith made me find consolation at the most difficult moments during my grieving process. Spiritually, it was truly my anchor that I was holding on to even when my body ‘remembered.’ I would recall and recite all the beliefs I had about death and eternal life. It helped me cope and doggedly put one foot in front of the next, one day at a time.

I did not read Scriptures for a long time, but eventually I started reading and reflecting on Scripture again. Although I prayed, and that kept me anchored, I could not read the Word of God. I have come to understand that it was because through, mostly, set prayers I would talk to God. But because deep down I was angry at God for taking Aidan from me, I did not want Him to talk to me through His Word. Because I was constantly trying to push myself to get out of my grief, I was pushing to do things – school, ministry, counselling. Yet, even my own thoughts about wondering what to do and when to do it, would exhaust me, as I was still grappling with the exhausting grief emotions. Eventually, I came to realise that I need to be patient with myself and take the rest that I needed.

Retreats had always been a wonderful time of rejuvenation for me, physically, emotionally, and spiritually. When the opportunity came to go on pilgrimage to Ngome Marian Shrine, I jumped at the opportunity.

A few weeks after Aidan died, Andrew and Alquin had signed up for the five-yearly Durban Passion Play – based on the Passion Play of Oberammergau. Knowing that they would not be home the first Easter weekend after Aidan died, I took the opportunity to go to Ngome Marian Shrine. I had arranged for Austen to stay with Andrew's brother's family.

We celebrated Good Friday afternoon service at Ngome, and had a quiet evening. Easter Saturday morning after breakfast, I went to the springs by myself. I know I was hoping for some 'message' from God, so I sat down and prayed and sang. After a while, I decided to walk back to the dormitory, taking a different route. It was the way of the Stations of the Cross. The dam walls on my pain and emotions broke even at the first station. The dam walls on my pain and emotions broke even at the first station. I cried at almost every station, because the similarities I found in the suffering of Jesus and that of his mother, Mary. At that point, Aidan became Jesus; I became Mary...

The First Station: Jesus is condemned to death – Jesus was innocent to be condemned to suffering physical flogging with his mother having to look on. Aidan was innocent, condemned to suffer since contracting encephalitis and intractable seizures – with me, his mother, looking on. I burst into tears at the heart-wrenching memory.

The Second Station: Jesus takes up his cross – Jesus knew that when he accepted his cross, that the end of his suffering was his death. For Aidan the end of his suffering was his death. This realisation broke my heart because part of me always hoped and prayed through the years that Aidan would be completely healed. This was part of my petitions for the 54-Day Miracle Rosary which ended a week before Aidan died. I stood at this station, sobbing, with my heart physically paining.

The Third Station: Jesus falls for the first time – Jesus was already weak with blood-loss from the flogging. Scientists have found that the thorns in his crown were longer than 10cm and the force with which the crown was pushed onto his head must have penetrated his skull and brain, resulting in internal bleeding. Again, the similarity had me breaking down into uncontrollable sobs. Aidan must have ruptured a blood vessel the night before he died already, and was slowly dying – and I did not know ... As I am writing this my heart start aching and tears are welling up...

The Fourth Station: Jesus meets his mother – This station “killed” me. I said to Jesus, “Your mother was with you on your journey to the cross. I did not have that opportunity. Aidan died alone – by the time I saw him, he was cold.” I cried and cried and cried...

The Fifth Station: Simon of Cyrene helps carry Jesus’ cross – Here I asked Jesus to help me recognise the people in my life willing to help me and to accept their help, because often I would decline help, or pretend I did not need help...

The Sixth Station: Veronica wipes Jesus’ face – At this station, I keened at the thought that I do not know whether I, as mother, did enough for Aidan. There were times, due to his condition, where I was tired and frustrated. The only consolation I have is that I loved him, that I will always love him and that I did my best – and that that was enough.

The Seventh Station: Jesus falls the second time –I cried at each station, remembering Jesus’ suffering, and comparing it to Aidan having so many seizures, falling, at different places. Sometimes his face was bruised so badly.

The Eighth Station: Jesus speaks to the women of Jerusalem –Even in his suffering, Jesus comforted others. It made me remember that even in my own grief I had to be there for others: my family; clients...

The Ninth Station: Jesus falls a third time – Aidan's started having so many seizures the last week before he died. I cried that I put off taking him to the paediatrician for a check-up. Would it have made a difference...?

The Tenth Station: Jesus is stripped of His garments – Remembering Aidan in his own clothes for the funeral – shorts and t-shirt, which were so familiar and how he will be remembered, brought on a fresh flood of tears.

The Eleventh Station: Jesus is nailed to the cross – The excruciating pain Jesus must have endured to his already battered and bleeding body. Still, he thought of others. The repentant thief on the cross he promised that he would be with him that day in Paradise. His mother he placed in John the beloved disciple's care, knowing that they would need each other. I drew strength from this: that no matter what pain I was going through, to also be there for others.

The Twelfth station: Jesus dies on the cross – At this station, I remembered Mary, Jesus' mother, standing at the foot of the cross, watching her son die. My heart clenched in anguish that I was not there when Aidan died, that he was alone. My only consolation is that he died in his sleep. This does not take the pain away though...

The Thirteenth Station: Jesus is removed from the cross – Mary was present when Jesus was removed from the cross. Her pain as she cradled his body must have been excruciating. As I envisioned finding Aidan's lifeless cold body on my bed, I wept and wept. I had covered him with the blanket, trying to warm his cold body. I laid down next to him, with my arm around him, crying hysterically for hours. The memory of that terrible time brought such physical and emotional pain, as if I were right back in that moment.

The Fourteenth station: Jesus is laid in the tomb – Mary was present when Jesus was laid in the tomb, the same day of his death. Remembering that we decided to have Aidan's funeral as

quick as possible, brought back the aching reason why: Andrew did not want our boy to lie alone in a cold mortuary.

When I was finished at the Stations, I was left emotionally drained. Reflecting on the Stations, that Jesus died, released from His suffering and pain, but that his death was not the end of life. His resurrection proved that there is life after death. Aidan had died, and his death was the end of his suffering. And I am left with the belief that he has eternal life – this makes my grief at missing him bearable.

The rest of the day I spent quietly reading, reflecting, and chatting to the other ladies.

The Easter Vigil started beautifully, a huge bonfire was made outside, and the Easter Candle was lit, and the light passed on to our candles – the light of the Risen Christ was spread. Mass was a joyous celebration, with the local congregation singing and dancing in the aisles.

However, at the priest's proclamation, "Christ has risen!" my emotions overwhelmed me. I burst into tears at the thought that we are celebrating Jesus' resurrection on earth, but my son did not have his resurrection on earth.

I am constantly battling the duality in my mind: that I believe that Aidan is in heaven, that he is happy and healthy and whole, and on the other hand my mother's heart, my mother's grief wanting him with me...

After every extremely emotional time, I seem not to be able to write until I have processed and worked through my emotions, as reflected in the journal entry below.

For many years, I held onto the hope that God would heal Aidan to the healthy boy he was before contracting encephalitis resulting in protracted epilepsy and cognitive impairment. I did not anticipate that God would heal him into heaven, which resulted in me having to deal with my emotions of shock and alternating between sadness, depression, and yes, anger and even rage. My sorrow was so deep, that there were times that I wish I would also die. I did not contemplate taking my own life, I just wish that I could just close my eyes and never wake up, because the pain was too much to deal with. I am not afraid to die.

I sometimes question myself whether dying for me means to be with God, or with Aidan. Perhaps it means one and the same thing...

I went on a day retreat on the third anniversary of Aidan's death because I knew I would end up just moping around the house. The retreat went well. After lunch we had to make a collage of our day. I picked out a few decorations and a blue board. As I picked up a card of an angel, it was as if I could hear Aidan's voice, "I am an angel mom, I am happy ..." I burst into tears. The poor lady behind me didn't know what to do as I had turned and put my head on her shoulder. She tried to comfort me. When the retreat director came, the lady told her I was overcome ... The retreat director took me outside and sat with me and after a while I told her it was Aidan's 3rd Anniversary. We spoke for a while until I calmed down. I completed the collage with his favourite things: the beach, bubbles, etc. Then I found a picture of words written on the beach, a reminder of him always writing his name on the beach. The words, "Life is good" reminded me that despite everything we are going through, life is still good because God is good, and He is taking care of us in all our pain and struggles. In the evening we had a family prayer, the four of us. The boys did not want to say anything. Alquin was crying and I held him and told him I loved him, and we both cried for a long time, holding each other. We hold our feelings inside all the time, so it was good to share, even the tears...

After Aidan had died, life had gone on, the onslaught of the emotions of grief had become further apart. Yet suddenly, a trigger would cut through all the suppressed grief, ripping off the scab and exposing the raw wound that was still underneath.

I have a daily awareness of Aidan in my life, and the impact of his loss consciously and subconsciously informs everything I do in my daily life.

As much as my grief permeated every aspect of my life, I was determined to get back to my professional life although it proved to be far from easy. I wear several hats, sometimes simultaneously, sometimes alternating. Although I am writing this thesis as bereaved pastoral counsellor, I also conduct psycho-social and spiritual workshops and training. In addition, I teach at a boys' high school. Grief, therefore, had an impact on all these areas in the professional sphere of my life. As will be noted, sometimes I managed to put my grief aside,

having to find emotional release afterwards, yet other times were much more difficult to keep a professional demeanour, especially during the first year of my bereavement. Having said that, although it became easier to keep the grief at bay even in the ensuing years, there had been times when it was extremely difficult to do so.

A week after Aidan's death, I had to counsel a mother who had lost her adult. I literally put my own grief aside to be present for this grieving mother. I had to be professional and remain empathetic, yet identifying with the mother in all her anguish at her loss. I did not disclose my own loss, yet found myself speaking of "we" when commenting on loss, grief, and mourning. Afterwards, I went into my bedroom and laid on my bed, and just breathed to let go of the emotions that this session evoked. I have since counselled other grieving people, with the same professional demeanour. Through the years, it has had a different impact at different times. Sometimes my own emotions are still triggered, although I do not show it during the session. At other times, I am surprisingly, to me, fine afterwards. I do find that I have to find regular quiet space – a half-day, one day or weekend retreat – to discharge the emotional build-up which also comes with compassionate burn-out.

It is extremely difficult to stay professional yet empathetic all the time. It catches up with me eventually, and I would find myself giving too much input instead of allowing the client to come up with their own solutions during a session. At times, I would even find myself wishing that clients would cancel appointments because I am simply exhausted. My own self-care is often erratic, and I have to constantly remind myself not to over-extend myself and to make time to relax and rejuvenate. I have become more aware of the signs of empathy fatigue, and have made changes to my appointment schedule to allow for more rest for myself.

Two weeks after Aidan passed away, an aspirant deacon contacted me to evaluate and critique him for his pastoral counselling course. One of his scenarios was counselling a couple who suddenly lost their son. Only the grace of God helped me keep a professional demeanour. I found that I was bracing myself internally, forcing my emotions down and focusing on the aspirant deacon and the other role-players. One of my comments on his evaluation was that he was faltering in his role as counsellor, and that he therefore will have to practise this aspect of his ministry more. Reflecting on this particular scenario afterwards, I realised that it must have

been extremely difficult for him when he realised that this particular scenario was “my story”. When they left, I left my office, went upstairs, laid on my bed and covered myself, with the blankets over my head. I breathed heavily and then slowed my breathing purposely into an inhale-through-the-nose – exhale-through-the-mouth breathing, until the familiar meditative breathing calmed me. But the experience had taken its toll and I stayed in bed for the rest of the evening.

Being confronted with my grief experience in such an unexpected way, really shocked me. It took a lot of self-control to stay focused and it took its toll on me. I am very grateful for my spiritual practices that I can employ when needed. I am grateful for the years prior to Aidan’s death that I attended various retreats and workshops where I learnt all the techniques and practices which would assist me during my time of grief. These same practices assist me when I am experiencing compassionate burn-out, or even when I become aware that I am heading towards compassionate burn-out. I try to make use of my spiritual practices regularly so that I do not end up being incapacitated by compassionate burn-out.

I was teaching at a local church school for my second year leading up to Aidan’s death. When he died, I took almost two weeks leave before returning to school. One of the strange things I did prior to his death was that I had set my examination papers very early that term and filed them away. I was able to tell the school where they could find them, telling my colleague in the same message that my spirit probably knew that I needed to prepare...

Grief took its toll, and nearing the end of the school year, I have decided to resign from teaching. God seems to have had other plans – I received a call, asking whether I would be interested in coming for an interview at a school I applied for prior to Aidan’s death. I agreed, although I was convinced that I would not get the post. However, I was offered the post and decided to take the offer. It did take me almost a week to sign the contract because I was not emotionally ready for the change, especially after my decision to resign from teaching. It was not easy, getting used to boisterous boys-only classes, maintaining discipline, and dealing with the odd rude boy, took a heavy toll on my fragile emotional state.

I can look back and say that starting in this new school environment, was my saving Grace. I

firmly believe that it was the Hand of God that led me here. I know that I went into deep depression after Aidan died, and given my mental state at the time, I would have taken so much longer to recover had I not been occupied. All I wanted to do at that time, was to lie in bed with the blankets over my head and never get up. Depression is a normal part of grief, and one cannot be diagnosed with clinical depression within two years of the loss of a loved one. However, I found that I needed therapy during the first year after Aidan died. I needed to speak about what I was going through emotionally while grieving and trying to adjust to a new work environment, in addition to still counselling clients.

At times it took a huge amount of sheer energy to participate in seemingly, mundane, and healthy tasks. There were times when getting out of bed was an effort, only to return exhausted at night. It was emotionally draining to keep up with the tasks, which caused my body to feel exhausted. And yet, I knew, or rather feared, that if I stayed in bed with the blankets over my head as I yearned to do, I would never get up again.

Sadly, for me, I was far from my family, although they regularly checked up on me telephonically. My sister and I, especially, spoke or texted daily, something that continues to this day. I, did however, felt that my friendships with two close friends deteriorated. They rarely visited, and I did not have the energy to maintain the relationships. However, I perceived this as abandonment which made me feel neglected and angry for a long time. My talking was therefore done with a clinical psychologist, and I attended sessions for about a year.

Still grappling with my consecutive grief experiences, I was preparing my doctoral thesis proposal to defend it to the Higher Degrees Panel. On the day of the presentation, I was extremely nervous, and had many thoughts racing through my mind: How will I do? Will they think it is good enough? What if I freeze? What if I cannot answer the questions? My biggest fear was that I would become emotional due to my grief experience. I 'presented' to Andrew, my husband, on the way from Durban to Pietermaritzburg and he drove me to the university. Waiting my turn was agonising. When my turn came, I did not have to present, as the panel had read through the proposal already and therefore asked questions and provided feedback, constructive criticism, and suggestions. However, because I was so emotionally wound up, one aspect that was raised overshadowed the rest. The one criticism that stuck with me is that I was

not reflecting enough about the impact it has on writing the thesis. Thoughts that came: “So you want to see my rage?” “Do you want me to rip my chest open and expose my heart?” The violent feelings of my grief that I keep in check, are always simmering under the surface...

The Afrikaans word ‘rou’ has two meanings. The first meaning is ‘to mourn,’ while the second meaning is ‘raw’. During my mourning process, I have often felt emotionally raw, but more than this, the emotional rawness was accompanied by an almost tangible physical rawness, where I, gross as it may sound, would visualise my chest being ripped open and my heart beating bloody and painful, for all to see.

After my Proposal Oral Review, I also felt this ‘rou’, mentally screaming, “Do you want me to rip my chest open and expose my bloody heart?” This was in response to a comment during the Review where I was told that I was not reflecting deeply enough. Ironically, it was the same comment from my Masters supervisor, who, at the time told me, “Let them feel your pain.” My Master’s thesis dealt with the fact that my healthy four-and-a-half-year-old son contracted encephalitis (inflammation of the brain), resulting in uncontrolled seizures and severe cognitive impairment and learning disability.

This ‘rou’ cry is reminiscent of the cry of dereliction, or abandonment, of Jesus, “*Eloi, Eloi, lama sabachthani?*” [*Ηλει ηλει λεμα σαβαχθανι*]--which means, “My God, my God, why have you forsaken me?” To me it was like a toddler who gets scolded by its parent, and then turns to the very parent to console him or her. In my case, it was God who hurt me by taking my son, yet it was to God I turned for comfort. I felt indescribably hurt by God, and in that sense, I felt forsaken by God. However, in my cry to God, the relationship continued unbroken. I often tell clients, it is better to tell God that you are angry or upset, because firstly, he knows anyway, and secondly, it keeps the relationship open as it is more difficult to get your relationship with God back when you break off communication.

Trying to hold back on my emotions, also caused me to perform very poorly at post-graduate seminars where I had to present progress of my thesis. I felt that I had been doing a terrible job of my presentations at the postgraduate seminars. To prevent myself from getting emotional, I would read instead of present. A big reason for this was that I had to present, through my own

choice, my own innermost, vulnerable self in addition to existing research. Having been out of the academic field for more than 12 years, I also felt inadequate as a researcher, constantly feeling as if I fall short compared to the other postgraduate students who sounded so academically eloquent, yet who may very well also feel very unsure of themselves. I decided to use this knowledge to do a presentation for a post-graduate seminar.

The presentation restored my self-confidence. Perhaps it also shows that I have sufficiently grown from my grief to be able to speak about Aidan and my grief experience. It also helped boost my confidence in continuing with my studies and thesis.

As a family, I believe that we share an eternal connection, even after all these years. And after all these years, the grief resurfaces again and again, especially at special times, like his birthday, the anniversary of his death, Christmas, my birthday, and Mother's Day.

On Aidan's birthday, I had to present at the post-graduate seminar which went well. I received positive feedback and critique. After the presentation and feedback, I divulged the significance of the day. People commiserated with me, even calling me brave. I do not know whether it was bravery, really. I was just pushing myself through spaces and situations to see whether I could, and how I would, function on these special days. Of course, as always, I pay the emotional price afterwards. On the way home, I bought some eats and snacks to have a little 'party,' which turned out emotional. My mom-in-law came, she prides herself in the fact that she is with each grandchild at their birthday. As usual, we had a prayer and shared some memories. The memories, especially on these days, bring sadness even though we try to make it a joyful occasion. Perhaps in 20 years' time it will not be sad anymore, although, who knows...

I filled my life with things to do once I felt sure I was ready to resume my professional life. It turned out detrimental to my own physical and mental health, and I was diagnosed with diabetes, as well as put on an antidepressant to cope. I tried to do too much too soon because I felt that I was doing too little for far too long, in my opinion, due to my desperate attempt to get back to my 'normal' pre-loss life and activities. Looking back over the past seven years since Aidan died, I had been getting ill on and off every year, with at least one illness per year requiring bed rest for a week, either around the anniversary of his death or his birthday a month later. This year was no exception.

Due to being ill often, coupled with grief-induced depression, my thesis suffered. I had to submit by June 2020, and I just could not finish. I did not have the mental strength to work as hard as I should. I reached a point where I emailed my supervisor telling her that it was the end of the road for me. I again had been severely ill in March 2020. My supervisor wrote a letter to the Higher Degree Office, which allowed me to continue my studies for 2021. I believe I contracted undiagnosed Covid-19 in March 2020. At that time, the authorities provided a limited set of symptoms, which I did not present with. It was only as the virus continued spreading through the country that symptoms were added, and I recognised that my symptoms were on the list. I thank God I recovered, although I was left with tremendous fatigue, which now is recognised as COVID-19 fatigue. Many of these personal factors weighed in on wanting to give up on continuing my thesis. But I think they are secondary to my main reason: I have just been overwhelmed throughout the entire process with trying to balance writing about my grief and trying to heal from it. The unfortunate problem is that writing about my loss of Aidan and resultant grief, is that every time I write about it, I am either catapulted back to the time of his death, experiencing the wrenching sadness and grief emotions or a combination of both. Coupled with that, is trying to navigate my life with these other personal factors mentioned above. I am grateful to my supervisor, Prof Sue Rakoczy who would check in with me when she has not heard from me for a while – perhaps sensing that I have not been working as I should have. I am also grateful that she wrote the motivating letter to the Higher Degrees Office that extended my time by another year so that I could complete this thesis.

Although I very rarely share my own experience, my loss and therefore, my woundedness, informs my life and practice of counselling. It gives me a deeper understanding of the other person's woundedness, struggles and pain. It gives me compassion for their anger towards God and others. The source of their pain might be completely different to mine, but I have an empathy for their resultant reaction and emotions. When someone share their narratives, I do stay aware of my own woundedness and especially the triggers, so that I can provide the best support possible. Personally, I think journey to healing will be ongoing, in fact lifelong. I am, however, grateful for the grace and the gift of my ability to put my own sorrow aside when counselling those in need, and even being able to share where necessary without taking over their sharing-space. When I do find the need to share too much, I know that it is time for me to practice self-care by either seeing my spiritual director or a mental health professional, take

time off from counselling, or go on retreat, in addition to my normal self-care activities of journaling, meditation, gardening and creative activities.

Although we do not understand why God allows events to happen in our lives, we have to accept that events do befall us. It has been a struggle for me to come to this point of acceptance. Intellectually, I have accepted that Aidan is gone, it is my heart – emotionally – that struggled to accept it. However, I believe it is my awareness of my own struggles that make me understand and be empathetic to the struggles of others.

This statement also resonates on my contemplation on a picture of the crucifixion. Mary is portrayed with her hands stretched out towards Jesus suffering and dying on the cross. To me it seems that, in her own agony, she is trying to support Jesus. Then behind her, the disciple John is holding her up. I realise that in my support of the wounded, I need to rely on others to support me in my woundedness in order to stay standing.

I am fortunate that I seem to be able put my own grief aside when I counsel people, for whatever issue they present, including grief. I just wonder whether by putting my grief aside, I hide it so far away that I do not disclose my own loss. Some people who know me from the community or the parish would know that Aidan had died, so I do not need to disclose. Most clients are from the surrounding areas or even farther afield and are not aware of my loss. I hardly ever disclose in a session. However, I would use “we” when I speak of the emotions of loss and grief, or I would say “as humans...” This seems to be adequate, I think, to provide support.

I know my growth and healing, but I also know my limitations, one of which is that I find it difficult to speak to strangers about Aidan and my loss without emotion creeping in and clients need me to focus on them and their issues, not mine. A grieving person needs comfort, and that is what I try to provide. My grief informs my practice, but it does not need to be explicitly stated. I used to joke that I seem to experience all the emotions so that I can know what my clients are going through. But when Aidan died, going through all the emotions of grief, was, and still is, no joke. The searing pain and sadness, and yes, the depression and the desperate attempt to ‘get over’ the grief was not funny at all.

I try to upskill myself by attending workshops every year for professional development. At one such psychotherapy workshop, we were asked to bring a blanket the day before. On the day, during the exercise, we were asked to choose a children's story book and were given doll's bottles with flavoured milk. I wrapped the blanket around me and settled in with my bottle, ready to listen to my bedtime story. My partner started reading from the book I chose. I have always loved stories, from small my dad used to tell us stories. Summertime we would lie on the grass, looking up at the stars, while my dad would tell us stories - from stories about the stars, to Aesop's Tales and other folk tales and fairy-tale. I was feeling very nostalgic as I listened to the book I have chosen. As my partner continued to read, my mood changed. I slid deeper into my blanket, stopped looking at her, then closed my eyes until she finished. I was quiet for a long time afterward. Eventually, I softly said, "I had lost my son."

The book I have chosen, "The Day the Sea Went Out and Never Came Back" by [Margot Sunderland](#) and [Nicky Armstrong](#), is a story for children who have lost someone they love. Eric is a sand dragon who loves the sea very much. Each day, he watches it going out and coming back. His sea is beautiful indeed to him. But one day, the sea goes out and does not come back. Eric waits and waits, but it does not come back. So, he falls on the sand in terrible pain. It feels to him as if he has lost everything.

After many bleak days, Eric sees a little wildflower. It is dying. Eric knows he must save it. He finds water. More and more flowers appear and so Eric starts to make a beautiful rock pool garden. And as he does, he finds the courage to feel the full pain of his loss, instead of closing his heart. He realises that his memories of his precious sea are like a special kind of treasure in his mind, a treasure he will never lose.

This story resonated with me, as I could feel the pain and sorrow of loss as well as the rebuilding of my life around the memories of the love and life we have shared with Aidan. I also planted a garden with a wild array of colours after Aidan died, and I continue to garden. It reminds me of the time he would spend with me while I was planting or watering the garden. And the memories of him that will live on until we meet again in the eternal garden.

## 3.2. Roelf



<https://www.crushpixel.com/big-static13/preview4/walkway-botanic-rose-garden-1169647.jpg>

Accessed 14.09.2021

### 3.2.1. Profile

Roelf is an ordained minister and pastoral counsellor. He is married and has two other children, a son and a daughter. Their son is married and lives in the Free State, their daughter is working in Abu Dhabi. Claudie was their middle child. She was also an ordained minister and was 27 at the time of her death. She had been married for a year at the time of her death. At the time of the interview, it had been two and a half years since her death.

### 3.2.2. Narrative

I asked Roelf to tell me about his child, what she was she like. I then pointed to the photos on the study wall, asking whether it was her. We both laughed after he said that she was the middle one, his eldest daughter was on the left, and his son was somewhere ...

Roelf then started speaking about Claudie, hesitantly at first with many pauses. She was his middle daughter. When he thinks about her, she was a very happy child, always thinking more positive things. When she was a small girl, they found her on her bed, reading her Bible. So, when she came to him in her grade 11 or 12 year, asking him what he thought of her becoming a pastor, he said to her he thought it would be good, the church will be opening up for women. And she had all the abilities.

She studied for 6 years and then she battled to get a congregation because the church was not that open to women as he expected. But eventually she got a congregation with another woman pastor when she was ordained, but it was just a little, small post. Then the other pastor was called away to another congregation and Claudie had the congregation for a year. She did everything, and when they started to fill the post again, she was number one in running for the post. The day before the meeting, somebody wrote a letter to all the council members telling them a woman cannot be a leader of a congregation, especially their congregation because it was a military setup. And they appointed another man and about two weeks later the accident happened.

Roelf says that part of his feelings afterwards was anger but not against anybody else but her congregation. He chuckled when he said that he did everything in his power to let them pay. She was married for a year and had no children. He called a meeting with the pastors in the circuit, and he told the pastors that they did not even talk to her husband after the accident. She had still been in their service and since they did not pay out any money, he thought that they must pay her husband something. Roelf chuckled and said after they did that, he relaxed.

Apart from her work in the congregation, Claudie also had a business going to schools doing leader development and leader identification. And that Friday she was on her way to a school. A truck came in front of her and dropped an angle iron, a big iron. Roelf struggled to continue, pausing after almost every sentence. He then said that the iron went through the windscreen and damaged her head. They phoned him and he was there within 10/15 minutes. When he arrived, Claudie was sitting with her head down and he put his hand behind her, and she asked him what happened. When he told her, she said that she was sorry about the car. Then she asked whether she was going to die. At that stage he told her that he did not know that he saw blood and that the rescue people were on their way. They went to the hospital and later that evening she went into the theatre. But her husband came before she went into theatre, while they were in Emergency. That is where they started to tell them that the damage was very big and that they should talk to her because it can be the last time, they speak to her. Then Claudie asked Roelf what was going on, whether she was going to die, and he told her again that they were very worried. She had first asked her husband and then

she sent him away, telling him, “You are lying to me, call my father.” While they were talking, the nurse came in and asked Roelf, “what are you doing, telling her what’s going on?” and Claudie shouted to the nurse, “Keep quiet, I want to know, and I trust my father.”

That evening she went into theatre and never came out. She died on the operation table. She started to bleed, there was a fracture in her skull and the bone went into her brain. Before she went in, Roelf said he already saw the spastic movements and she was paralysed. But when she went in, he told her she must fight, and she told him, “I will fight.”

(I lost my composure at this point and started crying. I said I was sorry, but that it is just hard for me too. Because it brings back my own stuff.

Roelf then asked me what happened to my son. I told him briefly.)

I managed to compose myself and continued with the interview.

Roelf said that there was a lot of emotion. There was numbness first. He became emotional at this point. He said that he never fought with God, except one time. It was when somebody stood next to him and told him that it was God’s will or something like that. He then got an anger against God in him but then he told himself that that is not the God he knew and that this poor guy did not know what he was talking about. So that was really the only time he fought with God. What he thinks helped him, was his theology, his thinking about God, not the Puppeteer but the One who is next to him, crying with him. And that helped him. So when people come to me and talk rubbish he tells them that, or sometimes he just tells them in his head, “Oh, go to hell.” Because they really don’t know. So, he had a little bit of anger against the congregation.

He did not have anger towards the truck driver and he does not know why. He said he was waiting for it. But the truck driver does not even know he did it. Nobody found him. Now, when he sees a truck with iron on top, he gets angry, but he really did not have any anger against the truck driver who caused Claudie’s accident.

Roelf says that he was blaming himself, asking if what would have happened if he had taken

her to another hospital or got another doctor, but his rationality tells him it would not have helped. But he blamed himself. He also cried a lot, there was a lot of sadness.

Roelf said he and his wife decided to do everything in their power to not stay the same as they felt at that stage. So, he did a lot. He talked when he wanted to talk. He kept quiet when he wanted to. He talked to whoever he wanted to and not to who wanted to talk to him. That helped. After about three months, there was an invitation to a camp. One of his class colleagues invited them to a camp for people who have lost somebody. Roelf and his wife spoke about it, she felt perhaps it was too early but to go and see. They allow you to talk and talk and talk about it. That helped him a lot, but it made things worse for his wife.

Roelf questions whether he is the same person as 2½ years before. He says he still cries. Claudie's in-laws visited them the night before and that's not nice. It's nice to visit but afterwards they think ... The first year her husband was there every Sunday and then he met somebody else, and they told him it was ok, and they were engaged at that stage. They do not really visit anymore. They phone on birthdays and are on Whatsapp. They talk, but it's not like in the beginning.

The health impact Claudie's death had on Roelf's health, is that he got the cancer after she died. In his mind he made a link. He says he can't say that there is a link and can't really prove it. But he swallows and swallows (his feelings) and he thinks that is how his body reacted. His wife got very depressed. He didn't go that route (depression). We are all different. And that's fine. That's really fine. He buried himself in work – that helped him. Roelf's wife worked with Claudie in the schools. So, she carried on with that work. He sighs when he says that it was good and bad. But he thinks that it was better.

After his loss he at first told his colleagues that he didn't want to see anybody because when they come into his office and they talk about their ingrown toenails, he couldn't handle it and he wanted to scream, "You don't know anything!" So, he took leave from the office. He went on with all the other work, but didn't do counselling for 3 – 4 months. He then realised that somewhere, he must start again. But that was good and bad because sometimes it was emotional for him.

Roelf said he learnt a lot and told a story. About four months after Claudie died, a child died of some people in their congregation. He didn't know them. They were not in his part of the congregation. But he heard about it, and he told his colleague when they come to see him, he wanted to see them as well, because he was the expert now and he knew, although he didn't tell his colleague like that. While talking to them he said he realised that he was treading on Holy Ground and he had no place there, they didn't know him and people must be invited in and he was not invited. So that was a good experience for him for the future to know when and where to enter.

Roelf has counselled people who have lost a child since, who have come to see him. They came because they knew. So, they cried together, and he told them that they were going to make it. He believe it, because part of his healing was to speak to people who lost their child or children, and people who, in his eyes, made it. And he asked them, "Will I make it?" and that is what he wanted to hear. He said he needed to hear that because he was in a big hole and he needed to have some light somewhere. That was his light.

His counselling is different, as he thinks he is more empathetic. And speaking less. And since the death, h also got involved in brain spotting, working with the body and trauma and it's a wonderful tool to use. He focuses more on the body and working trauma out through the body. That helped him as well, in counselling, because he didn't need to hear every story. He asked me whether I knew about brain spotting, and my answer was, very little.

Another change is that he thinks that he became quieter.

The trauma camp that was offered by his colleague, really helped. The camp used the technique that they used on soldiers coming back from Vietnam and getting trauma out of their body. So that really helped. Roelf said that at that stage he realised that there was a difference between mourning and trauma, and he realised that he was traumatised like hell. And the trauma came out. So, he can speak about the accident, he can speak about his daughter. That he couldn't do before. He also realised that the mourning must run its course. So that helped him.

Other people also offered help. They told him that if he wanted help, he must tell them. We both burst out laughing because we know that that is the worst kind of help one can offer the bereaved.

Roelf said what helped him was that he remembers one of the members of the congregation one day knocked at his door with a bottle of wine and told him that he wanted to come in and cry with him. Roelf's voice was breaking when he continued, saying that that helped him. Other than that, he had no other official help. The doctor gave him sleeping pills for a while and he used it for about two months. He said he needed it because he couldn't sleep and then afterwards sometimes, he would just wake up. But it was much better at the time of the interview. He had no other medication. He did not know whether the sleeping pill was also an anti-depressant, it was something to calm ...

What helped Roelf most, was his Theology, not his spiritual experience. He explained that his Theology is the way he thinks about God and that was already set before the accident. He thinks, that was why, when the accident happened, he didn't go fighting with God because his view of God was not the Big Bully or not being there. So, when it happened, he couldn't pray but that was fine. He just knew God was there and that was enough for him. Although he didn't get it a lot, when people come and spoke nonsense about God, like people telling him God came to pick the most beautiful flower, that type of nonsense, he got angry and sometimes he wanted to shake the people and tell them that they didn't understand a thing about trauma and about God. And it felt to him as if his whole ministry was in vain because he spoke about it in that way for years and NOBODY heard or made it clear. So that is how he felt.

The first day Roelf got back to the pulpit he decided to open up to the congregation. It was about a month, perhaps a little bit longer, after the accident. He took a bar chair and sat right in front of the congregation and told them ... He said that they had a *reeks* (series) that they had to preach and he had to prepare a sermon but the whole time he told himself that this sermon on that text was already preached by his colleague the previous week. But he carried on and prepared it but the Saturday evening he realised that he could not preach on that text. But he got a text and went to his old sermons just to see what he did before. When he opened

the sermon it was the sermon he preached when “my Claudie child” was between three and five years old. And the sermon opened where he told the congregation back then that Claudie came to him the previous week and she told him that she wanted to see God. He had told her that she couldn’t see Him then, one must die first. Then Roelf stopped and said, no, he couldn’t remember that he told her about death ... but that she knew about funerals and everything. So she told him they must make a big hole in the backyard and they will find God there. And he had told the story to the congregation and said she was with God now. And then he told them what happened to him. There was a lot of crying from the congregation and that was good for him because he opened up the issue so nobody needed to be afraid to talk to him, thinking that he couldn’t talk about it. And that was good.

Roelf said that he is not a deep emotional person, not on a spiritual level, neither on the everyday level. When Claudie died, he realised he had emotions he never knew existed. And that was good. So, the change was that he got to know himself emotionally. And that was good. Spirituality is something for him where he identify with centuries and centuries of believers who believe in God and chose to believe in a certain way. He is part of that big congregation. He said that he was not the spiritual guy who puts up his hands and feeling things, that’s not him. He is more rational and that helped. And rationality helped him in the sense that he can’t put God in a box. And that helped him, and he just KNEW that God was with him. And that was his message for very long when he preached: God is with him no matter what, in good and in bad times. So that was different from most people he knew because they struggle with God and he was surprised that it was not the case for him.

Roelf said knowing Kubler-Ross’ stages, he was waiting for the stages (we both laughed at this) and then he realised that every time he told people in counselling that’s the stages, he messed up (we both laughed again and I said that it doesn’t work that way). Roelf agreed, but said that it was good for him, that it was interesting for him to see where he was at a stage. So he even looked from outside to himself and would say, “Ok, that’s interesting where you are now.” We both laughed again and I said that he was analysing himself. Roelf said yes, that that was very weird.

As far as anniversary rituals go, Claudie died a day after her birthday. Roelf said that he and his wife, said one thing and did another. They said that they were glad it was like that

because it's compressed, and they don't have a lot of dates. He said that that was something that was bad but it comforted them in a sense. So, what they are doing now, every year on her birthday and the following day, they are going away. They are, "hiding" somewhere. Their children, the one was in Abu Dhabi and the other one in the Free State in Ladybrand at that stage. So, if they can, they invite them to spend the day or the weekend with them and then they just spend time together. So, they do something at that time.

Roelf said that he was not a big fan of Father's Day, but when Father's Day came after she died, he missed her. He found it weird, because before that, Father's Day meant nothing to him. But afterwards, he missed her. He said Christmas time, they just have to survive. Their (other) children were coming. He said it was good to spend Christmas with them, but there is a longing ... but that it's alright.

Roelf said that he hasn't preached on Christmas day since Claudie's death, and he was not preaching that year. So perhaps the following year, but dates were more important to his wife. She feels it very extreme. They always remember the date. It was about 2½ - 3 years then and ... He then said, "let me tell another story." Somewhere, and he didn't know how long after the accident ... He was a very bad singer; nobody would want to hear him. (We both laughed at this) but sometimes he would sing in the car. And at that stage, about four months after the accident, he realized that he was singing in the car and then he felt guilty. And then he realized that he forgot, at that stage. He said that was a good experience for him because he realised not everything, all the time, was infected by what happened. So, there were pockets of normality and that was good, he needed those pockets.

Roelf asked me whether I have ever come across the book Option B, to which I answered no. He urged me to get the book. He proceeded to say that it is about a woman whose husband died, and how she had start to survive again. And at some stage there was an event where the father was needed. Her brother, or somebody, came and told her, "I will be the father for your child for that day." But she told him, "I don't want you; I want my husband." He then told her, "You can't have your husband, I'm option B." She then started to build a whole theory around Option B. What if you don't or can't have Option A, how do you survive with Option B? And in her book, she quotes a psychologist that says that there are things that

prevents you from getting better. And it's through beliefs. The one belief is, I am responsible – guilt trip. The next belief is it is never going to end. And the next one – it is going to infect everything in my life. And when you realise that it is NOT going to infect everything and it is not carrying on and on and on and on and it is not your fault, then you can start to become a little bit better.

Roelf again urged me to get the book, Option B, saying that it will help me in my work as well.

Other things have helped Roelf cope, he said, were his colleagues. Photographs also helped him cope. I asked him whether he made the mural in his study after Claudie died. He said yes that it helped to make it and to do everything. Somebody had given them two little rose plants that he planted in the garden so every day when he walks through them, he remembers.

He said that a symbol is that they went to Ballito and threw her ashes in the sea. I asked him whether that was what she had wanted. Roelf said that Claudie had told her husband when they talked about death. At this point, Roelf became emotional. The conversation was not long before the accident. The morning of her accident, she had to conduct a funeral for somebody. So, she left the funeral and had her own accident. He said that they brought a stone back from Ballito and put it in the wall of memory, so it's inside there. He pointed to a teddy bear on the shelf, saying that the little bear is also a symbol or reminder of her. So, there's a lot of reminders ...

When asked where he draws strength from cope, or manage, with his loss, he said he does not know. There was a long pause. Then he says his colleagues help him a lot. So, the knows he can go to them, and some friends. He has two friends where he gets his strength. He says he does not go to God because He's with him, which may seem weird ... He laughs when he says he is not the quiet time guy. He tried that but that's when his mind goes haywire. So, he is not meditating and it's not his cup of tea. What gives me strength is that he knows God is with him. All the time. So, he walks in His presence and that helps. He does not talk very much. When he talks he talks with his eyes open and just talk. He sees Him in nature.

He firmly believes that we are here on earth to make a difference. So just after the accident, he told his church that if there is a woman pastor, or a young pastor who is being bullied, to come to him. He will sort them out. I asked him whether he feels that his daughter was bullied. He said yes. He started saying that it is part of his calling... and then got emotional. After composing himself, he continues, saying, that it is part of his vocation to help young pastors and it's very close here (thumping his chest). That changed after the accident. He is much more aware of injustice, everywhere. He started saying that there's a verse ... and again became emotional.

That was Claudie's verse and his verse, in *Miga 6: 6-8 wat sê, wat sal ek saamneem as ek voor die Hoë God kniel? Moet ek met jaaroud kalwers gaan, moet ek my eersgeborene gee. Dan sê hy nee, die Here vra van jou dat jy reg sal laat geskied, dat jy liefde en trou sal bewys en dat jy bedagsaam sal lewe.* His voice was voice breaking as he recited the verse from Micah 6: 6 – 8: (“With what shall I come before the LORD and bow down before the exalted God? Shall I come before him with burnt offerings, with calves a year old? Will the LORD be pleased with thousands of rams, with ten thousand rivers of olive oil? Shall I offer my firstborn for my transgression, the fruit of my body for the sin of my soul? He has shown you, O mortal, what is good. And what does the LORD require of you? To act justly and to love mercy and to walk humbly with your God.”) So, when there is injustice, he gets very upset. He became emotional and took a long pause to compose himself.

When asked whether his grief has changed him, he responded about the book, Option B, where they speak about posttraumatic stress and posttraumatic growth. Roelf says that he thinks he experienced something about the growth as well, in the sense that he got to know himself better. When a crisis comes his way, and he cannot say it will be forever and ever but at this stage when something comes up, he can handle it. When he has problems, he tells himself what can be worse than losing his child, so this is nothing. So, in that sense he changed ...

I asked him whether there are worse things than death, as a parent. He says losing a child, he does not *wens dit vir my ergste vyand.* (Wish it for my worst enemy). It's bad, it's just bad. You can rationalise it as much as you want, it's just bad. Because there's still hope if the

child is alive ... Even if he has gone astray ...

He says that there's no making sense in losing a child. Nobody can tell you to make sense out of it. *S#%\$* happens and you must deal with that. That's something you carry with you, and he does not want to put it down, he wants to carry it. But trying to make sense is a futile exercise. Telling him that God will let something good come out of it – not good. That's something he is going to ask someday but you cannot make sense. It's just horrible.

Luckily, both Roelf and his wife realised that they were going to mourn differently. So that helped. They give one another space when it is their time to mourn. They are very good friends. That helps.

Sometimes they mourn together as well, sometimes... then they just held one another. Sometimes he mourns alone, and he does not tell anybody, not even his wife. And it's fine. She uses a journal. That helps her; he is not the journaling type. Although he is writing a book about it, he says, laughing. He asks, so in what way does it change? At first everything changed, he thinks, even to start a sexual relationship, you feel guilty. But he thinks they are more dependent on one another now. He thinks. She reads him and he reads her. They have been married since 1982.

His relationship with his other children since his daughter's death has been positive. Very positive. He thinks they are afraid of losing him and he is afraid of losing them. They talk and Whatsapp and Skype and they are coming on Friday – the Abu Dhabi children, and the Ladybrand on Saturday. The relationship is good, he thinks so. Something that helps him, one of his friends, he lost his child many years ago and he told him somebody came to him. And told him, "You must remember you've got two children who are still alive. Don't put all your energy in the one that's gone." Roelf says, that stuck to his mind. So, when it was his turn, he remembered that. So, he actively try to keep up the relationship. Not that it was that difficult, but that was in his mind. The relationship with his children is not much better than before, it's just more intense, he thinks.

I asked Roelf whether he speaks about the loss of your daughter to anyone. He says he does

not talk to anyone. He chooses to whom he is speaking. I asked when he meets a stranger and they introduce themselves and they ask you how many children he has, whether he mentions that he has a child that has died. He said that that is the one question he fears when he is in a discussion – how many children he has ... Sometimes he *omseil die vraag* (go around the question). And then he does not tell them how many children, he just tells them Christa is in Abu Dhabi and Barend is in Bloemfontein. But sometimes he tells them. But it depends on where he is and who the people are who's asking. But he does not *steek dit weg*. (Hide it). But sometimes he thinks, "It's none of your business." And keeps quiet about it.

They do not have rituals as a family to remember Claudie, but as parents they do.

A lesson that came out of his loss experience, is not to intrude in other people's lives. You must be invited in. Especially when there is trauma. And the realisation that nothing is permanent. There were no big changes to his worldview, and he attributes it to the fact that he was thinking about trauma and death and things like that, and God, before the accident, and that, maybe it was His way to prepare him. There were no big changes and that helped him to keep stable and just cling to Him more. Every mourning process is unique. And he cannot, when he is doing counselling, think his story is the way to go because it is not.

Advice he would give other parents in ministry about how to cope with the death of a child is not to impose your experience. No, you cannot. But he tells them, "You are going to survive". They need, well he thinks that they need to hear it. Even if they don't believe it.

Useful support for parents in ministry is that they must get somebody they trust, that is not a *toordokter* (witch doctor), he laughs. Somebody who can be there for them. Somebody where they can swear and somebody where they can cry. But they must pick the person. It cannot be a group somewhere waiting for them to come in. It can work, but they must pick them. It must be their choice.

He read an article about three years ago that helped him a lot and he just want to remember the articles name. It's something like – there is a long pause, then he laughs and says, "See that is one thing that happened, I lost my mind." I said that his memory maybe, but not his

mind. He checks his laptop, then says that perhaps he can mail that article to me because that really helped him making sense out of nonsense. In the article, there is something like, if people want you to make sense, don't believe them. They are only fulfilling their own needs, to feel good, or something like that. Everything doesn't happen for a reason. He finds the article by Tim Roths and forwards it to me. Perhaps that is not the answer people want to hear, but for him that makes sense, that there is no sense. He says if he changes in the process, or if somebody changes or something happens to somebody, it is a result, it is not the reason why it happened. That is a spin-off.

Advice he would give to somebody who has a friend or family member in ministry who loses a child, is to take a bottle of red wine, and cry with them. (I am smiling while transcribing because we were laughing at what he said earlier what his friend had done for him). He added, that if he remembers correctly, they did not even open the bottle, just the act of the person coming, meant a lot. Then he adds, "But even if we had opened it, take a bottle of red wine" and he laughs.

Asked whether his colleagues really understand what he is going through, he says nobody understands anyone, in any case, but he thinks they appreciate when he opens up. But at some stage he told his colleagues he was going to stop talking about it now. Because that is all he did, and he thinks it makes people uncomfortable. So, he chose to stop and when he speaks about it, it is because he chooses to, to help me or to help somebody else.

I ask him whether he thinks people expect him to deal with his grief better because he is in ministry. Because that is the worst kind of advice I got, when somebody came the day after my son passed away to sympathise and said, "But you know, because you are a counsellor." And I wanted to strangle her. He says he never got the feeling that people thought that he needs to deal with it better. What he picked up is that people pitied him. He says he does not know if pity is the right word, but he is a pastor, his daughter was a pastor and it happened to them and that some of them could not understand. He thinks they thought if it could happen to him, what would happen to them ... That's the context in which he had the conversation.

He also found that people avoided him, some blatantly. And they do not know how to react.

And they do not know if they can come near him. He has a friend in Canada, they spoke on Skype many times, but since the accident he just stopped. He thinks his friend does not know how to talk to him. And so, that happens. And other people that he is not close to, they came nearer ...

I told him that I had a similar experience, where a friend stopped coming home because she said it was too hard for her to come home and he's not there. Roelf responded, "*Ja. Ja.* And what about me?" I laughed, saying, "*Ja, exactly!*"

Roelf then says that he thinks they are protecting themselves. He actually did the same. With the business his wife is working in, they've got, a head facilitator, a young guy was doing the work my daughter was doing, and just before he went to hospital, he died in a motorcycle accident. And he just said to himself, "Now I must protect myself, I'm on my way to hospital, I can't deal with those emotions now, I don't know his parents, I can't deal with them now, and so I just kept quiet as well."

I asked him how long ago it had been. He said it was in in March 2017. I then asked him whether he thought he would ever talk to them. He said that he thinks eventually he will talk to them but not now. He is not ready. That was opening up everything. So, now he must protect himself. He sat where I was now sitting, just three days before the accident. So, he understands people not wanting to speak to the bereaved family.

The loss of his daughter impact on his ministry broadened to young, vulnerable pastors. He counsel them and he goes with them to their church councils if they are bullied. Then he goes bully back, he laughs. He gets good results. He's got two or three nice stories.

I laughed and asked what other word for bully we can use. He laughed and said, that I can use bully. I asked him whether he can give me some examples of how they are bullied, and maybe even how his daughter was bullied. He responded by saying that he can't give me examples that can be published.

His daughter was bullied by the older males that told her she is not competent, because she was a young woman. Not because she was my daughter, but she was very competent. She

fought her own fights and most of them she won, with the church council, with the financial committee, die *ou mense* (old people). But because she was female and young, they tried to bully her. And since then, his eyes opened – that is what people do to young women pastors, and to male pastors as well – young ones. He didn't realise that before. So, his ministry broadened. He thinks his sermons are deeper, much less telling people what to do and giving reasons for things.

In terms of counselling, he became more empathetic, and talks less. At first he was not able to continue with his ministry. His colleagues helped him a lot and then he started again, slowly coming in. The time that was particularly difficult, was when he was not ready, with the one couple who lost their child. He laughs when he says that he feels there he bulldozed into a situation where angels fear to tread. And he'll never do that again. A few months ago, a couple's son – he was part of his confirmation class – and he knew him very well, committed suicide. He had to sit with them – that was very, very difficult for him. But he knew he must be there for them as well. So, they cried together.

He expected that during the interview I was going to ask questions and he was going to answer. What surprised him is where he got emotional. Places where he didn't realise, he would get emotional. He is wondering why so he is going to explore that more.

I thanked him, and he said, "Thank YOU."

Then he said that he hoped my phone worked. We both laughed when I said that I hope so too because there is no way I am going to remember everything.

### 3.3. Annamie



<http://birdsandblooms.com> accessed 25.02.2019

#### 3.3.1. Profile

Annamie is a pastoral counsellor in private practice in Kuruman, Northern Cape. Annamie had a career in the corporate world prior to the death of her daughter. She studied and made a career change after her bereavement, and now runs her own private practice in pastoral counselling. She is married to Lance and has two other children, a girl and a boy, both born after the death of their sister. At the time of the interview, it had been fifteen years since Annamie's daughter's death nine months after she was born.

#### 3.3.2. Narrative

Annamie's daughter's name was Suané, and they called her 'Sonnetjie' (little sun). That is also why Annamie decorated her counselling practice office in sunflowers. Annamie states that when they lost Suané she was only nine months old, but it was as if she had a wisdom that they, as parents, did not even have.

In 2002, Annamie and her husband were in a head-on collision when Annamie was between 34 and 35 weeks pregnant. Annamie was hospitalised because of her pregnancy, although she told the hospital staff that she wanted to go home because she had to go to work the next day. They discharged her about two am the next morning. She went to work, but started suffering

with excruciating headaches, however, the other ladies at work told her that it was normal in the last stages of pregnancy.

On the day that Suané was born, Annamie's husband, Lance, found her sitting on the pavement. She told him that her head was going to explode. He took her to the trauma unit at the hospital. The doctor told her that her blood pressure was extremely high and that she had to spend the rest of her pregnancy in hospital. At first, she refused, but they told her to get in the wheelchair, which she fought against. They wheeled her to a smaller room and told her to change out of her clothes. All the while she was arguing with them. While she was changing, she felt her body 'going skew' and she started having seizures. Fortunately, her doctor arrived at that exact moment. This resulted in Suané being born 10 minutes later, prematurely at 36 weeks by emergency caesarean section. She was tiny, and weighed just about 2kg at birth.

Lance had to sign consent that the doctor would save Annamie's life rather than the baby's, if it came to that. When Annamie woke up in ICU, it was four days later, and Suané had been discharged already. The doctors refused to discharge Annamie unless her fluctuating blood pressure stabilised for at least 48 hours. The staff organised that Suané be readmitted so that mom and daughter could be together. Eventually Annamie stabilised and they were discharged.

Although Suané was a happy, content baby and in general good health, there were times that she cried uncontrollably. Despite them giving her medicine, she would continue crying bitterly. They could not understand what was wrong, but in hindsight they now realise that she must have been in excruciating pain. And as sudden as the outbursts happened, they were gone again, which they could not understand, and as new parents did not know what to do about.

Then, one evening, around eight o'clock, Suané started vomiting. She could not keep anything in. And she was crying uncontrollably. Because she was vomiting and crying, they thought that she was hungry so they would feed her, and she would bring that up as well. By about six o'clock the next morning they took her to the trauma unit at the hospital. The doctor on duty prescribed Valoid for gastro. Annamie said she told the doctor that there was no

runny tummy, but he insisted that it was gastro. So, they gave her the Valoid, and she started keeping in the feeds. Lance drove back to the border and by 9 o'clock when Suané stopped vomiting, Annamie dropped her at day-care and went to work.

Around twelve o'clock, the day mother phoned and said Annamie had to come straight away, there was something terribly wrong. While Annamie was rushing to the parking area, the lady called again, asking her to hurry, and again, while she was driving there. Annamie said the last thing that she was thinking of, was that her child would die. When she arrived at the day-care centre, the day mother ran out with Suané in her arms like a ragdoll while she was constantly giving her mouth-to-mouth. The day mother said that Suané just gave a strange sigh, and passed out.

Annamie rushed to the Mediclinic in Bloemfontein. She says, when she looks back now, everyone seemed mad, except her, because to her, her child was not going to die. The doctors immediately made an incision (for a tracheotomy). The nurses asked Annamie who they could phone for her, and she told them that there was no need to call anyone. She was very calm, because in her mind her child was not going to die, never ever.

Annamie says when she looks back now, everyone knew what was happening except her. She did not understand how serious it was. She says perhaps the doctor told her, but she did not believe him. Then they had a problem to get hold of Lance because he was in Lesotho and did not have a signal. His manager eventually got hold of him and told him to come home immediately because there was a crisis. Annamie's mom asked whether they should come, and she told them it was not necessary, but fortunately they immediately drove to Bloemfontein from Kuruman. Lance arrived around four o'clock.

By then, Suané was in the baby ICU where they immediately had put her on a ventilator. By six o'clock the doctors and neurologists and neurosurgeons called them aside and told them Suané has been declared brain dead three times already, but they will keep her on the machines overnight, but things did not look good. Apparently, she was born with an aneurism that is difficult to pick up at birth, which grows as the baby grows. Afterwards, family members told them that the nurses said everything was actually over by then already, but that

they were given time to say their goodbyes. But right through the night, Annamie and Lance believed that Suané was going home with them. They held her little hand, and at times it felt as if she was pressing back, but it was just a spasm...

At eight o'clock that evening, the doctors called them in again and told them that she was brain dead. Then reality started hitting them. Annamie said that Lance went to the rooftop of the Mediclinic and shouted hysterically at God to take him, but to please give his child back. During their night vigil, they slept on and off. The next morning the doctors came and told them that they want to take her off the machines. They were told it was still their choice, but after a certain time the clinic will get a court order to take her off because she was already dead. Annamie said that she felt as if she was looking on from outside, when she told the doctor that if the machines were going to be switched off, they would do it. Annamie and Lance switched off the machine together, and the nursing staff removed the pipes so that they could hold her for the last time. Annamie's voice dropped to almost inaudible when she continued, saying that if she can go back, she would hold Suané longer, but when a person is in shock, they do not think clearly.

Annamie said that they went home but she cannot remember how they got home. All she remembers is that there were so many people in their home that she and Lance sat outside on the steps. It was there where she, normally a happy-go-lucky person, told Lance that they should take their lives. Although it was against everything she believed, she did not want to live anymore. But her and Lance ended promising each other that they would not take their lives. Nothing in her life made sense anymore. She was always the one who saw the silver lining, but life was not worth living any more. She said that if it was not for that promise, she would not be here today.

At first, Annamie and Lance allowed the family to make the funeral arrangements. However, the pastoral counsellor who have been supporting them since their time at the hospital, advised them to make the funeral arrangements themselves, as it would be the last thing they would do for their daughter. He told them the funeral had to represent their daughter. Annamie said that they would be forever grateful to him for this advice. They took over the funeral arrangements, choosing the little coffin, choosing the hymns and printing the hymn

sheets. As Annamie says, these were the worst days of her life, having to choose a coffin and flowers for her own child. But she is forever grateful that they have done it.

The pastoral counsellor who was supporting them since Suané died, kept in touch with them. At that point, he was writing his thesis on parents who have lost children. They immediately have turned against God. Her husband virtually chased the minister away when he came to visit.

Although the pastoral counsellor spoke God's truth from the Bible to them, he never overwhelmed them. He had kept on phoning for them to come and see him. After the third call, she told her husband that since the pastoral counsellor was so persistent, that they should go and see him. And since then, he walked the road with them for about a year. Annamie's voice dropped when she said that they always had a strong marriage, they loved each other dearly. However, after their baby died, their marriage fell apart. If it has not been for the pastoral counsellor their marriage would have totally broken up and she most probably would have taken her own life. She feels the pastoral counsellor does not even realise how much he helped them. He saw the best of them, and also the worst. He gave them the opportunity to speak their hearts and minds about God and their feelings and slowly but surely, he put the little pieces back together.

Annamie feels that no marriage will survive if the couple does not go for help, because we mourn completely differently. Her husband immediately became strong and did not even cry. She remembers that she was a wreck. And she remembers thinking, "How can you just carry on...? Our child is dead, and you just carry on..." In one session she told him that he should remember that only the two of them knew Suané. Their parents knew her but not in the same way the two of them genuinely knew her. And that she, Annamie needs him to cry with her. When her husband started crying with her, she started healing. Because only the two of them knew their daughter.

Annamie says that before Suané's death, she was a very soft person. She would start crying even when someone just spoke loudly to her. But now, after her death, she struggles to cry. It feels as if her brain is telling her, "Wrong place... wrong place... don't go there again..."

She says that she wishes she could cry again. She does not think that there is any parent who lost a child who do not have feelings of guilt. She was very career driven. Her child had to adapt to her from the time she was born. Her husband, who has a very strong temperament, feels that if he was not in Lesotho at the time and closer, he could have done something to save her. Annamie had an issue with the day-care mother for a long time. Directly after Suané's death, they told her that they did not blame her, but she started avoiding them and did not make any contact with them at all. This made her think that she had something to hide.

Annamie also had a lot of feelings of guilt, especially the night when she did not stop vomiting and she was so impatient with her because she was also so tired. If she thinks back that those were her last hours with Suané, she would not have been so horrible to her. But the only thing she could think of was that she needed to go to work the next day. She now believes that it was not unavoidable, that the Lord had drawn a line.

She says sometimes she feels as if Jesus does not only throw one thing at you, sometimes he throws a hundred things. She says that the pastoral counsellor showed them that the accident while she was pregnant had made them a bit stronger to prepare them for Suané's death. They had the accident, and shortly after that she had seizures. She does not know whether one can call it stronger, but perhaps the one thing helped them cope with the next and the next, and so on. After Suané's death they had financial problems. She cannot remember why. Her husband worked on commission, and they could not even pay their house. She remembers them saying to God, "Take everything, take this too." Her husband went to the bank and threw the house keys down, saying, "My child is dead. Take this too. I don't care anymore." It just feels to her as if everything comes in a heap. She laughingly said that she does not know, but perhaps it is to keep one busy in order to cope.

The effect Suané's death had on her, is that when she scolds her other children now, she immediately stops because she thinks that if something happens to them, and she would have the guilt feeling again so she tries to keep everything pleasant, at the cost of herself. And sometimes a mother does get angry at the children.

She says that she is afraid to stand next to an open grave again and be left behind with all the guilt feelings. She is very focused on having peace in her home. Her voice drops when she says that even when her husband dies, she would not want guilt feelings. She believes that no one can come through such trauma without help to work through their feelings.

After all these years, Annamie and her husband feels that Suané died so that they could be saved. I asked her to elaborate on her statement.

She says that her husband comes from a home without a father, which was financially also not very strong. He always had to be the father figure. Money became his only drive. He was unbelievably work and money driven. Now, money comes second, the family comes first. She says that it is so strange, that since they are not chasing money any longer, they have money. She says that she was very selfish and self-centred. Her two children have a different mother to what their little sister had. Her voice drops as she says, 'I am so sorry for you doll, you had a very different mamma, I know it is difficult...' Annamie says that she would never have been this mother if she did not lose Suané. People would not understand, but she will sit on her children's beds at night and thank the Lord for the day, because just like that – she snaps her fingers – it is gone. So, what is bad now, what they are struggling with now, is fear. She had tried praying it away, even tried medication, because of the constant fear and being on alert. She says at one stage it was so bad, that when she would call her husband and she cannot get hold of him, it would feel as if she was losing her mind. And he would be the same. They always expect the worst. When the children are not with her, she is not calm. She does not let them go to friends if there is not full supervision. Even when they are with her mom, she continuously messages her mom while they are there. It has become a bit better, but she feels it will always be that way. For example, the next day she will not be at home for about three hours and she is already stressing. They were twelve and thirteen and can look after themselves, and the housekeeper is there, but she is still stressing. The 'what if's...' are already going through her mind. She already told them that she was going for three hours and they need to keep the cell phone open, she will call them every hour to make sure that they are fine. Her voice drops when she says, that many of us who have lost children perhaps do not look old, but inside you feel ancient. She says her soul is old. Her soul is really so, so tired...

She says that she and her husband find it difficult to make friends because there is no connection. People do not have a clue. For her it feels as if they are moaning about nonsense. A few days ago, they were with friends, and one was complaining incessantly about having to pay R200 to the school. She says she wanted to scream at him, “Give thanks that you have your child. Do you know how much I would pay just to hold my child one more time? MILLIONS! I would give everything I have. You are moaning about R200. At least you have your child.” Through the years, she and her husband have learnt to be each other’s best friends, because people do not have a clue... But still, inside she is so old. That is why she sleeps a lot, then she does not have to think.

Annamie says that what she has started doing was to chase an adrenaline rush. She will not bungee jump, but she would dive into a shark tank. The adrenaline makes her feel that there is still something alive inside. She says what also helps, is talking to people who also had losses. They often say things that they cannot say to other people. She and her husband were taught to speak to Suané. So that morning before the interview, she spoke to Suané again. She told her, “Sussa, mom is being forced to think about you again today. I still miss you, just like at first...”

Annamie says that for the first five years, it often feels as if one falls back to that first day. Totally. It can be something simple, like walking in PicknPay, and it would trigger something in her mind. Her voice drops when she relates the next incident. Recently she was in church, and a mother sat with her little girl in front of her. The child kept looking at her with similar eyes and blonde hair, and it triggered her back to Suané...

Annamie says that she struggles with memories. Friends would tell her something of the past, and she cannot remember it. Even if Lance would tell her something, she would disagree with him and tell him that he is making a mistake. She even battles recalling childhood memories. After their loss, the CEO of Shoprite who she was working for at the time, arranged for them to stay in one of Shoprite’s holiday homes. Their pastoral counsellor gave them some homework. He always insisted that they do something good after every bad experience. Their homework for their holiday was to write a letter to Suané and tell her everything that they still wanted to tell her and then they had to find a way to let it go. It was their choice how

they were going to do that. They wrote the letters and placed them in two of Suané's baby feeding bottles. They went to the beach, and read the letters to each other. They cried, enclosed the letters in the bottles and threw them in the sea. But as they threw it, it would wash back on the beach immediately, time after time. Eventually they added stones, but it would still wash back. After several tries, as they threw the bottles again, a mother dolphin with a few little ones swam past them. And the bottles did not wash out again. At that time, she was still angry at God, but when she thinks back about it, it was God who sent the dolphins. The message she thinks God was giving, is that He is still in control. You are feeling broken, I am still in control, and I am still looking after you. It is almost like some magical sign, like birds. She says whenever she would sit and cry, a little bird would come to her. Then she would feed it. She thinks it is Suané. She asks whether I have something like that, and I said for me it is butterflies, but also birds, or a single feather ... She repeated, that for her it is birds, because at her lowest, it is as if Suané is saying, "Ma..."

Annamie's voice drops as she says that the worst session she had at the pastoral counsellor, was when he said Suané is standing at heaven's gates, and she wants to enter but they were not allowing her. And he said, Jesus says she is mine and he looks at her, but she is looking at them. She remembers that it was one of the most painful sessions she had.

She was not a counsellor then, but their pastoral counsellor asked them when they were stronger, whether they would like to meet with parents who have lost a child on a friendly basis. He would work with them during sessions. That gave her a purpose. They always became friends with them. Sometimes they just had some wine with the people, and he would see them during sessions. And so, it started growing for her. Later on, he started using her more, for example, for CHOC children's cancer when the parents were at their children's deathbed, and she would meet them there. And sometime later, the pastoral counsellor told her that she should start studying. Her life path had changed, but otherwise she would never have reached her life's purpose.

Annamie says that she was a career woman. She became pregnant with another little girl who was literally four days in vitro when her sister died. But she only discovered later that she was pregnant. But then she did not want her. She wanted the other one (who had died). But...

She really did not want to love her and totally rejected her. She can just imagine what the poor child went through because I barely ate while pregnant. Annamie's blood pressure went up and down. So, she actually had an unhealthy gestation. Annamie's mom eventually forced her to eat. She remembers when she was eight months pregnant, she stood in their house and shouted at God, "Lord, if you want to take her, take her now!" Her voice drops when she says, "Don't give me a little face again and then you take her. When you have seen the little face, then you have seen the little face. Please, take her now! You are not going to give me a face again."

And when she was born, they had half a mind not to love her... She really did not want her. Totally not. Lance and Annamie made a pact that they will not love her until she reaches her sister's age. But you can't... They put her through three MRI scans, from head to toe until the neurologist told them that they have to reach a point where they will have to make peace. There is nothing wrong with her.

Because Suané died at day-care, when their second daughter was born, they probably looked at 37 day-care facilities. Eventually they found a woman who has had a miscarriage. They clicked with her and chose to send their baby to her. Annamie had to start work on the Monday. Because her baby died at day-care, when she would drop the new baby off, when the baby would cry, she would cry with the baby. By 12 o'clock, she had called the day mother three times and Lance had called seven times, just to make sure the baby was fine. By the Friday, she was crying her eyes out and Lance told her to resign. That time they had no money, but he told her to just stay at home. When she asked him what they would do, he told her that the two of them together will make it work. So, she stayed home. She had realised what they have. Her day consisted of playing with her children. Before it was just "stop crying". So now she has absolute contact with her children. She raised them. She spent her whole day just playing with them. That was a huge change that occurred. She was totally not career driven anymore.

Her second daughter was 6 months old when she fell pregnant with her son. She was not on contraception yet. She says that she loved holding him, whereas with her daughter she had to force herself. She says that the moment she rejected her daughter, the devil put the wall up.

She says she was awful with her, she loathed holding her, until the day she said, I forgive you, mamma, and the wall broke. It was never easy. But all of a sudden it was easy. She says it must have been her guilt feelings that also kept the wall up.

With her studies, she was doing so many courses, and that healed her. She did many courses in play therapy. She used it as part of her healing process because the pastoral counselling lecturer used to say that if you are not willing to work on yourself... And during the one course, the rejection came out and that she feels that there is a wall between them. Her daughter was about three or four years old. The course leader told her to just go to her daughter where she is sitting and playing and explain to her how she felt at the time. That she rejected her at that time, but that it was not her fault, mamma's heart was very sore, and can she forgive her. She did that and her daughter said, "Yes mamma, I forgive you." Annamie says it was as if a knife cut through the wall and the whole wall was gone. But she had to ask her daughter for forgiveness. And she could not but love her daughter from then on.

I commented that it took her about four years to fully give herself to her daughter. She replied that it makes her wonder... She takes care of them, she loves them, but she does not know whether she truly gave Annamie to them. She would say 90%, but she holds back a piece of herself. She says that she did not realise it until I mentioned it. There is part of her that she does not know whether she would ever be able to trust to give it to someone. There was a long pause before she added that she is so afraid of getting hurt again. She spoke about a woman who recently came for counselling who has lost two children. Annamie says that she prayed, "Please God, I cannot go through this for a second time." It is the highest trauma one can experience.

She spoke about someone who worked for her at that time. Her daughter was dying of cancer. One Monday evening she told Lance that she was going to the lady's home because the daughter was sent home because there was nothing the doctors could do anymore. She had asked Lance how does a parent cope when you realise your child is dying... Within 24 hours, Suané had died. Her child died before this other child. Suané's funeral was before this child's. Their graves are next to each other.

Annamie says she feels God chooses us because it takes guts... She says that she thinks God chooses special people. He obviously has a plan with me (Adri) too, that is how she finds purpose in life. But this (living through the death of a child), this takes guts. So, she will socialise with people, but she will not speak from the heart. The one she speaks to most, is Lance. Sometimes older people are the ones one clicks with most.

Annamie says that she grew up in a happy home, her family was happy, they did not have any losses, so for her life was moonshine and roses. Her temperament is still like that, she lives in a fantasy world. The day that 'it' happened; her view of the world totally changed. It clicked that the world is not so loving. Her view and beliefs totally changed. She could not believe that the Lord would do something like that to her. Her voice drops as she repeats that she could not believe it. She had seen other people who have children who do not even look after them, and she thought, 'You took mine.' So her belief system, everything she believed in, totally fell that day. Her belief that God is 'nice', fell. Her belief that the world is beautiful. Her belief that marriage is perfect and will be great and love and romance, fell. Everything... everything fell.

She reminds me that her and her husband had turned against God. Somewhere during the healing process, she realised that when she looks back, she can see how good God is, how He carried her. No human being has the ability to just put one's child in a grave, so His strength must have been there. Then she realised that He has always been there because it is not humanly possible to watch your child being lowered into the ground. Annamie says that she wondered for days after the burial whether she was not feeling cold.

But the day she realised that God never left her, was the day she realised that there was healing inside of her. And that is the reason why she is working now. Otherwise, she would never have worked. She says that she and her husband have a life again. They are laughing again. It took years to have dreams again. One just survives. One does not have dreams for your life, such things take long. That is why she can do her pastoral counselling work now. Because of the certainty that there is healing.

Annamie spoke about how she does not want their dogs near her because she does not want

to be cuddled. She does not want to feel that again. She is forcing herself to allow them to lie next to her now and rub them because she feels counselling can make numb one. So, when she goes home, she allows her children and husband to cuddle her so that they do not feel that she is pushing them away. Sometimes, however, she feels that the wall is still there, but she tries to allow herself to be cuddled more often.

Annamie asks me whether we have more children, and I told her a bit of my story.

She says the final thing they had to do, was to forgive people. People say things that can break a person. They say things because they do not have a clue. They do not have an idea how bitterly they hurt you.

Annamie then spoke about the support group, the Compassionate Friends, which meant a lot to them. She says that one connects immediately, whether you are old, young, fat, ugly, big, green, or purple. She tried to start a group many times in her town, but people do not want to attend. She says one connects immediately, because you speak from the same heart. Like the two of us, we do not know each other from a bar of soap, but we connected immediately. At that time, during the group sessions with Compassionate Friends, she also asked questions about the things she was struggling with, whether to take down photos, or get rid of stuff. They helped her with all those kind of things in the group. She says there was a lot of people whose children have committed suicide. Parents said that they never picked up that anything was wrong. And they said it was as if God has made them blind. They said that God knows that He is taking them, so He make one blind to what is happening. Like when Suané was crying so much that night, He blinded her... She was crying terribly, but she never thought to have it checked out. Something was very wrong, and she knows God was telling her, but at the same time she never thought it could be so bad. But she knows God has a plan, He already knew...

Their anniversary rituals include something they started right from the beginning. They have some type of heart with a candleholder that hangs on the veranda. She and Lance made the arrangement that, as soon as one of them thinks about Suané, they would light the candle. But no one knows. Not even their other two children. Even when they have friends over for a

braai, she would see Lance walking over and light the candle. That is something between the two of them. It makes one feel that it is not only you... She says they are fortunately now at the stage where they are celebrating her life. It took years to get to that point. They would bake a cake for her, and she would buy little gifts for the children from their sister. And they would sit around the table and eat the cake and say a short message to her. For example, her daughter would say that if you were here now, we would have shared a room. She feels that her children are keeping Suané more alive than they are.

She says that they do not celebrate Christmas Day with family. It is just she, Lance, and the children. They spend Christmas Eve with family, but Christmas Day they spend alone because they do not understand the depth of it for them. She says she does enjoy a glass of wine, but with other people Christmas Day becomes a drunken party. For her Christmas is too precious, because if the Lord has not been born, there is no hope for her child. She does not know whether the family understands that... She says, strangely enough, the day itself is fine, but it is the day after that is often hell... It feels as if they should have done more. They do not go to the grave often as it is 400 km away, but they go when they want to, and she feels Suané is with her.

They have friends who supported them during that time. But they did not want to be home. They would sit with friends at their homes till twelve o'clock, then go home, fall into bed, and get up the next morning to go to work. They did not want to deal with the memories, until they were forced to deal with the memories. But many times, there was no way out. And many times, we did not say anything. Their friends would just tell them to have a glass of wine. And just that helped a bit, having a drink without saying anything.

It was a long time before she started a counselling career. And she would charge people R50 per session. It was a learning curve. She had also read a book that meant a lot to her, 'When God does not make sense'. She read a lot, especially about parents who have lost a child. About a mother who has lost a child, then she does not feel so alone. To feel that she is not mad. Because sometimes it feels as if you are mad. One thinks of strange things. So, she read a lot. She still has a problem with photos. She cannot put them up. She does not know why. She has no photos up, even of her family now. She does not know why. It is like a block; she

cannot put them up. It is as if she does not want her children to carry her yoke. They are actually fine with it, but it is her struggle. She feels perhaps she does not want to go there. Perhaps she will, in her own time. When she feels like crying, she cries, but a photo will remind her every day. I told her about my parents' minister's mom. His brother died when he was 25, and his mother could not look at his photo for the next 25 years. Annamie exclaimed that then she is all right...

Annamie keeps Suané's things in a crate. With anniversaries she forces herself to take them out. She now feels that they gave away her other things to quickly after her death, that she gave away too much. She should have kept more things for herself.

The support and strength she has now, is from God and prayer. When one can come through this, you can get through anything. God goes ahead of her now.

Her grief has changed in the sense that she holds tightly onto the positives. She thinks it is because she is able to heal so many people through counselling, it helps her a lot. She just gets burnt out a lot, because when someone calls and asks, please you have to help me, she cannot say no. She would squeeze them in, many times at the cost of her family life. It is because she understands that desperate feeling one has at times. But she does think that her work helps a lot.

Making sense of her loss, for her ties in with her career change. Her voice drops as she says that she would still have been in a career driven world if it did not happen. She would not have had the family relationships she has now. It is her life's purpose, her talent, she just never realised it. She does get tired, but she is living her passion. And as she has said before, her children have a completely different mother. Her marriage is also much stronger and deeper. The only thing that still causes her anxiety is the fear that something would happen to her children. It is still a big thing for her, and she does not know how to get rid of it. It is subconscious, and it is not as if she does not trust God, it is just there. She says she sometimes would tell herself to just relax. The only thing that distracts her a bit, is watching a bit of TV, and then she would ask herself why she is so tense, to relax and just let go.

Health issues that occurred because of the death of her daughter, was that she had terrible tension headaches. The neurologist put her on medication, but the headaches were because of being on guard the whole day, that by four or five o'clock she had excruciating tension headaches. But fortunately, she has medication now. She also has a spastic colon, and her husband has high blood pressure. She also has anxiety. At one stage she had medication for the anxiety, but the medication only works for two weeks and then she would fall back into her old patterns.

Massages help with the anxiety, but only temporarily. In general, she is quite healthy. But she thinks it is the anxiety that makes her go to bed so early and get up so early. She says she is tired because she is on constant alert. She said she did a lot of courses when she was studying because she had a problem with self-image. So, she never felt good enough to help people.

She did courses through Rinda Blom, the 'mother' of play therapy. She did all her courses. In all Rinda's courses, one has to work on yourself. She said she cried a lot during the courses. They gave her boxes of tissues. But it helped her heal. She had to expose her vulnerability. She used these courses as her time for healing. When they would look for a volunteer, she went, because she did not know anyone there. She opened herself up. It felt as if they were destroying her, and then she felt she was being healed from scratch. She believes that courses help with the healing process.

Annamie believes that there is healing for everything. This (losing a child) is the highest level of trauma, and if you can get healing for this, there is healing for everything else. Many of us take medication to help, so for the basic normal person there is healing, except perhaps for psychopathic people. There is healing for molestation, for rape, for everything. She believes that there is healing for anything if you are willing to ask for help. She also believes that it takes guts to walk the road where 'angels fear to tread.'

On a personal level, she had changed from crying easily to someone much stronger. She has had much personal growth. She had no self-image, now she does. She also gets very frustrated with the world now. For instance, when she sees people with marital problems, she would like to just tell them to do this or that and everything is solved. But she realises

because they have not been through what we have been through, they do not realise how hard they need to fight.

Annamie also believes one has to make peace with oneself. She struggled a long time with feelings like 'today I am feeling down', 'I am a bad person, why am I feeling down again'. And it would seem to her that she is sick to feel that way. She has changed it around by telling herself 'It is okay to feel down, today is my down day'. Or 'today I don't want to see people, I don't want to have anyone around me, I want to climb in a closet, with no one around me'. And now she says to herself, 'you know, it is okay to feel that way, you may feel that way, it is your right.' She embraces that feeling now and she makes herself feel it. She feels one needs to be less hard on yourself and to think that you are mad when you think certain things. It is ok. And whatever you need to get through this, do it. Nobody can tell you differently, like you cannot be angry at God, you cannot do this, you cannot do that...

Annamie does not emphasise the pastoral part when she advertises her services, because she feels it chases people away. Her end goal is to lead people to the Lord, but when people come, she tells them that they are safe with her. They can express themselves in any way they feel comfortable, everything is confidential. When the person comes, they have their own issues, she cannot start bombarding them with Jesus. So she let them get angry, and cry and rage, or whatever they need to do. She says it is so strange, because the Lord gets in along the way. By the 5th or 6th session she would give them clay and ask them how much of their lives is still in their hands and how much is in the Lord's hands. And then they would break the clay in two. She would then tell him to imagine God's throne and put the Lord's piece of clay there. Then she would ask whether they want to hold on to the piece that is leftover, or whether he wants to hand it over to God as well. But it all depends on how bad it is. There is a reason why there is separation between a person and God. So, she first works with the separation. She has told a person with whom she has worked a long time that he had to choose. He said no, he did not want to. And she told him that she could not help him any longer. But by then they have walked a long road together. People are hurting, one first has to work through the hurt with them then you take them there (to make a choice for God).

Advice that Annamie would give to parents in ministry who have lost a child, is that you are

only human. And that we often go through seasons in our lives. Many times, you have to just take a season for healing. Withdraw from church for about three months, just to get yourself healed, and then return. You are just human, and what you are feeling, you have the right to feel. God understands.

In terms of counselling, Annamie says one can forget to counsel yourself. You will just make yourself ill if you try healing yourself. Your body totally gives in. Friends or colleagues of ministers or pastoral counsellors who lost a child, should give them space. Even though it seems wrong. Allow them to mourn. Also, to keep on talking about the child. It caught up with her, that everybody else buries your child, and your child is still alive for you. So, people need to continue talking about your child, even if you cry about it. But it is often the case, that for people around you, the day of the funeral everything is over. And many times we have the need to talk about our children. She would like to talk about her daughter every day. People should not act as if it is a taboo topic. She appreciates it when people tell her that they saw something and it made them think of her, even if it makes her cry.

Annamie says that is also why she is doing pastoral counselling, because it reminds her that in a way her child is still alive. Alive in a totally different way, but totally alive. And many people bury them. Even after 12 or 13 years, she has a need for people to tell her what they experienced that day. She says it feels as if she cannot remember. After all these years, she has a need for her friend to tell her, when she arrived that day, what she looked like, what she was doing. She has a need to hear how they saw her, what their experience was, what they went through. They do not share that because they think that they will hurt her, but it is such precious information that she holds on to.

People definitely think that she is okay because they see a thousand walls. Even when she would say something like she thought of Suané the night before, it makes people uncomfortable. It does not make her uncomfortable, but they are. So, she puts up a wall, and try and keep it private even though she is fine with it. She would like to share with people how worried she is about her children. They went to play sport, and she was sick with worry even though they have new phones. She would like to share that, but she has to keep that to herself. I asked her whether that is why she gets headaches, and she said yes, because she has

to keep everything inside.

The loss of her daughter influenced her counselling in that she wants to help immediately when she hears someone's desperation, at the cost of her own wellbeing, because she had also been there. However, she struggles to counsel people who have lost a child. It is too close to her heart. She would rather see them on a friendly level for tea, than professionally for counselling. Because she knows when you have lost a child, you go in hiding. So, she would rather pick them up one afternoon and go for tea and have a conversation. And while they talk, they would cry a little and feel better. So she would rather be with them on a friendly level with their loss, and not in a session.

When she sees someone is still in the denial phase of grief, she tells them to rather come back in a few weeks' time. She says one's brain is so powerful that it will not let you open up until you are strong enough. It is a struggle to work with someone who cannot yet open up. But God has his time, He prepares one, and sometimes it takes years.

Annamie says a symptom of trauma is control. She says she controls her life because she does not want to get hurt again. So, she actually over-controls her life. Because she was hurt so badly that she wanted to take a gun and just wanted to 'end herself'. I asked her whether she herself attends counselling. She said that is a big void in her life. She knows that she has to offload, but there is no one in the town that she can see. She said it was her New Year's resolution to find someone in Kimberley and go every three months at least. She was also studying further in psychology, so she feels it was really a void in her life not to go for counselling herself. She has a lot of empathy and love, but when her children want to tell her something, she is so tired of listening to other people's stories. That is also why she would rather go to Kimberley, because they will not know the people if she would mention some names.

During her counselling sessions, when a client mentions something that triggers her, she would actually tell them. She feels it often helps people to become comfortable when you mention it. On the one hand she has this sky-high wall, yet on the other hand it is very important to her to be herself. She had read a book recently that the greatest quality of a

counsellor, is the quality of presence. So it is very important to her to be present to her clients. So now and again she will drop her guard, and say that she is not as perfect as they think. Her home is also like theirs.

Annamie says because her husband had a very bad childhood, he had to be responsible from a very young age. Sometimes they would be at a function, and he would overdo it a bit with alcohol, but within bounds. Where another wife would say behave yourself, she would tell him, 'carry on, dear' because he was a father when he was still a child. But then the people around will blame her. She says she has lost clients because they think she is not human. Sometimes he does go overboard, but she forgives him, because he is just human. Clients are very critical, so they will cancel their sessions. So, one has to be very careful where you go overboard.

Annamie says that one must not give up. And do not think a week ahead. Just get through today. Do not overthink. Tomorrow, you get up, then you get through that day.

She feels that everyone who has lost a child, has so much empathy for others who it happens to. So, you will move mountains to assist that person. So, it was a privilege for her to assist me with my interview. She also enjoys talking to someone because it is so rare that she has the chance. And her husband is just as happy that she has the opportunity to speak to someone.

The response that surprised her, was the fact that she did not give herself hundred percent to her children. Also, that she feels that she is getting numbed by her work. Her husband is her best buddy, but at the moment he is going through some inner struggle, so she is not offloading with him. Perhaps that is why she is feeling like that at the moment. She believes God is working with her husband, so she must not go to him with her stuff at the moment.

I asked her whether we, during our mourning, reach a stage where we think we are protecting our husbands by keeping things away from them. She empathically said yes. She feels it is mothers' instinct. Then I asked whether that does not cause more separation. She paused and then said she thinks that she will share 80% with him later and withhold 20%. Because 20%

is probably confidential. There was a time where she slaved away a lot. But nowadays she claims the right to say that she is tired. But currently she can see that the Lord is busy with him, so she does not bother him with advice, or counselling, because it does not work. She just tells herself constantly to love him, it is his problem. The Lord is busy with him. And when the Lord is busy with something... She does not want to be his counsellor. She must just love him.

### 3.4. Kobus and Mariette



[https://upload.wikimedia.org/wikipedia/commons/e/eb/De\\_Rust\\_Dutch\\_Reformed\\_Church.JPG](https://upload.wikimedia.org/wikipedia/commons/e/eb/De_Rust_Dutch_Reformed_Church.JPG) accessed: 26.02.2019

#### 3.4.1. Profile

Both Kobus and Mariette are ordained ministers. Kobus is in a parish in Riebeek-Kasteel in the Western Cape, while Mariette is working as chaplain in the prison in Porterville. They have a son and a daughter. Mariette had an early pregnancy miscarriage when their daughter was about two years old. At the time of the interview, it had been about fifteen years since the miscarriage.

#### 3.4.2. Narrative

Mariette It was a pregnancy that was not planned at all. Alisha was not yet two years old, probably a year and six months. She had to go for a medical examination for an interview with Correctional Services. When she did all the tests, the doctors discovered that she was pregnant. She was shocked, and they went home with mixed feelings. Despite the fact that it was unplanned they accepted it and carried on with their lives. There were no complications. She had no pain. But when she went for the follow-up... it was now so many years ago, she could not remember well... Then she remembered that she had started bleeding. She did not understand what was happening and went to the doctor. The doctor then told her the foetus... She says, “At first it was, Wow, we are pregnant, and then there was no baby.” She admits that for a long time she could not describe what the emotions were. Because she had just made peace with the reality that she was pregnant, and

suddenly the pregnancy was over. So, it did not really hit her at that moment. Alisha was still a baby and she focused on her, and it was a few months... a good few months later that it eventually hit her. She became depressed. And then she realised that it was feelings she had not dealt with. They really did not speak about it. Perhaps he (Kobus) can recall it differently, but it was just... it was just as if she was in a haze. She did not know WHAT actually happened. And then the questions started: "Is it something I..." "Is it something I did wrong?" "Is there something I could have done differently?" Those kind of thoughts came up, and when she became depressed, she still could not understand. Kobus took her to the minister in Saron, and then they spoke. And it was as if the minister lifted a curtain for her during the pastoral counselling session. He told her that she had never dealt with her feelings at that time.

She says that is what she got to know about herself, this is how she deals with loss as a minister. Because she always puts her feelings... That time she was not in fulltime ministry. For the most part, she was the minister's wife, keeping busy with activities, focusing first on the others who matter. There was a baby who needed her attention... Only when the minister started talking to her, did she realise that it was feelings that she had parked off somewhere. She had also lost a tremendous amount of weight and she did not understand what was happening because there were not any problems. Then she relived the trauma and she learnt to speak about it.

She said to be honest, they do not speak about it. Usually they speak about anything, but about THAT part, they do not speak about much. Kobus will raise the topic and speak, but she will say that she does not want to talk. He will say how old he or she would have been... whether it would have been a boy or a girl... All those things come up and they would speak about it, but then it is over. Sometimes she would find herself thinking about when he tells her that he wants another baby. She would say, "But we already have..." And when she sits quietly, those thoughts come up. The baby was between Alisha and Marko, how would it have been... How would they have been with each other if they were three instead

of two ... She had always told him that there is a gap between the two and that something is just missing ... So, it is difficult, and it stays difficult, because you just keep parking ... She then turns to Kobus and asks him whether they have ever told the children.

Kobus He says that he thinks they did.

Mariette She agrees that they have told them once. But in their home, they do not talk about it. But those thoughts are always there, of what could have been. She does not think it is something that one ever really deals with. In pastoral care she deals with many cases. She thinks it helps then, to understand what that person experiences, and to share that she had a similar experience so that that person can feel comfortable. She thinks it is something that everyone struggles with, especially counsellors, because we have the notion that we have to be strong. That you cannot deal with things right now, you should not always show feelings, so you park the feelings and stay in your box. She thinks it is something you are going to struggle with for the rest of your life, which will come up suddenly one day again – an incident that happens, something small, and then those memories and all the questions come up again. So, she does not know if a person ever gets over it. But life goes on, yet that little ‘spot’ stays, that little spot is just always there...

Adri As someone said, ‘You don’t get over it, you learn to live with it.’

Kobus The way they figured, the child’s birthday would have been in December. Then life gave them a shock, there could have been life... It was between 1997 and 2000, between Alisha en Marko.

Mariette Corrects him, saying that it was 1998, no, 1999

Kobus It was a very stressful time. Mariette did not work. He worked. And then she got the interview with Correctional Services ... but there was a bit of underhandedness with the post. Mariette was recommended and she did not get the post, they gave it

to someone else. They drove up and down between Saron and Oudtshoorn (+- 400km). So, all of those things played a role. And the loss that happened. It has been years that he looked back at everything that happened. He one day made a joke, that there would have been someone else. But what would have happened to the other two... Between the two children, the emotions have shifted. Also, because they did not have the opportunity to hold a baby in the arms. Alisha was small, and then Marko came. He thinks the fact that they were small, made that the emotions shifted. But as Mariette says, he is a very sentimental person. And things like that matter to him. So, when he thinks back, he thinks about the fact that there would have been a young person in the home. Yes, it really hurt, but time went by.

But there is one thing that bothered him through the years, that there are women in his presence who have had miscarriages and to him it did not look as if they were taking it seriously. And for him it was, you have lost a life. And he said it, you have lost a life. He was in Oudtshoorn at the time. He had a very emotional case. It was years later, just before they left Oudtshoorn. A woman told him that she had an abortion, but her husband never knew. He had to stay strong and not judge, and listen to what she went through. She was going through the same emotions he had been going through, it was still fresh for him, but for her it had been years and every time she figured out that it would have been the child's birthday, she became depressed. That's why she came to him. What he wants to emphasise, is that it never leaves you. He wonders, now that it comes up, whether they should not speak to the children again. Perhaps they are even wondering why mommy and daddy are not speaking to them about it anymore.

Adri        When was it that you spoke to them?

Mariette    It was a couple of years ago.

Adri        Were they still very small?

Mariette    No, they were quite grown. Then they wanted to know why they never told them.

She always jokes, when he says that they should have another baby, that she does have three children. Then she says Kobus is the eldest. But at one stage she said that she had three children, and then they wanted to know, because they did not understand what she meant. And then he, because he is always the one who does the emotional talking, he told them.

She says that afterwards, she realised that she had been very protective over Alisha and her family could never understand it. Their families knew, but they assume that they because they are ministers, they should be able to handle things. And they could never understand, even though they did not overreact, they were very protective of Alisha before Marko arrived. And it happened over the years, and she thinks that it stems from the loss they had. And when Marko came, it changed a bit but was still there. The family could never understand why they were so overprotective, why they 'trek laer' (encamp) around their children. She thinks it is one of the results of loss, when you have lost a child, you do not want to have that experience again. You just want to protect your children, even from life's hurts.

They have not really spoken to the children in depth, so it is perhaps a conversation they might have to have with them so that they can understand their behaviour as parents. Because they are grown already and they treat them like babies and they often say, "It is you who treat us like that, we don't want to be like that." But she thinks it is just something built in ...

Another reason is that because of the nature of their work, the two of them often are working in different places, so that had to find ways to protect their family. And that is one of the things that happen automatically. They are still living in two homes, because she works for Correctional Services in Porterville and stays there, and Kobus stays in Riebeek-Kasteel (a distance of about 70 km) where he is the minister, and they just make things work.

When she had the miscarriage, they were staying together. She only left for Johannesburg nine months after Marko was born, and Kobus stayed behind in

Oudtshoorn where he was minister at the time. A lot of things also impacted on their relationship, and they did not really have the time to go back to the past. They only had those moments.

She thinks to an extent, that it did have an influence on their relationship. She says that she turned inside herself. Kobus is always the one who opens up communication and starts a conversation. But when she does not want to talk about her feelings, she will not speak about her feelings. But he helped her to speak about it, otherwise she would have always just kept it inside and it would have come out in other ways. But there was a definite gap that occurred between them.

**Kobus** From his side it was also difficult to communicate with Mariette on certain issues. He eventually forgot that it could be a result of the miscarriage and he just accepted that Mariette was ‘hardgebak’ (obstinate) or Mariette just kept to herself. But he did not realise that it was because of the miscarriage. He says that they did themselves a disservice through the years not to go for further counselling and to talk about it. Because when he thinks about it, it is so wonderful to help other people to talk about it.

**Mariette** The impact on her health is something she never thought about, but she is someone whose body at times literally crashes, and she cannot always explain what the cause is, so it could be that her body was affected in some way. Her female health was always fine, she always fell pregnant easily. She easily fell pregnant with Marko afterwards, but this is the reason why she has so many questions on why she had the miscarriage. With Alisha she had an easy pregnancy, it was just the birth that was not easy. With Marko everything was normal. She had healthy children. Then she asks herself again why that pregnancy did not have its full duration. Then she wonders whether it was her, or whether it was nature’s way of saying something was not right. All these questions that one cannot always answer, or even perhaps not get an answer.

Kobus Says that I am making them think of things that they have not thought of, because there are unanswered questions in terms of Mariette's health.

Mariette They have mentioned once or twice. It came up at visits to specialists, but there was never a focus on it. It is a part that is buried and forgot, and which is answered when a specific medical question is asked. But it is such that the doctors cannot explain what is wrong with her at times and then they just treat her until she is mobile again. In 2015, she literally collapsed at work. The doctors could not find the cause. Brain specialists, scans, everything, but they could not find out what was wrong. She could not walk for about two weeks. She had to be bathed, and so on. No one has ever said to look at the psychological side, it was always just medical, and the medical could not explain it.

Adri I asked her whether she thinks that it was psychosomatic, that her subconscious is saying something...

Mariette She said that she really thinks, now that I mention it, that it raises certain questions that they should go and have a look at.

Adri I asked Kobus whether he had any health issues resulting from the miscarriage.

Kobus He said, not physical.

Mariette Responded that she remembers that when they were in Pretoria, he ended up in high care. They thought that it was a heart attack, but it was angina. He had gone into depression. She saw it as he was struggling with life and death. He was for a long time in his own world where he has never been before. And they never tied it to anything else.

Adri I asked whether they thought that it could be linked to the miscarriage

Mariette Says that she thinks it definitely has a link. They had never really dealt with the

loss on any level. So, it could have a link.

Kobus Coupled with it at that time, was his father's death.

Mariette Agrees that it was a difficult time, because it was another loss.

Adri I asked Kobus whether the loss of his dad brought back memories.

Kobus He said definitely. He says when he thinks back on the pregnancy and the miscarriage, he remembers the blood that she wiped away in the bathroom. But not only that. He recently came across something when he was clearing out his study. He never keeps them, he always throws the funeral programmes in the grave, but he found two programmes, one of Sarah, someone who supported him a lot, and one of a little girl in the congregation. And he wondered why he kept them because the funerals had been very difficult. The little girl was five or six years old, and they had shown a lot of photos of her life. And it took him back to that emotional time.

He and his dad had been very close, and his dad was also very close to Marko as well. And then he wonders how the baby they lost would have been with his dad, and his dad with the child.

But that is why he wonders why he kept the programmes. He can still understand why he kept Sarah's, but not the little girl's, normally he throws the programmes away. Because he did not want to keep dead people's programmes with him in his study at home nor at the office. Because it always takes him back.

Adri I asked them what their view was, or whether they thought that his dad was in heaven with their child. I told them that the question was not scripted and that I hope it was not going to be thrown out, but that I would just like to know.

Kobus He says that for him it is a fact because he believes that there is a heaven, and he

believes that his dad is there. He did not think about it at that time because it would have made it much more emotional. But he believes that they are together, just as he believes that they are with his mother (who died many years earlier).

Mariette Says that her sister had two such experiences, she had two miscarriages, between the two children that she has now. And every time that she had the miscarriages, Mariette was the first one she contacted to say that she had the miscarriage. Her sister's pregnancies were much more advanced than hers. But she went through the emotions again, wondering whether it was in the family, genetic, or what was the problem. And also emotionally... When her sister lost the last baby, who was almost full-term, her sister said that the doctor said that the possibility of another child is almost impossible. Mariette says that she also mentioned it to her sister, because psychologically it is very difficult. She says that they had Marko afterwards which brought comfort to an extent. Her sister eventually had a baby when her eldest child was about 18 years old. Every pregnancy was stressful for all of them. They followed the pregnancy and discussed any little thing the doctor had said. She literally went through all the emotions with her sister, because she knew what it was like to have such a loss.

Mariette then mentioned \*Peter and \*Paula who also lost their baby at the end of her pregnancy. She said at that time they spoke a lot about their loss when Paula lost her baby. They could identify with \*Peter and \*Paula, although they felt that it was probably worse for \*Peter and \*Paula. Mariette says that she however does not think there is a degree to the emotion that accompanies the loss. She says these were always opportunities for them to also talk. They would not necessarily mention their own loss, but they would talk through the emotions, discussing and also tried to help because they know they had been there. Those are the things that always come back to her, to deal with the reality.

She says that, as Kobus mentioned earlier, they did not name the baby, and she is glad that they did not, because she thinks it would really have been difficult. She says the year before, Kobus mentioned that the baby would have been in matric.

She says the realisation that the baby would have been in matric made her wonder how he or she would have been like, would it have been a he or a she... She says that she had always thought that it would have been a “she” because in her family, the first two are girls and then son comes. Since Marko is the son, she is convinced that the baby would have been a “she”. Those are the types of conversations they have now and again, but it just comes and then they put it aside again.

Adri I mentioned that we watched the movie, and also read the book, ‘Heaven is for real’. In it the little boy had a near death experience. Sometime afterwards, he was playing and by the way mentions to his mom that he met his sister in heaven. The parents had never told him that his mom had a miscarriage. And the little boy told her the name that they had thought to give the baby. She was about his age, and I said that I do not know how things work in heaven, but she had spoken to him. I told them that I wondered how they felt about this.

Mariette She says that she had heard a similar account from someone. It was a very stressful time before hand. She had applied for a post and went for the interview. After the loss, she had developed some feelings against the person who got the post that she also applied for. She felt that because of that person, her life took a direction that she did not want at that stage. It was a very emotional stage. It took a very long time to get over the feelings. The Father really has a way of dealing with a person, because he gave her exactly the same post ten years later. She only understood afterwards, when she looked back on her life, why she had to walk that road. She only made peace then with that person.

Adri I asked her whether she could identify the feeling.

Mariette She says that she just feels that that person’s interference, the facts of which they got afterwards... She used to speak to the person, but never developed a deeper relationship the way she treats relationships with other people.

Adri I asked whether she blamed the person.

Mariette She said yes, she blamed her for the direction her life had taken because of that person. She says that today, she looks at it differently. She is glad for what happened in terms of her career, as well as her personal development. When she compares her development to that of this person, she is absolutely glad that it happened. But at that time, she felt that their marriage could have benefitted because they would not have been separated from each other. The children would have had them together. There was so much that she kept inside, until she worked through it and started making peace.

Kobus In terms of the loss, he says he had rage towards Department of Correctional Services, not so much towards the person, although every time he sees her or hears her name, he thinks back. But it was Correctional Services that allowed the corruption which had an influence on their lives. That stress contributed a lot to the miscarriage. And even the distance was something that they had to get used to, and it acted as a trigger.

Mariette The doctor had mentioned that there would be a possibility that she would become depressed, and if she did, that she should contact him, and he would prescribe medication. But she did not take any medication.

Support from their family was made difficult at the time due to the fact that they were in Oudtshoorn (about 600km from Saron where their family stays). Her mom stayed for a little while, but most of the time it was just the two of them.

Mariette Spiritually, they discussed the matter that perhaps there was something wrong with the baby and that God perhaps felt that He was sparing them the trauma. But in their conversation they said should they ever had a baby like that, they were prepared to handle it. So it brought up a lot of other issues that they had to deal with. She says one goes through phases in one's conversations with God, and also wonders why you do not always get answers. But she believes that the experience made her spiritually strong, to accept that God allows certain things in one's life and He supports you through that experience. At the end of the day, one grows

through that experience. And one is dependent on Him, to go to Him for answers. So the experience was spiritually positive, although the emotional side was negative.

Kobus The term, 'life and death is in God's hands'... He realises that one says those words very easily when you speak to other people, 'life and death is in God's hands' actually is a process, a struggle and it made him much more sensitive to engage with people. Especially with the death of a child. After this mom died, they had to bury a child the next Saturday, and that was tough. After his dad died, and they went through that process... (The loss of the miscarriage). He says when a child in the congregation die, he feels for the mother, especially when it is a young mother. The health services are so weak for people who are dependent on clinics, and you know what the person is going through. And they have to wait from six weeks up to three months to see a psychologist. And imagine what that young mother is going through during those two to three months while they are waiting. So, it is a different path for him because he is so busy in the congregation, he cannot do follow-up visits. However, he is forcing himself to do those follow-up visits, but when the one dies, another one is waiting to walk the same road.

Mariette A year earlier, she had to counsel a couple who had a lost a baby. It was the wife's first child; the husband had been married before. She said that was a difficult experience for her, because when she was driving to them, she asked herself what she was going to say to the people because she was also experiencing her own emotions. The mother was devastated, it was her first baby, and she was so excited after waiting long for the baby. The mother also had the same questions, of how does God allow this. She says it was extremely difficult for her to answer the mother's questions. All she could do was to fall back on her own faith, the anchor that she has, and say to the mother that she does not have all the answers. She had a few sessions with them, and also had to bury the baby, which was extremely difficult. Afterwards, the couple sent her a card thanking her for the way she handled everything, but she thinks that she could only do it because she had been through the same emotional experience herself. Men do not usually speak a lot,

and even the husband was only concerned about his wife because she was so devastated. But he also eventually started talking about the feelings and how they were progressing. Like Kobus said, it awakens the emotions again, but it helps you to bring a bit of perspective during that time of brokenness of the couple.

Kobus They never had the opportunity to hold a child. What scares him, is that if one goes through these emotions with a miscarriage, is that he was so scared that something would happen to Alisha and Marko. He does not know whether he would have an easy road with God if something should happen to Alisha or Marko. He does not know how his relationship would be with God should anything happen to his children. But he does thank God for every year that he has with them, the 17 years with Marko and the 20 years with Alisha. And he prays often that he should die before the children, like the old people always used to say that the must die before their child. That is what scares him, it would be a struggle for him, because the two of them are 17 and 20 and there are still a lot of things he wants to see for them. So that is what scares him.

Adri I asked him whether he is living his life in fear, or whether it is in the back of his mind.

Kobus He says it is in the back of his mind. Perhaps he should not think like that, but he always thinks of what could happen to them. Simple things, like saying to Marko to put his cell phone away when he goes and visits a friend, someone can rob him and stab him with a knife, that type of thing he thinks about. The awareness that something could happen to the children are always there, and he knows for him personally it would be hell on earth. Perhaps he is emotionally too bound to them, but that is how he feels.

Kobus Anniversary reactions of wondering how he or she would have been, were very strong in the beginning. It has lessened over the years. But the memories come through the year, especially when there are cases in the congregation, then he wonders...

Mariette It is more when there are events with the children. She does not verbalise it, but it does go through her mind. When the two of them are alone, she would verbalise it. She says that in their case, they had hidden their loss almost completely and only takes it out at special occasions, when she feels she has the courage. She often feels that she is not in the emotional space to handle the topic. So, if Kobus would ask her something, she would answer in such a way that would not encourage conversation, then he will know not to speak about it then.

Kobus They created a tradition in their family unintentionally, but eventually they kept it. Because of the children's impatience, they open their gifts about 7 o'clock on Christmas Eve. And the four of them enjoy the time together. But then it often feels that there is someone missing.

Mariette The children, now that they have grown, feel that there are things that they did not share with them. When they do share now, Alisha would say that they should speak more often about it. But she feels that they were sparing them the emotions. They are very inquisitive, they want to ask questions, how and why, etc. At the end of the day, she realises that they are actually excluding them. Alisha became aware of it; she just did not understand what happened.

Adri I asked whether they noticed any different behaviour with her at the time of the miscarriage.

Mariette Not really because she was about two at the time. But when she grew a bit older, before Marko was born, she had an imaginary friend who she used to play with and talk to. They did not make anything of it and just laughed about it. She had a name for the imaginary friend, but they cannot remember anymore. If the friend wanted something, like coffee and stuff, she would put it down for him. She had a blanket and a teddy bear, and the friend also had to have one. They had someone who looked after her who would play along, asking Alisha whether she should give the friend also what she was giving her. But they never really thought anything of the friend who she played with.

Alisha was very outspoken, but over the years something changed. She became very introverted. They could never understand what happened and what went wrong. It could possibly be because of moving home. But she changed completely from an extrovert who spoke to everyone into an introvert. She had a complete personality change, and is still an introvert. Marko is now the extrovert. Even at home, she isolates herself. They never investigated it, but they do wonder where it went wrong. Perhaps, subconsciously she is aware of the miscarriage, but they assumed it is all the relocations that caused it. She was three-and-a-half when they first moved, Marko was nine months old.

Kobus At the time what helped them cope with their loss, was their faith. They only had each other because they were far from family. He thinks both of them threw themselves in their work. And in a way, without them being aware of it, it strengthened them.

Mariette Definitely their faith, also their support of each other because they knew they only had each other. There was no other support system for them. At that stage they did not mention it to the congregation. They were very private about it. It also happened so quickly. She phoned her mom a lot, and her mom supported her in her way.

Kobus They then moved to Gauteng from Oudtshoorn at that time and there was more support.

Mariette Because they were new in the congregation and Marko was a baby, they were asked a lot of questions. But this also brought about a lot of support. And they also received a lot of support with the children. But it is still her faith that carried her through the darkest moments.

Mariette The way her grief changed over the years, is that the questions she used have, are no longer there. She has accepted that it happened and there is nothing that she can change about it. She can only wonder what could have been, but the questions and

uncertainty is gone. The guilt feelings and the intensity of the feelings that have been there have changed completely over the years.

**Mariette** She tried to make sense of her loss by telling herself that the fact that Alisha was still small perhaps she was not ready to handle two children at the time. It helped her to come to acceptance to what God has done. But this only happened after she made sense of all the questions, she had to make sense of what happened.

**Kobus** He still asks the question, after all these years, why the child did not live. On a spiritual level he understands that God has allowed it. He believes absolutely that life is in God's hands. Sometimes people in the congregation asks him why he is so reckless. He laughs when he says he tell them is that his life is in God's hands, he just decides how he will die.

**Mariette** She had just finished her studies and was awaiting a call to a congregation. So, they were together and could support each other which helped immensely. He would take care of Alisha, even if he just took her for a drive, to give her time and space. It helped a lot that they were together.

**Mariette** A regret that they have, is that they did not tell the children at a younger age about the loss. They have a very open relationship with the children, they talk about feelings and issues, so that is a regret that they did not tell them earlier, and speak more about how it affected them. It might have made the children understand them better. They accepted all these years that is the way they as parents treat them. They often would tell them why. But because it is coupled with emotions, they avoided talking about the loss, and being afraid that they would be asked questions. Because children sometimes ask questions that one does not always know how to answer. Also, in terms of their faith – they are at the stage where they have to take responsibility for their own faith journey, and they often come with these type of questions.

In 2014 they had an accident where they drove into a cow. And Alisha asked them

some pertinent questions, like why God allowed them to live, because it was the type of accident where they as family should have been wiped out. She often says that there must be a reason – and she is searching for that answer. Mariette says that it would have been one of those questions of why God allowed it (the miscarriage). She would have badgered them about their feelings and emotions. Even Marko, he is always the one who throws a stone in the bush with a question that shocks all of them. So, it would open up a lot of questions and put them in a position where they would have to speak about it. Perhaps that is one of the reasons why they do not talk about it to their children. So, they hid it away so far where it gathers dust and now and again just take it out again and wipe off the dust a bit.

They also do not talk about it with other family members. For Mariette it often comes up when she does counselling. When she sees a person is struggling, she would tell them perhaps it would help if they knew that she has been through a similar experience. The picture then changes, because people feel that you can identify because you have had a similar experience. With family, when it comes to emotional stuff, they are not very comfortable. The other thing is, because they are ministers, the family feels that they can handle it because they are ministers.

Mariette In terms of spiritual growth, the miscarriage shook her faith a bit. As Kobus has said, one easily says to people that God is with you, you have to trust God and when you go through it yourself you find that you are questioning God. She has always the experience, like with her mom's stroke earlier that year that it feels to her like a wall where she cannot communicate with God. Then she allows herself to at first just go through the emotions until she gets to that point where she feels that her prayer is more than just words and that she has a connection. But she has told herself that it is a barrier that she has put up herself. But she has to be so strong for everybody because she is a minister. As the eldest in her family, automatically she has to take care of things, so she has to cut off, and she feels she literally then cut God off as well. She struggles then to break down the barrier and then to talk. She thinks that through the whole process the barriers are down and

she came out stronger on the other side. She has learnt to communicate and have received specific answers.

**Kobus** His spiritual growth comes through in that it makes him work better with people, especially people who are in similar circumstances. In his engaging with the scripture text, Trust in the Lord, it has become more meaningful to him. It now has practical implication than just words.

**Mariette** Funerals are the part of their work that she does not like. She tries to cut herself off, but there are times that she cannot because she had been very involved with the person she is burying. It is the most difficult part of her job. She says that it has to do with her own trauma, because she does not always give herself the time to feel and to go through the mourning process and when she is conducting the funeral, she realises that she has to separate the emotions from the task, because if the emotions rise up, one cannot complete the task. However, she is always open and honest with the congregation, telling them that it is a difficult service and people do understand the personal relationship with the person she is burying. They allow her to breakdown if she does, and then to continue with the service. If she can, she avoids doing funerals.

**Kobus** Advice to parents in ministry who have lost a child is to give yourself time to mourn. Distance yourself from being professional, you are the father or the mother of a child who has died. Go through the grieving processes. He says that we are the dumbest people when it comes to the death of your loved one. It may sound silly, but going through the funeral rites are actually easy, but it hits you in the following week. The other thing is to watch out for your partner and to listen. To walk the road with your partner for the comfort and encouragement. It is very difficult for some of us because we act strong for the family and the people around us. But one must acknowledge the weakness inside because you are weak, and walk the journey with your partner to support one another.

**Mariette** Especially in the case of a miscarriage, people treat it as ‘it was just a miscarriage,

it was not yet a baby'. Her advice is that parents in ministry who had a miscarriage should realise that it is a loss of life and that you have to go through the grief processes, otherwise it will catch up with you later, as it happened with her. That one does not say that you are fine the whole time. Physically there is not much wrong, but spiritually and emotionally there are definitely things that you have to deal with. So you need to focus on how to help yourself and your partner, and figure out how you can do it together, as Kobus said. They did not get counselling together so that they could talk about it together so that they could support each other in the grieving process.

**Kobus** He thinks that one should learn from the members of the congregation, and apply the same advice you give them, to yourself. You need to seek help and go through the process of counselling. The biggest shortcoming in communities and congregations is the lack of counselling. People suffer losses, and then just have to carry on. They have subsequent losses, and again just have to carry on. They never have the opportunity to walk the distance with a counsellor. And ministers make the same mistake, they just carry on.

**Adri** I said that when one as a minister or pastoral counsellor has a loss, it is as if you forget everything you have learnt. And then when you do acknowledge the mourning process, it is as if you are standing outside of yourself and just identify the stages. But this does not mean that you are actually dealing with your loss.

**Mariette** She agreed with me, saying how she identified which stage she was in when she was had her loss experience. She says ironically, one knows the stages and tell other people that they are in denial, for example. But when it comes to yourself, it is as if you are dumb, and when one feels like that, you cut yourself off from the emotional. That is why you have to go to someone else, so that that person can help you to go through your phases.

**Kobus** When his dad died, even though he is the youngest, his siblings told him that the entire funeral was up to him. They then went to mourn and cry and he had to make

all the funeral arrangements. But he refused to conduct the funeral. The only thing he did, was the eulogy.

Mariette With her grandmother and grandfather, they were told that they are ministers, they know how to deal with it.

Adri (The interview was conducted at my parent's home. My mom came to tell me that someone was on the phone for me, and I told her that I would call back.)  
When she left, I told them that we were doing the tombstone unveiling for my dad, and I am handling it.  
All three of us burst out laughing.

Mariette Advice she would give to family and friends of bereaved ministers and pastoral counsellors who have lost a child, is to support them but also to give them space when they need it so that they can come to terms with what happened. But to be there when they need you. Their experience, however, is that the family distanced themselves because they felt that they are ministers and they know how to deal with their own loss. They did not know how to handle it, or what to say. But she says family should just be there. What very few people realise is that you do not have to say anything. Family should just be there and do little things that are meaningful rather than say a lot of words that mean nothing. So family and friends need to be there so that they can know when the person needs comfort or when they need distance so you can stand back, or when the person needs the Word. Sometimes one just needs to know that your own people is around you and that is also a comfort in itself, rather than a lot of other people around you.

Kobus Family should not leave you alone. There is the danger that you would just fall back in work mode and just carry on. They should keep in contact and make you aware that you are actually going through a loss. There is the danger, especially for us as carers of other people that one can become cut off from each other. So you need to be made aware from time to time. It is actually a pity how family can cut themselves off from you, and you cutting yourself off from them.

Kobus People think they do not know how to speak to you because you supposedly know everything. But one does have a need that people speak to you, especially afterwards. He says he is not really a talker about death and funerals, but that one does have a need for family to talk to you, even if it is one or two, but he thinks they think that they do not know how to talk to them.

Mariette Her sister-in-law always says that she knows that they are ministers but she still want to tell them something... (we all laughed)

Kobus Their loss had a positive and negative impact on his ministry. He has realised that aside from the loss, his ministry to single mothers, young mothers and people who have lost children, especially the woman, has changed. Often, they close up. Many times, in the community the value of the woman is measured on whether she would be able to have another child. It has made him much more sensitive. The negative side for him are funerals and counselling. He finds it difficult to prepare a sermon for a child who has died, because he does not really know what to say. Because you have to make sense for the parents. But the impact has been more positive.

Mariette The positive impact it had, was that she discovered that the pastoral aspect of ministry is her passion. She wants to help people to deal with trauma in their lives. For her, that is the positive that came out of her experience of loss.  
(Since this interview, she has obtained her Masters in this field of study.)

Kobus There is no such ministry in the URCSA.

Adri I conducted a workshop in February (2017) for four Saturdays to train lay people to visit people after the funeral. That is usually the time when everyone disappears, because they think people are fine because the funeral is over. Yet, that is the time that one feels the void more acutely.

Mariette What she has started doing at funerals, is to make her sermon a pastoral

conversation. She makes it clear to the congregation that that is what she is doing, that she is speaking directly to the family. She says the feedback she gets is phenomenal. People come back and thank her. Often it is not the family, but the people who attended the funeral. They tell her that it helped them to deal with their own loss and grief, and she made them understand why they are going through their experiences. She says it is senseless to her to try and convert people at such a time. It is good to remind people, but at that time people are hurting and families do not know how to deal with that hurt. The time before the funeral is spent with arrangements and often conflict arises. Because of the way she prepares her sermons, more people are asking her to conduct funerals because they feel they are being ministered to pastorally. There are many ways how ministry should be thought of and be adjusted to minister pastorally to the congregation.

Kobus Some people who have babies who died, or stillborn, have the funeral service at home. They actually need to be made to understand that they actually need to have the funeral at church.

Adri Something that has been in the back of my mind the entire time, is whether you had some sort of a religious ritual.

Mariette They have never had anything like that, and she thinks perhaps that is the reason why all the thoughts and questions still come up. They never had a religious service.

Adri Perhaps it is something that you can do with your children?

Mariette That is a good idea.

Adri A memorial...

Mariette They could continue with their ministry because they supported one another. She was not full time in ministry at the time, so she had the opportunity to just be

mom. She thinks that that experience helped that they could be successful in ministry and explore other ministries. Because Kobus ended up as chaplain in the police force and she in the defence force. So, she experienced different aspects of ministry that she sees as a positive, where she could minister to people experiencing trauma in different areas.

**Kobus** He says that unfortunately the Church is structured in such a way that it is actually insensitive to their needs. It is such an enormous organisation that it does not stand still, and you as a minister has to be there and just keep going.

**Mariette** Times that were difficult because of own loss, was the couple she mentioned earlier, but there were also others where she first had to compose herself before she could continue.

**Kobus** The latest case for him was a little girl who died. He says he takes longer before he can go to the home. It is easier to go to a mother who has died, or a father, or a young man. But it actually took him longer before he could go to the little girl's home. He was actually relieved when he got there and the mother was not home. But he went again.

**Mariette** There are many responses that surprised her from the interview because they never had the opportunity to think about their loss experience in this way. She was also surprised by herself, because she had thought that she probably would not have much to say. And she spoke the most.

**Kobus** He says that that an hour before the interview, he was hoping that I would send a message that the interview was cancelled, that I was on my way back to Durban. He felt it would be difficult, because he would have to go back to a time that he thought he was passed. Going back during the interview opened emotions and it makes him wonder again. He says that he thinks it was an important interview, even though he does not know what the results would be. He would really like to know how many really went for counselling. How many went for support.

Secondly, what he would like to know is whether ministers and counsellors who experience loss look each other up, and even if they do not meet, whether they are aware of each other's loss. Many time they gather, but they do not talk about their loss.

He had forwarded my email requesting participants to be interviewed for the study to many of his colleagues, including his friend whose son committed suicide. He wonders whether they did not respond because they are afraid to speak about their loss. He thinks people try to be strong, and they also park it. He says he actually became frustrated when his colleagues whom he knew had suffered losses did not even respond to his email, even when he sent a follow-up email.

**Mariette** The interview helped them to verbalise what they went through. They have never verbalised certain things to each other. It helped them, and also gave them ideas on how to move forward to deal with it instead of parking it every time a reminder comes up. Emotionally, the interview opened old wounds again, but not to the extent that she feels traumatised. To her, the interview was more pastoral than traumatic.

**Kobus** He feels he underestimated the value of the interview. After I had explained the basics, he had wondered the whole time how they would be able to assist me. He realises now that one does not realise the impact of any loss on one's life. While I was asking the questions, he was thinking of Alisha, wondering what if the same thing happens to her. Because she would need help. One cannot just accept that she can have a miscarriage and life just carries on. There are emotional issues that accompanies it.

### 3.5. Peter\* and Paula\*



<https://www.mountainpassessouthafrica.co.za/media> accessed 14.09.2021

#### 3.5.1. Profile

\* Although \*Paula did not mind, \*Peter did not want to be named, so pseudonyms are used for both of them, and their children's name are omitted.

Both \*Peter and \*Paula are ordained ministers. Peter works as Theology professor at the University and Paula is assistant minister in a congregation. They have a younger son who was born after the stillbirth of his brother. At the time of the interview, it had been seventeen years since their eldest son was stillborn. Peter said that he is coping well, but that he was very concerned about Paula as she still seems to have difficult times.

They were interviewed separately, so their narratives will be written separately.

#### 3.5.2. \*Peter's narrative

Peter says that they were excited about the pregnancy as they have waited four to five years. He remembers that he was in Pretoria at a conference. When he came back, she felt sick. When they went to the doctor, they discovered that the baby was already dead. She had to give normal birth. It would have been their first child.

During the three days that she was in labour, they still had the hope that things might work out differently... In the discussions with the doctor, who was an Evangelical Christian (as opposed to them being Protestant), he gave the medical side as well as the religious side. He

felt that it was the right moment that they had somebody like that. He also asked whether he could pray for them, and he felt that it was good.

For Peter, it was important to be there at the birth, to see that it was a boy and touch him. Paula could hold him still. That activity for him was life... He also held him. He says looking back it was like being dumped in the moment. He cannot even explain it to somebody, how it felt. When the reality hit that the baby was gone, he says that he started feeling differently about issues of life and death. It was so close and personal. At that stage, the closest person he has lost was his grandfather 10 to 15 years earlier. This was very close and personal, on another level. There is a definite difference to losing a child than to even losing a parent. They decided that they wanted a funeral – a proper burial, the service at home (in Paula's hometown).

All these years later, after having lost and buried other family – his father the year before – he says one responds differently to what he felt at the time when they lost the baby. Intense, but a more meaningful respect for life changes that you are dealing with. So, it is a different feeling around death now.

He says that life and death flow together. It is natural, it happens to those close to you, it is going to happen to you also. In his own mind there is never an anxiety about death. He says he always thinks about the people who will remain behind, but he is okay. He lives his life to his satisfaction, he does the things he likes, so if it ends it is okay for him. Having lost someone so close to him, gives a deeper sense of meaning and purpose.

He says that he has no health issues after the loss of the baby, but that his wife almost never recovered. It has been very difficult for her, and she has a number of issues for years now. In her case there were a number of health issues and doctors would trace it back to the intense trauma that she experienced. In his case, there were not any health issues that he would directly relate to that. He attributes it to different personalities. He says he rationalise a lot and then afterwards he relaxes. His emotions and his rational side interact, but it quickly goes back to the rational side. This is how he deals with it. He did not have anything new in his life after the loss of the baby, but his reflective side deepened, and he speaks about things

differently.

In the Koue Bokkeveld in the Western Cape where he was the minister at the time, they had a network of people who supported them. They had a discussion group in the small community and they felt that it was the right place to be. Their family did not really know how to react to them as they were already ministers. It was almost that they were supposed to know how to deal with it. They could see that they did not know what to do. But the networks they had in their congregation was great and there was tremendous support from the community from the Dutch Reformed Church and the broader community. Even after the funeral, which was in his wife's hometown, it was nice to be back (in their congregation). The saying, it is very difficult when a knife turns in your hand, because how does one really deal with grief. One is so used to helping others, now it is your turn, so it is very difficult. He had a very good colleague who conducted the funeral and also supported them. He did not have any formal counselling.

Peter says that it is very difficult to make the distinction between general and personal grief. The personal experience is very different to counselling other people. When it comes to you, because you always think, 'it would have been like this.' So, life never stops, the person is always part of you. There is no radical change of his beliefs after the loss of their baby.

Anniversary reactions and special days, the birthday and the day of death being the same day. He says that that is something they never touch on, because it remains raw, especially for his wife. So they just sort of think about it, but they do not really have a ceremony, partly because they deal with it differently. He says that part of it may be that the baby was stillborn, they did not get to know him as a human being. That may be that makes it different. In the beginning they would go to the grave and take flowers. Whenever they would go to the hometown, his wife would go to the grave. He does not go there every time, so still they respond differently. Even their fifteen-year-old son (born afterwards) goes to the grave. They do not talk about him really now, seventeen years later. In the beginning, around January... That is also the usual time that he goes to Pretoria for conferences, depending on the time. But it is really different now, especially since there was no close relationship. He, however, says that for his wife it is different than for him. They did name the baby, he was given an

English first name with a Xhosa middle name. (\*Peter is of Xhosa descent and \*Paula is of Cape Coloured descent).

Peter says that at the time, he drew strength from being a Christian and from the Word. He had a sense of deep loss, but at the same time a sense of calmness. Preaching and dealing with the Word week after week was important to him. A source of strength for them was the congregation where they were ministering as well as other colleagues who are ministers.

His grief has changed over time. Making sense of his grief was looking at it as a medical condition. The stillbirth was due to the umbilical cord around the baby's neck, which was the cause of death. Peter went silent for a while after saying this. He says that if they had more information, or knew the possible risks, but he could not make a direct link at what caused the death of their baby. He says that in a medical condition, there are certain things that could be prevented if you have the knowledge, if you maybe have more information about certain signs, even his wife. She had been in pain for some time, and she told him afterwards about that and if they had known that it was because of some medical risk... He never blamed God; he will never say it is the will of God because God is about life. He says that it is a difficult one, because one cannot understand that will, it is abstract. It is only when one looks back that one start to make sense.

He says he felt no feelings of guilt or blame, because one could not have pre-empted what happened. Just the sense that prior knowledge of the risk factors might have been helpful. It makes one more realistic about certain life issues. However, he did not read up about it even afterwards. They also did not want the doctors to do a post-mortem.

With the second pregnancy and birth, he says, they changed the doctor to someone recommended by other people. It was different, not tense, but he was still looking out, making sure that his wife was fine. It was a normal birth, and she was under good care. She went for her normal check-ups.

His caring for his new son was normal. His wife is very protective, up until today. He says he grew up between two families, so for him it would be normal to be left for two or three

months at a different home. He feels the more one is exposed to other family members, the better, especially since it is only the three of them. He says he has a very open relationship with his son, always open to negotiation. His wife on the other hand is very protective, even towards other children in the family, always taking pictures of the family children because she is also very creative and into children. So, they are different with different personalities. He says the differences are also because of upbringing within a system, whether one calls it culture or family, with his parents and grandparents. Growing up in the Eastern Cape, he could always move within those two contexts from a young age. So, systems and contexts play a role. And he could do his own things all the way. He wanted his son to also do his own thing in his own world. It would not have changed even if he was the first one. He feels it is not so much culture as context. Relations with people who are different within the family, different context and finding your space within that as well. He is exactly the same when he relates to his son. Less cuddling, just how his father dealt with him. So, it was not only culture, but family dynamics and function. Although he spoils his son, he always knows that they negotiate. So, he thinks the differences between himself and his wife is more a personality difference than anything else.

I jokingly asked him whether he thinks that it perhaps a 'hometown' thing (his wife and I come from the same hometown in the Western Cape). On a serious note I said that I go 'ballistic' with my other two sons when they are not home on time. He says that he just need to know where his son is and with whom he is, and that he can make contact with him and he is fine. He says that it is also the type of school his son attends, the Waldorf School which has a full educational and extra-curricular programme. He says it also helps them, because his son was there since preschool. It is a very 'free-going' school, there is no pressure on the children to perform. They just have a different type of philosophy and system. They can do things at their own pace, they are very independent, very assertive. You do not have to tell them that they have to do their homework. They have small classes, between 10 and 15 and they stay with the same teacher for six to seven years. They take 13 years instead of 12 to complete school. They are very involved; His son is also creative like his mother. That also helped to form a community. He also feels that anyone can come into their home and be there and they did that right from the beginning. It probably is because his son is an only child, so they opened their house to anyone. His friends can come anytime, so they got used to that, and the

school also helps. Peter feels much relaxed about it, and the school for him is also like a form of extended family. His wife's way of speaking and our hometown way of speaking is different to his way of speaking, but they had to negotiate. When they are with his wife's family they do things their way, and with his family they do things totally different. It is a challenge for them, but they deal with what is comfortable for them.

Peter says that he needs to reflect on the reason why he does not have anniversary rituals besides going to the grave now and again. He wonders whether it is a Xhosa thing not to visit the grave anytime. His wife could not understand why he would not go to his mother's grave, because he rarely goes there. He goes there, but there is no big emotion when he goes. He remembers his father went to her grave and the ritual of slaughtering a cow – it is a different way of dealing with death. But he has never seen his uncles and aunts go to his grandmother's or grandfather's graves, nor his father. They never talk about graves, they remember and talk about different things like when he was dying. There are a lot of ceremonies in between, bigger events, bigger rituals of sending the person off, slaughtering cows. This is not done with children like their baby who are miscarried. He cannot even remember that there was even a discussion around it in their family. But usually not. Babies go through different rituals as they grow up. From being born, coming of age different months of the children. It is very different.

I asked Peter whether what kind of funeral they had for the baby. He said that they just had a 'normal' church service for their baby's funeral. I then said that the reason I asked was because I had converted to Catholicism from the Protestant tradition before we were married, and we had a Catholic requiem mass – the usual catholic funeral. What we had done differently, was that we had a cremation and because both our families believe that a person should be buried, we had to explain why we as parents decided on a cremation.

Peter says that they had decided on a burial. If it had been an elderly person, it would have been different in the African tradition. There would have been other rituals, like talking to the person.

Some positive changes he has seen in terms of relationships and personal growth. He says

that for Paula, she is still very involved in the baby and still finds it very difficult, still very emotional. She still deals with it with photos and pictures and family trees with all the family children. Sometimes she would make the family tree only for the children and not the adults. She would arrange them with him on top because he was the first grandchild on both sides. Then comes somebody else, and then the second some is placed third.

At the time of my interview with Peter, Paula had not responded to my invitation. Peter then says that it is a pity that I cannot interview her. I replied that I was going to try again to get hold of her, because I think that it would enrich his story. I explained that the way I was going to set up the thesis, is that there is going to be one chapter with just the narratives of the parents. I said that I know that it is emotional for myself as well, but that I wanted to do it this way. Somebody asked me why I did not just Skype, but I felt that I wanted personal contact with the parents. And it might be a bit selfish, but I wanted to feel that I am not alone, that there are other people who feel the same, who have been through the same and who know what I am going through.

He says perhaps Paula does not feel comfortable to speak to me. I replied that I have never been able to get hold of her, and that she does not know my number. I said that I will try one more time to contact her and if I cannot get hold of her, I will use his narrative only. I said that I just know that if I could interview her, that it will make their narrative so much richer if I have both sides. He agreed with me. He says that it would be good to get an interview with her, but he also knows that she was very busy until the 21<sup>st</sup> of December and after that they were going to the Eastern Cape, returning on the 9<sup>th</sup> of January. I told him that I was leaving Cape Town on the 4<sup>th</sup> of January and if she can, I would be happy if she would be able to fit me in before then for an hour or hour and a half. He wished me luck, because there were only a few days left for me to be able to meet with her at the time we both had available. I am happy to say that I managed to secure and schedule and interview with Paula.

A life-lesson or truth that came out of his loss experience was the importance of life and that he realises that death is part of life. He says that joy and sadness just go together. That is just how it is, the positives and the negatives. It is not about death, but rather about those you leave behind. We also respond different to trauma, and we must respect that. He and Paula

are so different, so unique, totally, totally, different. How Paula responds is highly emotional, and he has learned to respect that and not to quickly find a solution. He has really learned about that.

In terms of the grieving process, he says they missed having had counselling. He says that Paula found it very, very, hard and that it contributed to her own mental condition. The family and himself included, did not realise that she was stuck somewhere. Maybe family counselling and the system around it would have benefitted them.

I asked him whether it affected their marriage. He says not the death itself, but the fact that they responded differently. There was a sense that he did not care. She did not accuse him openly, but he sensed it. Especially in the beginning when they went to the grave, she would want to stay there long, and he would ask whether they could go. And if he had been in the town, she would ask whether he had been to the grave. And if he did not, she expected him to have gone. And she would also ask her parents, when it is the baby's birthday, to go to the grave. So counselling, he thinks, would have been very good.

I asked whether counselling would not be helpful now. He feels that she would ask why now, unless he tells asks her in January (baby's birthday) that they should go to the graveside and sees what comes from there. He feels he needs to set a context for it.

He says that she did see a psychologist some time afterwards, but it was for some non-related issue. He says that it is complex, but it impacts everything. He just feels to ask for counselling now, might just seem strange. Perhaps a ceremony would help, like putting a tombstone since it is now 17 years since the loss. It would be like opening a wound, that perhaps it would be best to subtly deal with other issues and take it from there. Maybe something will trigger... He is also on his own journey. He says he will think about that.

Advice he would give other bereaved parents in ministry, is to be open to receive from others, not to put on a mask and find another minister that could help you deal with these kind of issues. Just open up the space to allow other people into your life also. Also, to connect with other people in ministry who had similar experiences, because as he had said before, when a

knife turns in your own hand it is very painful, and you also often do not know how to deal with that.

A useful support for bereaved parents in ministry would be the pastor of pastors in their church. That is the person who intervenes in people in ministry with different kinds of challenges. That is the first step. I asked him whether that was the first step for him. He says that their loss was 17 years ago, and that person has only been appointed about six years ago. In the United Reformed Church, that should be the person. He also thinks that there is indirect informal support generally among colleagues. He says that within congregations, we must learn how to support people in ministry who are going through difficult times. Often in congregations there are professional people like social workers and psychologists who can be a support. The minister comes with a biblical background and social workers and psychologists' skills are often neglected. It might be good to set up a support utilising their skills, not only for a congregation but for the broader church community. I told him that earlier that year, I had trained lay people in our parish to support people who had a loss, but it was not there when I needed it. I am glad that it is available for other people now. I believe that the support needs to be available whether you make use of it or not, it needs to be available. Unfortunately, when you are the head of a congregation, you cannot be available for a long period of time for one particular person or family, because you have other duties.

Peter feels that non-bereaved colleagues understood what they were going through and supported them, even if it was sometimes just a phone call. That support lasted about a month or two. He feels they were okay when the support started dwindling because they were back in their congregation and the Bible study groups, so the support networks were there already.

His advice to the family and friends of ministers who have lost a child would be firstly to suggest professional counselling because you can easily just run and do the stuff that you were supposed to do and never go through the grief process and never take time out. Secondly, is what would it mean for your ministry in similar cases, personally but also other people in the congregation. He says it just makes him wonder how did Paula journey with people afterwards, what was it like for her. It is a very interesting thing to reflect on, and if you do that, you can expound on it.

I related how two weeks afterwards, I had to critique an aspirant student who had different scenarios for his pastoral counselling practical. He had brought two people with him for his role plays. He acted as the pastoral counsellor and I had to critique him. He had one scenario where the parents had lost a son. That was the one where he performed the worst because I think it hit him then who he had in the room with him, that it was not a scenario for me, that it was real for me, and he was having this scenario played out in front of me. I had to reflect on it afterwards. During the session I kept very professional, critiqued him and what I wrote down for him was that he needs to practise more. But I knew it was not about the practise, it was because he had me in the back of his mind. He fumbled and stumble, not knowing how to handle himself knowing that I was there. I acted very professional, but when I went home, I crawled under the blankets, because it is hard, even though I have learnt through the years the ability to put myself aside and be there for that person. Afterwards, it does affect me. About a week later I had to counsel a mother whose son had died in Australia, and she was going through not being there, and so on. I don't know what God was thinking sending these people to me while I was grieving. Perhaps it was preparing me for 'this'- the interview. What I am trying to say is, that I don't know, probably Paula had to deal with it as well. It is very hard, you try to be there for that person, knowing that inside it is scraping your own wounds.

The congregation they were in during the pregnancy and loss of their baby was a multicultural community, which consisted of Xhosa and Sotho speaking people who came to work on the farms as seasonal workers, so it was not a typical congregation. While he was in the congregation, it was not particularly difficult, and they actually did not have a lot of funerals. About nine months after the loss of their baby, they left the congregation as he got the post at the university. He was then in an academic environment, while Paula was in a congregation.

Peter says that is currently at a stage in his life where he reflects and meditate and to look after himself. He had been exploring and he wanted something more, for some time, so he started running. When his father died a year earlier, he kept up with it. His father was 85 but very healthy and very fit. He was a positive thinker as far as Peter can remember, in general of what it means to be a human being in the context of crisis. You can go back to the things

that are positive.

What came out during the interview for him is that he reflected on things that he never reflected on, for example when he said that maybe he will go to the grave with Paula, or suggest a celebration, because she is in a different space. Secondly, he thinks that moments like these will still come and be prepared to step in, and this conversation will also help around that. Last year, when his father got sick on 20<sup>th</sup> December, right up to the time when he died and Peter buried him, he wondered how it is for people to celebrate while they were going through this ... They don't celebrate the same anymore. He would probably like during that time to do something different. When he comes across a person who had the experience of a stillborn, whether personally or in the media, he cannot respond the way he used to. It triggers something, so it is really part of who he is. He thinks that this will trigger some positive issues. He sees the differences in dealing with trauma, and the differences in character and personalities.

I told him about a book that I was trying to obtain, *A Decembered Grief*, which was written by someone who had lost a daughter and deals with how one copes when everybody else is celebrating. I related my experience of the first Christmas after Aidan died, where I cried right through Midnight Mass, because I knew I would go home, and he would not be there. I also said that I used to cry a lot in Church. I do not know whether I felt closer to God in Church... and if you can't cry in church, where can you cry...? It was just weird... Christmas was just very, very difficult.

Peter says that he saw somebody on the news speaking about losing a child and writing a book. I told him that I hope to turn this thesis into a book and that is why I had hoped to speak to as many people in ministry as possible. I said that it is a good thing and a bad thing that I did not have many respondents. Hopefully it means that there are not many people who have this experience that I would not wish on my worst enemy. But the bad thing is that I need respondents in order to do the study.

Peter says that he had a dream and he can still remember the dream. He woke up and realised that it was a dream. He was dreaming that their second son was Spiderman and that he was

deep, deep down in the grave. They were burying him. It was very interesting and very strange that he could dream like that. It was one of those things that is in his subconscious.

I responded to Peter's telling of his dream, that my husband also does not speak about it, he very, very rarely speaks. I also felt at one point that he does not care, but I have realised that he has just buried it so deep, and it is his way of coping. I make sure to tell him when I have had a dream, or I would say that I have been thinking about Aidan, or I would say, Aidan would have done this... I make sure to speak. My husband does not really speak, the boys do not speak at all. What I am learning from all these interviews, is that we might need to do something, or that I might need to do something to get them to open up. I do not think that it is healthy to keep everything bottled up. I make sure on his birthday and on the anniversary of his death, I make sure that we have a little prayer. But again, Andrew will read something from the Bible and pray and I would speak, but the boys, not at all. Because the middle-boy was at home when Aidan died, and he just cries. He does not want to talk, he just cries. My family is in need of help and maybe this is my journey to find help for myself, for us as well and see what to do.

Peter replied that he does not really speak to their second son about his brother and what happened. However, he is sure that Paula speaks to him, and he is not sure what the influence on their son is. And maybe because he does not speak, it is easier for her to speak to their son. But what the influence of that is on their son, he does not know.

I told him that sometimes I just tell myself that these are just our circumstances. We just have to live and be the best we can. We cannot change it, we can try and help each other, but we cannot change what happened. I just wish I could remove the guilt from Alquin, I am sure that his guilt is that his brother died, and he did not know and he was home with him. Because he thought he was sleeping. He feels immense guilt. Yet he does not want to talk to me because he feels he is opening my vein. And yet I need him to talk to me.

Peter says that he just wonders whether he has a sense of depression. Like Paula would ask him whether he has no feeling. And he would just keep quiet. And then there are their parents, his father, and his father-in-law, one cannot expect that. I told him that my mother-

in-law still believed that he would wake up because he did look as if he was sleeping. But when I came home, he was cold already, so there was no way... But when I got home, I had covered him. He was lying on the blanket, and he was cold, so I covered him. I said, “You know how irrational one is at that time.” But I know there was no way... But she, she believed that he was going to wake up. Obviously, he didn’t.

\*Peter requested the following information to be added when he was sent the interview for member checking:

In January 2021, the baby’s grave was opened, and his remains were reburied 2.3 metres deep. They buried his father-in-law who died of COVID related complications on top of him and left space for his mother-in-law. Each of them, \*Peter, \*Paula and their second son, wrote a letter and put them and the baby’s bones in a new small coffin.

They could look back - about 20 years and relived what happened, the role of his father-in-law who is now buried in the same grave as his grandson. They have found peace and will visit their grave in November and January on their respective birthdays.

### **\*Paula’s narrative**

Paula fell pregnant in 2000. It was a very difficult pregnancy. She was sick all the time – nauseous and extremely fatigued, up to her sixth month of pregnancy, but they were very happy about Their baby coming – as they chose his name already. She said when she looks back now, she feels that she had been depressed before the pregnancy because six years after finishing her studies, she still did not have a post as a minister. She said she knew from the beginning of her theology studies that she might not find work because it was still difficult for women. However, although she knew, when it became reality, it was still difficult. So when she fell pregnant, she still had to struggle with that baggage as well, that she would love to work as a minister, even unpaid, but the opportunity just never presented itself. She did start a daily soup kitchen with someone in her husband’s parish, but she did not do any real work as a minister.

Everybody was very excited for the first grandson. A few months later, her sister also fell pregnant. It was exciting to be pregnant together, but very painful afterwards.

They were in a remote rural settlement in the Ceres Mountains, it was a beautiful place to stay, and they were very happy there. She was 26 when she was pregnant, and it being her first pregnancy she felt she was very ignorant, and felt that the doctors just expected her to know everything. She knew there was supposed to be movement, but her baby was very quiet.

Peter was away for an annual Theology Conference, and she spent the weekend with her parents. She felt sick over the weekend, but she was so used to feeling sick the entire pregnancy that she did not think it was anything different. She went home when Peter returned. By the Monday, movement was even less than previously, but since movement has been minimal before, she did not think anything of it. Peter was away for the morning, doing ministering on the neighbouring farms.

She felt extremely nauseous. She tried to have some cereal, which she brought up instantly. She then realised that something seriously was wrong. They went to the doctor who did a scan. The doctor went very quiet, then left and called a colleague. Then she knew there was something terribly wrong. After that it was just downhill...

It was very bad, because the doctor did not want to do a caesarean section, because he felt that afterwards she would have a wound without a baby. She feels in retrospect, that it was one of the worse choices someone ever made for her. She was in hospital for three days, and for three days she was in labour and for three days she knew her child was dead. The doctor was in consultation with specialists, trying very method to try and get her to give birth. It was extremely traumatic. (Her voice broke at this point.)

Paula says that on the day their baby was born, Peter had just left to do something at home. She knew her child was born, and she knew that he was dead. But what she remembers very vividly about the doctor, was that the doctor prayed for her. She says anyone else might have appreciate it, but the thought that went through her mind was, "Why didn't you just do your

job? Why did you make me wait three days in labour? What difference does this prayer make now?”

The doctor did not want her to see the baby because his skin was already peeling off because he had been dead three days inside of her. And she believed everything the doctor said. But there was a very wise nursing sister who told Paula that she had the same experience. She said the nurse told her that she would clean him up nicely and wrap him up, if she would like to see him, and she would also take a photo of him. Paula says that she was so overwhelmed, but she agreed to the nurse's suggestion. She says she cannot remember the nurse's name, but she had given her the best gift ever. The doctor thought she should not see him, but it would have been worse... When the nurse brought the baby, she struggled to hold him because she was afraid if she held him, she would not be able to let him go.

Her family had arrived by that time. Her youngest sister does not like funerals and is scared of ghosts, but she was the one who held him. Her sister was the only one who held him. Paula never held him. She said it was too traumatic and too painful.

The funeral was very difficult, especially since her sister was also pregnant at that time. He is buried in our hometown, Saron. She says that she visited his grave often, seven o'clock in the morning, at sunset ... She went so often that her mother felt that it was too much, but she did this for years. She feels it is good to have a grave and encourages people to visit the grave often.

Their son, their second son, knew from small that he had a 'boeta' (big brother) and from small he was taken to the grave. When she would clean up the grave, he would crawl over the grave, so he always knew. The family children still go with her, and put flowers on the grave. She says that she always asked the "Why...?" questions, yet at the same time she felt that God had a bigger plan for her. However, after the funeral, she was very depressed. She struggled tremendously, but post-natal depression was never acknowledged. It was only in 2005/6 when she was totally burnt-out, that her depression was finally acknowledged. She was depressed before the stillbirth and afterwards, but it was never acknowledged, not by herself nor the people around her. She had a lot of support from her family and siblings, and

knew that God had a bigger plan for her, although she cried the whole day, most days.

They had an amniocentesis done where a needle was pushed through her uterus to draw amniotic fluid to check whether the baby had Down syndrome. She now feels they were ignorant, and just agreed to everything the doctor suggested. The amniocentesis procedure was also very traumatic. It was done in the first trimester, and the results came back positive for Down syndrome. When the doctor called to say they had to come in as soon as possible for the results, Peter was also away at a conference. When they did meet with the doctor, he told them that they had to decide within two to three days whether to have an abortion or not. She told the doctor right away that they would not consider an abortion, if the baby is Down syndrome, so be it. She said she cried the whole day afterwards. A week later, they received results that were negative. So, he was normal. The umbilical cord was wrapped around his foot and had cut off his oxygen. He was in distress for a long time – that is how he died.

She naturally blamed herself. Yet, through it all, she felt that there was a reason.

She thought that they would take a long time before trying for another baby, but at her six month medical check-up, she had a pregnancy test done and found out that she was pregnant again. It took some time before she could be happy about it because the previous complications were still too fresh. And the one never replaces the other one.

This pregnancy was just as bad, and they chose to attend a doctor at a hospital in the city. The doctor decided to do an induction at 36 weeks to rather have the baby born a little early.

After 16 years, Paula feels she knows why God allowed it (the stillbirth) to happen. She feels, that because it was such a traumatic event, that it shaped her entire life. She and Peter handled the whole situation differently, she cried a lot at that time, and even now she will always acknowledge to people that she has one son who is with the Lord and one is with them. She has also mentioned it in sermons, and by now most people know that she had a son who was stillborn and if people struggle with it, she speaks freely about it. It is easier now to speak about at than in the beginning, but she feels she always wants to acknowledge his existence because he was part of their lives for eight months. They had been excited about his

coming and he brought such joy. Feeling sick and the nausea was part of it. Peter never speaks about their baby. She feels that there is such a deafening silence in the community around stillbirth and miscarriage. That was difficult for her at the time, that people would tell her not to worry, there will be another one. It was the most awful thing to hear. She says that she understood it was their way of trying to comfort her. A worrying thing from others who have this experience is that they feel they should not ask God why. She says that the God images that we grow up with, is about God who is so far and you should not ask Him questions. Some people feel it is a form of punishment,

An irrational thought that Paula had at the beginning, was that she wanted a girl so badly and so when it was a son, God took him away. Paula says that pain, the pain of losing a child, can be compared to nothing else on earth. It does not matter whether he is stillborn, or six weeks or eight months or 21 years, it cannot even be compared to losing your mother, or father or sister or brother. She says what she wants to tell people is to allow themselves to acknowledge their own pain and to say, that was my child. She has encountered so many people who have had miscarriages.

About a year after her loss, her friend's child was also stillborn. It opened her own wounds. Her friend, however, did not want anyone around her, she only wanted her husband and Paula. She says that she could barely see through her tears while she was driving. When she arrived at the hospital, she composed herself and could be there for them. She says, if that is why she had to experience it so that she could be there for her friend, then it is okay. She feels that it was worse for her friend, because it was the second baby that she lost. The first time the baby did not develop properly, so she had an abortion. Paula feels that there are always people who are worse off than her, her friend being one of them.

People rush pass their emotions and try to get pregnant again, but it catches up with you at another stage of your life. She still cries and misses him, and she feels the closest to him when she visits his grave.

When she reflects on their baby's birthday, it seems that it is not actually his birthday because he had been dead for three days before he was delivered on 31 January 2001. So, 31 January

is very difficult, in general. She attended a workshop with Peter, to keep busy, where someone mentioned about lighting a candle at the loss of a loved one. She then bought a candle for their baby, and when things are very bad for her and she feels very bad, she would light the candle. It helps to have something tangible. Paula says that, as Reformed and Afrikaans Churches, they can learn from this from the Catholic tradition. She has embraced it wholeheartedly and incorporated it into her ministry at Church in all the sacraments – baptism and confirmation.

Some of the things people have said to her, was that she should not cry so much. However, the worst one was that when a child dies in such a way, his spirit is not with God, but roams around, but when another child is born in the family, he or she brings about his salvation. This other child who was born, was her sister's child, who then 'enabled' their baby to go to heaven. This was the most awful thing to hear, but she never really spoke about it. In her heart she believed that her child was born without sin and that he was with God, and then to hear this awful thing that your child is NOT with God, barely six months after his death.

Paula says that people think that when one is a minister who has studied pastoral counselling, you just have to be okay. A fellow minister came to see them on the day of their loss, and he was so uncomfortable. He did a prayer, but he could not get away from them fast enough. People are so uncomfortable with your pain, and they cannot deal with it, so they do not know what to say. And people are very uncomfortable when you speak about the loss of your child. In her family, it has become normal to talk about him, and even make jokes. But people are very uncomfortable when you, as a minister, grieve.

Paula says that she also used to feel very awkward at someone's loss. The one thing that she had learned from Peter's colleague, is that before their baby was delivered, he just sat with them the whole afternoon. There was not much talking – he was just there, present in the moment, with their pain and hurt. That, to her, was the best and most beautiful gift that anyone could have given them in that time. There was no discomfort at their loss and woundedness. That is the best thing one can do for someone in a time of loss. It is okay just to be with them, it is okay not to be okay. She says she often got the sense that people thought that she was not supposed to feel the way she was feeling because you are supposed to have

the answers.

Paula says that it took her a long time to experience anger in her mourning process, because people around her, even her mother, said that they did not know how to deal with the fact that she went to the gravesite so much. She says that anger would have been better to deal with than what she now feels, was denial. She was so preoccupied with her sister's daughter who was born six months after their baby, that even when their son was born, she felt she would never love him the way she loved her niece. She feels that she moved on too quickly, and was emotionally immature to realise that she needed to acknowledge her emotions. So, she ended up suppressing her emotions of grief.

She says she adores children but did not want to have any more children after their son. She loves her sisters' children to bits, but do not want them around too much.

Health wise, she discovered years later that she suffered from depression before and after their baby's delivery. She was told a couple of times that she should remember that she was not Jesus and cannot save the world. Because she knew what pain was, she wanted to make everything better for everyone and in the process, she harmed herself, as she became burnt out. It was then that her depression before and after the delivery was acknowledged. Her problem is that she does not have very definite boundaries and they are very blurred.

At the beginning of the year of the interview, she says that she had been admitted in a clinic for a month for the second time for depression. When I asked her whether it had something to do with the fact that it was shortly after their baby's anniversary, she said that she has never thought of it in that way, but it has always been around December and January. Yet she had never made the connection. She also has other health issues that she did not elaborate on.

What helped her cope with her grief, was the birth of their son. She says the he is very intuitive, and would also speak about their baby. He would say things like, "I wish he was still alive, we could have played together. Her faith also helped her tremendously, as well as her love for children. She sometimes felt like giving up,

She sometimes dreams about him, but he is never very clear, as if he is almost obscured amongst her other departed family members. The family members would be clearly visible, but he would be a child in the background, and she would just wonder or assume that it was their baby.

Her relationship with Peter – he did not know what to do. She thinks that cultural differences also played a role, because they speak even less. He would accompany her to the grave, but stands around as if he does not really know what he should do. She would clean the grave – her dad had built a little wall around the grave and they intend to put a headstone in the coming year. She wants an angel headstone because it has to be a special one.

She thinks that there has been a bit of separation because they were not grieving in the same way. There was a loss of connection with each other because she and Peter never speak about their baby, but she and their son do. And their son is always willing to go to the grave with her. She felt for a while to go on her own, so that she could stay there as long as she wants to and Peter would not have stand around uncomfortably, wondering what they were actually doing there. She would take water and flowers and go to the graves of all her family members – grandmothers and grandfathers.

They have been for counselling with a pastoral counsellor for one session. However, because he was based in Cape Town and they were in a rural area at the time, they never went again. She thinks it would have been helpful if they had continued with pastoral counselling for longer. Through the years, more events are added, but subconsciously, the loss is still playing a role in their lives.

Working as a pastoral counsellor and listening to other people's stories, made her realise that it influences the way you handle certain issues in their relationship. She thinks it would be helpful to go for counselling even after all these years, but he is not a talker. She feels that he would not speak about his emotions, that one might be able to get 'something' out of him, but that he does not really verbalise his feelings.

For her, it is important to keep the memory of their son alive. For a time, she would be okay, and there are times that she just feels the grief again, especially that year, when he would

have been 16.

When she was pregnant with their son, both she and the doctor were afraid that the same thing would happen as with her pregnancy with their baby. Their son was very difficult and aggressive with her when he was little, around four years old. From around two years old, he would slap her out of the blue. He was very aggressive, but only with her, her sister and her mother, the women closest to him. She then refers to the ‘revolving slate’ – Their son was also diagnosed earlier that year (of the interview) with depression. He also had been admitted to a clinic for about three weeks, where he also participated in a support group, in a family session, he said that he had been very angry, especially with her, they used joke about his aggression, about her sister who bought him golf clubs and then being the first one to be hit with it. When they were visiting friends in Sweden, he gave a tight slap at the dinner table, and she could never understand what she was doing wrong. In the family session, he said that he thinks he was so, so angry with her because he always had to be alone, and she was the one there with him – Peter was always working. Even when she would fetch him early from school and took him to Spur, he would be playing alone, because people would be at work so there would be no other children to play with. Underlying was the fact that he did not have his brother, as he had often said, “I wish their baby was still alive, then we could have played together.” She says perhaps he saw it as her fault that their baby was not there anymore, and that there are no other children, although she has never thought of it until during the interview.

A positive outcome in her personal growth, is that she looks with ‘softer’ eyes at the world. A positive and negative, is that she has a lot of compassion for children who suffer. She says that she knows one of the most challenging roles, is to be a mother and that she thinks that their baby’s death really shaped her ministry.

She also has a lot more fears that something would happen not only to their son, but also children close to her. Sometimes the fears feel stupid and that the fears that she has do not even make sense. But she feels that she is definitely more compassionate and less judgmental. People mourn differently, as she sees in her and Peter’s case, and also in other people.

She says that at the moment she has an experience where she is tired of funerals, she had to

officiate at a lot of funerals lately. And the fact that she is tired, makes her less patient with her family. She does not know whether it has anything to do with her loss, but she looks very differently at the world. When you have lost a child, your outlook is very different.

Advice that she would give to other bereaved parents in ministry who have lost a child, would be to acknowledge your loss. As a minister one so quickly goes back to ministry. So, to acknowledge the loss, pain, and grief, and to talk about it and allow yourself to go through the mourning process and not to suppress it as she had in the beginning. She feels the fact that she is speaking about it, made the healing easier. But it also took about ten years to come to the point of healing. Helping other families in pastoral counselling also helped her, as much as she was helping them.

She feels there no real pastoral counsellors in their church family, who could even act as mentors, who one can turn to as a bereaved minister. Counselling will help a lot in the case of bereaved ministers. What also helped her a lot, is hearing other people's stories of loss. She feels the fact that I am writing about her and the other participants' stories, will mean a lot for many other people and she hopes that will not only write a thesis. I assured her that I hope to publish a book of the narratives.

Paula says there are so few people to identify with in the Coloured community. Very few people speak about stillbirth. Advice she would give to the family of minister who has lost a child, is that one is just human, you do not want to be treated differently. That you have the same emotions, that you are just a child, a sister, a mother, with the same experience as other people.

She thinks that other people think that her life is just fine. As a minister, she is the one providing pastoral counselling to other people, so people would think so. She thinks that she perhaps exposes herself too much, as she would say in her sermons or when she speaks to people in counselling that they must not try to be tough, the need to mourn and cry for their loved one. It is okay, and the Lord understands where you are.

After a sermon like that, people would come up to her and ask whether she had also lost a baby. Older people would say that they have had so many miscarriages but they do not cry

about it. So many elderly people would come up to her, because people do not verbalise their feelings and experiences because for a certain generation it was totally taboo to speak, because when you spoke, other people became uncomfortable. It is not really about your pain, it is about the discomfort of the other person.

Paula says that her ministry was affected in that in the beginning she was afraid to deal with people who also lost a child. When children were very sick, and she had to visit them as minister in the hospital, her greatest fear was that if the child died, what would she do. In other cases of older people whom she was close to, she would cry so hard when she was conducting the funeral that people would ask her whether it was family she was burying. She says at one particular funeral, she was crying so hard, her glasses were so fogged up she literally could not see through them. It was in the beginning of her ministry and it was a very old and faithful parishioner. So her greatest fear was always, especially with sick children, that she could not be pastor. She does feel that many people might feel she is very unprofessional to be crying at funerals like that. She does feel that the family of the person feels that she cares a lot, because it is not every day that one sees a minister crying.

Another aspect of ministry that is particularly difficult for Paula, is counselling people who have lost children – of any age. Even after sixteen years, it is still too close to home.

Paula's expectation of the interview was that we would be talking, but not that it we would go into such depth as we did. Something that she realised because of the interview, is the way one reacts to issues even years later, perhaps has its origins with the trauma of losing her child. She has never really thought of it in that way before. Also, the way that she reacts to funerals, as well as her relationships.

She thinks that she would be able to speak to Peter about the loss, but not in such detail. She feels that he does not really want to 'go there'.

We discussed the changes in ourselves regarding our relationships with our husbands. I said that I have become more decisive, when I need something done and I felt the discussion around it is becoming to drawn out, I make the decision and everybody has to fall in with it.

Paula, on the other hand says she wants to learn to do that, because when a discussion does not go her way, she withdraws.

The interview did not bring out painful memories for which she needed immediate psychological help. She is, however, receiving ongoing psychological counselling. She intends speaking to the psychologist in her next session about issues that came up, especially how her loss shaped her life. Also, her lack of assertiveness and lack of boundaries, which possibly stems from the fact that she does not want to hurt people because she knows what pain really is. She reiterated that she does not think that the death of one's child can be compared to any other loss. She feels it would be good for them as a family to go together to the psychologist. Peter does not speak much, and she feels it is a cultural as well as personality issue that makes them grieve differently.

I told Paula about friends' daughter who was born after the death of her brother. At around five years old she started asking questions about her brother and sked her father to take her to her brother's grave. When she got there, she cried bitterly for her brother whom she never knew. Paula then spoke about 'invisible loyalties' – existential ties or connections that family members have with each other. Only family members born into the family have these invisible loyalties, it cannot be learnt. It often is not a bond that can be explained or even realised, but it is there. I spoke of the time my niece was born in Cape Town and I was in Durban. I told my sister at that time, that I have not even met my niece, but I already love her. Paula says it really is something one cannot describe, and one does not even have the words for it, you just know...

I told her about a child of one of the other participants who had an imaginary friend. One day she told her mother the name of the 'friend' and it was her sister's name who died before she was born. We discussed whether their son had a similar experience, and his reaction was anger at not having a sibling to play with. She related the incident where she took him to a child-friendly restaurant and there were no other children there. He played for a while, and then came to her very upset and said, "There isn't even a DOT of a child here!" She had always wondered what made their son so angry with her. But at that time, she was studying and starting in ministry that she did not really try to read up or even considered going to a

psychologist. I told her what my dad told me years ago, “You are doing the best you can with what you have and what you know.” Because it is so easy to beat yourself up. She says that she does that a lot. She can say that to other people... She says that has never owned it, maybe because she felt that she did not deserve it. She says that is such a powerful statement, it will make her think on it forever.

I told Paula that I wonder whether I would have had more respondents to participate if I had sent out an Afrikaans version of the request for participants, and if it would have helped to put a photo of myself so that people could put a face to the request so that people could see that it is personal and not just a cold thesis. That people would talk to me then. I also said that I will try to get more participants, even though it might be too late for the thesis, but to include in the book I would like to publish afterwards.

## **3.6 Summary of Interviews**

### **3.6.1. Effect on Emotions**

Roelf's daughter, Claudie, also an ordained minister, passed away at the age of 27 in a freak accident. She was driving behind a truck transporting scrap-metal when an iron rod fell off the truck, went through her windscreen, resulting in a head injury. When he arrived at the accident scene, she was still lucid. She was rushed to hospital. However, he said that he did notice her becoming spastic. In hospital she became angry at the nurses who did not want to tell her the extent of her injuries, and asked Roelf to tell her the truth - whether she was going to die. He said that he told her he didn't know, but that things looked bad. The doctors had told him that there were fragments of bone embedded in her brain. She died in the operating theatre. Roelf's main emotions of grief was deep sorrow and anger. His anger was directed at his daughter's congregation, whom he feels was not supporting her, and kept her as an assistant-minister when the senior minister left the congregation. Instead, they appointed a male senior minister again over her. He felt if they were more supportive and appointed her, she would not have had to operate a side-business. It was to this business that she was underway, after conducting a funeral, when the fatal accident occurred. Roelf attended a trauma camp, by invitation of colleague who runs the camp. He realised then that he was coping with his grief, but he did not realise that he was traumatised by his daughter's death. It was a great source of healing for him.

Annamie's daughter was 9 months old when died of an aneurism. They were told later that she must have been born with the aneurism, and although it cannot be picked up at birth, it grows as the baby grows. Annamie and her husband was in an accident when she was seven months pregnant when some ran a red robot and crashed into them. Annamie was hospitalised at the time for observation. Shortly before she gave birth, she was very nauseous and had blinding headaches, something her co-workers at the time told her was normal. On the day she was to give birth, she felt worse and called her husband. She was hospitalised and baby was delivered. Annamie's blood pressure was dangerously high, and she was in ICU for about a month. Baby was discharged a few weeks before her. During the nine months of her little life, Suané cried often inconsolably. The night before she died, she couldn't keep anything in. Annamie finally managed to calm her. The next day she took her to the day-

mother and went to work. The day-mother called her at work to say something was seriously wrong. Suané was taken to hospital and passed away. Annamie experienced self-blame and anger at God as the primary emotions of grief. She felt if she wasn't so career-driven, she would have focused more on her daughter and perhaps could have avoided her death. She was angry at God for making her daughter suffer and die. She went into deep depression.

Mariette says that she went to the doctor for a medical check-up for post she applied for. At the check-up the doctor found that she was pregnant. When she went back a month later, she had started bleeding, resulting in a miscarriage. Mariette says she had mixed emotions, because one moment she was pregnant, and the next moment she was not. She felt a lot of anger and blame towards someone she felt undercut her for a position. She felt that the stress of then having to find another position resulted in the miscarriage.

Paula\* had a difficult pregnancy, for which she frequently needed medical attention. During her doctor's visit at eight months, she was told that there was no heartbeat. At the time Peter\* was a minister in a rural parish and she had to go to a hospital in the nearest town. Peter\* was away at a conference. When she got to hospital, labour was induced. She was in labour for about 48 hours before giving birth to a stillborn son. Paula\* did not want to hold her baby as she felt it would make the loss worse. She regrets it now, as she has no memory of what he looked like. Paula\* went into deep depression. She frequently visits her son's grave, but not weekly as in the beginning.

### **3.6.2. Effect on Spirituality**

Roelf said there was no anger toward God. He believes that his theological training and beliefs help him to understand that God is with him, even in the midst of his trauma and grief.

Annamie says that they both did not want to have anything to do with church or God for a long time. With the help of a pastoral counsellor, her faith slowly returned.

Both Kobus and Mariette see the miscarriage as God's will, and accepted the loss.

\*Peter and \*Paula questioned God at the death of their baby, but accepted that God had a bigger plan.

### **3.6.3. Effect on Health**

Roelf was diagnosed with prostate cancer the year after his daughter died. He feels that there is a definite link between his grief at the loss of his daughter and developing cancer.

Annamie still struggle with depression and tension headaches, which she traces back to the loss of her daughter.

Mariette has been experiencing health problems whose origins cannot be explained. Speaking during the interview, she feels that it can be traced back to the miscarriage. Kobus had a health issue with his heart that Mariette feels could be linked to the miscarriage, as well as the subsequent loss of Kobus' dad.

Peter says that he experiences no adverse health issues that he can link to the death of their baby. Paula still struggles with depression, linking it directly to the loss of her baby.

### **3.6.4. Effect on family**

The trauma camp that Roelf found beneficial, had the opposite effect on his wife, who became more depressed afterwards. Roelf and his wife had made a conscious pact to share their grief and pain with each other, but there are times when they grieve on their own. They go away at the anniversary of their daughter's death, and invite their other two children along when they are available. He says that he has become even closer to his children and grandchildren. Roelf feels that he is afraid of losing his children, and they are afraid of losing him.

Annamie and her husband were a young married couple, and Suané was their first child. The death of their child affected their relationship. Their marriage also broke down. She believes that if it was not for a pastoral counsellor who provided them with marriage counselling, they

would have divorced. They subsequently had a son and daughter. She admits that she is paranoid about their health and safety.

Mariette and Kobus have a son and a daughter, whom they have briefly told about the miscarriage. Both feel as if there is someone missing in their family. Kobus says that particularly at Christmas time, they have a family ritual, and he then acutely feels that they should be five and not four family members present. They both are overprotective of their children.

Peter\* and Paula\* had another son a year after the loss of their baby. Peter\* and Paula\* are from different cultural backgrounds. As such, he says that there is no ritual in his culture for babies or young children. Funerary rituals are reserved for the elderly who have lived and made an impact on people's lives. He feels the loss of his father death a year ago much more keenly than the death of his baby. However, he understands his wife's need to maintain a bond with their child. Yet, at the anniversary of their baby's birth and death, he feels a sense of loss; this invariably coincides with the annual conference he attends. Peter\* does not bring up the loss of the baby, because he is afraid at how Paula\* would react. Paula\* keeps her feelings to herself, as she feels Peter\* does not understand fully how she feels. She feels the stillbirth still affects her to this day and she is still in therapy. Paula is very protective of their son and is afraid of losing him. This fear also extends to her siblings' children.

### **3.6.5. Effect on ministry**

Roelf took time off from ministry and especially, pastoral counselling. A few months after his loss, his colleague had an appointment with a couple who lost their son. He asked to be part of the session. As soon as the session started, he realised, as he put it, "I had no business being there, uninvited." It took him a while to get back into ministry and counselling. In one of his first sermons, he found an old sermon of his where he spoke about a question his daughter asked him when she was about four years old: she told him that she wanted to see God and he told her that she can't see him now, you have to die. She knew about funerals, so she told him that they must make a big hole in the backyard, and they will find God there. He then told the story to the congregation and said she's with God now. And then he told them

what happened to him. He did this so that people won't come to ask him individually about his daughter's death, and also for people not to feel afraid to speak to him. He has become more empathetic in his counselling.

Annamie worked in the corporate world prior to the death of her daughter. She said she was extremely career driven and excelled in her work, to the detriment of her family. During her sessions with the pastoral counsellor, she expressed the desire to help other people who were in similar situations as her. He then encouraged her to train as a pastoral counsellor, which she did. She now runs her own practice. The death of her daughter made her more compassionate towards other parents who have lost a child.

Mariette and Kobus ended up in parishes in different provinces. For the last couple of years, they are back in the Cape, he in fulltime ministry and she as chaplain at the prison. They both feel that they are more compassionate, but that funerals, especially of babies and young children are hard.

Peter\* continued his ministry in the parish after the loss, but soon afterwards received an appointment at the university. He does not feel that his ministry was affected by the loss.

Paula\* could not find an appointment to ministry after her ordination. She subsequently studied for a postgraduate teaching diploma, and taught for a while. She is currently co-minister at a parish. Paula\* feels that she suffered from depression prior and during her pregnancy due to her struggle to find a position as minister. Paula\* says in ministry, funerals are particularly hard. She finds herself in tears when presiding at some funerals, and is often asked whether she was a close friend of the deceased.

### **3.7. Themes**

#### **1. Traumatization**

Roelf, Lee-Ann and Annamie explicitly speaks about having been traumatised by the death of their children

## 2. Physical Health

Roelf links the fact that he was diagnosed with cancer a year ago directly to the death of his daughter.

Mariette has had inexplicable health issues that she feels can be traced back to the miscarriage.

## 3. Mental health

Annamie and \*Paula still struggles with depression

## 4. Female – inability to secure position as ministers

A theme that emerged that is really surprising, is the struggle the female participants, and even Roelf's daughter, had in securing a position at a parish. The fact that the two participants feel that it had an impact on their pregnancies and loss thereof, definitely needs to be explored.

## 5. Fear of losing their other children

The fear of losing their other children were explicitly expressed by five of the participants.

### **3.8. Reflection on the interview experience**

With the participants staying in various parts of the country, I had to travel to conduct the interviews. I wanted to do face-to-face interviews in person, and not on Zoom or Skype. I wanted to relate to the participants on a personal level. I had to foot the bill of travelling costs personally, but I did receive a contribution from my supervisor, Professor Sue Rakoczy for which I am very grateful. To save on accommodation costs, I worked out my itinerary in such a way that I started in Pretoria early in the morning. I then flew to Sishen in the late afternoon and slept over at a university friend's whom I have not seen in 25 years. He took me for my interview in Kuruman and back to the airport in Sishen after the interview to fly to Cape Town for the other interviews, where my family picked me up at Cape Town International Airport. Flying to Johannesburg and taking the Gautrain was a first experience for me, as was flying in a small airplane to Sishen that I only remember from primary school Geography as

the centre where iron ore is mined. A friend's husband picked me up from the Pretoria train station and took me to the interview with Roelf.

### **Reflection on Roelf's Interview**

The interview with Roelf went well, but I became emotional at one point: where he described how the brain injury made Claudie go spastic and the doctors telling the family that they need to speak with her as her injuries were extensive and they did not know how much time she had. It brought back memories of Aidan when the encephalitis and subsequent seizures affected his brain. There was a time where the encephalitis and seizures were ravaging his little brain and his little body turned spastic. Roelf's account of his daughter brought back that stressful and emotional time...

I journalled this on my cell phone afterwards, while waiting on the flight to Sishen:

*I had to ask for a moment to compose myself, whereupon Roelf asked me about Aidan.  
I am glad I am only doing one interview per day - this is highly emotional, as it taps into my own emotions and experience of loss, and I now know after the interview I need time to breathe ...*

Roelf's wife declined to participate in the interview, and I wonder whether it is perhaps not necessary for the spouse to be part of the interview, as main focus for my study is how we as pastoral counsellors or ministers coped with our loss on a personal, spiritual and professional level.

Travelling to and from the interview with Roelf made me feel as if I was a contestant on The Amazing Race - flying from Durban to Johannesburg early in the morning, taking the Gautrain for the first time and having to ask for directions, being scared to miss the connecting train from Marlboro station to Pretoria - and then the reverse trip...

Then the flight to Sishen in the Northern Cape in a small airplane, arriving at Sishen which seemed to be literally in the middle of nowhere. The area is so flat, the inane thought that went through my mind as we were flying towards the little airport, was that one could see yesterday disappearing and tomorrow appearing ☺

### **Reflection: Annamie's Interview**

Annamie wanted to know from the onset about my experience, and the interview became much more of a two-way conversation at some point. I was initially not very comfortable because I was afraid that my emotions would take over. Thankfully, I was fine. The interview also took much longer than with Roelf, where we kept to the time of 1½ to 2 hours indicated on the participant agreement form. For Annamie, it had been 15 years since her baby had died, but when she spoke, it was as if happened recently. I told her at one point that it made me feel better, because I had been beating myself up mentally for still mourning after three years. I did use the questionnaire, but it became more of a guideline where I would check whether we covered the different questions. The conversation actually covered all the questions, without me having to ask many of the questions. The conversation also became reciprocal, as Annamie wanted to know ‘my story’.

I had to rush back to Sishen Airport, missing my flight to Johannesburg would mean missing my flight to Cape Town. We made it just in time to check in...

On the way to Cape Town, I realised that I was emotional, more so than after the first interview. I tried to analyse the reason, and I think it may be because I connected with Annamie on a mother-to-mother level. Perhaps it was also because it was my second interview in 24 hours, I was emotionally drained.

### **Reflection: Interviews with Peter\* and Paula\***

Peter\* and I were fellow undergraduate students, so we did a little catching up. I was surprised that Peter\* wanted to do the interview at his office at the university. The place was deserted because it was a week before Christmas. I then found out he did not want Paula\* to know because he did not know what her reaction would be. He urged me to contact her again to participate in the study.

Paula\*, on the other hand, wanted to meet at a restaurant. I was taken aback that she wanted to meet in such a public place, especially since we were going to speak about a potentially emotional topic. I asked her repeatedly whether she was sure about the venue, and she insisted that she would be fine. Fortunately, she was. I was wondering whether her personal

space would have made her more emotional ... I was also not as emotionally affected as I was during the interview with Annamie. I think the public place with its distractions definitely contributed to that.

What really came to the fore during these interviews, is the separate grieving of Peter\* and Paula\*, and the fact that after all these years they assume what the other is thinking and feeling, and also not wanting to upset the other person. I can also relate to that within my own marital relationship.

### **Reflection: Kobus' and Mariette's Interview**

Kobus and Mariette were not sure what they would be able to contribute to the study, as their miscarriage happened so many years ago, and it was such a brief pregnancy. I assured them that their input would be valuable to my study. Responding to the questions made them realise that it did affect them and to quite a great extent.

All the participants thanked me for the opportunity to speak about the loss of their children. They feel it would be a valuable study, as people don't realise how the loss of a child can still affect one many years afterwards, even forever.

Transcribing and writing the interviews, searching for pictures that would represent what the participants related in their narratives, was quite an emotional experience. However, I am certainly glad that I had the opportunity to do these interviews. I always wanted to know that I am not alone, or mad, being affected by the loss of my son after these many years.

### **3.9. Reflections of participants on their experiences of recounting and narrating their stories of loss**

Roelf said that he expected that during the interview I was going to ask questions and he was going to answer. What surprised him is where he got emotional. Places where he did not realise, he would get emotional. He is wondering why so he was going to explore that more.

Annamie felt that everyone who has lost a child, has so much empathy for others who it happens to. One will move mountains to assist that person. It was therefore a privilege for her

to assist me with my interview. She also enjoyed talking to someone because it is so rare that she has the chance. And her husband was just as happy that she had the opportunity to speak to someone. The response that surprised her, was the fact that she did not give herself hundred percent to her children. Also, that she felt that she was getting numbed by her work. Her husband is her best buddy, but at that time he was going through some inner struggle, so she was not offloading with him. Perhaps that is why she could be feeling numb at that time.

There are many responses that surprised Mariette from the interview because they never had the opportunity to think about their loss experience in this way. She was also surprised by herself, because she had thought that she probably would not have much to say. And she spoke the most. Mariette said that the interview helped them to verbalise what they went through. They have never verbalised certain things to each other. It helped them, and also gave them ideas on how to move forward to deal with it instead of putting it aside every time a reminder comes up. Emotionally, the interview opened old wounds again, but not to the extent that she feels traumatised. To her, the interview was more pastoral than traumatic.

Kobus felt that he underestimated the value of the interview. He had wondered the whole time how they would be able to assist me. He realises now that one does not realise the impact of any loss on one's life. While I was asking the questions, he was thinking of their daughter, Alisha, wondering what if the same thing happens to her. Because she would need help. One cannot just accept that she can have a miscarriage and life just carries on. There are emotional issues that accompanies it. He says that that an hour before the interview, he was hoping that I would send a message that the interview was cancelled, that I was on my way back to Durban. He felt it would be difficult, because he would have to go back to a time that he thought he was passed. Going back during the interview opened emotions and it makes him wonder again. He says that he thinks it was an important interview, even though he does not know what the results would be. He would really like to know how many colleagues really went for counselling or for support. Secondly, what he would like to know is whether ministers and counsellors who experience loss look each other up, and even if they do not meet, whether they are aware of each other's loss. They gather many times, but they do not talk about their loss.

For Peter, what came out during the interview for him is that he reflected on things that he never reflected on, for example when he said that maybe he will go to the grave with Paula, or suggest a celebration, because she is in a different space. Secondly, he thinks that moments like these will still come, and one needs to be prepared to step in, and this conversation will also help around that. Last year, when his father got sick on 20<sup>th</sup> December, right up to the time when he died and Peter buried him, he wondered how it is for people to celebrate while they were going through this ... They don't celebrate the same anymore. He would probably like during that time to do something different. When he comes across a person who had the experience of a stillborn, whether personally or in the media, he cannot respond the way he used to. It triggers something, so it is really part of who he is. He thinks that this will trigger some positive issues. He sees the differences in dealing with trauma, and the differences in character and personalities.

Paula's expectation of the interview was that we would be talking, but not that it we would go into such depth as we did. Something that she realised because of the interview, is the way one reacts to issues even years later, perhaps has its origins with the trauma of losing her child. She has never really thought of it in that way before; as well as the way that she reacts to funerals, as well as her relationships. She thinks that she would be able to speak to Peter about the loss, but not in such detail. She feels that he does not really want to 'go there'. Paula said that she wanted to learn to become more assertive, because when a discussion does not go her way, she withdraws. The interview did not bring out painful memories for which she needed immediate psychological help. She is, however, receiving ongoing psychological counselling. She intends speaking to the psychologist in her next session about issues that came up, especially how her loss shaped her life. Also, her lack of assertiveness and lack of boundaries, which possibly stems from the fact that she does not want to hurt people because she knows what pain really is. She reiterated that she does not think that the death of one's child can be compared to any other loss. She feels it would be good for them as a family to go together to the psychologist. Peter does not speak much, and she feels it is a cultural as well as personality issue that makes them grieve differently.

## **Conclusion**

The participants' narratives are supporting existing findings of literature in parental grieving. Including the narratives are perhaps self-serving on my part, as I wanted to feel that I am not alone. However, the narratives are not integrated into the subsequent chapters as I primarily write autoethnographically on my own experience of the loss of my son, Aidan. This chapter highlights the traumatic experiences of pastoral counsellors at the loss of our children. I also discuss the participant selection and reflect on the interview process with the resultant themes and the interview experience.

In Chapter 4, my loss experience, and its impact on all spheres of my life is being explored and examined. I use poems and journal entries which I have written during my grief journey.

## CHAPTER 4 THE AGONY

### Introduction

In this chapter I discuss the impact of the loss of my son, Aidan on my emotional, spiritual, family, and professional life. I use the relational theology of Moltmann and LaCugna to show the Trinity in relation to our human experiences. The relational model of the Trinity and our interaction here and after death, show a continuous and unbreakable bond that can also be found in the bereavement theory of continuous bonds of Klass. I highlight the fact that not only did Aidan's death impact our nuclear family, but also that of our extended family, specifically his grandparents. I place my experience of loss and grief within existing bereavement literature, as I discuss how I learned to live my life with grief and memories. I also use poems as well as journal entries I wrote during my journey of grief.

Tethered to the pain  
I fail to rise  
My spirit held captive  
By the painful grip of my body  
I can hear my heart cry –  
One of my strange new abilities  
Since Aidan died  
In a hundred years  
I will laugh about it ...

This poem describes my grief especially at the beginning. I felt as if I could not move beyond the excruciating pain. I would lie on my bed, feeling as if my body is riddled with pain, and I would press my face into my pillow and just sob and sob.

### 4.1. The Crowning with Thorns

#### 4.1.1. Impact of loss on emotions

The Afrikaans word '*rou*' has two meanings. The first meaning is 'to mourn', while the second meaning is 'raw'. During my mourning process, I have often felt emotionally raw, but more than this, the emotional rawness was accompanied by an almost tangible physical

rawness, where I, gross as it may sound, would visualise my chest being ripped open and my heart beating bloody and painful, for all to see.



<http://everythingonceuponatime.weebly.com/blog/category/all/6> accessed 4/11/2017

*This picture from the TV Series, Once upon a Time, shows the character Regina ripping out her heart after her son, Henry, died, because she did not want to feel the pain of her loss. This scene resonated with me because there were times that the pain was so physically unbearable that I wished I could rip out my heart.*

After my Proposal Oral Review, I also felt this 'rou', mentally screaming, "Do you want me to rip my chest open and expose my bloody heart?" This was in response to a comment during the Review where I was told that I was not reflecting deeply enough. Ironically, it was the same comment from my Masters supervisor, who, at the time told me, "Let them feel your pain." My Master's thesis dealt with the fact that my healthy four-and-a-half-year-old son contracted encephalitis (inflammation of the brain), resulting in uncontrolled seizures and severe cognitive impairment and learning disability.

This 'rou' cry is reminiscent of the cry of dereliction, or abandonment, of Jesus, "*Eloi, Eloi, lama sabachthani?*" [*Ηλει ηλει λεμα σαβαχθανι*]--which means, "My God, my God, why have you forsaken me?" In *The Crucified God* Moltmann highlighted Jesus' cry of dereliction on the cross as crucial to a genuinely Christian view of God. "Jesus died crying out to God, 'My God, why hast thou forsaken me?' All Christian theology and all Christian life is basically an answer to the question Jesus asked as he died." (Moltmann 1973: 29). To me it was like a toddler who gets scolded by its parent, and then turns to the very parent to console him or her. In my case, it was God who hurt me by taking my son, yet it was to God I turned for comfort.

I felt indescribably hurt by God, and in that sense I felt forsaken by God. However, in my cry to God, the relationship continued unbroken. I often tell clients, it is better to tell God that you are angry or upset, because firstly, he knows anyway, and secondly, it keeps the relationship open as it is more difficult to get your relationship with God back when you break off communication.

In current theology, the relational model of the Trinity as 'Persons-in-Relation' gives full significance to the centrality of love in the biblical picture of God and of our relationship with him. I will now further explore the relational model of the trinity based on Moltmann and LaCugna's Theology of the Trinity and its significance for me as a grieving parent and pastoral counsellor.

Moltmann asserts that "we do not experience death in ourselves but in those we love – so God the Father suffered the death of God the Son, suffering the experience of grief at his death." (1973: 134). My grief experience at the death of my son can thus be viewed through the lens of the Relational Model of the Trinity, of God who first-hand understands the grief of the death of His Son, and thereby brought us into communion with God.

Moltmann concludes from Christ's suffering that God suffered. Moltmann speaks often of the 'crucified Christ' and the 'crucified Jesus,' but he also speaks of the 'crucified God.' On account of the incarnation, Moltmann reasons, "God (himself) suffered in Jesus, God himself died in Jesus for us. God is on the cross of Jesus 'for us'." (1973:192) this view of God the Father suffering at the suffering and dying of His Son, truly makes God very relatable. As parents, when our children are hurt or ill, we are also hurt. When Aidan first fell ill as a toddler, my husband and I were in agony at the very thought that our eldest son might die. We prayed for his recovery day and night until he did, and was released from ICU, and eventually hospital. We continued praying for his full recovery as he had to learn to walk and talk again. Though our hopes for his recovery were dashed with every seizure he had daily, which eventually took away his speech, leaving him with only a few words, we continued praying that he may be healed. So when he died, my hopes for his recovery also died. As much as I tried to console myself that he was healed in heaven, the painful truth was that I wanted him with me on earth. So Moltmann's assertion that God suffered as Jesus suffered

and died, provides much consolation because it is this God that I can relate to because He knows what I am going through.

Moltmann argues that the crucifixion of Jesus was, first and foremost, a Trinitarian event in which all three members of the Godhead participate toward their bearing of the suffering of the world.

What happens on the cross manifests the relationships of Jesus, the Son to the Father, and vice versa. The cross and its liberating effect make possible the movement of the Spirit from the Father to us. The cross stands at the heart of the Trinitarian being of God; it divides and conjoins the persons in their relationships to each other and portrays them in a specific way. The Son suffers dying; the Father suffers the death of the Son. The grief of the Father here is just as important as the death of the Son because the Son suffers in his love being forsaken by the Father as he dies; the Father suffers in his love the grief of the death of the Son.

Moltmann (1974: 246 - 248)

Moltmann focuses on the inter-dependence of 'person' and 'relation' – 'The three divine Persons exist in their particular, unique natures as Father, Son and Spirit in their relationships to one another, and are determined through these relationships' (Moltmann 1973: 172). In a family setting, specifically in my family setting, there was, and still is, an interdependent relationship between myself as parent, my husband and my sons. With Aidan I would say that the interdependence was even higher due to his disability and therefore dependence on me, his father, and brothers. Family Systems Theory supports the fact that the death of a family member affects everyone in the 'family system'. The role of the person also influences the family and the void their death leaves. Walsh and McGoldrick (1991:1) states that "From a family system perspective, the death of a family member impacts the family system which is a functional unit. The death will impact "every member and all other relationships", immediately upon the occasion of a family member's death and bring about long-term reverberations in the family system." Bowen suggested that loss of a member whose role was emotionally or materialistically crucial would be followed by greater family disruption than the loss of a comparatively neutral member. Significant roles, for example, were a parent of a young family, a special child or the head of a clan (i.e. the family patriarch). Bowen viewed

the family as existing in a state of functional and emotional equilibrium. When a family member dies the system is forced abruptly into a state of functional and emotional imbalance. “The intensity of the emotional reaction is governed by the functioning level of emotional integration in the family at the time or the functional importance of the one who is ... lost to the family (Bowen 1991: 82 – 83). The ability of the family to deal with and integrate the loss of the family member is dependent on the family’s emotional integration:

A well-integrated family may show more overt reactivity at the moment of change but adapt to it rather quickly. A less integrated family may show little reaction at the time and respond later with symptoms of physical illness, emotional illness, or social misbehaviour.

(Bowen 1991: 83)

I disagree with the above statement of Bowen, as both my husband and I had various ailments after Aidan passed away. I do not think this was due to our family being a ‘less-integrated’ family. I think it is precisely because we were such a close-knit family that our grief manifested in all areas of our lives, including in physical illness. This also is echoed in the other participants’ stories, as they related illnesses which manifested after the loss of their children, varying from major depressive episodes, diabetes and even cancer. We are all convinced that it was brought on by our tremendous sense of loss and grief for our children.

Moltmann speaks of the Trinity in terms of an ever deepening relationship, which I can relate to my own nuclear family relationship: ‘Then existence means a deepening of the concept of relation: every divine Person exists in the light of the other and in the other...Each Person finds his existence and his joy in the other Person’ (Moltmann 1973: 173). In my nuclear family, we had challenging times with Aidan’s condition and the repeated seizures which ultimately caused his death. We sometimes became frustrated at his behaviour. Yet we also had tremendous joy, as evident from my Journal, written three weeks after he passed away:

*Sunday 21 September 2014*

*On Thursday, I read the devotion at school about God being everywhere. All I could think of was that Aidan is everywhere. Due to his condition, we did almost everything together and went almost everywhere together as a family.*

*Aidan in the bathroom – he absolutely loved to bath. He loved bubble bath, and we would have to remove the bottle from the bathroom otherwise he would empty all of it into his bath*

– something he had done on numerous occasions. Failing that, he would pour shampoo or even squeeze toothpaste into his bathwater and vigorously try to make it foam. At times he would even squeeze toothpaste on his hands and rub his hands together, or splash in them in the basin with water. I would get cross and shout at him, but the next day he would do it again!

Aidan in the toilet – he would use the toilet and clap his hands when he was finished so that he could be wiped. And he would not leave the toilet until I had sprayed the air freshener. Aidan in the kitchen – he loved food and would make his own sandwiches, and when he used the mayonnaise, tomato sauce or chutney, he would leave the jars and the fridge door open. We had to resort to locking the kitchen door. He loved being in the kitchen while I was cooking. I used to say that we were dancing in the kitchen, as I stepped one way, he would step the other to make way. He would give me the onions, or more potatoes to peel and cut. Aidan would take his knife and fork and a placemat and sit and wait at the table, sometimes as soon as I started cooking. Sometimes he would set the entire table with placemats and cutlery, with extra place settings. One thing is for sure, he would not even start eating unless he had a placemat and knife and fork, even for just a sandwich. He loved his tea and would put his favourite cup next to his father's and mine as soon as I put the kettle on. Sometimes he would pour his own milk – and as usual, leave the fridge wide open.

*Crying too much now, I will continue tomorrow ...*

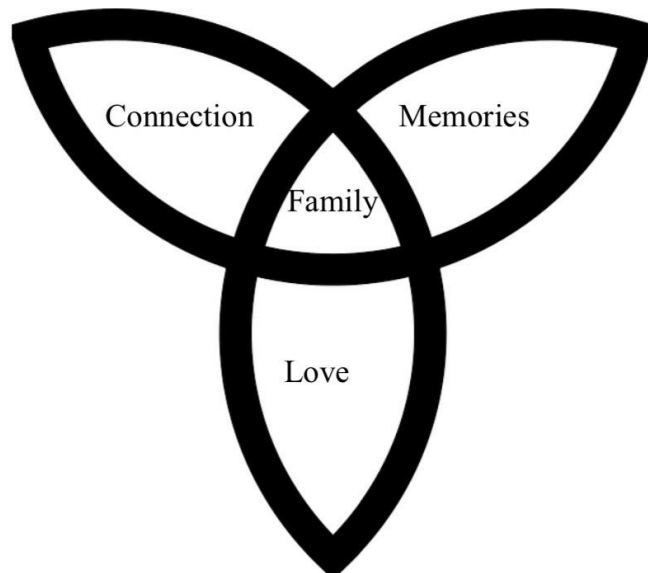
Darolyn “Lyn” E. Jones (2011) says the following in her doctoral thesis, *The Joyful Experiences of Mothers of Children with Special Needs: An Autoethnographic Study*,

For mothers of a CSN, their child was very much a cause for joy and is defined as their pride and joy. Understanding that children with special needs are a source of joy allowed the mothers to define and ultimately express that joy. Mothers of children with special needs children were not shaken by imperfection. Instead, mothers of a CSN celebrated and experienced the lessons their child taught them and the pure joy their child gives.

The mothers defined their joy by explaining how their child with special needs has given them a purpose and it is through that purpose that they have come to be transformed and get “it.” Many shared that they feel chosen and all of the mothers expressed transformation and have redefined joy in terms of their cause for happiness—their child with special needs.

(Jones 2011:116)

The bond between our family members was, and still is, very strong. The fact that Aidan had special needs made the bond with him even stronger. So it follows then, that even after his death, there would still be a connection. I often say that love never dies, it continues to live on even beyond this life. This makes the Triquetra such a rich metaphor for continuing bonds.



Triquetra of Continuing Bonds

Maintaining the connecting bonds between the family and the loved one who has died. As a family, I believe that we share an eternal connection, even after all these years. And after all these years, the grief resurfaces again and again, especially at special times, like his birthday, the anniversary of his death, Christmas, my birthday and Mother's Day.

*At this point I am becoming too overwhelmed. I do not know how I will be able to present on Monday at the Postgraduate Seminar. It is Aidan's 24<sup>th</sup> birthday. I don't know what God is forcing me to do this year. Perhaps to put something in place to take my mind off my emotions...? But presenting my thesis that deals with my loss will not take my mind off how I am feeling. Am I really expected to be objective and put my emotions aside? Why am I expected to be strong on this day – the day when I became Aidan's mother 24 years ago? What if I can't be strong? What if my emotions overwhelm me? What if my eyes fill with tears as they are doing now while I am writing this? Or worse, I really and completely break down?*

*On 2 September, the anniversary of Aidan's death, I also wondered what God's plan was. Because I had to provide spiritual direction during the Guided Week of Prayer. By the Wednesday, I was hit in my solar plexus – the one directee spoke about the loss of her son. I had to guide her out of my experience without divulging that I had also lost my son. I was not sure whether I should have told her, but I chose not to. My reason was that I did not want the focus to turn to me.*

*Bottom-line is, again my rhetorical question: What is God doing this year on these significant days, placing me in situations where I might become overwhelmed with emotion, forcing me to be extra vigilant NOT to become overwhelmed...*

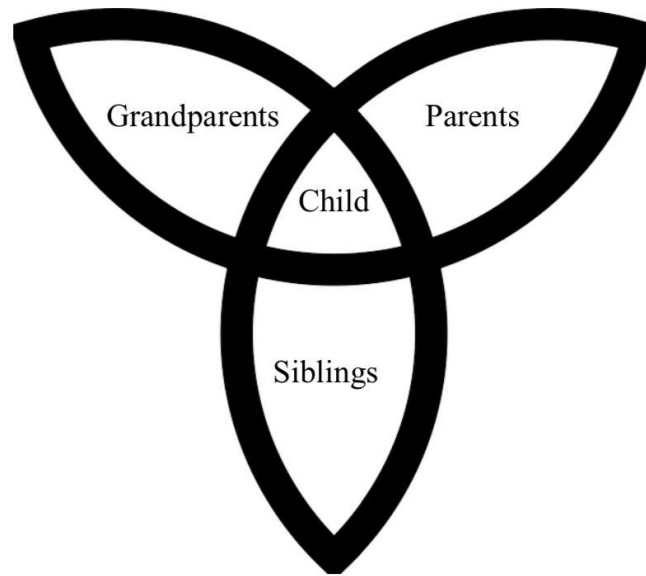
My presentation at the post-graduate seminar went well. I received positive feedback and critique. After the presentation and feedback, I divulged the significance of the day. Again, people commiserated with me, even calling me brave. I do not know whether it was bravery, really. I was just pushing myself through spaces and situations to see whether I could, and how I would, function on these special days. Of course, as always, I pay the emotional price afterwards. On the way home, I bought some eats and snacks to have a little 'party', which turned out emotional. My mom-in-law came, she prides herself in the fact that she is with each grandchild at their birthday. As usual, we had a prayer and shared some memories. The memories, especially on these days, bring sadness even though we try to make it a joyful occasion. Perhaps, in 20 years' time it will not be sad anymore, although, who knows...

Fry (1997) observes that the relationship with the grandchild before death influences the bereavement experiences of grandparents. As noted above, my mother-in-law was, and still is, an integral part of our family. In fact, we all regard her as the matriarch of the family. Gilrane-McGarry and O'Grady (2011:170) state that a "unique and significant relationship often exists between grandparents and grandchild' and that due to the general increase in life expectancy, it is becoming more common for grandparents to experience the death of grandchild having reached adolescence, adding to the complexity of the grief, due to strong grandchild- grandparent friendships." My mom-in-law used to babysit our children when they were little, literally going down to their level. When we would fetch them, her lounge would be in disarray with picnic blankets and picnic fare and games and toys all over. She would tell

stories and sing to them, and record them telling her stories or singing. So, it would follow then that her grief at Aidan's death would be deeply felt. Because she has a heart condition, my sister-in-law, whom she was staying with at the time, did not want her to know immediately when the call came that Aidan passed away. However, always a very intuitive and perceptive person, she immediately knew and insisted to come to our home. Through my crying, I do remember her saying, maybe he is just sleeping, and wishing her words to be true.

Gilrane-McGarry and O'Grady (2011: 170 – 176) found that “In addition to the pain caused by the death of their grandchild, grandparents also feel pain in their capacity as a parent, which was recurrently expressed alongside a desire to take the pain away, and resulting sense of helplessness.” I remember my dad saying this when Aidan first got sick as a small child. They had arrived by bus the morning he got sick, and Andrew had gone to fetch them. When they arrived at our home, they thought we were playing, hiding from them. I had left the doors open when my brother-in-law took to the medical facility for treatment, and it was the days before cell phones. When Aidan was admitted to hospital which turned out to be a prolonged stay in ICU, my dad and mom took care of our middle son, then 18 months old, and the home while we spent our days at hospital. My dad told me at that time that they were hurting twice – for Aidan, and for us, me their child, and Andrew their son-in-law. One can transpose the findings of Aho, Inki and Kaunonen (2018: 676 – 680) also then to grandfathers, when they wrote that “In addition to grieving the loss of a grandchild, grandmothers' grief is characterised by grieving the loss experienced by their child. Grandmothers dismiss their grief and bury it in their hearts, primarily to support the parents and the siblings of the deceased grandchild. For grandmothers, the death of a grandchild results in a loss of energy and in their lives permanently changing.” My dad had a special relationship with Aidan as eldest grandson, and even after he became cognitively impaired, they were very close, going for walks around the neighbourhood and sitting at the local Mandela memorial. My dad could not attend the funeral as he was undergoing treatment for cancer at the time. When they came for Christmas a year later, my dad wanted to go to the memorial wall at our local parish where Aidan's ashes were placed. He and I held each other as we cried (I am tearing up as I am writing this). Then he said, “Now I am satisfied.”

I think it would be fitting to have a Triquetra of Continuing Family Bonds:



Triquetra of Continuing Family Bonds

Triquetra of Continuing Family Bonds: maintaining relationships between the child, the nuclear family, and the grandparents.

The Triquetra of Continuing Family Bonds gains much more significance for me as both my father-in-law and my father died within four months of each other, a year and a half after Aidan died. I remember looking at the body of my father-in-law in his hospital bed, with a strange feeling. I later realised that it was envy that he got to be with Aidan in heaven and I could not. When my dad passed away, my mom-in-law, Andrew and I discovered that all three of us had a similar image of my father-in-law and my dad walking in heaven with Aidan between them. Our family certainly believe in life after death, in heaven, and the continued connection between us here on earth, our loved ones in heaven and God who makes that connection and relationship possible.

LaCugna's view of the Trinity in communal or relational categories, provides comforting confirmation of our beliefs as a family:

Trinitarian theology could be described as par excellence a theology of relationship, which explores the mysteries of love, relationship, personhood and community within the framework

of God's self-revelation in the person of Christ and the activity of the Spirit.

The doctrine of the Trinity, which is the specifically Christian way of speaking about God, summarizes what it means to participate in the life of God through Jesus Christ in the Spirit. The mystery of God is revealed in Christ and the Spirit as the mystery of love, the mystery of persons in communion who embrace death, sin, and all forms of alienation for the sake of life.

The doctrine of the Trinity is not ultimately a teaching about 'God' but a teaching about *God's life with us and our life with each other*. It is the life of communion and indwelling, God in us, we in God, all of us in each other. This is the '*perichoresis*,' the mutual interdependence that Jesus speaks of in the Gospel of John. (LaCugna 1991: 274)

LaCugna refers to some of the analogies used to elaborate perichoresis but is critical of them, saying they 'do not convey the dynamic and creative energy, the eternal and perpetual movement, the mutual and reciprocal permeation of each person with and in and through and by the other persons' (1991: 271) and continues 'There are neither leader or followers in the divine dance, only an eternal movement of reciprocal giving and receiving...The divine dance is fully personal and interpersonal, expressing the essence and unity of God...perichoresis provides a point of entry into contemplating what it means to say that God is alive from all eternity as love' (1991: 272). LaCugna also focuses the work of Christ, in the power of the Spirit, as being the place for bringing about 'communion between God and creature' (1991: 250) and the means whereby we, too, live the reign of God. This in turn connects with her understanding of 'God for Us' rather than communion being only known in the inner life of God as triune.

It is because of my belief that God understands my grief and pain, that I could vent my anguish, as described in my journal while away on a holiday with which we were gifted after Aidan died:

*Friday 10 October 2014*

*Last night, just before supper, I went to the chapel. As soon as I entered, the floodgates of*

*tears opened and I wept and wept as if my heart was breaking anew. As I had entered the little chapel, across the doorway, my eyes fell on the almost life-sized statue of Mary – in white. Most of the statues of Mary have a blue cloak, the significance for me is that after Aidan died, I had a vision of Jesus and Mary welcoming him, and she was dressed in all-white.*

*When I finally managed to somewhat compose myself, my prayers came out brokenly through heaving sobs:*

*To Jesus:*

*“I am so tired*

*I don’t want to do anything*

*I don’t want to take care of people*

*I need being taken care of*

*For fourteen years I’ve been praying for Aidan’s healing, and now you chose to take him – what do I do now?”*

*If you want me to do something now, you will have to*

*Lead my feet*

*Take my hands*

*Order my thoughts*

*Speak my words*

*Because I do not have the energy to do anything.*

*All those wild and wonderful ideas are coming to me, and I am full of enthusiasm when I get them, and then I am just too tired to follow through!*

*To Mary:*

*“People are telling me that they have a message for me, that you are embracing me, you are there for me. But I need more than words. I need tangible proof, right now, that I am being held, being comforted, being cherished, being loved.”*

*Before I left, I touched the cheek of the statue of Mary in white, and I said, “You are not here, in this statue.”*

*I left for supper. I was still emotional, and I knew I had unfinished business with Jesus and Mary.*

*So, I came back this afternoon, but all I am doing now, is journaling about what happened yesterday.*

*Since my prayer/ accusation to Jesus yesterday – that I prayed for fourteen years for Aidan’s healing, and he chose to take him – the scripture passage that came to mind is where David’s and Bathsheba’s first baby was gravely ill. David prostrated himself in front of God and clothed himself in sackcloth and covered his head with ashes in supplication for the baby’s recovery. This was not to be – the baby died. When David heard that the baby had died, he washed himself and when the people questioned him, he said that he had prayed and mourned before the baby died, hoping that God would spare him. God chose not to heal his son, so he had to carry on with his life as best he could. And now, so do I...*

LaCugna (1991) goes on to say that the doctrine of the Trinity, in addition to the persons of the Trinity being in communion with each other, is a teaching about God's life with us and our life with each other – a mutual indwelling. The bond between the Trinity continues in this life as well in eternity. Continuing bonds in grief work is a well-researched topic, and for me, ties in with the Trinitarian bond with each other, and with us.

Klass (2006: 843 - 858) writes, “The new emphasis on parental bereavement is the concept of ‘continuing bonds’ with their deceased child.” This concept of continuing bonds challenges the dominant assumption that resolution of grief is achieved through severing bonds with the deceased, according to Davies (2004). For LaCugna ‘The communion of the Father, Son, and Spirit among themselves structures the divine substance; communion is the unifying force that holds together the three co-equal persons who know and love each other as peers’ (1991: 249). In a family structure such as ours, we were, and are held together in love and communion with each other and with the Trinity, through our faith and spiritual practices, through our love for each other, and our love for Aidan which continues even after his death. Continuing Bonds represent the idea of maintaining an emotional connection with the deceased as a way to cope with the loss (Klass, 1996).

A mental representation of the deceased can take the form of

- A fond memory or memories that the bereaved associates with the deceased, a sense of being spiritually guided or watched over by them, or a perception that the deceased is physically nearby.
- A keepsake of the deceased that the bereaved retains, such as a photograph or a watch that belonged to the loved one.
- A location the bereaved associates with the deceased. This location can be as formal or informal as desired by the bereaved, such as a religious shrine or the deceased’s former bedroom, respectively. (Field et al., 1999; Field et al., 2003)

As Dennis Klass says on working with parents whose child has died, “The goal of grief then, is not severing the bond with the child, but integrating the child into the parent’s life and social networks in a new way.” (Klass 2006: 843 – 858). In *Continuing Bonds: New Understandings of Grief*, which he edited with Silverman and Nickman (1996), he argues that bonds do not need to be broken in order to ‘complete’ the grieving process. There has been a

shift towards understanding that ‘letting go’ of the deceased—achieving ‘closure’, as it is sometimes termed—may be less helpful than recognising the importance of continuing symbolic bonds.

We as a family, were fortunate to have many photographs of Aidan, as well as him with us a family. For a long time, I could not look at the album his school gifted us with after his passing, without crying. We have an enlarged photo in our lounge surrounded by orchids which seems to perpetually bloom and hang over his photo, that I started calling them Aidan’s flowers.

LaCugna’s view that “The exodus of all persons from God and the return of all to God is the dance in which God and we are eternal partners” (1991: 304), has as metaphor our relationship with God as a dance, tying in with the metaphor of the movement within the Triquetra, as I propose. LaCugna says the following about the divine dance, ‘Perichoresis provides a dynamic model of persons in communion based on mutuality and interdependence’ and ‘avoids the pitfalls of locating the divine unity either in the divine substance (Latin) or exclusively in the person of the Father (Greek), and locates unity in diversity, in a true *communion* of persons’ (1991: 271).

Looking back, God’s dance with our little family started in 1995 when Aidan was born – his exodus from God, as LaCugna calls it. The dance continued, as in a sense, he started returning to God in 2000 when he fell gravely ill and, we believe to this day, through our persistent prayers, were returned to us. Yet, in 2014, the dance ended here on earth and, I believe continues eternally in heaven when he returned to God. The painful fact of the matter is, that I was left bereft, to continue the dance with and back to God.

#### 4.1.2. The cycle of grief

Dancing in the Shadows  
to the slow rhythm  
of my aching heart  
moving my limbs  
in movements  
choreographed by my mourning spirit

centre-stage, dimly lit  
Alone –  
No fellow-dancers to support  
No audience to appreciate

I am alone  
Dancing in the shadows  
Of love that transcended  
Of spirit that ascended

Yet, I feel  
almost imperceptibly,  
a soft caress upon my cheek  
a gentle embrace...

and I know  
I am in harmony  
With love transcended  
With spirit ascended  
Who dances with me, as I am  
Dancing in the shadows

This poem was written based on the fact that I felt as if everybody else's lives were carrying on and I am looking on from the shadows. Even though at times I was forcing myself to carry on with my daily life, even trying to have some form of fun aspect, I felt alone in my grief. Part of the poem refers to the longing I had to say goodbye to him, and feeling his soft embrace and kiss on my cheek as he came to say goodbye to me. This ties in with the concept of Continuing Bonds of Klass (1996), which represents the idea of maintaining an emotional connection with the deceased as a way to cope with the loss. I have written this poem long before coming across LaCugna's work, but for me, it resonates with her view of 'God and humanity as beloved partners in the dance' (1991:274), and extends to me as a parent continuing the dance with my son, even though it is separate from others.

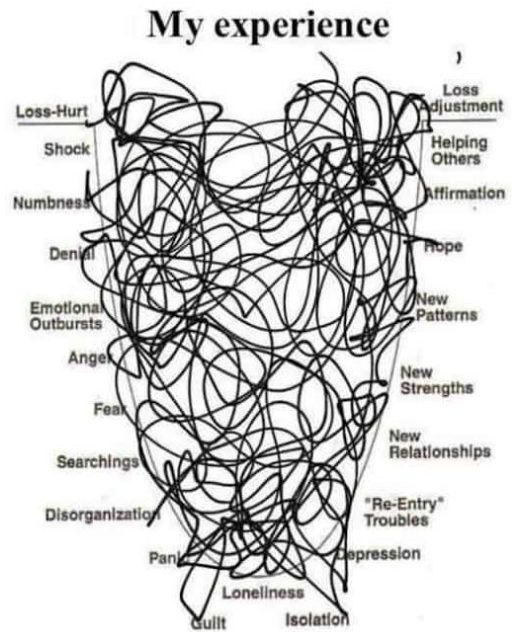
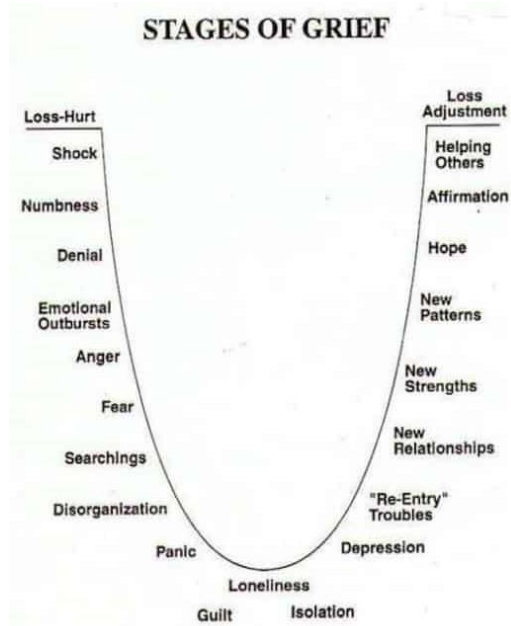
When Aidan died, it felt as if I was mourning the same child twice. The first time was when he became ill and returned changed from the child I had raised till the age of four-and-a-half-years. And then, 14 years later, I was mourning him the second time as he was forever lost to me in this life.

The cycle of loss, as described by Elizabeth Kubler-Ross was painfully familiar to me:

1. Shock and denial
2. Anger
3. Bargaining
4. Depression
5. Acceptance

Although Kubler-Ross's work has been influential for further theories on the grieving process, subsequent researchers found that it is not an accurate representation. Schulz et al., (2006) however, states that no definite evaluations of this model have been made validating Kubler-Ross's assertions of how people grieve. The five stages of grief model is viewed by many people as the stages being absolute and linear, and that people always progress through the stages in exactly the same order (Cook & Dworkin, 1992; Worden, 2002). This can mislead people to believe that there is a "right way" to grieve and may cause the bereaved to compare their personal experiences with grief to the "rule." The comparison can potentially worsen the negative emotions the bereaved is experiencing if they believe that they are abnormal or experiencing their pain the "wrong way."

My personal experience is also that the stages proposed by Kubler-Ross, consist of many more emotions and they also do not follow each other as linear as outlined. Jonathan F. Anderson describes in his blog, the two graphics below in which he expanded the Kubler-Ross model.



<https://gatehealing.com/> accessed 13.05.2019

From the graph on the left the added emotions can be seen. The graph on the right shows how these emotions do not follow a linear pattern, but that one moves back and forth between the different emotions/ stages numerous times during the grieving process.

### 4.1.3. Coping with the conflicting emotions of grief.

Spinning the threads  
That will form the chrysalis  
Enclosing my fragile being  
In its protective embrace

Safe from harm  
Safe from the elements  
Safe from the harshness of life

Safely cocooned in the chrysalis  
A place and time to rest  
A place and time to recover  
A place and time to heal  
A place and time to restore

My broken heart  
My tumultuous mind  
My tortured spirit  
My empty soul

For deep with the chrysalis of self  
I find the meeting place  
Where chrysalis meets Christ  
The ultimate  
Healer of my heart  
Restorer of my mind  
Comforter of my spirit  
Saviour of my soul

This poem about the difficulty of coping with Aidan's death, was written two years after he had died. It is obvious that my grief was still very acute two years later even though the expression of grief emotions became further apart.

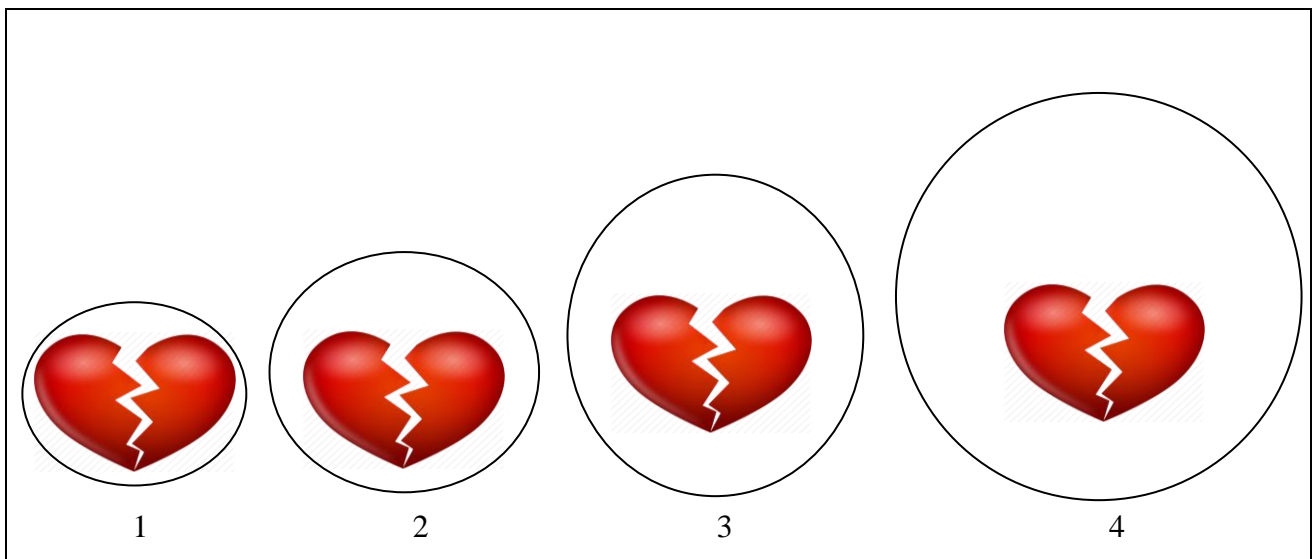
On her webpage, Lois Tonkin discusses the grief course she has been teaching for over 20 years. As part of the course, she uses a visual representation of Growing around Grief that a woman on one of her courses drew. Tonkin says,

“It is a tremendously useful and accessible visual tool for talking about the ways in which grief is not something we get

over, but rather something that our life grows around. It depicts a 'Continuing Bonds' model of grief well.”

<http://www.loistonkin.com/growing-around-grief.html> accessed  
20.06.2019

Based on Tonkin’s visual, I constructed my own graphic representation, as I feel that parents of children who died, continue to live with broken hearts.



According to Tonkin’s Model of Grief, we, or our world, grow around our grief. In the first picture, our lives/ worlds are consumed by our grief. As we move forward, our hearts are still broken in the same way, but our lives/ worlds are expanding to include other people and activities. However, from time to time the grief may surface again. This model made me understand how I could continue with counselling and teaching in the midst of my grief. I used to think that there was something wrong with me, as I have encountered people who totally collapsed or became debilitated by their grief. It also puts in perspective this journal entry:

*Saturday 14 March 2015*

*Day of Reflection*

1. *Heb 13: 5. Never will I leave you; never will I forsake you.  
This is a reminder that God always walks with me, even when I feel forsaken and alone, deserted by God and those I need.*

2. *Ps 126:6. He who goes weeping – crying with sorrow at Aidan’s death  
Carrying seed to sow – doing counselling, helping others in their need  
Will return with songs of joy – God will reward me for my efforts, turning sorrow into  
joy  
carrying sheaves with him – with a tangible harvest ...*

3. *2 Cor 4*

*Verse 7: Our bodies are made of clay, yet we have the treasure of the Good News in them – no matter how fragile I feel, I can still convey God’s love and mercy and compassion to others.*

*Verse 16: ... we are not discouraged, though outwardly we are wearing out, inwardly we are renewed day by day. This is SOOO TRUE, I actually feel weird, that even though I am going through emotional turmoil, I am coping, although I know it is ONLY BY THE GRACE OF GOD.*

This entry shows that I was coping, even though it was very difficult. It also showed my desperate attempt at trying to bring my life to ‘normality’ or as it was before Aidan passed away. I remember wanting that ‘normality’, to have my life without feeling emotional and exhausted, which obviously was not possible at that time – only six months after Aidan died. Andrew, my husband, likes to speak as grief as a wave, sometimes it is low tide and life seems to be going reasonably smooth. And other times, grief will hit you like a big wave, suddenly and without warning, capsizing your world. I naïvely tried to create an artificial timeline by which my grief would be over. This timeline was relatively short, and I would be caught by surprise when grief would rear its head outside my self-imposed grief construct.

#### 4.1.4. Impact of loss on spirituality

*Sunday 26 July 2015*

*At Mass tonight I became so emotional. The thoughts that were coming were:*

*I miss me  
I miss my spirituality/ spiritual practices  
I miss spending time with God in my special way  
I miss Aidan*

*And then the chorus of Larnelle Harris' song, I miss my time with you, came to mind:*

*There He was just waiting  
In our old familiar place  
An empty spot beside Him  
Where once I used to wait*

*To be filled with strength and wisdom  
For the battles of the day  
I would've passed Him by again  
But I clearly heard Him say*

*Chorus  
I miss My time with you  
Those moments together  
I need to be with you each day  
And it hurts me when you say  
You're too busy, busy trying to serve Me  
But how can you serve Me  
When your spirit's empty  
There's a longing in My heart  
Wanting more than just a part of you  
It's true  
I miss My time with you*

*What will I have to offer  
How can I truly care  
My efforts have no meaning  
When your presence isn't there  
But You'll provide the power  
If I take time to pray*

*I'll stay right here beside You  
And you'll never have to say*

*Chorus*

*And it made me realise that God is missing me too...*

*I have been feeling like this for some time – so I definitely need to do something about it. Praying the Rosary Novena is great, but it is not enough for me to feed my spirit – I'm doing all the talking, and there's no space to listen to God speaking to me...*

*This yearning in my heart and spirit to be with God though, is God speaking. Thank you Lord for opening the ears of my heart and letting me hear your voice.*

This entry shows that I maintained my connection with God through praying the Rosary and attending Mass. However, the time came when I felt ready to return to my spiritual practices of Centering Prayer, Lectio Divina, Gospel Contemplation and Journalling. I was ready to let God speak to me, instead of me doing all the talking. It was stop and start, but I think it was another step into my healing process. God's divine spark in me has reignited, calling me to consciously enter the divine dance again. I think that the dance did not stop, I just stop participating consciously because of being caught up in my grief and yes, anger toward God. LaCugna (1991:274) writes that 'The starting point in the economy of redemption, in contrast to the intradivine starting point, locates *perichoresis* not in God's inner life but in the mystery of the one communion of all persons, divine as well as human'. She considers the image of dance for such communion as appropriate, and that a dance of the divine persons should not be disconnected from that of human persons but that 'The one *perichoresis*, the one mystery of communion includes God and humanity as beloved partners in the dance' (1991:274). LaCugna reasons that "There are not two sets of communion—one among the divine persons, the other among human persons.... The one *perichoresis*, the one mystery of communion includes God and humanity as beloved partners in the dance." (1991: 274). Earlier on I spoke about Aidan's exodus from God starting at his birth. However, following LaCugna's statement of God and humans being in an eternal communion and divine dance, for me it follows then that our, and Aidan's dance with God started even before birth.

In 2013, I started reading Macrina Wiederkehr's book, *Behold Your Life: A Pilgrimage Through Your Memories*. It is a self-guided retreat for 40 days. I got as far as Days 3:

The One from whom I came chose my parents – perhaps I even had something to say about the choice. I can't remember those "before the womb" moments. Yet somehow in God's divine plan I was part of this glorious unfolding. I say "Yes" to that moment now. "Yes" to the parents to whom I was born.

(Wiederkehr 2000:26)

After reading this, I could not continue. My mind was reeling, because I thought that if God shows each soul their life and gives each soul the choice to be born, as is described in Day 2 and Day 3 by Wiederkehr, it means that Aidan was given that choice too, and that he had consented, not only to be born, but he had the knowledge that at the age of 4½ he would become ill and he would spend the rest of his life on earth with cognitive impairment and living daily with multiple seizures. I became very distressed and confused at this 'revelation'. On the one hand I could not comprehend that Aidan said yes to a life such as he had. On the other hand, I thought that he so much wanted to be in our family, to be loved by us and to love us back that he consented to the life shown to him. It is therefore of much consolation that Aidan was in the eternal dance with God from before he was born, and that God continued their communion and dance with our, and His, beloved Aidan throughout his lifetime and now in eternity. This ties in with LaCugna's premise that "The exodus of all persons from God and the return of all to God is the divine dance in which God and we are eternal partners." (1991: 304). I can therefore console myself that Aidan was an eternal partner with God before he ever entered my life. I am saying I can console myself with that thought, yet it is easier said than done... LaCugna's conclusion that "The life of God is not something that belongs to God alone. *Trinitarian life is also our life...*" (1991: 222–24), to me, makes us active partners in the dance of life, the dance of our lives and God, through giving us free will, makes us choose how the dance of our life will go until he calls us back to him. Aidan's choice to choose his dance of life, however, left a big hole around which I have to navigate the dance of my life with God. Yet, I can find consolation in LaCugna's statement that "The doctrine of the Trinity is not ultimately a teaching about 'God' but a teaching about *God's life with us and our life with each other.*" (1991: 228). For me, God is always willing and ready to dance in us and with us, but he gives us the choice, as he gave Aidan the choice, as he patiently waited for me to participate again actively and consciously after Aidan had died.

Relating to the spiritual aspect of continuing bonds with Aidan, I wrote the following in my diary:

*Thursday 18 September 2014*

*About two weeks after Aidan died, I was busy in the kitchen. The question that came up for me was, "I am missing him so much, does he even think about us?"*

*And the scripture that came to mind was that of the rich man who died. When he was alive he would not give Lazarus, the beggar, any food. Instead, he let him eat the food that was thrown to the dogs. When he landed in hell, he wanted Abraham to bring him water. He was then told that the divide between heaven and hell cannot be crossed. Then he asked for someone to please go and warn his brothers.*

*The message of consolation I got from this is that our loved ones think and care about us even after death – so I know Aidan thinks and cares about us, his family.*

I take comfort from Klass (1999: 124) who states that “for bereaved parents, solace comes in the sense of transcendent reality experienced in the midst of devastation. Solace comes into the heart of pain. Solace is found within the sense of being connected to a reality that transcends the self. Among bereaved parents, their interaction with their dead children is merged into their other experience of transcendent reality”.

Klass continues by saying that

at its core, immortality is a social reality, not an ontological reality. It is actualized in the continuing bond between parent and child, in the love that does not die. The reality of an immortal child is not in an imagined better world outside this one...In the continuing bond with the parent's dead child, the child remains immortal in the parents' memories, and the parent makes the child real in the life the parent now lives dedicated to the child's memory. So long as this lives, the child lives in the Eternal Now. Klass (1999: 124)

Aidan had died many hours before I returned home, so his body was already cold. My yearning has been to be able to say goodbye. I literally prayed for the grace to be able to say goodbye. I believe that God granted me that grace. I was lying on my bed a few weeks after Aidan had passed away, aching with grief, when I heard a softest of whispers, “*Mom*” then I felt a barely-there kiss on my cheek. I just knew it was Aidan, even though in life he used to

give bear hugs and sloppy kisses. My experience of sensing Aidan and continuing to maintain his presence in our family life, is demonstrated by Klass (1988, 1993a, 1993b, 1999) in his ethnographic studies on parents' loss of their children, that they frequently continue some form of relationship with their children who have died. Klass' collection of the narratives of these parents, includes experiences of sensing the dead child's presence, hallucinations, and feelings that the dead child still has an active influence in the parents' and families' continuing lives. Klass and his colleagues understood that these continuation of bonds to the dead child are quite regular and cherished grief experiences that can facilitate the process of adjusting to the loss, instead of construing these experiences as strange and harmful to the health and well-being of parents.

According to Attig (1996) many parents cope with their loss through engaging their spiritual beliefs and practices. Parents may also turn to religious support resources when dealing with the loss of a child, searching for meaning in the loss or relying upon the promise of particular religious beliefs that bring comfort to them (Cook & Wimberley, 1983; Edmonds, 1993; Klass, 1993). I desperately held onto my Catholic faith and prayers. I prayed the rosary daily, because I was afraid if I did not, I would never pray again. It also provides much comfort as I could pray through the sorrowful mysteries, walking with Mary through Jesus' Passion, Crucifixion and Death. Strangely, I cried the most when I would pray the Joyful Mysteries and the Glorious Mysteries of the Holy Rosary. I would reflect and compare my own experiences as a mother with the Joyful Mysteries: The Annunciation – the awe and joy I felt when the doctor told us that I was pregnant would make my heart ache that Aidan was no longer with me, The Visitation – when my parents come to be with me for Aidan's birth, The Birth – remembering going into labour and the joy of Aidan's birth, The Presentation – Aidan's baptism that was specially arranged because my parents needed to leave earlier because my mom's aunt passed away suddenly, and Finding of Jesus in the Temple – reminded me of how we had to look for Aidan so many times when he would take a walk on his own, the fear we felt while searching for him, praying that we would find him unharmed, which time and again would be the case due to what we believe to be God's hand of protection over him. The Glorious Mysteries, I think, more than anything, made me angry and upset initially in addition to deeply sad, because even though I believe that Aidan is alive

in heaven, Jesus was resurrected in this life and his mother could see him, while I did not have that same privilege.

Although reliance on religious sources of support may be facilitated through discussion with clergy, believing friends or family, the source of support lies in the religious beliefs or meanings that a person believes in or holds to be valuable (Cook & Wimberley, 1983). Holding on to my religious beliefs and faith was what kept me sane. It is so easy to fall into a black hole. Prayer is what kept me going. Believing that Aidan is in heaven, kept me going. Believing that I will join him one day is what kept me going. But at night, trying to keep going, made me fall into bed exhausted. Grief exhausts a person. Trying to carry on with life while keeping grief at bay during the day, is exhausting. The only way to get through it, to quote a cliché, is one day at a time.

During the earlier stages of bereavement, it is common for bereaved parents to question God's mercy and to feel intense anger at God when a child dies (Edmonds, 1993; Knapp, 1986). Over time as parents search for resolution of their grief they may rely upon particular religious concepts for some comfort and peace. I accepted that God has taken Aidan, but I wish that he did not. I went through the different emotions of grief, and anger was definitely one of the emotions I felt. I think part of me wanted God to have 'consulted' me, strange as it may sound. But part of me knew that I would have prayed for Aidan to live had I known that he was dying. And God, in His wisdom, knew that this time, there might have been worse damage to his brain. Yet, my mother's heart still yearn for God to have left Aidan with me.

Cook and Wembley (1983) and Wuthnow *et al.* (1980) found that religious parents' theodicy of grief displays the following elements:

- i. Blame or question the mercy of God
- ii. Question the benevolence of God
- iii. See death as a punishment for parental wrong-doing
- iv. Believe that their child's death occurred because it was intended by God to serve a good and useful purpose
- v. Feel that the child is better off, especially in the case of debilitating illness or disability
- vi. Believe that they will be reunited with the deceased child in Heaven

Although I did not, and still do not question God's mercy or benevolence of God, I did blame God for taking Aidan so unexpectedly. In hindsight, I think that was my biggest point of anger towards God. Deep down, I would have wanted to be prepared. The guilt I felt was because I felt, as a mother I should have known the moment he died. How could I not have known? I knew that he was not well, with increased seizures; I felt it in my own sympathetic reaction when my head was aching to the point that I could not see. [I am tearing up as I am writing this all these years later, reliving that last day and night of Aidan's life. I need to take a break now.]

(This is the next day. I had burst into tears after writing the previous paragraph and was sad the rest of the day to the point where I could not write. I hope that today I will have a less emotional response.)

I do not view Aidan's death as punishment for something I did wrong. When Aidan first got ill as a toddler, I was a young mother, and even my spirituality was not as developed as it, hopefully, is now. I did think that God was punishing me by causing my healthy, bright boy to become intellectually impaired. I thought that it was because I placed such a high premium on the intellectual. I have, through the years come to accept that it was something God allowed to happen. I had stopped fighting against his disability and seizures and have learnt to love him for who he was. That was my fight with God. In one of my rants with God, I said, "Now that I have learnt to love him the way he is, now you choose to take him."

I did not believe that Aidan's death was intended by God to serve a good and useful purpose. That would go against my beliefs that God has our best interests at heart. That would mean that God used his death to push me to do something for his purpose. I do not believe that God works that way. I do however believe that God can make good come out of any traumatic event once we are sufficiently healed. But not that God cause the trauma so that we can do what he wants us to do.

I did not feel that Aidan is better off, despite his intellectual disability and recurring seizures. Intellectually, I understand that Aidan died because a massive seizure caused a blood vessel in his brain to rupture. My spiritual beliefs tell me that it was his God-ordained time. Yet my

mother's heart was at war against all the thoughts because all I wanted was for him to be alive and with me. No amount of rationalisation could take that away. I would outwardly and even verbally agree with well-meaning sympathisers who would tell me things like, "He is in a better place", "He is no longer in pain", "He is better off". One evening, after such a conversation, I was crying in my pillow, thinking, "I am caught in a lie. I don't think he is in a better place. His place is with me. I am the best person to take care of him."

I firmly believe that Aidan is in Heaven and that I will be reunited with him in Heaven. I believe that Aidan is with Jesus, and that he is with the rest of our family, especially his beloved grandfathers who both followed him a year and a half later.

Gilbert (1992) found three patterns among bereaved parents in regard to the effectiveness of religion as defined by perceptions of God and comfort from symbols and rituals. The largest group of bereaved parents found their religion to continue to be a source of help. Two smaller groups of equal size were comprised of parents who experienced a loss of religion after the death and those who persisted in seeing religion as not relevant in their lives. I can understand that people may experience a loss of religious beliefs after the loss of a child. It is a devastating traumatic event that impact all our beliefs of the world being good, of God being good and having our best interests at heart. I have compassion for people who lose their religious beliefs and those who persist in not having any religious beliefs, because I feel it can leave them without an anchor to navigate the tumultuous waters of grief and mourning. It is difficult enough to grieve and mourn as a religious person, to do so without an anchor, could leave one taking so much longer. People without religious beliefs, hopefully find other support systems to help them through the most difficult time of any parent's life. Personally, I would be lost without my religious beliefs and support and spiritual practices. Gillies & Neimeyer (2006) say that they have also often noticed that anger at God and fate, a normal part of the grief process, may lead a grieving person to lose faith for a while; but when anger subsides, as it usually does through being expressed as a normal facet of grieving, one's belief in God and comfort in faith often return. Thus, the loss of religious faith in time of grief is often temporary.

*Sunday 27 September 2015*

*I met with my current spiritual director on Friday morning. One of the areas that came up, was the fact that I don't read my Bible. A possible reason I offered was that I pray, I am therefore talking to God, but I might not want to "hear" what God has to say to me through the Bible.*

*Reflecting on this yesterday, I came to the conclusion that I accept that this is where I am – for now. Although I resolved during the session to actively discipline myself to read the Bible, for now I will let the Word/ Jesus sustain me on:*

- 1. The Word I consumed previously*
- 2. The Eucharist*
- 3. Contemplation/ meditation*
- 4. Prayer for self and others*
- 5. People and messages I believe He is using to feed me spiritually*

*I am not going to push myself resentfully. I believe God knows me and where I am at. He holds me and accepts me as I am and where I am. I do not need to conform to outwardly fit a mould.*

*My relationship with God in the Three Persons of the Father, Holy Spirit and Jesus is unique, active and transcends the earthly, physical realm where I can truly find union with God on the spiritual plane – and it not a memory from past experiences, it is real.*

*Prayer: I believe, and I thank you, Lord, for my faith and for loving me as I am.*

*(Drawing of Jesus' hand with nail wound, giving me the thumbs up.)*

Kavanagh (1990), in citing the work of Shanfield, indicated that some bereaved parents actually experienced spiritual growth following the death of their child. Thus, religious beliefs may benefit the bereaved and bereavement may enhance religious beliefs. I think spiritual growth really can only be assessed long after one has managed to come to terms with the loss of your child, and even then it might be difficult to assess. I thought that I had healed sufficiently to be able to run a workshop on parental grief. I optimistically even scheduled around the anniversary of Aidan's death, thinking I would run it as an honour-work. I managed very well throughout the workshop, as I generally do even during counselling. After the workshop, I went home and all the emotion that I kept at bay during the workshop surged to the surface. The weather had changed to stormy winds and dark clouds, and I felt that it echoed what I was feeling inside. I felt that I needed to be at the beach, to feel the waves crashing in tandem with the feelings inside, until both waves and emotion subside. Due to the

weather being too inclement, my husband and I went to a restaurant overlooking the beach, and I watched as the wind battered and bent the trees and waves, finding a resonating feeling inside. By the time we went home, I felt better. It was a painful insight to find that even a few years after Aidan's death, the emotional and spiritual growth I thought I had, was not sufficient, at least not to yet conduct a workshop for other bereaved parents.

Gillies & Neimeyer (2006) found that spiritual resources may contribute to recovery from child loss and have generally found them to function as a protective factor against complicated grief, contributing to the adjustment and recovery process:

First, the belief that their loved ones were at peace, in heaven, in a better place, and no longer suffering was a great comfort. While not necessarily believing in an afterlife, these people did have faith that there is a heaven, that their loved one was there, and were greatly relieved that the physical suffering was over. Personally, this for me is such a two-edged sword. As I said earlier, as much I believe and find comfort that Aidan is in heaven and no longer suffering, the excruciating pain at his loss at times was unbearable. The peace only really came a very long time afterwards. And as I found, years later, reliving his death, still takes me back both to the time around his death as well as the same emotions I felt, still having the ability to affect me greatly.

Second, the traditional aspects of religion were a great source of strength, that is, prayer, faith in God, attendance at church and temple services and masses, and rituals like a funeral mass, unveiling, or communion were very comforting. People relied on the old, tried, and true traditions of their church and faith to provide safety and solace in time of pain. This is certainly true for me. I found solace in my faith and spiritual practices. I also found that they brought both comfort as well as allowed me to express my sorrow. While praying, I could weep and openly speak to God about my pain. I also found that I would weep during Mass, brought on by different triggers, a song that was sung at his funeral requiem mass, a reading from scripture, even during consecration of the Eucharist. The comfort I felt, was that I was able to express myself during my religious practices. Attending a funeral not long after Aidan's, had me weeping bitterly. A friend comforted me, and she voiced the fact that she knew that I was weeping for Aidan – that was a real comfort for me.

Third, the belief in life after death was mentioned as a big help in their sorrow. It gave hope and optimism in that they believed they would see their loved ones again, be reunited with them, and that their deceased loved ones see and support them in their daily lives. Again, believing that Aidan is in heaven is very comforting, but the grieving process is irrational, it does not follow the logical stages from sadness through acceptance. The grieving process can make one jump back and forth from acceptance that Aidan is in heaven, to anger and depression that he has died and is no longer with me. I used to say that my head knows all this, but the reality has not moved to my heart, which continued to grieve.

*Monday 31 August 2015*

***Breaking down at mass last night.***

*(Journal page left empty after heading)*

***A friend sharing of a mother's fb post who had lost her child***

*(Journal page left empty after heading)*

***Counting in fractions***

*(Journal page left empty after heading)*

***I want to howl at the moon***

*(Journal page left empty after heading)*

Three pages with headings only – the significant entry is the date: 31 August 2015 – two days before the first anniversary of Aidan's death. My next journal entry would only be on Sunday 27 September 2015.

Grief leaves one exhausted, mentally, emotionally, and physically. Journaling, writing my thoughts, writing poetry, have always been a way to express myself. During my bereavement, there were times that I could sit and write for long stretches of time, I could write poems to express my grief. Then there would be times, where I would have the intention to write and only manage a heading, as seen in these journal entries. These entries had never been completed, which led to the poem on the next page:

29 Sept 2015

Empty spaces in my

j

o

u

r

n

a

l

B-r-o - - - - - k-e-n

Places

In

my

heart

Scattered pieces

Of

My

t

h

o

u

g

h

t

s

Last night I felt the searing pain

As if being *soured* with a rusty **nail.**  
:  
.

## 4.2. The Scourging

### 4.2.1. Impact of loss on family relationships

The *Catechism of the Catholic Church* connects the family to the mystery of the Trinity: “The Christian family is a communion of persons, a sign and image of the communion of the Father and the Son in the Holy Spirit.” (CCC 2205). This is such a comforting statement. The Trinity stayed in communion even when Jesus was on earth. One such an example is at Jesus’ baptism in Luke 3: 22 the Holy Spirit descended on him in bodily form like a dove. And a voice came from heaven: “You are my Son, whom I love; with you I am well pleased.” So, there was communion between the heaven and earth among the Trinity. With my family, there has always been a close relationship, so even after Aidan’s death that relationship continues among us here on earth but also recognising that he is still part of our family, and will always be until we are reunited in heaven.

Our relationship is extended and continues with Aidan’s school friends, as seen in this journal entry:

*Sunday 27 September 2015*

*Last night we attended Michael’s 21<sup>st</sup> Birthday Party*

*When Sarah invited us, I became very emotional, aching at the fact that we would never celebrate Aidan’s 21<sup>st</sup> Birthday. I told her at first that I would let her know... It was only on Friday that I finally made the decision to go. I was alone at home in the afternoon, and I became very emotional and cried. Afterwards I felt released from the emotional tension and I was glad – I wouldn’t have wanted to become overwhelmed at the party and spoil people’s evening.*

*As it turned out, I was confronted emotionally. All Aidan’s friends from school were there. Jody asked me straight away, “Where’s Aidan?” I did not think she would understand, so every time she asked throughout the evening, I would just say, “Aidan isn’t here.” Obviously, she was not satisfied with my answer because she kept asking. Eventually I told her, “Aidan is in heaven.” She replied, “I am missing Aidan.” That was one emotional instant, in addition to seeing the friends and their parents.*

*My emotions eventually subsided, although the first speeches made me reach for my tissues. And of course, Jody, throughout the evening, telling me every time she sees me, “I am missing Aidan.”*

*I am glad I went – another step towards healing.*

*It was great seeing Carl, Neeltje's son, enjoying himself on the dance floor – he certainly Moves Like Jagger ☺*

*The ache of missing Aidan is still here.*

*It will always be here.*

*I miss him every day, especially after encounters like yesterday. So today, I will take it easy and just be ... and gather myself unto myself – all the scattered pieces.*

Aidan's continued presence as part of our family is also felt in our extended family, as seen in this journal entry:

*Saturday 16 January 2016*

*Andrew's 50<sup>th</sup> birthday celebration – the big function I was planning had to be cancelled because Andrew did not want a fuss, and also because his dad was in hospital for almost the entire December. We had the celebration at home with close family and friends.*

*My parents, my brother and sister and her children were down for the holidays. We had some wonderful times together – making memories, as my sister kept saying.*

*We went to Church a few days before they left for Cape Town again. Daddy wanted to visit the memory wall at Church where Aidan's ashes were interred. It was an emotional time, but also one of closure for daddy, who could not be at Aidan's funeral because he was on chemo at the time.*

*On Friday morning at 6am, Imelda called to say that the hospital had called, we needed to go urgently. Dad had been in hospital almost the whole of December. I finally went to see him Thursday evening. He was on oxygen, breathing very shallowly. After Imelda's call, while Andrew and I were getting ready, I started praying.*

*I saw a vision of two rows of angels in pure white light. Dad was walking from one end in the middle, looking very bewildered. His grey safari suit was hanging on him as he had lost a lot of weight lately. I said to Aidan, please meet Grandpa, he doesn't know these people.*

*We arrived at the hospital around 7am. Ma told us that Dad had just passed on. His body was still warm. I later found out that he had passed on at 6 already – around the time that I had the vision...*

*While we were in the private room where staff had put Dad, I became aware of a clenching feeling around my heart. Upon introspection, I realised that I was envious of Dad – that he was getting to see Aidan and I was not. All in all, this was an emotional time.*

Because of my belief that Aidan is in heaven, I also believe that Dad had gone to heaven and that Dad would therefore meet and be with Aidan, while I could not. In April 2016, our

family suffered another loss with the sudden passing of my Dad. The impact his passing had on me will be discussed in the Chapter 4. The continuing impact of both my dad's and Aidan's death on me, is reflected in the journal entry below:

*Sunday 18 September 2016*

*1 September – Daddy's birthday*

*2 September – Aidan's 2<sup>nd</sup> anniversary*

*Knowing beforehand that it would be an emotional time around 1 and 2 September, I contemplated taking leave for those two days. The decision was taken out of my hands when I got ill and was put on sick leave. I had time, after my fever broke and I started to recover, to just be, and to allow myself to feel, and to cry.*

*A turning point was when Alquin woke up one morning telling me he had such a terrible headache overnight and no amount of painkillers made it go away. I told him to stay at home and go to the doctor, but he insisted that he was going to school. This set me into a panic, because I was taken right back to Aidan's death due to a burst vein in his head.*

*After everyone had left, I sat in the lounge, fear gripping me. I started praying for my family, especially for Alquin. I started crying when I looked at Aidan's photo, pouring out to God my heartache at losing him and Daddy, and not wanting to lose Alquin or another loved one.*

*When I calmed down, I felt at peace – the peace of God.*

*Later in the morning, I went to the bathroom, and doubts about Alquin assailed me again. A voice just then said, "God said it will be ok." Immediately, another voice said, "He said no such thing." Just then it came to me, "The answer is in the message you sent to others." I then remembered the encouraging message I sent to friends early that morning: "To have peace no matter what you are going through, because with God all will be well." So as much as the message was for others, it was most especially for me.*

*Friday 2 September, Aidan's anniversary, I went to bed by 6. My mother- and sister-in-law*

*came, but I did not get up. They watched a sacred music DVD with Andrew. One of the pieces had a haunting tune which made my heart clench, and I wept in my pillow. When my brother-in-law and his wife also came to visit, I forced myself to get up.*

The anniversary of Aidan's death and his birthday continue to be difficult days for me. I never know how I will react emotionally on the day. Sometimes I act strong when inside I am highly emotional. Other times I will give in to the emotions and just crawl into bed, not pretending that I am fine.

Aidan's death impacted on my family relationship in a similar way as expressed by other participants: the fear of losing my other children. As a parent, from the time they were born, the fear is always subconsciously there. But after Aidan died, it became more prominent. With Austen, our youngest, it was tempered by the fact that he attended school where I teach, so he was with me most of the time. With Alquin, it became very intense. He started chomping at the bit of me having become over-protective, and started pushing the boundaries of coming home later than his curfew. I would go almost mad with fear and anxiety, praying with my heart in my throat until he would get home. The worst experience was during the riots of July 2021, when he also went to stand watch to prevent rioters coming into the neighbourhood. I prayed the entire time he was out, and I could hear gunshots. I barely slept, until he would let me know by four in the morning that he was home safe. One evening couple of weeks ago, when Alquin was not home at the expected time, I got worried and tried repeatedly to phone him but he did not answer his phone. Eventually I phoned his aunt where he had been visiting and he answered her phone, saying he had been in an accident but that he was fine. Someone had been speeding, drove over a red light and into his car causing the car to spin due to the impact. My fear response was activated even though he said he was fine. I could not sleep until he got back home with his father who went to check up on him while waiting to do statements with the police. Only when they arrived back home at around 1.30 am, could I have some sleep on and off. The fear of losing our other children is a reality for bereaved parents even though it seems to be irrational at times. I tried to find literature about this phenomenon and could not find any, which bears further research.

#### 4.2.2. Impact of loss on other relationships

I wrote the following poem at the news of the death of a colleague's son. The news really caused such inner turmoil as it hit a sympathetic nerve of my own loss.

Saturday 27 August 2017

Today I saw the wind  
Come gushing toward me  
Rushing over me  
As I stood in the onslaught  
Of particles of air turned solid  
Bombarding me  
Threatening to sweep  
Me off my feet

The news of another son  
Taken from a father, a mother, a brother  
Suddenly, with little warning,  
Catapulted me into the heart  
Of the whirlwind  
Of the day when my son  
Was taken from his father, his mother, his brothers

And as I said a silent prayer  
For another family in mourning  
Slowly the calm settled gushing mind-storm  
That was my spirit  
Responding in sympathy  
Of a mother who knows grief  
To another mother who now knows grief

I look back and I realise that my emotions were impacted by other families' and other mothers and their loss of their children. I did not know my colleague's wife, but my heart especially went out to her, the mother. I attended the funeral, and conveyed my sympathies to the mother. Although I knew from my own experience that she would not even remember everyone who were at the funeral, but that afterwards it would be a comfort that so many people came to support her. The funeral was made all the more poignant when it was conducted by their eldest son, who is a priest. I marvelled that he could stay so strong to conduct his brother's funeral. I might have projected my own experience of preparing my

dad's eulogy and bursting into tears while preparing, and the emotional exhaustion I felt after delivering the eulogy at the funeral.

A funeral is a celebration of the life of a person, and also their continued life in eternity. Other celebrations we have, include them as part of their continued life with us in our memories, in talking about them, even if talking about them and the memories are bittersweet. Sometimes they may bring joy and laughter, and sometimes evoke tears. This is all part of their continued life with us.

### 4.3. The Carrying Of The Cross

#### Impact Of Loss On Professional Life

Let the memories come  
Like an avalanche of rocks  
Bombarding emotions  
Suppressed so long in sadness

Let the memories come  
Like fragrant spices  
Assaulting the senses  
With imprints of happiness

Let the memories come  
Like a cool summer breeze  
Refreshing the skin  
Leaving behind joy and peace

Let the memories come  
Like a warm winter blanket  
Enveloping the body  
Cossetting the mind in love and tranquillity

Let the memories come  
In stillness of early morning dew  
In busyness of afternoon sun  
In silence of late-night mist

I shall acknowledge them  
I shall cry  
I shall smile –  
At my memories of you

This poem was written as I tried to embrace the fact that my grief and memories permeate every aspect of my life, including my professional life. I have tried to push my feelings and memories aside, but they would intrude anyway. By acknowledging and embracing them, I could navigate my life, especially my professional life, conscious of the fact that the feelings

and memories may intrude and therefore be more prepared in how to handle them and cope at that specific point.

I take comfort from the life and writings of Henri Nouwen, who popularised “The Wounded Healer” as a metaphor for ministers who are called not only to care for other people’s wounds but to make their own wounds into an important source of healing. He explains the deeper meaning of this phrase as follows:

But the mystery of our ministry is that we are called to serve not with our power but with our powerlessness. It is through powerlessness that we can enter into solidarity with our fellow human beings, form a community with the weak and thus reveal the healing, guiding and sustaining mercy of God. As followers of Christ, we are sent into the world naked, vulnerable, and weak, and thus we can reach our fellow human beings in their pain and agony and reveal to them the power of God’s love and empower them with the power of God’s Spirit.

(Nouwen 2007:64).

Zerubavel and Wright comment on Nouwen, saying that

The wounded healer paradigm suggests that wounded and healer can be represented as a duality rather than a dichotomy. Woundedness lies on a continuum, and the wounded healer paradigm focuses not on the degree of woundedness but on the ability to draw on woundedness in the service of healing.

(Zerubavel & O’Dougherty Wright 2012: 482)

However, they voice the following caution:

Importantly, being wounded in itself does not produce the potential to heal; rather, healing potential is generated through the process of recovery. Thus, the more healers can understand their own wounds and journey of recovery, the better position they are in to guide others through such a process, while recognizing that each person’s journey is unique.

(Zerubavel & O’Dougherty Wright 2012: 482)

Recognising that I needed to take on less responsibilities and focus on healing, I made the decision not to continue extra counselling sessions at our parish, as seen in the diary entry below.

*Saturday 20 June 2015*

*I told Fr JB that I won't be doing counselling at Church, and he agreed that the Church would refer people to my home-office.*

It took almost two years before I started doing longer workshops. Doing workshops are also emotionally exhausting, as the workshops are interactive, and start with looking at the self, and often it leads to me having to provide some form of emotional support.

In March 2017 I conducted a weekend training workshop for lay spiritual companions for a sister parish. It was a small group of 8 participants who knew each other. During the weekend the group bonded even more, and I found myself also being included in their circle, as they freely shared deeply personal from the beginning. One particular gentleman made an impact on everyone, including myself. He 'prophesied' that I would go on a spiritual journey and would then have to decide whether I would continue teaching in a public school, or go fulltime into ministry.

I left a few days after the workshop for Cape Town to spend the first anniversary of my dad's death with my mom and the rest of the family. Two days afterwards, I woke up to many missed calls on my phone from the participants of the lay spiritual direction participants. They had sad news: the 'prophetic man' had been in an accident and was in critical condition in hospital. Many distraught calls followed from the various participants – we were all in shock. We said many prayers for his recovery, but he sadly passed away a few days later. I went into mourning for a man I had known for only a few days. I was shocked at the depth of emotions I felt. It was with gratitude that I found, in reading about grief, that although this is disenfranchised grief – grief where the relationship to the person would seem questionable by outsiders, it was very real and legitimate (Doka 1989; 2002; 2008). In Doka (2008: 223–240) states "I define disenfranchised grief as grief that results when a person experiences a significant loss and the resultant grief is not openly acknowledged, socially validated, or publicly mourned. In short, although the individual is experiencing a grief reaction, there is

no social recognition that the person has a right to grieve or a claim for social sympathy or support.” Finding validation for my feelings of grief for someone I barely knew, meant a lot to me, and it certainly will help me to validate other people’s disenfranchised grief, both in my personal capacity and as a counsellor. Thompson (2012) found that people quite often present with disenfranchised grief and that counselling is a great help to validate their feelings and experience. However, there is also the need for counsellors to familiarise themselves with the theory of the disenfranchised grief concept, as not all the counsellors in the study were aware of the concept. As a pastoral counsellor, I was aware that feelings of grief can occur with any type of loss, but I was not aware of the term disenfranchised grief until doing research for my thesis.

My own grief experience at Aidan’s death, made me hyper-sensitive for other people’s loss and grief. I felt a sort of kinship grief when an acquaintances’ son passed away. The shock of their son’s death made me write the following poem:

27 December 2016

#### Kaleidoscope

A kaleidoscope of rainbow colour  
are our lives  
a bonded family  
swirling, swishing  
moving from birth  
moving through life  
twirling, turning  
in the dance of life  
each movement accentuated  
by a different colour  
each event flowing into the next  
until the final  
circling, twisting  
of body  
of breath  
marking the transition  
from temporal to eternal life  
leaving behind the rest of us  
crying, lying  
prostrate in grief  
as our lives continue separately  
a kaleidoscope of black and grey

Interspersed with trying to continue with my professional life and ministry, I am continuously confronted with the sting of death, whether it be from people close to me, or those I have known briefly, or not so well.

## **Conclusion**

This chapter covers the impact the loss of Aidan had on my personal life and family life. It covers the emotional rawness and I felt, as well as feeling abandoned by God. The writings of Moltmann and LaCugna, resonated with me as I could see myself in the suffering and abandoned of Jesus on the cross in Moltmann and in my and Aidan's lives being part of the eternal dance of the Trinity in LaCugna. I also relate the continued relationship with Aidan for us, his nuclear family, as well as the extended family, in particular, his granny with whom he had a special bond. The impact that Aidan's death has on our family includes grieving together initially, but eventually grieving separately for fear of affecting Andrew and my other two sons, Alquin and Austen. It also includes the fear of losing my other children. This chapter covers the impact the loss of Aidan had on my relationships with other people and my professional life. I found that when other people lost children, it deeply touched me. My professional life had to be continued and conducted as a wounded healer, continually being mindful not to allow my personal experience of Aidan's loss, overshadow the counselling relationship.

In the next chapter I will explore my coping mechanisms and where and how I drew strength to get through my loss and grief.

## **CHAPTER 5 THE RESURRECTION**

### **Introduction**

In this chapter, I reflect on my journey through grief at the loss of my son. I reflect on the impact my loss and grief had on my emotional and spiritual life, resuming my professional life as wounded healer while still grieving, as well as starting a new position at a school. Resuming professional life as wounded healer and starting a new position, tie in with the section on resilience, as well as the section on growth from traumatic experiences. I wrote this chapter autoethnographically on my personal grief experience, using photos, pictures, poems and journal entries of my grief journey.

### **5.1. The Last Supper**

#### **Strength from Spiritual Practices**

I cried a lot during Mass in those first few months. I did not intend crying, and it was not always at the same point during Mass, but inevitably something will trigger my emotions and the tears would flow. It might be words from a hymn, or even just the haunting melody, or a hymn that was sung at Aidan's funeral. Sometimes it would be during consecration ... One of the worst times was during the first Christmas Midnight Mass, three months after Aidan's death. I literally dripped tears during the entire Mass service. The worst was after communion, when I remembered the previous year my mom and dad were looking after him, and this year he would not be there when I get home. I ended up sobbing so hard, my friend next to me put her arms around me and comforted me, saying that she can see my suffering. Perhaps, it was God speaking through her, even though I did not even think of it like that at the time. I was clearly still in the acute phase of grief, which much of the research describes as lasting 6–8 weeks but which is grossly inadequate for the death of a child (Rando, 1993; Rosenblatt, P.C., 2016; Malacrida, C., 2016; Vegsund et al, 2019; Lichtenthal, 2019; Pohlkamp et al. 2019; Calderwood, K.A. and Alberton, A.M., 2023.).

It is amazing how, as pastoral counsellor having accompanied many people on their grief journey, I seemed to have forgotten that grief does not have a linear timeline, nor does it have a timeframe where the stages and tasks of grief would be finished. Yet, there I was, five months after Aidan died, trying to set a timeframe, as I wrote in my journal:

*Lent 2015*

*My Lenten intention:*

*A TIME OF HEALING – FINDING INNER JOY IN KNOWING GOD IS WALKING WITH ME.*

*I want to honour his life by writing a book on childhood disability and its impact on family life. But at this time, I need to heal sufficiently to be able to cope with the task and do justice to it.*

*Lent 2015 is therefore the time for healing:*

- *From grieving the loss of Aidan*
- *Moving towards honouring his life*
- *Re-establishing my strength to be able to return to ministry*

When I read this a few years later, I actually want to laugh at my naïve self. I have spoken to other counsellors, as well as what came up during the interviews with the participants of this study, and we all say the same thing: it is as if you forget all your training when you are the one who suffer a loss. The above journal entry is proof of that. I cannot believe that I gave myself six months to be done with grieving, after I have told so many clients that it takes at least 18 months to heal to a sufficient degree, and even years later, memories can still put you right back on that fateful day, as I found recently when writing about the day before Aidan died. This ties in with the research that parents may report a ‘shift’ in their grief around four to six months after the death, where the every-minute intensity of their grief is replaced by the grief coming in waves (Rosof, 1994; Hunt, S. and Greeff, A.P., 2012; Stevenson et al., 2017).

I found that I constantly want to push myself, I always feel as if I am not doing enough. Even wanting to return to ministry at my local parish within three months of Aidan’s death. Fortunately, I had a moment of discernment and clarity, as the journal entry below shows:

*Saturday 21 Feb 2015*

*Day of reflection*

*During Adoration of the Blessed Sacrament, I reflected on the fact that I want to go see Fr JB*

*about ministry. And as usual I questioned what I would do, especially in terms of counselling, considering I come home so late from school. Then the realisation came: I AM ALREADY IN MINISTRY. I am seeing clients at my home-office – therefore I AM IN MINISTRY.*

*I AM THAT WHICH I SEEK I AM*

*WE ended Mass by singing ‘How great is our God’ and I had a vision of all the angels and saints praising God before His throne. And I know Aidan is in the choir of angels. I became very emotional. It is always a mixture of gratitude and grief that he is in heaven when I miss him so much on earth.*

*BUT I KNOW GOD IS WALKING WITH ME.*

I definitely turned to my faith and religious beliefs during my time of grief. Research has found that many parents turn to religious support resources when dealing with the loss of a child, searching for meaning in the loss or relying upon the promise of particular religious beliefs that bring comfort to them (Cook & Wimberley, 1983; Edmonds, 1993; Klass, 1993; Walsh, F., 2003 & 2019; Ogińska-Bulik and Kobylarczyk, 2019; Doehring, 2019). Although reliance on religious sources of support may be facilitated through discussion with clergy, believing friends or family, the source of support lies in the religious beliefs or meanings that a person believes in or holds to be valuable (Cook & Wimberley, 1983).

I had a very strange encounter on 14 February 2015. It was six months after Aidan had died. The journal entry was written about two weeks later only, showing the extent I was affected that I could not even write anything during that time:

*Thursday 26 February 2015*

*My intention for Lent is for my healing from grief for Aidan. It is difficult, but I can say that there are good days which are becoming more than the bad days.*

*One of the worst days was when this strange woman contacted me saying that she communed with Aidan. My initial reaction was shock and I burst into tears. Then I was tempted to meet with her.*

*When I finally grew calm and turned to God in prayer using the Rosary, the first Gospel text of the Glorious Mysteries was: “Be not afraid, he is not here ...” I prayed my goodbyes to him, surrendering hi, again, to Jesus and Our Lady. I believe Aidan is happy and healthy and whole and safe in heaven, not wandering around, lost, on earth.*

*Yet there are still times when I succumb to tears, when my heartache at missing him becomes overwhelming. But I know where he is, and with whom he is.*

*Prayer: Lord, I surrender Aidan to you despite my grief. Thank you for your comfort.*

It was quite early that Saturday morning, and Andrew and I were on our way to the shopping centre. He gave me a note, saying the secretary at school had given it to him. On it was a name and contact number. I thought it was someone wanting counselling. On the way, I called, and a man answered. When I said that I was given this note, he handed the phone to a woman, his wife. She said her name and then said that she had a gift. I assumed that someone had given her a gift to give to me. Then she elaborated that she had the gift to communicate with souls who had passed on. She explained that she was waiting for her husband outside Andrew’s school, and she ‘saw’ a young man outside the school. Until then I assumed she really had physically seen someone. I listened in shock as she said that it was “your son”. He said to tell me that he can see my suffering and he knows we did not say goodbye. I burst into tears. Andrew got upset and asked who this person was who made me call them and was making me cry. I calmed down a bit. She then told me that Andrew and I could come and see her, but not that day because it was their anniversary. She would send details when she would be available. When we ended the call, I told Andrew what she said, and I got emotional again. Thanks God Andrew brought a voice of reason. He said that I know as Christians we are not supposed to commune with the dead. Then we spoke about the Old Testament account of Saul going to the witch of Endor to call up Samuel and how God is against that. I then said that the other thing was why would Aidan go to a strange woman to tell her when he could come straight to me. Secondly, what really upset me from her whole story, is her implying that he is not at rest and roaming like a lost soul. I firmly believe that he is in heaven, and I do not believe that he had any unfinished business to be roaming the earth. Thirdly, the final whole I poked in her story, is that I believe that God had granted me the grace for him to

come and say goodbye to me. To this day I can still feel the gentle kiss on my cheek and the soft whisper, “Goodbye”. I then told Andrew, this woman does not know all this. He then said that she might have ‘seen’ someone, but it is definitely not Aidan. He added that she does not realise that she is dabbling in dangerous occultism that can open her up so spiritual forces she would not be able to control.

We did our shopping and he dropped me at home to run another errand. When I got to my bedroom, the morning’s events came flooding back and I became extremely emotional and agitated. I frantically tried to get hold of our parish priest and when he was not available, an older friend. When I could not reach either of them, I cried out to God. I opened my rosary prayer book to the Glorious Mysteries, and the first scripture made me break down in tears of gratitude. It is Matthew 28: 5-6 the angel said: “Do not be afraid... He is not here, He is risen as He said.” My interpretation of this was that God was telling me that I need not be afraid that Aidan was roaming earth like a lost soul, because he is not here on earth, he is in heaven with Him, as He had promised.

The woman contacted me and told me her fee, so it was her business. When I told her that Andrew and I discussed this and that it was against our beliefs, she contacted me again very persistently. Our parish priest, who had contacted me by then, told me to block her, which I did. This encounter made me realise how people can take advantage of people’s grief at the time when they are most vulnerable.

My faith made me find consolation at the most difficult moments during my grieving process. Spiritually, it was truly my anchor that I was holding on to even when my body ‘remembered’, as shown in this journal entry.

*Thursday 5 March 2015*

*On Monday I had such a tension headache, starting with my neck and shoulders. When I got home I put the neck-brace on, after Alquin rubbed some anti-inflammatory gel on my neck and shoulders. I had a darkness in my head and eyes...*

*On Tuesday I remembered the date: Monday was 2 March, six months after Aidan passed*

*away. And the thought crossed my mind, whether I am destined to commemorate his passing like this – with the same headache and darkness in head and sight as I had the night before he died, signifying what he must have experienced before he died of bleeding on the brain.*

*My heart just ached at the thought...*

*My only consolation is that he is now healed – whole in body, mind, and spirit, in the presence of Jesus, Mary, the Father, the Spirit and all the angels and saints.*

*THANK YOU, JESUS.*

My faith made me recall and recite all the beliefs I had about death and eternal life. It helped me cope and doggedly put one foot in front of the next, one day at a time.

Researchers found that the process of mourning for one's child encompasses dealing with loss of the loved child, as well as with the loss of part of one's self (Videka-Sherman, 1982; Rando, 1986; Bonanno, 2019; Currie et al., 2019; Neimeyer, 2019; Harris and Winokuer, 2019; Cleiren, 2019; Pelacho-Rios and Bernabe-Valero, 2022.). Parental identity, for a great part, is centred on the basic function of the parent, which is to provide and do for one's children. The death of a child denies parents their ability to fulfil their functional roles. The loss of a child often makes parents feel as if they themselves had also died and lost their identity (Edelstein, 1984; Knapp, 1986; Lichtenthal et al., 2010; Spuij et al., 2013; Lichtenthal et al., 2019; Currie et al., 2019). The parental grief process is often extended because the parent has adapted to the child's death as well as re-construct their own identity. Parents have to learn to see themselves and the world in a new way which profoundly alters parents' sense of their individual identity (Klass, 1993; Lichtenthal et al., 2010; Spuij et al., 2013; Lichtenthal et al., 2019; Currie et al., 2019)).

I did not read Scriptures for a long time, but eventually I started reading and reflecting on Scripture again. Although I prayed, and that kept me anchored, I could not read the Word of God. I have come to understand that it was because through, mostly, set prayers I would talk to God. But because deep down I was angry at God for taking Aidan from me, I did not want Him to talk to me through His Word. Because I was constantly trying to push myself to get out of my grief, I was pushing to do things – school, ministry, counselling. Yet, even my own

thoughts about wondering what to do and when to do it, would exhaust me, as I was still grappling with the exhausting grief emotions. Klass (1993) found that parents often undergo changes in religious understanding, as well as experiencing spiritual connections with the inner representation of their child who has died. Bereaved parents find some measure of meaning in the traumatic loss they have experienced when relying on religious sources of support which can diminish anxiety. Eventually, I came to realise that I need to be patient with myself and take the rest that I needed. This can be seen in the journal entry below:

*Thursday 12 March 2015*

*Reflection on Deuteronomy 36: 21b; c*

*The land had its years of rest and was made acceptable again. While it lay in ruins, the land had its 70 years of rest.*

*The land → me*

*Years of rest → restoration from overuse/ overwork/ work in the wrong places/ restoration from anger, resentment, frustration, impatience, pride, doubt.*

*Made acceptable → by God – healing, purifying, disciplining, filled with love, compassion, joy, hope, mercy, peace, trust – to do what God wants me to do to fulfil His will in me.*

*While it lay in ruins → grief-stricken, mourning, filled with anguish, heartache, tears, rage at the injustice of Aidan's untimely, unexpected death.*

*The land (me) had its 70 years of rest → long period of recovery from grief and being unable to do the work God wants me to do.*

*Prayer:*

*Dear Lord, thank you for your patience with me.*

*Thank you for the insights you give me – that it is okay to take my time to recover.*

*Thank you that you are God who walks with me, even when I feel prayerless and alone, deserted by everyone, including You.*

*INTO YOUR HANDS I COMMEND MY SPIRIT.*

Retreats had always been a wonderful time of rejuvenation for me, physically, emotionally, and spiritually. When the opportunity came to go on pilgrimage to Ngome Marian Shrine, I jumped at the opportunity.

Sunday 19 April 2015

*I went to Ngome Marian Shrine for the Easter weekend.*

*Andrew and Alquin were going to be busy every day till late at night with two shows per day for the Passion Play in which they were participating at the Playhouse. So, I decided to go to Ngome. I have been wanting to go for a long time and when I heard that Craig was going, I asked to go along.*

*We arrived just before 3pm – the time of Good Friday Service. The service and readings were all in Zulu, but I managed to follow the liturgy – being the same all over the world in the Catholic Tradition.*

*After supper, I was feeling irritable. Everybody was going to watch a religious DVD, but I wanted to go to the springs. Ever since my first overnight visit 17 December 2014, I felt that I had unfinished business, so I was eager to start “My Retreat”. Eventually, Craig and Shireen went with me at around 8pm. It was quiet, and the darkness, with only the lights along the path guiding us made the walk feel sacred.*

*We presented ourselves, all I said was that I have come and that I was open to whatever I need to experience. Deep inside, however, I did hope for a sign...*

*Craig asked that we say a decade of the Rosary. After each Hail Mary, we said a personal prayer, taking turns. I found that a beautiful way of praying the Rosary. Back in the room, my roommates and I spoke at length. One thing we agreed upon is that Mary is there to point us to Jesus.*

*Saturday morning after breakfast we all went back to the stream. My wish to be alone was granted when eventually all of them went back to the rooms.*

*I again said that I was there and that it did not matter whether anything miraculous happen, I have come. As I sat in silence, the song All to Jesus I surrender, came to mind and I started singing softly. I just kept singing, sitting with my feet in the stream.*

- *All to Jesus I surrender,  
All to Him I freely give;  
I will ever love and trust Him,  
In His presence daily live.*
- *Refrain:  
I surrender all,  
I surrender all;  
All to Thee, my blessed Saviour,  
I surrender all.*
- 1. *All to Jesus I surrender,  
Humbly at His feet I bow;  
Worldly pleasures all forsaken,  
Take me, Jesus, take me now.*
- 2. *All to Jesus I surrender,  
Make me, Saviour, wholly Thine;  
Let me feel the Holy Spirit,  
Truly know that Thou art mine.*
- 3. *All to Jesus I surrender,  
Lord, I give myself to Thee;  
Fill me with Thy love and power,  
Let Thy blessing fall on me.*
- 4. *All to Jesus I surrender,  
Now I feel the sacred flame;  
Oh, the joy of full salvation!  
Glory, glory, to His Name!*

*Words: Judson W. Van DeVenter*

*Melody: Winfield S. Weeden Published 1896*

*Eventually, other people came to pray and take water, and I left.*

*I took the way of the cross...*

*The dam walls on my pain and emotions broke even at the first station. I cried at almost every station, because the similarities I found in the suffering of Jesus and that of his mother, Mary. At that point, Aidan became Jesus; I became Mary...*

***First Station: Jesus is condemned to death.***

*Jesus was innocent to be condemned to suffering physical flogging with his mother having to*

*look on. Aidan was innocent, condemned to suffer since contracting encephalitis and intractable seizures – with me, his mother, looking on. I burst into tears at the heart-wrenching memory.*

***Second Station: Jesus takes up his cross.***

*Jesus knew that when he took up his cross, that the end of his suffering was his death. For Aidan the end of his suffering was his death. This realisation broke my heart because part of me always hoped and prayed through the years that Aidan would be completely healed. This was part of my petitions for the 54-Day Miracle Rosary which ended a week before Aidan died. I stood at this station, sobbing, with my heart physically paining.*

***Third Station: Jesus falls for the first time.***

*Jesus was already weak with blood-loss from the flogging. Scientists have found that the thorns in his crown were longer than 10cm and the force with which the crown was pushed onto his head must have penetrated his skull and brain, resulting in internal bleeding. Again, the similarity had me breaking down into uncontrollable sobs. Aidan must have ruptured a blood vessel the night before he died already, and was slowly dying – and I did not know ... As I am writing this my heart start aching and tears are welling up...*

***Fourth Station: Jesus meets his mother.***

*This station “killed” me. I said to Jesus, “Your mother was with you on your journey to the cross. I didn’t have that opportunity. Aidan died alone – by the time I saw him, he was cold.” I cried and cried and cried...*

***Fifth Station: Simon of Cyrene helps carry Jesus’ cross.***

*Here I asked Jesus to help me recognise the people in my life willing to help me and to accept their help, because often I would decline help, or pretend I did not need help...*

***Sixth Station: Veronica wipes Jesus’ face.***

*At this station, I keened at the thought that I don’t know whether I, as mother, did enough for Aidan. There were times, due to his condition, where I was tired and frustrated. The only consolation I have is that I loved him, that I will always love him and that I did my best – and that that was enough.*

***Seventh Station: Jesus falls the second time***

*I cried at each station, remembering Jesus' suffering and comparing it to Aidan having so many seizures, falling, at different places. Sometimes his face was bruised so badly.*

***Eighth Station: Jesus speaks to the women of Jerusalem.***

*Even in his suffering, Jesus comforted others. It made me remember that even in my own grief I had to be there for others: my family; clients...*

***Ninth Station: Jesus falls a third time***

*Aidan's started having so many seizures the last week before he died. I cried that I put off taking him to the paediatrician for a check-up. Would it have made a difference...?*

***Tenth Station: Jesus is stripped of His garments.***

*Remembering Aidan in his own clothes, shorts and t-shirt which were so familiar and how he will be remembered, brought on a fresh flood of tears.*

***Eleventh Station: Jesus is nailed to the cross***

*The excruciating pain Jesus must have endured to his already battered and bleeding body. Still, he thought of others. The repentant thief on the cross he promised that he would be with him that day in Paradise. His mother he placed in John the beloved disciple's care, knowing that they would need each other. I drew strength from this: that no matter what pain I was going through, to also be there for others.*

***Twelfth station: Jesus dies on the cross.***

*At this station, I remembered Mary, Jesus' mother, standing at the foot of the cross, watching her son die. My heart clenched in anguish that I was not there when Aidan died, that he was alone. My only consolation is that he died in his sleep. This does not take the pain away though...*

***Thirteenth Station: Jesus is removed from the cross.***

*Mary was present when Jesus was removed from the cross. Her pain as she cradled his body must have been excruciating. As I envisioned finding Aidan's lifeless cold body on my bed, I wept and wept. I had covered him with the blanket, trying to warm his cold body. I laid down next to him, with my arm around him, crying hysterically for hours. The memory of that*

*terrible time brought such physical and emotional pain, as if I was right back in that moment.*

***Fourteenth station: Jesus is laid in the tomb.***

*Mary was present when Jesus was laid in the tomb, the same day of his death. Remembering that we decided to have Aidan's funeral as quick as possible, brought back the aching reason why: Andrew did not want our boy to lie alone in a cold mortuary.*

*When I was finished at the Stations, I was left emotionally drained. Reflecting on the Stations, that Jesus died, released from His suffering and pain, but that his death was not the end of life. His resurrection proved that there is life after death. Aidan had died, and his death was the end of his suffering. And I am left with the belief that he has eternal life – this makes my grief at missing him bearable.*

*The rest of the day I spent quietly reading, reflecting, and chatting to the other ladies.*

*The Easter Vigil started beautifully, a huge bonfire was made outside, and the Easter Candle was lit, and the light passed on to our candles – the light of the Risen Christ was spread. Mass was a joyous celebration, with the local congregation singing and dancing in the aisles.*

*However, at the priest's proclamation, "Christ has risen!" my emotions overwhelmed me. I burst into tears at the thought that we are celebrating Jesus' resurrection on earth, but my son did not have his resurrection on earth.*

*I am constantly battling the duality in my mind: that I believe that Aidan is in heaven, that he is happy and healthy and whole, and on the other hand my mother's heart, my mother's grief wanting him with me...*

I have a strong devotion to the Stations of the Cross, and pray it annually during Lent. Even if I conduct a Day of Reflection or Retreat during Lent, I try to include the Stations.

The Stations of the Cross are a 14-step Catholic devotion that commemorates Jesus Christ's last day on Earth as a man. The 14 devotions, or stations, focus on specific events of His last day, beginning with His condemnation. The stations are commonly used as a mini pilgrimage as the individual moves from station to station. At each station, the individual recalls and meditates on a specific event from Christ's last day. Specific prayers are

recited, then the individual moves to the next station until all 14 stations are complete.

The Stations of the Cross are commonly found in churches as a series of 14 small icons or images. They can also appear in church yards arranged along paths. The stations are most commonly prayed during Lent on Wednesdays and Fridays, and especially on Good Friday, the day of the year upon which the events actually occurred.

<https://www.catholic.org/prayers/station.php>

Accessed 19.08.2021

I admit that amongst the emotions of grief: shock, denial, blame and depression, anger was the emotion I felt very acutely. Researchers have found that during the earlier stages of bereavement, it is common for bereaved parents to question God's mercy and to feel intense anger at God when a child dies (Knapp, 1986; Edmonds, 1993; Perrine, 2019; Engelstad and Malotky, 2019). Over time as parents search for resolution of their grief they may rely upon particular religious concepts for some comfort and peace. Once my anger turned into depression and I sought help from a psychologist, it turned into deep sorrow. It was in my sorrow that I turned fully to God and my religious practices.

There had been a break in writing in my journal again. After every extremely emotional time, I seem not to be able to write until I have processed and worked through my emotions, as reflected in the journal entry below.

*Thursday 14 May 2015*

*Ascension Day*

*I applied for religious leave. For the most part however, I needed the day off to recharge my batteries. Physically, I am feeling sick. Emotionally, I am exhausted.*

*My birthday was two weeks ago – 28 April. Leading up to my birthday, I was feeling emotional, and I was contemplating taking the day off. Then I decided to see how the day progressed. By the grace of God, I managed through the day. Andrew, Alquin, Austen, and I went to Wilson's Wharf Spur for supper. While we were waiting for the meal to be served, I could feel the tears threatening and the emotional slump coming on. Spur was one of Aidan's favourite places. I managed to push my feelings aside and tried to focus on the rest of the family.*

*As soon as we got home, I changed into pyjamas and took a tranquiliser. I didn't want to*

*spoil the day for the rest of the family.*

*It seems that the days leading up to a significant day are more emotional than the day itself. It reminds me of David mourning his and Bathsheba's baby before he died.*

*The days leading up to Mother's Day were also very emotional, especially Saturday. On Mother's Day, Sunday, I was seemingly fine – by the grace of God. I do, however, feel as if I am going numb again...*

*Rhetorical question: A person whose spouse has died is called a widow or widower, a child whose parents have died is called an orphan – should a parent whose child has died not be called a widmom or widdad?*

*Austen has gone on school camp, and I realise it reminds me of the school camp he went on last year – two days after his return, Aidan died.*

*Someone said that after your child died, you don't want to love again. I find that I have withdrawn from our dogs – they have always evoked a similar emotional response in me as my children, but I do not have the emotional resources left for them right now.*

*I am keeping my emotions on such a tight rein that I feel if I allow a tiny crack, I will break open and not be able to close again. I envision my heart encased in clay that need to harden, but ever so often, pieces break open, allowing emotion to escape.*

My reaction of feeling emotional before the actual significant days, can be likened to anticipatory grief. Anticipatory grief is a psychological process of deepened thoughts and emotional responses towards an imminent loss. These heightened emotions may include “separation anxiety, existential aloneness, denial, sadness, disappointment, anger, resentment, guilt, exhaustion and desperation” (Cincotta 2004: 325). Although my loss had already occurred when Aidan died, I emotionally anticipate experiencing the emotions of loss and grief on a significant day.

The next journal entry refers to my hope that I had for many years that God would heal Aidan to the healthy boy he was before contracting encephalitis resulting in protracted epilepsy and cognitive impairment.

1 July 2015

*Exactly a year ago today, 1 July 2014, I was lying shivering under the blankets in Saron, my hometown in the Western Cape, at the foot of the snow-capped Rodezandt mountains. I was home to be with Daddy as he started his course of chemotherapy for prostate cancer.*

*It was the first day of the 54 Day Miracle Rosary Novena. Many of my petitions have been granted, some not in the way I expected, e.g., Daddy had to have many other treatments since.*

*The one petition was for Aidan's complete healing. I did not expect God to heal Aidan into heaven, it was a terrible shock. I am still dealing with my grief, which alternates between sadness, depression, and yes, anger and rage. But God understands, I believe that.*

July 2015 marked about 11 months after Aidan died. From this journal entry can be seen that even after almost a year, I was still dealing with the emotions of grief. The timeframe of six months I gave myself, evidently was not long enough. I prayed the 54 Miracle Rosary Novena after Aidan died in November 2014. As I said before, I tended to pray set prayers after he died to at least be able to pray, for fear that I would not pray if I did not use set prayers. The rhythm and repetition of praying the 54-Day Rosary Novena created a sense of peace and calm within me. "A novena is a devotion that consists of special prayers and/or actions performed consecutively for nine days. During the nine-day novena period, prayers are recited for the purpose of receiving a requested intention, or "petition". The 54-Day Rosary Novena is a series of six consecutive nine-day novenas."

<http://www.erosary.com/rosary-novena/> accessed 19.08.2021

I went on a day retreat on the third anniversary of Aidan's death where I made the collage on the next page. The journal entry was written the day after.

*Journal entry, Sunday 3 September 2017*

*I went to the retreat yesterday because I didn't want to mope around the house the whole day. The day went well. After lunch we had to make a collage of our day. I picked out a few*

decorations and a blue board. As I picked up a card of an angel, it was as if I could hear Aidan's voice, "I am an angel mom, I am happy ..." I burst into tears. The poor lady behind me didn't know what to do. She followed me outside trying to comfort me. When the retreat director came, the lady told her I was overcome ... The retreat director took me outside and sat with me and after a while I told her it was Aidan's 3rd Anniversary. We spoke for a while until I calmed down. I completed the collage with his favourite things: the beach, bubbles, etc. Then I found a picture of words written on the beach, a reminder of him always writing his name on the beach. The words, "Life is good" reminded me that despite everything we are going through, life is still good because God is good, and He is taking care of us in all of our pain and struggles. In the evening we had a family prayer, the four of us. The boys did not want to say anything. Alquin was crying and I held him and told him I loved him, and we both cried for a long time, holding each other. We hold our feelings inside all the time, so it was good to share, even the tears...



## 5.2. The Transfiguration: Resuming Professional Life As Wounded Healer

As much as my grief permeated every aspect of my life, I was determined to get back to my professional life although it proved to be far from easy.

Palimpsest

A fiery light bursts through  
The layers of carefully constructed  
Subconsciously erased, repressed, suppressed  
Grief, overwritten, meticulously  
By the busyness of life

A voice  
Whispering through the distance  
Of time  
Wells up from the depths  
Of my memory  
Blood of my blood  
Flesh of my flesh  
Insistent to be heard

“Mama”

And like the erased, overwritten layers  
Of text on the velum of the Palimpsest  
A life lived,  
A voice spoken  
Becomes clear, audible  
Once more

“Mama”

Though others only see the topmost text  
Of the palimpsest of my life after you  
I will say your name written on the flesh of my heart  
I say your name out loud  
With aching wonder  
And joyful tears



pālímp-sěst. A **manuscript or document that has been erased or scraped clean**, for reuse of the paper, parchment, vellum, or other medium on which it was written. Many historical texts have been recovered using ultraviolet light and other technologies to read the erased writing. <https://www.yourdictionary.com/palimpsest> accessed 23.08.2021

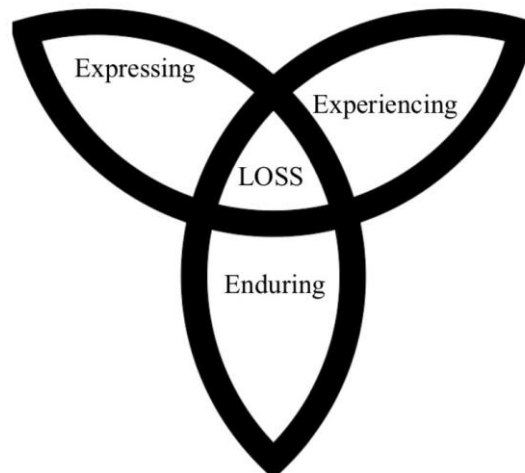
I wrote this poem a year after Aidan had died. Life went on, the onslaught of the emotions of grief became further apart. And then suddenly, a trigger cut through all the suppressed grief, ripping off the scab and exposing the raw wound that was still underneath. Like a palimpsest, life creates layers upon layers of experiences and memories as we continue with daily tasks. Part of the lessening of grief is because we learn to live without our beloved children. Part of it is because we even consciously suppress and repress the memory to be able to cope and not be consumed by our grief. But ever so now and again, a trigger rips it all open and we are right back where we started.

I was lying on my bed with a deep longing to just hear his voice again, and for a moment I could hear the whisper of his voice, “Mama”. “Hearing” his voice, opened two-fold floodgates: joy and immense sorrow. I remember him with the joy that he brought in my life, our family’s life. And the same joy brings immense sorrow that he is no longer with me physically. So although Aidan will live on in my heart, the longing for his physical presences is always there. With the years, it has become easier to suppress that longing under the layers of the busyness of life, but when I allow myself to think and feel, like on the day this poem was written, the layers get stripped away and I am right back at the point of joy and sorrow, saying his name “Aidan”.

As found in research, many people maintain a ‘timeless’ emotional involvement with the deceased, but this attachment often represents a healthy adaptation to the loss of a loved one (Marcia Kraft Goin in Stroebe, Stroebe and Hansson, eds. 1993; Snaman, et al. 2016; Denhup, C., 2019). Continuing Bonds represent the idea of maintaining an emotional connection with the deceased as a way to cope with the loss (Klass, 1996; Garattini, 2007; Hibberd, 2013; Bogensperger and Lueger-Schuster, 2014; Neimeyer, 2019). I have a daily awareness of Aidan in my life, and the impact of his loss consciously and subconsciously informs everything I do in my daily life. The Triquetra is the symbol of this conscious and

subconscious awareness, where I move through my daily life, living and completing my tasks as best as I can.

### 5.2.1. Resilience



#### **Triquetra of Resilience**

The ability to endure while experiencing and expressing loss

I wear several hats, sometimes simultaneously, sometimes alternating. Although I am writing this thesis as bereaved pastoral counsellor, I also conduct psycho-social and spiritual workshops and training. In addition, I teach at a boys' high school. Grief, therefore, had an impact on all these areas in the professional sphere of my life. As will be noted, sometimes I managed to put my grief aside, having to find emotional release afterwards, yet other times were much more difficult to keep a professional demeanour, especially during the first year of my bereavement. Having said that, although it became easier to keep the grief at bay even in the ensuing years, there had been times when it was extremely difficult to do so.

#### ***Counselling***

*In the midst of my grief, in fact within a week after Aidan's death, I received a call from a mother who had lost her adult son who had immigrated to Australia. I literally put my own grief aside to be present for this grieving mother. I had to be professional and remain empathetic, yet identifying with the mother in all her anguish at her loss. I did not disclose my own loss, yet found myself speaking of "we" when commenting on loss, grief and mourning. Afterwards, I went into my bedroom and laid on my bed, and just breathed to let*

*go of the emotions that this session evoked. I have since counselled other grieving people, with the same professional demeanour. Through the years, it has had a different impact at different times. Sometimes my own emotions are still triggered, although I do not show it during the session. At other times, I am surprisingly, to me, fine afterwards. I do find that I have to find regular quiet space – a half-day, one day or weekend retreat – to discharge the emotional build-up which also comes with compassionate burn-out.*

Stebnicki's (1999) term, empathy fatigue, refers to a counsellor's wounded healer type of experience, also known as compassionate burn-out. According to Stebnicki, empathy fatigue is caused by emotional, mental, physical, and occupational exhaustion stemming from the counsellors' own wounds as they repeatedly attend to their clients' accounts of their lives of chronic illness, disability, trauma, grief, and loss. Professional counsellors seem to experience a corresponding process as they move empathically into the client's experience of loss and grief, or experiences of extreme stress and trauma (Stebnicki, 2000, 2001). It is extremely difficult to stay professional yet empathetic all the time. It catches up with me eventually, and I would find myself giving too much input instead of allowing the client to come up with their own solutions during a session. At times, I would even find myself wishing that clients would cancel appointments because I am simply exhausted. My own self-care is often erratic, and I have to constantly remind myself not to over-extend myself and to make time to relax and rejuvenate. I have become more aware of the signs of empathy fatigue, and have made changes to my appointment schedule to allow for more rest for myself.

### ***Workshops And Training***

*Two weeks after Aidan passed away, an aspirant deacon contacted me to evaluate and critique him for his pastoral counselling course. One of his scenarios was counselling a couple who suddenly lost their son. Only the grace of God helped me keep a professional demeanour. I found that I was bracing myself internally, forcing my emotions down and focusing on the aspirant deacon and the other role-players. One of my comments on his evaluation was that he was faltering in his role as counsellor, and that he therefore will have to practise this aspect of his ministry more. Reflecting on this particular scenario afterwards, I realised that it must have been extremely difficult for him when he realised that this particular scenario was "my story". When they left, I left my office, went upstairs, laid on my*

*bed and covered myself, with the blankets over my head. I breathed heavily and then slowed my breathing purposely into an inhale-through-the-nose – exhale-through-the-mouth breathing, until the familiar meditative breathing calmed me. But the experience had taken its toll and I stayed in bed for the rest of the evening.*

Being confronted with my grief experience in such an unexpected way, really shocked me. It took a lot of self-control to stay focused. But as seen in the diary entry, it took its toll on me. I am very grateful for my spiritual practices that I can employ when needed. I am grateful for the years prior to Aidan's death that I attended various retreats and workshops where I learnt all the techniques and practices which would assist me during my time of grief. These same practices assist me when I am experiencing compassionate burn-out, or even when I become aware that I am heading towards compassionate burn-out. I try to make use of my spiritual practices regularly so that I do not end up being incapacitated by compassionate burn-out.

### ***School***

*I was teaching at a local church school for my second year leading up to Aidan's death. When he died, I took almost two weeks leave before returning to school. One of the strange things I did prior to his death was that I had set my examination papers very early that term and filed them away. I was able to tell the school where they could find them, telling my colleague in the same message that my spirit probably knew that I needed to prepare...*

*Grief took its toll, and nearing the end of the school year, I have decided to resign from teaching. God seems to have had other plans – I received a call, asking whether I would be interested in coming for an interview at a school I applied for prior to Aidan's death. I agreed, although I was convinced that I would not get the post. However, I was offered the post and decided to take the offer. It did take me almost a week to sign the contract because I was not emotionally ready for the change, especially after my decision to resign from teaching. It was not easy, getting used to boisterous boys-only classes, maintaining discipline, and dealing with the odd rude boy, took a heavy toll on my fragile emotional state.*

I can look back and say that starting in this new school environment, was my saving Grace. I firmly believe that it was the Hand of God that led me here. I know that I went into deep

depression after Aidan died, and given my mental state at the time, I would have taken so much longer to recover had I not been occupied. All I wanted to do at that time, was to lie in bed with the blankets over my head and never get up. Depression is a normal part of grief, and one cannot be diagnosed with clinical depression within two years of the loss of a loved one. However, I found that I needed therapy during the first year after Aidan died. I needed to speak about what I was going through emotionally while grieving and trying to adjust to a new work environment, in addition to still counselling clients.

Social scientists refer to people as resilient if they exhibit a capacity to continue with their lives more or less as normal in spite of trauma, loss, or other adversity that might be expected to result in significant dysfunction. Getting back to mundane and predictable activities can also bring a sense of normalcy and agency (Rynearson, 2001; Seah & Wilson, 2011). What these social scientists perhaps fail to grasp, is the amount of sheer energy it takes to participate in these, seemingly, mundane and healthy tasks. There were times when getting out of bed was an effort, only to return exhausted at night. It was emotionally draining to keep up with the tasks, which caused my body to feel exhausted. And yet, I knew, or rather feared, that if I stayed in bed with the blankets over my head as I yearned to do, I would never get up again.

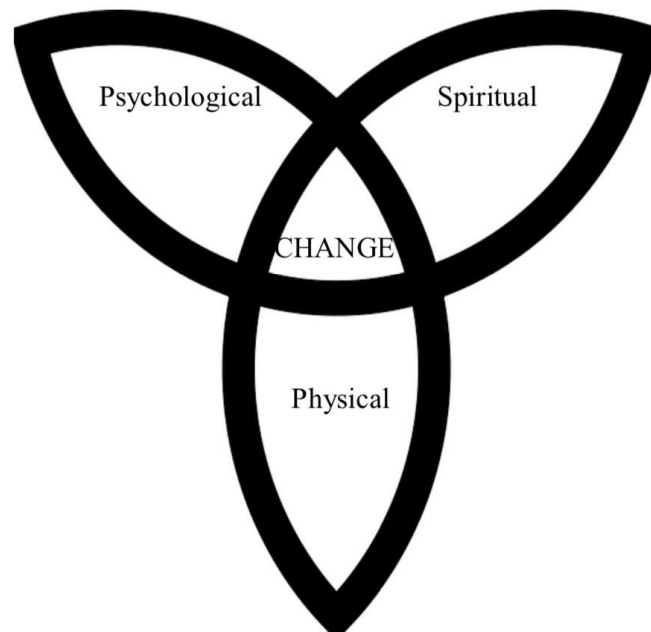
I can therefore understand that social scientists propose doing activities to take one's mind off one's grief to promote healthy coping skills, such as talking with others, resting, journaling, meditation, writing, exercising, or learning new hobbies (Seah and Wilson: 2011). Sadly for me, I was far from my family, although they regularly checked up on me telephonically. My sister and I, especially, spoke or texted daily, something that continues to this day. I, did however, felt that my friendships with two close friends deteriorated. They rarely visited, and I did not have the energy to maintain the relationships. However, I perceived this as abandonment which made me feel neglected and angry for a long time. My talking was therefore done with a clinical psychologist, and I attended sessions for more than a year.

Resilience is closely linked with the personality trait *hardiness* (Seah & Wilson, 2011). Hardiness and resilience have been shown to help minimize debilitating symptoms and support positive functional responses (Rynearson, 2001; Seah & Wilson, 2011). I actually

wonder now whether I was not just suppressing my emotions when I took on a new position at a new school, forcing myself to do something new in a new place. After I went back to my old school after Aidan died, an older teacher told me that when she lost her son, she sold her house. Maybe that is what people do – after loss, we need new space to heal.

Resilience is defined as having an internal locus of control, a great degree of commitment, and the ability to view change as an adventure toward personal growth, as opposed to something dreadful (Mathews & Servaty-Seib, 2007). Lang, Goulet, and Amsel (2003: 870) described hardiness as “a learned ability potentially amenable to change”. I do not think that I saw making a change in my workplace as an adventure, neither as an intentional step towards personal growth. Initially, the change I made was because I was offered this post, and because I needed the change. Perhaps, that is what it meant by being amenable to change. Yet, as I stated earlier, looking back, I view the change in jobs as my saving grace, keeping me occupied to not dwell on my loss and grief the entire day. Personal growth can only be viewed, recognised and assessed in hindsight. So, looking back I can see that I struggled through my days, yet when I compare myself then, with how I am now, there definitely has been personal growth. I view negative events now through the lens of “The worst thing has happened to me with Aidan’s death, so this can be overcome.” I also marvel at the fact that I have accomplished much in the midst of my grief. Some of the things I did because I thought I was emotionally strong enough to do them, yet completing them when I did not feel strong, I think is in itself an achievement, or a sign of resilience. I actually remember asking the psychologist why do people think I am strong, or why do I seem to cope better than other parents who have lost children. I think my answer firstly lies in “people think” and “seem to cope”, rather than people knowing the truth – that I was struggling internally and not showing it. Secondly, perhaps I have the internal stubbornness, or resilience to complete what I set out to do.

### 5.2.2. Growth



#### **Triquetra of Growth**

Change after bereavement and acute grief

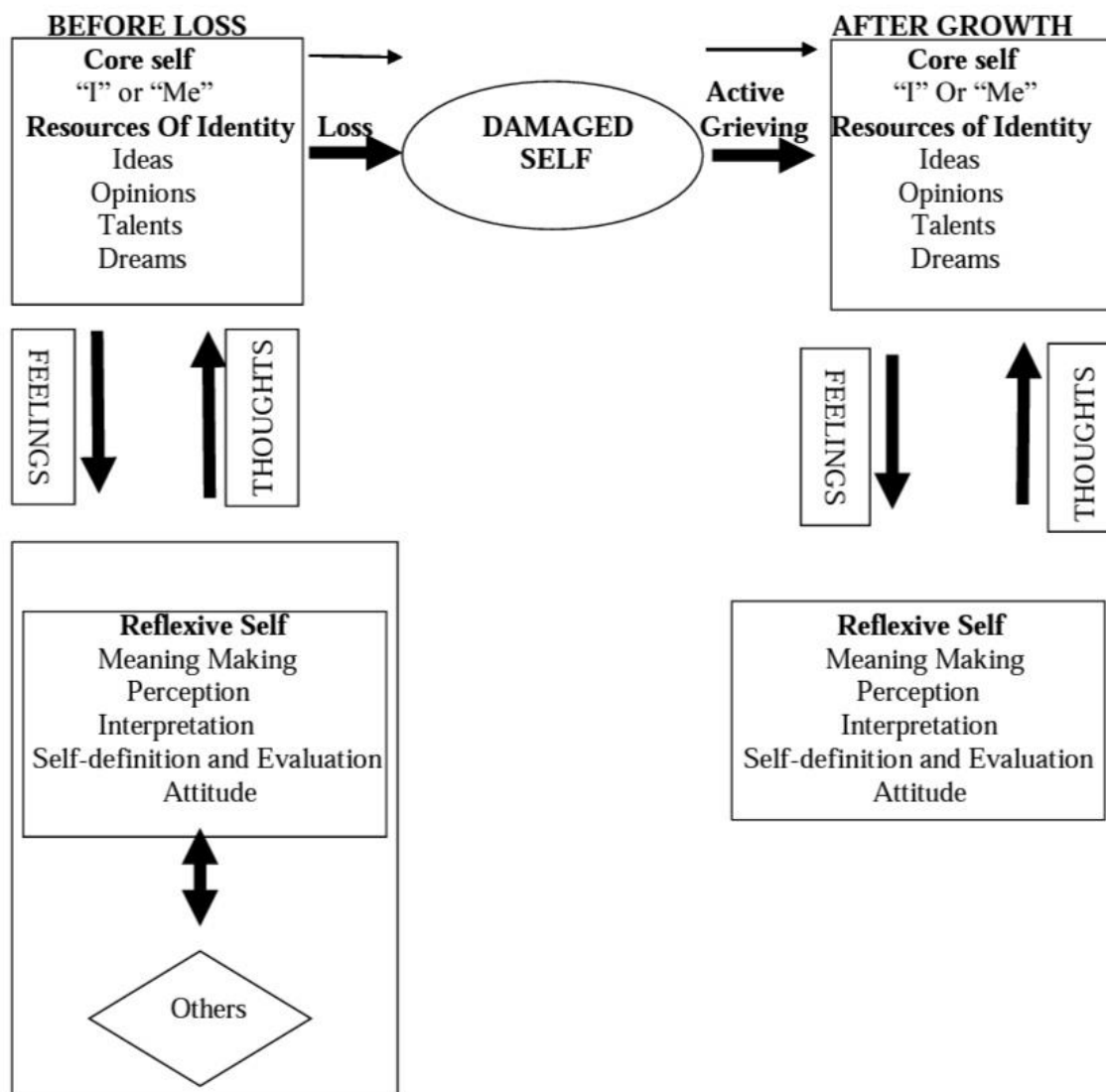
Perhaps it was my fear to become debilitated by my grief that forced me to doggedly keep on keeping on, even though there were many times when everything in me just wanted to collapse. I think my personal growth flowed out of the change I made, in addition to slowly incorporating relaxation, meditation, journaling, and writing this thesis.

According to Caplan (1974), loss may produce existential and spiritual growth, and contribute to a sense of resilience in the mourner. I really am not sure about having a 'sense of resilience'. I have noted in Chapter 3 that I understand now, in hindsight after all these years, that my world grew bigger around my grief over time and that is why I am able to function in spite of having acute moments of grief at times.

Caplan also noted how loss may lead to a changed sense of self, a changed sense of relationships, and a changed philosophy of life. This bears much reflection for me. Have I really changed as a person, in my philosophy of life, in my relationships...? I do not think that I have really changed. My friends, whom I felt abandoned by, and I have rekindled our friendship, albeit not to the same level as before. But I have let go of my expectations of their support and the anger towards them. Perhaps the biggest change for me, in the change of self

and philosophy of life, is that I am not afraid to die. I sometimes question myself whether dying for me means to be with God, or with Aidan. In the grand scheme of things, the grand perichoretic dance, the Triquetra, it probably means both. I can therefore agree with Caplan's statement "That death may be transformative calls into question a world view that suggests death should be overcome. The idea that death offers new meaning and narrative incorporates dying as a part of living."

**Nerken's dyadic model of loss**



According to the dyadic model of Nerken (1993), our core self is our identity and includes our talents, ideas, opinions, and dreams. The core also contains feelings which are expressed as emotions and are dealt with by our reflective side. Following bereavement, the reflective

side suffers because it feels that a part of the self is missing; however, the core self remains whole. Grief work, therefore, is done with the reflective side of the self. It is encouraging to realize that the core of one's being continues to be intact, undamaged by the loss. Grief work involves reflecting on the person who died and the meanings and changes for the bereaved.

As Nerken stated,

“The reflective process that is so central to grief is only possible because of a characteristic unique to the self: reflexivity. Alone among entities, the self reflects on itself—is at once subject and object.”  
(Nerken 1993:6)

According to Nerken (1993), the reflective side of the self is damaged when a loved one dies, because the reflective self is maintained through attachments to loved ones. For example, as in my case, a great source of self-esteem was taking care of my son, Aidan, because of his cognitive disability. Because of his cognitive disability, the attachment I had to him was two-fold: as my son but also as my son who needed me so much more because he needed my care on so many different levels. Aidan's death triggered therefore, according to Nerken's model (1993) damage to my reflective self because of both the alteration in self-identity (i.e., loss of role [Aidan's mother]) and the loss of a source of confirmation of one's positive self-appraisal [Aidan's mother who took good care of him].

In Nerken's (1993) view, actively grieving the death of a loved one is necessary to experience growth. Change after a loss comes from a focus on the self and a deepening of the reflective side. Personal growth that results from active grieving leads to an increase in self-functioning, capacity for self-perception, and empathy. Active grieving is described as follows by Thomas Attig (2004): "...grieving is an active response to emotional, psychological, behavioural, social, intellectual, and spiritual challenges entailed by loss" (2004: 246). Attig (2004) contends that grieving is not just enduring, or handling, normal occurrences, it is also an option to participate in the world once more through the lens of suffering.

Attig describes reactive grieving as follows:

In grief reaction, we believe that we have lost someone valuable. We still harbor within ourselves deeply engrained dispositions to feel, act, think, expect, and hope in continuing life as if we have not lost the one who has died. And we feel the pain and anguish (typically including sadness, loneliness, helplessness, and their somatic companions) grounded in the realization that our dispositions are no longer sustainable. Grief in this sense is another something, a reactive agony, that happens to us after bereavement happens to us.

(Attig 2004: 343)

Active grieving, according to Attig (1996), is imbued with personal choice. This process involves the decision to engage the pain of the loss directly and to begin to reshape one's life patterns and redirect one's life story. Attig (2004: 343) describes this process as follows: "We exert physical energy. We work through and express emotion. We change motivations, habits, and behavior. We modify relationships. We return home to familiar meanings in life. We stretch into inevitably new meanings. And we change ourselves in the process". Attig describes this coping as a holistic relearning-the-world. Relearning-the-world, for Attig, involves four inter-related focal points: (1) the physical world (the surroundings of the lives of the bereaved, (2) the social world (relationships with fellow survivors), (3) the relationship with and understanding of oneself, and (4) the ongoing relationship with the deceased. Reflective abilities are enhanced by finding meaning in bereavement – an uncontrollable environmental event. When growth occurs following bereavement, a new self emerges that is more secure and stable (Nerken, 1993). Because the reflective self develops from relationships with attachment figures, it is assumed that previous positive experiences with attachment figures are necessary.

*I must admit that one of the reasons I am finding it so difficult to write this chapter on Resuming Professional Life after the Death of a Child, is because part of me thinks that if I write about resilience and growth, and being able to function in spite of my grief, I am saying that Aidan is forgotten. As I am writing this reflection, my eyes are filling with tears and my heart is clenching. I started this thesis because I did not want him to be forgotten.*

*There is a boy in one of my classes this year with his name, and I find myself calling on him*

*to answer questions more often than I do others, just to say his name...*

*As I am writing this, a thought just crossed my mind, what if the reason I am delaying this thesis is to prolong the link... that if I finish writing, that is it – he is gone, forgotten. That the very work of honour I am doing to remember him, writing his story committing him to history, causes him to become forgotten in history.*

*Intellectually I know that I have experienced growth in my reflective self as Nerken (1993) posits and that I am empathetic of others' pain and suffering. Although there are times when I think, when someone complains about a minor issue (according to me) that I have to bite my tongue so that I do not blurt out saying, "Try losing a child, then tell me again." Emotionally, as I have said in Chapter 3, my world has expanded around my grief, but my heart is, and will always be, broken. And my broken heart affects everything I am and do.*

In Marrone's (1999) model of bereavement the first two phases, (a) cognitive restructuring – the process of assimilating the reality that the deceased is gone from this world, and (b) emotional expression – the feeling and expression of the emotional pain of the loss, the bereaved is still experiencing the loss of the loved one very acutely, and is therefore still in the mourning phase. The bereaved start dealing with growth in the last two phases, (c) psychological reintegrations – developing new coping strategies to live in the world without the deceased, and (d) psychospiritual transformation – a profound, growth-oriented, spiritual or existential transformation that fundamentally changes our central assumptions, beliefs, and attitudes about life, death, love, compassion, or God (Marrone, 1999). With people experiencing and expressing grief differently, these phases can occur at different time frames. Again, as research have found, phases and stages in grief are not linear, there is a back-and-forth movement through the phases or stages, which I hope I expressed adequately in the Triquetra of Growth.

Schaefer and Moos (2003) explained that empirical research in the area of bereavement had previously focused primarily on pathology and how the crisis led to impaired functioning. They addressed how bereavement could promote increased coping skills and personal growth like cognitive and behavioural coping strategies. According to them, bereavement as a

catalyst for growth and personal development required a paradigm shift in the field of bereavement studies. I speak for myself when I say that the findings of early studies that bereavement leads to impaired functioning, is true. However, this impaired functioning in my case lasted for a limited time. For instance, in the first two weeks after Aidan died, I found it difficult to cook as that was ‘our’ time. So, the kitchen became a difficult place to be in. I would avoid the supermarket aisles with canned beans and beetroot because he loved canned beans and beetroot. And I would tear up when I would see it. There were times when I would lie on my bed, not wanting to get up. So yes, there was impaired functioning. But Schaefer and Moos (2003) are also correct in saying that the bereavement studies needed to have changed, which it did since then. Again, speaking for myself and using the above examples, I told myself I needed to start cooking otherwise I would never cook again. I would take the canned beans and beetroot of the supermarket shelves with tears and a knot in my throat. I forced myself to get out of bed and do something constructive, like planting flowering seedlings in my garden. And, as Schaefer and Moos (2003) found, I managed my coping skills and personal growth with cognitive and behavioural coping strategies.

## **Writing This Thesis**

### **Writing Proposal and Presenting first draft at Post-graduate seminar**

I was busy writing my proposal to present the first draft at the post-graduate seminar, when the rug once again was pulled from under me.

*Journal entry, 12 April 2016*

*Daddy had called the week before school closed for the Easter school holidays to say that the oncologist told them that his blood count was not good. I could hear the strain in both his and Mommy’s voices. When I put the phone down, I told Andrew I think I need to go to the Cape for the school holidays to support my parents, and he agreed. My sister, Christelle and brother, Arthur and I keep my visit a surprise to my parents, but Arthur caved when he found my mother dispirit one day, so to cheer her up, he told her that I was coming to visit.*

*Arthur fetched me from the airport, and when we got to my parents', I went around the back of the house as my parents were sitting on the veranda and I wanted to surprise my dad. Just before I reached them, I said, "Ek is so moeg, dis 'n lang pad van Durban Kaap toe." (I am so tired; it is such a long walk from Durban to the Cape.) My dad was all emotional, exclaiming, "My kind, jy het gekom! Jy het gekom!" (My child, you came). We were both in tears as we hugged and kissed. It was good to be home.*

*For the first time since I was married more than 20 years ago, I spent Easter with my parents. I attended church with them, and helped at the church bazaar. Something that I cannot get myself to do is go to confession for receiving communion in a reformed church. To me, it was the right thing to do, sitting next to my dad as the plate with bread and wine came pass. It was wonderful to see him conduct the church choir again and hear the old choral hymns that I grew up hearing him and my mother sing.*

*My sister and her family came for Easter Sunday, and she and her daughter stayed to spend the last week of the holiday with my parents.*

*My dad was in a lot of pain, and we had to keep replenishing his pain medication at the pharmacy. The last Friday I was there, I phoned the oncologist's rooms, and the nurse said that he should come to the hospital. He refused, saying that I was making him out to be worse than he was.*

*On the Sunday we went to Cape Town for my sister's son's confirmation. It was a beautiful day. By the evening my dad started feeling weak, and we told him he should go for a check-up after taking me to the airport the next Monday.*

*When I left to board, I ran back to my dad, telling him, "Net so 'n laaste drukkier." (Just a last hug). Little did I know that it would be the last hug. He was kept overnight at hospital for a blood transfusion, which he had before during his cancer treatment. The next day at school, my sister contacted me, saying I should book a ticket back to the Cape, daddy is on oxygen. I was stunned. The reports coming through were progressively worse: from being on oxygen to being in a coma, to my sister calling at 12.30pm in tears, "I cannot say it ..." and she put the*

*phone down. I was devastated. My colleagues rallied around me, as I had asked to leave right before then and was in the staffroom. Andrew, who wouldn't believe me as I was giving these reports, was coming to pick me up. I had to find Austen, which was a bit difficult as it was break-time. When we were leaving, Andrew did not want to pick Alquin up from school, saying he should have as normal a day as possible.*

*When we got home, Andrew's family came in support.*

*We were frantically trying to book flights and packing, all the while I was still reeling at the news of my daddy being gone forever. Alquin came home, asking why everyone was at our home. I went with him into his room and told him. He didn't say anything, just stood stiffly as I held him. I began to cry, and that is when he also cried.*

*That night I had a dream of three people walking, the one in the middle a bit shorter, and skipping, thinking that the person in the middle was my dad, with the two figures holding his hands were angels leading him into heaven.*

*On the way to the airport the next morning, I messaged Arthur to say that I want to do the eulogy, although it was still so unreal. I teared up at the thought of the fact that a eulogy needed to be said at all...*

*When we landed at Cape Town airport, Uncle Christie, daddy's brother waited for us. I walked into his arms and burst into tears there and then. He also cried, and said afterwards that he hoped it wouldn't happen, yet he had expected it...*

*When we got to my parents' home, Shirley, one of daddy's younger sisters said how happy she was to see me, and I told her that she shouldn't be happy to see me – because the reason that I was back is because my dad was dead.*

*When I got to the kitchen door, my mom came. I put my head down on her shoulder and cried. She took me to the bedroom, as there were many visitors.*

*That evening, we sat and planned the funeral. It was all so unreal. Unexpectedly, more family members wanted to speak at the funeral – that was the impact daddy had on people’s lives. Mommy found it a consolation, and agreed to me, Uncle Christie and aunty Lomy from daddy’s side of the family, and aunty Minnie and Marsha from her side, to speak. Planning the funeral was hard, with Arthur breaking down when the undertaker showed him daddy’s ID with ‘CANCELLED’ stamped over it. I broke down while typing the eulogy and programme. We all had our moments, with bouts of laughter in between as family visited and memories were shared.*

*Andrew then showed me a drawing: it was of two tall men with a shorter one in the middle. I was stunned. I told him this was the picture I saw in my dream. He told me this was his dad, daddy, and Aidan in the middle. I could not believe it. It made so much sense. We were later to find out that Andrew’s mom had the same mental picture.*

*Uncle Martin, mommy’s cousin led a beautiful wake service, joking when he got emotional, that he told his sisters to behave and now he was the one breaking down.*

*The funeral was well attended, with about 600 people coming to pay their respects. Various choirs came to sing their goodbyes, with daddy’s colleague and friend, Mr Abels, singing a beautiful solo. The funeral was like a choral gathering – a fitting send-off to my dad who loved singing and conducted many choirs in his lifetime.*

*I was so filled with grief that I felt to cancel my doctoral studies. I did not feel that I could continue when I felt so raw. It was then that I remembered how proud Daddy was of me, and when I told him that I was accepted for my doctoral studies. I then decided to continue my studies, and set out to prepare the draft proposal.*

*I felt emotional presenting the proposal, because of my subject matter, and also because of my dual grief: for Aidan and my dad. It was a gratifying consolation that I received positive feedback and encouragement after my presentation.*

Moss and Moss (2013) describe the loss of a father of adult siblings in terms of Attachment Theory and Family Systems Theory. Attachment Theory (Bowlby: 1988) is based on the child's earliest tie with the mother or primary caregiver, with the major themes of need for proximity, distress over separation and loss, pleasure in reunion, and feelings of comfort and security in the tie with the mother or primary caregiver. I experienced my dad as co-caregiver as a child. As the eldest, my dad took over caregiving duties when my younger sister and brother were born. But more than that, my dad was a very loving and affectionate person, although it was coupled with a strict sense of discipline. Yet, as children we always knew that we were loved. Family systems theory is based on the premise that one person in a family can and does have an impact on other family members and the family as a whole. A family system is made up of interacting and mutually influencing intimately connected members over time (Minuchin, 1974; Nadeau, 2001; Rosenblatt & Fischer, 1993; Walsh & McGoldrick, 1991). Not only did my mother, my sister and my brother and I feel my father's loss, my maternal and paternal aunts and uncles and cousins all acutely felt his loss, because his affection for us extended to all the family children and their children. My dad had eventually become the principal of the local high school, but remained a teacher at heart, always willing to assist even when he had retired. His death left a big hole in our nuclear family as well as the extended family and community.

Black and Santanello (2012: 472 – 483) holds that “All family roles carry abstract, theoretical or symbolic meanings, such as a protective father.” My dad certainly epitomised the role of protector and provider, both for us, his nuclear family, and for his family of origin. He became the breadwinner and father figure at the age of 23 as the eldest of 10 children when his father died suddenly. So, he not only raised us, his own three children, but also his siblings before us. My mother remembers someone from the community commenting that they have a lot of children. It turns out that they thought all my cousins were also our siblings, as they were at our home so often. According to Umberson (2003), “For the adult child, the characteristics of a “parent,” both general and particular, take shape in early childhood. And although a parent's image is usually altered (diminished or enhanced) throughout the adult child's life, it continues to evoke powerful emotions.” Speaking for myself, my dad was the larger-than-life presence in my life, and in the life of our nuclear and extended family. Even now, five years after his death, his siblings and us, his children, still

acutely feel the void his death left. Nadeau (2001) found that middle - aged adults still seek love and approval from elderly parents or answers to questions about the perceived lack of love, approval, or encouragement that plagued them since childhood. Although we had a long-distance relationship for most of my adult life as I moved across the country from the Cape to Durban when I got married, the relationship with my parents, and specifically with my dad was very strong. We spoke at least once or twice a week on the phone, and when their visits to us were between three and four weeks at a time twice a year. Whenever I needed a sounding board, or just a shoulder, it would be my dad I would turn to. It definitely stems from my childhood. Fragments of childhood memories would surface, of my dad taking my hand as we would walk to my grandparents, going to church with my dad when my siblings were very little, my dad showing us the star constellations summer nights, when we would lie flat on our backs on the grass. My dad was also quite the disciplinarian, maybe by nature, maybe by necessity of having to raise his younger siblings, maybe by his role as old-school teacher, or perhaps it was a combination of both. So, apart from growing up as a daddy's girl, I also learned to be a good daddy's girl because the boundaries were clear. This ties in with the findings of Abeles, Victor, & Delano-Wood (2004) that when parent, or father, of an adult child dies, there is an awareness of a multifaceted combination of roles he played during the different phases of the family's life, such as protector or non-provider, buddy or judge, and all roles that are on the continuum of these examples, and the symbolic meaning of these roles. For Moss & Moss (2007) "there are at least two images of the father in the child's mind: as the figure of a man and as a father and husband in a family. These images show how the relationship between father and child and father, mother, and children reflexively shape the family collective."

I can identify with Attig (2001)'s view that "Significant to the adult child at the father's end of life is a loss of identity as a son or daughter to the father..." After my dad's death, I used to say that I felt like an orphan, or rather half an orphan. Personally. I think one can feel like an orphan no matter one's age, because I definitely felt like one. The death of my dad, because it came so suddenly, really hit me hard, yet not in the same way as my son Aidan's death. With my dad, I found my equilibrium much quicker. There would be times of sadness and mourning, of wanting to pick up the phone to tell him something and then realising he was not here anymore. But because we knew he had cancer, I could actually comfort myself

that he did not have the prolonged suffering that often accompanies end-stage cancer. My experience with the death of my dad ties in with Black et al. (2011) who found that “The death of an elderly husband and father may not alter basic assumptions about the world or the self. It may even bolster perceptions about the world’s beneficence because he died in old age, after a relatively fruitful life.” As a family we definitely feel that my dad lived a fruitful life, as husband, father, brother, uncle, teacher, choir master, community member. We mourned together as a family, finding comfort in each other’s memories of him and our relationship with him. Attig (2001) wrote that family members’ united worldview about what should occur after a death, similar accounts of the death, and a shared meaning about the husband and father’s life bring comfort. Adult children often have more regular contact with the widowed mother, assisting her with errands, home repairs, or finances. For many families, the widow and the family home remain the hub of the family and keep the family intact. This certainly was, and still is, the case as far as we, the children and my mom are concerned. We keep in touch, and assist as far as we can. We visit her in the family home as often as we can, and she also visits us in our respective homes regularly. The extended family, including my mom’s and my dad’s brothers and sisters, visit her regularly and keep in touch. Rituals like the unveiling of the tomb stone, the one-year anniversary of my dad’s death and my dad’s 80<sup>th</sup> birthday, also brought the family together.

I mourned my dad’s death, as difficult as it was, differently to Aidan’s. I managed my grief journey differently and my world righted itself quicker. This might be due to various factors, including my dad being spared the suffering of end-stage cancer, my dad’s age or even perhaps that I already went through emotional expenditure of grieving Aidan, or perhaps the fact that I got to say goodbye to my dad. Or, perhaps, that the death of a child is infinitely more excruciating than the death of a parent. I do not have the answer to the why, I can only posit some options.

### **Defending The Proposal**

Still grappling with my consecutive grief experiences, I was preparing my doctoral thesis proposal to defend it to the Higher Degrees Panel. On the day of the presentation, I was very nervous, and had many thoughts racing through my mind: How will I do? Will they think it is

good enough? What if I freeze? What if I cannot answer the questions? My biggest fear was that I would become emotional due to my grief experience. I ‘presented’ to Andrew, my husband, on the way from Durban to Pietermaritzburg and he drove me to the university. Waiting my turn was agonising. When my turn came, I did not have to present, as the panel had read through the proposal already and therefore asked questions and provided feedback, constructive criticism, and suggestions. However, because I was so emotionally wound up, one aspect that was raised overshadowed the rest, as seen in the journal entry.

*Journal entry: 27 October 2016*

*Proposal Oral Review. This was nerve-wrecking and emotional, as my subject matter deals with my grief experience. It seems the outcome might be quite positive though. The one criticism that stuck with me is that I was not reflecting enough about the impact it has on writing the thesis.*

*Thoughts that came: “So you want to see my rage?”*

*“Do you want me to rip my chest open and expose my heart?”*

*The violent feelings that I keep in check, are always simmering under the surface...*

*And I remember the question I asked my previous spiritual director, Lynn, shortly after Aidan died, “Don’t you think that, even though everybody thinks that Mary was standing passively watching her son die a horrifying death, that everything inside her wasn’t raging at the injustice of it all?”*

*And now I will stop thinking and writing because no one is really willing to witness/ listen to my rage...*

Angela Matthews (2019) wrote “The word REFLECT does not remotely convey how it feels to peel away skin from our hearts and dig around in our bloody wounds, but that was how it felt to write about my son’s death.”

Committing our painful experiences to paper for others to read may expose imperfections and unpleasant characteristics of the author. Some readers may feel a connection to the author despite human shortcomings, but others may judge more harshly, devalue our feelings and our research. Brennan and Letherby (2017: 164) dismiss this claim and argue that weaving the personal and the social into our research “is invaluable when researching and writing about such subjective and emotionally significant experiences” as death and bereavement. I concur and argue that the insights gained through autoethnography may not be uncovered through a less personal research method. The process of writing and reflecting on my son’s death felt painful; the exposure left me vulnerable, but the process was also cathartic. Writing sessions sometimes left me exhausted and sobbing, but then I felt a little better afterward, a little lighter.

(Matthews, 2019: 2059799119889569)

I had contemplated removing my journal entry above from my thesis. It was showing such raw emotion and directed at people not part of my grief journey. Yet, they became part of my journey by virtue of writing this thesis. It also showed that even two years after Aidan’s death, my emotions still had the ability to affect my life. I also felt that I would be criticised and judged for voicing my raw emotions. Yet, reading Matthew’s account of her journey autoethnographically writing about the death of her son, and the raw emotions she had experienced while writing her thesis and subsequent articles, made me realise that I am not alone. I am not alone in writing my doctoral thesis on the death of my son. I am not alone in writing an autoethnographical account of my grief experience. I am not alone in trying to make sense of my traumatic experience. And I am not alone wanting to help others through writing about my experience.

Trying to hold back on my emotions, also caused me to perform very poorly at post-graduate seminars where I had to present progress of my thesis.

### **Presentations at post-graduate seminars**

I felt that I had been doing a terrible job of my presentations at the postgraduate seminars. To prevent myself from getting emotional, I would read instead of present. A big reason for this was that I had to present, through my own choice, my own innermost, vulnerable self in

addition to existing research. Having been out of the academic field for more than 12 years, I also felt inadequate as a researcher, constantly feeling as if I fall short compared to the other postgraduate students who sounded so academically eloquent, yet who may very well also feel very unsure of themselves. I decided to use this knowledge to do the presentation below:

9 NOVEMBER 2017

*Dear colleagues*

*Believe it or not, but I am a good presenter. I know this from my experience as educator, facilitator at workshops and presenter at conferences, most notably at the UNICEF conference where there were more than a thousand attendees. So why do I struggle to present at this forum? Why do I read, instead of present? To only beat myself up mentally afterwards...*

*The answer to this lies in the fact that I have yet to separate the emotion attached to my subject matter. I do not think that will ever be possible, though I do hope that in time I will at least be able to breathe, and present with more detachment, even if it is just for that time...*

*The reason I subject myself to present at this seminar, is to try and desensitise myself, if that is even possible, and in a way practice to defend my thesis when called to do so, in a less emotional way.*

*What I have just demonstrated to you, is my methodology of using autoethnography: using personal information and reflecting on it. This is done by drawing on existing literature. I take my leaf from a few autoethnography scholars who have written about the death of their loved ones: Caroline Ellis, who took three years to complete an article about her brother's death in an aeroplane crash, and Arthur Bochman, who reflected on his reaction to the death of his father with whom he had a rocky relationship.*

*Based on autoethnography, I will make use of journal entries, poems, scripture, photographs, and pictures, using them both as data and reflection.*

*Examples*

## **Photographs**

**I find myself using and looking at the “last” photos the most:**

**Photos as a four-year-old, like this one, before he first contracted encephalitis.**



**Photos of our last family holiday**



**My last birthday**



It is normal to smile when a camera is pointed at you, but my dad had remarked on the photos that were taken on our first time away, a month after Aidan had died. He said that none of us were smiling. I did not realise that and had to go back and check the photos, because in my mind, I had been smiling. It turns out that my dad was right...

### **Scriptures**

Psalm 56:8 New Living Translation (NLT)

<sup>8</sup> You keep track of all my sorrows.<sup>[a]</sup>

You have collected all my tears in your bottle.

You have recorded each one in your book.

This scripture is such a consolation, that God values my grief and loss so much, that He collects my tears and keep them safe and treasured.

Lachrymatory or tear bottle



Mourners filled small glass bottles or cups with tears and placed them in burial tombs as symbols of respect. Sometimes women were even paid to cry into these vessels, as they walked along the mourning procession. Those crying the loudest and producing the most tears received the most compensation, or so the legend goes. The more anguish and tears produced, the more important and valued the deceased person was perceived to be.

<http://www.lachrymatory.com/sitemap.htm> accessed 4/11/2017

Saturday 14 March 2015

2 Cor 4 Verse 16: ... we are not discouraged, though outwardly we are wearing out inwardly we are renewed day by day. This is SOOO TRUE, I actually feel weird, that even though I am going through emotional turmoil, I am coping ONLY BY THE GRACE OF GOD.

*In conclusion, dear colleagues, I hope that this was a much better presentation all round.*

*Thanks*

This presentation restored my self-confidence. Perhaps, it also shows that I have sufficiently grown from my grief to be able to speak about Aidan and my grief experience. It also helped boost my confidence in continuing with my studies and thesis.

The next presentation shows that I have indeed grown to the point that I could joke about my studies at a seminar. However, the presentation was done on Aidan's birthday...

**POSTGRADUATE SEMINAR PRESENTATION**

**BY**

**ADRI SUTHERLAND**

**28 OCTOBER 2019**

**INTERTWINED LIVES**

**Reconstructing Life After The Death Of My Son:**

**An Autoethnography Of A Pastoral Counsellor And Mother**

**An autoethnography exploring how bereavement affects a pastoral counsellor or minister when faced with their own bereavement at the loss of their child.**

**1. A FEW SELFPORTRAITS OF MYSELF WRITING THIS THESIS:**

**Down rabbit-holes and mazes**

**Entering Wonder-land, hoping my questions will be solved quickly and easily**



[https://pluviophilereader.files.wordpress.com/2016/10/9034397453\\_58ca1ff6cd\\_b.jpg](https://pluviophilereader.files.wordpress.com/2016/10/9034397453_58ca1ff6cd_b.jpg)

accessed 26.10.2019

**Realising that Wonder-land is actually a maze but entering anyway – hopeful my questions will be answered.**



<https://www.rhuncovered.co.uk/wp-content/uploads/2016/01/Get-Lost-in-a-Good-Book.jpg>

accessed 26.10.2019

**Me stuck in the maze of books and journal articles, and my own mind, not seeing my way out, and questions still unanswered, and getting distracted by interesting information unrelated to my topic.**



<https://i.pinimg.com/564x/72/df/5f/72df5fae51954380606cdf1d0bfb4d34.jpg>

accessed 26.10.2019

**Me starting to panic, because time seems to be running out and I am sitting overwhelmed in front of the laptop**



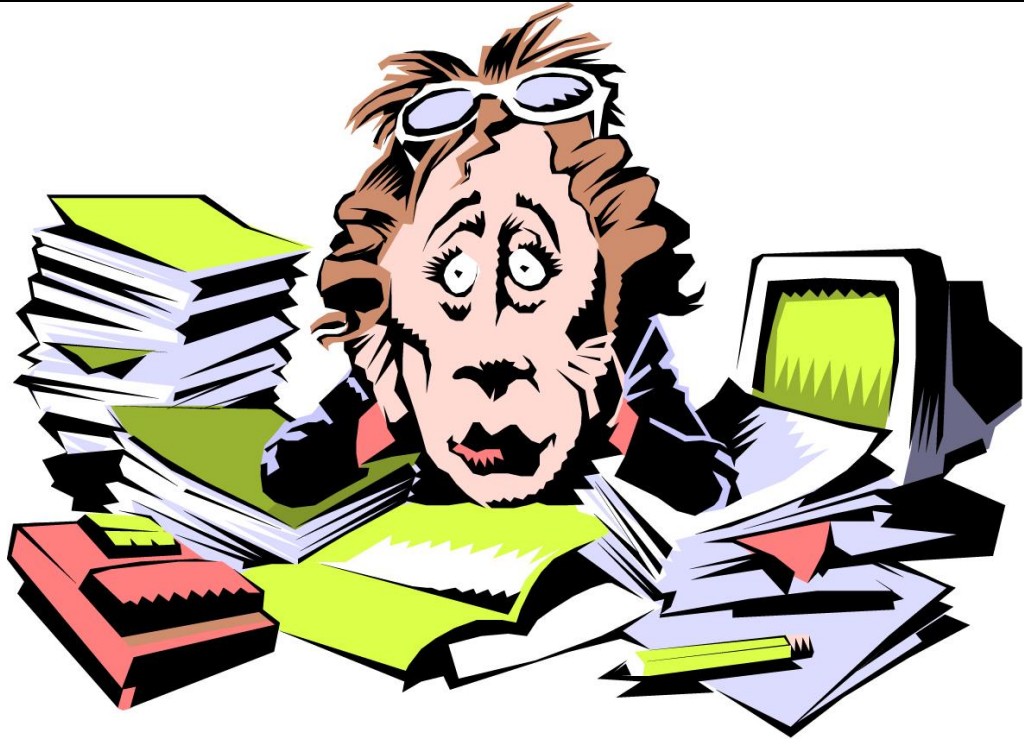
<https://thumbs.dreamstime.com/z/busy-woman-portrait-portrait-confused-woman-laptop-alarm-clock-books-smartphone-concrete-background-busy-concept-99530378.jpg> accessed 26.10.2019

**The thoughts I had while NOT in front of the laptop, flying away**



[https://eduworld.sk/index.php?action=image&cfg=clanok\\_detail&f=clanky/shutterstock\\_29736928\\_143853613\\_0.jpg](https://eduworld.sk/index.php?action=image&cfg=clanok_detail&f=clanky/shutterstock_29736928_143853613_0.jpg) accessed 26.10.2019

**Leaving me frazzled and overwhelmed**



<https://annerallen.com/wp-content/uploads/2010/12/frazzled-woman-cartoon-paid-for.jpg>

accessed 26.10.2019

## **2. Back to reality**

### **Chapter 3**

### **Chapter 4**

In closing, I was apprehensive about doing the presentation today because I did not know what my emotional state would be, and I therefor did not want to use my personal experience during this presentation. It is Aidan's 24th birthday today, so it is a particularly difficult day. I was, however, curious to understand how I would be today. I am glad that I got through the presentation all right.

Because it was such a significant day on which the seminar was held, I opted to start off my presentation on a lighter note. Partially because it was really how I was feeling about writing the thesis, and partially because I was trying to deflect emotion and in so doing, keep myself calm. I was successful, everybody could relate to the descriptions and pictures of writing a

thesis. I had thrown a little ‘party’ for that evening, my mom-in-law came over and we had a prayer. However, as usual, that evening I was emotionally exhausted.

### Communicating With My Thesis Supervisor

Aug 16 (2 days ago)

Dear Prof Sue

Please forgive my excitement as novice researcher, I am just so amazed at how the theoretical framework is becoming so clear as I am typing my journal entries of the past three years.

The triquetra, LaCugna’s relational model of the trinity and Moltmann's theology of the trinity being present at the crucifixion are all there as I am reading. It is now giving me extra motivation to continue ...

This is an email that I sent to my supervisor and her response was very encouraging. I continued working on my thesis for the rest of that year. However, my work waned with the anniversary of Aidan’s death, his birthday in October and Christmas, all very difficult days for me. Unfortunately, these specific days can also extend into the preceding days and subsequent days, which sometimes would mean that I would not work at my thesis for long periods of time.

30 January 2019

*I almost had a heart attack today. I opened the folder with the transcripts of the interviews I had done, and they were all empty/ blank! I was extremely relieved to find them in another folder because I had visions of transcribing them all over again.*

*I have not done much writing in the past few months – hence the fact that I could not remember where I saved the interview transcripts. Some of the reasons are:*

- 1. I became so busy building my counselling practice. I have reached a point last year*

*where I was booking too many appointments that I was starting to feel burnt out. In my excitement that I was back in the saddle of doing counselling, I forgot to practice self-care.*

- 2. I conducted three workshops, one on Lay Spiritual Direction, one on The Inner Child and one on Loss. With the first two workshops I coped very well, especially since I have run them before. My initial thought when I planned the workshop on Loss, was that I will run it annually in September, as an honour work for Aidan, whose death anniversary is 2 September, and my dad, whose birthday is 1 September. During the workshop, I seemingly coped well. It was when I went home that I felt as if the walls were closing in on me. I asked Andrew to take me to the beach. By then a storm wind had come up, and he did not want to go. Eventually we compromised and decided to go to a restaurant which overlooks the beach. We sat at a window seat and the waves crashing on the shore and trees being whipped in the wind, echoed the emotional turmoil I felt. Eventually, I felt better. However, I think this had an impact on me into the Christmas season, because I was often emotional, teary, depressed, irritable, or just plain sad. It became worse in the new year with school starting early with its added demands. I reached a point within the first two weeks where I felt so overwhelmed at school that I wanted to quit. So, I quit a church organization, citing my studies as reason. When I went for my bi-annual blood tests my blood sugar was too high. I explained to my general practitioner my emotional state which might have contributed to my health issues. He was very compassionate, and prescribed a low dose of antidepressants for a limited time.*

The above journal entry describes how I filled my life with things to do once I felt sure I was ready to resume my professional life. It turned out detrimental to my own physical and mental health, as my diabetes medication was increased, as well as having to be put on an antidepressant to cope. I tried to do too much too soon because I was doing too little for far too long, in my opinion, due to my desperate attempt to get back to my 'normal' pre-loss life and activities. Looking back over the past seven years since Aidan died, I had been getting ill on and off every year, with at least one illness per year requiring bed rest for a week, either around the anniversary of his death or his birthday a month later. This year was no exception.

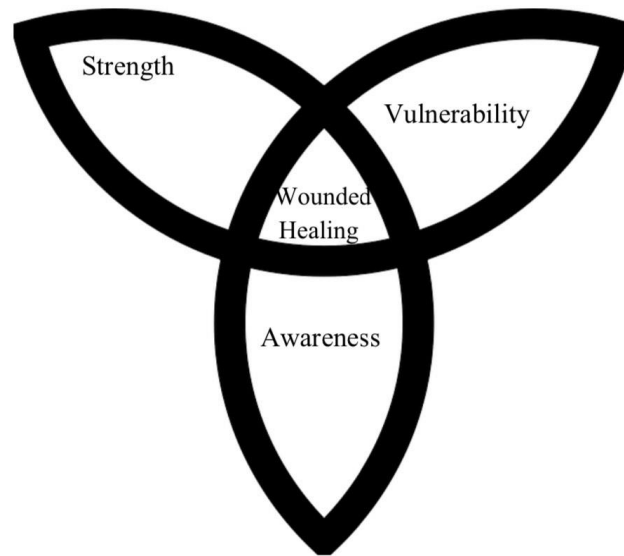
Brooten et al (2018) found that “The numbers of acute illnesses and the need for higher doses or additional medications in bereaved parents may be the result of altered physiology under the stress of child loss. Bereavement is a significant modulator of immune cell gene expression, genes involved in innate antiviral responses.” Brooten et al (2018) also found that parents who have lost children have a general morbidity, which increase on anniversary dates.

Due to being ill often, coupled with grief-induced depression, my thesis suffered. I had to submit by June 2020, and I just could not finish. I did not have the mental strength to work as hard as I should. I reached a point where I emailed my supervisor telling her that it was the end of the road for me. I again had been severely ill in March 2020, which I now believe was undiagnosed Covid-19. However, at that time, the authorities provided a limited set of symptoms, which I did not present with. It was only as the virus continued spreading through the country that symptoms were added, and I recognised that my symptoms were on the list. I thank God I recovered, although I was left with tremendous fatigue, which now is recognised as COVID-19 fatigue. My supervisor wrote a letter to the Higher Degree Office, which allowed me to continue my studies for 2021.

If I had given up, I might have become part of the statistics of doctoral thesis attrition. Doctoral thesis attrition is being studied widely, and has various reasons. Smith, Maroney, Nelson, Able & Able (2006) examined organisational and personal factors for doctoral thesis attrition. For me the personal factors are important. “Personal factors examined included relationships with significant others, family responsibilities, support systems, employment responsibilities, financial strains, time constraints, and overload.” They propose a stress management course for doctoral students. Many of these personal factors weighed in on wanting to give up on continuing my thesis. But I think they are secondary to my main reason: I have just been overwhelmed throughout the entire process with trying to balance writing about my grief and trying to heal from it. The unfortunate problem is that writing about my loss of Aidan and resultant grief, is that every time I write about it, I am either catapulted back to the time of his death, experiencing the wrenching sadness and grief emotions or a combination of both. Coupled with that, is trying to navigate my life with these other personal factors mentioned above. I am grateful to my supervisor, Prof Sue Rakoczy

who would check in with me when she has not heard from me for a while – perhaps sensing that I have not been working as I should have. I am also grateful that she wrote the motivating letter to the Higher Degrees Office that extended my time by another year so that I could complete this thesis.

### 5.2.3. The Wounded Healer



#### **Triquetra of Wounded Healing**

The ability of being aware of one's own woundedness and vulnerability while healing others.

Resilience and growth regarding bereaved pastoral counsellors and ministers make the following observation of Nouwen's (1972: 87) highly significant: "A deep understanding of one's own pain makes it possible to convert weakness into strength and to offer one's own experience as a source of healing to those who are often lost in the darkness of their own misunderstood sufferings." Although I very rarely share my own experience, my loss and therefore, my woundedness, informs my life and practice of counselling. It gives me a deeper understanding of the other person's woundedness, struggles and pain. It gives me compassion for their anger towards God and others. The source of their pain might be completely different to mine, but I have an empathy for their resultant reaction and emotions. Tedeschi and Calhoun's (2004a) fourth domain of growth cautions one to be conscious of the paradox of being vulnerable in one's strength. Nouwen epitomises vulnerability in strength which he courageously shares through his lectures and writings. When someone share their narratives, I

do stay aware of my own woundedness and especially the triggers, so that I can provide the best support possible.

Miller and Baldwin (1987) state the following, regarding ministers as wounded healers:

Not only does the patient have a hidden inner healer, but the healer has a hidden inner patient, and healer and patient frequently cast mutual projections upon each other based on their hidden parts. The genuine wounded-healer accepts his own wound along with that of the patient ... remaining forever both patient and healer. (Miller and Baldwin, 1987: 142/ 147)

As pastoral counsellor who have suffered the loss of my child, I need to be aware that I am a wounded healer (Nouwen, 1972; Nolte and Dreyer 2010; Zerubavel and Wright, 2012) and I should therefore ensure that I have experienced sufficient personal healing so as to be effective in their ministry. Personally, I think journey to healing will be ongoing, in fact lifelong. I am, however, grateful for the grace and the gift of my ability to put my own sorrow aside when counselling those in need, and even being able to share where necessary without taking over their sharing-space. As Nouwen states, "Making one's own wounds a source of healing, therefore, does not call for a sharing of superficial personal pains but for a constant willingness to see one's own pain and suffering as rising from the depth of the human condition which all men share." (1972: 88). When I do find the need to share too much, I know that it is time for me to practice self-care by either seeing my spiritual director or a mental health professional, take time off from counselling, or go on retreat, in addition to my normal self-care activities of journaling, meditation, gardening and creative activities. Nouwen discusses this necessity for "human withdrawal," which he claims is difficult "because it forces us to face directly our own condition in all its beauty as well as misery" (1972: 91). This is so even though "hospitality is the ability to pay attention to the guest," and "this is very difficult, since we are preoccupied with our own needs" (1972: 89). But he explains: "Paradoxically, by withdrawing into ourselves, not out of self-pity but out of humility, we create the space for another to be himself and to come to us on his own terms." (1972: 91). So, by practicing self-care by withdrawing and paying attention to my own emotional, physical and spiritual needs, I am not being selfish, rather I am renewing myself to enable me to be better attentive to the needs of those I minister to.

## *Reflection*

*Something is happening... I have been struggling to write this chapter for the last two weeks. Trying to make sense of the literature and incorporating it into my narrative, I started wondering how the metaphor of the Triquetra would fit into my understanding of my narrative. Since I was busy with the section on growth after loss I started there, and somehow it made so much sense when I used key elements of research studies in the Triquetra. I then went back to the section on resilience, and did the same. Similarly, the section on the wounded healer.*

*Something is happening... this phrase is important for me because I am trying to merge my emotional experience of loss with academic studies. In addition, I am trying to rise above the emotions that surface when I recall my experiences. The image that comes to mind is that of a butterfly shedding its pupa.*

*Using the Triquetra to make sense, is helping me to move outside of my emotions, and at the same time it is showing the ongoing movement between the different areas. I actually want to go back to Chapter 3 and employ the same exercise there to see how it might work.*

*I hope this will make sense to those reading my thesis.*

Editing and filling in gaps in the thesis, provided me with the opportunity to see more “movements within a Triquetra”, which I could apply. It really was astonishing to me, even though I set out to apply my theory, that I actually could find and recognise the movements within a Triquetra, resonating with the Eternal Perichoretic Dance of LaCugna and Continuing Bonds of Klass.

As a pastoral counsellor, it is important for me to locate myself within the parameters of my field, in addition to using theories from other related fields of study. I therefore find the pastoral counsellor Estadt’s definition of the pastoral counsellor an important contribution to my work. Estadt (1983:1) defines a pastoral counsellor as "a religiously integrated person who approaches others with a sense of mystery along with an ability to enter into communion

with others in a therapeutic alliance with the goal of reconciliation and personal religious integration." This definition means that as a pastoral counsellor, there should be an awareness of one's own grief and having worked through one's own grief, being able to support a hurting person and express God's healing love to them. According to Estadt, we have a "need to work toward an acceptance of the mystery of the divine plan as it unfolds in our lives, full well realizing that it may be necessary for acceptance to precede understanding" (1983:3). Estadt highlights the fact that although we do not understand why God allows events to happen in our lives, we have to accept that events do befall us. It has been a struggle for me to come to this point of acceptance. Intellectually, I have accepted that Aidan is gone, it is my heart – emotionally – that struggled to accept it. However, I believe it is my awareness of my own struggles that make me understand and be empathetic to the struggles of others. As Nouwen (1994: 82) states, "He (the minister) is called to be the wounded healer, the one who must look after his own wounds but at the same time be prepared to heal the wounds of others." This statement also resonates on my contemplation on a picture of the crucifixion. Mary is portrayed with her hands stretched out towards Jesus suffering and dying on the cross. To me it seems that, in her own agony, she is trying to support Jesus. Then behind her, the disciple John is holding her up. I realise that in my support of the wounded, I need to rely on others to support me in my woundedness in order to stay standing.

Also a pastoral counsellor, Clinebell (1984)'s Growth Model is significant for all people in crisis, including pastoral counsellors and ministers who have lost a child and have to work through, and grow from, their grief to enable them to minister to other grieving people. I am fortunate that I seem to be able put my own grief aside when I counsel people, for whatever issue they present, including grief. I just wonder whether by putting my grief aside, I hide it so far away that I do not disclose my own loss. Some people who know me from the community or the parish would know that Aidan had died, so I do not need to disclose. Most clients are from the surrounding areas or even farther afield and are not aware of my loss. I hardly ever disclose in a session. However, I would use "we" when I speak of the emotions of loss and grief, or I would say "as humans..." This seems to be adequate, I think, to provide support. According to Clinebell, one goal of pastoral care and counselling is to assist people to view and act on their crises as growth opportunities, especially a spiritual growth opportunity. I know my growth and healing, but I also know my limitations, one of which is

that I find it difficult to speak to strangers about Aidan and my loss without emotion creeping in. and clients need me to focus on them and their issues, not mine.

Clinebell agrees that to be fully effective, pastoral care and counselling should employ the developments and methodologies of a variety of growth-centred therapies. He, however, feels that although it is vital that pastoral counsellors should acquire knowledge from contemporary related fields of knowledge, they should remember that their identity is based on the tradition of shepherding. As pastoral counsellor in a multi-cultural community and city, I do not hide my religious affiliation as one of the participants does. However, I also do not impose my religious beliefs on clients, especially those from other traditions and even religions like Islam and Hinduism.

Clinebell is specific in what he believes about the role of pastoral counsellors in crisis and grief counselling:

Whatever one's crisis counselling and bereavement skills, their ultimate usefulness will depend on how you cope with your own crises and losses, and what you learn about yourself, life, people, and God from those unwelcome intruders. People who feel shattered need your supportive strength, but they also need to sense that you know something about how it feels to be shattered. They need your faith and hope, but they may also need to sense that you have known doubt and despair first-hand. In short, they need to experience the strength in you that comes from admitting your weaknesses and failures, from accepting your vulnerability and your deep need for others.

Clinebell (1984: 239)

My approach is informed by my religious beliefs and my theological training. When I do offer insights about my beliefs, I would say, "as Catholics we believe this..." and only if I feel that it would be helpful to the client in pain. I counselled a young girl who struggled with a suicide death and whether the person went to hell. I could offer her the following comfort, that in Islam they call Allah the Merciful and we as Christians also believe in a merciful God, and a merciful God knows that a depressed person is ill. I am sure that in His mercy, at the very least the person would be in purgatory and not hell. I explained to her that purgatory is

place where souls go because we cannot be in the presence of a Holy God because we are all sinful people to a lesser or greater degree. She found such comfort in my sharing that she said that she was going to tell her dad, because his pain is so severe because their beliefs are that a person who commit suicide will go to hell. So, as a pastoral counsellor, I used what I think is necessary from my faith for a particular purpose, and I take my cue from the person in crisis. A grieving person needs comfort, and that is what I try to provide. My grief informs my practice, but it does not need to be explicitly stated.

Blanchette's (in Estadt, 1987) opinion is also that the pastoral counsellor or minister has to grow from their personal life events to help them attend to others because they themselves have experienced God's healing and the means to becoming fully human. Growth is the result of dealing with the stresses involved in living. Pain becomes a strong motivation for change. People have experienced depression caused over a loss, and have felt the debilitating grip depression can have, and the resulting sense of powerlessness. I used to joke that I seem to experience all the emotions so that I can know what my clients are going through. But when Aidan died, going through all the emotions of grief, was, and still is, no joke. The searing pain and sadness, and yes, the depression and the desperate attempt to 'get over' the grief was not funny at all. The feeling of powerlessness of grief that Blanchette refers to is all too familiar to me. "Pain becomes an all-important call to growth. It is the tension element in life, the situation in which a person comes face to face with the power of life and the power of love.... for it is only at the cost of pain that one becomes the best" (Blanchette 1983: 25). I still believe that growth can only be viewed in hindsight. In the midst of grief, when some well-meaning person would tell me it would get better, it was impossible to believe that person.

"The work of the pastoral counsellor flows from the life of the pastoral counsellor, a life rooted in faith. Pastoral counsellors have come to grips with their own lives because of the faith stance that they share. They themselves have been able to experience the healing of God and the way to becoming fully human."  
(Blanchette in Estadt 1983: 25 - 26).

I believe that God can use your painful experiences for the good of others one day, but at the same time you cannot tell people that in the midst of their grief. As a pastoral counsellor, I

can only let my grief, my pain and my growth inform my practice of supporting and counselling others in their grief journey.

In January 2017, I received a request by our parish priest to conduct a workshop in February to establish a Bereavement Support Ministry in our parish. This is due to the fact that we serve a congregation of well over 2000 active members, with over four times more registered members. The result is that the Parish Priest, Deacons and Eucharistic Ministers cannot assist all the bereaved in the parish. I had immediately said yes to his request. It was only while I was designing the workshop and working through the material that it hit me like a ton of bricks: I was working on a Grief Workshop! This stopped me in my tracks, and I had to take some time to reflect on whether I would be emotionally able to conduct the workshop, which would stretch over three full Saturdays. Upon reflection, I decided that it would be like a test for me. During the workshop, I did the same thing I do during counselling: I put my own emotions aside (numbing myself?) and assumed a ‘professional demeanour’ as an armour/protection. I did not speak about my own grief experience during the training. However, my ‘armour’ was pierced when a well-meaning participant spoke to me about my son. I had to swallow very hard before I could respond to her. My defence in public is not to speak about my bereavement, because I do not want to become emotional. So, I steel myself when confronted with the loss of my son and respond to people as if I am ‘over my grief’.

De Santis (2015: 109) states that “As therapists, we may believe it important to leave our vulnerable or limited selves at the door, aware that our vulnerability or pain may hurt the client. Perhaps, having learnt to feel powerful in our strength, we may also fear being seen as incompetent. Perhaps, too, we learn to lean on theories and rules in a bid to manage the unpredictable, enigmatic and sometimes scary nature of therapy work.” For myself, I think not wanting to disclose, is two-fold: I am afraid of my own reaction when I do, and secondly, whether the client would feel that their pain is less than mine. This is based on people having told me that they do not know how they would cope if they would lose a child. The sense I would get, and perhaps it is my own projection, is that they pity me. All I want is people’s understanding, not their pity. Reading what I have just written, makes me realise how really intertwined my personal and professional experience and reactions are. In conclusion, I think it is obvious that the two cannot be separated. As much as I have worked through my grief

through the years, my personal and professional life is forever affected by the death of my beloved son, Aidan.

## **Conclusion**

I have related my personal experience of drawing strength from spiritual practices to cope with my loss. This ranges from Mass, where in the beginning I would cry during almost every Mass, to praying the Rosary and attending retreats and days of reflection. At times these spiritual practices made me cry, and other times it would give me comfort. Especially praying the Rosary and meditating on the Glorious Mystery of Jesus' resurrection, would evoke anger that Mary got the chance to see her son while I did not have that opportunity. All these emotions that I could express in prayer to God, I feel, allowed me to heal. This chapter also covers resilience and post-traumatic growth, which I experienced on a personal and spiritual level. This was made possible, as Attig states, because I decided to engage with the pain of my loss so that my life could be redirected. Engaging with the pain of my loss includes continuing with counselling as a wounded healer, accepting a new job and writing this thesis as an honour work to Aidan and tribute to my dad who had been so proud of me when I was accepted as a doctoral student.

Chapter 6, the findings and conclusions, will show that grief at the loss of our children, continue to impact and permeate, the personal and professional lives of pastoral counsellors and ministers.

## **CHAPTER 6 THE DESCENT OF THE HOLY SPIRIT**

### **Introduction**

In this chapter, I discuss the findings from my research study. I discuss the implications for research on how the loss of a child impacts on the personal and professional life of a pastoral counsellor and minister. What emerged from the research study was that the pastoral counsellors and ministers were often feeling disenfranchised from family, friends and the people they counselled or ministered to, where they felt they could not share their feelings and grief experience, which led to them withdrawing physically and emotionally. The significant finding was that despite the emotions of grief they were experiencing, the pastoral counsellors' and ministers' faith in God provided comfort and a way to cope with the loss of their children. The pastoral counsellors and ministers indicate growth from the trauma of their loss, and this can be viewed through the application of Tedeschi and Calhoun's (2004a) Five Domains of Growth. Pastoral counsellors and ministers, while still working through their grief, resumed their professional lives and had to manage their vulnerability whilst counselling and ministering. The limitations of this study were that it excluded the voices of grandparents, the pastoral counsellors' and ministers' other children, and family and friends. Pastoral counsellors and ministers seldom discuss their experience of loss and disenfranchisement at the loss of their children, for which I propose a workshop or retreat, which I outline at the end of this chapter.

### **6.1. The Findings**

#### **6.1.1. Reflections On Implications For Research**

In this thesis I have sought to demonstrate how the loss of a child impacts on the personal and professional life of a pastoral counsellor or minister. The research question was developed from integrating my experiences as a pastoral counsellor and as a mother who has lost a child. My examination of the conceptual framework of the relational model of the trinity based on Moltmann and LaCugna's Theology of the Trinity gave a partial response to what I was experiencing as a grieving parent and pastoral counsellor. Through the interviews with other pastoral counsellors and ministers who have lost a child, I am able to offer a first-hand

account from the participants' perspective of what their experiences of grief and loss entailed and to provide a narrative to the academic world and to other pastoral counsellors and ministers to study and evaluate.

From a personal perspective, I was concerned with my own insider-outsider positionality as a pastoral counsellor, and mother of three boys, of whom the eldest has died. As autoethnographical researcher I had become part of the data, and I had to apply deep self-introspection and vulnerability because self-reflexivity and rigorous honesty is essential, and I hope that I was successful in my endeavour. I elicited experiential data from the research participants as to the context and to understand the impact that the loss of their child had on their personal, family and professional lives.

Moltmann argued that his faith, although fundamentally bound up with an existentialist situation, was “not just a private matter but also a social situation. Seen from the outside, whatever may seem to be my own particular individuality is from the start always related to collective experiences” (Moltmann 1974: 166). Moltmann needed hope that was stronger than death which he found in his newly found faith, where God played an ambiguous dual role. He saw hope as an “experience of both God as the power of hope and of God’s presence in suffering” (Moltmann 1991: 293).

[I]t is often only prayer that keeps their hope alive, so that they do not give themselves up. For praying, sighing, complaining and crying out for God are not religious gifts or performances. They are realistic expressions of the abyss into which people have fallen, or have put themselves, and which they discover in their own hearts.

(Moltmann 1992: 76).

The grief experiences of pastoral counsellors and ministers, similarly, found expression in our cries, physically and as an inward cry to God in the midst of our grief during the darkest days of our lives. Although there was a questioning of ‘Why...’ regarding the loss of our children, there was never a loss of faith in God. Instead, there was the hope and belief that our children were with God, although the cry was because our children were no longer with us.

The substantive findings of the thesis go beyond the academy, my personal experience of a mother who has lost a child and my professional life as a pastoral counsellor, to the wider Church. There are implications for others working in similar fields and areas for future research. This thesis is a contribution to a relational theology of bereavement and grief to the Church for the people in her service.

This research study has been emotionally taxing, yet also an inspirational experience. I have tried to examine the impact of the death of one's child on the personal, family and professional lives of pastoral counsellors and ministers. This study has shed light on the ways in which pastoral counsellors and ministers experience their grief and the complex inner conflict that arise when this enters the counselling or pastoral room. Now, at the end of my study, I feel I have experienced my own 'transfiguration': the research process has been enlightening, as I became a witness to participants' grief experiences and working with their stories of loss on such a personal level, has been inspirational and profound. Not only is the knowledge I have gained invaluable, but my initial reason also to include participants in my study has been met: I do not feel I am alone. The stresses and difficulties characteristic of a study such as this, have pushed me to work past my self-perceived limitations. As a result, my self-awareness as well as confidence have increased.

This process has inevitably shaped how I engage with and monitor my own vulnerability as a pastoral counsellor as well as how I look at my own experiences through grief. It has intensified my compassion for pastoral counsellors and ministers who are faced with loss during the course of their work, especially the loss of a child. I am convinced that an open discussion about this aspect of our lives which impacts our work is not only helpful but necessary. This discussion would most certainly occur in an atmosphere of acceptance and understanding: acknowledging the vulnerability of the pastoral counsellor and minister is central here. I feel I am more conscious of how I might try to mask my vulnerability during counselling. I have also developed an awareness on how I might manage this, especially when significant life crises strike. I feel more encouraged to talk about vulnerability to colleagues. I recognise how this might benefit me both personally and professionally, however, I stay conscious that it is important that one's vulnerability be treated with care and compassion. My hope is that the person who reads this study (and the wider Church and

psychosocial helping community) might produce their own beneficial insights as a result of this study.

The relational Trinitarian theology espoused by LaCugna and Moltmann supports the themes found in the lived grief experiences of the pastoral counsellors and ministers. The findings show an expression of profound feelings and emotions in participants' experiences which would not have been given voice without this study. This was facilitated through the semi-structured questionnaire where participants could freely express themselves. Many of them have not had the opportunity to speak about their loss for a long time, and voiced their gratitude at being provided with the opportunity to do so.

#### **6.1.1.1. Feeling disenfranchised**

My study has found that a pastoral counsellor or minister's loss of a child was often 'being silenced' by those around them, whom the participants felt were no longer interested in their grief. Participants responded by keeping feelings of grief and loss to themselves, with husband and wife often keeping their grief from one another for fear of opening up each other's wounds. In their narratives, participants spoke of feeling disenfranchised from family, friends, and the people they served as a result of a change in their assumptive worlds, which for some resulted in emotional crisis. Doka (2008: 224) states "I define disenfranchised grief as grief that results when a person experiences a significant loss and the resultant grief is not openly acknowledged, socially validated, or publicly mourned. In short, although the individual is experiencing a grief reaction, there is no social recognition that the person has a right to grieve or a claim for social sympathy or support." Much of the disenfranchisement occurred because participants tried to mask their emotions of grief from family, friends and clients because they felt, or were even told, that they should know what to do. Husbands and wives tended to mourn separately because they did not want to upset the other person. Thompson (2012) found that people quite often present with disenfranchised grief and that counselling is a great help to validate their feelings and experience. Pastoral counsellors and ministers would therefore also benefit from counselling.

### **Mourning together and apart as a couple**

Roelf and his wife sometimes mourn together but sometimes he mourns alone, and he does not tell anybody, not even his wife. Annamie also mourns on her own at times, and she also does not always share with her husband what she feels all the time. Kobus and Mariette do not really speak about their loss anymore. Peter and Paula also grieve separately as a couple. Paula would like for the two of them to go for counselling as a couple, just to be able to speak about their loss. These couple's experiences are very similar to my own experience, where Andrew and I started mourning on our own because we did not want to upset the other person. This created distance between us, something some of the other participants also experienced.

### **Feeling disenfranchised by other people**

The one question Roelf fears when he is in a discussion is how many children he has. Sometimes he does not tell them and just talk about his two living children, but sometimes he tells them, depending on where he is and who the people are who are asking. But he does not hide it. I react in the same way Roelf does – I disclose depending on where and with whom I am. Yet there are times when I feel guilty when I just mention the two living children's names.

Annamie has a need to hear people tell her their experience of that fateful day, but they do not share that because they think that they will hurt her. In contrast to Annamie, I would just like people to talk to me about Aidan, because they also seem to avoid talking about him, possibly also out of concern that they would open my wounds.

Kobus and Mariette regret that they did not tell their children at a younger age about the loss, which might have made the children understand them better. They also do not talk about it with other family members. The extended family is not very comfortable with when it comes to emotional stuff and because they are ministers, the family feels that they can handle it because they are ministers.

Paula says that people think that when one is a minister who has studied pastoral counselling, one just has to be okay. She feels that people are very uncomfortable when you, as a minister, grieve. Even a fellow minister who came to see them on the day of their loss, was so uncomfortable. She feels that people are so uncomfortable with your pain, and they cannot deal with it, so they do not know what to say. People are also very uncomfortable when you speak about the loss of your child. I experienced the same discomfort from people and was even told by a sympathiser – that I should know what to do because I was a counsellor. Mariette tells clients in the hope that it would help if they knew that she has been through a similar experience. I, on the other hand do not disclose, even if I would speak about ‘we’ when I speak about loss and grief to a client. In Paula’s family, it has become normal to talk about him, and even make jokes. I think through the years, we have come to the same level of “normality”, where we can say, “Aidan did this...” or “Remember when Aidan ...” where some of the memories now can be shared with humour – except on his birthday or anniversary of his death. Then those same memories cause us heartache and tears.

#### **6.1.1.2. Faith Helping To Cope With The Loss Of Their Children**

Participants’ faith served as a way of coping, as prayer keeps their connection with God, keeping hope alive, and also that God is with them during the worst experience of their lives. It was found in many research studies that parents may also turn to religious support resources when dealing with the loss of a child, searching for meaning in the loss or relying upon the promise of particular religious beliefs that bring comfort to them (Cook & Wimberley, 1983; Edmonds, 1993; Klass, 1993; Walsh, F., 2003 & 2019; Ogińska-Bulik and Kobylarczyk, 2019; Doehring, 2019).

What gives Roelf strength is that he knows God is with him, all the time. He walks in God’s presence and that helps. Roelf says that does not talk very much to God. When he does talk, he talks with his eyes open and just talk. He sees God in nature.

Annamie draws support and strength she has now, is from God and prayer. When one can come through the loss of one’s child, you can get through anything. I feel the same way as Annamie, that nothing can faze me since I lost Aidan.

Kobus and Mariette definitely found their strength in their faith, and also in their support of each other because they knew they only had each other. There was no other support system for them. Mariette says that it is her faith that carried her through the darkest moments.

Paula’s faith helped her tremendously, as well as her love for children, because there were times she felt like giving up.

Peter says that at the time, he drew strength from being a Christian and from the Word. He had a sense of deep loss, but at the same time a sense of calmness. Preaching and dealing with the Word week after week was important to him. A source of strength for them was the congregation where they were ministering as well as other colleagues who are ministers.

Like the participants, I also found that my faith helped me through my grief. Employing spiritual practices such as retreats, meditation and prayers helped me through those dark days of grief, and the deep sorrow.

### **6.1.2. Summary Of Findings**

A number of key themes have been identified as providing important insights into the bereavement experience of pastoral counsellors and ministers and how they manage counselling and ministry in the aftermath. Based on the use of the Post-Traumatic Growth Inventory (PTGI), Tedeschi and Calhoun (2004a) report five domains of growth. I present the growth of pastoral counsellors and ministers based on the Post-Traumatic Growth Inventory using a comparative table:

#### **Application of Tedeschi and Calhoun’s (2004a) Five Domains of Growth**

<b>(1) Appreciation of Life: an increased appreciation for life in general and life priorities</b>	
<b>Adri</b>	Acceptance that I need to continue to live my life despite my sorrow which resurfaces from time to time. Actively reminding myself that I still have the rest

	of my family who needs me and that I need to live for them when I felt that I could also just lie down and die. I know that my faith in God and my spiritual practices sustain me. I find purpose and joy in counselling, workshops, and teaching, where I can make a difference in people's lives.
<b>Roelf</b>	Roelf likes to sing in the car, which makes him realise that there are pockets of normality in his grieving. He has resumed counselling and ministry, which is his vocation. He finds his connection with God in his Theology and in his own way of communicating with God.
<b>Annamie</b>	Annamie sits on her children's beds at night and thank the Lord for the day, because it can be gone so quickly. After the initial turning away from God, she and her husband have a newfound faith in God that transcends denominational church.
<b>Kobus</b>	For Kobus, what helped them cope with their loss, was his faith and relying on each other, especially since they had no other family nearby at the time.
<b>Mariette</b>	Mariette agrees that it was their faith that helped them cope, as well as their support of each other because they knew they only had each other. There was no other support system for them because they were far from family.
<b>*Peter</b>	Peter feels that life and death flow together. Death is natural, it happens to those close to you, it is going to happen to you also. He has no anxiety about death. He always thinks about the people who will remain behind, but he is at peace about it. Peter says that he lives his life to his satisfaction and does the things he likes, so if his life ends, it is fine with him. Having lost someone so close to him, gives a deeper sense of meaning and purpose.
<b>*Paula</b>	Paula's faith helps her during her darkest times. She feels that she is more compassionate and less judgmental. Helping other families in pastoral counselling also helped her, as much as she was helping them.
<b>(2) Relating to others: closer, more intimate, and meaningful relationships with other people</b>	

<b>Adri</b>	Accepting that we have always been a nuclear family due to Aidan's condition, with very few friends. Acknowledging that my friends grieved Aidan's death in their own way, forgiving them for 'abandoning' me and reconnecting our friendship. I have to pray to keep the fear of losing my other two children at bay, and not to smother and mollycoddle them. I also have to actively work on keeping my relationship with Andrew, and not allow my sorrow and accompanying emotions create distance between us.
<b>Roelf</b>	Roelf and his wife are best friends and give each other space to grieve. He thinks that his children are afraid of losing him and he is afraid of losing them. Because they are staying in Abu Dhabi and Ladybrand, they communicate via Skype and Whatsapp. Something that helps him, is that one of his friends who lost his child many years ago had somebody told him to remember that he still has two children who are still alive and not to put all his energy in the one who is gone. When it happened to him, Roelf remembered that. He actively tries to keep up the relationship with his other children.
<b>Annamie</b>	She is very focused on having peace in her home, because even when her husband dies, she would not want guilt feelings. She believes that no one can come through such trauma without help to work through their feelings. She says that she and her husband find it difficult to make friends because there is no connection. People do not understand. For her it feels as if they are moaning about nonsense. Through the years, she and her husband have learnt to be each other's best friends. They had to forgive people, who said things that can break a person because they do not understand, and they have no idea how bitterly they hurt you.
<b>Kobus</b>	Kobus also have a fear of losing his children. He says if the miscarriage hurts so much, he does not even want to think about losing the two living children, which does make him overprotective of them. He and Mariette think they should tell them why they are so overprotective.
<b>Mariette</b>	Mariette agrees that she is also overprotective of their children, and that she can link it to the miscarriage. Her own loss helped her to be there for her sister, who

	had two miscarriages. The extended family is not very comfortable with emotional issues and feels that they can handle it because they are ministers. Her and Kobus rely on each other for support.
<b>*Peter</b>	Peter recognises that people respond differently to trauma, and we must respect that. He and Paula are unique and totally different from each other. Paula response is highly emotional, and he has learned to respect that and not to quickly find a solution.
<b>*Paula</b>	Paula feels that Peter and she grieved totally differently. He went quiet, which created distance in their relationship. Paula's stillbirth helped her to support her friend when she had a stillbirth. She says that she could barely see through her tears while she was driving. When she arrived at the hospital, she composed herself and could be there for them. She says that if the reason why she had to experience the stillbirth is so that she could be there for her friend, then it is fine.
<p><b>(3) Personal Strength: a general sense of increased personal strength, or the awareness of this personal strength. The identification of this personal strength is often correlated, almost paradoxically, with an increased sense of being vulnerable. Growth in this domain is experienced as a combination of the clear realization that bad things happen and the discovery that "if I handled this, then I can handle just about anything" (Tedeschi and Calhoun 2004a: 6)</b></p>	
<b>Adri</b>	This was a difficult issue for me to accept. I hated it when people would say, 'You are so strong ...' when I did not feel strong. Inwardly I would feel angry that they would assign strength to me in the midst of my sorrow, and I felt when they did that, they did not have to do anything about my pain. So, I would portray the strong person they wanted to see and at night cry in my pillow. I did, however, come to the realisation, which I also verbalised at one stage, that if I could deal with the death of my beloved son, nothing else can faze me.
<b>Roelf</b>	Roelf says that in the book, Option B, they speak about posttraumatic stress and posttraumatic growth. He thinks that he experienced something about the growth as well, in the sense that he got to know himself better. When a crisis occurs, he can handle it. When he has problems, he tells himself what can be worse than

	losing his child, so any other problem is nothing compared to that.
<b>Annemie</b>	On a personal level, she had changed from crying easily to someone much stronger. She has had much personal growth. She had no self-image, now she does. She feels that having lost a child, she can face anything else.
<b>Kobus</b>	His spiritual growth comes through in that it makes him work better with people, especially people who are in similar circumstances. In his engaging with the scripture text, Trust in the Lord, it has become more meaningful to him. It now has practical implication than just words.
<b>Mariette</b>	The way her grief changed over the years, is that the questions she used have, are no longer there. She has accepted that it happened and there is nothing that she can change about it. She can only wonder what could have been, but the questions and uncertainty is gone. The guilt feelings and the intensity of the feelings that have been there have changed completely over the years.
<b>*Peter</b>	A life-lesson or truth that came out of his loss experience was the importance of life and that he realises that death is part of life. He says that joy and sadness just go together. That is just how it is, the positives and the negatives. It is not about death, but rather about those you leave behind.
<b>*Paula</b>	A positive outcome in her personal growth, is that she looks with 'softer' eyes at the world. A positive and negative, is that she has a lot of compassion for children who suffer. She says that she knows one of the most challenging roles, is to be a mother and that she thinks that their baby's death really shaped her ministry.
<b>(4)New Possibilities: an identification of new possibilities in one's life, expressed in the choice of new or different paths in life.</b>	
<b>Adri</b>	The first new path was accepting a new position at a different school within two months of Aidan's death. Other new opportunities were starting this thesis, starting a course in Spiritual Direction in Ignatian Spirituality, designing, and presenting new psychospiritual workshops, completing a Playtherapy workshop

	and incorporating this new modality in my Pastoral Counselling Practise.
<b>Roelf</b>	Roelf's calling broadened to young, vulnerable pastors. He counsels them and go with them to their church councils if they are bullied. Then he goes and bullies back. His daughter was bullied by the older males that told her she is not competent, because she was a young woman. She was very competent and fought her own fights and most of them she won, with the church council, with the financial committee, the old people. But because she was female and young, they tried to bully her. And since then, his eyes opened to what people do to young women pastors, and to young male pastors as well. He did not realise that before. He thinks that his sermons are deeper, much less telling people what to do and giving reasons.
<b>Annamie</b>	Annamie says it took years to have dreams again, because in the beginning one just survives. One does not have dreams for your life, such things take long. She was first asked by her pastoral counsellor to speak to other couples who have lost a child after her loss. After a while, he encouraged her to study to become a pastoral counsellor. She can do her pastoral counselling work now, because of the certainty that there is healing.
<b>Kobus</b>	He realises that one says the words, 'life and death is in God's hands' very easily when you speak to other people, but 'life and death is in God's hands' is a process, a struggle and it made him much more sensitive to engage with people. Especially with the death of a child. He has realised that aside from the loss, his ministry to single mothers, young mothers and people who have lost children, especially the woman, has changed. Often, they close up. Many times, in the community the value of the woman is measured on whether she would be able to have another child. It has made him much more sensitive.
<b>Mariette</b>	The positive impact it had, was that she discovered that the pastoral aspect of ministry is her passion. She wants to help people to deal with trauma in their lives. For her, that is the positive that came out of her experience of loss. (Since this interview, she has obtained her Masters in this field of study.)
<b>*Peter</b>	About nine months after the loss of their baby, they left the congregation as he

	got the post at the university. He is not active as a minister, but rather lectures and guides theology students in their journey to ministry.
<b>*Paula</b>	Paula had been working in a congregation as assistant minister. She will always acknowledge to people that she has one son who is with the Lord, and one is with them. She has also mentioned it in sermons, and by now most people know that she had a son who was stillborn and if people struggle with it, she speaks freely about it. It is easier now to speak about it than in the beginning, but she feels she always wants to acknowledge his existence because he was part of their lives for eight months.
<b>(5) Spiritual Change: A greater understanding of spirituality, existential awareness, and a stronger faith in a higher power.</b>	
<b>Adri</b>	I would not say that my spirituality changed, rather that it fluctuated because of my anger towards God that I did not acknowledge at the time. I had displayed ‘passive-aggressive’ ways of relating to God. I would pray in different forms: for a couple of months after Aidan died, mostly the rosary and set prayers because I could not verbalise my own prayers, yet I knew if I did not pray the set prayers, I would stop praying altogether. Eventually I also started incorporating other forms of my spiritual practices like journaling, meditation, and labyrinth meditation when the opportunity arose. What I could not do for a very long time, probably close to a year, was read my Bible. I eventually admitted to my spiritual director that I think when I pray, I speak to God, but by not reading the Bible, I did not want God to speak to me. However, I felt that God knew me well enough to meet me where I was at, and that the scripture and spiritual practices I employed before, were sustaining me through the most difficult time of my life. I am grateful to say that my relationship with God now includes scripture reading, as before Aidan died. So, for me spiritual change was more a back to my previous spirituality rather than a new spirituality.
<b>Roelf</b>	Roelf’s Theology is the way he thinks about God and that was already set before the accident. He thinks that is why, when the accident happened, he did not fight with God because his view of God was not of being the Big Bully or not being

	<p>there. He got to know himself emotionally. Spirituality is something for he identifies with centuries and centuries of believers who believe in God and chose to believe in a certain way. He sees himself as part of that big congregation. He is not the spiritual guy who puts up his hands and feeling things, he is more rational. Rationality helped him in the sense that he cannot put God in a box, and he just KNEW that God was with him. His message for very long when he preached was that God is with him no matter what, in good and in bad times.</p>
<b>Annamie</b>	<p>Annamie and her husband had turned against God. Looking back, she can see how good God is, how He carried her during the healing process. No human being can just put one's child in a grave, so His strength must have been there. Then she realised that He has always been there because it is not humanly possible to watch your child being lowered into the ground. Annamie says that she wondered for days after the burial whether her daughter was not feeling cold. But the day she realised that God never left her, was the day she realised that there was healing inside of her. And that is the reason why she is working as a pastoral counsellor now, helping other people.</p>
<b>Kobus</b>	<p>He still asks the question, after all these years, why the child did not live. On a spiritual level he understands that God has allowed it. He believes absolutely that life is in God's hands. Sometimes people in the congregation asks him why he is so reckless. He laughs when he says he tell them is that his life is in God's hands, he just decides how he will die.</p>
<b>Mariette</b>	<p>She believes that the experience made her spiritually strong, to accept that God allows certain things in one's life and He supports you through that experience. At the end of the day, one grows through that experience. And one is dependent on Him, to go to Him for answers. So, the experience was spiritually positive, although the emotional side was negative.</p>
<b>*Peter</b>	<p>Peter says that is currently at a stage in his life where he reflects and meditate and to look after himself. He had been exploring and he wanted something more, for some time, so he started running. When his father died a year earlier, he kept up with it. His father was 85 but very healthy and very fit. He was a positive</p>

	thinker as far as Peter can remember, in general of what it means to be a human being in the context of crisis, one can go back to the things that are positive.
<b>*Paula</b>	After all these years, Paula feels she knows why God allowed it (the stillbirth) to happen. She feels, that because it was such a traumatic event, it shaped her entire life. Paula finds the God images that we grow up with, a God who is so far and you should not ask Him questions, very wrong because God is big enough for our questions.

Varied stages of posttraumatic growth are predicted by this model. The five domains are linked to differences in personality traits, and therefore each person might have a unique cognitive process and pathway to growth. Bonanno (2004) argues that resilience refers to the experience of insight and growth after being exposed to disruption in life, while recovery refers to a return to the pre-disruption homeostasis without any experience of growth or insight from the adversity. From these accounts, one can clearly see that the participants experienced resilience as they have insight into their own experience of loss and recognised that they have grown from their loss. Estadt (1983)'s view that the pastoral counsellor should be a religious integrated person, is important because they should be aware of their own grief and having worked through their grief, be able to stand with the person in crisis to whom they have to minister and convey God's healing love, and this can clearly be seen in the narratives of the participants.

### **6.1.3 Managing vulnerability whilst counselling and ministering**

This study has tried to highlight a particularly relevant phenomenon in the field of Pastoral Care and Counselling: it has attempted to investigate the significant topic of pastoral counsellors and ministers' bereavement at the loss of a child and in doing so has portrayed how pastoral counsellors and ministers manage their vulnerability whilst counselling and ministering. These pastoral counsellors and ministers who have suffered the loss of their child, are aware that they are wounded healers (Nouwen, 1972; Nolte and Dreyer 2010; Zerubavel and Wright, 2012) and were striving towards personal healing so that they could be effective in their counselling and ministry.

The choice to approach this study from an autoethnographical stance necessarily limits the realm of exploration of the experiences. For example, the use of narrative analysis, with its emphasis on meaning-making in relation to an individual's wider socio-cultural experience, might have allowed more exploration of bereaved pastoral counsellors' and ministers' experiences in the context of their wider social and professional identity.

This research was based on a relatively small, purposive sample of participants who were interviewed in order to obtain a depth of analysis that might not have been possible with a larger sample. This created a lack of breadth in the data because generalisability is limited in the findings, as in any small-scale study. This study tried to attain depth of theoretical transferability rather than breadth of generalisability.

Choosing the semi-structured interview as my data collection method was aimed at achieving a rich, comprehensive description of participants' experiences. The semi-structured interview presents the researcher with some form of structure, yet it allows participants narratives to guide the interview process to an extent.

Despite being unknown to some participants, interviews seem not have been impacted by the fact and participants and I managed to build a strong rapport. This was perhaps due to my insider status of myself being a bereaved pastoral counsellor.

I have given participants the opportunity to comment on their transcripts, which have given them some control over their contribution.

### **Limitations**

There are other unheard voices which reveal the limited scope of my research. The family and friends of the pastoral counsellors and ministers have not been the focus of the research but are a vital component, as well as the voices of other children of the couples. They too are in the "shadows of the cross" (Moltmann 1997: 97) but often ignored. There are implications for substantial further research here.

## **6.2. The Ascension**

### **6.2.1. Conclusions**

This study is relevant in the light of the scarcity of research into the lived experience of pastoral counsellors and ministers' grief and their experience of on-going ministry and counselling in the midst of their vulnerability. Therefore, a further contribution to this under-researched area is made.

Narratives from six participants are employed, of whom three were female and three male. The transferability of the findings which have emerged is strengthened by the study's gender-balanced sample. An important finding is the pastoral counsellors' and ministers' difficulties in managing their grief whilst ministering or counselling.

There is a specific focus on pastoral counsellors' and ministers' loss of a child, which presents a somewhat homogenous sample which also might allow for more transferability.

A number of possible implications is presented by this study. When grief is acknowledged as ever-changing and specific to the individual, it gives people the room, liberty and acceptance to absorb the overwhelming nature of loss. This is as valid for bereaved pastoral counsellors and ministers as for individuals generally. This study reveals that loss experiences are slowly incorporated into a person's life, and it also highlighted the fact that grief is not linear and that other life experiences do interact with one's experience of loss at any given time, changing its progress. It is therefore important deal with any inclination to disenfranchise grief over time (Doka, 2009). As pastoral counsellors and ministers, we can employ our knowledge and understanding of grief to increase our mindfulness and self-examining, to benefit ourselves and the people we counsel and minister to.

This study also proposes that pastoral counsellors and ministers might benefit by confronting the high standards that they hold themselves to and to develop a more compassionate attitude to their own vulnerability. They would need to look at the influence of their training and theoretical knowledge in addition to significant life events. Pastoral counsellors and

ministers are taught to be professionally discreet, yet this can inhibit them from sharing their loss and learn from others (Martin, 2011). They may be able to let go of the fear that self-exposure will be met with personal or professional disapproval by working through their difficulties with professional support. This may also help them to be more compassionate towards fellow pastoral counsellors and ministers who may be revealing their vulnerabilities. In acknowledging human limitations, pastoral counsellors and ministers may better manage or support themselves. Pastoral counsellors and ministers may obtain a better understanding into how their vulnerability could be used for greater rapport with the counsellee or parishioner if they recognise that personal life crises (such as loss) can and do enter the ministry or counselling room,

The findings also indicate that pastoral counsellors and ministers need to have reached a particular point in their own grieving process before they can use their loss experience for the good of others.

The experience of the loss of a child can be a process of transformation with potential advantages for pastoral counsellors and ministers. This includes increased self-awareness, improved self-esteem, a greater sense of resilience and personal strength, and stronger belief in one's ability to cope. All this has an impact on pastoral counsellors and ministers' ability to be present with counsellees and parishioners. Acceptance of one's vulnerability by easing into the grieving process enables a more dynamic rapport with counsellees and parishioners. Pastoral counsellors and ministers' personal and professional life is profoundly affected by bereavement. The scarcity of research in this regard makes it difficult for pastoral counsellors and ministers attempting to cope with loss or other life crises. Pastoral counsellors and ministers' struggles may be downplayed, while they are encouraged to be self-sacrificial. This study would like to encourage more open discussion in higher learning institutions on the merging of pastoral counsellors and ministers' personal and professional lives. Martin (2011), in his research, found that appreciating our humanity in its many aspects might lead to destigmatising and recognising the wounded healer with a more open attitude to this across the helping professions.

### **6.2.2. Recommendations**

This study is a move towards further investigating pastoral counsellors and ministers' lived grief experience and how this impacts on their personal and professional lives. Further research in this area is undoubtedly established. Further research into the fear of losing our other children is also needed.

Firstly, there is a need for research exploring the lived experience of bereaved pastoral counsellors and ministers who are counselling and ministering specifically to bereaved counselees and parishioners. This might highlight how pastoral counsellors and ministers manage their own vulnerability in their work, specifically when they encounter death and grief.

All the participants' loss of their children, including my own, would be considered to be traumatic losses. Barry, Kasl, and Prigerson (2002) found that the loss of a child can be experienced as a highly traumatic event, irrespective of the cause of the child's death, with significant psychological impact when the death has been sudden and unexpected. Barry et al (2002) also found that parents who feel that they have been unprepared for the death of their child, will have a higher risk for persistent or complicated grief reactions. Rando (1993) argued that those dealing with such losses may experience grief differently. Further research exploring how pastoral counsellors and ministers deal with traumatic loss may further expand this area of research.

Because pastoral counsellors and ministers' personal and professional lives often become merged, their ability to manage their own grief is intimately entangled with their working selves. Most of the pastoral counsellors and ministers' working life is spent with other people, yet they are often alone with their thoughts, feelings and reflections (Adelman & Malawista, 2013). According to Verghese (1998: 341) there is a "silent but terrible collusion to cover up pain, to cover up depression" which can be avoided by educating yourself, practicing self-advocacy and care, having a sensitivity to loss, adopting self-validation, and promoting dialogue, which together can promote an authentic empathetic professional

atmosphere for both the client and the pastoral counsellor or minister to enable the adjustment to loss.

For this reason, I suggest a workshop or retreat for ministers or pastoral counsellors who have lost a child, where they can safely share their experiences among themselves. I feel it is important that ministers and pastoral counsellors attend with their spouses, so that they can share with one another. In my personal experience, after some time we tend to start grieving on our own, because we do not want to 'burden' the other person when we are feeling sorrowful and the other person seems to be in a good space emotionally.

## MODEL FOR LOSS AND GRIEF RETREAT

### FRIDAY

Session	Topic	Activity	Time
Arrival and Check-in			8.00 – 9.00
Session 1	Welcome Opening Prayer Icebreaker Introductions Expectations Ground rules		9.00 – 10.00
TEA BREAK			10.00 – 10.30
Session 2	Introduction to Retreat	Presentation	10.30 – 10.45
		Lectio Divina Individual Reflection and Journalling on various Scripture texts dealing with Bereavement and Grief	10.45 – 11.30
		Sharing (voluntary)	11.30 – 12.30
LUNCH BREAK			12.30 – 13.30
Session 3	Bereavement Loss Trauma	Discussion	13.30 – 14.30
		Journalling on personal experience	14.30 – 15.30
		Sharing with spouse	15.30 – 16.00
TEA BREAK			16.00 – 17.00
PERSONAL TIME			17.00 – 18.00
SUPPER			18.00 – 19.00
Session 4	Evening Devotion		19.00 – 20.00

## SATURDAY

Session	Topic	Activity	Time
Session 1		Morning Devotion	7.00 – 8.00
		BREAKFAST	8.00 – 9.00
Session 2	Presentation: Types of grief	Experiential Activity Journalling on personal experience	9.00 – 9.30
		Sharing with spouse	9.30 – 10.30
		TEA BREAK	10.30 – 11.00
Session 3	Grief experiences: Differences and similarities between Men and Women	Experiential activity	11.00 – 12.00
		Debrief	12.00 – 12.30
		LUNCH BREAK	12.30 – 13.30
Session 4	Presentation: Helpful people and activities on the grief journey	Reflection Journalling on personal experience	13.30 – 14.30
		Sharing with spouse	14.30 – 15.30
		Debrief	15.30 – 16.00
		TEA BREAK	16.00 – 17.00
		PERSONAL TIME	17.00 – 18.00
		SUPPER	18.00 – 19.00
Session 4		Evening Devotion	19.00 – 20.00

## SUNDAY

Session	Topic	Activity	Time
Session 1	CHURCH SERVICE		7.00 – 8.00
	BREAKFAST		8.00 – 9.00
Session 2	Continuing Bonds	Experiential Activity based on continuing bonds	9.00 – 9.30
		Debrief/ Discussion	9.30 – 10.30
	TEA BREAK		10.30 – 11.00
Session 3	Grief experiences: Differences and similarities between Men and Women	Experiential activity	11.00 – 12.00
		Debrief	12.00 – 12.30
	LUNCH BREAK		12.30 – 13.30
Session 4	Creative Activity		13.30 – 14.30
		Debrief/ Sharing of Creative Activity	14.30 – 15.30
	Closing Session	Recap/ Check-up/ Feedback	15.30 – 16.00
		Closing Prayer	16.00
	DEPART		16.05

### Reflection

The Model changed from a Day of Reflection to a weekend retreat. I still feel that even a weekend is not long enough, but I hope that would be long enough. As this is a model, I am sure it can be adjusted as necessary, perhaps with follow-up Days of Reflection. My hope is

that even as a Day of Reflection, it will offer some safe space for ministers and pastoral counsellors to particularly reflect on their grief journey of having lost a child.

## **Conclusion**

In this study, participant narratives revealed the deeply complicated, changing nature of the lived experience of loss and grief. Participants had a 'rou' (raw) primal initial response to their bereavement, followed by a gradual change and assimilation of their loss combined with struggles and involvement in daily life. Participants described trying hard to mask their grief during counselling and ministry. Sometimes they were struggling, and other times they were able to be present to counselees and parishioners in new ways, employing their lived and felt experience of the loss of their child to connect. Despite the numerous difficult emotions, participants found their experience of grief to be ultimately transformational. After a gradual acceptance of their new life, they ultimately experienced resilience and growth, which informed their counselling and ministry. This was the consequence of their ability to steadily work through their grief over time as they continued to engage their everyday lives.

The findings of this study accentuate the complex nature of bereavement and grief experience. This is further highlighted when we look at pastoral counsellors and ministers' lived experience of loss and how they manage their counselling and ministerial despite this. Pastoral counsellors and ministers deal with vulnerability regularly, but their own vulnerability is seldom recognised, focused on, or investigated.

The experience of the pastoral counsellors and ministers who shared their narratives in the present study requires consideration of the benefits of speaking more openly about pastoral counsellors and ministers' vulnerability, grief, and trauma. This study's findings have implications for the development of professional knowledge in relation to understanding how bereavement impacts pastoral counsellors and ministers and thereby how it might impact the counselling or ministerial relationship. Through its attempt to research this significant and rich field of study, this study hopes to encourage a greater discussion within the Church and academic community.

To summarise, my starting point was to explore my experience as pastoral counsellor and mother who have lost a child. I opted to include the narratives of other participants to show the experiences of a broader population of pastoral counsellors and ministers who have lost a child. I used autoethnography based on my personal experience, yet the study is rooted in the academic works of theorists such as Moltmann, LaCugna, Klass and Attig. The findings of the study were varied. Some findings support the findings of existing grief literature, while others, like the fear of losing other children, shows a need for further investigation and research. I believe the retreat for bereaved pastoral counsellors and ministers with follow-up days of reflection, would be very beneficial.

In conclusion, this research has identified and explored the impact of the loss of a child on pastoral counsellors and ministers via autoethnographical narrative and relational theological reflection, finding. As an example of pastoral theology, I believe it has made an original and distinctive contribution to academic and professional practice.

## REFERENCES

- Abeles, N., Victor, T.L. and Delano-Wood, L. 2004. 'The Impact of an Older Adult's Death on the Family.' *Professional Psychology: Research and Practice*, 35(3): 234.
- Adams, T. (2006). 'Seeking father: Relationally reframing a troubled love story.' *Qualitative Inquiry*, 12(4): 704-723.
- Adams, T.E. and Ellis, C. 2012. 'Trekking through autoethnography.' In S. Lapan, M. Quartaroli, and F. Reimer (Eds.), *Qualitative research: An introduction to methods and designs*: 189-214. San Francisco, CA: Jossey-Bass.
- Adelman, A. J., and Malawista, K. L. 2013. Introduction. In A. J. Adelman, & K. L. Malawista, *The Therapist in Mourning: From the Faraway Nearby*: 1-12. New York: Columbia University Press.
- Aho, A.L., Inki, M. and Kaunonen, M. 2018. 'Grandmothers' Grief after the Loss of a Grandchild.' *Ment Health*, 13: 676-680.
- Akehurst, G. and Scott, S., 2021. 'Out of the blue and into it: Autoethnography, emotions and complicated grief.' *Qualitative Research*: 14687941211033456.
- Appel, D.L. 2011. *Narratives on death and bereavement from three South African Cultures*. Doctoral dissertation, University of South Africa.
- Appel, D. and Papaikonomou, M. 2013. 'Narratives on death and bereavement from three South African cultures: an exploratory study.' *Journal of Psychology in Africa*, 23(3): 453-458.
- Arnold, S. 2005. *Footprints on the wind. Unpublished Master's dissertation*. Central Queensland University, Queensland.
- Ashforth, B. E., Kreiner, G. E., Fugate, M. 2000. 'All in a day's work: Boundaries and micro role translations.' *Academy of Management Review*, 25: 472-491
- Attig, T. 1996. *How we grieve: Relearning the world*. New York: Oxford University Press.
- Attig, T. 2004. 'Meanings of death seen through the lens of grieving.' *Death Studies*, 28(4): 341-360.
- Attig, Thomas. 2001. 'Relearning the world: Always complicated, sometimes more than others.' In Cox, G.R., Bendiksen, R.A. and Stevenson, R.G. (Eds.) *Complicated grieving and bereavement: Understanding and treating people experiencing loss*. 7-22. New York: Routledge.

- Barone, Tom. 'Chapter 14: Persuasive Writings, Vigilant Readings, and Reconstructed Characters: The Paradox of Trust in Educational Storysharing (1995).' *Counterpoints*, vol. 117, 2000: 245-66. *JSTOR*, <http://www.jstor.org/stable/45184481>. Accessed 22 Sep. 2022.
- Barry, L. C., Kasl, S. V., & Prigerson, H. G. 2002. 'Psychiatric disorders among bereaved persons: The role of perceived circumstances of death and preparedness for death.' *American Journal of Geriatric Psychiatry*, 10: 447-457.
- Bartnek, J. M and Louis, M. R. 1996. *Insider/Outsider Team Research*. Thousand Oaks, CA: SAGE.
- Berg, S. 1988. 'Snowball sampling.' In: Kotz S, Johnson NL (Eds.) *Encyclopaedia of Statistical Sciences*, vol. 8: 528-532. New York: John Wiley and Sons.
- Bernard, H.R. 2002. *Research Methods in Anthropology: Qualitative and Quantitative Methods*. 3rd edition. Walnut Creek, California: AltaMira Press.
- Bernstein, J. R. 1997. *When The Bough Breaks: Forever After The Death Of A Son Or Daughter*. Kansas City: Andrews and McMeel.
- Berzoff, J. 2011. 'The transformative nature of grief and bereavement.' *Clinical Social Work Journal*, 39(3): 262-269.
- Biermann, H.H. 2005. *Shattered Dreams: Pastoral care with parents following the death of a child*. Doctoral dissertation, University of South Africa.
- Black, H.K. and Santanello, H.R. 2012. 'The salience of family worldview in mourning an elderly husband and father.' *The Gerontologist*, 52(4): 472-483.
- Black HK, Moss MS, Rubinstein RL, Moss SZ. 2011. 'End of Life: A Family Narrative.' *Journal of Aging Research*. Dec 1: 40-46.
- Blumenfeld-Jones, Donald. 1995. 'Fidelity as a criterion for practicing and evaluating narrative inquiry.' *International Journal of Qualitative Studies in Education* 8 (1): 25-35. <https://doi.org/10.1080/0951839950080104>
- Bochner, Stephen. 1994. 'Cross-cultural differences in the self-concept: A test of Hofstede's individualism/collectivism distinction.' *Journal of cross-cultural psychology* 25, no. 2: 273-283.
- Bochner, A. P. 1994. Perspectives on inquiry II: Theories and stories. In M. L. Knapp & G. R. Miller (Eds.), *Handbook of interpersonal communication*: 21-41. Thousand Oaks, CA: Sage.
- Bochner, A. 2001. 'Narratives virtues.' *Qualitative Inquiry*, 7(2): 31-157.

- Bochner, A. P. 2002. Perspectives on inquiry II: The moral of stories. In M. L. Knapp and J. A. Daley *Handbook Of Interpersonal Communication*, (3<sup>rd</sup> ed.): 73-101. Thousand Oaks, CA: Sage.
- Bochner, A.P., 2012. 'On first-person narrative scholarship: Autoethnography as acts of meaning.' *Narrative Inquiry*, 22(1): 155-164.
- Bogensperger, J. and Lueger-Schuster, B. 2014. 'Losing a child: Finding meaning in bereavement.' *European Journal of Psychotraumatology*, 5(1): 22910.
- Bolton, G. 2000. 'Opening the word hoard.' *Medical Humanities*, 26: 55-57
- Bonanno, George A. 2004. 'Loss, trauma, and human resilience: Have we underestimated the human capacity to thrive after extremely adverse events?' *American Psychologist* 59: 20-28.
- Bonanno, G.A. 2009. *The other side of sadness: What the new science of bereavement tells us about life after loss*. New York: Basic.
- Bonanno, G.A. 2019. *The other side of sadness: What the new science of bereavement tells us about life after loss*. Hachette UK.
- Bonanno, G.A., Boerner, K. and Wortman, C.B. 2008. 'Trajectories of grieving.' In *Handbook Of Bereavement Research And Practice: Advances In Theory And Intervention.*: 287-307. American Psychological Association.
- Bonner, A. and Tolhurst, G. 2002. 'Insider-outsider Perspectives of Participant Observation.' *Nursing Researcher*, 9(4): 7-19.
- Bosworth, D.A. 2011. 'Faith and resilience: King David's reaction to the death of Bathsheba's firstborn.' *The Catholic Biblical Quarterly*, 73(4): 691-707.
- Bowen, M. 1991. 'Family reaction to death.' In F. Walsh and M. McGoldrick (eds.) *Living beyond loss: Death in the family*: 79-92. New York: Norton. (Originally published in 1976).
- Bowlby, J. 1988. *A secure base*. New York, NY: Basic Books
- Bowlby, J. and Parkes, C. M. 1970. Separation and loss within the family. In E. J. Anthony & C. Koupernik (Eds.) *The Child In His Family: International Yearbook Of Child Psychiatry And Allied Professions*: 197-216. New York: Wiley.
- Bright, F.A.S. and Bevin, M., 2019. 'The Voice Centred Relational Approach' in *Communication Disorders Research*: 351-367.

- Bright, F.A., Kayes, N.M., Worrall, L.M. and McPherson, K.M. 2018. 'Exploring relational engagement practices in stroke rehabilitation using the Voice Centred Relational Approach.' *International Journal of Social Research Methodology*, 21(1): 35-48.
- Brooten, D., Youngblut, J. M., Caicedo, C., Del Moral, T., Cantwell, G. P., & Totapally, B. 2018. 'Parents' acute illnesses, hospitalizations, and medication changes during the difficult first year after infant or child NICU/PICU death.' *American Journal of Hospice and Palliative Medicine*®, 35(1): 75-82.
- Brotherson, S.E. 2000. *Parental accounts of a child's death: Influences on parental identity and behavior*. Corvallis: Oregon State University.
- Brown, L.M. and Gilligan, C. 1991. 'Listening for voice in narratives of relationship.' *New directions for child and adolescent development*, (54): 43-62.
- Bruner, J. 2004. 'Life as narrative.' *Social research: An international quarterly*, 71(3): 691-710.
- Buckle, J.L. and Fleming, S.J., 2011. *Parenting after the Death of a Child: A Practitioner's Guide*. New York: Routledge.
- Butler, Judith. 2009. *Frames of war: When is life grievable?* London: Verso.
- Caelli, K., Ray, L. and Mill, J. 2003. 'Clear as mud: toward greater clarity in generic qualitative research.' *International Journal Of Qualitative Methods*, 2(2): 1-13.
- Calderwood, K.A. and Alberton, A.M. 2023. 'Understanding the bereavement process: Voices of bereaved parents.' *Illness, Crisis & Loss*, 31(1): 23-39.
- Caplan, G. 1974. 'The first year of bereavement.' In I. Glick, R. Weiss & C. M. Parkes (Eds.) *The First Year Of Bereavement*. New York: John Wiley.
- Captari, L.E., Hook, J.N., Aten, J.D., Davis, E.B. and Tisdale, T.C., 2019. 'Embodied spirituality following disaster: Exploring intersections of religious and place attachment in resilience and meaning-making.' *The Psychology of Religion and Place: Emerging Perspectives*: 49-79.
- Chiseri-Strater, E. 1996. 'Turning In upon Ourselves: Positionality, Subjectivity, and Reflexivity in Case Study and Ethnographic Research.' In P. Mortensen & G. Kirsch, (Eds.) *Ethics And Representation In Qualitative Studies Of Literacy*: 115-133. Urbana (IL): National Council of Teachers.
- Cho, E.D. 2019. 'Prayer as a religious narrative: The spiritual self and the image of god.' *Pastoral Psychology*, 68(6): 639-649.

- Cincotta, N. 2004. 'The end of life at the beginning of life: Working with dying children and their families.' In J. Berzoff & P. Silverman (Eds.), *Living With Dying: A Handbook For End Of Life Healthcare Practitioners*: 318-347. New York: Columbia University Press.
- Claburn, O., Knighting, K., Jack, B.A., and O'Brien, M.R. 2021. 'Continuing bonds with children and bereaved young people: A narrative review.' *OMEGA-Journal of Death and Dying*, 83(3): 371-389.
- Cleiren, M.P. 2019. *Bereavement and adaptation: A comparative study of the aftermath of death*. New York: Taylor & Francis.
- Clinebell, H. 1965. *Mental Health Through Christian Community*. New York: Abingdon Press.
- Clinebell, H. 1966. *Basic Types Of Pastoral Care And Counselling*. Nashville: Abingdon Press.
- Clinebell, H. 1984. *Basic Types Of Pastoral Counseling*. (Revised) Nashville. TN: Abingdon.
- Coghlan, D and Brannick, T. 2001. *Doing action research in your own organisation*. London: Sage.
- Cook, A.S. and Dworkin, D.S. 1992. *Helping the bereaved: Therapeutic interventions for children, adolescents, and adults*. New York: Basic Books.
- Cook, J. And Wimberley, D. W. 1983. 'If I Should Die Before Wake: Religious Commitment and Adjustment to the Death of a Child.' *Journal for the Scientific Study of Religion*, 22 (3): 222-238
- Corr, C.A. 1999. 'Enhancing the concept of disenfranchised grief.' *OMEGA-Journal of Death and Dying*, 38(1): 1-20.
- Cowchock, F.S., Lasker, J.N., Toedter, L.J., Skumanich, S.A. and Koenig, H.G. 2010. 'Religious beliefs affect grieving after pregnancy loss.' *Journal of Religion and Health*, 49(4): 485-497.
- Coyle B. 1998. *Restoring Meaning and Purpose After the Death of a Child: A Qualitative Psychological Study*. Doctoral dissertation. Boston College.
- Creswell, John W. 1994. *Research Design: Qualitative and Quantitative Approach*. Thousand Oaks, CA: Sage.
- Crotty, Michael. 1998. *The Foundations of Social Research: Meaning and Perspective in the Research Process*. Australia: Allen & Unwin.

- Currie, E.R., Christian, B.J., Hinds, P.S., Perna, S.J., Robinson, C., Day, S., Bakitas, M. and Meneses, K. 2019. 'Life after loss: Parent bereavement and coping experiences after infant death in the neonatal intensive care unit.' *Death Studies*, 43(5): 333-342.
- Davies R. 2004. 'New understandings of parental grief: Literature review.' *Journal of Advanced Nursing* 2004; 46(5): 506–513.
- De Luca Picione, R., Martino, M.L. and Troisi, G. 2019. 'The semiotic construction of the sense of agency. The modal articulation in narrative processes.' *Integrative Psychological and Behavioral Science*, 53(3): 431-449.
- Demasure, K. and Muller, J. 2006. 'Perspectives in support of the narrative turn in pastoral care.' *Dutch Reformed Theological Journal – Nederduitse Gereformeerde Theologische Tydskrif*, 47(3-4): 410-419.
- Denhup, C. 2019. 'Bereavement care to minimize bereaved parents' suffering in their lifelong journey towards healing.' *Applied Nursing Research*, 50: 151205.
- Denborough, D. 2006. *Trauma: Narrative responses to traumatic experience*. Adelaide, Australia: Dulwich Centre Publications.
- Denscombe, M. 2003. *The good research guide for small-scale social research projects*, 2<sup>nd</sup> edn. Philadelphia: Open University Press.
- Denzin, N.K., 1989. *Interpretive biography* (Vol. 17). Thousand Oaks, California: Sage.
- Denzin, Norman K. 2004. 'The war on culture, the war on truth.' *Cultural Studies Critical Methodologies*, 4(2): 137-142.
- Denzin, Norman. K., and Micheal D. Giardina. 2016. *Qualitative inquiry and the politics of evidence*. New York: Routledge.
- Dershimer, Richard A. 1990. *Counseling the Bereaved*. U.S.A.: Pergamon Press.
- De Santis, M. 2015. *The lived experience of therapeutic work in the midst of grief: An existential phenomenological study*. Doctoral dissertation, Middlesex University/New School of Psychotherapy and Counselling.
- Deveney, C. and Lawson, P. 2022. 'Writing your way to well-being: An IPA analysis of the therapeutic effects of creative writing on mental health and the processing of emotional difficulties.' *Counselling and Psychotherapy Research*, 22(2): 292-300.
- Doehring, C. 2019. 'Searching for wholeness amidst traumatic grief: The role of spiritual practices that reveal compassion in embodied, relational, and transcendent ways.' *Pastoral Psychology*, 68(3): 241-259.
- Doka, K. (Ed.). 1989. *Disenfranchised grief: Recognizing hidden sorrow*. Lexington, MA: JosseyBass.

- Doka, K. J. 1993. 'The spiritual crisis of bereavement.' In K. J. Doka & J. D. Morgan (Eds.) *Death and Spirituality*: 185-194. Amityville, New York: Baywood Publishing Company, Inc.
- Doka, K. (Ed.). 2002. *Disenfranchised Grief: New Directions, Challenges, And Strategies For Practice*. Champaign, IL: Research Press.
- Doka, K. J. 2008. 'Disenfranchised grief in historical and cultural perspective.' In M. S. Stroebe, R. O. Hansson, H. Schut, & W. Stroebe (Eds.), *Handbook Of Bereavement Research And Practice: Advances In Theory And Intervention*: 223-240. American Psychological Association. <https://doi.org/10.1037/14498-011>
- Doka, K.J., 2017. *Grief Is A Journey: Finding Your Path Through Loss*. London: Simon and Schuster.
- Duder, T. 1998. 'Foreword.' In B. Gatenby, *For The Rest Of Our Lives*. Auckland, New Zealand: Reed.
- Edelstein, L. 1984. *Maternal Bereavement: Coping with the unexpected death of a child*. New York: Praeger Publishers.
- Edmonds, S. A. 1993. *Perceived changes following bereavement: A comparison of Pan Am Flight 103 parents to college students*. Unpublished doctoral dissertation, Syracuse University, Syracuse, New York.
- Edwards, E. 2006. *Saving graces*. New York: Broadway Books.
- Ellis, Carolyn. 1993. 'There are survivors: Telling a story of sudden death.' *The Sociological Quarterly*, 34(4): 711-730.
- Ellis, Carolyn. 2004. *The ethnographic I: A methodological novel about autoethnography*. Walnut Creek, CA: AltaMira Press.
- Ellis, C. and Bochner, A.P. 2000. 'Autoethnography, personal narrative, reflexivity: Researcher as subject.' In N. Denzin and Y. Lincoln (Eds.) *Handbook Of Qualitative Research Methods* (2nd ed.): 733-768. Thousand Oaks, CA: Sage.
- Ellis, C. and Bochner, A.P. 2006. 'Analyzing analytic autoethnography: An autopsy.' *Journal of Contemporary Ethnography*, 35(4): 429-449.
- Ellis, C; Adams, T. E. and Bochner, A. P. 2011. 'Autoethnography: An Overview Forum.' *Qualitative Social Research Volume 12, No. 1, Art. 10*: 273-290.
- Engelstad, D.M. and Malotky, C.A. 2019. *Carrying them with us: Living through pregnancy or infant loss* (Vol. 10). Minneapolis: Fortress Press.
- Estadt, B. 1983. *Pastoral Counselling*. Englewood Cliffs, New Jersey: Prentice Hall.

- Etherington, Kim. 2004. *Becoming a reflexive researcher: Using ourselves in research*. London: Jessica, Kingly.
- Etherington, Kim 2007. 'Ethical research in reflexive relationships.' *Qualitative Inquiry*, 13(5): 599-616.
- Field, N. P., Nichols, C., Holen, A., & Horowitz, M. J. 1999. 'The relation of continuing attachment to adjustment in conjugal bereavement.' *Journal of Consulting and Clinical Psychology*, 67: 212-218.
- Field, N. P., Gal-Oz, E., Bonanno, G. A. 2003. 'Continuing bonds and adjustment at 5 years after the death of a spouse.' *Journal of Consulting and Clinical Psychology*, 71: 110-117.
- Finkbeiner, A. 1998. *After The Death Of A Child*. Maryland, PA: The John Hopkins University Press.
- Finkbeiner, A.K. 2012. *After the Death of a Child: Living with the Loss through the Years*. London: Simon and Schuster.
- Foster, T.L., Gilmer, M.J., Davies, B., Dietrich, M.S., Barrera, M., Fairclough, D.L., Vannatta, K. and Gerhardt, C.A. 2011. 'Comparison of continuing bonds reported by parents and siblings after a child's death from cancer.' *Death Studies*, 35(5): 420-440.
- Frank, A. A. 1995. *The Wounded Storyteller: Body, Illness, And Ethics*. Chicago: The University of Chicago Press.
- Frank, A.W. 2010. *Letting Stories Breathe: A Socio-Narratology*. Chicago: University of Chicago Press.
- Freud, S. 1961. Mourning and melancholia. In J. Strachey (Ed.) *The Standard Edition Of The Complete Psychological Works Of Sigmund Freud* 14: 239-260. London: Hogarth Press. (Original work published 1917).
- Fry, P. S. 1997. 'Grandparents' reactions to the death of a grandchild: an exploratory factor analytic study.' *Omega*, 35(1): 119-140
- Ganzevoort, R. Ruard. 2011. 'Narrative Approaches.' In: B. Miller-McLemore (Ed.) *Wiley-Blackwell Companion to Practical Theology*: 214-223. Chichester: Wiley.
- Ganzevoort, R.R. 2012. *Narrative approaches*. In Miller-McLemore, B.J. (Ed.) *The Wiley-Blackwell companion to Practical Theology*: 214-223. West Sussex: John Wiley and Sons, Ltd Publication.
- Ganzevoort, R. Ruard. 2013. 'Introduction: Religious Stories We Live By.' In R.R. Ganzevoort, M.A.C. de Haardt and M. Scherer-Rath (Eds.) *Religious Stories we Live by*: 1-17. Leiden: Brill.

- Ganzevoort, R. Ruard and Falkenburg, N. 2012. 'Stories Beyond Life and Death.' *Journal of Empirical Theology* 25/2: 189-204.
- Ganzevoort, R.R. and Sremac, S. (Eds.) 2018. *Trauma and lived religion: Transcending the ordinary*. New York: Springer.
- Garattini, C. 2007. 'Creating Memories: Material Culture And Infantile Death In Contemporary Ireland.' *Mortality*, 12(2): 193-206.
- Gatenby, B. 1998. *For The Rest Of Our Lives*. Auckland, New Zealand: Reed.
- Gerrard, N. 1995. 'Some Painful Experiences of a White Feminist Therapist Doing Research with Women of Colour.' In J. Adleman (Ed.) *Racism in the Lives of Women*: 55-64. Binghamton, NY: Harrington Park Press.
- Gilbert, K.R., 1992. 'Religion as a resource for bereaved parents.' *Journal of Religion and Health*, 31(1): 19-30.
- Gilbert, K.R. 2002. 'Taking a narrative approach to grief research: Finding meaning in stories.' *Death Studies*, 26(3): 223-239.
- Gilligan, C. 2015. 'The Listening Guide method of psychological inquiry.' *Qualitative Psychology*, 2(1): 69-77.
- Gilligan, C., Spencer, S.R., Weinberg, K.M., & Bertsch, T. 2003. 'On The Listening Guide: A Voice-Centred Relational Method.' In S. Hesse-Biber & P. Leavy (Eds), *Emergent Methods in Social Research*: 253-271. Thousand Oaks, CA: Sage.
- Gilligan, C. and Eddy, J. 2017. 'Listening As A Path To Psychological Discovery: An Introduction To The Listening Guide.' *Perspectives on Medical Education*, 6(2): 76-81.
- Gilligan, C. and Eddy, J. 2021. 'The Listening Guide: Replacing Judgment With Curiosity.' *Qualitative Psychology*, 8(2): 141.
- Gilrane-McGarry, U. and O'Grady, T. 2011. 'Forgotten griever: An exploration of the grief experiences of bereaved grandparents.' *International Journal of Palliative Nursing* 17(4): 170-176.
- Glass, O., Dreusicke, M., Evans, J., Bechard, E. and Wolever, R.Q. 2019. 'Expressive writing to improve resilience to trauma: A clinical feasibility trial.' *Complementary Therapies in Clinical Practice*, 34: 240-246.
- Golden, T. and Miller J.E. 1998. *A Man You Know Is Grieving - 12 Ideas for Helping Him Heal from Loss/ When A Man Faces Grief-12 Practical Ideas to Help You Heal from Loss*. Indiana: Willow Green Publishing.
- Goodall, H.L. 2000. *Writing the new ethnography*. Walnut Creek, CA: AltaMira Press.

- Gornick, V. 2008. 'Truth in personal narrative.' In D. Lazar (Ed.), *Truth in nonfiction: 7-10*. Iowa City, IO: University of Iowa Press.
- Greenbank, P. 2003. 'The role of values in educational research: The case for reflexivity.' *British educational research journal*, 29(6): 791-801.
- Griffiths, M. 1998. *Educational research for social justice: Getting off the fence*. London: McGraw-Hill Education.
- Hanauer, D.I. 2021. 'Mourning writing: A poetic autoethnography on the passing of my father.' *Qualitative Inquiry*, 27(1): 37-44.
- Harris, D.L. and Winokuer, H.R., 2019. *Principles and practice of grief counseling*. New York: Springer Publishing Company.
- Hedtke, L. 2003. 'The origami of remembering.' *International Journal of Narrative Therapy & Community Work*, (4): 58-63.
- Hedtke, L. 2014. 'Creating stories of hope: A narrative approach to illness, death and grief.' *Australian and New Zealand Journal of Family Therapy*, 35(1): 4-19.
- Hedtke, L. and Winslade, J. 2016. *Remembering lives: Conversations with the dying and the bereaved*. New York: Routledge.
- Hewitt-Taylor, Jaqui. 2002. 'Insider Knowledge: Issues in Insider Research', *Nursing Standard*, 16(46): 33-35.
- Hibberd, R., 2013. 'Meaning reconstruction in bereavement: Sense and significance.' *Death Studies*, 37(7): 670-692.
- Hill, R.M., Oosterhoff, B., Layne, C.M., Rooney, E., Yudovich, S., Pynoos, R.S. and Kaplow, J.B. 2019. 'Multidimensional grief therapy: Pilot open trial of a novel intervention for bereaved children and adolescents.' *Journal of Child and Family Studies*, 28: 3062-3074.
- Hogan, S., Greenfield, Daryl B., Lee A. and Schmidt, N. 2001. 'Development and validation of the Hogan grief reaction checklist.' *Death Studies*, 25(1): 1-32.
- Holly, M.L. 1989. 'Reflective writing and the spirit of inquiry.' *Cambridge Journal of Education*, 19: 71-79.
- Hoppes, S. 2005. 'When a Child dies the World Should Stop Spinning: An Autoethnography Exploring the impact of family loss in occupation.' *American Journal of Occupational Therapy*, 59: 78-87.
- Hume, M. 2007. Unpicking the threads: Emotion as Central to the Theory and Practice of Researching Violence. *Women's Studies International Forum*, Issue 30: 147-157.

- Hunt, S. and Greeff, A.P. 2012. 'Parental bereavement: A panoramic view.' *OMEGA-Journal of Death and Dying*, 64(1): 41-63.
- Hunter (Ed.) 1990. *The Dictionary of Pastoral Care and Counselling*. Nashville, TN: Abington Press.
- Hussein, H. and Oyeboode, J. R. 2009. 'Influences of religion and culture on continuing bonds in a sample of British Muslims of Pakistani origin.' *Death Studies*, 33: 890-912.
- <https://www.catholic.org/prayers/station.php> accessed 19.08.2021
- <http://www.erosary.com/rosary-novena/> accessed 19.08.2021
- <https://gatehealing.com/> accessed 13.05.2019
- <http://www.innovateus.net/innopedia/what-does-symbol-triquetra-mean> accessed 28.04.2016
- <http://www.lachrymatory.com/sitemap.htm> accessed 4/11/2017
- <https://www.yourdictionary.com/palimpsest> accessed 23.08.2021
- Jacobs-Huey, L. 2002. 'Exchange Across Difference: the Production of Ethnographic Knowledge. The Natives are Gazing and Talking Back: Reviewing the Problematics of Positionality, Voice, and Accountability among "Native" Anthropologists.' *American Anthropologist*, 104(3): 791-804.
- Janzen, L., Cadell, S. and Westhues, A. 2004. 'From death notification through the funeral: Bereaved parents' experiences and their advice to professionals.' *Omega-Journal of Death and Dying*, 48(2): 149-164.
- Jensen, M. 2016. 'Surviving the wreck: post-traumatic writers, bodies in transition and the point of autobiographical fiction.' *Life Writing*, 13(4): 431-448.
- Jones, D.L.E. 2011. *The joyful experiences of mothers of children with special needs: An autoethnographic study*. Doctoral Thesis: Ball State University, Muncie, Indiana.
- Jones, E.E., Crawley, R., Brierley-Jones, L. and Kenny, C. 2021. 'Continuing bonds following stillbirth: protective and risk factors associated with parental bereavement adaptation.' *Journal of Reproductive and Infant Psychology*: 1-17.
- Kalu, F.A. 2019. 'Women's Experiences of Utilizing Religious and Spiritual Beliefs as Coping Resources After Miscarriage.' *Religions*, 10(3): 1-9.
- Kavanagh, D.J. 1990. 'Towards a cognitive-behavioural intervention for adult grief reactions.' *The British Journal of Psychiatry*, 157(3): 373-383.

- King, Gillian A., Brown, Elizabeth G. and Smith, Linda K. (Ed.) 2003. *Resilience: Learning from people with disabilities and the turning points in their lives. Praeger Series in Health Psychology*. Westport, CT: Praeger.
- Kirmayer, L.J. 2016. 'Landscapes of memory: Trauma, narrative, and dissociation.' In Antze, P. and Lambek, M. *Tense Past: Cultural Essays In Trauma And Memory*: 173-198. New York: Routledge.
- Klaasen, J. 2017. 'Practical theology and narrative: Contours and markers.' *Stellenbosch Theological Journal*, 3(2): 457-475.
- Klass, D. and Marwit S. 1988–89. 'Toward a model of parental grief.' *Omega—Journal of Death and Dying* 19(1):31-50.
- Klass, D. 1993a. 'Solace and immortality: Bereaved parents' continuing bonds with their children.' *Death Studies*, 17: 343-368.
- Klass D. 1993b. 'Spirituality, Protestantism, and Death' in Doka K, Morgan, J. (Eds.) *Death and Spirituality*: 127-146. Amityville, NY: Baywood.
- Klass, D. 1993c. 'The inner representation of the dead child and the world views of bereaved parents.' *Omega, Journal of Death and Dying*, 26: 255-273.
- Klass, D., Silverman, P., & Nickman, S.L.Z. (Eds.). 1996. *Continuing bonds: New understandings of grief*. Washington, DC: Taylor and Francis.
- Klass, D. 1999. *The spiritual lives of bereaved parents*. Philadelphia: Taylor & Francis.
- Klass, D. 2000. 'Meaning reconstruction and the experience of loss.' In R. Neimeyer (Ed.), *The inner representations of the dead child in the psychic and social narratives of bereaved parents*: 77-94. Washington, DC: American Psychological Association.
- Klass, D. 2006. 'Continuing conversation about continuing bonds.' *Death Studies*, 30(9): 843-858.
- Klass, D. 2014. 'Grief, consolation, and religions: A conceptual framework.' *OMEGA—Journal of Death and Dying*, 69(1): 1-18.
- Klass, D. and Goss, R. 2003. 'The Politics of Grief and Continuing Bonds with the Dead: The Case of Maoist China and Wahhabi Islam.' *Death Studies*, 27: 787-811.
- Klass, D. and Steffen, E.M. 2017. 'Continuing bonds in bereavement.' *New Directions for Research and Practice*. London: Routledge.
- Klass, D. 2018. 'Spiritual/religious issues in grief: Consolation and meaning.' In *Ethical issues in the care of the dying and bereaved aged*: 161-179. London: Routledge.

- Klass, D. 2018. 'Spiritual aspects of the resolution of grief.' In *Dying: Facing the facts*: 243-268. Washington, DC: Taylor and Francis.
- Klein, K. and Boals, A. 2010. 'Coherence and narrative structure in personal accounts of stressful experiences.' *Journal of Social and Clinical Psychology*, 29(3): 256-280.
- Knapp, R. J. 1986. *Beyond endurance: When a child dies*. New York: Schocken Books.
- Kopp, R. 1995. *Metaphor Therapy: Using Client-Generated Metaphors in Psychotherapy*. New York: BrunnerMazel.
- Kotzé, E., Els, L. and Rajuili-Masilo, N. 2012. 'Women... mourn and men carry on: African women storying mourning practices: A South African example.' *Death Studies*, 36(8): 742-766.
- Kraft Goin, M. in Stroebe, M.S., Stroebe W., Hansson, R.O. (Eds.) 1993. *Handbook of Bereavement Research: Theory, Research and Intervention*. New York: Cambridge University Press.
- Kubler-Ross, E. 1970. *On death and dying*. London: Tavistock.
- Kubler-Ross, E. and Kessler, D. 2014. *Finding the Meaning of Grief through the Five Stages of Loss. On Grief and Grieving*. London: Simon and Schuster.
- Kusow, Abdi. 2003. 'Beyond Indigenous Authenticity: Reflections on the insider/outsider debate in immigration research.' *Symbolic Interaction* Vol 26, No. 4: 591-599.
- LaCugna Catherine Mowry. 1991. *God For Us: The Trinity and the Christian Life*. San Francisco: HarperCollins Publishers.
- Lang, A., Goulet, C. and Amsel, R. 2003. 'Lang and Goulet hardiness scale: Development and testing on bereaved parents following the death of their fetus/infant.' *Death Studies*, 27: 851-880. doi: 10.1080/07481180390241813
- Lepore, S.J. and Revenson, T.A. 2006. 'Resilience and posttraumatic growth: Recovery, resistance, and reconfiguration.' In L.G. Calhoun & R.G. Tedeschi (Eds). *Handbook Of Posttraumatic Growth: Research And Practice*: 24-46. New York: Routledge Taylor & Francis Group.
- Leveson, V. 2013. *The Grief-related Experiences of Grandparents when a Child Has Died Or is Terminally Ill: A Study Exploring the Experiences of 11 Grandparents who Have Experienced, Or are Experiencing, the Illness, Death Or Severe Disability of a Grandchild*. Doctoral dissertation, University of Auckland.
- Lichtenthal, W.G., Currier, J.M., Neimeyer, R.A. and Keesee, N.J. 2010. 'Sense and significance: A mixed methods examination of meaning making after the loss of one's child.' *Journal of clinical psychology*, 66(7): 791-812.

- Lichtenthal, W.G., Catarozoli, C., Masterson, M., Slivjak, E., Schofield, E., Roberts, K.E., Neimeyer, R.A., Wiener, L., Prigerson, H.G., Kissane, D.W. and Li, Y. 2019. 'An open trial of meaning-centered grief therapy: Rationale and preliminary evaluation.' *Palliative & supportive care*, 17(1): 2-12.
- Lindemann, E. 1944. 'Symptomatology and management of acute grief.' *American Journal of Psychiatry*, 101(2): 141-148.
- Lohmann, J.K. 1989. *Religion and perinatal loss: cognitive and social effects on grief*. Master's thesis, Lehigh University.
- Lopez, A., Atran, S., Coley, J.D., Medin, D.L. and Smith, E.E. 1997. 'The tree of life: Universal and cultural features of folkbiological taxonomies and inductions.' *Cognitive Psychology*, 32(3): 251-295.
- Luthar, S.S. and Zelazo, L.B. 2003. 'Research on resilience: An integrative review.' *Resilience and vulnerability: Adaptation in the context of childhood adversities*, 2: 510-549.
- Lydall, A.M. 2008. *The meaning of parental bereavement*. Johannesburg: University of Johannesburg
- Malacrida, C. 2016. *Mourning the dreams: How parents create meaning from miscarriage, stillbirth, and early infant death*. New York: Routledge.
- Marrone, R. 1999. 'Dying, mourning, and spirituality: A psychological perspective.' *Death Studies*, 23(6): 495-519.
- Martin, P. 2011. 'Celebrating the wounded healer.' *Counselling Psychology Review* 26 (1): 10-19.
- Mathews, L. and Servaty-Seib, H. 2007. 'Hardiness and grief in a sample of bereaved college students.' *Death Studies*, 31: 183-204. doi: 10.1080- 07481180601152328
- Matthews, A. 2017. *Writing through the pain: An autoethnographic exploration of grief, the doctoral process, dissertation difficulties, and doctoral attrition*. Doctoral dissertation, University of Toledo.
- Matthews, A. 2019. 'Writing through grief: Using autoethnography to help process grief after the death of a loved one.' *Methodological Innovations*, 12(3): 2059799119889569.
- Matthews, A. 2021. 'Fictionalizing Pain: Processing Grief Through Fiction Writing.' *Journal of Loss and Trauma*: April 24: 1-12.
- Mayhall, C.J. 1982. *The development of a methodology to study the grief and adjustment processes of parents following the death of a young child*. Doctoral Thesis, Oregon State University.

- McAdams, D.P. 2015. The redemptive self: Generativity and the stories Americans live by. In *Research in human development*: 3(2&3): 81-100.
- Mchunu, Mxolisi. 2013. *A History of Political Violence in KwaShange, Vulindlela district and of its effects on the memories of survivors (1987-2008)*. Unpublished PH.D Thesis, University of KwaZulu-Natal.
- McKenzie, E.A. 2015. 'An autoethnographic inquiry into the experience of grief after traumatic loss.' *Illness, Crisis & Loss*, 23(2): 93-109.
- Merriam, Sharon, B. et al. 2001. 'Power and Positionality: Negotiating Insider/Outsider Status within and Across Cultures,' *International Journal of Lifelong Education*, Vol 20, No 5 September-October: 405-416.
- Merton, R. 1972. 'Insiders and outsiders: A chapter in the sociology of knowledge.' *American Journal of Sociology* 78(July): 9-47.
- Miller, G.D. and Baldwin Jr, D.C. 1987. 'Implications of the wounded-healer paradigm for the use of the self in therapy.' *Journal of Psychotherapy & the Family*, 3(1): 139-151.
- Minuchin, S. 1974. *Families and family therapy*. Cambridge, MA: Harvard University Press.
- Mockler, N. 2012. 'Being me: In search of authenticity.' In Higgs, J., Titchen, A., Horsfall, D. and Bridges, D. (Eds.) *Creative spaces for qualitative researching: Living research* (Vol. 5): 159-168. Rotterdam: SensePublishers.
- Moltmann, J. 1973. *The Crucified God* 2nd edn. (Munich: Christian KaiserVerlag, 1973) ET by R. A. Wilson and J. Bowden. London: SCM (1974, 2001)
- Moltmann, J. 1974. *The Crucified God: The Cross of Christ as the Foundation and Criticism of Christian Theology*. 1st U.S. ed. New York: Harper & Row.
- Moltmann, J. 1997. *The source of life: The Holy Spirit and the theology of life*. Minneapolis: Fortress Press.
- Moss, M.S. and Moss, S.Z. 2013. 'Meaning of the death of an elderly father: Two sisters' perspectives.' *OMEGA – Journal of Death and Dying*. 66(3): 195-213. doi:10.2190/OM.66.3.a
- Murnahan, B., 2010. *Stress and anxiety reduction due to writing diaries, journals, e-mail, and weblogs*. Senior Honors Theses and Projects. 230. Eastern Michigan University. <https://commons.emich.edu/honors/230>.
- Murphy, L.B. and Moriarty, A.E. 1976. *Vulnerability, coping and growth*. New Haven, Connecticut, USA: Yale University Press.
- Nadeau, J. W. 1998. *Families making sense of death*. Thousand Oaks, CA: Sage.

- Nadeau, J. W. 2001. *Families making sense of death*. Thousand Oaks, CA: Sage.
- Neilson, B. and Rossiter, N. 2008. 'Precarity as a political concept or, fordism as exception.' *Theory, Culture and Society*, 25(7): 51-72.  
<https://doi.org/10.1177/0263276408097796>
- Neimeyer, R.A. and Stewart, A.E. 1996. 'Trauma, healing, and the narrative employment of loss.' *Families in Society*. 77(6): 360-375.
- Neimeyer RA, ed. 2000. *Meaning Reconstruction and the Experience of Loss*. Washington, DC: American Psychological Association.
- Neimeyer, R.A. 2001. 'The Language of Loss: Grief Therapy as a Process of Meaning Reconstruction.' In Neimeyer, R.A. *Meaning Reconstruction and the Experience of Loss*: 261-292. Washington: American Psychological Association.
- Neimeyer, R.A. 2019. 'Meaning reconstruction in bereavement: Development of a research program.' *Death Studies*, 43(2): 79-91.
- Nerken, I.R. 1993. 'Grief and the reflective self: Toward a clearer model of loss resolution and growth.' *Death Studies*, 17(1): 1-26.
- Nolte, S.P. and Dreyer, Y. 2010. 'The paradox of being a wounded healer: Henri JM Nouwen's contribution to pastoral theology.' *HTS Theologische Studies/Theological Studies*, 66(2): 1-8.
- Nouwen, H.J.M. 1972a. *Pray to live: Thomas Merton-a contemplative critic*. Indiana: Notre Dame
- Nouwen, H.J.M. 1972b. *The Wounded Healer*. New York: An Image Book: Doubleday.
- Nouwen, H.J.M. 1979. *The Wounded Healer*. Image Books: New York.
- Nouwen, H.J.M. 1994. *The Wounded Healer*. London: Darton.
- Nouwen, H.J.M. 1994. *With Burning Hearts*. Maryknoll, New York: Orbis Books.
- Nuzum, D., Meaney, S. and O'Donoghue, K. 2017. 'The spiritual and theological challenges of stillbirth for bereaved parents.' *Journal of Religion and Health*, 56(3): 1081-1095.
- Oates, W. 1997. *Grief, Transition and Loss*. Minneapolis: Fortress Press.
- Ogińska-Bulik, N. and Kobylarczyk, M. 2019. 'The experience of trauma resulting from the loss of a child and posttraumatic growth—the mediating role of coping strategies (loss of a child, PTG, and coping).' *OMEGA-Journal of Death and Dying*, 80(1): 104-119.
- Oliver, R.C. 1995. *Effects of an acute traumatic crisis on faith*. Ph.D. Thesis, Louisville, Kentucky: The Southern Baptist Theological Seminary. [elibrary.ru](http://elibrary.ru)

- Oliver, L.E., 1999. 'Effects of a child's death on the marital relationship: A review.' *Omega-Journal Of Death And Dying*, 39(3): 197-227.
- Pardess, E., 2004. 'Harnessing the power of metaphors in group-work with bereaved families.' Conference Paper. 3<sup>rd</sup> Global conference: *Making sense of dying and death*. Paris.
- Pardoe, J. 1989. *The role of the social worker. In Caring for the dying patient and the family*. 2nd edn, edited by J. Robbins. London: Harper & Row Publishers.
- Pardo, I. 1989. 'Life, death and ambiguity in the social dynamics of inner Naples.' *Man*: 103-123.
- Park, C.L. and Folkman, S. 1997. 'Meaning in the context of stress and coping.' *Review of general psychology*, 1(2): 115-144.
- Parkes, C. M. 1981. *Bereavement: Studies of Grief in Adult Life*. Middlesex: Penguin Books.
- Parkes, C.M. 2013a. 'Elisabeth Kübler-Ross, on death and dying: A reappraisal.' *Mortality*, 18(1): 94-97.
- Parkes, C.M. 2013b. *Love and loss: The roots of grief and its complications*. New York: Routledge.
- Patton, M.Q. 2002. *Qualitative Research and Evaluation Methods* (3rd ed) Thousand Oaks, CA: Sage.
- Pelacho-Rios, L. and Bernabe-Valero, G. 2022. 'The loss of a child, bereavement and the search for meaning: A systematic review of the most recent parental interventions.' *Current Psychology (New Brunswick, NJ)*: 1-26.
- Pennebaker, J. 2004. *Writing to heal*. Oakland. CA: New Harbinger Publications.
- Perrine, T.L. 2019. 'What Happens to Infants Who Die.' *Journal of Ministry & Theology*, 23(2): 23-38.
- Pierre, J. 2016. *The dynamic heart in daily life: Connecting Christ to human experience*. Greensboro, North Carolina: New Growth Press.
- Pike, K.L. 1967. *Language in Relation to a Unified Theory of the Structure of Human Behavior*. 2nd Edition. The Hague: Mouton.
- Pohlkamp, L., Kreicbergs, U. and Sveen, J., 2019. 'Bereaved mothers' and fathers' prolonged grief and psychological health 1 to 5 years after loss – A nationwide study.' *Psycho-oncology*, 28(7): 1530-1536.
- Polkinghorne, D. E. 1995. 'Narrative configuration in qualitative analysis.' In J. A. Hatch & R. Wisniewski (Eds) *Life History and Narrative: 5–24*. London: Falmer Press.

- Post, L., Ganzevoort, R.R. and Verdonck-de Leeuw, I.M., 2020. 'Transcending the suffering in cancer: Impact of a spiritual life review intervention on spiritual re-evaluation, spiritual growth and psycho-spiritual wellbeing.' *Religions*, 11(3): 142.
- Potelwa, S. 2016. *The visual narrative relating to social Performance of the Xhosa People During Burial*. Doctoral Dissertation, University Of South Africa.
- Price, J.E. and Jones, A.M. 2015. 'Living through the life-altering loss of a child: A narrative review.' *Issues in Comprehensive Pediatric Nursing* 38(3): 222-240.
- Punch, S. 2012. 'Hidden struggles of fieldwork: Exploring the role and use of field diaries.' *Emotion, Space and Society*. 5: 86-93. Stirling: Elsevier.
- Rando, T.A. (Ed.) 1986. *Parental Loss of a Child*. Champaign IL: Research Press.
- Rando, T.A. 1993a. *Treatment of Complicated Mourning*. Champaign, IL: Research Press.
- Rando, T.A. 1993b. 'The increasing prevalence of complicated mourning: The onslaught is just beginning.' *OMEGA-Journal of Death and Dying*, 26(1): 43-59.
- Rando, T.A. 2018. 'Grief and mourning: Accommodating to loss.' In Neimeyer, R.A. and Wass, H. (Eds.) *Dying: Facing the facts*: 211-241. New York: Taylor & Francis.
- Richardson, G.E. 2002. 'The metatheory of resilience and resiliency.' *Journal of Clinical Psychology*. 58(3): 307-321.
- Richardson, L. 1990a. 'Narrative and sociology.' *Journal of Contemporary Ethnography*, 19: 116-135.
- Richardson, L. 1990. *Writing strategies: Reaching diverse audiences* (Vol. 21). Thousand Oaks, CA: Sage Publications.
- Richardson, V. 1994. 'Conducting research on practice.' *Educational researcher*, 23(5): 5-10.
- Richardson, L. and St Pierre, E. 2000. 'A method of inquiry.' Lincoln, Y.S. and Denzin, N.K. (Eds.) *The Handbook Of Qualitative Research*. 923-948. New York: Sage.
- Riches, G. and Dawson, P. 2000. *An intimate loneliness: Supporting bereaved parents and siblings*. Buckingham, UK: Open University Press.
- Robertson, J. and Bowlby, J. 1952. 'Responses of young children to separation from their mothers.' *Courier of the International Children's Centre, Paris*, II, 131-140.
- Robinson, M. 2000. 'Writing well: Health and the power to make images.' *Medical Humanities*, 26: 79-84.

- Ronai, Carol R. 1995. 'Multiple reflections of child sex abuse.' *Journal of Contemporary Ethnography*, 23(4): 395-426.
- Ronai, Carol R. 1996. 'My mother is mentally retarded.' In Carolyn Ellis & Arthur P. Bochner (Eds.) *Composing ethnography: Alternative forms of qualitative writing*: 109-131. Walnut Creek, CA: AltaMira.
- Rose, G. 1997. 'Situating Knowledges: Positionality, Reflexivities and other Tactics.' *Progress in Human Geography* 21(3): 305-320.
- Rosenblatt, P.C. 1996. 'Grief that does not end.' In D. Klass, P. R. Silverman, and S. L. Nickman (Eds.) *Continuing bonds: New understandings of grief*: 45-58. Washington, DC: Taylor & Francis.
- Rosenblatt, P.C. 2016. *Parent grief: Narratives of loss and relationship*. New York: Routledge.
- Rosenblatt, P. C. and Fischer, L. R. 1993. 'Qualitative family research.' In P. B. Boss, W. J. Doherty, L. A. Rossa, W. R. Schuman and S. K. Steinmetz (Eds.) *Source Book Of Family Theories And Methods: A Conceptual Approach*: 167-177. New York, NY: Plenum.
- Rosof, B.D. 1994. *The worst loss*. New York: Henry Holt and Co.
- Ruthven, I. 2019, March. 'Making meaning: A focus for information interactions research.' In *Proceedings of the 2019 conference on human information interaction and retrieval*: 163-171.
- Rynearson, E. 2001. *Retelling violent death*. Philadelphia, PA: Taylor & Francis.
- Rynearson, E. 2005. 'The narrative labyrinth of violent dying.' *Death Studies*, 29: 351-360. doi: 10.1080/07481180590923742
- Sanders, C. M. 1980. 'A comparison of adult bereavement in the death of a spouse, child, and parent.' *Omega* 10: 303-3 12.
- Sanders C. 1989. *Grief: The Mourning After*. New York: John Wiley & Sons.
- Sandler, I.N., Wolchik, S.A., and Ayers, T.S. 2008. 'Resilience rather than recovery: A contextual framework on adaptation following bereavement.' *Death Studies*, 32: 59-73.
- Saunders, William. 1994. 'History Of The Rosary.' <https://www.ewtn.com/library/answers/rosaryhs.htm> (accessed 8.10.2016)

- Schaefer, J. A. & Moos, R. H. 2003. 'Bereavement experiences and personal growth.' In M. Stroebe, R. Hansson, W. Stroebe, & H. Schut (Eds.) *Handbook Of Bereavement Research: Consequences, Coping And Care*: 145-168. Washington, DC: American Psychological Association.
- Schnell, L. 2000. 'The language of grief.' *Vermont Quarterly*, Fall: 25–29. Retrieved from <http://www.uvm.edu/vtquarterly/VQFALL00/language.html>
- Schulz, R., Boerner, K., Shear, K., Zhang, S. and Gitlin, L.N. 2006. 'Predictors of complicated grief among dementia caregivers: a prospective study of bereavement.' *The American Journal of Geriatric Psychiatry*, 14(8): 650-658.
- Schwab R. 1990. 'Paternal and maternal coping with the tragedy of a death.' *Death Studies* 14:407-422.
- Schwab R. 1992. 'Effects of a child's death on the marital relationship: A preliminary study.' *Death Studies* 16:141-154.
- Schwab, R.A. 1998. 'Child's death and divorce: Dispelling the myth.' *Death Studies* 1998; Jul-Aug, 22(5):445–465.
- Seah, C. and Wilson, A. 2011. 'A phenomenological study of university students' grieving experiences.' *Illness, Crisis & Loss*, 19(1), 3-25. doi: 10.2190/IL.19.1b
- Setsiba, T.H.S. 2012. *Mourning rituals and practices in contemporary South African townships: A phenomenological study*. Doctoral dissertation, University of Zululand.
- Shankar, S., Nolte, L. and Trickey, D. 2017. 'Continuing bonds with the living: Bereaved parents' narratives of their emotional relationship with their children.' *Bereavement Care*, 36(3): 103-111.
- Shaikh, A. and Kauppi, C. 2010. 'Deconstructing resilience: Myriad conceptualizations and interpretations.' *International Journal of Arts and Sciences*, 3(15): 155-176.
- Sidmore, K. 2000. 'Parental bereavement: Levels of grief as affected by gender issues.' *Omega—Journal of Death and Dying*, 40 (2): 351-374.
- Siegelman, Ellen. 1990. *Metaphor and Meaning in Psychotherapy*. New York: Guildford Press.
- Smith, D.C. 1999. *Being a wounded healer: How to heal ourselves while we are healing others*. Madison, WI: Psycho-Spiritual Publications.
- Smith, R.L., Maroney, K., Nelson, K.W., Abel, A.L. and Abel, H.S. 2006. 'Doctoral programs: Changing high rates of attrition.' *The Journal of Humanistic Counseling, Education and Development*, 45(1):17-31.

- Smith-Sullivan, Kendall. 2008. 'The autoethnographic call: Current considerations and possible futures.' *Graduate Theses and Dissertations*.  
<http://scholarcommons.usf.edu/etd/503>
- Smyth, J.M., Hockemeyer, J.R. and Tulloch, H. 2008. 'Expressive writing and post-traumatic stress disorder: Effects on trauma symptoms, mood states, and cortisol reactivity.' *British Journal of Health Psychology*, 13(1): 85-93.
- Snaman, J.M., Kaye, E.C., Torres, C., Gibson, D., and Baker, J.N. 2016. 'Parental grief following the death of a child from cancer: the ongoing odyssey.' *Pediatric Blood & Cancer*, 63(9): 1594-1602.
- Solomon, A.N.N., 1986. *Funeral rites of the amaXhosa as therapeutic procedures compared to crisis intervention*. Unpublished Master's thesis, Rhodes University, Grahamstown.
- Sorsoli, L. and Tolman, D.L. 2008. 'Hearing voices.' In Sharlene Nagy Hesse-Biber, Patricia Leavy (Eds), *Handbook of Emergent Methods*: 495. New York: Guilford Press.
- Spuij, M., Prinzie, P., Dekovic, M., van den Bout, J. and Boelen, P.A. 2013. 'The effectiveness of Grief-Help, a cognitive behavioural treatment for prolonged grief in children: study protocol for a randomised controlled trial.' *Trials*, 14(1): 1-10.
- Sremac, S. and Ganzevoort, R.R. 2019. 'Trauma and lived religion: Embodiment and enplotment.' *Trauma and Lived Religion*: 1-11.
- Stebnicki, M.A. 1999. 'Grief reactions among rehabilitation professionals: Dealing effectively with empathy fatigue.' Paper presented at the NRCA=ARCA Alliance Annual Training Conference, Dallas, TX.
- Stebnicki, M.A. 2000. 'Stress and grief reactions among rehabilitation professionals: Dealing effectively with empathy fatigue.' *Journal of Rehabilitation*, 6(1): 23-29.
- Stebnicki, M.A. 2001. 'Psychosocial response to extraordinary stressful and traumatic life events: Principles and practices for rehabilitation counselors.' *New Directions in Rehabilitation*, 12(6): 57-71
- Stebnicki, M.A. 2006. 'Integrating spirituality in rehabilitation counselor supervision.' *Rehabilitation Education*, 20(2): 137-159.
- Stevenson, M., Achille, M., Liben, S., Proulx, M.C., Humbert, N., Petti, A., Macdonald, M.E. and Cohen, S.R. 2017. 'Understanding how bereaved parents cope with their grief to inform the services provided to them.' *Qualitative Health Research*, 27(5): 649-664.
- Stroebe, M.S., Stroebe W., Hansson, R.O. (Eds.) 1993. *Handbook of Bereavement Research: Theory, Research and Intervention*. New York: Cambridge University Press.

- Stroebe, M. S., Hansson, R. O., Schut, H., & Stroebe, W. 2008. 'Bereavement research: Contemporary perspectives.' In M. Stroebe, R. Hansson, H. Schut, & W. Stroebe (Eds.) *Handbook Of Bereavement Research And Practice: Advances In Theory And Practice*: 3-26. Washington, DC: American Psychological Association.
- Sturrock, C. and Louw, J., 2013. 'Meaning-making after neonatal death: narratives of Xhosa-speaking women in South Africa.' *Death Studies*, 37(6): 569-588.
- Switzer, D. 1980. *The Minister as Crisis Counselor*. Nashville: Abingdon.
- Talbot, K. 2002. *What Forever Means After The Death Of A Child*. London: Brunner Routledge.
- Taylor, Ronald D. and Wang, Margaret C. (Eds.). 2000. *Resilience across Contexts: Family, Work, Culture, and Community*. Mahwah, NJ: Lawrence Erlbaum Associates.
- Tedeschi, R. G. and Calhoun, L. G. 2004a. 'Posttraumatic Growth: Conceptual foundations and empirical evidence.' *Psychological Inquiry*, 15: 1-18.
- Tedeschi, R. G. and Calhoun, L. G. 2004b. AUTHORS' RESPONSE: 'The Foundations of Posttraumatic Growth: New Considerations.' *Psychological Inquiry*, 15(1): 93-102.
- Tedeschi, R., Park, C. and Calhoun, L. 1998. *Posttraumatic Growth: Positive Changes in the Aftermath of Crisis*. Mahwah, New Jersey. London: Lawrence Erlbaum Associates, Publishers.
- Terry, A.W. 2012. 'My journey in grief: A mother's experience following the death of her daughter.' *Qualitative Inquiry*, 18(4): 355-367.
- The Catechism of the Catholic Church*. 2005. Nairobi: Paulines Publications Africa.
- Thompson, K., 2012. 'Counsellors' Reflections on Disenfranchised Grief.' *New Zealand Journal of Counselling*, 32(2): 54-70.
- Toller, P. 2005. 'Negotiation of Dialectical Contradictions by Parents who have Experienced the Death of a Child.' *Journal of Applied Communication Research Vol. 33, No. 1*: 46-66.
- Toller, P. 2011. 'Bereaved parents' experiences of supportive and unsupportive communication.' *Southern Communication Journal*, 76(1): 17-34.
- Tonkin, L. <http://www.loistonkin.com/growing-around-grief.html> accessed 20.06.2019
- Trahar, Sheila. 2009. 'Beyond the story itself: Narrative inquiry and autoethnography in intercultural research in higher education.' *Forum Qualitative Sozialforschung / Forum: Qualitative Social Research*, 10(1), Art. 30, <http://nbn-resolving.de/urn:nbn:de:0114-fqs0901308>.

- Tullis Owen, J.A., McRae, C., Adams, T.E. and Vitale, A. 2009. 'Truth troubles.' *Qualitative Inquiry*, 15(1): 178-200.
- Umberson, D. 2003. *Death of a parent: Transition to a new adult identity*. Cambridge, UK: Cambridge University Press.
- Valtonen, J. 2022. 'The health benefits of autobiographical writing: An interdisciplinary perspective.' *The Medical/Health Humanities-Politics, Programs, and Pedagogies*, 2022 October 27: 193-211.
- Van Heerden, G.P. 2002. *Holding on Or Letting Go? The Resolution of Grief in Relation to Two Xhosa Rituals in South Africa*. Doctoral dissertation, Rhodes University.
- Vegsund, H.K., Reinfjell, T., Moksnes, U.K., Wallin, A.E., Hjemdal, O. and Eilertsen, M.E.B. 2019. 'Resilience as a predictive factor towards a healthy adjustment to grief after the loss of a child to cancer.' *PLoS One*, 14(3): e0214138.
- Vergheese, A. 1998. *The Tennis Partner: A Doctor's Story of Friendship and Loss*. New York: Harper Collins.
- Videka-Sherman, L. 1982. 'Coping with the death of a child: A study over time.' *American Journal of Orthopsychiatry*, 52(4): 688.
- Vogt, W. P. 1999. *Dictionary of Statistics and Methodology: A Nontechnical Guide for the Social Sciences*. London: Sage.
- Walsh, F. 2003. 'Family resilience: A framework for clinical practice.' *Family process* 42(1): 1-18.
- Walsh, F. 2019. 'Loss and bereavement in families: A systemic framework for recovery and resilience.' In *APA Handbook Of Contemporary Family Psychology: Foundations, Methods, And Contemporary Issues Across The Lifespan, Vol. 1*: 649-663. Washington DC: American Psychological Association.
- Walsh, F. and McGoldrick, M. 1991. 'Loss and the family: A systemic perspective.' In F. Walsh & M. McGoldrick (Eds.) *Living beyond loss: Death in the family*: 1-29. New York, NY: W. W. Norton.
- Walsh, K., King, M., Jones, L., Tookman, A. and Blizard, R. 2002. 'Spiritual beliefs may affect outcome of bereavement: Prospective study.' *BMJ*, 324(7353): 1551-1555.
- Walter, T. 1996. 'A new model of grief: bereavement and biography.' *Mortality*, 1 (1): 7 – 25.
- Wheeler, I. 1994. 'The role of meaning and purpose in life in bereaved parents associated with a self-help group: Compassionate Friends.' *Omega*, 28(4): 261-271.

- White, M. 1988. 'Saying hullo again: The incorporation of the lost relationship in the resolution of grief.' *Dulwich Centre Newsletter*, 3: 29-36.
- White, M. 1991. 'Deconstruction and therapy.' *Dulwich Centre Newsletter*, 3: 21-40.
- White, M. 2004. 'Working with people who are suffering the consequences of multiple trauma: A narrative perspective.' *The International Journal of Narrative Therapy and Community Work*, 1: 45-76.
- Whyte, D. 2019. *Consolations: The Solace, Nourishment and Underlying Meaning of Everyday Words*. Edinburgh: Canongate Books.
- Wiederkehr, M. 2000. *Behold Your Life: A Pilgrimage Through Your Memories*. Ave Maria Press, Notre Dame, Indiana.
- Willick, M.L. 2006. *The Grief Never Goes Away: A Study of Meaning Reconstruction and Long-term Grief in Parents' Narratives of Perinatal Loss*. Doctoral dissertation, University of Saskatchewan.
- Worden, J.W. 1991. *Grief Counseling And Grief Therapy: A Handbook For The Mental Health Practitioner*. New York: Springer.
- Worden, J. W. 2002. *Grief Counseling And Grief Therapy: A Handbook For Mental Health Practitioners* (3rd ed.) New York: Springer Publishing Company
- Wortmann, J.H. and Park, C.L. 2008. 'Religion and spirituality in adjustment following bereavement: An integrative review.' *Death Studies*, 32(8): 703-736.
- Wuthnow, R., Christiano, K.J. and Kuzlowski, J. 1980. 'Religion and Bereavement: A Conceptual Framework.' *Journal For The Scientific Study Of Religion*, 19(4): 408-422.
- Yawa, S.N. 2010. *A Psychoanalysis Of Bereavement in Xhosa, Zulu and Tswana Cultures*. Masters Thesis, University of South Africa.
- Yousuf-Abramson, S. 2021. 'Worden's tasks of mourning through a social work lens.' *Journal of Social Work Practice*, 35(4): 367-379.
- Zerubavel, N. and Wright, M.O.D., 2012. The dilemma of the wounded healer. *Psychotherapy*, 49(4): 482.
- Zheng, L., Lu, Q. and Gan, Y. 2019. 'Effects of expressive writing and use of cognitive words on meaning making and post-traumatic growth.' *Journal of Pacific Rim Psychology*, 13: e5.

## **APPENDICES – RESEARCH DOCUMENTS**

### **APPENDIX A: RECRUITMENT MATERIALS**

The following letter will be sent to the South African Association for Pastoral Work to be disseminated to members:

Adri Sutherland, a Ph.D. student at the School of Religion, Philosophy and Classics at the University of KwaZulu-Natal, is doing a study on the grief experienced by pastoral counsellors and ministers who had children who passed away. The purpose of the research is to learn more about how parents in ministry are affected by, and deal with this type of loss and if, and how their loss impacted their ministry.

As a bereaved mother and pastoral counsellor myself, I invite pastoral counsellors and ministers who have experienced the loss of a child to tell their stories in an in-depth, one-on-one interview. I will give you a copy of the transcript of our interview, for you to check and perhaps make additional comments.

Interviews will be done at a location that is convenient for participants. If you are interested in learning more about this study, please contact Adri at [adrisutherland@gmail.com](mailto:adrisutherland@gmail.com).

This study has been ethically reviewed and provisionally approved by the UKZN Humanities and Social Sciences Research Ethics Committee (protocol reference number HSS/1983/016D).

In the event of any problems or concerns/questions you may contact the researcher at (provide contact details) or the UKZN Humanities & Social Sciences Research Ethics Committee, contact details as follows:

## **Humanities & Social Sciences Research Ethics Administration**

Research Office, Westville Campus

Govan Mbeki Building

Private Bag X 54001

Durban

4000

KwaZulu-Natal, SOUTH AFRICA

Tel: 27 31 2604557- Fax: 27 31 2604609

Email: [HSSREC@ukzn.ac.za](mailto:HSSREC@ukzn.ac.za)

## APPENDIX B: INTRODUCTORY LETTER

### **Title**

#### **INTERTWINED LIVES**

Reconstructing Life After The Death Of My Son:

An Autoethnography Of A Pastoral Counsellor And Mother

### **Purpose of the study**

My name is Adri Sutherland, and I am a Ph.D. student at the School of Religion, Philosophy and Classics at the University of KwaZulu-Natal. I am doing a qualitative study of the loss of a child in order to gain a better understanding of how parents who are pastoral counsellors or ministers cope with their loss while continuing with their ministry. I have a personal connection to this topic, having lost my eldest son in September 2014. I made the decision to do this study with the hope that it might help other people who have had this type of loss.

### **Inclusion/Exclusion Criteria**

The population used for this study will be pastoral counsellors and ministers of Christian denominations, who have lost a child, with the child having been 25 years or younger. I am particularly interested in how their grief impacted on their personal, family and professional lives, therefore spouses will also be invited to participate in the study.

I am interested in interviewing people whose loss happened at least one year ago (with no upper limit), because very little is known about grief beyond one or two years. Some people who have lost a child welcome the opportunity to talk to someone else about their child and their loss because they do not often get the chance. During the interview I will ask people to tell me their stories, using a questionnaire as guideline. I will also invite people to share mementos, poems, and journal notes about their experience if they would like to.

### **Participation Procedures and Duration**

For this project, you will be asked to participate in an audio-taped interview session for a period of approximately 2-3 hours. The interview will be held at your office or any place where you would feel most comfortable. The interview sessions will use semi-structured interview questions. The first part of the interview will comprise of a joint session with the consenting spouse. The second part of the interview will take place after a short break with the individual pastoral counsellor or minister. Sometime after the interview, I would give you a copy of the transcript of our interview for you to give me your feedback, comments, and any other thoughts that you might have had after the interview.

### **Audio or Video Tapes**

For purposes of accuracy, with your permission, the interview will be digitally recorded. Any names of people or organizations used on the audiotape will be changed to pseudonyms, including the names of the participants, when the sessions are transcribed. The recordings will be stored in a locked desk drawer in the researcher's office.

### **Data Confidentiality or Anonymity**

All data will be maintained as confidential and no identifying information such as names will appear in any publication or presentation of the data.

### **Storage of Data**

The principal investigator (PI) will personally conduct each individual interview session. The interviews will be recorded using a digital recording device and verbatim transcripts of each interview will be created by the PI. All paper representation of the data will be stored in a locked filing cabinet in the PI's home, and all the electronic data files will be password protected on the PI's personal computer indefinitely. Confidentiality will be secured in the transcription process and in any subsequent submission of the findings by using pseudonyms in place of the participants' real names. Only the PI and the Faculty Supervisor will have access to the raw data. After subject checks and final correspondence have been completed, personal identifying information (real name, email address, etc.) will be removed and de-identify the subject data. The PI will destroy the coding sheet that pairs the subject's name with the assigned pseudonym, but all other data will be securely stored indefinitely. These coding documents will be destroyed by shredding.

### **Risks or Discomforts**

- Participation in this study may provoke painful, sad, or emotionally distressing memories and reactions and the participant may feel uncomfortable or upset when talking about his/her child and his/her child's death. The participant does not have to answer any specific questions, or take part in the interview if he/she does not want to. The participant does not have to give the researcher any reason for not responding to any question, or for wanting to stop taking part in the interview at any time. Should the participant become upset during the interview and wish to stop, the interview can stop for a period of time and then resume, or the interview can end immediately. Referral to a local counsellor will be offered to participant in case of severe distress. Another potential risk for being involved in the study may include becoming more emotional than usual shortly after participating in the interview. It is unlikely this should be disruptive to your day-to-day life; however, if this is the case, please contact the researcher. The researcher will follow up with you about your emotional well-being, but do not hesitate to contact the researcher, if needed.

### **Benefits**

The participant may find it helpful to have the chance to talk about his/her child and tell his/her story and his/her child's story. While there are no other direct benefits to the participant, his/her participation may help other parents in ministry who are experiencing bereavement after the death of a child. Potential benefits from participating in the study are that you will contribute to the broader body of research information on grief of parents in ministry. Some participants may also discover that participating in this study will be helpful to them in their grieving process.

### **Voluntary Participation**

Your participation in this study is completely voluntary and you are free to withdraw your permission at any time for any reason without penalty or prejudice from the investigator. Please feel free to ask any questions of the investigator before signing this form and at any time during the study.

Thank you for your interest in this study. If you have any concerns or questions or would like to participate, please contact me at [adrisutherland@gmail.com](mailto:adrisutherland@gmail.com).

Sincerely,

Adri Sutherland

This study has been ethically reviewed and provisionally approved by the UKZN Humanities and Social Sciences Research Ethics Committee (protocol reference number HSS/1983/016D).

In the event of any problems or concerns/questions you may contact the researcher at (provide contact details) or the UKZN Humanities & Social Sciences Research Ethics Committee, contact details as follows:

**Humanities & Social Sciences Research Ethics Administration**

Research Office, Westville Campus

Govan Mbeki Building  
Private Bag X 54001  
Durban  
4000  
KwaZulu-Natal, SOUTH AFRICA  
Tel: 27 31 2604557- Fax: 27 31 2604609  
Email: [HSSREC@ukzn.ac.za](mailto:HSSREC@ukzn.ac.za)

APPENDIX C

CONSENT FORM

I have read the Information Sheet concerning the project and I understand what the project is all about. All my questions have been answered to my satisfaction. I understand that I am free to request further information at any stage.

I know that:

1. My participation in the project is entirely voluntary.
2. I am free to withdraw from the project at any time without any disadvantage.
3. I am aware of what will happen to my personal information at the conclusion of the project, that the data will be destroyed at the conclusion of the project but that any raw data the project depends on, will be retained for three years.
4. I will receive no payment or compensation for participating in the study.
5. All personal information supplied by me will remain confidential throughout the project.
6. I am aware that Adri's supervisor will read the material.

I am willing to participate in this research project.

.....  
(Signature of participant)

.....  
(Name of participant in capital letters)

.....  
(Signature of witness)

.....  
(Date)

APPENDIX D

DEMOGRAPHIC INFORMATION

Name: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

Address: \_\_\_\_\_

Age category (less than 25, 25-35, 35-45, 45-55 etc.): \_\_\_\_\_

Gender: \_\_\_\_\_

Marital status: \_\_\_\_\_

Other children/sequence of births: \_\_\_\_\_

Highest level of education completed: \_\_\_\_\_

Other losses besides the one being discussed: \_\_\_\_\_

Where do you currently serve in ministry or are you retired: \_\_\_\_\_

Religious Affiliation in which you are ordained or worship: \_\_\_\_\_

## APPENDIX E

### INTERVIEW SCHEDULE

#### Preliminary

The interviewer (Adri Sutherland) will give an overview about what will happen in the interview (how long the interview will be and explain that interview will be audio-recorded).

The interviewer will explain the informed consent form and get required signatures, and give the demographic form.

**\*Turn the audio recorder on\***

#### **Interview Introduction**

#### **Joint session with pastoral counsellor/ minister and spouse**

#### Rapport-Building and Priming

I am going to talk to you today about the circumstances surrounding the death of your child. I will ask you about life as a bereaved parent, how you have coped and are coping and how relationships with others/work/social life have changed.

I realise that we are going to touch on some very emotional events and if you want to stop the interview at any time we can. You do not need to give any explanation, just say that you want to stop, and we will do so.

The information you give me is completely confidential – when I write up my notes, I will change the names given to keep everything anonymous. No-one except me will hear this interview.

I am recording to allow me to concentrate fully on what you say.

Do you have any questions at this point?

## APPENDIX F

### QUESTIONNAIRE

#### QUESTIONS FOR PASTORAL COUNSELLOR/ MINISTER AND SPOUSE (IF MARRIED)

1. Can you tell me something about your child? What was he or she like? Did you bring any photos?
2. Can you tell me about what happened when your child died? (*age, name, gender, when was the death, cause, was it anticipated, other losses, how informed*)
3. Can you share on the death of your child and immediate events surrounding it? (*hospital experience, seeing the child, mementos, ceremonies; information about the cause of death, autopsies performed, etc.*)
4. What is the main emotion that describes how you feel about your child's death? (*do they feel it was avoidable in any way, does anything make this emotion worse, have they ever considered suicide*)
5. Would you say these experiences have changed over time, since the death? If so, how? (*worse then or now, how close is life now to before the death*)
6. What impact has the death of your child had on your own health? (*grief experienced, depression, other mental health issues, new physical illnesses, time off work, financial changes*)
7. Have you noticed any changes in yourself after the loss of your son/daughter? (*interactions with other people, social life, job changes, any new hobbies especially creative*)
8. Have you been offered any help with coming to terms with your grief? Was this helpful to you? (*counselling, medication, support groups, employer, friends*)
9. What were your beliefs about yourself and the world before this happened as opposed to now? (*spiritual side of your loss, your spiritual views? Have these beliefs stayed the same or changed because of your experience?*)
10. What are your anniversary reactions? Do you think you have been able to come to terms with the death? (*intrusive thoughts, dealing with emotional events e.g., Christmas, have you found a way to include your child in your life now?*)
11. What things have helped you cope with the death? (*religion, support from others, charity work, other family members, children, dealing with memories, photographs, memorials, symbols, alcohol/ substances*)
12. Where do you draw strength from in order to cope or manage with the loss of your son/daughter?
13. How has your grief changed over time? Has it changed?
14. How have you made sense of your loss? (*Have you? (If not) how do you understand your difficulty? (If yes) what helped you to do this?*)
15. In what way have your relationships with your partner changed? (*relationship problems or improvements*)
16. How would you describe your relationships with your other children since your son/daughter's death? (*are there positive/ negative changes?*)
17. How would you describe social support/ response of others over the year/s? Do you ever talk about the loss or your child now?

18. What, if any, are some rituals or activities that you do as a family to remember your child?
19. Are you able to see any positive changes in your life? (*relationships, personal growth*)
20. Any Life lessons/truths that have come out of your experience? Have you experienced any changes/transformations? How do you view the world now (if differently)? How has your child's death influenced your perspective on life, your values, your relationships, and so on?
21. Is there anything else you would like to add about the grieving process and your relationship that we did not touch on?

To Spouse (if married):

The interview will be closed by assessing how they feel after having gone through the interview process:

1. What did they expect from the interview, and has anything about the interview or their response surprised them?
2. Did the interview bring up painful feelings that they feel they need help dealing with?

Thank you so much for sharing your time and your stories with me, it is greatly appreciated. The interview is over now. You've made a valuable contribution to this research project. I will be contacting you within a few months with the transcript of the interview. If you have any questions or wish to speak to me for any reason at all, please feel free to contact me before that time.

**BREAK**

(Before Continuing With Individual Interview With Pastoral Counsellor/ Minister)

QUESTIONS FOR PASTORAL COUNSELLOR/ MINISTER

1. What advice would you give other bereaved parents in ministry about how to cope with the death of their child?
2. What do you think would be a useful support for bereaved parents in ministry?
3. Any experiences that greatly influence how you have (or have not) made sense of and come to peace with your loss?
4. If you were to give advice to others who have a friend or family member in ministry who loses a child, what if anything would you advise them to do or say?
5. What do you think other people think of your life and how you are dealing with it? (*do non-bereaved parents in ministry understand, are they able to be themselves, talk about the child or their feelings, do they think others appreciate their situation fully*)
6. How did the loss of your son/ daughter impact on your ministry?
7. Were you able to continue with your ministry in a professional way?
8. Were there times during ministering to parishioners or clients when it became particularly difficult for you?
9. Is there anything that we have not covered that you think is important for me to know about coping with life as a bereaved parent and pastoral counsellor or minister?

(Adapted from Nadeau, 1998)

To Pastoral Counsellor/ minister:

The interview will be closed by assessing how they feel after having gone through the interview process:

1. What did they expect from the interview, and has anything about the interview or their response surprised them?
2. Did the interview bring up painful feelings that they feel they need help dealing with?

Thank you so much for sharing your time and your stories with me, it is greatly appreciated. The interview is over now. You've made a valuable contribution to this research project. I'll be contacting you within a few months with the transcript of the interview. If you have any questions or wish to speak to me for any reason at all, please feel free to contact me before that time.

