Giving sorrow words: the experience of bereavement in the pre-school years: A phenomenological study

By

Lynne Ferrer

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Mom and Ma Jess – a tribute to you .

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SUMMARY

Increasingly, hundreds of thousands of children under the age of seven are experiencing the death of their parents in South Africa. Scholarly debate pertaining to childhood bereavement has been and continues to be an arena lacking in clarity, particularly with respect to how this experience impacts upon the young child.

To this end, this inquiry attempts to capture an in-depth understanding of this experience and stimulate awareness regarding the needs of bereaved children. Through a phenomenological approach this investigation focuses specifically on the personal experience of six children who experienced the death of a parent during their pre-school years, in the context of a group format. An aspect of the inquiry explores the debate around intervention and service provision for bereaved children. Six core themes are derived which reflect perceptions of this loss.

The value of a phenomenological approach with relevance to the study of early bereavement is illuminated. Some limitations of this study are recognized and suggestions for future research are proposed. Based on the insights gleaned through this study, implications are brought to the fore that pertain to the general experience of parental bereavement and service delivery, with particular regard to the context of South Africa.

"The child's sobs in the silence curses deeper than the strong man in his wrath"

- **Elizabeth Barrett Browning**

"You must put them in the box,
and you must,
and the boxes, next to,
the mommy and the daddy,
and they sing and they sing and they sing,
and they pray for them again and again
and they just go out in the church,
and they go home and play
forever and ever..."

- participant/co-researcher

Chapter One

Introduction and motivation

1.1 Introduction

The death of a loved one is an inescapable fact of life. When this occurs it brings with it the most overwhelming and painful of human emotions. Our sense of vulnerability intensifies, and we are faced with meeting inordinate psychological demands. But, when that loved one is perhaps one of two into whom almost all feelings are invested, and from whom all security and faith in the world is derived, the loss, then, is unparalleled. This is the distinctive situation of a young child when a parent dies.

The influence of this momentous loss upon the child's future adjustment is the source of much speculation. Not uncommonly, children are perceived to be very resilient, and so a quick rebound back to normalcy is expected. Equally assumed however, is that for all children, it becomes a *"lifelong burden"* (Furman, 1974, p.172). Furman (1974) explains that *"above all,* *the death of a parent faces the child with an early excess of helplessness at the hands of fate, a need to accept the utterly unacceptable at a time when his mental resources are not yet equipped for doing so"* (p.172).

Scholarly debate pertaining to childhood bereavement has however been, and continues to be, an arena imbued with controversy. Such debate has spanned across a broad range of issues, the like of which include children's capacity to mourn, normal versus pathological responses, the extent to which this poses as a risk factor for later psychopathology, and service provision. Notwithstanding the emergent lack of clarity, it appears increasingly evident that immediate adjustment to the bereavement or lack of overt symptoms in later life may not necessarily preclude emotional suffering or some interference in functioning (Ferrer, 2002; Hurd, 1999; Kaffman & Elizur, 1983; Kirk & McManus, 2002). Suffice to say, clinicians frequently encounter cases in which the earlier mourning process has failed to culminate in a healthy resolution of grief (Buirski & Buirski, 1994; Sanders, 1999).

1.2 Motivation and aim

Undeniably, multiple variables act to mediate or moderate the bereaved child's outcome. Although such variables remain insufficiently explored (Downdey, 2000), both the age of the child and the quality of support received, are considered to be of fundamental significance (Berlinsky & Biller, 1982; Bowlby, 1980; Burski & Burski, 1994; Charkow, 1998; Christ, 2001; Furman, 1974; Webb, 1993). Despite then, that young childhood is purported to be a period of great vulnerability (Barnes & Prosen, 1985; Berlinsky & Biller, 1982; Worden, 1996; Schilling & Koh, 1992), children within the pre-school age are frequently denied an emotional surround which facilitates the mourning process (Buirski & Buirski, 1994; Downdey & Wilson, 1999; Webb, 1993). Indeed, as indicated in previous study, for those adults bereaved in their pre-school years, the healing that time supposedly brings to the healing process, may not necessarily come with the passing of time alone (Ferrer, 2002).

Service provision for young bereaved children does, however, present formidable obstacles, not least of all the sparse literature on both children's mourning and guidance for therapists working with bereaved children

(Downdey & Wilson, 1999; Kirk & McManus, 2002; Tait & Depta, 1993; Thompson & Payne, 2000; Webb, 1993). Further compounding this, is the limited research regarding the use and effectiveness of established interventions (Huss, 1999; Kirk & McManus, 2002), which appears primarily to be a function of measuring outcomes that are essentially qualitative, rather than quantitative, in nature (Morland, 1999). Behavioural criteria are not necessarily indicative of a bereaved child's need for support (Stokes, Pennington, Monroe, Papadatou & Relf, 1999). There is also the inherent risk of pathologising the child and the experience of bereavement (Barnard & Morland, 1999; Kirk & McManus, 2002), which tends to be exacerbated by diagnostic and prescriptive approaches (Barnard & Morland, 1999). All combined, this points to limits in our understanding as to how we begin to respond to our young bereaved children in South Africa, in which the grieving of parental loss is so frequent, and if indeed we are neglecting an area which warrants greater concern. Profoundly conspicuous, however, among these multiple debates and challenges, is the stark absence of children's voices.

In her concern with the subject of death and children, Kűbler-Ross (1991) states: *"There are beliefs, faiths, and feelings that have to be expressed and* *heard. Can we listen and can we hear? How? This is my final question,"* (p.187). With this understanding, this study will endeavour to create a "safe space" (Barnard & Morland, 1999, p.11) in which the authentic voices of bereaved children can be heard, with the aim of providing an in-depth understanding of this experience. Specific focus will be upon pre-school children who have lost a parent within the five and six year age group; an age group that tends to be overlooked in bereavement research as a consequence of methodological limitations (Barnard & Morland, 1999; Downdey, 2000). An opportunity will be created for a group of young children to express their thoughts and feelings as it pertains to their loss. By entering into such dialogue with the children, and combining their meanings with the existing literature, a more comprehensive view may be realised. In turn, this may stimulate awareness regarding the needs of bereaved children and better afford us some notion as to what might constitute appropriate service provision for young bereaved children. Present day living is endemic with HIV infection, war, civil conflict and violence, which implicate increasing numbers of children at risk.

1.3 A phenomenological approach

The death of a parent, while the child is in the pre-school years, carries with it a particular significance for the affected children. This study is concerned with understanding the nature and defining features of this experience, toward furthering practice knowledge. In order to arrive at the essential meanings of those who have lived this experience, it is necessary to grasp the qualitative diversity of this experience.

Downdey (2000), in discussion of outcomes of childhood bereavement, emphasises that the lack of a coherent conceptual research framework, designed to test hypotheses of clinical relevance, has hampered the development of systematic and satisfactory research in this area. Downdey (2000) further argues that the type of information specific to bereavement warrants data that can provide material rich in the detail of individual's experiences, and as such provide insights of relevance to clinical practice. To this end, she states:

"*To go beyond this and make a theoretical or research contribution in this relatively unchartered area, data need to be gathered and analysed within* *an appropriate qualitative framework derived from the investigator's purpose"* (p.827).

A phenomenological approach provides a mode of inquiry that elicits the meaning of another person's experience. As a method, it allows for the direct exploration of conscious experience without presuppositions. The emphasis is on descriptions offered by participants rather than accounting for causality or origin. It attempts, as Kvale (1996) states *"...to make the invisible visible."* (p.53).

Because it is meaning, not measurement that this research seeks, a phenomenological approach will be followed. Through purposive sampling, six pre-school children, in the five and six age group, who have experienced the death of a parent, will be engaged as participants. This will take place in a group forum in which activity will be interspersed. Recognising that *"the urge to tell stories is so strong.."* (Barker, Pistrang & Elliot, 2002, p.101), and that narrative has valuable therapeutic functions, particularly in the treatment of difficult life situations (McLeod, 1997), the data will be derived through inviting participants to tell their stories, in order to elicit their descriptions of the nature of the experience itself. Albeit part of a research process, this could in itself be considered an intervention (Stokes et al., 1999). On completion the taped conversations will be transcribed and analysed, to enable the core themes of losing a parent in early childhood to be identified.

1.4 Outline of the thesis

Chapter one has provided an overview of this study. The theories that have informed childhood bereavement are introduced in Chapter two, wherein the reader is also provided with the pre-school child's comprehension of death, and the tasks of mourning, with the conditions under which this may occur. Both the subsequent and long-term reactions to parental death are presented. With relevance to this study, current strategies for treating bereaved children and the rationale for a group forum in this study will be discussed in Chapter three. Chapter four explains the stance of a qualitative paradigm and argues for the value of a phenomenological approach concerning the experience of early parent death. This is followed by a discussion on methodology and design of this study in Chapter five. Chapter six presents the main finding of this investigation. In conclusion, Chapter seven offers an evaluation of this study with suggestions for avenues of further investigation. This culminates in a discussion of the implications that emerge from this inquiry.

1.5 Conclusion

This study will attempt to extract meaning of the experience of losing one's parent in the pre-school years with the intent of providing insights of relevance to clinical practice. Through employing a qualitative method based on phenomenology it will seek to arrive at a comprehensive understanding of this experience.

Chapter two

Childhood bereavement

2.1 Introduction

A recent United Kingdom-based study pertaining to childhood bereavement states: *"Losing a parent through death is, thankfully, a relatively rare event for a child; hence the population available for study is small"* (Curtis & Newman, 2001, p.489). Tragically, by no stretch of the imagination does this quote hold for the South African context. In 1996, approximately 571 465 children, in the age bracket of 7 years and under, experienced the death of a parent (Statistics S.A., 1999). By 2001, (this being the most recently available data), this figure was approaching 700 000 (Statistics S.A., 2003). The loss of a parent through death is indeed touching the lives of our youngest and most vulnerable citizens.

Although this study does not attend to any particular cause of parental death, to leave unspoken the violently disproportionate losses and additional burdensome aspects incurred through HIV/AIDS, is to ignore the backdrop against which this study is based. To date, across Sub-Saharan Africa, more than 13 million children under the age of fifteen, have lost one or both parents to HIV/AIDS. By 2010, this number is expected to exceed 25 million (USAID, 2002). These statistics certainly draw attention to the gravity of this crisis, yet they neglect to impart the depth to which such a loss is experienced. It is this facet at which this study is directed.

Curiously, whilst it is commonly held that this loss poses a risk for future development, the literature has failed in providing new research into both the complexity of the child's response to loss and its later impact (Downdey, 2000; Huss, 1999; Sanders, 1999; Thompson & Payne, 2000). Indeed, Stein (2003) points out that, in general, limited attention has been given by researchers to children's experience of death.

This chapter comprises a review of the major theories that have informed childhood bereavement. Following a general overview of mourning, it attempts to provide an understanding of where a pre-school child is situated at the time of this experience, by examining young children's comprehension of death and both their subsequent and long-term reactions. Having gleaned some knowledge of these processes, the mourning process as applicable to children, and the potential conditions under which this occurs, are discussed.

Bereavement is the term used to denote a state of loss (Martin & Doka, 2000). Grief is the process of experiencing the psychological, social and physical reactions to one's perception of loss (Rando, 1991). It can be seen then that bereavement is an objective reality to which the reaction may be grief. Mourning, however, refers to the conscious and unconscious processes that gradually undo the psychological ties that had bound the mourner to the loved one, in order to adapt to, and cope with the loss

(Rando, 1991). For the purposes of this study, bereavement is discussed as loss due to death. These terms, which relate to the loss experience are used interchangeably in the literature, and will be applied in the same manner in this study.

2.2 Childhood mourning: a controversial issue

The potential for long-lasting destructive effects from parent loss in childhood has been partly attributed to the fact that young children lack the ability to undergo a mourning process. The debate over whether children have the capacity to engage in a mourning process akin to the process experienced by adults, has, however, been controversial (Buirski & Buirski, 1994; Webb, 1993; Worden, 1996). Accordingly, clinical practice in response to childhood bereavement experiences in the past century has been divided between a theory-driven psychodynamic perspective, and an experience-centred environmental perspective (Hurd, 1999).

Earlier views on how children perceive and respond to the death of a parent were dominated by Freud's (1917) theory as expressed in "Mourning and Melancholia" (Hurd, 1999). Freud considered mourning to be a normal reaction to the loss of a valued person, object or ideal. From this perspective, mourning involves a conscious separation of the libido from the lost object, a gradual reinstatement of reality, the emergence of a healthy ego, and a timely return to an emotionally stable life (Hurd, 1999). Implicit in this conception, is that mourning unfolds in successive stages, in which the reality and finality of the loss is accepted. The bereaved person then reacquires the capacity to love again.

Melancholia is considered to arise through the inability to separate the libido from the lost object, and the accompanying withdrawal of the loss from consciousness. This creates an internal ego conflict in which the ego both identifies with, and struggles to be free of the lost object. This internal conflict, played out in the unconscious, would likely emerge as symptoms of self-reproach and self-deprecation (Hurd, 1999).

Although Freud's theory referred to adult experience (Hurd, 1999), the developmental incapacity of the child to comprehend death and detach the libido from the lost object, gave rise to the consensus amongst succeeding Freudian practitioners that children do not experience true mourning (Berlinsky & Biller, 1982). Rather, it is argued that bereaved children consistently deny the reality and finality of a parent's death and often develop a hypercathexis to the lost parent that includes fantasies of return and reunion (Wolfenstein, 1966). This view suggests then, that mourning is not possible until complete identity formation is reached, that is, on completion of the adolescent stage. Consequently, the "later behaviour disorder" hypothesis, derived from Freud's theory, assumed that children experiencing parental death were not only structurally unable to mourn, but were also destined for depression, usually triggered by some experience of loss in late adolescence or early adulthood (Hurd, 1999).

Beginning in the 1960's, Bowlby's studies on childhood mourning posited that children can, and do go through the process of mourning (Berlinsky & Biller, 1982). Unlike the Freudian perspective, Bowlby's (1980) use of the term "mourning" denotes *"...a fairly wide array of psychological processes* *set in train by the loss of a loved person irrespective of their outcome"* (p.17).

Based on the analysis of normal infant attachment behaviours, Bowlby (1980) describes a sequence of grieving behaviours through which infants process a severe loss. Initially, in response to separation from an attachment figure, young children protest vigorously. This is followed by despair, in which hope fades, and subsequently, detachment or indifference ensues. During the first three years infant attachment is considered to be of highest intensity, and so constitutes a period of great vulnerability to separation (Bowlby, 1980).

Likening detachment to defensive processes, Bowlby (1980) contends this to be a regular constituent of mourning at every age. Bowlby (1980) argues that what characterizes pathology is not their occurrence, but the forms they take, and the degree to which they are reversible. Healthy mourning entails a reorganization of self and situation so that a timely resolution of the loss transpires. This likely occurs after a phase of yearning for the lost person, characterized by weeping, anger and restless searching, and a phase of disorganization and despair, characterized by withdrawal and sadness.

In infants and children, once set in motion, defensive processes tend to stabilize and persist. In a young child an experience of loss of an attachment figure is especially apt to evoke psychological processes of a kind that are crucial for psychopathology. Should the processes take the form of pathological variants of healthy mourning, this may lead to more or less severe dysfunction in later life. Furthermore, the nature of affectional bonds or attachments between children and parents likely serves as a prototype for future relationships throughout the life cycle. Separation from a parent through death may then predispose young children to the inability to bond with others, leading to ineffective relationships in adulthood (Bowlby, 1980). Herein lies a possible link between the childhood experience of loss and conditions of later life.

Bowlby (1980) concludes that the way in which children respond to the loss of a parent differs little from the ways in which adults mourn. In so far as there are differences, these are attributed to the greater sensitivity of children to the conditions that precede, surround and follow a loss. Of most significance is the relationship with the deceased parent, the information provided to the child, participation in family grieving, and a comforting presence of a surviving parent or a trusted substitute. The more positive these factors are, the more likely healthy mourning can transpire. Children's greater vulnerability to the impact of bereavement may then be attributed to the influence of these conditions, coupled with their limited experiences with loss, and the potential to be overwhelmed when their attachment figure that represents comfort, is absent (Bowlby, 1980).

By virtue of these findings, Bowlby (1980) refutes the notion that children cannot experience true mourning. Children aged three and younger demonstrate emotional responses to loss (Bowlby, 1980), which can be mobilized by therapeutic assistance (Buirski & Buirski, 1994). As with adults, children's mourning can take a healthy or pathological course, thereby leading to different outcomes.

Despite these findings, and simultaneous studies that have advanced the position that children are capable of undergoing a mourning process (Furman, 1974), childhood mourning remains a contentious issue. It can be seen that divergence of opinion rests in part on the definition of mourning, as well as the theoretical model to which the professional subscribes (Webb, 1993; Worden, 1996). More pertinently however, is that this may be attributed to the absence of adequate models for childhood mourning (Corr, Nabe & Corr, 2000), so that *"...what is needed is to find a model of mourning that fits children rather than imposing an adult model"* (Worden, 1991, p.124). Towards some resolution, Corr et al. (2000) suggest that given the certainty that children do react to loss, the real issue at stake is not so much whether children mourn. Rather, these authors contend, it is the nature of children's grief and mourning that warrants cognizance. The implication then, is that with the acknowledgement of childhood mourning, so too is there the need to recognize that at different developmental levels the loss is both expressed and experienced in different ways. In turn, before appreciation of what this entails for pre-school children, it is necessary to comprehend that which is involved in mourning.

2.3 An overview of mourning

Mourning is a process and not a state (Worden, 1991). Although often conceptualised in terms of stages or phases, the most frequently cited explanations of the progression of activities implicated in this grief work remains that of Worden (1991), which encompasses a series of fundamental psychological tasks (Cook & Oltjenbruns, 1998). The superiority of such a model lies in its quality of dynamic fluidity, allowing for the grieving person to grapple with, and bring some degree of resolution to each task over time, and to revisit and rework tasks. More so, tasks do not have to be accomplished in any specific order (Worden, 1996).

Drawing from the analogy of the necessity of healing, to return the body to homeostatic balance following physiological trauma, Worden (1991) regards mourning, following a significant loss, to be imperative in restoring a sense of equilibrium. Of the four tasks delineated, the first, to accept the reality of the loss, demands the intellectual and emotional acknowledgement that the loved one has died, and will not return. This is hindered by the denial of either the facts of the loss, its full meaning, or, its irreversibility (Worden, 1991). It is these efforts that would appear to underlie all of the long-term work of mourning (Corr et al., 2000).

In facing a second task, the bereaved has to experience and work through the pain of grief. This potentially *"...literal physical pain"* (Worden, 1991, p.13) of emotional and behavioural nature, may invite multiple counter-productive strategies as a means to circumvent this task. Ultimately, this would appear to be futile, as, *"Sooner or later some at least of those who avoid all conscious grieving break down.."* (Bowlby, 1980, p.158).

The third task, of adjusting to an environment in which the deceased is missing, entails not only the adaption to the loss of roles previously held by the deceased, but also to one's sense of self and sense of the world. In its parallel to Bowlby's (1980) description of reorganization following loss, the manner in which this is achieved may well be that on which the bereaved person's outcome of mourning..."*turns...-either progress towards a recognition of his changed circumstances, a revision of his representational models, and a redefinition of his goals in life, or else a state of suspended growth in which he is held prisoner by a dilemma he cannot solve*" (Bowlby, 1980, p.139).

The widely accepted notion that the bereaved needs to "let go" of the deceased has been a source of great misunderstanding of the mourning process (Worden, 1996). Rather than withdrawing emotional energy and reinvesting it in another relationship, as previously designated (Worden, 1991), the fourth task is to relocate the deceased within one's life and find ways to memorialise the person (Worden, 1996). In so doing, the relationship with the deceased is restructured in an emotionally satisfying way, but one that also reflects the changed circumstances of life and death.

Children too, are faced with these tasks of mourning. However, the developmental phase at which the child is situated will certainly affect the manner in which these are negotiated (Worden, 1996). Given then that younger children have less well-developed cognitive and coping skills, this poses the question then as to how pre-school children understand death, and how these characteristics impact on the child's adaptation to loss.

2.4 Pre-school children's conception of death

A mature understanding of the concept of death rests on acquiring the related elements of irreversibility, nonfunctionality, and universality (Christ, 2000; Speece & Brent, 1984). Accordingly, comprehension of death develops in stages related both to the succession of levels of cognitive development as identified by Piaget (1929), and to age (Wass, 1991). Of relevance to this study are the stages prior to the phase of concrete operations.

The sensorimotor period, which extends from birth to approximately two years of age, is one in which object constancy develops and there is not yet knowledge of abstractions (Louw & Louw, 1995). The infant or very young toddler is then unable to differentiate between death and other causes for the unavailability of the loved one. Furman (1974) explains that the age-appropriate response to the loved person's continued absence would be the same at the time of the loss, irrespective of the cause. However, the effect on the eventual course and outcome of the mourning would differ if the loved one had actually died and this fact was grasped during subsequent development. Under optimal circumstances infants of about one year of age, whose loved one had died, would begin to understand this fact within the next twelve to eighteen months (Furman, 1974).

During the preoperational state, which covers roughly ages two through to seven, many skills necessary to an understanding of death are still lacking (Wass, 1991). Apart from the pre-schoolers' egocentric orientation, so that reality may be distorted to conform to idiosyncratic understanding, other characteristics of preoperational thought have bearing on an understanding of death. These include magical thinking, the notion that some things and people have power over others; animism, in which everything is believed to be alive; and artificialism, which presumes that everything is manufactured for the benefit of people (Wass, 1991). When early preoperational cognitive attributes are predominant then, up to approximately age five, children struggle to grasp the concepts of irreversibility and nonfunctionality (Christ, 2000). Prior to understanding these concepts, children tend to view death as sleep, loss of mobility, a temporary malfunction, or a restorable condition (Wass, 1991). This is reflected through children attributing feelings and thoughts to the deceased, and the expectation through, for instance rituals, of the dead person's return (Buirski & Buirski, 1994). Indicative of the literal thought of this time, and with their lack of language skills, children are inclined to seek concrete descriptions regarding various aspects of death, with repetitious questions focussing on the parents' whereabouts (Christ, 2000).

While much of the data has argued for a cognitive transition, in the majority of children, that allows for at least some understanding of all three death-related components between the ages of five and seven, there still exists a wide range of acquisition across studies (Speece & Brent, 1984), which further studies do little to dispute (Brent, Speece, Lin, Dong & Yang, 1996). For instance, although a Piagetian based classification provides a framework of children's comprehension of death, Weber and Fournier (1985) find levels of understanding demonstrated by children within age groups to be so diverse *"...that it is nearly impossible to generalize cognitive understanding on the basis of variables such as age or sex"* (p.48). Likewise, other researchers caution against taking age references too literally, with the reminder that development is a multi-dimensional process to which life experiences are an additional critical factor (Corr et al., 2000; Webb, 1993). In instances whereby children above the age of two years have been helped to utilize encounters with the likes of dead birds or insects to comprehend the concept of death, the death of a loved one is easier to understand (Furman, 1974).

It would appear however, that from approximately age five (Black, 1998; Worden, 1996), with the emergence of late preoperational cognitive capacities, children seem to have little difficulty comprehending the finality of death (Christ, 2000). In spite of this understanding, when children at this stage make logical errors, they, most often, are unable to retrace their thinking to correct these errors. Their characteristic magical thinking then, as it pertains to the causes of death (Christ, 2000), together with their focus on themselves as the cause when bad things happen (Christ, 2001), readily disposes them toward logical errors (Christ, 2000), leaving them to believe that they have been instrumental in causing the death (Thompson & Payne, 2000). This may then evolve into guilt, self-blame (Christ, 2000) and, or hostility (Norris-Shortle & Young, 1993). Being a period in which language skills have matured significantly, children tend to speak freely and openly, providing evidence of the preoperational nature of their thought, the like of which includes the explicit desire to die in order to visit the dead parent (Christ, 2000).

Although research provides rough guidelines as to children's understanding of death, clearly much ambiguity still exists. Yet, as Corr et al. (2000) point out, even though children do not always view death as adults do, this does not imply that they have no concept of death. For example, children who think of death as sleep, have an understanding of death *"....however undifferentiated it may be from other concepts and however inadequate it* *may seem in the light of some adult standard..."* (Corr et al., 2000, p.310), and it is through this that they try to make sense of their experiences. Underscoring this, is that limited cognitive understanding does not preclude that young children do not feel and react to the death of a loved person with strong emotions and confusion.

Norris-Shortle and Young (1993) point out that the younger the child, the more complicated and uncertain attempts at interpretation may become. For instance, while an infant may have no capacity to say a person's name when that person dies, the infant may be acutely aware of, and overwhelmed by the surviving parent's distress. Likewise, young children may readily perceive that something very serious has occurred, so that immediate diffuse fear and lack of safety become a feature of their world (Ferrer, 2002). Concurring with this, Buirski and Buirski (1994) caution that it is in such instances, whereby children react in concrete or egocentric ways, or are unable to express what they are experiencing, that their grief is frequently misunderstood or denied.

On the basis of a lack of conclusions it would seem prudent to draw from the various critical points singled out by those who have combined research with experience. That is, that development progresses gradually from immature to mature understanding of death (Webb, 1993), that children's emotional reactions to separation exist very early and may predate a realistic concept of death (Worden, 1996), and, fundamentally, children do make an active effort to grasp or understand death (Corr et al., 2000). To this must be added, that from approximately age five, children's cognitive capacities appear to have developed sufficiently to enable them to understand something of the permanency of death (Christ, 2000; Worden, 1996). It is hardly surprising then that children between the ages of five and seven are identified by Worden (1996) to be a particularly vulnerable group. Whereas some of the ramifications of the loss may be comprehended, they still lack the ego and social skills to equip them for the intensity of the feelings of the loss. It is in light of this that these children warrant special concern (Worden, 1996).

2.5 Reactions of children to the death of a parent

Attempts to distinguish normative from pathological responses displayed by children, following parental death, remain fraught with confusion and uncertainty. This is largely due to the lack of systematic descriptions of how children's responses vary by their developmental status (Christ, 2001), the cyclical and repetitive nature of childhood bereavement (Huss, 1999), and that children's bereavement reactions, like symptoms, may be delayed (Buirski & Buirski, 1994).

On learning of a parents' death, young children's preoccupation with their own security needs and their continuity of their daily routines may likely be reflected. They are more inclined to verbalize concerns about whether they can still attend a much-anticipated event, such as a party, than to respond with immediate adult-like grief (Buirski & Buirski, 1994). Attempts at humour, or distressful pleas to return the parent may not be undue (Ferrer, 2002). For some children, there is the belief that just crying hard enough might get the parent to return (Worden, 1996). However, indicative of young children's efforts to cope against being overwhelmed by the loss (Corr et al., 2000), when crying and sadness do occur, this tends to be sporadic, with a quick return to play and activities (Christ, 2001). A young child may begin to request a replacement parent or indicate the desire for an intact family. Not uncommonly, the deceased parent may be located in a "place", with the conviction of an assigned function, such as keeping watch over the child, thereby enabling the child to "speak" with the dead parent (Christ, 2000; Christ, 2001).

Within this developmental period, symptoms of mourning appear to be non-specific. These include temporary irritability, toileting regression, sleep disturbances, somatic symptoms and increased separation anxiety (Christ, 2001). Inner turmoil may also be expressed through regressed functioning in speech, as well as concentration and learning difficulties (Buirski & Buirski, 1994). Children are reported to be significantly more aggressive and delinquent (Downdey & Wilson, 1999), with the highest rate of reported difficulties to be found in boys (Downdey, 2000).

In the year following bereavement, one child in five is likely to develop psychiatric disorder, which may even manifest in such a wide range of emotional and behavioural symptoms, so as to constitute a non-specific, yet severe disturbance (Downdey, 2000). Behaviours may include engaging in rituals, or efforts to withdraw from significant others (Ferrer, 2002).

A considerable number of bereaved children develop the clinical picture of a major depressive episode immediately following the death of a parent, of which guilt and, or, worthlessness, and suicidal ideation are features (Weller, Weller, Fristad & Bowes, 1991). Children who blame themselves for the loss, for one or other reason, are particularly prone to self-reproach and depression (Bowlby, 1980). Suicidal ideation however, may be understood in the context of hopes of reunion with the dead parent (Weller et al., 1991). This commonly held notion is particularly prominent when the irreversibility of death cannot be grasped (Webb, 1993). Alternatively, a bereaved child may develop a fear that he may also die, either through supposing that whatever caused the parent's death might well cause his own too, or, because the parent died young, the same fate would likely apply (Bowlby, 1980).

During the first year of loss, children's anxiety levels are observed to rise significantly. Although this may decline by the second anniversary of the death, the level of anxiety still appears to remain high (Worden, 1996).

As regards anxiety, Bowlby (1980) explains that it is hardly surprising that a child who has suffered one major loss should fear lest he suffers another. This increases sensitivity to any separation from whoever may be parenting the child, or any remark or event suggestive of another loss. These children may come to doubt the security of the lives of the people around them so that there is the steady emergence of undue concerns about being abandoned (Glass, 1991). As a result, the child is prone to be anxious and clinging in situations that appear to an adult to be innocuous, and is more likely to seek comfort by resorting to some old comforting object that is more appropriate to an earlier age. Similar considerations apply to anger, as this event evokes extreme anger in some children, which may be expressed in indirect ways (Bowlby, 1980).

Compulsive care-giving and compulsive self-reliance are not uncommon behaviours shown by bereaved children (Bowlby, 1980). A child may develop a pattern in which he becomes intensely concerned about the sadness of others and feels impelled to do all in his power to help and support them. Such efforts to alleviate others' pain may be as unobtrusive as attempting to be a model child, or ensuring not to trouble anyone (Ferrer, 2002). In this way the child's sadness and yearning to be cared for can be suppressed. This suppression can also take the form of compulsive striving to be grown-up and independent, in the hope of meeting the expectations of the deceased (Bowlby, 1980). Children may also engage in restorative behaviour, such as behaving in a manner that distracts the parent so as to try and protect the distressed parent (Stokes et al., 1999).

For a young child, a loss of self-esteem is a significant risk factor when a parent dies (Furman, 1974). Of particular concern is that this effect may not become clear until two years after the death, by which time significant lower self-worth may be observed (Worden, 1996). This may also be exacerbated, in that, in losing a caregiver children claim to be "different" from their peers (Thompson & Payne, 2000) and feel stigmatised and isolated (Schilling & Koh, 1992). Such perceptions may manifest through a sense of worthlessness and being undeserving, which, when compounded with feelings of emptiness and disconnectedness from those around, potentially become an ongoing burden with which the child may grapple (Ferrer, 2002). Similarly, the perception of being in control over life's circumstances, that is, self-efficacy, lessens considerably both one and two years after the death (Worden, 1996).

While some studies do fail to find a lack of significant changes in some bereaved children, both eight weeks after the death of a parent (Fristad, Jedel, Weller & Weller, 1993), and even after two years (Huss, 1999), this appears to be more a function of the cyclical nature of childhood bereavement, than a lack of impact (Huss, 1999). It may well be that as younger children and children with unrealistic concepts grasp the permanency of their loss, symptoms may steadily increase over time (Schilling & Koh, 1992). This view is consistent with the continued appearance of behavioural symptoms observed in children in the fourth post-bereavement year, even though grief manifestations had diminished significantly earlier (Kaffman & Elizur, 1983).

In so far as emotional and behavioural responses are so diverse, clearly bereaved children use the resources available to their age and stage of development to maintain their equilibrium (Buirski & Buirski, 1994). This does however indicate the difficulty at times, even for clinicians, to distinguish between what can be regarded as normal responses to loss and those that are aberrant (Worden, 1996). As Webb (1993) argues, the various forms applicable to adult grief gone awry, such as "unresolved," "absent," "inhibited," or "delayed" grief, could, for children, because of their age-appropriate inability to bear the pain of extended grief, be considered the norm. Timeliness is also not a useful consideration in evaluating children's grief, as children's grief must be expected to require a considerable passage of time before expression and eventual resolution (Webb, 1993).

To this end, the various "red flag" behaviours (Worden, 1996, p.147) displayed by bereaved children, which include difficulty talking about the dead parent, aggression, anxiety, somatic complaints, sleeping or eating disturbances, marked social withdrawal, school difficulties and self-blame, although always warrant addressing, are not necessarily untoward by their presence. Rather, it is the duration, or persistence, as in a number of months, of such symptoms (Worden, 1996), and, or, the degree of their intrusiveness, into the child's life, that suggests the grief has become "disabling" (Webb, 1993, p.21). Undoubtedly, irrespective of the length of time involved, self-destructive behaviour or fantasies, such as "going to heaven to be with the deceased," provide reason for urgent concern (Webb, 1993; Worden, 1996). Ultimately, judgement as to whether the grief has become all-encompassing and detrimental would appear to rest on whether a child's social, emotional, or physical development shows signs of interference (Webb, 1993).

It would appear that the line of demarcation between healthy and pathological responses to a parent's death is one of great fragility. Yet, for Bowlby (1980), there is nothing inherently pathological about children entertaining many of these fears, nor in responding in accordance with them. What makes for pathology is when these go unrecognised, or more seriously, when the circumstances that have exacerbated children's fears are either suppressed, or disclaimed by the surviving parent or surrogate "*...for that is how an intelligible response becomes transformed into a mysterious symptom*" (Bowlby, 1980, p. 351-2).

2.6 The impact in later life

Extensive reviews of the wealth of literature, that have previously been undertaken, point to early parent death as a risk factor for later psychopathology (Berlinsky & Biller, 1982; Finkelstein, 1988). However, these conclusions have primarily been generated from empirical studies of clinical populations. In contrast, the dearth of studies amongst adults who have suffered early parent death, but do not evidence overt psychiatric symptoms, fail to provide clarity as to the impact (Barnes & Prosen, 1985; Dietrich, 1984; Hurd, 1999; Krause, 1993; Krause, 1998; Rainieri & Lester, 1997; Sklar & Harris, 1985).

It is argued that feelings, behaviour and understanding can change over time, dependent on factors such as the relationship to the deceased, the context of bereavement and access to support and resources (Stokes et al., 1999). The implication is that certain "risk" factors may not be sustained over time or may be precipitated by significant life events. For instance, a child may perform appropriately at school, and seemingly adjusts well to bereavement, but may later experience difficulty. As development ensues then, the loss, as a concern, may be absent, only to re-emerge even more than two decades later, so that the early bereaved child undergoes some form of active mourning in adulthood (Ferrer, 2002). Similarly, Sanders (1999) suggests that as the child gains more experience in later life, including the death and dying of others, difficulty in dealing with these issues could surface in the face of a current loss. This notion of the "sleeper" effect, in which disturbances or vulnerabilities re-surface in response to later stress, or loss, remains however largely untested (Downdey, 2000).

Berlinsky and Biller (1982) suggest that research pertaining to outcomes of early parent death has been guided by assumptions about the way in which bereaved children are likely to behave. Attempts to identify areas of convergence across studies find an association with early father death and later emotional disturbance, delinquency, criminal activity and deficits in cognitive-academic functioning. As compared to children from other family backgrounds, parentally bereaved children seem to be more submissive, dependent, introverted and less aggressive (Berlinsky & Biller, 1982). For Schilling and Koh (1992), the only areas of convergence include that young childhood is a period of great vulnerability, that the risk of childhood depression is higher for bereaved children, and that adult depression is associated with early childhood loss.

Dietrich (1984) concludes that amongst those functioning in general society, 50% of individuals who had lost a parent by death during childhood tend to be characterized by a serious disturbance in their psychological health. Males, prior to age seven, seem to be most susceptible to this loss, which Dietrich (1984) attributes to the different developmental requirements for boys and girls. In contrast, Berlinsky and Biller (1982) purport that children under seven, of both sexes, are particularly vulnerable.

The preponderance of studies concerning emotional disturbance manifested when the bereaved child reaches adulthood pertain to depression and suicide (Berlinsky & Biller, 1982). Finkelstein (1988) argues for a strong association between early mother death and severe forms of depression, while the relationship of early parent death with alcoholism and other forms of depression is suggested. Within the general population, milder effects, including adaptive compensatory efforts are alluded to. In sharp contrast, Barnes and Prosen (1985) suggest the most significant association to be between father loss and depression, particularly prior to the child reaching age six. Although a higher incidence of suicidal behaviour among adult psychiatric inpatients who have experienced loss of a parent has been shown (Berlinsky & Biller, 1982), the same has not been the case in a non-psychiatric population (Rainieri & Lester, 1997). Finding no confirmation for the later behaviour disorder hypothesis, Hurd (1999) argues against depression as an inevitable outcome of childhood bereavement. However of equal importance is that clearly, years after a childhood bereavement experience, some adults do still suffer emotionally, in some or other manner, as a result (Ferrer, 2002; Hurd, 1999; Kirk & McManus, 2002).

Within a non-psychiatric population, support for early parent loss as a powerful pathogenic influence is evidenced through abnormally elevated MMPI scores. Sklar and Harris (1985) believe this to reflect different manifestations of anxiety: directly, by fearfulness; behaviourally, by hyperactivity or impulsivity; or indirectly by defences such as somatization, withdrawal and passivity. It is argued that heightened anxiety may be triggered by parent loss in childhood, which may then sensitise the child to anxiety through adulthood (Furukawa, Mizukawa, Hirai, Fujihara, Kitamura & Takahashi, 1998). In such instances, efforts to contain the anxiety may be experienced as a relentless struggle (Ferrer, 2002). However the defences may contribute to incomplete mourning with consequent feelings of guilt, emptiness, personal ineffectiveness and suppressed anger, and thereby increased depression (Sklar & Harris, 1985).

Worden (1996) hypothesizes that the most important long-term consequence of early parental death may be neither depression nor anxiety. Rather, it may be a continuing sense of emptiness and an ongoing need to rethink who this parent would have been in the now adult's life, should the parent have lived. In accordance with this, recent study indicates that indeed, early bereaved children may experience diffuse feelings of emptiness which may come to resemble a *"void,"…… "a space that no-one else ever filled"* (Ferrer, 2002,p.73). Likewise, an ongoing meaning-making process may ensue, in which a perceived role is assigned to the dead parent, along with a sense of maintaining a continued relationship of some form (Ferrer, 2002).

A common theme to early parent loss centres on changes in roles and responsibilities in the family. For instance, a child may assume a confidant role with the mother, and an older son may be asked to carry out the role of man in the home. Maintaining generational boundaries may be difficult (Gass-Sternas, 1995) as early bereaved children find themselves compelled to assume adult-like responsibilities that would not otherwise be demanded should the parent not have died (Ferrer, 2002). In a related vein, it is argued that when personal identity is strongly connected to the deceased, it necessitates restructuring of a new identity. This too would likely demand the relinquishing of previously-held roles (Sanders, 1999). Changes may also take the form of interference with the educational process, which then sets in place a lifelong barrier to greater financial security. The resulting economic problems may in turn exert an especially deleterious influence on perceptions of personal control (Krause, 1993). This loss is also thought to evoke the tendency to have a less satisfactory adjustment to stressors as adults, which then acts to compromise physical health in later life (Krause, 1998).

Early parental bereavement could however be construed as an event that acts as an impetus for an individual to assume greater responsibilities and challenges. For instance, Finkelstein (1988) cites the study by Eisenstadt (1978), in which early father death has occurred more frequently amongst prominent individuals listed in the Encyclopaedia Britannica. In perceiving the death as a response to one's value as a person, and thereby as a blow to self-esteem, this may predispose the individual toward accomplishments which serve to alleviate fears about one's worthiness. Alternatively, idealization of the deceased parent may lead to inordinate strivings in an effort to meet the standard that the deceased parent is felt to represent (Finkelstein, 1988). To a lesser degree, the early loss may merely evoke a sense of living in wonder of the deceased parent's perceived approval (Ferrer, 2002). In a similar manner, instead of the disruption of the parent-child bond leading to future impairments in the individual's capacity to develop relationships, the loss may paradoxically prompt socialization (Furukawa, Yokouchi, Hirai, Kitamura & Takahashi, 1999).

These variations in outcome of early parent loss demonstrate that the effects upon the adult are both disparate and not specific. Adding further to this lack of clarity is that no longitudinal studies of children have been conducted (Black, 1996) and that studies amongst those who are functioning in general society are limited (Berlinsky & Biller, 1982; Finkelstein, 1988).

Irrespective of the outcome though, of salience to Furman (1974) is that this early loss "*...engenders a longing of incomparable amount, intensity, and longevity*" (p. 16). The young child's life, Furman (1974) contends, is from then on shadowed by the death of the parent.

2.7 Mourning in early childhood

Taking into account the aforementioned discussion, it becomes necessary to return to the tasks of mourning, as this pertains to young children, and the surrounding conditions in which this potentially occurs.

Like adults, children must believe that the deceased is indeed dead, and will not return, before the emotional impact of the loss can be negotiated (Worden, 1996). Clearly, however, immature cognitive development interferes with this task. The low capacity to tolerate acute pain for long periods, characteristic of childhood (Webb, 1993), too has bearing on the tasks of mourning. Children need to approach working through the pain of grief gradually, and in ways that do not overwhelm their coping capacity (Worden, 1996), so that their retreat from death, from time to time, serves as a coping mechanism (Corr et al., 2000). Undoubtedly, this task is further hampered by young children's limited ability to verbalize their feelings (Webb, 1993).

The adjustment to an environment in which the parent is missing, is, likely, to be a task that is renegotiated through the various developmental milestones, or other transitional points over time (Worden, 1996). Because such adjustment is not only applicable to the roles held by the parent, but also to a sense of self (Worden, 1991), the developing years may also introduce a renewed quest for, or consolidation of, identity (Ferrer, 2002). Similarly, the task of emotionally relocating the deceased parent is potentially, for children, an ongoing process. This would rest largely on how adjustment to the environment without the parent has been negotiated (Worden, 1996). In retaining this relationship in some form, as part of the child's life experience (Ferrer, 2002), early bereaved children are afforded a source of comfort and ego integrity (Christ, 2001).

Faced with these tasks, it becomes clear that children, with added vulnerability, encounter much the same formidable challenges, as do adults, following significant loss. But adaptation to a parent's death is a process with a context, not an isolated one-time event (Christ, 2001). Moreover, as Bowlby (1980) emphatically argues, and which further study corroborates (Hurd, 1999), the course of mourning and adjustment is, for children, inextricably intertwined with the surrounding conditions. The extent to which these have the power to increase vulnerability (Bowlby, 1980), may see any attempts to master stressful conditions around the death posing an arduous mental task for a young child, separate from, and which jeopardizes that of mourning (Furman, 1974).

The primary source of support for bereaved children could readily be assumed to rest on the immediate and surviving family. Yet, as gleaned from professionals working directly with bereaved families, not only is this belief over-optimistic (Stokes et al., 1999), rather, family responses may be hindering of the grief process (Kirk & McManus, 2002). Granted, under these circumstances, a surviving parent who is immersed in grief, with its accompanying self-absorption, is not likely to be empathically attuned to the emotional needs of a young child (Buirski & Buirski, 1994), but, not uncommonly, incongruous verbal or non-verbal cues, such as acting stoically around a young child, are also imparted, communicating that mourning is unacceptable (Furman, 1974).

Many of the conditions that obtain both at the time of a parent's death and subsequently also... *"arise from the fact that a child is even less his own master than is a grown up"* (Bowlby, 1980, p.291). When a death occurs an adult is likely to receive prompt and detailed information, whereas children are entirely dependent for their information on the decision of surviving relatives. In the event that information is not forthcoming, they are in no position to institute enquiries. In this regard, given commonly-held notions that children cannot understand this knowledge, are best protected from it (Black, 1996), or because of their lack of understanding, cannot grieve (Wass, 1991), appropriate information of a parent's death may be decidedly lacking (Ferrer, 2002; Kirk & McManus, 2002). Faced with silence or lies then, children are prey to an imaginative process which tends to reinforce loneliness (Kübler-Ross, 1991). Similarly, whereas adults can seek further for understanding and comfort when exchanges prove unhelpful, children are rarely in a position to do so (Bowlby, 1980).

Unlike adults, young children have had no experience surviving without some continuous presence of an attachment figure. Should the situation be exacerbated through the loss of both parents, and, or, by being transferred into the care of others, the sense of being alone in a strange world is, undoubtedly, more devastating (Bowlby, 1980). It is no wonder then, that amongst the crucial concerns of bereaved children is the question of who will now provide for their care (Worden, 1996).

As a consequence of having limited knowledge of issues of life and death, children are apt to make false inferences from the information that is received and that which is observed, or overheard (Bowlby, 1980). This also implicates the many euphemisms related by adults, the like of which include that the deceased is *"sleeping peacefully," "went on a long trip,"* or *"was so good that God took him."* At the literal level of young children's understanding, these translate into concrete and frightening interpretations and so augment confusion (Norris-Shortle & Young, 1993). Confrontation with facts then is merely postponed (Wass, 1991).

Just as the information provided to the bereaved child is of critical influence on a young child's mourning, so too is participation in family grieving (Bowlby, 1980). Yet, when preparation for death-related rituals, or the actual event occurs, children are often excluded, sometimes with little or no explanation (Ferrer, 2002; Norris-Shortle & Young, 1993). Albeit that no child should partake in any mourning activity without appropriate and explicit preparation (Worden, 1996), nor without suitable assessment to determine readiness (Norris-Shortle & Young, 1993), in that this may in itself evoke profound additional psychological disturbance (Worden, 1996), the exclusion of children from any family grieving rituals, without sufficient information, tends to be misconstrued by young children. In knowing that something serious has happened, this may constitute abandonment or punishment for some unknown evil they have committed toward the deceased, or the family (Norris-Shortle & Young, 1993).

In turning to the role of society, discussion about death with children has, in the past (Grollman, 1991), and continues to stimulate a powerful taboo (Webb, 1993). In fact, Stein (2003) draws attention to the phenomenon that silence around death is typical of most societies and is not limited to dealings with children. To compound this, societal disapprobation of HIV/AIDS engenders family secrecy around causation of death (Gray, 1991), as well as secrecy of feelings (Ussher, 1991) when AIDS is implicated. In such instances survivors are placed in a marginal position in society, which creates a particular case of disenfranchisement (Corr et al., 2000). Not only does this act to exacerbate the painful experience of the death, but for children, harbouring a lie becomes an immense burden (Gray, 1991).

For those children in lower socio-economic groups, there is an increased likelihood of parental bereavement. When families and communities are already under stress in their everyday lives through deprivation, the additional events and trauma of bereavement lessen their coping capacities and resilience to a considerable degree (Mõrland, 1999). Needless to say, a child's adaptation to the death of a parent is powerfully influenced by the multiple stresses of poverty and disadvantage (Christ, 2001).

Apart from those which are more obvious, many of these conditions could be deemed so inconspicuous as to suggest, that in enduring the loss of a parent, this burden may be made, so unduly, more leaden. An implicit, and so added, dimension of this would appear to be the reluctance of adults to share information and feelings with bereaved children. All things considered, on analysis of the circumstances and psychology of a bereaved child, particularly when highlighted against that of adults, Bowlby's (1980) contention of these factors as contributors to the theory that negates that children can mourn, assumes greater credence. That being the case, as Grollman (1991) poignantly asks, *"Where can one turn in tragedy if no one will admit that there is a tragedy?"* (p.3).

2.8 Conclusion

This chapter has attempted to illuminate the processes that transpire following the death of a parent in the pre-school years. Despite contention over whether children undergo a mourning process, very young children do indeed appear to hurt and grieve. While chronological and cognitive factors do play a role in this process, to attribute to these factors alone whether mourning follows a healthy or pathological course, is to ignore the complexities of this experience. Nevertheless, the behaviours demonstrated subsequent to the loss of a parent point to the magnitude of this trauma in the young child's life.

Overall, the literature demonstrates the disparity of this experience as it acts upon the adult throughout life. It would seem that the feelings that this loss gives rise to are channelled in very diverse ways. Perhaps then, this is not necessarily the "lifelong burden" posited by Furman (1974), but neither could it be expected not to imprint on the individual's life in some manner.

Amidst these discrepancies, that which does appear to emerge with some clarity, is the intense vulnerability of pre-school children, particularly between the ages of five and seven, when either one, or both parents die. As a function of both their developmental characteristics and the surrounding conditions, it may be deduced that they are readily overlooked in their grief. Possibly, in floundering in this experience, many children may indeed be failed, even inadvertently, by the immediate people in their lives, and society at large. In attempting to address this, there is clearly the need to deepen understanding of bereavement in young children. This begs the question then, as to what it is like to experience such a loss in the early years of life, and in so doing, to hear the voices of bereaved children.

Chapter three

Responding to childhood bereavement: treatment issues

3.1 Introduction

The ubiquitousness of death with its characteristics of inevitability and universality could readily suggest that intervention should not be necessary to assist individuals through an essentially normal life passage. However, having considered the developmental characteristics and conditions which inherently alter the experience of death in childhood, undoubtedly, the conclusion to be drawn is that the situation of the bereaved child is different. It is in view of this fact that Webb (1993) contends that *"waiting for the child to work it out according to his/her individual timetable sounds respectful and logical"* but, may also engender..."*the unfortunate stance of joining the child's helplessness and hopelessness*" (p.22). Yet, as with other issues pertaining to childhood bereavement, opinion as to the appropriateness of interventions, is not without wide variance. For the purposes of this study, concerns relevant to intervention and service provision for bereaved children, are elucidated.

3.2 Models of intervention

In considering service provision for bereaved children, there are essentially three potential approaches (Stokes et al., 1999; Worden, 1996). Intervention can be offered only where an observable level of emotional and behavioural problems, or psychological distress, is displayed. This case-by-case basis is the most commonly-used approach (Webb, 1993; Worden, 1996) and characteristically, the grief has become complicated (Buirski & Buirski, 1994). In this regard, Buirski and Buirski (1994) argue, that without sufficient psychological sophistication and some level of detachment to view the young child's grief, the child's symptomatic behaviour, as the symbolic expression of unresolved grief, is likely to go unrecognized. Certainly, with specific reference to this study, the inability of surviving parents, or caretakers, to understand the preoperational thought of their bereaved children (Christ, 2000) is disquieting. More so, while some children demonstrate symptoms externally, others do not, so that behavioural criteria become an unreliable indicator of the need for support (Stokes et al., 1999).

An alternative approach argues for the early identification, by use of a screening measure, for the purpose of timely intervention, of those children considered to be at risk. As the preferred philosophy by Worden (1996), this perspective assumes that the likelihood of long-term negative sequalae can be reduced. However, Stokes et al. (1999) doubt the possibility of the development of such an effective screening measure that would be valid and reliable over time, and across differing populations. Furthermore, there is insufficient evidence to indicate at what point in time, following a death, such a tool should be administered (Stokes et al., 1999).

A third option, which rests on the assumption that losing a parent is a significant stressor for any child, and that intervention can preclude negative effects, considers offering intervention to all bereaved children and their families (Stokes et al., 1999; Worden, 1996). For Worden (1996), both the need and the cost-effectiveness of this approach remain questionable

3.3 The current status of service provision: debate and challenges

Undeniably, it is not inevitable that all bereaved children require specialised intervention (Morland, 1999; Stokes et al., 1999; Webb, 1993; Worden, 1996). There is also the concern that children's bereavement should not be over-professionalized (Barnard & Morland, 1999; Kirk & McManus, 2002). Yet, taking into account that *"....children who lose a parent to death obviously suffer and have much to cope with"* (Worden, 1996 p.139), this does not suggest that no level of support can be offered at all, if merely, to encourage *"...conversations that may otherwise go unvoiced"* (Stokes et al., 1999 p.292). It is on this basis that the argument for primary prevention emerges. For instance, Black (1996) purports that counselling after bereavement is one of the few preventative interventions shown to promote mental health in adults, and that there is no reason to believe that the same does not hold for children. This author further contends that apart from preparing a child for bereavement, and supporting caretakers after bereavement, primary prevention involves talking openly with children about their experience. Then, if necessary, the level of intervention could be advanced (Black, 1996). Consistent with this view, bereaved children who receive psychological assistance shortly after the death do fare better (Schilling & Koh, 1992); a favourable outcome is associated with bereaved children who are offered a simple intervention, centred around discussion of the dead parent and expression of feelings (Black, 1991); and, relatively short-term help can be effective in areas such as self-esteem and problem behaviours (Stokes et al., 1999).

Nonetheless, a serious mismatch between service need and provision is indicated, and even more so in the case of pre-school children (Downdey & Wilson, 1999). Certainly, in South Africa, the majority of counselling services, typically non-governmental organizations, are not directed toward children, with few working specifically with children in distress. Indeed, despite media attention devoted to the plight of AIDS orphans, with regard to orphans and vulnerable children, psychosocial support has been a sorely neglected area (Stein, 2003).

In addressing this lack of support for such children across Africa, Stein (2003) identifies several factors. These include the difficulties in finding workable means for attending to children who are wounded by loss, which is exacerbated by community denial, and the focus by programmes on providing for the material needs of children, rather than on emotional support. Yet, equally so, poverty, as a dire reality, serves as a detractor of psychological support interventions. In addition, this area is seldom highlighted as a priority focus for research and intervention funding. Rather, the academic literature appears to be predominantly concerned with the threat of massive social dislocation and breakdown posed by such children, and the subsequent impact of this on society as a whole. In such, the plight of the children themselves, is minimized (Stein, 2003).

What would appear to underlie this stance is that, whether an adult caregiver, a practitioner or researcher, talking directly to children about death tends to be avoided. *"Clearly...,"* argues Stein (2003)*..." it takes courage to talk directly to children about death"* (p.18). Yet, as further highlighted by this author, the avoidance of such appears to infiltrate into academia as well, so that models of child psychology and bereavement, relevant to the contexts that characterize the Southern African region, remain, for the most part, undeveloped.

Furthermore, as matters stand, bereavement is an area of practice in which the norm is for services to be utilized predominantly by those from middle and higher socio-economic groups (Morland, 1999). Implicit in this, is that literacy, language skills, and verbal reasoning become necessary prerequisites for those who wish to gain access to bereavement services. As a consequence, for those who are less confident verbally, and less able to express their needs through a particular cultural context, the likelihood of receiving support is minimal. Morland (1999) attributes this to the discretionary, as opposed to statutory, service of bereavement work, with its strong affiliation to a therapeutic view, which, not uncommonly, is highly reminiscent of the doctor-patient relationship.

Even with the best intentions however, for those whose interest lies in establishing and attempting to seriously evaluate a long-term bereavement service, Morland (1999) issues an emphatic *"warning"* (p.66). This is largely based on the *"notoriously difficult"* methodological challenges (Curtis & Newman, 2001, p.489) intrinsic to this work, as evidenced by the few studies undertaken to determine programme effectiveness (Huss, 1999; Kirk & McManus, 2002).

Of these many difficulties, there is the fact that as bereavement is not a homogenous phenomenon, the possible combination of variables is manifold (Curtis & Newman, 2001). Apart then, from the complexities in the identification of samples of bereaved children, attempts to increase sample homogeneity may actually result in the exclusion of the most vulnerable children (Downdey, 2000).

The choice of measure to be used becomes an added complication (Downdey, 2000). In terms of ease, speed and provision of data for comparison, standardised measures are advantageous, but given that they cannot easily provide information on disturbance that is specific to childhood bereavement (Downdey, 2000), it follows that they may be too general to capture the specific change targeted by bereavement intervention programmes (Huss, 1999). This, no doubt, remains hindered by the perpetual lack of distinct agreement as to what emotional and psychological responses, to the death of a parent, constitute a need for treatment (Kirk & McManus, 2002). The choice of measure, or lack thereof, is particularly pertinent concerning young bereaved children, for they simply cannot answer questions that they do not really understand (Morland, 1999), so that even on evaluation of intervention effectiveness, there exists the inadequate representation of particular age groups, notably, children under the age of eight years (Downdey, 2000). Those researchers who do attempt to incorporate young children in bereavement studies face a further consideration in discerning who, other than the child, constitutes, a satisfactory informant. As is apparent, parental perception may underestimate child disturbance (Fristad et al., 1991) and is often influenced by the surviving parent's own psychological status (Downdey & Wilson, 1999).

There too arises the decision concerning the intended objectives of a particular methodology. The relevant foci may present a vast array of possibilities, such as whether to achieve a greater understanding, or emotional resilience, and the like. Once again, the question of how to measure these factors emerges, or, if indeed, whether, being predominantly qualitative, they are measurable (Morland, 1999). For Morland (1999), it is the obvious concern of outcome, which underlies any measure of intervention, that remains nebulous. Exemplifying this, he questions: *"What is meant by 'improvement' – removal of symptoms or adaption to loss? What period of time is required for improvement – one year or ten?"* (p.66).

It is in this vein that Morland (1999) likens many methods of current evaluation to an *"audit review"* (p.66) and adds that *"...there is something of a gap between the academic rigour of social scientists and the practical knowledge of practitioners"* (p.66). In effect, the empirical research that exists on the psychosocial needs of children seldom accesses the expertise of practitioners working in the field (Stein, 2003). In part, this refers to the tendency to characterize a practitioner's experience as being anecdotal, of an unsound basis for making clinical observations, and insufficient to produce widely applicable principles. However, also implicated, is the inclination to conform a research design to a particular paradigm, in an effort to achieve results of greater reliability (Morland, 1999).

Nowhere does this seem to be as strikingly evident, as on review of the empirical evidence that seeks to discern whether community-based services are of benefit to bereaved children. On review of the nine relevant studies (Curtis & Newman, 2001) which sought to quantitatively measure children's behaviour and emotions, there exists only moderate evidence of positive outcomes, which is further compromised by methodological weaknesses in the study designs. However, across the same range of studies, of those that simultaneously employed qualitative reports, the majority indicate substantial benefits. Included in these benefits are increased ability to cope, understanding of death and bereavement, improvement in emotional well-being and ability to discuss the loss (Curtis & Newman, 2001). Similarly, other attempts to examine the effectiveness of interventions with bereaved children, through measuring three well-documented characteristics related to bereavement, namely self-esteem, depression and inappropriate behaviour, too indicate a lack of statistically significant changes (Huss, 1999). This lack of effect is however contradicted by both facilitator's observations and participants' self-reports (Huss, 1999).

Nonetheless, it is the lack of empirical evidence that leads to the contention that evidence is too weak to make judgements as to the effectiveness of community-based interventions for bereaved children. The conclusion thus drawn by Curtis and Newman (2001) is that given their *"....present state of knowledge...caution may be the best policy"* (p.492). However, the extent to which such a conclusion could be considered as a determinant for service provision may perhaps necessitate some measure of prudence, particularly in light of the argument that holds that, in this field, *"it would be risky to rely too heavily on the diagnostic techniques"* (Morland, 1999, p.68).

3.4 An alternative approach

Not surprisingly, from such discussion, diversity of opinion, regarding services for bereaved children, ranges from the impassioned appeal for the routine inclusion of death education units in the school setting (Webb, 1993), to the measured advisory that intervention is not without risk for vulnerable clients (Schilling & Koh, 1992). It is discrepancies of this nature that have generated an alternative stance by child bereavement specialists, wherein the emphasis is shifted onto flexibility, accessibility and relevance, while upholding the value of sensitivity to the needs of the population (Barnard & Morland, 1999; Morland, 1999; Nagy, 1999; Stokes et al., 1999). A central tenet within is the recognition of *"..the child's ordinary life as a place for recovery, growth and development"* (Barnard & Morland, 1999, p.7).

This standpoint favours the availability of community-based services for all bereaved children, and their families, toward meeting the primary needs of bereaved children. Certainly, targeting the family unit may serve as an added benefit in this instance (Black, 1991; Worden, 1996). However, whereas psychiatric-based interventions are concerned with the reduction of symptoms such as depression, anxiety, enuresis, and the like (Stokes et al., 1999), the aims associated with this type of programme are different (Morland, 1999; Stokes et al., 1999). The focus then, is on the rendering of basic death education, education and support for those who form part of the bereaved child's environment, and, of crucial import, the provision of peer support. The inclusion of activity, as a channel for the expression of feelings, through action, and as an adjunct to words, serves to complement such an approach (Barnard & Morland, 1999; Nagy, 1999). In their argument for the success and wide applicability of this *"low-technology tool"* (p.8) type model, Barnard and Morland (1999) advocate a process of action learning, so that progress is derived through entering into dialogue with bereaved children, and the subsequent reflection on the children's experiences (Nagy, 1999). This permits the use of evaluation by open enquiry (Morland, 1999). In so doing, a vital aspect of child bereavement work is acknowledged, that is, *"the value of listening"* by carers and professionals, and the *"value of story-telling"* by those in need of support (Barnard & Morland, 1999, p.10). In turn, there is the avoidance of increasing children's powerlessness at a particularly vulnerable time in their lives. Not only does this potentially play a role in normalizing the experience of bereavement, but may even act to further the avoidance of stigma (Stokes et al., 1999). Furthermore, this philosophy is not predicated on the need to create a professional élite, such as bereavement specialists, to provide and facilitate this kind of service (Morland, 1999). Alternatively, it seeks to make use of a core structure of paid staff, supported by local trained volunteers (Barnard & Morland, 1999: Stokes et al., 1999), which also addresses some of the valid concerns of funding, developing and sustaining services (Stokes et al., 1999). With regard to these concerns, Stokes et al. (1999) note that the small number of services that have been established along parallel lines, have been developed *"... with little more than a commitment to provide a much needed service"* (p. 305). In addition then, to this low-technology type of intervention being cost-effective, it also does not impact adversely, to any degree, on existing social and cultural relationships. Rather, it aims to safeguard the knowledge and skills held by the local community through incorporating the principles of empowerment and participation (Morland, 1999).

Arguably, this is not the only way to develop a bereavement service for children, but it is, as Morland (1999) comments... " *'a' way that succeeded"* (p.70). Notwithstanding that the establishment of such services is bound to introduce logistical obstacles, evidence suggests that such obstacles are not insurmountable through the use of this type of model (Morland, 1999; Nagy, 1999; Stokes et al., 1999). It is in fact this style of intervention, that is community-based, that has been successfully applied in the South African context, and in this way, been of particular relevance in terms of empowerment and advocacy (Edwards, 1999). Given the gap in support at the primary care level for bereaved children then (Downdey & Wilson, 1999), this would appear to offer a viable form of intervention for our vulnerable children in the South African society, in a manner that is prompt, non-stigmatizing and culturally responsive (Stokes et al., 1999). Indeed, to adopt a preventative approach, with regard to childhood bereavement, is to suggest an economic as well as a humane social investment, in that ".. *in the long term, evidence will be that the experience of bereavement no longer leads to increased likelihood of referrals for depression and other clinical disorders in adulthood"*(Morland, 1999, p.69). Perhaps, over and above the focus on the suffering of the bereaved child, the notion that early assistance can help to prevent the development of later emotional and psychological problems (Worden, 1991) may be held as the basis for establishing programmes and eliciting the necessary support. Certainly, as Stein (2003) argues, the challenge for researchers is to pay more attention to strategizing the way in which their research findings are used to motivate policy makers, to increase funding for relevant service provision, which, to date, has fallen markedly short.

3.5 Treatment principles for work with bereaved children

Undoubtedly, this plethora of research obstacles, and the lack of unanimity of approaches toward service provision, have been contributing obstacles against ascertaining a distinct agenda for working with grieving children. Adult treatment issues for bereavement still predominate (Kirk & McManus, 2002), to the extent that guidance for therapists working with bereaved children is described as *"scanty"* (Webb, 1993, p. viii). Illustrating this, Corr et al. (2000) state, that *"the basic principle in helping children cope with death is more a matter of attitude that one of technique or easily definable skills"* (p.320). However, despite the sparse literature concerning the mourning of, and interventions for young children who suffer loss (Downdey & Wilson, 1999; Kirk & McManus, 2002; Tait & Depta, 1993; Thompson & Payne, 2000; Webb, 1993), various treatment principles are considered fundamental to this work.

Notwithstanding varying grieving styles, there exists some uniformity of needs that pertain to the majority of bereaved children, so that the meeting of these needs, together with theoretical principles, offers a sound focus for intervention (Norris-Shortle & Young, 1993; Wass, 1991; Webb, 1993; Worden, 1996). Doubtless, intervention always assumes the prerequisites of the integration of knowledge of developmental differences, and of developmentally different mourning and grief experiences (Christ, 2001). This then presupposes respect for what young children bring with them to the grief experience, without expecting more of the child than is developmentally appropriate (Webb, 1993).

Unequivocally, all bereaved children need information as a foundation for effective grief work. When the situation allows for exploration, bereaved children of all ages are well able to formulate questions. Their many questions about death and dying reflect children's efforts to make sense of causes of death, lifespan, doctors, dead body and grieving feelings (Thompson & Payne, 2000), as well as to the facts surrounding a specific death, and, death itself (Corr et al., 2000). Aside from which children's questions evoke knowledge, it is in the mere act of valuing a question through which a child's involvement is validated, which at this time of heightened vulnerability is considered to play an essential role in bolstering self-esteem (Thompson & Payne, 2000).

Needless to say, the imparting of this information is characterised by sensitivity, simplicity, clarity and truthfulness (Cook & Oltjenbruns, 1998; Corr et al., 2000; Grollman, 1991; Kirk & McManus, 2002; Wass, 1991; Worden, 1996). Effective communication is also dependable, avoidant of euphemisms and inconsistencies, so that even if it is not the whole of the available truth, the child is able to rely on that which is provided (Corr et al., 2000), and which then serves as a foundation for deeper understanding later on in life (Cook & Oltjenbruns, 1998). In this sense, the admission of what is unknown, rather than the fabrication of explanations, promotes trust (Corr et al., 2000). Nevertheless, of greater emphasis than concentrating on the "right" answers, is the creating of an environment in which there is a sense of safety to express fears or uncertainties (Grollman, 1991; Thompson & Payne, 2000).

Although children's questions likely reflect their level of understanding of death, they often, more notably, reflect the meaning of their loss (Thompson & Payne, 2000). To this end, as with the necessity of validation of their questions, concepts and language, so too is the validation of feelings so paramount (Corr et al., 2000; Worden, 1996).

Children also need help with overwhelming feelings, so that that which is too intense to verbalize may be facilitated through the use of alternative media, and, or activity, in a manner that is non-threatening (Morland, 1999; Worden, 1996). Equally relevant, is that admonitions or pressure to show more feeling, may seriously compromise a child's recovery (Norris-Shortle & Young, 1993; Worden, 1996).

Particularly in the early developmental stages, when egocentricity is so prominent, the typical concerns of bereaved children can be summed up by the questions of: Did I cause it? Can I catch it? Who will look after me? Clearly, it is incumbent upon the practitioner to alleviate any issues of culpability and, or contagion, together with the provision of appropriate reassurances as to the matter of the child's care (Worden, 1996). In addition to addressing these anxieties, Wass (1991) emphasizes that any work with bereaved children needs to ensure that certain understandings are reached. These include that the parent did not die on purpose; that the parent did not want to die; that the parent can never return and, that the parent was not angry with the child, but, in fact, loved the child. Ultimately, being in their own vulnerable and dependent state, children seek reassurance far more than they do extensive discussions about death (Norris-Shortle & Young, 1993).

In their striving to cope with death, children express the need to understand concepts with respect to some type of continued life form and spirituality (Thompson & Payne, 2000). As with all family, social, religious and cultural factors, this implies recognition of, and regard for, the particular belief system of any bereaved child (Webb, 1993). Not only do these factors have an effect on how experiences are understood and expressed, but such differences may, in fact, have a huge impact on permissible ways of expressing feelings (Morland, 1999). Indeed, with reference to the African context, to uphold this principle, is to take into account the diversity of cultural, social and economic contexts, across, and within, countries (Stein, 2003).

"It is axiomatic..." Worden (1996) states, *"... but often overlooked, that a bereaved child is still a child and, as such, may do things that seem insensitive to adults"* (p. 145). The implication thus, is that bereaved children need to know that it is permissible to cry when sad, and to get angry, yet, likewise, to laugh, to play and have fun too (Wass, 1991). These, and other explanations, which likely demand patient repetition (Norris-Shortle & Young, 1993; Wass, 1991), underscore the indispensable reminder of Morland (1999), that *"bereaved children are children first and bereaved people secondly"*(p. 65).

A vital emphasis of grief work with children lies in the constructing of a mental image and positive memory of the dead parent, that is, the creation of a legacy that can be retained (Christ, 2000; Christ, 2001). Indeed, children who are provided with encouragement and support, appear to have no difficulty in recalling the parent who has died, and, as maturation progresses, this tends to promote a sense of eagerness for confirmation and amplification of the retained picture (Bowlby, 1980). Similarly, facilitating adaptation to loss also entails the sanctioning of any adverse memories, or that which may not be missed (Worden, 1996). Further detail about the personal meaning of the loss, in terms of the unique aspects of that relationship to the surviving child, may be obtained through inviting talk about the dead parent (Webb, 1993), which, it would seem, provides a sense of comfort (Christ, 2000).

This need to memorialize, not only after the death, but continuously, may be realized through creating a scrapbook or photo album, with pictures or objects relating to the deceased, or through the likes of assembling a memorial collage, or planting a living memorial (Corr et al., 2000; Norris-Shortle & Young, 1993; Worden, 1996). Particularly in the case of children who are struggling to comprehend the abstraction "death", doing something tangible for the dead parent, may be of great benefit (Webb, 1993). As healing components of healthy grieving at any age, the value of these gestures, or rituals, lies in providing some sense of personal control, in what is essentially a situation that is beyond the child's control (Webb, 1993). Simultaneously, the child is afforded an outlet for the grief and feelings, while keeping the memory of the deceased parent alive (Norris-Shortle & Young, 1993).

Evidently, there is not necessarily the need to develop elaborate interventions for assisting children who are coping with loss (Worden, 1996). In point of fact, Norris-Shortle and Young (1993) purport that *"...the task at hand for clinicians is to incorporate valuable theory with parental instinct toward understanding how children think and process information and events in their lives"* (p.743). Without doubt, it would appear that bereaved children need to be heard, and need to not have their concerns minimized (Cook & Oltjenbruns, 1998; Corr et al., 2000; Worden, 1996). Albeit simple, these are effective mechanisms through which the course of bereavement in children may be influenced (Worden, 1996).

3.6 The rationale for a group forum

When all is considered, the rationale for a peer support group as both recommended and of particular benefit, as a means of intervention for bereaved children, becomes increasingly clear.

The group, in the absence of assistance, is immediate in filling the void of support (Fleming & Balmer, 1991), acting then, as a surrogate system (Morland, 1999). As a means through which children are reached, to prevent potential problems and ameliorate current difficulties (Schwab, 1997), it provides service in a *"near-to-normal"* context (Morland, 1999, p.59). More specifically, in contrast to formal group work, peer group work translates into greater *"child-friendly"* practice (Barnard & Morland, 1999, p.11), and assumes a greater ownership by members (Morland, 1999). Apart from which peer group support includes greater reciprocity than does the parent/caretaker-child relationship (Morland, 1999), it allows for feeling less alone in the experience of loss, grief and stress in the family (Schwab, 1997).

In itself, the group offers a safe and supportive context (Webb, 1993). Fundamentally, a "safe" place, to share taboo issues (Tait & Depta, 1993), for expressing feelings, fears and uncertainties (Thompson & Payne, 2000), or for simply talking about the parent who has died, or, the death (Huss, 1999), is created. As a supporting structure, it counteracts the possibility of being overwhelmed by emotions. This is further maximized through the worker/clinician providing an anchor, that is, interacting with the children, yet not being personally overcome by the powerful emotions which may be touched when memories are expressed (Morland, 1999). The value herein is highlighted by Excell (1991), through the reminder, that the counsellor *"may be the only link in the human chain that will provide the child with an opportunity to understand and respond to the mourning process in a positive way"* (p.103).

Under the circumstances, the importance of meeting others who share the experience cannot be underestimated (Stokes et al., 1999). This precipitates a common bond, which is significant in reducing the sense of disconnection, any feelings of isolation, and of being "different" (Kirk & McManus, 2002). Together with this therapeutic benefit of commonality and universality (Yalom, 1985), the death experience is normalized (Huss, 1999), enabling bereaved children to recognize that they are, in fact, *"normal people"* (Morland, 1999, p.61). Furthermore, by virtue of the worker entering into the situations of the children, rather than children being expected to enter into a different environment, with different formal kinds of behaviour, and adult or medical/clinical language, this air of normality is likely to be greatly enhanced (Morland, 1999).

It is postulated that *"as awful as the truth may be, it is the only way to place the child on a path of healing through the process of mourning"*(Excell, 1991, p.98). Certainly, as is intrinsic to group work, the imparting of information, whether implicit or explicit, is recognized to be a curative factor (Yalom, 1985). In this regard, with respect to the nature and dynamics of the reaction to loss, groups fill a valuable educative component (Fleming & Balmer, 1991). Likewise, as a forum for the airing of questions (Webb, 1993), the worker is afforded the opportunity of identifying any issues which may be complicating a child's grief (Thompson & Payne, 2000). For grieving children, this questioning and answering of learning, also adds to the ability to express themselves and to be socially competent in the management of their feelings (Morland, 1999).

Group work, in particular, promotes inclusion, with each person becoming part of the therapy of the others (Kirk & McManus, 2002). Children learn to use other children for comparisons of their own ideas and typically, intimacy, trust and interdependence heightens (Morland, 1999). For those children who are further along with their own grieving, their oftentimes "*remarkable ability*" to support others (Schwab, 1997, p.364), may be, for themselves, therapeutic (Yalom, 1985), while simultaneously, in learning to help others, self-efficacy may increase (Morland, 1999). Conversely, some sense of hope and belief, that the acute and raw pain will subside, may be instilled, when the more recently bereaved child encounters others who are at a later stage of grief (Kirk & McManus, 2002; Yalom, 1985). However, to this a cautionary note must be added. There is the possibility that a recently bereaved child may feel overwhelmed when exposed to the feelings of others, so that in such instances, delay into a group may be indicated (Webb, 1993). In a related vein, because the type of death may complicate a child's experience, for a child who has been exposed to a traumatic death, or bereaved by suicide, individual assistance may, at least initially, be more appropriate (Webb, 1993).

The social factor provided by groups is instrumental in rebuilding personal confidence, and thereby potentially acts to bolster the low self-esteem brought on by bereavement. In a like manner, participation, as a factor, demonstrates to children that they are worthy of being listened to, as well as worthy of consultation (Morland, 1999). Moreover, when activity, which provides safe challenges, is interspersed, be it the completion of a drawing, or simply, some form of fun, children gain a sense of achievement, which also raises self-esteem (Morland, 1999; Thompson & Payne, 2000).

Essentially, when children are provided with a forum in which to explore the emotional vicissitudes of their grief with others, in a similar situation and in a safe environment, the grief experience is both validated and normalized (Fleming & Balmer, 1991; Huss, 1999; Thompson & Payne, 2000). Such acknowledgement, and empowering of one another, which Baker (1991) regards as "*the greatest of human potential,*" is particularly pertinent in times of confusion, loss, or despair, for it... "*is to be given a rare moment for transformation*" (p.173). For this purpose, it is widely accepted that the size of the group be held to approximately five or six participants, and preferably, to allow for more reflective activities, to include no more than, approximately, eight children (Fleming & Balmer, 1991; Nagy, 1999; Schilling & Koh, 1992; Tait & Depta, 1993; Webb, 1993). Recommendations for the format of a group for bereaved children, do, however, differ considerably, yet the objectives remain steadfast, that is, to fill the distinct needs of bereaved children, for information, advice, advocacy and support (Fleming & Balmer, 1991; Huss, 1999; Morland, 1999; Nagy, 1999; Schilling & Koh, 1992; Tait & Depta, 1993; Webb, 1993). In such, the "conspiracy of silence" that frequently exists around the dying and death of a parent is punctured, and the conceptions that give rise to problematic issues for the young survivor may, appreciably, alter (Fleming & Balmer, 1991, p.108).

3.7 Conclusion

On review of this chapter, something of an understanding as to the reasons for this field of childhood bereavement having previously been referred to as *"...still in its infancy"* (Tait & Depta, 1993, p.170) and yet, to some extent, remaining *"relatively unchartered"* (Downdey, 2000, p.827), begins to emerge. As is highlighted, there exist multiple positions and daunting methodological and practical complexities that impede the delivery of readily-available intervention and service provision for bereaved children.

In spite of these deterrents, possibilities for responding to our inordinate "numbers" of grieving children, emanate from, what would primarily be, the adopting of a preventative approach. As a theoretically-sound and achievable means, this would appear to lend itself to the South African context, in which the current status of service provision is suggestive of an inadequate response to our vulnerable children. Moreover, the interventions that, for the most part, are highly effective in assisting bereaved children, are striking in their simplicity, and so serve to detract from that which may not be tenable. Rather, they are reminders of that which is plausible. What is possible is to listen to, and to hear children's stories of parental bereavement, and to extend this into an opportunity to correct cognitive distortions, to support and to validate the experience of loss, without waiting for the grief to become complicated.

Chapter four

Research approach

4.1 Introduction

Every research method carries with it an approach. Whether it is explicit or implicit, the approach defines the content of the research by virtue of the nature of the question it poses (Kruger, 1979). The implication is that the method and the content of the research is inextricably linked to the approach. This chapter will discuss qualitative research in general, followed by an explanation of how phenomenology informs this study and the method used.

4.2 The qualitative research paradigm

As a field of inquiry in its own right, qualitative research is surrounded by a complex, interconnected family of terms, concepts and assumptions, with multiple traditions (Denzin & Lincoln, 2000). It is a paradigm that stems from an antipositivistic, interpretative approach (Schurink, 1998), born initially *"out of concern to understand the other"* (Denzin & Lincoln, 2000, p.2). Although it is a multiperspective approach, through its use of different qualitative techniques and data collection (Schurink, 1998), within its activities, it privileges no single methodological practice over another (Denzin & Lincoln, 2000). A generic description thus purports that it "*...is a situated activity that locates the observer in the world,"* that *"...consists of a set of interpretive, material practices that make the world visible"* (Denzin & Lincoln, 2000, p.3). In essence then, the emphasis of this approach is on the qualities, as against the measurable aspects of human behaviour (Shurink, 1998).

The main aim of qualitative research is to understand and interpret meaning that people give to their everyday lives (Shurink, 1998). Accordingly, the province of qualitative inquiry is the world of lived experience, for this is where individual belief and action intersect with culture (Denzin & Lincoln, 2000). This idiographic position runs counter to the positivist assumption that we all *"....experience the world in the same way"* (Neuman, 1997, p. 70). Shurink (1998) explains that the qualitative researcher discards the notion of an objective reality, which can be explained, controlled and predicted by causal laws, with the same cause having the same effect on all people. Rather, behaviour is considered to be intentional and creative and *"....we can know a thing only through its representations"* (Denzin & Lincoln, 2000, p.5). Consistent with this emic perspective, in which the unit of analysis is holistic, the researcher can explain, but not predict behaviour (Shurink, 1998).

The researcher who engages in qualitative research is involved with those being studied (Neuman, 1997), to the extent that *"the researcher is the instrument"* (Patton, 2002, p.14). Subjects are consulted as to what would constitute meaningful and relevant research questions, and whether the interpretations and conclusions truly reflect their experience, or are valid for the setting studied (Hosmand, 1989). Patton (2002) draws on the influential analogy of the *"I-Thou"* relationship, as posited by Martin Buber (1923), in explaining this stance. Whereas an I-It relationship regards others from a distance, from a vantage point of authority, as objects or subjects to be examined and placed in an abstract cause-effect structure, an I-Thou perspective acknowledges the humanity of both self and others, and implies relationship, mutuality and genuine dialogue (Patton, 2002). By virtue of this interaction, the qualitative researcher is subjective (Shurink, 1998) and the relationship with the human subject is viewed as egalitarian and non-exploitative (Hoshmand, 1989). *"Yet, because much rests on the competence, skill, and rigour of the* *investigator, ultimately the human factor is the great strength and the fundamental weakness of qualitative inquiry and analysis – a scientific two-edged sword"* (Patton, 2002, p.433).

During this process of interaction between the researcher and the subject, the subject's world is discovered by methods that are dialectical and interpretative (Shurink, 1998). The implication is that the research does not follow a step-by-step plan. Rather, this is a process, according to Hoshmand (1989), that is *"...supposed to be organic and emergent, allowing for discovery, unplanned backlooping and decisions to change course"* (p.14). This may even necessitate the piecing together, or deploying of, whatever strategies, methods or empirical materials are at hand, to create and bring psychological and emotional unity to an interpretive experience (Denzin & Lincoln, 2000). This process then does not engage in controlled measurement, nor assume replication (Shurink, 1998).

Polkinghorne (1989) explains that from the qualitative perspective, human reality is seen as closely related to natural language. For this reason qualitative research involves a commitment to natural language descriptions, rather than measurement, for its data and its results. Yet, in addition to *"finding voice"*, the writing involved in qualitative analysis and synthesis challenge the inquirer to *"own one's voice and perspective"* (Patton, 2002, p.65). Dialogical texts also presume an active audience. *They "create spaces for give-and-take between reader and writer"* (Denzin & Lincoln, 2000, p.5), and so engender the reader to join in the search for meaning (Patton, 2002). Similarly, it is argued that meaning does not lend itself to reductive analysis (Stones, 1986). On the contrary, meaning and significance are considered to be distorted when the context is ignored.

It can be seen then, that in its broadest sense, the qualitative research paradigm is more than a category of research designs. It is concerned with the understanding of other people's reality, which it contends can be explored from the perspective of an insider (Shurink, 1998). By rendering descriptive data, that is, in the subject's own words, this paradigm holds that meaning is derived from the subject's perspective. It is in this vein that Rogers (2000) argues that the *"real promise"* of a qualitative paradigm lies in its potential.. *"to represent human beings as whole persons living in particular social and cultural contexts...sometimes overwhelmed by wordless suffering that researchers are challenged to hear, yet ultimately knowledgeable about their own lives and cultures"* (p.83).

4.3 Research from a phenomenological approach

A qualitative approach is consistent with a phenomenological approach, which is the theoretical perspective that informs this study. Although phenomenological research is identified with other descriptive and qualitative approaches, it is distinguished from them by its focus on the structures of consciousness as a special realm of inquiry (Polkinghorne, 1989).

Merleau-Ponty (1945) describes phenomenology as both the study of essences, and as a philosophy, which puts essences back into existence. All its efforts, he states: *"...are concentrated upon re-achieving a direct and primitive contact with the world..."* (p.vii). Essences, present in everyone's stream of consciousness, are not entities or existants of any sort. They are that which gives form to experience, however, ordinarily, they are *"anonymous"* or *"latent"* in our *"performances"* (Polkinghorne, 1983, p.42).

According to Moustakas (1994), as a transcendental science, phenomenology emerged out of a growing discontent with a philosophy of science based exclusively on studies of material things. Cartesian philosophy, by separating the unobservable mind from the observable, and so accessible, body, introduced a philosophical dualism in which man has a twofold reality. In Cartesian terms then, man is an intellectual being distanced from his body and the world, and science is only possible in so far as man keeps himself out of his observations (Kruger, 1979). This philosophy of science neglected to take into account the experiencing person and the connections between human consciousness and the objects that exist in the material world (Moustakas, 1994). Phenomenology offers an approach toward resolution of this dilemma.

From the phenomenological point of view objects have their basis in, and are sustained by the constituting power of consciousness. Consciousness is recognized as an activity that is complex and constantly changing, which does not exist in and of itself. Rather, it always has an object, so that it is characterized by intentionality (Valle, King & Halling, 1989).

The implication is that the object that appears in consciousness mingles with the object in nature to create meaning. It is this blending of that which is really present, with what is imagined as present, from the vantage point of possible meanings, that acts to construct each person's unique interpretation of the world (Moustakas, 1994). Accordingly, the sense data already appears within meaningful configurations so that the meaning *"borrows"* the facts (Polkinghorne, 1983, p.42). In everyday awareness, attention is not upon this structuring process. Rather, it is on the final result of the constitutive process, that is, the contents of our lived world. This relationship is clarified by Merleau-Ponty (1945) who states that *"there is no inner man, man is in the world, and only in the world does he know himself" (p.xi)*. In this sense, experience, as it is directly given, occurs at the meeting of the person and the world (Polkinghorne, 1989).

As a pioneer into this realm, philosopher Edmund Husserl's concern was with the world as given in direct and immediate experience (Valle et al.,1989). Based on the philosophical assumption that we can only know what we experience by attending to perceptions and meanings that awaken our conscious awareness, Husserl's first directive to phenomenology was to allow a phenomenon to speak for itself (Kruger, 1979). He advocated the setting aside of preconceptions and presuppositions so as to reach a transcendental state of freshness and openness. This entails abstaining from the belief that the world exists independently of the person. This process, in which one moves from the natural attitude towards a transcendental attitude, is known as *"bracketing"* or the *"phenomenological reduction"* (Valle et al., 1989). Moustakas (1994) describes this attitude as *"....a readiness to see in an unfettered way, not threatened by the customs, beliefs and prejudices of normal science, by the habits of the natural world or by knowledge based on unreflected everyday experience"* (p.41). In assuming this attitude then, one is able to arrive at an unprejudiced description of the essence of the phenomena.

For Husserl, phenomenology thus meant the rigorous and unbiased study of things as they appear, without taking into account psychological origin, nor providing causal explanation (Merleau-Ponty, 1945). Its focus is a return to things, just as they are given, removed from everyday biases, from what we are told is true in nature and in the natural world of everyday living. In this way, phenomenology as a philosophy is concerned with providing descriptions of the general characteristics of experience, with a particular focus by existentialists on the experience of being human (Polkinghorne, 1989). When applied more specifically to human psychological phenomena, existential phenomenology becomes existential-phenomenological psychology. This complementary approach to the study of man is a psychological discipline that seeks to explicate the essence, structure or form of human experience and behaviour through the use of descriptive research techniques (Valle et al., 1989). Not only does this avoid Cartesian dualism, it allows for a deep and full understanding of human existence.

4.4 Application to research

Phenomenological research considers the uniquely human characteristics of man to be legitimate subject matter for a psychology conceived of as a human science (Kruger, 1979). From this perspective the reality of the realm of meaningful experience is acknowledged to be the fundamental locus of knowledge (Polkinghorne, 1989). In this sense, by focusing exclusively on participants' experiences, instead of their overt actions, this provides access to all that can be directly known (Polkinghorne, 1989).

Because ordinarily our focus is not on the constitutive process of the essences, and because the lived experience itself involves all of our motor and affective functions, as well as our sensory functions, a methodical process is required to uncover the essences. Polkinghorne (1983) likens this to the excavation of a prehistoric site. He explains: *"For the structure of essence of experience has undergone a process of sedimentation, and, like the archaeologist, we must carefully describe the* *various strata in order to reveal the meaning-giving structures that are taken for granted in everyday experience"* (p.42).

It follows then, that the purpose of phenomenological inquiry is to provide clear and accurate descriptions of a particular aspect of human experience. This demands that the researcher attends to what is present or given in awareness, with the emphasis on participant's descriptions and not on researcher's reports (Polkinghorne, 1989). Giorgi (1997) explains that it is these *"...presences that carry the index of reality with them"..* and which are *"...vital for proper understanding of human phenomena..."* (p.235). By attending only to consciousness, the distraction of needing to look outside of awareness for the cause of the experience is removed (Polkinghorne, 1989). The essential point here is that the researcher concentrates on, and describes what is actually given, without prejudging the phenomena, nor viewing it through any pre-given perspective, based on previous knowledge. The concern is with *"what"* is given, rather than *"why"* it is given (Kruger, 1979). The aim is to explicate the essential meanings of subject's perspectives on their worlds. It attempts to get beyond immediately experienced meanings in order to articulate the pre-reflective level of lived meanings (Kvale, 1996). Essentially data on consciousness can be co-constituted only by reciprocal implication with the researcher in dialogue with the subject (Hoshmand, 1989).

4.5 Conclusion

Phenomenologists thus argue that to study man as an experiential being, the researcher avoids an approach in which the human elements disappear (Kruger, 1979). Based upon the premise that all knowledge is ultimately grounded in human experience, the focus of the research is on participants' experiences. The goal of understanding and interpreting the meaning that people give to their everyday lives is accomplished when the researcher enters the subject's life world. This is achieved through analysing the conversations and interaction between the researcher and subjects. Kruger (1979) succinctly sums up phenomenologically informed research when he states:

"....more properly it is an attitude but not that of a technician with his bag of tools and methods ready to repair a poorly functioning machine. Rather it is one of wonder and respect as one attempts a dialogue with the world – to get the world to disclose itself to one in all its manifestness and complexity" (p.113).

Chapter five

Research methodology

5.1 Introduction

In phenomenologically-oriented research, the method used develops *"...in a dialogue with the phenomenon to be explored"* (Kruger, 1979, p. 139). That is, methods function essentially as guidelines, so that the researcher is expected to develop a plan of study suited to understanding the particular experience under investigation. In its application to the present study, this fundamental tenet assumes considerable weight in view of the general reluctance of phenomenologists to investigate children's life-worlds, and pertaining to such matters as death (Briod, 1989), thereby allowing for few precedents from which to draw, coupled with the intrinsic vulnerability of the participants in view of their status. Hence, in the interests of these considerations, and with the intent of gleaning something of the texture of the pre-school child's experience of losing a parent, interconnected practices will be deployed.

For the purposes of this discussion the terms "subjects" and "participants" will be used interchangeably in referring to those who share their experience with the researcher. These terms however do not imply that those who participate in this study are regarded as experimental objects for the use of the researcher. Rather, the implication is that subjects act as co-researchers, or research collaborators, through opening up their subjective experiences to the researcher.

5.2 The role of the researcher

A researcher who uses a phenomenological approach interacts in a personal manner with those who share their experience, with the working relationship being one of collaboration (Hoshmand, 1989). Coupled with a clinical orientation, the researcher can create spaces for those who are studied, that is, the "other," to speak, thereby acting as the conduit through which such voices can be heard (Denzin & Lincoln, 2000). From this perspective, the stance of neutrality adopted by the investigator infers a definitive implication, which does not mean detachment (Patton, 2002). Although watching the research event unfold as a neutral objective other is deemed to be both impossible and impracticable (Giorgi, 1984), as with any credible research, a position of disciplined naivete and some neutrality is assumed with respect to the phenomenon under study

(Patton, 2002). As a result, the researcher cannot be viewed as an independent observer but must be seen as a participant observer (Stones, 1986).

As a participant observer, who maintains a *"disciplined presence"* (Giorgi, 1984, p.33), the researcher registers and interprets what is reported, as well as how it is reported. This process is akin to counselling inquiry, in that ambiguous meanings are clarified, which allows for the possibility that the participant may discover new aspects of that which is being described (Hoshmand, 1989). This similarity of the task of the therapist and that of the phenomenologically-oriented researcher extends further, in that more than asking questions in a fitting manner, it is incumbent upon the researcher to create a relational context in which the subject can feel relaxed and unthreatened (Kruger, 1979; Polkinghorne, 1983). For the researcher, this position undoubtedly implicates the value of empathy which is emphasized in the phenomenological doctrine of *"verstehen"* and undergirds such inquiry (Patton, 2002, p.53).

5.3 Selection of participants

Participants for this study will be chosen in terms of their suitability for addressing the aim of this investigation, which is to gain a deeper understanding of the experience of the death of a parent in the pre-school years. Subjects will be selected on the basis that they are able to function as "informants" for the topic under investigation (Polkinghorne, 1989, p.47). The essential criteria include that a participant has experienced the death of a parent prior to beginning school, and has the capacity to provide full and sensitive descriptions of this experience (Polkinghorne, 1989). Subjects should also be willing to communicate their thoughts, feelings and perceptions in an open manner (Stones, 1986).

The logic of subject selection in phenomenological research differs from the logic of statistical sampling theory, whereby subjects are chosen randomly in order to make inferences from a sample to a population (Polkinghorne, 1989). Rather, this study will use purposive sampling (Neuman, 1997) by seeking out those who have experienced the phenomena under investigation. Whereas this would constitute bias in statistical sampling, and therefore a weakness, becomes intended focus in qualitative sampling, and therefore a strength. It is precisely through the selection of information-rich cases, for study in depth, where the logic and power of purposeful sampling lies (Patton, 2002). This is consistent with the phenomenological concern, which is to describe the structure of an experience, rather than the characteristics of a group who have had the experience (Polkinghorne, 1989).

As this topic is limited to a specific group, the participants in this study will be accessed by word of mouth. In other words, the researcher will make it known amongst several relevant services and colleagues, that participants that meet the above criteria are being sought.

5.4 Number of participants

The number of participants selected for phenomenological research varies considerably (Polkinghorne, 1989). It is argued that in using only one subject certain aspects of the experience may be omitted (Kruger, 1979). Stones (1986) suggests that the use of several subjects provides greater variability, and so facilitates a greater fluency with the phenomenon. Essentially, as with all other aspects of qualitative enquiry, the sample size must be judged in context (Patton, 2002). In keeping with the criteria of the knowledge being sought, credibility, available resources and the purpose of this inquiry, as well as the recommended group size, this study will engage six participants to generate data on the experience of losing a parent in the pre-school years.

5.5 Ethical considerations

Giorgi (1984) purports that *"there is no way that either therapist or researcher can avoid an interventionist position"* (p.33). Similarly, it is posited that it is the provision of an opportunity for parentally-bereaved children to be heard through which there is the convergence of the enhancement of knowledge for research purposes and intervention (Stokes et al., 1999). These arguments underscore the fact that research interviews, are already, by their very nature, interventions. Indeed, neither the interviewer, nor the interviewee can know in advance, what impact will transpire from the interview experience (Patton, 2002).

The *"lower status and less power"* afforded children (Strydom, 1998, p.26), in conjunction with the "taboo" nature of topic under investigation, do pose ethical questions. However, cognizance is also taken that researchers are perhaps overly sensitive to potential harm, and that the discomfort which may arise from the investigation is often minimal in comparison with comparable situations in real life (Strydom, 1998). There is also the question as to whether, in the face of pressing, and growing concerns, such as childhood bereavement, there is not an obligation to respond to our children by striving for further understanding of this phenomena.

All things considered, it is this researcher's contention that the creating of a supportive/therapeutic context, which relies heavily on clinical skills can minimize potential risks. The use of a group format for interviews is also of particular benefit in providing a sense of safety for people in vulnerable situations (Patton, 2002). Protection of subjects is to be considered paramount to this investigation, and therein to assume precedence over data. If needs be then, should undue distress of any participant become evident during the study, suspension of data collection will be exercised, or, if indicated, terminated. Furthermore, following data collection, restoration/debriefing sessions (Barker et al., 2002; Strydom, 1998), will be conducted, with the sole purpose of affording subjects the opportunity to work through the experience, and its aftermath, as well as to ensure clarification of any residual misperceptions. In spite of all precautions taken, should additional intervention be required, the researcher will avail herself for this purpose.

5.6 Procedure

5.6.1 Data generation

Data for this study will be derived through dialogues between the researcher and participants, as well as from the interactive contributions among participants. The raw data will constitute the precise wording used throughout the interviews. Participants will meet as a group over six sessions, of which each will comprise two hours. Within this group format, the duration of each interview will be determined by each individual participant, based on whether all that can be described of his/her experience has been explicated. This of course may vary with each participant.

Initial discussion with avenues of possible recruitment, such as health, education and social services, will take place telephonically. Following this first contact, the information about the research group will be conveyed in letter form to allow children and their guardians to read the material prior to face-to-face contact. The information will include the nature and purpose of the study, potential risks and benefits, credibility of the researcher, and the offer of ready accessibility of the researcher, both prior to, and during, the research project. The proviso of option to withdraw during the investigation, without any prejudice, will be stipulated. For those who indicate interest, on meeting in person, the researcher will provide participants with the opportunity to ask questions, reiterate the option of inclusion, and detail the group format.

Once a mutual agreement is reached, permission to use the interviews for research purposes will be acquired in writing and verbally, from the caregiver and child respectively. Likewise, in each instance, participants and their caregivers will be assured of anonymity and confidentiality both in terms of the information given, and with regard to access of the data. The arrangements made for the group sessions will be those that best accommodate the schedules and practical considerations of participants and caregivers. The researcher will remain mindful to the possibility of any participant requiring immediate psychotherapeutic help, in which case this will be attended to. All interviews will be recorded and then converted to written form.

Data will be generated through the technique of qualitative interviewing, which increasingly is recognized as a key method for helping respondents to *"tell their stories"* (Barker et al., 2002, p.101). In essence, this will take the form of a discourse, or conversation, involving personal engagement (Polkinghorne, 1989). Not only does the open-ended interview allow for flexibility (Kruger, 1979), as is advocated for conducting a group for bereaved children (Barnard & Morland, 1999; Morland, 1999; Nagy, 1999), it also provides participants with sufficient opportunity to express their viewpoints extensively, using their own spontaneous language (Barker et al., 2002; Giorgi, 1997). The researcher will remain disciplined in focusing on the research question, to ensure that subjects avoid lapsing into depictions of things or happenings that exist independently of their experiences. The way in which the researcher will frame the questions will encourage subjects to report on, and redirect awareness towards their experiences (Polkinghorne, 1989). This will be done by asking them questions such as “What is it like for you?” instead of “What happened?”

The accessing of data will be based on recommended features common to the practice of working with bereaved children (Baker, 1991; Cook & Oltjenbruns, 1998; Creed, Ruffin & Ward, 2001; Excell, 1991; Fleming & Balmer, 1991; Huss, 1999; Kirk & McManus, 2002; Lendrum & Syme, 1992; Morland, 1999; Nagy, 1999; Nagy & Adams, 1999; Oaklander, 1988; Webb, 1993; Worden, 1996). The initial gathering of participants will have as its focus the creating of a safe environment and getting acquainted through the use of child-friendly activities and fun. The researcher will introduce the loss of a parent as a common theme.

Failing the establishment of a non-threatening and comfortable climate, the following meeting will comprise of the researcher reading an appropriate mythic story reflecting on bereavement/loss. This will potentially create a therapeutic space and a safe focus to allow for gentle exploration of difficult issues, so that dialogue will be opened around participants' personal reactions and feelings in response to the story. As with the orientation of *"consulting your consultants"* (Epston & White, 1994, p.11), participants will be invited to contribute their expertise to other bereaved children by volunteering their knowledge and artwork to educate the researcher and other interested parties.

Based on the research question, participants will be encouraged to relate their personal stories in detail, wherein *"the voices of children may be heard most directly"* (Briod, 1989, p.125), with all discussion being augmented by expressive therapeutic media. Herein lies the meeting of an opportunity to access data with simultaneous serving of the purpose of intervention. As McLeod (1997) explains: *"whether contemporary psychotherapy or traditional religious healing"....."stories and storytelling represent the primary point of connection between what goes on in 'therapy'....and what goes on in the culture as a whole"* (p.2).

The researcher considers that broad and developmentally-appropriate questions will evoke a comprehensive account of participants' experiences towards obtaining rich and substantive descriptions. In failing to understand a particular point made by any subject, the researcher will seek clarification. All effort will be made to avoid any questions that could be construed as leading the subjects. The essential factor within these interviews is that data will be generated that will capture the participant's direct experience, based on what is present in the participant's consciousness, when this experience, that is losing a parent, is attended to (Polkinghorne, 1989). The researcher envisages that two additional meetings in conjunction with further artistic representation will suffice to allow for an opportunity for all subjects to describe their particular experiences, and to ensure coverage of all facets of the experience.

Following the data collection, the final two sessions will be devoted to the alleviation and resolution of any concerns, and include discussion of termination. The focus herein, centred around the creating of a tangible memorial for subjects to retain, will be predominantly therapeutic and educational. Over and above the research question, an informal evaluation of the group experience will take the form of discussion through simple questions, supplemented by drawings, to elicit feedback from participants. As part of the concluding session, participants will be afforded the occasion to honour the deceased parent through a candle-lighting ceremony.

5.6.2 Data analysis

Since phenomenological inquiry aims to derive a description of the essential features of the investigated experience from raw protocols (Polkinghorne, 1989), the transcribed data are subjected to rigorous analysis. The following steps in analysis will be taken by this researcher, in order to arrive at themes or common elements, that would enhance our understanding of the experience of losing one's parent in the pre-school years.

5.6.3 Grasping the data

In keeping with the holistic approach of phenomenology, prior to analysis, the protocols will be read as a whole to attain a global and intuitive sense of the data. In this initial reading, the researcher will remain mindful to bracket her personal preconceptions and judgements, so as to the extent possible, to *"remain faithful to the data"* (Stones, 1986, p.119). The protocols will then be re-read, if necessary repeatedly, with a more reflective attitude. This refers to reading in a manner of preparation for the subsequent phases, in which a more particular and exacting analysis is required (Kruger, 1979).

5.6.4 Division of transcripts into units

Once the researcher has grasped a wholeness of the data, and it can be retained, the transcript will be divided into units that seem to express a self-contained meaning from a psychological perspective. Drawing on professional sensitivity and spontaneity will facilitate the formulation of meaning units so that any unexpected meanings can emerge. This is known as *"intuiting"* (Giorgi, 1997), which is hardly a *"mystical or lyrical leap,"* but rather *"...a rational insight or cognition of a non-empirical structure of consciousness"* (Polkinghorne, 1983, p.45).

In a slower rereading of the description, a transition in subject matter can assist the researcher in identifying and delineating meaning units (Polkinghorne, 1989). Therefore, each time the researcher perceives a change in subject matter, it will be marked on the transcript until all meaning units are discriminated. Care will be taken not to theorize, but to treat the text as a naïve presentation of the subject's experience. The end result of this process will culminate in a series of meaning units, still expressed in the subject's own everyday language, which reflects the participant's experience, and not that of the researcher.

5.6.5 The transformation of the units into meaning units

Having delineated the natural meaning units, the raw data will be transformed into psychological and phenomenological concepts. That is, the meaning that dominates the natural unit will be stated as simply as possible in the researcher's own language, and so made explicit. Stones (1986) explains that even though the subjects' phraseology should, wherever possible, be adhered to in order that the data may:

"speak for itself, ... since the shared nature of our lived-world suggests that we are able to understand each other's meanings, it is permissible for the researcher to articulate the central themes in words other than those used by the subjects in order to convey the intended meaning clearly" (p.119).

This move from the raw data to the meaning hidden in it, will require of the researcher a rigorous reflection in ensuring that the connections with the original data are not severed. Any units, which are very obviously irrelevant to the phenomenon being studied, will be eliminated, as will overlapping and repetitive statements. The result will be a list of meaning, or rather, *significant statements*, reflecting the essential point of each original statement.

5.6.6 Formulating a hypothetical and general description of the experience

The meaning units will then be tied together to produce a further reduction into general themes that are common to all the subjects' protocols. That is, in reading through the re-described meanings, relationships and patterns between the meaning units will be formulated, to arrive at a general and hypothetical description of the experience. The identification of these essential psychological elements will depend upon the researcher's intuition and judgement. Stones (1986) cautions that even themes, which may look to the researcher to be discrepant or contradictory, cannot be ignored, in that it is precisely at this stage that the phenomenological assumption comes to the fore. In other words, that which is logically inexplicable is to be regarded as existentially real and valid. The resultant proposed formulation would then be compared to the transformed meanings again to see if it is supported. This procedure may have to be carried out several times, with the description undergoing changes, until the meanings clearly support the final general description. This process will allow for the emergence of a *"general structural* *description"* (Polkinghorne, 1989, p.51) that accurately reflects the participants' experiences of losing a parent in the pre-school years; namely, the findings of the research.

5.7 Validity in this study

Phenomenological research responds to the criteria of validity in a different manner from quantitative research (Giorgi, 1997). In quantitative research the concept of validity is specifically related to confidence in the measuring instruments. Phenomenological research however looks at whether the conclusion inspires confidence because the argument in support of it has been persuasive (Polkinghorne, 1989).

Accounting for the researcher's intentions and overall presence is one of the ways by which phenomenological researchers address the problem of validity (Hoshmand, 1989). In having made explicit the researcher's worldview, method of access and interpretation, and by presenting samples of the data for review, the reader is able to follow the thought processes that have led to the conclusion. Validity would depend then, on the accuracy with which the raw data have been transformed into psychological meanings, and the synthesis of these into a general structural description (Polkinghorne, 1989). When differences of wording are inter-subjectively understood to reflect an identical meaning, or similar themes (Stones, 1986) to those, which have emerged from the data, as explicated by this researcher, validity is indicated.

With regard to internal validity, owing to the lack of psychological sophistication as a function of the participants' developmental status, the researcher considers that it may be neither beneficial to subjects, nor feasible, to return to subjects for comparison of the descriptive results against their experiences. Rather, the conversational and open-ended nature of the interviews will allow for misconceptions to be clarified as they occur, enabling any participant to confirm or alter the research data to correspond to his/her perception of the experience (Moustakas, 1994). Aside from this consideration of validity, the results of the study will be provided to each parent/caregiver to share with subjects, when, in their view, deemed appropriate. An additional two researchers will thus be consulted in order to verify the essence arrived at by the researcher. While this may induce modification, the result may have more validity, precisely because intersubjectivity is essential to human experience (Barker et al., 2002; Polkinghorne, 1983). Polkinghorne (1989) explains that not all arguments persuade with the same power. Arguments may progress from *"sound,"* to *"convincing,"* to *"conclusive"* (p.51). On this basis, the degree of the validity of the findings of phenomenological research depends on the power of its presentation to convince the reader that its findings are accurate. The final criterion for the validity of the research then, *"...is the clarity of insight of the phenomenon's essence, for the insight is self-validating"* (Polkinghorne, 1983, p.45).

5.8 Conclusion

This chapter has discussed the methodology to be used in this study. Included in this are the methods and procedures that have been developed in preparing to conduct the study, in collecting the data, and in organizing and analyzing the data. The criterion of validity as it relates to this method is addressed.

Chapter six

Results of the study

6.1 Introduction

This chapter presents the results of a phenomenological inquiry through the use of phenomenological methods of research. These methods are used to access accurate and clear descriptions of a particular aspect of participants' conscious experiences. Purposive sampling is used through selecting subjects who have experienced the phenomenon under investigation. The use of several subjects facilitates a greater fluency with the phenomenon. Data is generated through the technique of qualitative interviewing. These transcribed accounts of participants' personal experiences are then subjected to rigorous analysis in order to articulate the pre-reflective level of lived meaning.

6.2 Background of the study

Six participants were involved in this study. Through education and social services, and subsequent guardian/parental consent, each was approached to consent to engage in dialogue with the researcher about their experience of the death of their parents. Consistent with this study, each subject had undergone this experience within the preceding year, placing them within the age group of five/six years. The precise wording used by the participants constituted the raw data. The six subjects participated in six group meetings, the duration of which each was approximately one hundred and twenty minutes. Following the interviews, the raw data was transcribed and divided into units, which were then transformed into meaning units. The meaning units were then tied together with themes being identified. This process resulted in a general structural description, which reflects the participants' experiences of losing either one or both parent/s in the pre-school years.

6.3 General background of participants

In order to preserve anonymity, the names of participants are omitted. Of the participants in this study, four are male and two are female. With the exclusion of one of the participants, whose parent died as a result of a car accident, all the participants have lost their parents through illness. Two of the participants have been orphaned, and, following intervention by social workers, are currently placed in an independent organization for care. At present, one of the participants lives with the surviving parent. Three of the participants now reside with extended family, in which the primary caregivers are either grandmothers or aunts. With the exception of one participant, who would fall into a a middle income group, all participants are from lower income backgrounds. At present, all are provided with education at facilities that are considered to be of a substantial calibre, and have their basic needs relatively secured.

6.4 Discussion of results

The analysis of the transcripts of the six participants' experiences of losing a parent in the pre-school years has resulted in the derivation of six core themes. These core themes and their sub-themes are presented in the following discussion of results.

6.4.1 Conception of death

The death of a parent when a child is in the pre-school years presents particular demands as a consequence of this developmental phase. In part, this implicates the characteristics of pre-operational thought in terms of their bearing on an understanding of death (Worden, 1996). Levels of understanding within age groups are purported to be so diverse as to impede any possibility of generalization on the basis of a Piagetian based classification or age (Brent et al., 1996; Speece & Brent, 1984; Weber & Fournier, 1985). This core theme incorporates the sub-themes of **a: irreversibility of death, b: death as a temporary state, c: the deceased as functional, d: expectation of the dead parents' return, e: concretization of death, f: logical errors** and **g: the gravity of death.**

6.4.1.a: Irreversibility of death

Of the six participants, three participants in this study conceived the death of their parents to be of a permanent state:

"he stays in the coffin and he stays there forever"

"he has to know his mommy doesn't come back"

"when he's dead he won't wake up"

".....but they can't come back"

"when they wake him up, then he won't wake up"

The acquisition of the related elements of irreversibility, non-functionality, and universality is a prerequisite for the realization of a mature understanding of the concept of death (Christ, 2000; Speece & Brent, 1984). The above data indicates that from approximately age five (Black, 1998; Worden, 1996), with the emergence of late preoperational characteristics, a comprehension of the finality of death, is, for some children, readily attainable (Christ, 2000). These children may well conceive something of the magnitude of a forever state of separation, with respect to the parent's death.

6.4.1.b: Death as a temporary state

Three of the six participants in this study have provided the following perceptions of death as understood by them during the preoperational phase of development:

"when your mom dies, and then your mom gets up.."

"and when his mommy gets better, they will be married"

"then you pray for God that her mom will wake up"

"and the mommy is dead, and the daddy is dead, and they gonna wake them up..."

"it scares if he wakes up from the dead"

The above data indicates the difficulty with which the pre-school child may be faced when confronted with the abstract concept of "death" and the related component of irreversibility. While much of the data argues for a cognitive transition, that allows for at least some understanding of all three death related components between the ages of five and seven, there still exists a wide range of acquisition across studies (Brent et al., 1996; Speece & Brent, 1984), so that, for some children, many skills necessary to an understanding of death are, prior to the phase of concrete operations, still lacking (Wass, 1991). Through such conception, a child may nurture a spirit of hope, albeit futile, that the absence of the parent is one of transience.

6.4.1.c: The deceased as functional

All six participants perceived the deceased parents to be capable of some activity:

"she's wearing a dress to be warm all day in the box"

"and they can feel someone stomping on them that it means they cold"

"and my sister in the white box, by the mommy in the box, and the daddy in the box, and she says you must wait there"

"he just dead, he do nothing...then he feel it hurts"

"it's scary in there, in the box, it's scary in the dark"

"the doctor he's helping them to get in the box, this thing...when it's hot, when you inside, you can make it cold"

The egocentric orientation of the pre-schooler, so that reality may be distorted to conform to idiosyncratic understanding, in combination with other characteristics of preoperational thought, such as animism, may predispose young children to struggle to grasp the concept of non-functionality (Christ, 2000; Wass, 1991). As portrayed by the foregoing data, prior to understanding this concept, children may attribute feelings and thoughts to the deceased (Buirski & Buirski, 1994), to the extent that additional concerns regarding the well-being of the parent may exist, yet may remain unvoiced and/or unheard.

6.4.1.d: Expectation of the dead parents' return

Of the six participants, two perceived their parents to be returning at some future point in time:

"my mommy will come back soon... she (participant indicating herself) *needs to know"*

"they gonna wake them up and hug her and go home again"

"and when they come back, the mommy and the daddy they gonna give you money"

In instances whereby children have not yet understood the concepts of irreversibility and non-functionality, the tendency is to view death as sleep, loss of mobility, a temporary malfunction, or a restorable condition (Wass, 1991). This is reflected, as indicated by the preceding data, through the expectation of the dead person's return, which for some children may even entail engaging in rituals (Buirski & Buirski, 1994). Albeit then that these children may grasp a sense of separation, simultaneously there may reside the conception of the parent waking, to resume the role of that loving and vital presence within the child's life.

6.4.1.e: Concretization of death

The six participants provided the following insights as to the manner through which they endeavour to make sense of death:

"when he die, he can't eat, he can't hear"

"they sleeping, they can't play or talk"

"you get rotten when you die, like your teeth, but it's not sore"

"they can't hear, the ears are blocked, they need to go to the clinic"

"she don't get hungry"

"they did close their eyes and you can't feel where you are"

"even when he can't see, he won't wake up again"

"she can't feel where she are"

Indicative of the literal thought of this time, children are inclined to seek concrete descriptions regarding various aspects of death (Christ, 2000). In accordance with the above data, pre-school children may decipher the abstract in a manner as to fit with the concreteness of preoperational thought. Although this may appear inadequate in terms of adult standards, this implies some concept of death, albeit undifferentiated from other concepts, and it is through this that young children try to make sense of their experiences (Corr et al., 2000).

6.4.1.f: Logical errors

Two of the six participants illuminated the preoperational nature of their reasoning processes:

"you gonna go up to heaven and see your mommy and daddy there…and you gonna see him by taxi or cars"

"and my mom stayed dead in the night, and they take her home and she didn't sleep anywhere"

"when you cry you gonna not get a mommy and a daddy and the sisters and the brothers"

From the foregoing data, it can be seen that even when late-preoperational cognitive capacities are considered to have emerged (Black, 1998; Christ, 2000; Worden, 1996), young children may be inclined towards errors in logic, which they, most often, are unable to correct (Christ, 2000). These reasoning processes may even manifest through the likes of expressing a desire to die in order to visit the dead parent (Christ, 2000).

6.4.1.g: The gravity of death

Of the six participants four alluded to an appreciation of the seriousness of death:

"I said to this boy you musn't laugh because we talking about people dead"

"they said it's ok...but it's not"

"it's so shame of someone when their mommy dies"

"it's very very sad when the people dies"

Notwithstanding the cognitive limitations that may prohibit a comprehensive understanding of death during the preoperational state (Wass, 1991), as is seen in the foregoing data, young children may readily perceive something of the seriousness and ramifications of the loss of a loved person (Buirski & Buirski, 1994; Ferrer, 2002; Worden, 1996). This likely predisposes them towards strong emotional reactions, irrespective of those instances in which a realistic concept of death has not yet been attained (Corr et al., 2000; Norris-Shortle & Young, 1993; Worden, 1996).

6.4.2 Active mourning

Despite protracted debate, the position has advanced that young children are capable of undergoing a mourning process in response to the loss of a parent (Bowlby, 1980; Buirski & Buirski, 1994; Corr et al., 2000; Furman, 1974; Webb, 1993; Worden, 1991; Worden, 1996). Given this certainty, that children do indeed react to loss, Corr et al. (2000) contend that it is the nature of children's grief and mourning that warrants cognizance, with the implication that this is largely a function of developmental level. This core theme includes the sub-themes of **a: profound sadness, b: profuse weeping, c: marked withdrawal** and **d: anger.**

6.4.2.a: Profound sadness

As an ongoing feature, all six participants referred to feelings of sadness:

"you get sad, and it stays in your heart, and your father died like yesterday, and then you still sad like today"

"the love is hurting, it breaks your feelings"

"the sadness comes, sometimes from the morning and all the time"

"the sore stays the same sometimes that your heart is not feeling good"

"and your heart is broke...your heart won't be better"

"you be sad, I have feelings"

According to Bowlby (1980), healthy mourning, towards a timely resolution of loss, entails several phases, in which certain characteristics are predominant. Of the characteristics identified, intense feelings of sadness, as indicated by the foregoing data, may be a marked feature in the mourning of a young child.

6.4.2.b: Profuse weeping

Three of the six participants described their grief as manifesting in the form of weeping:

"you'll never stop crying"

"you can't say goodbye, you gonna be sad and cry and cry and cry, and you can't say goodbye"

"you'll cry at the couch every night"

In concurrence with the above data, young bereaved children may weep profusely as part of the mourning process. This weeping is identified by Bowlby (1980) to be characteristic of a phase in which a child yearns for the lost parent.

6.4.2.c: Marked withdrawal

Of the six participants, two referred to behavioural changes as a function of mourning:

"you wont want to talk with someone anymore"

"when you be sad you don't even play"

"you gets very sad and he don't eat, he don't play, he don't run no more"

The mourning of young children likely constitutes a phase of disorganization and despair which, as described through the preceding data, may be reflected through withdrawal (Bowlby, 1980). Furthermore, marked social withdrawal, may, depending on the degree of intrusiveness into the child's life, be symptomatic of grief that has become all-encompassing (Webb, 1993; Worden, 1996). In all instances, this symptom warrants addressing (Webb, 1993; Worden, 1996).

6.4.2.d: Anger

Each of the six participants expressed feelings of anger:

"sometimes you can get cross because she's mommy's dead"

"it feels like cross"

"I'm cross 'cause my dad died"

"the cross won't go away"

"we get cross sometimes because the mommy died"

"I'm cross then I'm sad"

Feelings of anger, as revealed by the above data, are considered by Bowlby (1980) to be indicative of a phase of yearning which transpires when a young child undergoes a mourning process. In a similar vein, as symptoms of mourning, levels of aggression and delinquent behaviour, particularly in young boys, may increase significantly (Downdey, 2000; Downdey & Wilson, 1999), following the loss of one or both parents.

6.4.3: Reactions and symptoms

Following parental death the emotional and behavioural responses displayed by children may be so diverse that discerning responses that are normative from aberrant may present with great difficulty (Webb, 1993; Worden, 1996). This is attributed to the lack of systematic descriptions in accordance with developmental status (Christ, 2001), the cyclical and repetitive nature of childhood bereavement (Huss, 1999), and the fact that childrens' bereavement reactions, like symptoms, may be delayed (Buirski & Buirski, 1994). Included in this core theme are the sub-themes of **a: concrete reactions, b: state of unease, c: security concerns, d: concentration difficulties, e: sleep disturbances, f: desire to replace the deceased, g: emanating sense of self-reliance, h: profound longing** and **i: awareness of perceived difference.**

6.4.3.a: Concrete reactions

Four of the six participants recall their immediate reactions to the news of the death of their parents:

"then me, I just had to sleep in the morning"

"then they say my father died so we all got sad....my friend was calling me to play, but I said no"

"then my mom cried, then my baby brother cried, then I cried"

"my mommy cried, I said sorry"

The immediate reactions of a pre-school child to the death of a parent may not necessarily reflect that which the child undergoes emotionally. As portrayed by the foregoing data, children in this phase of development likely lack the ability to express what they are experiencing, so that their reactions may be concrete and egocentric (Buirski & Buirski, 1994). It is in such instances, whereby children do not respond with immediate adult-like grief, that their grief may, erroneously, be denied, or misunderstood (Buirski & Buirski, 1994).

6.4.3.b: State of unease

Of the six participants, five referred to non-specific feelings of unease:

"sometimes something's worrying if you want your mother or your daddy"

"it worries when people die, because people dead, and then we love them, but they love us to, but they dead"

"it's worrying when the dad's not there anymore"

"you worry about your mom because she died"

"it worries you gonna miss them,.....it feels that your heart beats fast"

Implied in the above data, is that a young bereaved child may develop a generalized sense of disquiet, which may not be dissimilar to a state of anxiety. In concurrence with this, children's anxiety levels are observed to rise significantly during the first year of loss, and still appear to remain high by the second anniversary of the death (Worden, 1996). Hypothetically, such a state may be borne through the fear of suffering another loss or through doubt pertaining to the security of the lives of those around, and so engendering concerns of abandonment (Bowlby, 1980; Glass, 1991).

6.4.3.c: Security concerns

Of the six participants four repeatedly alluded to concerns surrounding their ongoing care and needs:

"then you'll have to go around and ask for money and stuff...maybe they'll give you money, food and blankets to look after you"

"mommy's died, so who's going to make the food now – if your daddy makes food you eat"

"if your mommy dies, and the daddy dies you can't got eat anything, you gonna be hungry"

"you have to tell her, the other people, you must look after him... the other people, they can help a girl to eat and live"

"you won't live if your family's not there, you won't live, you gonna be hungry"

"the monster comes later on, the monster just take you away if the mommy and daddy can't look after you"

"and when they know somebody, they can want her phone her to know her, they gonna want her to keep the next door neighbour and they can feed them; when they small they can't feed themselves"

"and you'll stay alone, and you stay alone, you gonna be so so so so sad".

"I want to say because she was living with nobody and nobody was keeping for her...and she was so sad"

"when your mommy dies and when somebody come to the house you can go back and sleep over, and when at night you can buy supper with them...and eat lunch....and eat"

"why you come play with us, and we gonna play nicely to you and we gonna buy food us, and you gonna live with us forever and ever"

Amongst the crucial concerns of bereaved children is that of who will now provide for their care, which Worden (1996) sums up through the question of *"who will look after me?"* As is indicated through the preceding data, young children's preoccupation with their own security needs and continuity of daily routines, may not only be reflected on learning of a parent's death (Buirski & Buirski, 1994), but rather remain an ongoing feature, particularly in the early developmental stages when egocentricity is so prominent (Worden, 1996).

6.4.3.d: Concentration difficulties

Five of the six participants referred to the emergence of disruptions in concentration:

"you doesn't do work at school when your mommy or daddy dies, you think about them every time"

"you can't work nice at school"

"you can't stop thinking about your mom, and you can't play nicely"

"you thinking about what happened, then it doesn't go away"

"if your mommy dies and the daddy dies, you can't do your work"

Through the above data it can be gleaned that efforts to focus without distraction on the task at hand, which may even manifest as school difficulties (Worden, 1996), may be profoundly disrupted following the loss of either one, or both parents. As symptoms of mourning in young bereaved children, concentration and learning difficulties are identified by

Buirski and Buirski (1994) to be a resultant expression of the inner turmoil with which the young child may be plagued.

6.4.3.e: Sleep disturbances

All six participants indicated interferences in sleep with respect to their losses:

"and at night you can't sleep, and at night you don't sleep alright"

"when you have horrible dreams you can sometimes cry because the person died"

"and the snake put her there and put poison on there and then she die... I saw it, I was screaming, I was sleeping"

"they buried him, then I was dreaming about him and then your mother wakes you up....your dream, your dream..."

"it doesn't help to sleep, they must take her to bed to sleep"

"when your heart is gonna be sad and crying and crying and crying and you can't sleep, and you can't sleep"

"you can't sleep at night, you thinking about the person who died"

"the monster taking me away then I wake up and I just see myself in bed, then I wake up and my uncle fetches me"

Of the non-specific symptoms displayed by bereaved children, sleep disturbances may not be uncommon (Christ, 2001; Worden, 1996). The foregoing data indicates that the feelings and thoughts pertaining to the loss of a parent may invade radically into a young child's sleep or rest time, which arguably could be construed to be a period of solitude, and so perhaps evocative of heightened vulnerability.

6.4.3.f: Desire to replace the deceased

Three of the six participants expressed the desire for replacement parents:

"you can't say no to others when they haven't got any mommy and daddy, they can't say that, they can say they can get"

"your mommy died, and she wants another mommy:

"my mommy says I can have another daddy"

".....because she want a new daddy and a new mommy, and a new sister and brothers, because she didn't got any mommies and daddies"

It would seem, from the above data, that a young parentally bereaved child may harbour a strong desire for a substitute parent or family. This hankering for an intact family may begin to be voiced, through a request for such, in the period following the loss (Christ, 2000; Christ, 2001).

6.4.3.g: Emanating sense of self-reliance

Of the six participants three attested to an emergent awareness of the need to be self-sustaining:

"the little girl must take care of yourself"

"he has to look after his self"

"the mommy is in heaven, they have to look after themselves"

Bowlby (1980) contends that certain behaviours demonstrated by bereaved children, the like of which include compulsive self-reliance, and, or, the striving to be grown up and independent, allow for the suppression of sadness and a yearning to be cared for. The emanation of a sense of self-reliance, as revealed by the above data, when acted upon, may also entail the hope of meeting expectations presumed to be held by the deceased parent (Bowlby, 1980).

6.4.3.h: Intense longing

Five of the six participants expressed an intense longing for the dead parents:

"it's hard....you want your daddy back...and he can't come back"

"sometimes I dream of mommy, she's taking me to shopping, it's nice... when I wake up, I found him not next to me... I be sad"

"you loves him and she'll miss him so much, and miss her daddy"

"I miss him, it feels sad, so I tell my mom...he says he can't come back"

"it can't get better....nothing makes it better"

The foregoing data indicates, as argued by Furman (1974), that the early loss of a parent engenders a profound longing for the deceased, by the bereaved child. Furthermore, Furman (1974) contends that the nature of this longing is likely to be of an incomparable amount, intensity and longevity, so that the young child's life may forever be shadowed by the death of the parent.

6.4.3.i: Awareness of perceived difference

Of the six participants, four referred to their perceptions relative to others:

"they going to ask you why you didn't get mothers and fathers, brothers and sisters"

"the people they ask you why they died, and you must say they died"

"why your family die, the people gonna say"

"why you don't have any mommy, and she says I don't know why she died"

The preceding data suggests that the loss of either one or both parents has an effect on young children's perceptions of how they experience themselves through the eyes of others. Children who lose a caregiver claim to be different from their peers (Thompson & Payne, 2000) and this may then evoke a sense of being stigmatised and isolated (Schilling & Koh, 1992).

6.4.4: Managing the grief

Efforts to evaluate children's grief, based largely on the imposition of an adult model, or an approximate prescribed period of time, as indicators, may promote grave misunderstandings, or denial of the grief (Corr et al., 2000; Webb, 1993; Worden, 1996). Rather, the wide range of responses manifested by parentally bereaved children, pointedly suggests that they use the resources available to their age and stage of development, in order to maintain their equilibrium (Buirski & Buirski, 1994). The sub-themes incorporated in this core theme include **a: retreat from death, b: locating the deceased, c: seeking to memorialize the parent, d: use of rituals** and **e: efforts to elicit reassurance.**

6.4.4.a: Retreat from death

The six participants each intimated at the use of activities in alleviating pain:

"when you very sad and your friend comes to play, it can make you happy"

"when you go to McDonalds, you not gonna miss her"
"the sore goes away when you play lots"

"when your friend takes you out, she gonna take you to the café or Joburg, or Randburg, or go to sleep over, you gonna get happy"

"you go play your heart will be better"

"I feel like sleeping when I'm sore and at night"

Children's low capacity to tolerate acute pain for long periods, which predisposes them to work through the pain of grief gradually, and in ways that are not overwhelming, likely evokes various coping mechanisms to facilitate this need (Corr et al., 2000; Christ, 2001; Webb, 1993; Worden, 1996). In concurrence, the above data points to the retreat from death, and, or mourning, from time to time, as a coping mechanism, which may even appear to adults to be insensitive (Worden, 1996).

6.4.4.b: Locating the deceased

All six participants perceived their parents to have some continued form of existence:

"my daddy he's at God there by heaven...he can watch us"

"then they go up in heaven and they stay with Jesus and Jesus makes them alive"

"mommy's just waiting by heaven...she's looking after me"

"they can see you from heaven"

"in heaven we care for them"

"they can love us from heaven"

"then you can go to Jesus and you don't feel sore"

"you want them to go there to heaven, only the robbers that die go to the death"

"I keep him in my brain and he watches me"

From the foregoing data, it can be seen that in their striving to cope with death, young children may seek to connect the death to some type of continued life form and, or, spirituality (Thompson & Payne, 2000). In locating the deceased in a place, and attributing a function, a child may be afforded a means to retain the relationship in some form (Ferrer, 2002), thereby deriving a source of comfort and ego integrity (Christ, 2000; Christ, 2001).

6.4.4.c: Seeking to memorialize the parent

Each of the six participants sought to retain memories of their parents:

"don't forget the mommy, you must think, 'cause she's beautiful"

"he don't remember his mom, and then he gonna dream and then he gonna remember him ....in your dreams it helps you"

"I like to look at the pictures, I put the pictures there, I look at them lots of times – you must get pictures"

"I want to tell daddy stories"

"my daddy in my dreams says hello, he comes every night in my dreams"

"mommy used to buy me chocolates and she say I must say thank you nicely, and she buyed me clothes"

"it's good to think about daddy, I remember to love him"

"mommy gave me his earrings, my granny keep them for me, he says when I get married I must give them to my wife"

"me and my granny we talk about mommy, and she does wear my mommy's clothes because my mom gave them to my granny"

The constructing of a mental image and positive memory of the dead parent, which enables the retention of a legacy, is considered to be a vital aspect of grief work with children. Indeed, as revealed by the above data, with the provision of encouragement, young children may quest after, and have no difficulty in recalling the parent who has died. Furthermore, inviting detail, in terms of the unique aspects of the relationship, may provide a sense of comfort, and facilitate adaptation to the loss (Bowlby, 1980; Christ, 2000; Christ, 2001; Webb, 1993; Worden, 1996).

6.4.4.d: Use of rituals

The six participants all referred to making use of spiritual rituals with respect to their losses:

"you pray take care of the people who are dead. Jesus hears and loves you"

"...to pray for Jesus to love him and take care of him"

"you must pray for them, and you must go to the church, and you must sing for him"

"....and you pray....it helps"

"when you sad, you must pray for God"

"you pray to Jesus please make her better, then Jesus and God make it better"

"and you gonna pray for Jesus to keep you, and Jesus gonna keep you such nicely and she gonna pray for her"

It would seem from the above data, that young bereaved children may implement personalized and/or customary rituals, in response to the loss. The use of gestures or rituals, as healing components at any developmental level, are considered to be valuable in providing some sense of personal control in what, essentially, is a situation beyond control (Corr et al., 2000; Norris-Shortle & Young, 1993; Webb, 1993; Worden, 1996). Albeit this pertains largely to the use of tangible activities, the use of constructive rituals potentially provides an outlet for the grief and feelings, while preserving the memory of the deceased.

6.4.4.e: Efforts to elicit reassurance

Whether through apparent means, or inadvertently, five of the six participants alluded to efforts to attain reassurance:

"I wanted them...to tell them...they can please help me?"

"Sometimes they say don't cry, they say don't cry, you musn't cry, then you do like this (demonstrates wiping tears away), *with a tissue"*

"my granny told me when the people dies, you can't get it"

"when people die, you think you don't know if they go to heaven or death?....you want them to go there to heaven?....but you think you don't know...."

"I be sad, then I tell granny, she say alright"

"my auntie, she tells me you have to let your feeling out"

Norris-Shortle and Young (1993) emphasize that the vulnerable and dependent state of young bereaved children warrants responses of reassurance from the surround, far more than the provision of extensive discussions about death. Similarly, this data indicates that in managing their grief, young children may attempt to evoke reassurance or support pertaining to their feelings or uncertainties.

6.4.5: Conditions pertaining to the loss

The course of mourning and adjustment of bereaved children is considered to be inextricably intertwined with the surrounding conditions (Bowlby, 1980; Christ, 2001; Hurd, 1999). For Bowlby (1980), children's greater vulnerability to the impact of bereavement lies in the relationship with the deceased, the information provided to the child, participation in family grieving and a comforting presence of a surviving parent, or trusted substitute. This core theme includes the sub-themes of **a: sensitivity to the surround, b: denial of information** and **c: participation in family grieving rituals.**

6.4.5.a: Sensitivity to the surround

The six participants provided the following insights into the implicit or explicit messages imparted by significant others:

"you musn't talk about the person because it's gonna worry"

"we can't play because they said it's so hard, my daddy said."

"if they say don't cry, you musn't cry"

"you don't play because your grandma sad"

"other big people sometimes they cry"

"now my mom, she's become kind, she used to be ....um.....not like that horrible, but now she's become kind again"

This data demonstrates the sensitivity of young parentally bereaved children to the immediate surround, in which they are predominantly susceptible to whatever is imposed upon them by significant adults (Bowlby, 1980). Such cues may be as subtle as the emotional unavailability of the surviving parent, who is immersed in grief, or even acting stoically around the child, yet, they have the power to increase a young child's vulnerability to the degree of impeding the grief process (Bowlby, 1980; Buirski & Buirski, 1994; Furman, 1974; Kirk & McManus, 2002; Stokes et al., 1999).

6.4.5.b: Denial of information

Three of the six participants referred to the lack of information with which they were provided:

"they told me nothing"

"nobody told me ever my story"

"and they didn't, they said no"

In the event, and not uncommonly, that appropriate information, concerning their parents' deaths, is withheld from bereaved children (Black, 1996; Ferrer, 2002; Kirk & McManus, 2002; Wass, 1991), they, rarely, are in a position to effect otherwise (Bowlby, 1980). The above data points to the exclusion from information of three of the bereaved children in this study, which is identified to be a condition that influences the course of mourning (Bowlby, 1980; Kübler-Ross, 1991).

6.4.5.c: Participation in family grieving rituals

Of the six participants, five reflected on their inclusion in the burial ritual:

"the funeral is hard because you sit for a long time"

"I see the big box, and he in the box, and my heart was sore – I wanted to go home"

"it scares when it comes, they put the box in when the people's dead"

"you see things you don't like"

"it's scary because the people die, and the people there are sad"

"when you go to bury him you cry"

"it's scary cos of the face – I did see skinny bones"

"you have horror dreams after"

As with the information provided to bereaved children, an additional factor purported to be of critical influence, with respect to their mourning, is that of participation in family grieving rituals (Bowlby, 1980; Norris-Shortle & Young, 1993). The above data demonstrates that five of the bereaved children in this study were present at the respective burials. While positive participation in family grieving may enhance the likelihood of healthy mourning (Bowlby, 1980), equally so, participation, without appropriate preparation or readiness, may evoke added, and pronounced, psychological distress in a young child (Norris-Shortle & Young, 1993; Worden, 1996).

6.4.6: Discussing death

Proponents of primary prevention services for bereaved children argue for some measure of support for the children, if merely to allow for the expression of that, which may otherwise not be voiced (Barnard & Morland, 1999; Black, 1991; Black, 1996; Morland, 1999; Nagy, 1999; Stokes et al., 1999). This largely entails entering into dialogue with the children and engaging in subsequent reflection. On this basis, commentary, as to the group experience, was invited from the participants. This core theme comprises the sub-theme of **a: willingness to engage.**

6.4.6.a: Willingness to engage

The six participants reflected on their involvement in the group encounter:

"it's good to talk because when we're worried"

"yip! (broad smile) *I like talking"*

"I liked it our time, drawing"

"I learnt because we was talking about dying, playing"

"it makes you happy to talk"

"your heart feels good from talking"

"and they tell you things, it's good"

"it's ok to tell your story, I was talking"

Thompson and Payne (2000) argue that when provided with a forum for exploration, young bereaved children likely avail themselves to enter into dialogue, in an effort to make sense of their loss. More so, in the instance of this study, as the above data reveals, they may do so willingly, and perhaps derive something of value. In a related vein, it is advocated that evaluation by open enquiry, of children in such a context, may afford a process of action learning towards service provision for bereaved children (Barnard & Morland, 1999; Morland, 1999; Nagy, 1999).

6.5 Conclusion

This chapter has comprised of the results of a phenomenological inquiry into the experience of losing a parent in the pre-school years. Through the transformation and synthesis of the naïve descriptions of the individual participants, the researcher has derived six core themes. These themes, by reflecting the essential structure of the experience of losing a parent in the pre-school years, have allowed for a privileged access to the nature of this experience.

Chapter Seven

Evaluation of the study

7.1 Introduction

This study sought to extract meaning from the experience of losing one's parent in the pre-school years. The discussion that follows is concerned with the findings as they pertain to avenues for further investigations, methodological strengths and limitations, and relevant implications.

7.2 Strengths and limitations of the study

While the utmost care has been taken to address the limitations of this study, several methodological disadvantages are acknowledged. As previously discussed, unlike quantitative research in which validity relates to confidence in the measuring instrument, the validity in this investigation depends largely on whether the power of this presentation convinces the reader of its accuracy. Certainly, the results of phenomenological research are not claims to be *"proved"* in the ordinary meaning of that term (Polkinghorne, 1983, p.45). As is reiterated by Barker et al. (2002), the task at hand is to *"discover meaning, not invent it"* (p.79). The researcher has thus made explicit the philosophical ground on which this study is based, the method of access and interpretation and inclusion of data sample. In so doing, a means for inter-subjective judgement is provided.

The transformation and synthesis of the raw data does, however, introduce subjectivity. Not only does the data selection rest on the researcher's subjectivity, but the possibility exists that other researchers would interpret the raw data and arrive at themes which differ to those concluded in this study. This fact in itself opens the way for further debate. For instance, Polkinghorne (1983) argues that should different researchers investigate and arrive at different results, these differences in descriptions of essences can also be interpreted as part of a process of uncovering deeper and fuller understanding of the essences. Moreover, insights into other essences can develop as researchers build on each other's work (Polkinghorne, 1983). However, efforts to reduce subjectivity have also included consultation with additional researchers, to verify the realities and meanings of participants, as arrived at by the researcher. Nonetheless, by the nature of this research, subjectivity is indicated.

In converting the recorded data to transcripts, the researcher has attempted to ensure accuracy. Although the transcripts have undergone several checks, this does not altogether preclude the possibility that errors have not been made.

This study cannot claim to prove the generalizability of its findings with regard to population characteristics. Rather, the issue of generalizability for these findings is concerned with the specifity of the essential description. Indeed, small samples cannot allow for generalization. Their potential however is in the provision of substantial learning, and the opening up of new territory for further research (Patton, 2002). It is also asserted that universalization is not demanded of all inquiry, particularly where contexts are important and tend to relativize findings (Giorgi, 1997).

In light of the above, while extreme care has been taken to eliminate all prejudice, potential bias and error in arriving at findings that accurately reflect the experience of losing a parent in the pre-school years, cannot be entirely ruled out.

Albeit that limitations exist in this study, the approach used in this study may be credited for its descriptive power and so for the potential richness of detail of individuals' experiences. By deriving concepts and themes that reflect the perceptions of the experience of early bereavement, important human qualities of the subjects can be revealed, which may contribute to the existing theoretical formulations and prior research. In this way, our understanding of this experience may be amplified and potentially lead to several consequences. It is hoped that this study, owing to its phenomenological approach, has provided a deeper and clearer understanding of what it is like for a child to lose a parent while in the pre-school years.

7.3 Directions for future research

On evaluating the findings of this study, the researcher is struck by the sharp contrast between the dry literature and the richer, more human experience provided by the participants. This suggests the need for further phenomenological research in the area of childhood parental bereavement and its subsequent impact. Several areas for further research that have emerged from this study are provided in the following discussion.

With few exceptions, the preponderance of available studies pertaining to parent loss in childhood would seem to be so broad, in as much as they are not confined to different developmentally generated age groups. Further investigations, with the focus on these diverse groupings, to elicit developmental variations in the mourning experience, may advance the opportunity for the *"much needed theoretical and conceptual development"* (Downdey, 2000, p.830), called for in this area, and incline understanding away from reliance on adult models (Corr et al., 2000; Worden, 1991), towards that which has greater applicability to children. Likewise, such studies, replicated in settings in which children encounter multiple additional stressors, such as poverty and the premature assuming of parental responsibilities, would, presumably introduce other dimensions to the experience of losing a parent, as, arguably, would the influence of diverse cultures. In a related vein, the isolating of the variables that act to mediate or moderate the long-term vulnerability that is experienced by some early bereaved children provides a wide forum for future research.

Consistently, many questions, be they based in the lack of clarity surrounding the outcome of early parent loss, or the sheer complexities inherent in intervention evaluation, point in the direction of answers best met through longitudinal studies. Such research may address the debate as to whether bereaved children are more vulnerable to later stress or loss, and whether there are particular developmental periods that are more susceptible to the impact of the loss. Longitudinal studies could also facilitate the development of an effective screening measure to target potential at-risk individuals in order to reduce the likelihood of long-term negative outcomes.

The development of programmes/interventions for bereaved children presents as a vast area of research, as does the challenge to evaluate them. The precise effects of support groups through, for instance, an increase in the number of groups conducted, with pre-and post group interviews with participants, and their caregivers, combined with an analysis of in-group comments, may yield substantial information.

Implicit in all of the above recommendations is that, given our present context, there is a need to vigorously increase knowledge of childhood bereavement in the African context, with regard for the diversity across social, economic and cultural settings, and the role of such, in children's experiences.

7.4 Implications of the study

While the focus of this study has concentrated on the experience of pre-school children who have lost one or both of their parents, implications are brought to the fore that pertain specifically to this experience, as well as to the general experience of early parental bereavement.

Having been privy to something of the world of a young child who loses a parent, it appears that, when combined with the more apparent conditions that merge with this experience, the inordinate vulnerability with which the child may be confronted, cannot be underestimated. As demonstrated through previous discussion (Chapter 2), these conditions which exacerbate the child's vulnerability reside predominantly in the dependency of the child on the responses of those adults who are in a position to direct the course of information, support and the like, provided to the child, and which increasingly is recognized to be of critical influence as to the manner in which the loss is negotiated. This calls into question the degree to which societies perpetuate death as a taboo subject, albeit under the guise of protection of children. Corr et al. (2000) illustrate the depth to which these attitudes toward matters of life and death permeate society, through examining the reflection of these through language, and arrive at the conclusion that *"as we begin the twenty-first century, it often seems that people have simply inverted these attitudes and practices so as to be tongue-tied about death but all too unconstrained and loquacious about sex"* (p.83). Extending this debate, whilst alluding to the relentless efforts to measure outcomes of child bereavement services, Stokes et al. (1999) employ the analogy of the routinely wide availability and opportunities for education, support and meeting with others, for expectant mothers and new parents. . *"Imagine,"* they argue, *"informing a couple that they have 'scored' too highly on a measure of adjustment and therefore will not receive an invitation to join an ante-natal group"* (p.289). Implicit herein, is the question of a culture, which reacts positively for all at the beginning of life, yet rations services following the end of a life. It is in this regard that the words of one of the participants resonate onerously; that is: *"nobody told me ever my story."*

On further scrutiny of the scenario, there are those studies addressing childhood bereavement, which are immersed in commentary, which refer to, for instance, such experiences being removed from contemporary everyday life, the limited exposure of children to death, the rarity of this event, the difficulties in finding representative samples of bereaved children, and the unlikelihood of this event occurring in certain contemporary societies (Charkow, 1998; Corr et al., 2000; Curtis & Newman, 2001; Downdey, 2000). Simultaneously, there are those that make reference to children grieving losses more frequently at present than at any other point in history, and the current and impending increases of this event, through directing attention to factors such as HIV infection, war, civil conflict, mass transport disasters and violence (Black, 1996; Cooper, 1999). Certainly, it could be contended that there is no shortage of additional agents that induce the early loss of a parent, when considering the role of poverty, starvation, the recent tsunami disaster to name but a few. These discrepancies of perspectives however, hardly reside in the whim of individual authors. Rather, they serve as reminders of the extent to which death pervades any particular region or society, at any particular point in time, so that in order to derive a more enhanced view of the meaning and implications of the experience of the early loss of a parent, the broader and immediate context, in which this occurs, cannot afford to be obscured.

In this vein, notwithstanding that this study has not selected to focus on any particular cause of parental death, its origins nonetheless lie in the African context, specifically in South Africa, in which the role played by HIV/Aids cannot be summarily dismissed. It is, after all, that, of the estimated 42 million orphans predicted by 2010 in Sub-Saharan Africa, 20 million of them will lose one, or both parents through AIDS. More than two million of these children are expected to be of South African nationality (USAID, 2002).

The ramifications of AIDS do not however "merely" culminate in death for the affected individuals. Typically, they introduce a myriad of circumstances, and more particularly, which impact on the child. For instance, in general, the death of a parent would not necessarily imply that the death of the surviving parent is to follow shortly. Yet, the probability of such remains high when HIV is implicated (USAID, 2002). Within a relatively brief period of time then, a child is subject to a recurrent experience of the grief and mourning process, with all that this entails, before even grappling with the additional hardships that, likely, will then demand endurance. Moreover, in many instances, as in the case of three of the participants in this study, children may assume the care for, or be witness to, their ill or dying parents, even when in their pre-school years.

Withstanding the early parental loss experience may only be a small measure of the tragedy, which then follows for a child. The likelihood of little familial planning for the future of children, under these circumstances, tends to result in the separation of siblings through being designated to different households, or institutions (USAID, 2002). Suffice to say this is further profound loss for the child.

Most frequently, the accommodation of a child by the extended family system, such as an aging grandparent, or other relative, translates into additional burden on already inadequate resources, and so engenders the entrenchment of poverty. Hereon, at risk, and of significant probability of manifestation, is decreased adequate nutrition, health care, housing, clothing and denial of education (USAID, 2002). For those children who are neither absorbed into extended family, nor an institution, the options that present, include either a child-headed household or street life. The risk hereon of physical, sexual and/or other forms of exploitation increases (USAID, 2002).

Taking these interrelated factors into account, which arguably may not pertain exclusively to AIDS-related parental death, demands paying attention to the implicit levels of psychosocial distress that may emanate through the loss of a parent. As adjuncts to the grief through the death of the parent, there may well be fears about the future, separation from siblings, economic distress and perhaps discrimination and isolation. For the researcher, it is at this point whereby something of an irony emerges when confronting the question as to whether there is too great a risk in talking to, or intervention with, children who experience parental death. Given the circumstances, the question may well be posed as to whether we can afford not to dialogue with our grieving children.

Yet, as psychologists, in returning to the issue of service delivery for bereaved children, that which cannot be ignored includes the methodological challenges intrinsic to this work, the many hindrances based on societal views, the diverse opinions as to which "symptoms" constitute the need for intervention (Chapter 3), so as to arrive at a confounding juncture. Indeed, without detracting from the fact that not all bereaved children require specialised intervention (Morland, 1999; Stokes et al., 1999; Webb, 1993; Worden, 1996), and that some certainly do, nor the suggestion that vulnerable clients may be harmed by intervention (Schilling & Koh, 1992), the notion of not responding to our bereaved children, in some or other manner, seems for the most part, to deny the reality of the lives of too many of our contemporary children.

Undoubtedly, given this context, and the availability, or lack thereof, of existing services to our children, this has bearing on the role taken by clinicians and researchers alike. In this sense, following an analysis of the areas of research of the human sciences, with respect to their contribution to our society, the provocative argument was put forth over a decade ago, that as psychologists, while taking pride in referring to ourselves as members of the helping professions, we tend to, when faced with social problems particular to our context, that is South Africa, assign them to the province of other disciplines, with the premise that "*after all,* *we are not educationists or medical practitioners, or architects or social workers or whatever"* (Mauer, Marais & Prinsloo, 1991, p.91). Certainly, this argument is not applicable in many instances, yet, nonetheless, it highlights the wanting on the part of psychologists to assume an advocacy role when confronted by situations that are clearly deleterious to the well-being of humanity. These authors contend that this entails awareness of our social context and involvement in pertinent matters, in order to play a meaningful role in the social development of this country, in contrast to the continual pursuit of First World issues and apathy. In order to be psychologists then, *"in any known sense of the word, we are not only called upon to take note of these problems, in fact we are obliged to do something to ameliorate the situation"* (Mauer, et al., 1991, p91). At a time in which South Africa is striving to take advantage of the democratic processes that replaced apartheid, and to reduce acute levels of poverty, this debate would seem to remain of significant consequence, when reviewing the psychological world of a bereaved child.

To extend this viewpoint, and its applicability to the domain of investigating childhood bereavement, and more particularly the evaluation of services, so as to effect action, is also to bear in mind that *"psychology as science is a cultural product and thus consider employing* *multiple ways of knowing and investigating phenomena"* (Seedat, 1997, p.267). As illustrative of the relevance herein, to date, as working examples of successful and well-established community programmes for childhood bereavement, overcoming the challenge to measure outcomes of this work in any quantifiable sense continues as imperceptible (Morland, 1999; Stokes et al., 1999). To reiterate, such intervention rests in the basic treatment principles for work with bereaved children, that are derived through theoretical principles, in conjunction with the needs identified to be of some uniformity of bereaved children (Chapter 3). Consistently, it appears that it is in the direction of critical evaluation, and which is utilized in this manner, methodology that is open for scrutiny, and learning from experiences with children, towards which some resolution may be derived. Essentially, this points to methods of action/intervention research, which may develop and mould in a manner to accommodate those who need services, while forging more direct and solid links between scientists and practitioners (De Vos, Schurink & Strydom, 1998; Morland, 1999).

Key questions remain then as to how to reach those children who need assistance, prior to intervention only when emotional and behavioural difficulties have reached pathological levels. Interim measures point to some form of primary prevention in the form of provision of information, workshops and structured training, in which age-appropriate death education on supporting bereaved children is disseminated, to those individuals who form part of childrens' everyday environment, such as educators, youth workers and religious organizations. Herewith knowledge of developmental differences deserves the emphasis assigned to it, as a prerequisite for this work, in that notwithstanding awareness of this factor, prior to commencement of the research endeavour for this researcher, a greater depth of meaning was, during the research, realized. In this regard, recent study suggests that while educators are perceptive of childrens' grief responses and changes in academic performance and behaviour, they view themselves to be inadequately prepared with respect to the relevant knowledge and skills (Papadatou, Metallinou, Hatzichristou & Pavlidi, 2002). This concurs with the anecdotal information recently received by this researcher in presenting an overview of childhood bereavement at an inclusive educational conference (Inclusion Conference: 16 October, 2004. Johannesburg Civic Centre). More pertinently, as does bear testimony, it is through the like of what begins as collaborative efforts that community services are borne, to evolve into much needed services that are easily accessible and culturally responsive (Edwards, 1999; Stokes et al., 1999). Not only would these responses potentially provide a first step in facilitating a child's adjustment to loss, it may well be that they go a long way in alleviating, what otherwise could be, a tainted or scarred life.

Finally, studies investigating childhood bereavement repeatedly draw attention to adults who recall, as bereaved children, not having been enquired of at the time, of their experience (Hurd, 1999; Kirk & McManus, 2002; Sanders, 1999; Webb, 1993). That said, it is worth noting that prior to the commencement of the data generation, the researcher was advised not to expect much information from one of the participants, as, to date, according to the guardian, the participant had not been forthcoming in discussion around her bereavement. Contrary to this expectation, the observation was made by the researcher that this particular participant was most expansive in accounting her experience. This begs the question as to how readily we may underestimate the power of pausing, to enquire of a bereaved child as to "what this is like". As McLeod (1997) states: *"It is important to keep hold of the idea that, for many people, the mere opportunity to tell their story, and to have that story valued and received, is an immensely affirming experience"* (p.105).

With all factors considered, ideally, the descriptions presented in this study could lead to a greater sensitivity and appreciation of the experience of early parental bereavement, and, perhaps less of a detached view on reading current and projected 'statistics' concerning the losses as a consequence of HIV/AIDS. As to our response, be it as psychologists or humanity, the introduction of this study posed the question by Kűbler-Ross (1991), in concern with the subject of death and children, that asks as to how we can listen, and how we can hear, the beliefs, the faiths and the feelings pertinent to this loss. To this end, having worked with the children/participants in this study, this researcher engages the observations of Oaklander (1988) for their apt resonance with her research experience:

"Children are our finest teachers. They already know how to grow, how to develop, how to learn, how to expand and discover, how to feel, laugh and cry and get mad, what is right for them, what they need. They already know how to love and be joyful and to live life to its fullest, to work and to be strong and full of energy. All they ....need is the space to do it" (p.324).

7.5 Conclusion

For those children who have lost one, or both of their parents, any attempt to measure the loss as it pervades, or will at any future point pervade in their lives, presents as an improbable task. We are however afforded the means to understand what this loss is like through phenomenological methods. In opening up their subjective worlds, the participants in this study have provided insight into the experience of losing a parent in the pre-school years. In so doing they leave this researcher with the thought, that while it is impossible to protect children from the hardship of parental death, at the very least, an environment in which permission exists to grieve, in as healthy a manner as possible, is feasible. Surely, it falls to adults to create "space" for a child for the bereavement of a parent. To do otherwise is suggestive of imparting powerful lessons by default.

REFERENCE LIST

Baker, S.R. (1991). *Utilizing art and imagery in death and dying* counselling. In D.Papadatou & C. Papadatos (Eds.), Children and Death. New York: Hemisphere.

Barker, C., Pistrang, N. & Elliott, R. (2002). Research methods in clinical psychology: an introduction to students and practitioners. England: John Wiley.

Barnard, P. & Morland, I. (1999). Setting the scene: A brief history of the Liverpool children's project. In P.Barnard, I.Morland & J.Nagy (Eds.), Children, bereavement and trauma. London: Jessica Kingsley.

Barnes, G.E. & Prosen, H. (1985). Parental death and depression. Journal of Abnormal Psychology, 94(1), 64-69.

Berlinsky, H. B. & Biller, E.B. (1982). Parental death and psychological development. Lexington, Mass: Lexington.

Black, D. (1991). Family intervention with families bereaved or about to be bereaved. In D.Papadatou & C. Papadatos (Eds.), Children and Death. New York: Hemisphere.

Black, D. (1996). Childhood bereavement. British Medical Journal, 312 (7045), 1496.

Black, D. (1998). Bereavement in childhood. British Medical Journal, 316 (7135), 931-933.

Bowlby, J. (1980). Attachment and loss (Vol. 3): Loss, sadness and depression. London: Hogarth.

Brent, S., Speece, M.W., Lin, C., Dong, Q. & Yang, C. (1996). The development of the concept of death among Chinese and US children 3-17 years of age: from binary to “fuzzy” concepts? Omega, 33 (1), 67-83.

Briod, M. (1989). A phenomenological approach to child development. In R.S. Valle & S. Halling (Eds.), Existential-phenomenological perspectives in psychology: exploring the breadth of human experience. New York: Plenum Press.

Buirski, C. & Buirski, P. (1994). The therapeutic mobilisation of mourning in a young child. Bulletin of the Menninger Clinic, 58(3), 339-355.

Charkow, W. (1998). Inviting children to grieve. Professional School Counselling, 2 (2), 117-123.

Christ, G.H. (2000). Impact of development on children’s mourning. Cancer Practice, 8(2), 72-81.

Christ, G.H. (2001). Facilitating mourning following parental death. Psychiatric Times, 18(9), Retrieved January 10,2002 from http://www.mhsource.com/pt/p010939.html

Cook, A.S. & Oltjenbruns, K.A. (1998). Dying and grieving: life-span and family perspectives (2nd ed.). Fort Worth: Harcourt Brace College Publishers.

Cooper, C.A. (1999). Children's dreams during the grief process. Professional School Counseling, 3 (2), 137-141,

Corr, C.A., Nabe, C.M. & Corr, D.M. (2000). Death and dying, life and living. (3rd ed.). USA: Wadsworth/Thomson.

Creed, J., Ruffin, J. & Ward, M. (2001). A weekend camp for bereaved siblings. Cancer Practice, 9 (4), 176-182.

Curtis, K. & Newman, T. (2001). Do community-based support services benefit bereaved children? A review of empirical evidence. Child: Care, Health and Development, 27 (6), 487-495.

Denzin, N.K. & Lincoln, Y.S. (2000). Introduction: The discipline and practice of qualitative research. In N.K. Denzin & Y.S. Lincoln (Eds.), Handbook of qualitative research (2nd ed.). Thousand Oaks: Sage.

De Vos, A.S., Schurink, E.M. & Strydom, H. (1998). The nature of research in the caring professions. In A.S. De Vos (Ed.), Research at grass roots: A primer for the caring professions. Pretoria: Van Schalk.

Dietrich, D.R. (1984). Psychological health of young adults who experienced early parental death: MMPI trends. Journal of Clinical Psychology, 40(4), 901-908.

Downdey, L. & Wilson, R. (1999). Psychological disturbance and service provision in parentally bereaved children: prospective case-control study. British Medical Journal, 319 (7206), 354-358.

Downdey, L. (2000). Annotation: Childhood bereavement following parental death. Journal of Child Psychology and Psychiatry and Allied Disciplines, 41(7), 819-830.

Edwards, S.D. (1999). Community psychology: A Zululand perspective. Collected papers. Kwadlangezwa: University of Zululand.

Epston, D. & White, M. (1994). Experience, contradiction, narrative and imagination: selected papers of David Epston & Michael White 1989-1991. South Australia: Dulwich Centre.

Excell, J.A. (1991). A child's perception of death. In D. Papadatou & C. Papadatos (Eds.), Children and Death. New York: Hemisphere.

Ferrer, L. (2002). The experience of losing one's father in the pre-school years: a phenomenological study. Unpublished master's thesis. KwaDlangezwa: University of Zululand.

Finkelstein, H. (1988). The long term effects of early parent death: A review. Journal of Clinical Psychology, 44 (1), 3-8.

Fleming, S. & Balmer, L. (1991). Group intervention with bereaved children. In D. Papadatou & C.Papadatos (Eds.), Children and Death. New York: Hemisphere.

Fristad, M.A., Jedel, R., Weller, R.A & Weller, E.B. (1993). Psychosocial functioning in children after the death of a parent. The American Journal of Psychiatry, 150(3), 511-513.

Furman, E. (1974). A child's parent dies: studies in childhood bereavement. New Haven: Yale.

Furukawa, T., Mizukawa, R., Hirai, T., Fujihara, S., Kitamura, T. & Takahashi, K. (1998). Childhood parental loss and schizophrenia: evidence against pathogenic but for some pathoplastic effects. Psychiatry Research, 81(3), 353-362.

Furukawa, T., Yokouchi, T., Hirai, T., Kitamura, T. & Takahashi, K. (1999). Parental loss in childhood and social support in adulthood among psychiatric patients. Journal of Psychiatric Research, 33(2), 165-169.

Gass-Sternas, K.A. (1995). Single parent widows: Stressors, appraisal, coping, resources, grieving responses and health. In S.M. Hanson, M.L. Heims, D.J. Julian & M.B. Sussman (Eds.), Single parent families:Diversity, myths and realities. New York: Haworth.

Giorgi, A. (1984). A phenomenologically based unified paradigm. In D.Kruger (Ed.), The changing reality of modern man. Cape Town: Juta.

Giorgi, A. (1997). The theory, practice and evaluation of the phenomenological method as a qualitative research procedure. Journal of Phenomenological Psychology, 28 (2), 235-260.

Glass Jr., J.C. (1991). Death, loss, and grief among middle school children: Implications for the school counsellor. Elementary School Guidance & Counselling, 26(2), 139-149.

Gray,M. (1991). Helping the children of parents who die of Aids. In C. Newnes (Ed.), Death, dying and society: special issue of changes: An International Journal of Psychology and Psychotherapy. East Sussex: Lawrence Erlbaum.

Grollman, E.A. (1991). Explaining death to children and to ourselves. In D. Papadatou & C. Papadatos (Eds.), Children and Death. New York: Hemisphere.

Hoshmand, L.L.S.T. (1989). Alternate research paradigms: A review and teaching proposal. The Counseling Psychologist, 17(1), 3-79.

Hurd, R.C. (1999). Adults view their childhood bereavement experiences. Death studies, 23(1), 17-42,

Huss, S.N. (1999). Effectiveness of a group for parentally bereaved children. Journal for specialists in Group Work, 24(2), 186-197.

Kaffman, M. & Elizur, E. (1983). Bereavement responses of kibbutz and non-kibbutz children following the death of the father. Journal of Child Psychology and Psychiatry, 24(3), 435-442.

Kirk, K. & McManus, M. (2002). Containing families' grief: therapeutic group work in a hospice setting. International Journal of Palliative Nursing, 8 (10), 470-480.

Krause, N. (1993). Early parental loss and personal control in later life. Journal of Gerontology, 48(3), 117-126.

Krause, N. (1998). Early parental loss, recent life events, and changes in health among older adults. Journal of Aging and Health, 10(4), 395-422.

Kruger, D. (1979). Introduction to phenomenological psychology. Cape Town: Juta.

Kűbler-Ross, E. (1991). The dying child. In D. Papadatou & C.Papadatos (Eds.), Children and death. New York: Hemisphere.

Kvale, S. (1996). Interviews: An introduction to qualitative research interviewing. California: Sage.

Lendrum, S. & Syme, G. (1992). Gift of tears: a practical approach to loss and bereavement counselling. London: Routledge.

Louw, D.A. & Louw, A.E. (1995). The neonatal phase and infancy. In D.A. Louw (Ed.), Human development. Pretoria: Kagiso Tertiary.

Martin, T.L. & Doka, K.J. (2000). Men don’t cry…women do: transcending gender stereotypes of grief. Philadelphia: Brunner/Mazel.

Mauer, K.F., Marais, H.C. & Prinsloo, R.J. (1991). Psychology: the high road or the low road? South African Journal of Psychology, 21 (2), 90-95.

Merleau-Ponty, M. (1945). Phenomenology of perception, transl. C. Smith (1962). New York: Humanities.

Morland, I. (1999). Using an educational model to foster children's resilience in the context of a bereavement service. In P.Barnard, I.Morland & J.Nagy (Eds.), Children, bereavement and trauma. London: Jessica Kingsley.

McLeod, J. (1997). Narrative and psychotherapy. London: Sage.

Moustakas, C. (1994). Phenomenological research methods. Thousand Oaks: Sage.

Nagy, J. & Adams, R. (1999). Planning programmes of work with children. In P.Barnard, I.Morland & J.Nagy (Eds.), Children, bereavement and trauma. London: Jessica Kingsley.

Nagy, J. (1999). The practice of working with bereaved children. In P.Barnard, I.Morland & J.Nagy (Eds.), Children, bereavement and trauma. London: Jessica Kingsley.

Neuman, W.L. (1997). Social Research Methods: Qualitative and quantitative approaches. Boston: Allyn and Bacon.

Norris-Shortle, C. & Young, P.A. (1993). Understanding death and grief for children three and younger. Social Work, 38(6), 736-743.

Oaklander, V. (1988). Windows to our children: a gestalt therapy approach to children and adolescents. Highland: The Gestalt Journal.

Papadatou, D., Metallinou, O., Hatzichristou, C. & Pavlidi, L. (2002). Supporting the bereaved child: teacher's perceptions and experiences in Greece. Mortality, 7 (3), 324-339.

Patton, M.Q. (2002). Qualitative research and evaluation methods (3rd ed.). Thousand Oaks: Sage.

Polkinghorne, D. (1983). Methodology for the human sciences: systems of inquiry. Albany: State University of New York.

Polkinghorne, D.E. (1989). Phenomenological research methods. In R.S. Valle & S. Halling (Eds.), Existential-phenomenological perspectives in psychology: exploring the breadth of human experience. New York: Plenum.

Rainieri, N. & Lester, D. (1997). Parental loss, depression and suicidality. Psychological Reports, 80, 378.

Rando, T.A. (1991). Parental adjustment to the loss of a child. In D. Papadatou & C. Papadatos (Eds.), Children and death. New York: Hemisphere.

Rogers, A.G. (2000). When methods matter: qualitative research issues in psychology. Harvard Educational Review, 70 (1), 75-84.

Sanders, C.M. (1999). Grief: The Mourning After. New York: John Wiley &Sons.

Schilling, R.F. & Koh, N. (1992). Bereavement groups for inner city children. Research on Social Work Practice, 2(3), 405-420.

Schwab, R. (1997). Parental mourning and childrens' behaviour. Journal of Counseling and Development, 75 (4), 358-365.

Schurink, E.M. (1998). Deciding to use a qualitative research approach. In A.S De Vos (Ed.), Research at grass roots: A primer for the caring professions. Pretoria: Van Schalk.

Seedat, M. (1997). The quest for liberatory psychology. South African Journal of Psychology, 27 (4), 261-270.

Sklar, A.D. & Harris, R.F. (1985). Effects of parent loss: interaction with family size and sibling order. American Journal of Psychiatry, 142(6), 708-714.

Speece, M.W. & Brent, S.B. (1984). Children's understanding of death: A review of three components of a death concept. Child Development, 55, 1671-1686.

Stastistics South Africa, (1999). South African Population Census 1996. [Data file]. Available from Statistics S.A. website, http://www.statssa.gov.za.

Statistics South Africa (2003). Census 2001: Children aged 0-7 years with parents alive [Data file]. Available from Statistics South Africa website, http://www.statssa.gov.za.

Stein, J. (2003). Sorrow makes children of us all: A literature review on the social impact of HIV/AIDS on children (Working Paper No. 03/47). Cape Town, South Africa: University of Cape Town, Centre for Social Science Research.

Stokes, J., Pennington, J., Monroe, B., Papadatou, D. & Relf, M. (1999). Developing services for bereaved children: A discussion of the theoretical and practical issues involved. Mortality, 4(3), 291-308.

Stones, C.R. (1986). Phenomenological praxis: A constructive alternative in research in psychology. South African Journal of Psychology, 16(4), 117-121.

Strydom, H. (1998). Ethical aspects of research in the caring professions. In A.S. De Vos (Ed.), Research at grass roots: A primer for the caring professions. Pretoria: Van Schalk.

Tait, D.C. & Depta J. 1993). Play therapy group for bereaved children. In N.B. Webb (Ed.), Helping bereaved children: A handbook for practitioners. New York: Guilford.

Thompson, F., & Payne, S. (2000). Bereaved children's questions to a doctor. Mortality, 5(1), 74-97.

United States Agency for International Development (2002). Children on the brink 2002: A joint report on orphan estimates and program strategies. Washington DC: TvT Associates/The Synergy Project.

Ussher, J. (1991). Professionals don't cry – death and dying in Aids psychology. In C. Newnes (Ed.), Death, dying and society: special issue of changes: An International Journal of Psychology and Psychotherapy. East Sussex: Lawrence Erlbaum.

Valle, R.S., King, M. & Halling, S. (1989). An introduction to existential phenomenological thought in psychology. In R.S. Valle & S. Halling (Eds.), Existential-phenomenological perspectives in psychology: exploring the breadth of human experience. New York: Plenum.

Wass, H. (1991). Helping children cope with death. In D. Papadatou & C. Papadatos (Eds.), Children and Death. New York: Hemisphere Publishing Corporation.

Webb, N.B., (1993). The child and death. In N.B. Webb (Ed.), Helping bereaved children: A handbook for practitioners. New York: Guilford.

Weber, J.A. & Fournier, D.G. (1985). Family support and a child's adjustment to death. Family Relations, 34(1), 43-49.

Weller, R.A., Weller, E.B., Fristad, M.A. & Bowes, J.M. (1991). Depression in recently bereaved prepubertal children. American Journal of Psychiatry, 148(7), 1536-1540.

Wolfenstein, M. (1966). How is mourning possible? Psycho-analytic study of the child, 21, 93-126.

Worden, J.W. (1991). Grief counseling and grief therapy (2^{nd} ed.). New York: Springer.

Worden, J.W. (1996). Children and grief: when a parent dies. New York: Guilford.

Yalom, I. (1985). The theory and practice of group psychotherapy. New York: Basic Books.

APPENDIX

Examples of childrens' drawings:

<u>*1.*</u>

"don't forget the mommy, you must think "cause she's beautiful"

<u>*2.*</u>

"there's the doctor and the box, and the daddy box, and the mommy box, ...the doctor, helping them to get in the box ... the bee busy want to sting the doctor ... she didn't stay still"

<u>*3.*</u>

"...in the hospital when he's lying down, my father ... he didn't die yet, he's still alive"

<u>*4.*</u>

"they bring the people to carry the box, to put in the big sand, the thing goes down, wirr, wirr, .. it's scary, because the people die and the people there are sad"

<u>*5.*</u>

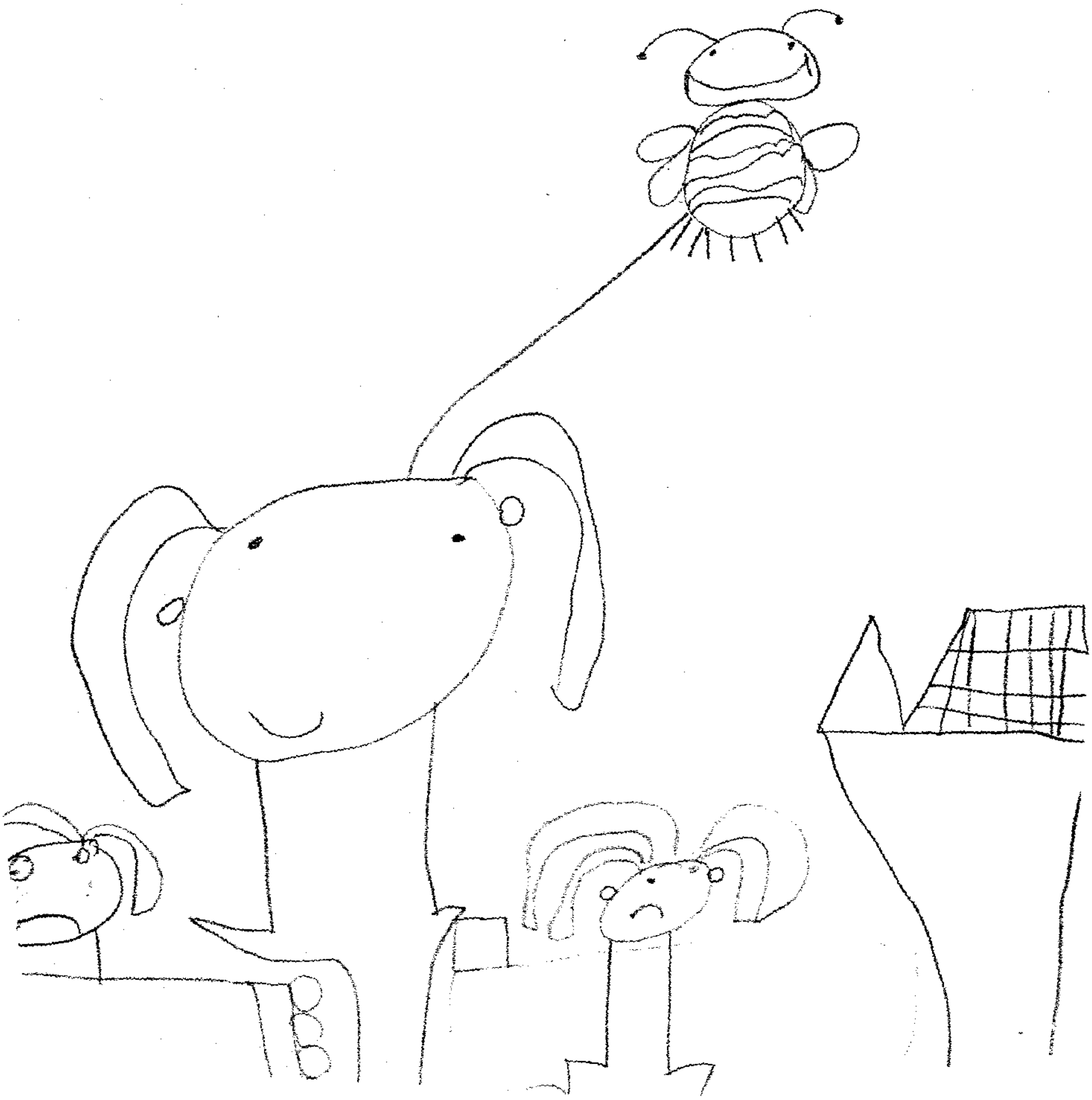
"I see the box, and he in the box and my heart was sore ... I wanted to go home"

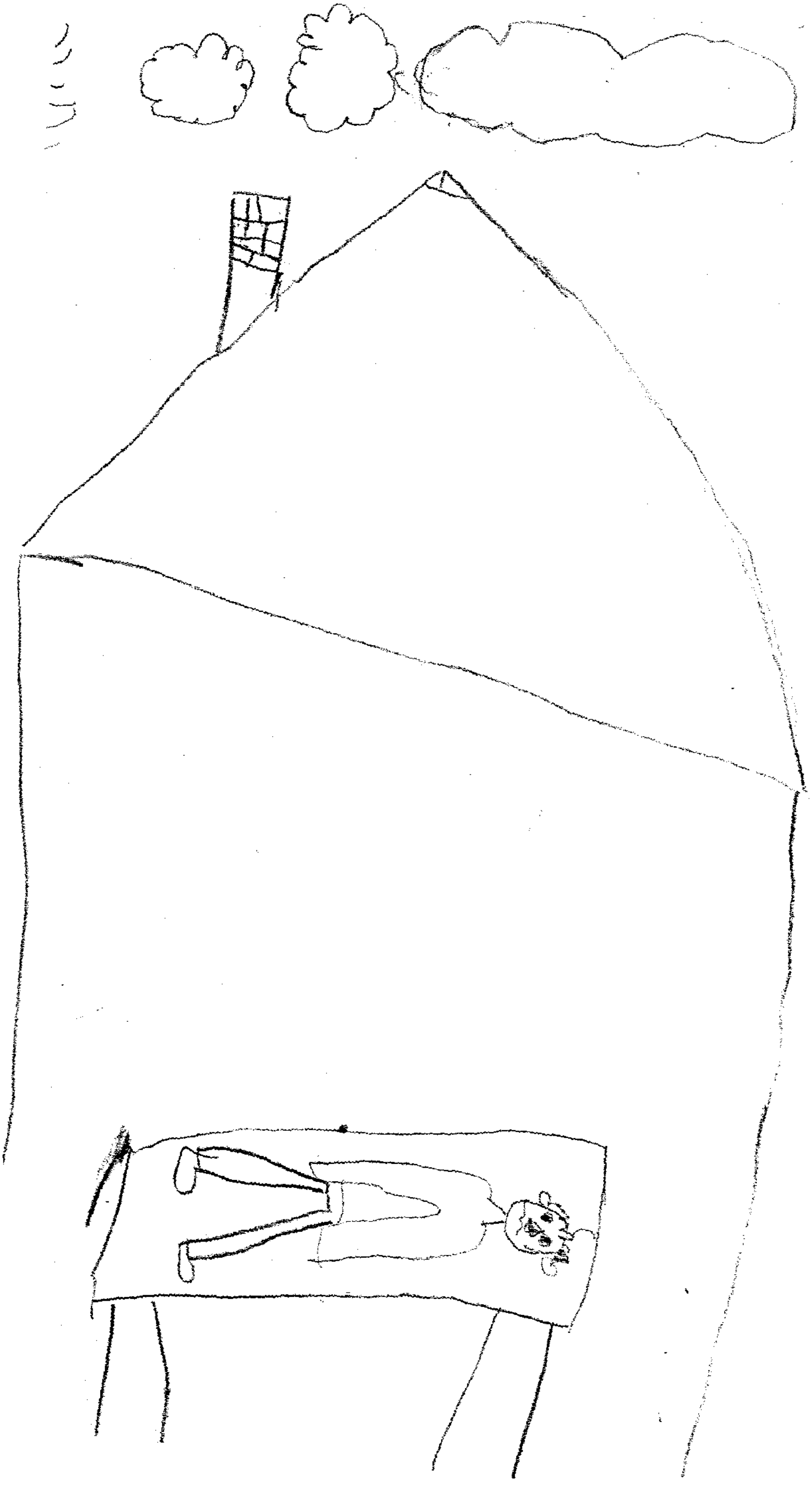
<u>*6.*</u>

" ... they call the man to carry, to hold, so the people doesn't get fall down ... then they go up in heaven, and they stay with Jesus and Jesus makes them alive"

1

[illegible]





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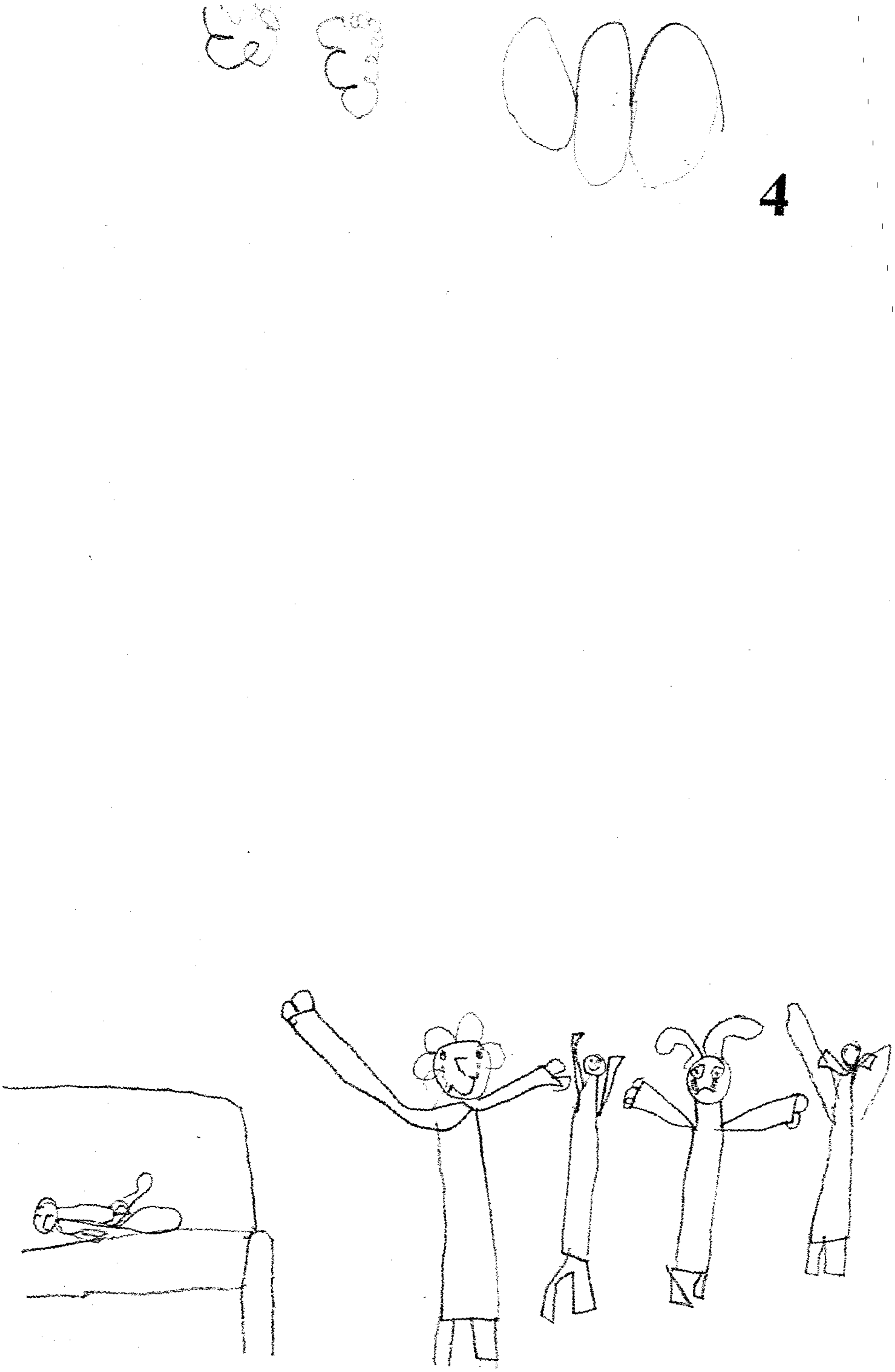

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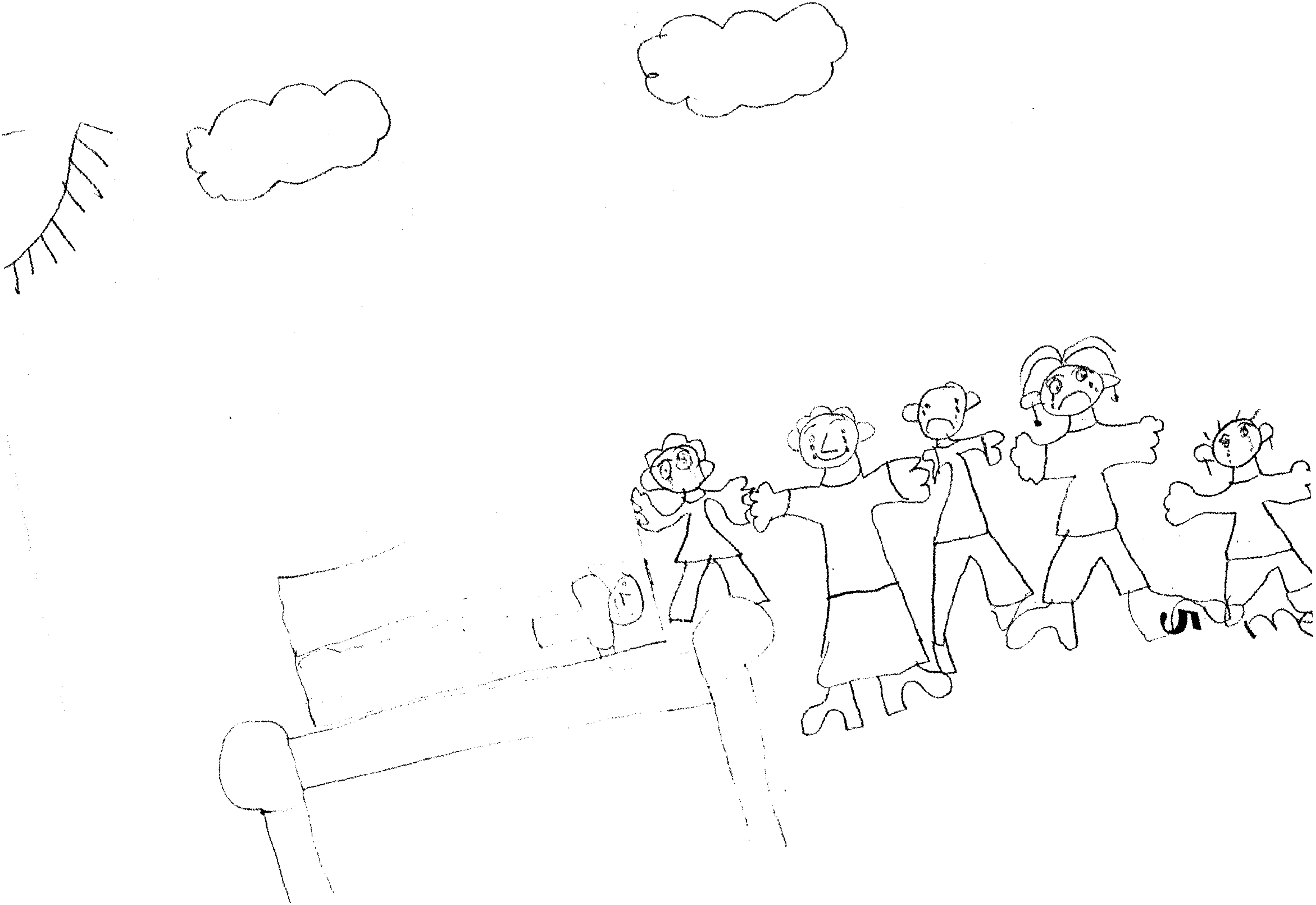
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