

BEREAVEMENT IN CHILDREN: A SCHOOL  
BASED INTERVENTION PROGRAMME

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**Researcher's Note.**

For the purpose of this study, the bereaved child will mean the child who has been bereaved by death of a family member or close associate.

## **Abstract**

The consequences of childhood bereavement are two-fold, in the pain he/she suffers at the time of the death, and in future psychiatric disorders which can follow unresolved mourning.

The bereaved child needs a familiar and responsible adult outside the family to help him/her cope with his/her grief, because parents are sometimes emotionally absent from him/her due to their own grief or they seek to “protect” the child from the pain of the loss.

This study presents a programme given to 164 primary school teachers from nine schools in Cape Town to educate them in how to help the bereaved child in the classroom situation, so that they can fill the role of an outside responsible adult in the life of the bereaved child. 78 bereavements occurred in the nine schools in the year of the study.

It was found that the teachers responded positively to the training programme and that they perceived it to be helpful in dealing with a bereaved child.

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## 1. Introduction

Today's child is not as familiar with death as were his/her historical counterparts. Fulton (1993) said in Caesar's time, life expectancy was twenty five years; in Shakespeare's it was thirty five and today the average male lives to seventy four and the female to seventy nine.

The child who watches television often sees death on the news or portrayed by actors in plays but these are removed from the feelings he/she has invested in family and friends. While his/her emotions may be involved at the time of watching, they are transient and seldom lasting, so he/she is totally unprepared for the reality of death and grief when he/she is personally affected by them (Fulton, 1993; Mander, 1994).

Cunningham & Hare (1989) make the point that there are some children at present in primary school who will have to contend with bereavement following the death of a personally significant person before they finish their schooling; and because the majority of even "expected" deaths occur **out** of the deceased's home in hospital, hospices or frailcare centres, few children have any preparation for dealing with it.

The bereaved child is sometimes insufficiently comforted by his/her parents, the very people who have always been his/her source of comfort, because they too are grieving. Just when the child most needs the patience and understanding of the adults around him/her, those adults are likely to be least fit to give them to him/her (Bowlby, 1981). As Bowlby (1981) points out, not only is the death itself, therefore a great blow to him/her, but the very persons to whom he/she usually and naturally turns in a calamity are no longer there for him/her (Bowlby, 1980).

Grollman (1967), says that in whatever scenario, whether sudden or expected, the child who experiences the death of a family member or close associate needs to recognise and unburden feelings through "catharthis, confession, remembrance and release". And yet it seems that this does not always take place.

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Holland & Ludford (1995) suggest that the bereaved child's situation today is aggravated by the fact that death has become more or less a taboo subject; and a stereotyped attitude of the stiff upper lip is valued.

The increasing number of Wakes and Parties to celebrate the life of the deceased, announced in the Death column of newspapers and noticed by the researcher, which seem to take the place of traditional funerals as a rite of passage, are perhaps an indication of this attitude. They hardly give permission to adult mourners to grieve openly and therefore must surely compound the confusion of the bereaved child.

Holland & Ludford (1995) make the relevant point that family support systems of the past are seldom or less available today because of factors such as the break up of nuclear families through migration, the growth of single parent families and the increase in social mobility in general. From that point of view death today is probably a much more difficult and complicated experience to come to terms with for all age groups.

This all seems to indicate the need for help from outside the family if the bereaved child is to cope with his/her grief successfully, and prevent later problems arising.

## **2. Review of the Literature**

### **2.1. The Primary School Child**

In most cultures the child starts school in earnest around the age of six years, whether the school is in a jungle, a field or a classroom (Erikson, 1950). He/she spends the greater part of his/her waking life at school (Lowe, 1972) and at no time is he/she more ready to learn (Erikson, 1968).

Although the main purpose of schooling is to teach cognitive skills, it is also a social system where the child learns how to relate to others (Mussen, Conger, Kagan & Huston, 1984).

Gesell & Ilg (1946) and Ilg & Ames (1955) describe the child from six to ten years, and from ten to sixteen years following the valuable longitudinal studies of 50 children at the Yale clinic, U.S.A. They found that the primary school aged child forms close attachments to his/her teachers throughout all the years in primary school. They are important to him/her and he/she looks to them for attention and guidance.

In order to clarify the needs of the primary school child, a fairly comprehensive description of the child from six to twelve years has been given. Freud's psycho-sexual development theories, Piaget's cognitive theories and Erikson's social development theories have been mainly used. In addition, the longitudinal study of Gesell & Ilg (1946) and Gesell, Ilg & Ames (1965) of fifty children over a period of fourteen years has been of special value in the record of the specificity of change in the child's relationships with parents, teachers, siblings and peers from year to year.

Given so many descriptions, it remained how to present the whole in such a way that would indicate his/her vulnerabilities should he/she be bereaved. A column method was discarded in favour of individual development descriptions of the child.

#### **2.1.1. Social Development**

Erikson (1950) believed that personality development continues throughout life in a series of eight developmental ages. Each age is heralded by a "crisis" when new tasks appropriate to that age are faced. Negotiation through the new tasks and role

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transitions may be successful or may falter or even fail, especially if the child suffers a personal calamity such as bereavement.

The six year old faces Erikson's developmental age of Industry. This is the time when the child is most ready to learn a sense of sharing and obligation, discipline and performance, and at school he/she derives pleasure in completing work tasks by himself/herself and with others. Erikson (1950) says the danger of this stage is a sense of inferiority if he/she does not compare well with his/her peers and then he/she may lose hope and regress. Good teachers, who minimise the child's feelings that he/she will never be any good, are very important, especially when they know how to recognise when a child is making an effort at times when school is something to be endured, as in bereavement. Erikson (1968) draws attention to another danger that can happen at this time when a child narrows his/her horizons to work alone. Marx called this "craft idiocy" (cited by Erikson, 1968), and Anna Freud said it was one of four options open to a child after the death of the mother (cited by Grollman, 1967).

#### **2.1.2. Cognitive and moral development.**

Koocher (1994) said that the level of cognitive development has long been known to hold implications for the child's coping with loss.

Piaget (edited by Gruber and Voneche, 1977) believed that cognitive development is an evolutionary process that takes place over the years of maturation in childhood, by way of accommodation and assimilation (edited by Rychlak, 1981). His theory involves stages and substages with specific terminology to describe the processes, as follows.

The child starts school towards the end of the preoperational period of concrete operations. His/her thinking is still egocentric (Piaget, cited by Gruber & Voneche, 1977), which accounts for his/her enormous sense of guilt that his/her angry thoughts, wishes or actions were responsible for the death of the person of whom he/she is bereaved. At this stage the child's thought is irreversible and teems with contradictions with which he/she deals either by amnesia, which allows him/her to

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forget a previous explanation he/she has offered, or by condensation, when he/she fuses two explanations of something in which he/she believes.

From the **age of above seven** he/she begins to use his/her own observations of the external world, and then an awareness of reasoning begins (Piaget, edited by Gruber & Voneche, 1977). This is about the time that the bereaved child begins to understand the irreversibility of death.

Piaget (edited by Gruber & Voneche, 1977) said that the child's growth of logic, starting just before puberty (which in 1932 was considered to be about eleven years, and would now probably be regarded as ten years) extends well into adolescence. He/she is then capable of drawing the necessary conclusions from truths that are merely possible; and that is the beginning of hypothetico-deductive, or formal thought. This is the time when the bereaved child really understands the mature concept of death, that it is irreversible, universal and inevitable.

Piaget (1932) said that the child **under the age of eight** believes fault should bring its own punishment, and the necessity of punishment is so strong that the question of equality does not arise. This can be seen to relate to the bereaved child's feelings of guilt in the following scenarios:-

- when the child resents the new baby and wishes he/she would go back to where he/she came from
- when the child resents the time spent by his/her parents at the hospital with a dying sibling
- when the child has had arguments or fights with his/her parent, sibling or friend.

The child's belief in immanent, or inherent justice is relinquished as he/she grows older and is replaced by a belief in retributive, and then in distributive justice. Piaget said that the evolution of moral judgement takes place **between six and thirteen years** (Piaget, 1932).

Piaget's theories have profound implications for how the child understands death, and therefore how he/she copes with his/her bereavement. This is, for example,

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powerful enough to actually cause the death. The normal mourning process is retarded by the resulting sense of guilt.

His/her stages of concrete and formal cognitive development affect his/her perception of the irreversibility, irrevocability and the finality of death. This knowledge is essential for teachers and other adults who help the child in his/her grief. The stage of concrete operations is particularly strewn with painful misunderstandings for the child when he/she hears euphemistic expressions such as "lost" or "passed on", and he/she interprets them in the literal sense.

#### **2.1.3. Psycho-sexual development.**

Freud's psycho-sexual development theory was framed around the progression and/or the regression of the libido or instinctual energy (Freud, cited by Rychlak, 1981).

Freud called the years between six and twelve the "latency period" of development. He theorised that both sexes repressed their oedipal attractions during this period and strengthened their identities as males and females by identifying with the same-sex parent. By this he meant that the oedipal stage of development, which takes place between two and five years of age, has passed. This is the stage during which the boy child unconsciously sexually desires his mother and wishes to usurp his father in this role, and the girl child likewise desires her father and wishes to usurp her mother. This stage is normally resolved when each child "decides to join", or identify with the parent of the same sex.

There are major implications for the child if the same-sex parent dies before the identification is complete. The repressed oedipal wish for the parent of the opposite sex may merge with the new family constellation, and this would be accompanied by guilt and even a sense of having caused or wished for the other parent's death.

Furman (1974), on the other hand, said that ego identification may contribute to a healthy resolution of mourning.

#### **2.1.4. Longitudinal Development**

Gesell & Ilg (1946) and Ilg & Ames's, (1955) longitudinal studies of the development of child behaviour were conducted over 40 years ago, but is argued that they are still valid, as behavioural development has not changed.

Gesell & Ilg (1946) said the **six year old** is impulsive and has frequent changes of mood. He/she is sensitive to his/her parents' moods and reacts badly to changes in facial expressions and raised voices. He/she is particularly aware of his/her mother's mood; he/she dislikes seeing her cry and he/she shows anxiety about her well-being.

The use of the word "badly", at a time of a bereavement, would probably mean that the child is confused, hurt, anxious and then cries or tries to claim his/her parent/s attention when he/she sees his/her parents, sad, depressed or crying.

Ilg & Ames (1955) said the child grieves the separation from his/her teacher at the end of his/her first year at primary school much the same as he/she grieved, in his/her first experience of bereavement, the separation from his/her mother when he/she started school. This is evidence of his/her building up his/her relationship with his/her primary school teachers.

Gesell & Ilg (1946) said that the child of this age becomes very attached to his/her teacher who assumes great importance for him/her; he/she likes to touch her, talk to her and have a special relationship with her. They also said that he/she is in particular need of a sensitive and perceptive teacher. This must apply more so when the child is bereaved.

The **six year old** likes the ritual of such activities as religious services, and prayers, which he/she thinks will be answered, are then very important to him/her. He/she asks many questions about death and may become preoccupied by the appurtenances of death such as graves and of funerals (Gesell & Ilg, 1946). At a time of bereavement, these questions are often upsetting to the family of the deceased, but it is important for the child to have an adult who will listen to him/her and answer his/her questions.

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The **seven year old** is often anxious about starting his/her second year at school (Ilg & Ames, 1955). He/she is increasingly sensitive to the attitudes of others (Gesell & Ilg, 1946) which makes this often an unhappy year during which the child is introspective and feels that everyone is against him/her (Ilg & Ames, 1955). This makes the **seventh year** a difficult one for the bereaved child as he/she is emerging from Piaget's stage of preoperational thinking when he/she thinks that his/her thoughts and actions can precipitate events. He/she is likely to be particularly aware of, and resent his/her parent/s absence from home when they spend time at the hospital with a dying sibling; and then feels guilty for this afterwards.

Gesell & Ilg (1946) make a point which is particularly applicable to the **eight year old** child who is bereaved of a parent. They say that while he/she is less emotionally dependent on his/her teacher, he/she has a need for a deep relationship with his/her mother which overshadows all other personal relationships.

If his/her mother should die, or if she is the surviving parent and is therefore unavailable to him/her during the time of her mourning because of her own grief, he/she may be deprived of that deep relationship.

Gesell & Ilg (1946) found in their study of the child's behaviour that the **nine year old** begins to show his/her independence by resenting his/her mother's overprotectiveness. He/she becomes aware of the inter-parental relationship and may become very jealous of it.

Boys of this age establish a new relationship with their fathers and want to share their interests. This has grave implications for the child if his father becomes terminally ill and/or dies, and that relationship is not allowed to mature.

Gesell & Ilg (1946) also said that the child of this age wants to get good marks at school and worries about failure. Since primary school age children are more concerned about the approbation of their parents than learning for learning's sake, it can be assumed that the school work of the bereaved child of this age may deteriorate and the child may "give up". Gesell & Ilg (1946) also said that the child of this age may be particularly disturbed if he/she has to be kept back a class.

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Since the child's work deterioration that shows immediately after a family death is often identified by the teacher for what it is, he/she may be understanding of the situation. When, however, the deterioration in school work and/or behaviour happens months later, as is often the case in a sudden death when the traumatic shock of hearing the news supercedes the onset of grief, the deterioration is seldom linked by the teacher to the family death, and the child's problem with his/her mourning is not always perceived.

Ilg & Ames (1955) said that the **ten year old** enters what is probably the happiest year. He/she feels that both parents are fair and reasonable and he/she is usually docile, amenable and willing to live by their rules. Ilg & Ames (1955) do not differentiate between the genders in their report of the ten year old, and while this lack of differentiation may not matter in the younger years, it is felt that girls are maturing physically earlier than they did in 1955 and are often entering puberty at this age. Therefore ten year old girls may not be as docile and amenable now as they were then.

The child of **eleven years** views his/her parents as individual people, and while he/she remains affectionate he/she becomes very critical of them (Gesell, Ilg & Ames, 1965). This critical attitude can be seen as a possible source of guilt, should a parent die. Gesell et al went on to say that the teacher is probably the most important single factor in his/her life at this time and he/she prefers a "tough" teacher who can challenge him/her.

Gesell, Ilg & Ames (1965) said that the **twelve year old** is very enthusiastic about projects in which he/she is interested and he/she enjoys the stimulation of discussions and debates. The group as a whole develops a warm admiration for a firm, well informed teacher, who is seen as an ally. Gesell et al said that the child of primary school age has usually reached these levels of behavioural development but in times of stress there can always be a regression to an earlier stage of development.

It can be seen from the longitudinal studies of Gesell et al that the primary school age child's personhood or personal development is very vulnerable to the loss of a parent

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or close family member, whether because one parent has died or because one or both parents are grieving and therefore he/she/they are not emotionally available for the child. It can also be seen from Gesell et al's studies the importance the child invests in his/her teacher throughout his/her primary school years.

In summary, the healthy primary school child is one whose cognitive abilities enable him/her to use reasoning and logic. The incestuous impulses towards his/her parents are successfully repressed, leaving his/her ego free to learn and acquire knowledge and skills. In this process his/her teacher becomes the significant adult other than his/her parents, is therefore important to him/her when his/her developmental achievements may become threatened in times of stress when a major crisis such as a close family death occurs.

### **2.2. Mourning in the Primary School Child**

#### **2.2.1. Definitions.**

Mourning, grief and bereavement are terms which have been used by different writers to convey much the same meaning.

Bowlby (1960, p.11) defined mourning as "the psychological processes that are set in train by the loss of a loved object, which commonly lead to the relinquishing of the object", while Raphael (1983, p.33) defined it as "the psychological processes that occur in bereavement" and Erna Furman (1974, p.34) defined it as "the mental work following the loss of a love object through death". While Bowlby and Raphael both consider a broad context in the term "loss" and therefore probably include other losses such as the loss of a job, a home, an anatomical part due to surgery, accident, illness or a myriad of other losses that can cause psychological processes to be set in motion for their relinquishment, Furman restricts her definition of mourning to loss through death.

Bowlby (1960, p.11) defined grief as "the sequences of subjective states that follow loss and accompany mourning", while Raphael (1983, p.33) gave a comprehensive description of grief in her definition of it as "the emotional response to loss; the

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complex amalgam of painful affects including sadness, anger, helplessness and despair”.

Raphael (1983, p.33) defined bereavement as “the reaction to the loss of a close relationship”, which again does not confine the loss to a death.

#### **2.2.2. Psychoanalytic View of the Mourning Process.**

Sigmund Freud (1917) said that the task of mourning is the withdrawal of libido (psychic energy) from the lost love to which it was cathected (attached, or committed to). He said that the process of decathecting has two major components, that of reality-testing in which the bereaved faces the reality of the death; and hypercathexis (or super-committed) in which every aspect of life with the deceased is remembered with intense longing for the unavailability of the lost love object.

Freud said that in this process, “each single one of the memories and expectations in which the libido is bound to the object is brought up and hypercathected; and detachment of the libido is accomplished in respect of it” (Freud, 1917, p.333).

Furman (1974) said that identification with the lost object is an important part of the mourning process and that hypercathexis and decathexis can be assisted when the lost love object is partially and temporarily preserved through identification; but it may result in an arrest of development if it becomes a defence mechanism inhibiting the painful process of hypercathexis and decathecting. Colin Murray-Parkes demonstrated this process of identification with the lost love object in his study of 20 London widows, some of whom had identified with their dead husbands to the extent of taking up their husbands’ hobbies even if they had not been interested in them when their husbands were alive (Parkes, 1972).

In the mourning process, the primary school child remembers the lost loved one by thinking, feeling and talking about him/her, (hypercathecting) and his/her attitudes in this respect are established by his/her ego and super-ego identifications (Furman, 1974). Furman also said that the necessary decathexis can be achieved when the appropriate amount of longing and remembrance has taken place and this is influenced by the developmental age of the child.

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The primary school child needs to be given the opportunity to think and talk about his/her deceased loved one in order to complete his/her mourning in a healthy and satisfactory way to decathect, or detach himself/herself from the strong bonds to the deceased.

#### **2.2.3. The Child's Understanding of Death.**

Speece & Brent (1984) said that the child's understanding of death is linked with his/her cognitive developmental stage, and Kane (1979) said that of particular importance is the stage at which the child achieves the mature concept of death, that is irreversibility, non-functionality and universality. Speece & Brent (1984) deduced that **7 years** was the modal age of acquisition for each of these components of death. This is the time when most children can be expected to change from Piaget's pre-operational to concrete operational thinking, and so the acquisition of each component of the concept of death is supposed to occur at the same time.

Speece & Brent's findings concur with those of Kane's study of 122 children in 1977. Kane (1979) showed five important findings about the children's understanding of death:-

- That children's concept of death was clearly related to the pre-operational and formal stages of development suggested by Piaget. This means that as children's cognitive development progresses, they pass the stage of thinking that death is temporary or reversible and they develop an awareness of the irreversibility, non-functionality and universality of death.
- Their concepts of death were constituted of components which were suggested prior to the study by other workers in the field, such as Nagy, Anthony, Cousinet, Childers & Wimmer (Kane, 1979). These components consisted of denial, (of the death), partial truth and acceptance.
- Their understanding of each of the components likewise developed from absence to partial presence to presence.
- Their concepts of death developed as a function of maturity in the sense of their development.

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- Their experiences with death accelerated the death-concept development only in six year olds and below.

Kane's study showed that children's thinking about death developed in stages, with one stage growing out of the other and being subsumed by the previous one in an evolving developmental process, and that they emerged in a similar sequential progression in all children (Kane, 1979).

Irwin (1977) supplemented these findings by saying that life experiences of the child also influence his/her concept of death and that children exposed to the horrors of Angola for instance have a more mature concept of death than those living in a middle class suburb of Johannesburg. She also made a significant point when she said that anthropologists have shown how cultural and religious beliefs and traditions influence attitudes towards death. For example in the many african cultures, the role of the ancestor plays an important part in the child's concept of death.

### **2.2.4. Mourning in childhood.**

Using the word childhood to refer to the whole span of life from birth to adolescence, Bowlby (1960) said that the processes of protest, despair and detachment he observed in young children when removed from their mothers and placed with strangers, differed in no material respect (apart probably from certain consequences) from the process observed in adults on the loss of a loved object. He claims that on a descriptive level the responses of adults and children to loss are the same, so it can be assumed that the underlying processes are similar also (Bowlby, 1980).

Bowlby grouped the psychological responses of adults to loss of a loved object described by Shand (1920); Waller (1951); Elliot (1955) and the comprehensive descriptions by Lindemann (1944) under five main headings:

- Thought and behaviour still directed towards the lost object.
- Hostility to whomsoever directed.
- Appeals for help.

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- Despair, withdrawal, regression and disorganisation.
- Reorganisation of behaviour directed toward a new object (Bowlby, 1960).

Bowlby said that these responses are almost identical to those of young children to the loss (whether temporary or permanent) of the mother-figure (Bowlby, 1960).

Bowlby's use of Lindemann's description of the final stage of mourning is misleading in the sense that it presupposes that mourning is ended when behaviour is directed toward a new object. This may not be true for all adults and is even less likely to be true for all children.

Furman (1974) said that when a child loses a parent the special nature of his/her ties to that parent leaves him/her in a unique position in mourning. An adult shares his/her love among many special relationships, spouse, children, parents, friends, colleagues as well as his/her work, sport and hobbies. By contrast, the child invests almost all his/her feelings in his/her parents, and "only in childhood can death rob an individual of so much opportunity to love and be loved and face him/her with so difficult a task of adaptation" (Furman, 1974, p.12). The child may welcome a new parent substitute but that is because he/she needs to recover his/her security and not because he/she has disinvested his/her feelings for the lost parent.

While Bowlby (1960) said that the child is capable of, and does indeed mourn, Wolfenstein (1966) on the other hand said that the child in the age range of latency or six to twelve years into adolescence who has suffered the death of a parent is unable to mourn. Sad feelings and weeping were curtailed and the bereaved child immersed himself in activities while denying the finality of the parent's death. The painful process of deattribution was put off, with the more or less conscious expectation of the parent's return and the child could immediately transfer his/her attachment from the dead parent to an available substitute parent.

This researcher does not hold this theory to be valid, in the sense that while the child can and often does immerse himself in daily activities after the death of a parent, he/she is not necessarily denying the finality of the death. It seems rather that he/she can sometimes postpone his/her painful feelings at times during the day and give way

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to their intensity when his/her activities are over and he/she goes to bed. It may be that he/she can only tolerate the extremely painful feelings of the loss in small doses.

Wolfenstein (1966) believed that adolescence is the necessary developmental condition for being able to mourn because adolescence is a period of mourning the child's childhood and is accompanied by sad and painful feelings of memories that confirm the irrevocability of the past childhood. She believed that this was an initiation into mourning and only afterwards does the individual become able to mourn in Freud's sense.

This belief relies too much on Freud's theory of the mourning process (1917) and discounts not only Bowlby's valuable observations on childhood bereavement but also the subsequent findings of Kane (1977) and Speece & Brent (1984) that by the age of seven the child appreciates the mature understanding of death; irreversibility, non-functionality and universality.

In any event, as Skaer (1987) said, the bereaved child needs an adult as a focus for his/her reactions to loss, such as a therapist, substitute parent or an empathic teacher.

### **2.3. Implications of Grief on the Child's Development.**

Bowlby (1980) said that those bereaved children who later develop psychiatric disorders are more likely to have received deficient parental care following the loss, including being placed in unloving foster-homes or being sent to other homes.

Elizur and Kaffman, in their study of 25 preadolescent children who had lost a father in the Israeli October war of 1973, set out to discover why half the children in each phase of their follow-up showed extreme emotional disturbances as opposed to the rest of the children whose bereavement reactions did not involve any serious or prolonged disorder in functioning (Elizur & Kaffman, 1982). Their findings were similar to those of Hilgard in 1960 and Rutter in 1966 which showed the importance of the pre-death functioning of the family and the post-death surviving parent's ability to cope and to allow the child to take part in all the mourning rituals and family interactions (Hilgard & Ruter, cited in Bowlby, 1980).

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Hilgard's 1960 study is particularly valuable for giving a profile of the "reasonably well adjusted adult" of between 19 and 49 years who had lost a parent before the age of 19. It emerged that this adult normally came from a home that was stable before the death, where the surviving parent now kept the home intact even if he/she had to work to do so, and where there was a good social network, including, one supposes, empathic teachers. If the deceased parent had died after an illness, the child normally had shared the surviving parent's grief (Hilgard, cited in Bowlby, 1980). Furthermore, Hilgard believed that the family situation where the child shared the parent's confidence had contributed to the striking lack of guilt about the parent's death which was a characteristic of this child and which contrasted strongly with what Hilgard found in her group of psychiatric patients who had lost a parent in childhood (Hilgard, cited in Bowlby, 1980).

Great emphasis is placed by those who have studied the bereaved child, on the importance of his/her being told the truth about the death, remaining in his/her own home, and sharing in the surviving family members' grief (Bowlby, 1961, 1980; Grollman, 1967; Furman, 1974; Elizur & Kaffman, 1982). However there is often no close adult who is not a family member available to guide the family in this matter at the time, and children are often sent to stay with relatives or friends they hardly know.

When the child's emotional needs are not met at the time he/she is bereaved of a parent, he/she is vulnerable to a wide variety of emotional, behavioural and psychiatric problems in the immediate and distant future (Rutter, 1966, 1976; Felix Brown, 1961; Birtchnell, 1972; George Brown, 1977, 1978, all cited in Bowlby, 1980). In fact, Bowlby, (1980) said that children who lose a parent by death are more likely than other children to become psychiatric casualties. He takes the evidence for this from many different studies over three decades that show that:-

- individuals who have lost a parent are more likely than other persons to suffer periods of extreme emotional distress during early adult life

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- an increased incidence of childhood bereavement among children and adolescents referred to a child psychiatric clinic
- an increased incidence of childhood bereavement among adults referred to a psychiatric service.

Bowlby, 1980 and Rutter, 1980 (cited in Bowlby, 1980) suggest that the vulnerability factor in the causation of later psychiatric disorders lies in the belief that earlier stresses sensitise the child to later loss or other stress. Thus the degree of vulnerability and the severity of the bereavement for the preadolescent bereaved child seems to be related not only to the reaction to the present loss and to previous losses and stresses, but also, as Elizur & Kaffman (1982) said, to a great extent on the pre-death conditions and the quality of the mother's response and the availability of a supportive and stable home environment. Since Elizur & Kaffman's study was conducted with 25 boys their findings relate to the surviving mother, but in all other respects their findings concur with those of Bowlby and Hilgard (1960).

The consequences of mourning have many implications on the child's development, so it is imperative that he/she be helped with his/her grief before his/her development is complete.

Bowlby (1980) made an extremely important point in saying that the child, unlike the adult, is often not able to seek help for him/herself if his/her parents do not recognise his/her pain, and in this sense, his/her life is not within his/her control.

The teacher's role in helping the bereaved child is, therefore, often crucial to his/her recovery.

### **2.4. Impact of Death Within the Family**

#### **2.4.1. The death of a Parent.**

Furman (1974) said that horror and tragedy surround the child when a parent dies, and it is usually the surviving parent who has the painful and difficult task of telling him/her. Bowlby (1980) said it is often told in euphemistic terms and half-truths and even complete untruths are used.

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Many writers who are expert in the field of childhood bereavement, such as Furman, 1974; Bowlby, 1980; Bank & Kahn, 1982; Raphael, 1983 and Koocher, 1993 said that other family members also seek to “protect” the bereaved child, and by colluding in a silence around him/her the child is often excluded from family discussion.

Bowlby is emphatic that “the two crucial items of information a child needs to know are, one, that the dead parent will never return; and two, that his/her body is buried in the ground or burned to ashes” (Bowlby, 1980, p.271). This is a seemingly harsh statement but the child’s mourning can only begin with reality-testing and he/she needs help so that he/she may begin.

Furman (1974) and Bowlby (1980) said that certain important variants influence how a child copes with the loss of a parent:-

- when and what the child is told
- how the surviving parent responds
- how the surviving parent wishes and expects the child to respond
- how the adults in the child’s immediate environment behave towards him/her.

These variants are relevant and important influences on how the child copes with his/her bereavement but the authors do not go further and suggest that the involvement of an outside person such as the child’s teacher may have an important influence on the child’s coping with his/her bereavement.

Furman (1974) and Bowlby (1980) said that many of the difficulties experienced by the child after a parent’s death relate to the effect the loss has had on the surviving parent, when, for example, discipline often swings from strict to lax and then back again. The mother often feels anxious about her own health and worries about who would care for her children if she were to become ill and die. The latency or primary school age child shares these fears and is sometimes afraid to leave her to go to school (Bowlby, 1980), which can lead to school refusal.

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In response to a parent's death the child of this age may use denial as a defence (Nagera, 1970, cited by Raphael, 1983) and may carry on his/her life as if nothing has happened, laughing and playing and becoming almost manic in his/her behaviour, while his/her inner life is likely to be greatly affected by the death. He/she may be seen as unaffected and uncaring, and when this happens he/she will remain uncomfortable and his/her needs will be ignored. Nagera (1970, cited by Raphael, 1983) suggests that the child may cathect, or become deeply involved in, a fantasy life with the dead parent and the surviving parent may compare badly with this idealised fantasy. Teachers who are untrained in child bereavement do not know how to cope with the child who talks and writes about what activities he/she is sharing and enjoying with the parent who has died.

Furthermore, as R.A. Furman said in 1964 (cited in E. Furman, 1974), the latency or primary school age child may hide his/her tears for fear of losing control or fear of exposure, and also because he/she has internalised parental expectations for containment of feelings or he/she has identified with his/her parents' own way of handling or hiding their emotions. Raphael (1983) adds another reason for why the child sometimes tries to hide the fact of his/her parent's death from his/her teacher and friends being that he/she does not want to be singled out as "different". His/her grief and mourning are not always acknowledged because of this and he/she may withdraw while his/her schoolwork sometimes declines. In this state, Raphael said, the child is not resolving his/her loss but marking time until later when he/she may acknowledge the pain of the loss, and then grieve for the dead parent (Raphael, 1983). When the child then starts to mourn the loss of his/her parent months after the event, the teacher who is untrained in childhood bereavement is unlikely to link behavioural and emotional grief reactions in the child with the parent's death particularly if the child has changed classes in the meantime and has a new teacher.

However, the child who is given the opportunity to talk about his/her feelings in the safety of a trusting relationship will "broach his distress and sadness" and feel able to speak about them (Raphael, 1983, p.101).

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In helping the child to experience his/her grief and emerge from it “enriched but unharmed” (Sir James Spence, cited in Bowlby, 1953, p. 146), adults have a vital role to play.

Referring to the importance of reactions in the bereavement sense, Gesell & Ilg, 1946; Gesell, Ilg & Ames, 1965; and Raphael, 1983, said that teachers are very important to this age group, and sometimes the teacher can allow the child to feel secure enough to express his/her yearning for the dead parent.

One of the conclusions that E. Furman and her colleagues reached at the end of their study of 23 bereaved children was that the danger that threatens the child’s further personality development after the death of a parent can be averted if he/she can be helped to mourn as fully as possible (Furman, 1974). A further conclusion which is related to the first is that the child’s potential for dealing with the loss of a parent is related to his/her ability to express and tolerate longing. Anna Freud (Foreword in Furman, 1974) said it is the total character and personality of the child, balanced by the circumstances of the environment that determine the outcome of the death of a parent. That surely includes the school environment and the child’s teachers.

Anna Freud said that a child’s love for his/her mother is the pattern for all his/her later loves and if this relationship is interrupted by death or absence, the child may do one of four things:-

- remain attached to the fantasy of the dead person
- invest his/her love in things (work)
- be afraid to love anyone but himself
- hopefully accept his/her loss and find another real person to love (A. Freud, cited by Grollman, 1967).

#### **2.4.2. Death of a sibling**

Many writers including Bowlby (1980); Jolly (1981); Bank & Kahn (1983); Raphael (1983); and Koocher (1994) are agreed that school-aged siblings of a deceased child

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are the least likely members of the family to receive emotional support because the adults are less emotionally available to them.

The adults also try to “protect” the surviving child/children - and themselves - from the unbearable pain of mourning by the use of euphemisms and platitudes (Bowlby, 1980; Koocher, 1994), sometimes saying that the dead child has gone to heaven (Raphael, 1983), or in the case of a child who has died a lingering death, that he/she is better off now where he/she is; but no brother or sister likes to be told that a part of himself is better off dead (Keeler, 1954; Genn & Miller, 1958, all cited in Easson, 1970).

Bank & Kahn (1982) said that the death of a sibling is a situation loaded with opportunities for parents to fail their surviving children in healthy mourning including their making comparisons between the dead and surviving children, or embodying one child with the task of picking up the torch dropped by the dead sibling. In fact the depth of a sibling’s grief may go unrecognised by his/her parents because of their own grief. (Koocher, 1994), and Jolly (1975) said that a child has been known to commit suicide because the seriousness of his/her grief was not appreciated.

Koocher (1994) made the crucial point that the child’s level of cognitive development holds great implications for his/her coping with loss, yet most adults are unaware of the confusion the factors create for the child. This is important for the primary school child in the sense that he/she starts schools towards the end of the preoperational period of concrete operations when his/her thinking is still egocentric and he/she often therefore feels “responsible” for a sibling’s death in that he/she thinks that his/her angry thoughts or wishes were actually powerful enough to cause that death. If there is no understanding adult available to help him/her with his/her feelings, he/she is left to anxiously wrestle with them alone. As an awareness of reasoning begins about the age of seven, the child starts to understand the irreversibility, universality and inevitability of death.

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The kind of trauma a child suffers depends on the manner of the sibling's death. Bank & Kahn (1982) list four important implications for the bereaved sibling's mourning which need to be understood for his/her successful resolution:-

- the horror of the death
- how long it took the sibling to die
- the degree to which the death could have been prevented
- the age of the survivor

The bereaved sibling may show his/her stresses and difficulties in the classroom because he/she may see this as a safer place for him/her than the emotional atmosphere at home (Raphael, 1983) and because the latency-age child usually has a constant class teacher with whom he/she has a close bond (Gesell & Ilg, 1946; Gesell, Ilg & Ames, 1956; Raphael, 1983).

#### **2.4.3. Suicide**

Raphael (1983) said that parental or sibling suicide is always a great shock to the child, and that the likelihood of his/her experiencing trauma is greatly increased because the deaths will probably be poorly explained to him/her thus making his/her fantasies greater and his/her capacity to understand less. Pynoos & Eth (1985) concur with Raphael and go a step further by saying that usually the surviving parent tries to hide the cause of death from the child even when he/she has seen enough to know otherwise, or even if he/she has been the one to discover the body. He/she may be told stories of medical emergencies and accidents while all the time he/she knows a great deal more than he/she lets his/her parents know.

In Shepherd & Barraclough's follow-up of 36 children from five to seven years, after a parental suicide, and using a criteria of school or work performance, relationship with the surviving parent and membership of a stable family unit, only 15 were found to be functioning adequately. Among the other 21 children, five had had treatment for psychiatric disorders since the parent's suicide, which gave an incidence of declared psychiatric disorder of about 15% of the group (cited by Bowlby, 1980). The parents of half the group had tried to keep the suicide secret but four found out soon

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afterwards and two more found out later. The parents of the other 12 believed the children still did not know, and the parents of the remaining 18 had made some effort to tell them, but “not in a way that a child could easily understand” (Bowlby, 1980, p.383).

Another study cited by Bowlby, 1980 was that of Cain & Fast in 1972 of 45 children who had lost a parent by suicide. Cain & Fast found that all the children had become disturbed, and the severity of the psychopathology varied from mild neurotic disorders to severe psychoses. The high incidence of psychosis (11 out of 45) was attributed to a combination of the impact with the chain of consequences and the pre-suicide family background which was often very disturbed.

One maladaptive response to a family suicide is upholding family pride by the survivors by promoting the suicide as a secret and thereby preventing the completion of the task of mourning (Bowlby-West, 1983, cited by Kissane & Bloch, 1994).

Significant developmental problems occur and suicidal psychopathology may result after a parent's suicide (Cain & Fast, cited by Bowlby, 1980; Maltzburger, 1986), which is a particularly serious matter for the latency child who has not yet resolved earlier issues of development such as separation/individuation. If the child identifies with the dead parent, suicidal fantasies and impulses can be stimulated (Pfeffer, 1981, cited by Maltzburger, 1986).

The proportion of suicide is high for men and women of an age likely to have school-aged children although the death rates for this age group are relatively low. The figures in England and Wales in 1973 suggest that for children born to their parents in their twenties, the proportion of suicide might be as high as one father in fifteen and one mother in seventeen who die (Bowlby, 1980).

#### **2.4.4. Family Killings**

After years of family discord, fighting and physical abuse, the child is sometimes witness to the violent killing of one parent by the other (Pynoos & Eth, 1985; Eth & Pynoos, 1985; Hendriks, Kaplan & Black, 1993). Or he/she may be the sole survivor

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of a family killing in which the parent-perpetrator intended to take his/her own life also, but failed to do so.

In either of these situations the child loses one parent by death and the other by incarceration when the parent-perpetrator is taken to prison (Pynoos & Eth, 1985). The child is taken from his/her home, often with few familiar personal possessions or the scholastic projects in which he/she had engaged, and he/she may not see them again for a long time, or not at all (Hendriks, Kaplan & Black, 1993). He/she may be sent to relatives or foster parents far distant from his/her home and may have to change schools (Pynoos & Eth, 1985; Hendriks, Kaplan & Black, 1993) never returning to his/her home, friends, or school again.

The courses at his/her new school may be different from his/her previous ones and he/she may fall behind. Eth & Pynoos (1985) said that school learning problems are common to the child who has been violently bereaved because they derive from memories and associations of the event, from the retarded effects of depression and from the growth of cognitive amnesia. Moreover as Hendriks, Kaplan & Black said (1993), if the new teacher does not know of the tragedy the child may be labelled as a trouble-maker, or as having unexplainable learning difficulties. If the new teacher is aware of the situation he/she may, however, be uncertain about picking up cues from what the child says and does, and may not know that unrealistically rosy pictures of a child's resilience can cover great suffering (Hendriks, Kaplan & Black). The child survivor of a family killing may be injured. He/she then has to cope with the death of one or both of his/her parents and siblings while knowing that the parent-perpetrator had intended to kill him/her as well; and that his/her survival was in itself accidental. Even with a close-knit extended family willing and anxious to take him/her, the injuries he/she sustained may make it necessary for him/her to have care and education in a specialised residential school many hundreds of miles away. This child's ability to deal with trauma and to grieve his/her multiple losses may be influenced by the stress of receiving communications from the parent in prison (Personal communication, Worcester School for the Blind, Worcester 1996).

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Eth & Pynoos (1985) said that reminiscing and recollecting memories of pleasant parent-child interactions may be drastically inhibited by the intrusions of images of the violence that the child has witnessed and the child may develop the symptoms of a posttraumatic stress disorder. They also postulate that reliving traumatic anxiety can complicate the mourning process and significantly increase the likelihood of a pathological grief response.

### **2.5. Other Disasters**

#### **2.5.1. School Disasters**

Disasters involving school children take many forms and the list of such disasters that have occurred is a long one. They include:-

- the coal-heap slide at Aberfan in 1965 when a primary school was engulfed and 118 children and 5 teachers lost their lives (Lacey, 1972, cited by Udwin, 1992).
- a school bus kidnapping at Chowchilla in America in 1971 (Terr 1979, cited by Klingman, 1993).
- a sniper attack in a school playground in America in 1972 (Terr 1979, cited by Klingman, 1993).
- the suicide of a classmate (Coder, Nelson & Aylward, 1991, cited by Klingman, 1993).

There have been strikingly similar disasters in South Africa:-

- A Vorentoe School bus skidding into the Westdene dam in 1983 trapping and drowning many children (Cape Times, 1986)
- a school boy killed by an exploding grenade at his school-fete in Bellville in 1994 (Cape Times, 1994)
- a school camp in the Transvaal hit by a lightning bolt in November 1995, killing four children and injuring nineteen others (Rivett-Carnac, 1995)
- the fatal shooting of a teacher driving a school rugby-tour bus in Durban in July, 1996 (Cape Times, July 20th, 1996)

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- the hijacking of a remedial-school bus in Mitchells Plain in July, 1996 (Cape Times, 30th July, 1996)

Udwin in 1992 and Hendriks , Kaplan & Black in 1993 all said that until 1985 it was felt that children suffered no more than mild and transient emotional behaviour changes even in the face of overwhelming stresses. In the past ten years, however, there have been more systematic studies of children's psychological reactions which are very similar to those seen in adults which can persist for many months or years. These reactions in children manifest in:-

- sleep disturbances, with difficulty in falling asleep
- frequent night waking
- nightmares
- fear of the dark and of sleeping alone
- sometimes the loss of newly acquired developmental skills
- concentration difficulties and memory impairment

These difficulties can have devastating effects on progress at school (Udwin, 1992). In addition Udwin said there are persistent intrusive thoughts and images of the traumatic event, repetitive re-enactment of aspects of the trauma even in play, and a reluctance to return to school.

Yule & Williams suggested that earlier studies failed to identify the extent of the child's difficulties partly because the screening instruments did not reveal traumatic stress symptomatology and partly because reliance was placed on parent/teacher reports which were found to underestimate the extent of the child's disturbance, and both the child and parents were afraid of causing further upset to each other (Yule & Williams, 1990, cited by Udwin, 1992).

Lenore Terr reawakened interest in childhood trauma with her study of the hi-jacking of a school bus at Chowchilla, USA (Benedek, cited by Pynoos & Eth, 1985). Terr, (cited by Pynoos & Eth, 1985) said that when psychic trauma occurs in group situations which may include siblings, school mates and friends as well as guardians,

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teachers and bus drivers, group psychology can greatly influence the child's experience of the trauma and its subsequent course.

One result of the recent studies done in this field of child psychiatry has been the realisation of a number of important implications for the child bereaved by disaster.

First, his/her helplessness associated with witnessing a violent death can lead to emotional constriction and numbing, and avoidance of reminders of the event, while, as Freud (1979) said, successful mourning occurs under reality-testing and requires the bereaved to dredge up memories and remembrances of the deceased. Hendriks, Kaplan & Black (1993) said that the need to avoid traumatic images of the event interferes with this process. This means that the delay in the onset of grieving has implications for the child bereaved by a violent death, not only because of possible posttraumatic stress symptomatology but also because parents and teachers may assume that the child is dealing with his/her grief when in fact he/she has not begun to do so. Koocher (1994) said much the same; that if the child's mourning is delayed because of posttraumatic stress, it follows that social support for the child who needs it may be withdrawn before mourning has begun.

Second, there have been traumatic events involving the loss of fellow-classmates where parents or teachers have taken the decision not to use professional help and guidance at the time of the school disaster, preferring to deal with it within the school community (Yule, 1993).

Seven years after the rapid sinking of a ship on an educational cruise in the Mediterranean Sea in 1988 with 390 children from 15 schools in England on board, few of the survivors have any recollection of being offered any counselling, although all in fact were. "One interpretation could be that the offer was ambiguous and so the young people and their parents did not know what was on offer. It is also true that one or two of the schools did take 'least said soonest mended' attitude" (personal communication, Dominic O'Ryan, 1996).

Children thus exposed to both death and disaster are often denied the opportunity for and even discouraged from grieving and they experience what is referred to as

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unsanctioned or disenfranchised grief where grief is not openly acknowledged, publicly mourned or socially supported (Doka, 1989; Rando, 1988, all cited by Gudas, 1993).

The prevailing view had been that this age-group would show no long-term effects (Rutter & Garmezy, 1983, cited by O'Ryan, Nurrish, Boyle, Bolton, Udwin & Yule, 1996), but the findings of the MRC Young Adult Research Team's follow-up of the Jupiter sinking at the Institute of Psychiatry in London showed that-

- two thirds of the survivors were given a diagnosis (including posttraumatic stress disorder) at some point during the follow-up period, compared to 34% of the controls.
- more than half of the survivors had suffered posttraumatic stress disorder at some point since the disaster; 48% had a single episode and 4% had multiple episodes, and of those, 14% had posttraumatic stress disorder for more than five years.
- one survivor committed suicide and almost 9% had made suicide attempts compared with just one person in the comparison group (O'Ryan, et al, 1996).

O'Ryan (1996) said that the fact that many of the survivors still have disorders (including posttraumatic stress disorder) indicates that there are important long-term psychological effects of experiencing a disaster. This is a crucial issue for teachers to understand and to plan for, not only when they arrange school events such as sports tours, but in the daily-living at school.

It appears from researching literature and following up personal communication leads on the subject that most interventions by teachers after a school tragedy had been carried out on an ad hoc basis (Rivett-Carnac, 1995; Sabine, 1995), and it seems that schools often need assistance in the development of policies for dealing with children in crises (Allan & Anderson, 1986).

### **2.5.2. Natural/Man-Made Disasters.**

The Buffalo Creek Disaster in 1972 happened after a long period of rain which caused a slag-dam to burst, sending a wave of tidal water through the Creek in West Virginia,

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killing 125 people and rendering 4000 homeless and destroying several communities (Rangell, 1976).

In Aberfan, Wales in 1966 a wet coal-slag heap slid down a mountain engulfing a primary school and killing 118 children and 28 teachers (Udwin, 1993; Belter & Shannon, 1993).

Both these events bear similarities to the breaching of the dam wall at Merriespruit in what was then the Free State in 1994 in that:-

- children were bereaved
- children were rendered homeless and lost their possessions
- the eventuality was not unexpected
- the people thought the owners could and should have done something to prevent the situation
- they had been living with a dread of such an occurrence (Rangell, 1976, p.313).

Rangell(1976), Frederick (1985), and Belter & Shannon (1993), all maintain that the child who experiences the disaster more directly and is more personally threatened by it will suffer the greatest psychological impact.

In hindsight, considering that the communities at Buffalo Creek, Aberfan and Merriespruit had been living in dread of the event that they were powerless to avert, it may have helped the children to cope better with the disasters if there had been a Disaster Plan at the schools in the areas, which could have included the surviving children's relocation at other schools and immediate psychological help for them if and when the expected disaster happened.

#### **2.6. Some Famous Bereaved Children.**

Sakaer said in 1987 that the often remarked heightened use of creative channels in bereaved children may reflect pathology and unresolved mourning or perhaps, a creative structuring of the personality after the successful resolution of mourning

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because children differ from adults in their access to and use of creative processes such as fantasy and art works in working through problems such as bereavement.

The Brönte children are not perhaps good examples of "the positive outcome of mourning being creative", as George Pollack said (cited by Bank & Kahn, 1982) because it has been considered that Charlotte, Branwell, Emily and Anne were involved in a refusal of ordinary life, and that they spun their separate and different substitutes for it, becoming addicted to their daydreaming world much as an addict to his/her drug (Lane, 1980). And Lane (1980) said that while Freud said that powerful diversions of interest are necessary to cope with life's impossible tasks, and Bertrand Russell said that they are an essential part of the creative mind, there is a danger when there is no means of relating them to reality that they may become dangerous to sanity.

The Brönte children were certainly greatly bereaved children. Six children were born in six years. Their mother died after a long painful illness when Charlotte was eight and Anne only two years old, and only four years later the two eldest, Maria and Elizabeth, died within a month of each other (Gaskell, edited 1975; Gérin, 1967, 1975; Peters, 1975).

When James M Barrie's elder brother died after a skating accident, their mother became a chronic invalid, refusing to face the reality of the death and spending most of her time in the bedroom. James wrote stories which he read to her to cheer her up and also to claim her thoughts from his dead brother. He wrote, and read to his mother the story "Peter Pan" which he subtitled, "The little boy who never grew up" (Bank & Kahn, 1982).

Gustav Mahler was the eldest of fourteen children of whom seven died, with Gustav's favourite brother committing suicide at the age of thirty-five years. He married in his forties and had two daughters, one of whom died at the age of five. "The Resurrection" was his Second Symphony (Sidney Bloch, unpublished talk, U.C.T. Summer School, 1993).

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Bank & Kahn (1982) said that sibling deaths were part of Adolf Hitler's early life to a striking degree. He was the fourth child of both parents and his mother's first child to survive infancy [he had two half-siblings], and three others died before the age of two; so in a sense he was the replacement child for the three dead infants. His older half brother became the black sheep of the family when he was gaoled, and shortly afterwards his remaining brother died. So in effect Hitler's status was that of replacement child five times over. His unresolved mourning may have been reflected in his drab architectural-type drawings and water colours.

### **2.7. Grief Intervention**

#### **2.7.1. Professional Help**

Professional help within the system in South Africa is extremely limited for the child/children bereaved by death due to natural causes, accidents, violence or ecological disaster. While High Schools have a guidance teacher who deals with minor problems, he/she is no better equipped by any special training to handle grief than other teachers on the staff. Government primary schools do not have the facilities of a guidance-teacher post. It seems that there is a dearth of professional help for the bereaved child within the system.

There are 1168 government primary schools in the Western Cape served by 17 school clinics (School Psychological Services, telephone interview, 1996). The total of 87 educational psychologists are mainly concerned with psychometric testing and school-related problems. There are only 4 psychologists in the South African Police in the Western Cape, the senior of whom has instructed 12 of the 87 educational psychologists in the technique of post traumatic incident intervention. This S.A.P. service would appear to be grossly overstretched since there are 13,000 policemen in the whole of the Western Cape, plus their families. External debriefing after a school related disaster is only conducted in special circumstances, such as the incident in 1995 when a live police hand grenade exploded at a school fete, killing one child and witnessed by many other children (S.A.P. Psychological Services, personal communication, 1996).

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The Trauma Centre in Cape Town has never undertaken work with bereaved children per se (telephone interview, 1996). The Child and Family Unit at Lentegeur Hospital in Mitchells Plain in Cape Town conducted a workshop in 1995 for one teacher from each school in which a child had been a victim of the "station strangler". The serial killer lured at least 13 little boys to go with him by train to a place where he sexually molested and strangled them. Some of the victims had been in the company of their friends who had resisted the invitation to accompany the killer. The children in the victims' classes were horrified and afraid, as were also their parents and everyone in the community. This was made much more traumatic when the perpetrator was discovered to be a local teacher.

The purpose of the workshop at that time was to enable the teachers to recognise symptoms of posttraumatic stress in children who knew the victims and/or who were pupils of the killer so that they might be referred to a school clinic or to the Child and Family Unit of Lentegeur Hospital for further help. In the event, the attending teachers themselves had been so traumatised that they needed de-briefing before the purpose of the workshop could proceed (Child and Family Unit, personal interview, 1996).

Dora Black (1979) said that children who lose a significant person often suffer from depression in later years. Zilboorg (1937) and Birtchnell (1969) suggest that parental bereavement in childhood is a significant factor in the aetiology of various forms of mental illness and adult maladjustment (Zilboord (1937), and Birtchnell (1969) cited in Furman, 1974), a suggestion with which Raphael (1983) concurs.

It is considered that this high risk of depressive illness in the future life of the child can be significantly lessened by an intervention aimed at encouraging the expression of grief at the time of bereavement (Klingman, 1993). The bereaved child clearly needs to have access to a trusted adult outside the family to help him/her with his/her grief (since help from within is not always available).

### **2.7.2. Characteristics of a counsellor.**

It seems that this person/s needs to be someone who has a comfortable rapport with a child, is able to gain a child's trust and allow him/her to talk or ask questions, and be available to him/her.

Petrick (1986) described the qualities he considered necessary of a school guidance counsellor who is also a teacher at the same school. Although such a post in government, and in most private schools in the Western Cape exists only in high schools, and therefore such a teacher is not usually available to the primary school child, it seems that the qualities Petrick described are those that are required of the "outside" adult who may best help the bereaved school child in his/her time of need.

Among other qualities, he listed:-

- concern for the child in need.
- interest in the child in need.
- sympathetic attitude towards the child.
- empathy with the child in need.
- sincerity in conduct with the child.
- honesty in conduct with the child.
- a way with children.
- humbleness towards children.
- openness of heart.
- responsibility.

It seems that the special outside person who may help the bereaved child could be his/her class teacher.

### **2.7.3. Why teachers?**

Caplan (1969) said there are certain key people who may exert a potent effect on other individuals, and the school teacher is one of them.

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Teachers are sanctioned by society to spend a large part of the day with the child for (in most cases), approximately two thirds of the day, and as Klingman (1993) said, for the child who has experienced the trauma of grief, the school is the most natural and available system of support outside his/her family. The primary school child forms a trusting relationship with his/her teacher (Gesell & Ilg, 1946), and he/she has faith that he/she will understand and help him/her in personal matters which may be unrelated to school teachers.

The situation at home during a parent's terminal illness or after the death of the parent, sibling, close relative or friend is one of those matters. In the case of the death of a close associate, the deceased is sometimes a fellow-pupil and then the whole class is bereaved.

A bereaved child's teacher has the opportunity to observe and respond to his/her grief when he/she returns to school and throughout the time when social support may be withdrawn from the family before the mourning is complete. At the same time, if he/she were given knowledge and training about childhood mourning, he/she would understand that children, like adults, begin their grieving at different times and show different symptomatology. He/she would then be better able to make a correct assessment of the cause of a decline in a child's work if it occurred many months after a family death.

Bereavement therapy is a facility for the privileged few - whether for financial reasons or because of the limited number of mental health professionals available. It seems, therefore, that it would be cost-effective to empower the teacher to help the bereaved child in the classroom. The teacher who is properly equipped with the necessary knowledge and ability to help the child would be in a position to "normalise" bereavement for the rest of the class, leading them to understand it as an inevitable life occurrence.

It also seems that it could be of benefit to the other children in observing the teacher's interaction with the bereaved child in class, an advantage that would not be available to them if the child were seen only by the teacher in private. The other

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children would learn how to behave spontaneously and naturally to a fellow-being at his/her time of grief and mourning. There are occasions, too, when the role of the teacher is vital when the whole class is in a state of shock and grief when a pupil or pupils die.

In twenty five years of working with the bereaved child, it has been the researcher's experience that teachers have sometimes failed even to refer to the death of a pupil in their class when school convened the next day. The absence has been unacknowledged, and the pupils have been left to hear about the event from other sources. They may consequently feel, as Hugh Jolly (1975) said when child patients were aware of a death on his oncology ward, that without an acknowledgment of the death and a suitable ritual of saying goodbye, the remaining children may suppose that they too could be so easily forgotten.

Teachers as well as parents have not always come to terms with feelings about death (Cunningham & Hare, 1989). Some of them, sometimes feel that a "least said, soonest mended" attitude is best; and the child is left to struggle through his/her grief alone and unaided.

Other teachers, wanting to help the child but not knowing how to do this may miss or misinterpret vital cues given by the child. This happens particularly after a sudden or violent death when the onset of grief is often delayed due to posttraumatic shock. Normal symptoms of grief such as aggressive behaviour, lack of concentration, impairment in social functioning and poor work performance, appearing months after the event are then classified as behavioural or learning problems (Eth & Pynoos, 1985).

With no formal education in the recognition and management of childhood bereavement in Teachers' Training Colleges, it has been left to the individual teachers to manage, mismanage or not manage the bereaved child in class.

In 1995 Holland & Ludford reported on a research project carried out by Holland in 1993 in Humberside (U.K.) primary schools to investigate the need for teacher-training in child bereavement.

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Holland's findings indicated that few of the teachers had had any formal bereavement training. The article concluded with a reference to a project with which Holland was then involved at the University of York called "Operation Iceberg" which was aimed at helping bereaved children. Personal communication with Holland (1997) revealed that this project has been shelved for at least a year because of personal commitments.

The researcher discovered an article by Bertoia & Allan (1988) called "School Management of the Bereaved Child". The authors considered that, if given sufficient training, school counsellors can offer support to bereaved children and they suggest certain strategies to assist them to do this. These strategies were discussed under three headings:-

- **Children's perception of death.**

This described the young and middle-childhood child's understanding of death based on material by Betz & Poster, 1984; Knowles & Reeves, 1983; Matter & Matter, 1982; Gardner, 1983; Ney & Barry, 1983, (cited by Bertoia & Allan 1988).

- **Basic Considerations.**

This section described how the counsellor could **communicate** with the bereaved child and the use of open-ended questions in communication; **acceptance** of the bereaved child by treating the child in the usual way and not singling him/her out for any special consideration; **routine** in that the child can best be helped by maintaining a normal school routine; and the child's **reactions** to his/her loss in the sense that each child reacts to loss in an individual way and grieves in his/her own way and in his/her own time.

- **Specific loss situations.**

This section included various scenarios of loss including the loss of a pet.

It is considered that Bertoia & Allan's strategies are commendable as far as they go in that, as they said in their article, it "will attempt to provide some very basic

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information and strategies for those who work in the school system" (Bertoia & Allan, 1988, p. 30), and with that, no further comments were offered.

While Bertoia & Allan did not proceed to devise or conduct a programme for the training of school counsellors or teachers, they identified the need for such training and suggested important strategies which could be used.

These authors also make the important point that while considerable work has been done to clarify the child's understanding of death, most information intended for school personnel focuses on "Death Education" as part of a natural life-cycle, and this does not prepare the child for a personal crisis situation.

Cunningham & Hare (1989) went a step further than Bertoia & Allan. They described the essential elements of a bereavement in-service training module for teachers, which they suggest could be conducted by school counsellors.

In 1988, Cunningham & Hare conducted a pilot bereavement in-service training programme with teachers (Cunningham & Hare, 1989), and suggested that with some training in child bereavement, teachers can become more effective in helping the child with the process of his/her grief.

In the course of planning the programme, they explored the teachers' existing knowledge and misapprehensions of childhood bereavement.

They found that while teachers are aware that the child experiences feelings of loss, the teachers are not aware of the range of behavioural manifestations which the child may show after the death of a significant person, and they felt that teachers need to be made aware of these possible behaviour changes and the factors that influence bereavement in each child. This is a very important finding because it emphasises the need for teachers to treat each bereaved child according to his/her individual situation as Bertoia & Allan pointed out in their basic considerations of a child's reaction to his/her loss (Bertoia & Allan, 1988).

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Cunningham & Hare (1989) also recognise that teachers have misconceptions about the expected duration of a child's grief, in that they often expect a child "to be over it" in a few weeks. This is one of the many misconceptions that make bereavement training for teachers vital.

Cunningham & Hare do not, however, make it clear who they intended should train the school counsellors for the task of training the teachers in child bereavement. Neither do they make it clear whether they conducted more than the one bereavement in-service training programme for teachers. They said that this in-service training **may** be conducted in a single four hour session and also that it had been conducted so (Hare & Cunningham, 1988, cited in Cunningham and Hare, 1989).

The content of Cunningham & Hare's in-service training programme for school counsellors deals with the following important issues, the first two of which are similar to issues which Bertoia & Allan (1989) felt were important for teachers to understand:-

1. Awareness of children's bereavement behaviour in the sense that grief is an individual matter, and therefore teachers should be made aware of factors that influence bereavement in each child.
2. Awareness of children's perception of death.
3. Awareness of personal attitudes toward death.

Cunningham & Hare thought that school counsellors should devise exercises to help teachers clarify their own attitudes toward death. They suggested that a 26 item questionnaire, the Lemming Death Fear Scale be used.

This questionnaire requires respondents to give their impressions to statements about their own death, in eight areas:

- a) fear of dependency on others while dying
- b) fear of pain
- c) fear of indignity
- d) fear of isolation and loneliness

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- e) fear of afterlife
- f) fear of the finality of death
- g) fear of the fate of the body.

While it is conceded that this is an acceptable way of helping any bereavement counsellor, including a teacher, to get in touch with his/her deep personal feelings surrounding grief, it is not considered by this researcher to be an appropriate exercise if it is inserted in the middle of a four hour long programme. The deep and painful emotional impact on the persons taking part in this kind of exercise may render some people unable to participate in the rest of the programme while professional intervention beyond the scope of a school counsellor who is conducting the training programme may be required.

Based on experience of conducting similar exercises, the researcher believes that these exercises should be carried out with small groups of participants, preferably by a trained mental health professional who is able to deal with one or more of the Pandora's boxes which may be opened in the process. The aim of such exercises is to put the participants in touch with their feelings about grief in as realistic manner as possible, and to give them the necessary time to absorb the shock of thinking about their own death. This sort of exercise is therefore best done before a lunch-break or at the end of the day.

#### 4. Exercises dealing with bereaved children's concerns.

The last item of Cunningham & Hare's in-service training programme suggests exercises involving the role playing of likely questions which children might ask following the death of a loved one, and the ways in which a teacher could respond to those questions.

This method of training teachers to feel comfortable in the interactions with a bereaved child has merit, especially when, as Cunningham & Hare (1989) suggest, the role play takes place in small groups of teachers who afterwards discuss their experience with the whole group.

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Cunningham & Hare's 1989 programme, based on the results of "quasi-experimental" studies by Hare & Cunningham in 1988, Hare & Skinner in 1988 and Monar & Stickels in 1985 (cited by Cunningham & Hare, 1989) for a "brief in-service" training of teachers to cope with bereavement, is most important because they acknowledge that most teachers of young children may have little or no previous training in this field, and they have devised a way of increasing teachers' knowledge and skill in assisting young children with the task of coming to terms with what death means to them.

Dorset Education Department in the UK responded to the Gulf War in 1991 by a "hastily drawn-up" document (personal communication, Nick Beard, 1996) entitled "Advice to Schools and Colleges - The Gulf" (1991). This was intended as advice to school principals on how to cope with a child whose father had been killed in the Gulf War. The document was based on material supplied by:

- the Compassionate Friends (an internationally based organisation which runs self-help groups for bereaved parents)
- CRUSE (a national organisation for widows and their children) which is a U.K. based organisation whose voluntary workers counsel the bereaved
- The National Children's Bureau.

The information given about how a bereaved child may respond to a family death was considered by this researcher to be adequate in the sense that it was a hastily compiled document to fill an urgent need. It would be quite inadequate as a teaching module because the "solutions" are too glib and the explanations for the solutions might not be clearly understood by teachers who have no previous training in child bereavement. However, it is heartening to learn that the Dorset Education Department appears to be very conscious of the need for teachers to be aware of the bereaved child in class.

Dorset Education Department's Management Advice and Support Services followed up the 1991 document by issuing a three page document to the schools in their area in 1995 entitled, "Guidelines for Schools: Bereavement" (Beard, 1996).

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This document advised that on the sudden death of a pupil or a member of staff that the Area Officer be contacted for support and guidance. The Duty Officer was advised that schools would need guidance on:

- the death of a pupil
- the death of a teacher.

The document stated that the Area Officer would contact either the Education Welfare Officer or the Educational Psychologist to give support. Whether this support would be given to the school principal or to the bereaved child/children is not stated.

While a literature search for information about any school in the world that had been prepared for a school-related disaster before the event happened proved fruitless, personal communication led this researcher to write to Jeremy Sabine, Principal of the Diocesan College for Girls in Kwazulu Natal. His unpublished paper which he read at the Independent Schools Council Heads' Conference in 1995 was based on his own school's experience when a child in Sub A died suddenly in the classroom. In his talk he made reference to a booklet, "Wise before the event", published by the Calouste Gulbenkian Foundation and distributed to schools in Britain. This booklet suggests practical plans by which a school may prepare to deal to deal with the multiplicity of problems created when a disaster occurs. No other programmes designed, implemented and evaluated to enable teachers to assist the bereaved child seem to be available.

It seems there is a critical need for such as programme so that teachers may be trained to understand the bereaved child, whatever the complexities and complications his/her particular circumstances add to his/her situation, a programme, moreover, that could be repeated with all teachers in all schools including pre-primary and even nursery schools.

### **3. Methodology**

#### **3.1. Action Research.**

It was decided to focus this study on the construction and implementation of a programme to enable teachers to help the bereaved child in the classroom situation.

As no other programmes designed, implemented and evaluated to enable teachers to assist the bereaved child seem to be available, such a training programme would now appropriately be developed within the context of Action Research.

Those researchers who use a quantitative paradigm for scientific research contend that their methods are objective in that a certain subject is studied with the researcher having no preconceptions about it, or even preferences about the outcome of the study, and without interfering in the natural course of events.

Webb (1996), a proponent of action research, says that in this sense, natural scientists claim that the personal values of the researcher are irrelevant to the scientific study because the study is, therefore, value free. She goes on to say that in both quantitative and qualitative research projects, the research subjects “give up their time and energy to take part in research but receive little or nothing in return”. This statement would not be true for this study, however. The teachers would emerge with a training in child bereavement and a set of guidelines dealing with most aspects of child-bereavement-by-death to which they could afterwards refer in perpetuity. Therefore, the nature of the programme for teachers under study here does not lend itself to the quantitative paradigm.

For clarity in this report, most of the information here about action research is taken from Cohen & Manion’s book (1980) because their description of this research paradigm is clear, concise and relates strongly to this study. Their book covers all the points raised by other authors, most of whom are relevantly cited by them.

Cohen & Manion (1980) defined action research as “small-scale intervention in the functioning of the real world, and the close examination of the effects of such intervention”.

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Webb (1996) says that action research is a “method of facilitating change through involving and motivating participants in a given project”. She emphasises that involvement is crucial for the researcher too, because it allows him/her to gain a deeper understanding of the change processes that would otherwise have been possible.

Cohen & Manion see action research as having three main components:-

- It is **situational** in that it relates to the identification of a problem in a specific context, and the solving of that problem in the same context.
- It is **collaborative** in that action research usually (but not inevitably) involves teams of researchers and practitioners working together on a project.
- It is **participatory** in that the team members themselves take part in the implementation of the research. It is self-evaluated in that any modifications are evaluated as the process proceeds, with the ultimate object being to improve practice in some way.

In this study of the programme to be presented to teachers to enable them to help the bereaved child, the researcher would be the only “research team member” and would be solely responsible for the implementation of the research, so in that respect only it would not be **collaborative**.

However, the research would have a structure comparable to the other two of Cohen & Manion’s three main components of action research:-

- it would be **situational**, in that the study would relate to the identification of the problem; that is the need for teachers to be educated in child-bereavement.
- it would be **participatory** in that the researcher would be evaluating and modifying the process throughout the implementation of the research.

In whatever situation action research is considered to be an appropriate method of research, the evaluative set of principles remain the same; that is, to add to the practitioner’s functional knowledge of the phenomena with which he deals (Cohen & Manion, 1980).

## *Methodology*

Blum, cited by Cohen & Manion, 1980) says that the use of action research can be determined by two stages:-

- in which identification of the problems are analysed and hypotheses developed
- the “therapeutic” stage during the hypotheses are tested by a “consciously directed change experiment, preferably in a social life situation”, (Cohen & Manion, 1980, p. 174).

Cohen & Manion make a distinction between action research and applied research because similarities exist and the differences are important.

The aim of applied research is mainly to test theories. This is done by:-

- Studying a large number of cases
- creating as much control as possible over the variables
- exact sampling techniques
- an earnest concern to generalise the findings to comparable situations

Applied research does not however make a claim of directly contributing to solving problems within the research process.

Action research has a more broad explanation of the scientific method of research, chiefly because it focuses on a specific problem in an equally specific setting. Therefore, its importance lies not so much in acquiring scientific knowledge which can be generalised, as in acquiring precise knowledge for a particular situation or for a particular purpose (Cohen & Manion, 1980).

Cohen & Manion suggest that action research may be used in programmes of intervention which relate to personal functioning and human relations. They say further that the purpose of action research when conducted in schools falls into certain categories which include:-

- It is a means of remedying problems identified in specific situations.

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- It is a means of in-service training, and so equipping the teacher with new skills and methods.
- It is a means of injecting additional approaches to teaching and learning into an on-going system which normally inhibits innovation and change.

Another reason for using Cohen & Manion's book as a basis for this study is that it could be directed to teachers and their day-to-day problems in the classroom. The problem of helping the bereaved child is not one that has been addressed before in this context, but it is argued that the categories these authors lay out for this action research in other areas of teacher training apply equally to this research.

### **3.2. Characteristics of action research.**

The prime characteristics of action research which will be described here are usually present in all instances where it is used (Cohen & Manion, 1980).

It is essentially an on-the-spot procedure which is designed to deal with an actual problem identified in a specific situation. This means that the stage-by-stage process is carried out and monitored over periods of time. This monitoring is done by a variety of mechanisms such as interviews, meetings and discussions. The resulting feedback may lead to modifications and adjustments and consequent re-evaluations so that lasting benefit may be brought to the process itself rather than to some future occasion, as is the purpose of a more traditional approach.

Another distinguishing feature of action research is that it is empirical which means that over the period of the project, information is collected, shared, discussed, recorded, evaluated and acted upon.

Cohen & Manion (1980) include the following stages in their basic framework of an action research programme:-

- a) Identification of the problem, or need to introduce innovation into some aspect of an established programme.

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- b) Preliminary discussion and negotiations among the interested parties - teachers and researcher - which will culminate in a draft proposal. This is when the objectives and purposes of the venture are made clear to all concerned.
- c) Potential involvement in a review of the research literature to find out what can be learned from comparable studies: their objectives, procedures and problems encountered.
- d) Potential involvement in a modification or re-definition of the original statement in stage (a). It may now emerge as a testable hypothesis.
- e) Potential concern with the selection of research procedures such as sampling, administration, choice of materials, method of teaching and learning and so on.
- f) The choice of evaluation procedures to be used, always bearing in mind that evaluation in this context will be continuous.
- g) The implementation of the project will include:-
  - methods of data collection (e.g. regular meetings, keeping of records and reports)
  - the monitoring of tasks
  - the transmission of feedback to the research team
  - the classification of data.
- h) Analysis and evaluation of the project involving:-
  - the interpretation of the data
  - inferences to be drawn from the data
  - overall evaluation of the project

In this stage discussions of the findings will take place in the light of previously agreed evaluative criteria. Mistakes, errors and problems encountered are also considered.

  - a general summing-up may follow in which the developments of the project may be reviewed and recommendations made.

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This is the basic framework of action research.

Cohen & Manion's (1980) approach to action research, therefore, appears to include the same stages in the process toward the scientific research for which this researcher aimed. Their approach was eminently suited to this study of a programme designed to enable teachers to help the bereaved child.

The researcher's interaction with the teachers throughout the programme is crucial to the study because the programme would be a training course for teachers. The researcher would be totally instrumental in running the training course according to the needs that arise.

Action research makes use of more than one method in collecting data for evaluation purposes, and aims for a triangulated approach. This means gathering data in different ways in order to give a composite almost three dimensional picture of the situation. Several different methods may be used to cross-check on data, such as backing questionnaire data with observations, or more than one group of research teachers may be studied in different settings to compare their reactions to the project (Webb, 1996).

Webb (1996) considered reflexivity an important concept in action research in that the beliefs and attitudes of the researchers are part of the data and should be made available in the research report. Webb says, "Because action research is concerned with developing research methods as well as with introducing and evaluating changes in practice, researchers also need to write about the process of carrying out the project from their own points of view ..... researchers have a responsibility to 'tell it like it is' ..... Action research should be marked by an open attitude to the participants, to the research methods used, to making changes along the way and to investing the researcher's 'self' in the project and to writing up the study in an honest and revealing manner" (Webb 1996, p.161).

This approach is ideal for the evaluation of a programme designed to give teaching and support to a number of primary school teachers to help them assist the bereaved

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child, so it was decided to focus this study on the construction and implementation of a programme to enable teachers to help the bereaved child in the classroom situation.

In any description of action research, there is no clear delineation of methodology and results. The description of the implementation of the programme is divided generally so that under "methodology" is included a description of all the steps that it was intended should be taken, and under "results" is included a description of the actual events and their implications.

It was intended that the programme would:-

1. commence with a didactic talk on the bereaved child followed by questions from the teachers and answers from the researcher
2. progress to the future routine visits which would give the teachers a forum in which child bereavements at their schools could be discussed, evaluated, monitored, and plans made for further handling, as well as feedback from experiences in child bereavement from teachers in other schools in the study.
3. have as a vital aspect of the training programme the built-in facility which would encourage the teachers to make "emergency" calls for help to the researcher when they were faced with a sudden or difficult child bereavement.

### **3.3. Selection of participating teachers**

The implementation of the structured programme for the teachers with regular supervision and discussion with them of bereavement experiences, demanded co-operation of their school principals and fellow teachers. It was considered that no one teacher would interact with a bereaved child in total isolation. Other teachers, including the school principal, would very likely be involved in dealings with the bereaved child. For this reason, it was considered better to select the teachers as groups in their school environment of their respective schools. It seemed to make sense, therefore, to engage the full complement of teachers from a few selected schools, rather than a few teachers from many schools.

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The researcher considered it reasonable that no more than 200 teachers be included in the programme, and that there be no more than ten schools, with an average of twenty teachers per school. This was because the researcher considered 200 teachers to be a manageable number in order to be able to fulfill the promise of being available in emergency situations.

### **3.3.1. Accessibility**

There was a need for accessibility in the sense that all of the primary schools should be in reasonable proximity to the researcher. This was because it was planned that a back-up service of visits to the teachers in their schools, other than the routine visits, would be provided whenever an emergency occurred. An emergency is defined for the purpose of the programme as the urgent need for help with the unexpected death of a pupil's parent, of a pupil or pupils or that of other close associates.

### **3.3.2. Background of the teachers' pupils**

The programme was designed to be effective across all cultures and socio-economic groups. The choice of schools, therefore, was also dependent on the comprehensiveness of the pupils' backgrounds so that all cultures and socio-economic groups, in which Cape Town is so rich, would be represented sufficiently to enable the teachers to discuss the pertinent problems of any bereaved child.

### **3.3.3. Background of the teachers**

A representation of cultural backgrounds in the teachers was considered to be a criterion because they would bring their own special cultural values and beliefs to the discussions on the bereaved child, and the plans made for his/her assistance at the routine visits to the teachers at their schools.

### **3.3.4. Gender of the teachers pupils**

A search of the literature on the bereaved child revealed no allusion to a difference in the bereavement experience between a boy and a girl, so a provision for this criterion was discarded.

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By drawing a circle on a map of Cape Town using her home as the centre of a five kilometre radius, fourteen government and six independent primary schools were identified. The limited number of schools with which the researcher could cope meant that a selection had to take place. The two independent schools nearest to the researcher were chosen to take part in the programme; and of the remaining seven government schools, two were chosen because of their proximity to a railway station and mini-taxi terminus (the rationale being that many pupils at those schools use trains and taxis from outlying areas of Cape Town, and therefore the pupil populations would be from many cultural and socio-economic groups). Four primary schools were chosen at random, and the seventh government school was slightly outside the five kilometre radius, but was the most accessible of the township schools. The schools within the five kilometre radius provided a complete cross-section of pupils the programme was aimed at. The teachers came with the schools and as it happened there were only a small number of coloured teachers.

A school in which teachers and pupils were Afrikaans-speaking, and in which teaching and interactions with pupils are commonly conducted in that language was purposely not included in the programme. This was because the researcher felt that her unfamiliarity with the Afrikaans language would have made the use of an interpreter essential during the two talks, the routine visits and emergency visits when important issues relating to the bereaved child were discussed in depth. However bi-lingual the teachers at such a school might be, it was considered that the need for frequent interpretation and clarification could well have led to misunderstandings and misapprehensions, and would have been time-consuming.

It is acknowledged that the number of primary schools with which the researcher could cope meant that not all government schools in the five kilometre radius were included in the programme.

A letter was sent to the principals of nine schools inviting them and their staff of teachers to take part in the programme, and once their letter of acceptance was

received, the teachers of each of these schools were accepted as participating teachers in the study.

### **3.4. The Implementation of the Programme**

**3.4.1.** In response to their letter of acceptance a **meeting was held** with each principal to explain what the programme would entail. A contract (see Appendix 1) was signed by each principal and the researcher, setting out the researcher's commitment to the teachers during the year of the programme.

**3.4.2.** Within a week of this meeting **the initial talk** was given to the teachers at their schools, and a period of discussion followed.

**3.4.3.** A **Questionnaire** to determine their demographics and experiences of bereavement was completed by the teachers at the end of the initial talk (see Appendix 5).

**3.4.4. Guidelines**, to form a reference for specific child-bereavement situations were given to the principals for the teachers at the close of the initial talk (see Appendix 2).

**3.4.5. Six routine visits**, i.e. Two visits per school term were made to the teachers at each of the nine schools over the period of the year of the study.

**3.4.6. Resource material** was collated and distributed to the teachers in response to a need which was identified by the researcher by the questions asked after the initial talk (for an example of the resource material, see Appendix 4).

Halfway through the year of the programme, a need was evaluated for the completeness of the programme, for a talk on school-related disasters. This was given to the teachers at their schools, and was backed up with an addendum to the guidelines covering this topic to which the teachers could refer (see Appendix 3).

Throughout the construction and implementation of the programme Cohen & Manion's (1980) three main components of action research were stringently observed in that it was situational, collaborative and participatory.

Moreover, Cohen & Manion's (1980) characteristics of action research are clearly identified in this research as the stage-by-stage process was carried out and monitored

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over periods of time by means of routine and emergency meetings which led to modifications, adjustments and consequent re-evaluations. These on-going evaluations and re-evaluations form part of the analysis of the results of the efficacy of the programme in this action research.

### **3.5. The initial talk**

Since lectures on child bereavement have never been on the curriculum of the Cape Town Teachers' Training College, it was considered reasonable to assume that none of the teachers had received lectures on child bereavement in whichever training colleges they had studied. It was also considered reasonable to assume that it was unlikely that they had received any training in child bereavement since they had been employed as teachers. It was therefore considered essential to commence the programme with a didactic talk to the teachers at their schools, describing grief and the mourning process with specific reference to these processes as they apply to children of primary school age.

#### **3.5.1. Construction of the initial talk**

The talk was composed of the following particulars, in this order:-

- a) Grief and the mourning process: a definition of grief, followed by a description of the stages of mourning after the impact of the news of the death, viz:-
  - denial in accepting the fact that the death had occurred
  - acceptance of the fact that the death had occurred
  - disorganisation of everyday life while the bereaved pines and mourns the deceased
  - gradual reorganisation of everyday life
  - introjection into the bereaved of various habits, standards and values of the deceased
- b) The primary school child's perceptions of death at difference stages of his/her development, viz:

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- from the age of about six (school going age), he/she knows that death is permanent (Kane, 1977).
- and from the age of about eight the child is aware that death is irreversible, universal and inevitable (Kane, 1977).
- c) The rebuttal of myths surrounding the handling of childhood grief, viz:
  - that it is better not to allow the child to see the parent/s' or teacher's tears and grief over the death of a family member or close associate
  - that small children do not grieve
  - that children "soon forget"
- d) Bereavement symptomatology of the child, particularly in the stage of disorganisation, viz (for example):
  - bed-wetting
  - lack of concentration at school
  - social withdrawal
  - anger and hostility to other children
  - eating disorders in the form of either over-eating or loss of appetite
  - sleep disturbances, for example nightmares, difficulty falling asleep, sleeplessness
  - not wanting to make an effort at school when, for instance, one parent has died and the other is submerged in grief, because the remaining parent shows no interest.
  - a decline in school work sometimes months after the death of the family member, when the process of grief has been retarded due to posttraumatic shock and the subsequent denial of the event
  - abdominal pains, diarrhoea and vomiting
  - fear of leaving the remaining parent, in case he/she, too may die, this last point often leading to school refusal.

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e) The determinants of grief, which are the special agendas the bereaved has with the deceased, viz:

- how close was the bereaved with the deceased?
- what, where and how was the death?
- how were previous losses handled?
- how do the adults in the child's life behave?

f) How the bereaved child may be helped to cope with his/her loss.

As the printed guidelines would contain the kind of help the child needed in specific bereavement situations the initial talk dealt with help in general for the bereaved child, viz:

- the child should be told of the death in a loving way, preferably by a parent
- he/she should be encouraged to ask questions and to express his/her feelings
- his/her feelings should be acknowledged and he/she should be listened to.
- in the case of the younger primary school child he/she may need to have his/her never-before-felt feelings identified and given a name, as it helps the child for him/her to be able to put a name to his/her state.
- the child should be encouraged to say goodbye to the deceased in his/her own way.
- the child should be encouraged to attend whatever rituals of mourning at which his/her culture allows his/her presence.
- the child should not be sent away to stay with relatives at this time; he/she should stay at home to share in the condolence visits to the family and to experience the acts of kindness meted out by friends who respect and care for them.

Being at home before and after the funeral and observing the events taking place in the house of mourning helps to establish the reality of the death as well as showing the child what should be done for friends who have lost a family member.

### **3.5.2. Content of Discussion**

Following the initial talk to the teachers at each school, the researcher asked them to recall past bereavements in the school and to discuss how they had handled them at the time. This was done because the researcher wanted the teachers to focus on school bereavements they had known, and to compare what they had done to help the child/children then with the possible changes they would make now in their treatment of the child/children in view of the talk they had just heard. The newer members of the staff, although they had not been teachers at the school during some of these bereavements, nevertheless participated in the discussions with their critical suggestions. These discussions permitted the researcher to assess the general level of the teachers' knowledge of child bereavement at the beginning of the programme as an aid to her evaluation of its subsequent efficacy. Also questions asked by the teachers provided the researcher with the opportunity to assess what other information about the bereaved child they might need to be given as a resource material in addition to the guidelines, to which they could refer when they had a bereaved child in class. Of particular importance were specific after-death customs in religions practiced by children in their classes. This adjustment to the programme was in accordance with action research.

### **3.6. Constructing the first questionnaire (see Appendix 5).**

In order to get more specific detail of the teachers' demographic and other background information a questionnaire was completed by each teacher at the end of the initial talk in order that:-

- the possible need for extra resource material could be identified, for example the after-death customs in the different cultures and the relevant matter given to the teachers as a back-up to the guidelines.
- gaps in the teachers' experience and knowledge of child bereavement could be identified so that decisions could be made about introducing topics to be discussed at routine visits if and when time permitted after the discussion of school bereavements.

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- at the end of the study, some conclusions could be drawn about the efficacy of the programme by comparing the teachers' feelings of confidence and ability to handle the bereaved child in class at the start of the programme with their confidence and ability at the conclusion.

The first questionnaire was constructed in two parts.

### **3.6.1. Part 1. Personal**

In addition to questions about the teachers' age, marital status, religion, qualifications, country of birth and education, questions covered:-

- their personal experiences of a family bereavement during childhood
- help they had received from family and friends
- their own teacher's acknowledgement of their bereavement on their return to school.

### **3.6.2. Part 2. Professional**

The questions here covered their length of teaching experience, their experience of child bereavement in their schools, and the existence of a school policy on helping the bereaved child.

Due to the probability that some of the teachers might be tardy in returning this questionnaire, and because some of the information was needed to compile resource material for the teachers to refer to, it was given to them after the initial talk, and collected by the researcher the same afternoon.

### **3.7. The guidelines. (see Appendix 2)**

In addition to the initial talk, the routine visits, and potential emergency visits and emergency phone calls, it was considered appropriate that the teachers have from the beginning of the programme a printed "map" to guide them and to which they could refer when they were faced with a bereaved child in class.

The importance of a set of guidelines given to the teachers would lie not only in its value as a reference document crucial to their tuition about the bereaved child. It

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would also provide a necessary uniformity to the study, in that all of the teachers would have access to copies of the same document which would be given to the principal of each school in the study for circulation among the teachers, and/or photostat copies would be made by the principal for each one.

The guidelines were a series of interventions devised by the researcher to assist the teachers to handle various types of bereavement-by-death in the life of the primary school child. They were added to and adjusted throughout the programme as needed, according to the protocol of action research.

They were intended to be more than a quick source of reference when the occasion arose. They were intended to be the foundation of a library on the bereaved child on which some of the teachers might like to enlarge.

The guidelines were constructed as clear advice in the form of a series of interventions, each relating to a particular bereavement-by-death which a primary school child might experience, and what his/her teacher/s can do in these situations to help him/her to grieve appropriately.

The protocol for each intervention procedure was elaborated by providing a rationale for better assimilation by the teachers.

A written Introduction to the guidelines reminded the teachers of:-

- the aim of the programme, which was to familiarise teachers with the needs of the bereaved child in the age group six to twelve years and to present a programme to empower teachers to meet these needs in the classroom.
- the importance of the teacher as the significant "other" adult in the primary school child's life.
- that grief and bereavement work learned by the child in primary school may be carried over when future losses occur, not only from death.

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- that the guidelines would have a secondary dimension when they were applied because other children in the class would learn how to respond to a bereaved friend.
- and, finally, that they were not to be made available to student teachers who might be doing school-practice at any of the schools. This was because student teachers are placed in schools for a limited period of a few weeks as part of their teacher-training and therefore would not be able to participate as subjects in the total year-long programme of evaluative and educational routine and emergency visits. The immediate value of the guidelines to the students was felt to be outweighed by the need to limit each step to the teachers themselves for the period of the study.

The guidelines gave recommendations on how to deal with the following situations:-

- a child whose parent is terminally ill
- the normal symptoms of child grief
- when a child returns to school after a death in the family
- the value of open ended questions and examples of them
- when a pupil dies
- when a child comes to school as a new pupil after the death of a parent or sibling
- the death of a teacher
- the death of a retired teacher
- the funeral of a pupil/s and whether other pupils should attend.

### **3.8. Resource material (for a sample, see Appendix 4)**

There are specific after-death rituals and customs attached to many different cultures. After reflecting on the teachers' questions following the initial talk and evaluating their answers to the first questionnaire, and in accordance with the principles of action research, a plan was made to give the teachers resource material to add to the guidelines to help them to understand and respect the after-death customs in cultures other than their own.

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Some leaflets were obtained from St Lukes' Hospice ( a hospice for the terminally ill in Cape Town), which had been composed by members of the following religions and/or cultures which described the after-death customs, requirements and taboos of the following religions and/or cultures:-

- Buddhism (Green, 1989)
- Islamic (Green, 1989)
- Sotho (Lehata, 1992)
- Sikh (Green, 1989)
- Xhosa (Nshwanti, 1992)
- the description of the Jewish customs was composed by the researcher using lecture notes from Nechama, the Jewish bereavement counselling organisation and Lamm (1969).

### **3.9. The routine visits.**

It was planned to make regular six-weekly visits to the teachers at their schools in order to discuss the planning, implementation, evaluation and possible re-planning of the methods by which they could help a bereaved child in class, should there be such a child. If there were no bereaved children to discuss at one school, it was planned that the researcher relay details of a bereaved child in another school in the study for open discussion about possible plans for his/her help. It was decided to do this because it was realised that schools would not have many, if indeed any, bereavements during the year of the programme and by open discussion, the complexities of child-grief would be disseminated as widely as possible.

Six routine visits of between 45 and 60 minutes were planned for the teachers at their schools in the year of the programme, which meant two visits to each school per term. The intended tape recording of each of visit was abandoned at the first visit because passing the tape recorder around to the teachers spoiled their spontaneity, and some teachers even seemed intimidated by it.

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A set agenda for these meetings could not be planned before they took place because the discussions depended on the bereavements that had occurred in that and other schools in the study since the previous routine visit. The framework, however, remained the same, a discussion about:-

- recent bereavement in each school
- observations from the teachers involved with bereaved child/children on how they had been handling the bereavement situations, and how comfortable they felt about it
- suggestions from other teachers in that school about this
- guidance from the researcher
- plans for further help that could be given to the child/children concerned
- bereavement situations in other schools of other teachers
- finally, if time permitted during the routine visits, issues relating to child-bereavement in general were suggested by the researcher for discussion, such as whether a child should be encouraged to attend funerals of family members and close associates.

The routine visit was a time when groups of teachers met with the researcher to evaluate, plan and re-evaluate the bereavement process of those pupils who had suffered a close family death. It was also a time when the researcher was able to make on-going assessments of the efficacy of the programme by observing:-

- the confidence with which the teachers discussed plans for a bereaved child
- the ease with which they implemented these plans
- their eagerness to evaluate the plans, and if necessary, to re-form the whole process.

These steps are all in accordance with the principles of action research which states that changes in the process of a research take place through evaluation and spreading

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of information brought about by meetings, reports and discussion (Cohen & Manion, 1980).

### **3.10. Emergency visits & Phone Calls**

It was foreseen that there would be times when a teacher would request an immediate consultation about a specific bereaved child.

In such a circumstance an “emergency” visit would be made to the teacher at his/her school if a telephone consultation would not suffice.

Bearing in mind that not all the teachers at that school would be available to take part in the discussion of plans for the “emergency child”, it was planned to discuss it at the time with the teacher concerned, and at the next routine visit to that and other schools at which the teachers were in the programme.

Every effort was made by the researcher to respond to all the teachers in the same way, and to make sure that those of one school were not favoured over those of another.

Emergency visits were made to a teacher when he/she requested an urgent consultation about a bereaved child in the class. These visits were always made within 3 school-working hours, and at least within 24 hours of receiving the call. Most of the calls were made by the teachers at the close of school, and the researcher visited the teacher at school the following morning.

The “emergency” concerned a problem which:-

- the teacher had suddenly encountered with a bereaved child for example, an unexpected death.
- needed more time for discussing the possible plans for handling the child in his/her situation than a phone call would suffice
- could not wait for discussion at the next routine visit

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Many of these emergency calls, some of which will be discussed in more detail later, were associated with a child/children's bereavement over a sudden death for which the parents, also, were not prepared for the help the child needed.

As some of these bereaved children were sent to school the day after the tragedy in the misguided belief that they should not see, hear or speak about what had happened, the visits to the teacher concerned often meant making plans for the teacher to gently educate the parents in the needs of the bereaved child.

The emergency visits to the teachers at their schools allowed the researcher to assess the effectiveness of the programme so far. This was done by observing and noting the following in the teacher who made the emergency call-request:-

- the teacher's acknowledgement of the child's bereavement and of his/her need for help with the child in question, in the first place
- the teacher's observation of how the child was coping with his/her grief
- the teacher's awareness of how the adults at home were coping with the child's grief
- the spontaneity and confidence with which he/she made suggestions for a plan to help the child
- the soundness of the plan he/she proposed.

This is in accordance with the precepts of Webb (1996) and Cohen & Manion (1980), who state that constant evaluation of the project takes place throughout the process in action research.

### **3.11. Management of school-related disasters (Addendum to guidelines)**

(see Appendix 3).

Half way through the year of the programme, and in the wake of what seemed to be a worldwide increase in school-related disasters it was decided to expand the guidelines to include this important issue in the programme in the form of an addendum to the guidelines, and to give a second talk to the teachers on this matter.

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To emphasise this aspect of child bereavement the researcher investigated reported school disasters in South Africa to try to find a school which had been prepared for such an event before it happened. None was found. The only school that seemed to have a plan to cope with such a disaster, and the plan was compiled before the disaster had struck the school, was a private girls' school in KwaZulu Natal. It was decided that the talk given by Jeremy Sabine, the principal of that school, at an Independent Schools Conference in 1995 called "Wise before the Event" would be an appropriate part of the addendum.

The possibility of deaths occurring in any school-related disaster and the implications for the surviving children became too important an issue to be covered solely by an addendum to the guidelines, so a second didactic talk was given at each school. The talk and the supplementary guidelines were intended to create the same familiarity for the teachers on the question of school-related disasters as the teachers already had for the school fire-drill.

The talk emphasised the various tasks which need attention in the formulation of a school plan to cope with the eventuality of a school-related disaster, such as:-

- contacting the Emergency Services.
- evacuating the pupils.
- rendering physical and emotional first-aid.
- what, and how to tell the rest of the school.
- informing parents of the incident.
- who would be responsible for the information given to the media.

### **3.12. The final, feed-back, questionnaire.**

This questionnaire was the only measurable means used to evaluate the efficacy of the programme. It was confined to questions to determine how helpful the teachers found:-

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- the initial talk
- the guidelines
- the handling of present bereavements
- “before the event” plan and posttraumatic intervention talk.

In addition, the teachers were asked if, in their opinion, any of the activities should have been omitted or changed; and what other activities should have been included.

Care was taken in the wording of the questions so that the teachers would not feel obliged to please or not offend the researcher in their answers.

## 4. Results

The following discussion covers identification and evaluation of the information that was collected throughout the programme.

### 4.1. The Identity of the Schools

Anonymity of the schools taking part in the programme was assured by assigning each school with an alphabetical letter, A to I.

**Table 1. The number of teachers in each school.**

School	A	B	C	D	E	F	G	H	I
Teachers: n = 164	25	18	19	22	17	8	14	11	30

The total of 164 teachers in nine schools became a workable number for the researcher to cope with. Three schools had more than the intended 20 teachers per school but it was decided that the other selection criteria outweighed this criterion.

Of the 164 teachers, 123 were from a research population of 5654 teachers in government schools in the Western Cape (School Psychological Services, personal communication, 1996), and the remaining 41 were from an unknown number of teachers in independent schools in the Western Cape.

### 4.2. School Demographics

Table 2 shows the demographics of the nine schools.

**Table 2. The teacher and pupil population of the programme.**

School	Teachers n = 164	Pupils n = 3958	Gender of Pupils	S.E. group of pupils	School fee p.a.	Pupil : Staff Ratio	Authors rating of enthusiasm at start of project
A	25	550	F + M	L, LM	R 700	22 : 1	****
B	18	321	F + M	I, L, LM	R 980	18 : 1	****
C	19	493	F	M, UM	R 5200	26 : 1	***
D	22	220	M	M, UM	R 13, 400	10 : 1	***

## Results

<b>E</b>	17	736	F + M	I, L	R 10	43 : 1	*****
<b>F</b>	8	208	F + M	L, LM	R 300	26 : 1	****
<b>G</b>	14	400	F + M	L	R 750	29 : 1	*****
<b>H</b>	11	262	F	LM, M	R 900	24 : 1	*****
<b>I</b>	30	768	F	LM, M	R 1608	26 : 1	*****

<b>Key</b>	
Social-Economic Class	I - Indigent ; L - Lower ; LM - Lower-middle ; M - Middle ; UM - Upper-middle ; U - Upper
Researchers evaluation of the schools enthusiasm at the commencement of the study	***** - total **** - good *** - fair ** - poor

There is very little appreciable difference in the ratio of teachers to pupils in schools A, C, F, G, H and I, which average 1:25; while school D's ratio is 1:10 and school E's ratio is 1:43 and school B falls between the extremes with a ratio of 1:18.

All the principals had confidence in their staff which was a good sign for the implementation of the programme.

### 4.3. The Background of the Teachers.

At the start of the programme, the enthusiasm of the total number of 164 teachers was largely embodied in that shown by their principal when he/she presented to them the potential part they would play in the project, should it be agreed that they do take part. The researchers evaluation of that enthusiasm is shown in table 2 on page 65.

#### **The first questionnaire. (see Appendix 5)**

The first questionnaire used a closed-question format, and the origin of the questions was from the researcher's personal experience. No translation was necessary, and the data was analysed by hand. It was completed by 135 (82%) teachers who attended the initial talk, and was collected immediately after the talk at all the schools taking part (see Appendix 6).

## Results

While some of the teachers were Moslem or Jewish, and a few had no religious beliefs, the majority (89%) were Christian. This together with the fact that some of the Christian teachers had pupils in their class from other religions led the researcher to compile resource material for the teachers which dealt with the after-death customs in other cultures and religions. These were added to the guidelines and given to the teachers at the first routine visit to them at their schools.

Certain answers to this questionnaire are analysed [the full answers are in Appendix 6].

The teachers had been given absolute confidentiality in answering the questionnaire because it was considered that a more realistic picture of school policies and the value of their principal's help with a bereaved child would then emerge.

**Table 3 Analysis of the First Questionnaire**

School	A	B	C	D	E	F	G	H	I	Total
<b>Total Teachers</b>	<b>25</b>	<b>18</b>	<b>19</b>	<b>22</b>	<b>17</b>	<b>8</b>	<b>14</b>	<b>11</b>	<b>30</b>	<b>164</b>
Number of teachers answering the questionnaire	22	14	17	19	8	8	12	10	25	135
Over 5 years of primary school teaching	20 91%	13 93%	14 82%	18 95%	7 88%	7 88%	7 58%	7 70%	18 72%	111 82%
Over 5 years teaching at present school	15 68%	8 57%	9 53%	18 95%	7 88%	5 63%	6 50%	7 70%	16 64%	91 68%
Own personal experience of bereavement of close family member between ages 6 - 12	3 14%	6 43%	8 47%	4 21%	2 25%	4 50%	7 58%	5 50%	10 40%	49 36%
Number of teachers answering the questionnaire	22	14	17	19	8	8	12	10	25	135
Professional experience of a child in class whose parent is terminally ill	8 36%	4 29%	9 53%	10 53%	3 38%	4 50%	3 25%	4 40%	8 32%	53 39%
Professional experience of a child in class whose parent died suddenly	4 18%	6 43%	9 53%	11 58%	4 50%	3 38%	5 42%	3 30%	15 60%	60 44%
Teacher-training equipped them to help the bereaved child	3 14%	2 14%	6 35%	3 16%	4 50%	1 13%	2 17%	3 30%	2 8%	26 19%

## Results

**Table 3 (Cont.) Analysis of the First Questionnaire**

School	A	B	C	D	E	F	G	H	I	Total
<b>Total Teachers</b>	<b>25</b>	<b>18</b>	<b>19</b>	<b>22</b>	<b>17</b>	<b>8</b>	<b>14</b>	<b>11</b>	<b>30</b>	<b>164</b>
Number of teachers answering the questionnaire	22	14	17	19	8	8	12	10	25	135
Principal helps them to help the bereaved child	6 27%	9 64%	11 65%	15 79%	4 50%	6 75%	9 75%	6 60%	22 88%	88 65%
Discussion on a bereaved child with other teachers at their school	15 68%	13 93%	12 71%	18 95%	8 100%	7 88%	10 83%	10 100%	22 88%	115 85%
Teachers who have had in service training on how to help the bereaved child	6 27%	5 36%	8 47%	3 16%	3 38%	5 63%	5 42%	5 50%	4 16%	44 32%
Teachers who would view the prospect of having a bereaved child in class, with confidence if they had never had experience	9 41%	9 64%	8 47%	5 26%	4 50%	4 50%	7 58%	4 40%	2 8%	52 39%

Their completed questionnaires were given numbers, but these numbers were not matched to names. This meant that not even the 1<sup>st</sup> and 2<sup>nd</sup> questionnaire of each teacher could be matched. With hindsight this has proved a serious disadvantage because it has denied potentially valuable connections between:-

- items of information from individual teachers of the study in their answers to the first questionnaire
- their role in the programme with their individual backgrounds
- their levels of confidence /proficiency before and after the programme as portrayed in a comparison of answers in the 1<sup>st</sup> and 2<sup>nd</sup> questionnaire.

The analysis of the first questionnaire is thus less meaningful than it could have been, but nevertheless certain conclusions can be drawn.

The majority of the teachers (87%) were born and 93% educated in South Africa.

All had a teaching diploma, while 21% also had a degree.

Their home language was either English or Xhosa.

## *Results*

The majority 86 (64%) were married and 69 (51%) had children of their own.

The overwhelming majority were of the Christian belief (89%), and 56% of all the teachers held their beliefs to be very important to them, while 79% felt that their beliefs gave them confidence in handling classroom grief.

Analysis of the first questionnaire showed that:-

- the majority of teachers were experienced teachers, with 111 (82%) having over five years in teaching at a primary school.
- a total of 91 (68%) teachers had been teaching at their present school for over five years.
- a total of 49 (36%) teachers had experienced a personal bereavement while they were pupils at primary school.
- a total of 53 (39%) teachers had had a child in class with a terminally ill parent or sibling, and 60 (44%) teachers had had a child in class whose parent had died suddenly.

The questionnaire did not allow for the teachers to state if they had had more than one experience of a bereaved child in their class, but the figures above indicate that a little less than half of the teachers in the study had had experience of at least one bereavement in class

- training in child bereavement, on the other hand was negligible. A total of only 26 (19%) teachers felt that their teacher-training had equipped them to help the bereaved child, and only 44 (32%) teachers said they had had in-service training. The teachers of each school did not reach consensus about in-service training and it is conjectured, from discussions with individual teachers at later routine visits that some teachers had attended talks on bereavement outside school and had counted those talks as being in-service training.

There are no means of evaluating the effectiveness of these outside talks on general bereavement or whether they even included the bereaved child, which was the relevant issue for the teachers.

## *Results*

- a total of 14 (10%) teachers said there is a policy at their schools for helping the bereaved child, but again there was no consensus among the teachers in any of the schools in the study on this point. Since 91 (68% teachers) had been at their present school from 5-15 years, the existence or non-existence of a school policy should have been clearly known.

It is conjectured that those teachers who considered that a school policy existed thought that appealing to the principal for guidance in helping a bereaved child constituted "a policy".

Although 105 (78%) teachers usually discussed a pupil's bereavement with his/her principal, only two thirds of them found these discussions helpful, while 19 (14%) found them not helpful, and 28 (21%) did not answer the question. A total of 115 (85%) teachers discussed a bereaved child with fellow teachers, usually on an informal basis during break. Both the principals and the fellow teachers were equally ignorant or knowledgeable about the needs of the bereaved child because their own training schools had been lacking in bereavement training, and in spite of knowing they could discuss a bereaved child with their principal and fellow teachers, 49 (36%) teachers said that they would view the prospect of having a bereaved child in class with "anxiety or dread".

Of those teachers who had not had a bereaved child in class, only 52 (39%) felt confident to help the bereaved child whatever their own religious beliefs, previous bereavement training, personal or professional bereavement. The question of the teachers' feelings towards the prospect of having a bereaved child in class are interesting:-

- The importance of their religious beliefs to them made little difference to the way in which the teachers viewed the prospect of having a bereaved child in class
- whether they themselves had experienced a family death between the age of six and twelve made little difference in this regard either.

The analysis of this questionnaire seems to indicate the need for a bereavement training programme for teachers.

## Results

### 4.4. The initial talk.

The initial talk took place at the nine schools of which the subjects were teachers and the principal of each school was included. Overhead projectors were used as a visual aid for the teachers and as an aide memoir for the researcher. Each talk took place after school hours and, with discussions, lasted approximately ninety minutes.

After the question and answer period the discussions covered previous bereavements in the school and how they had been handled at the time.

### 4.5. Bereavements in the nine schools during the year of the programme.

Table 4 shows some of the details of the 78 bereavements in the schools during the year of the programme.

Each of the bereavements except two at school A was handled by different teachers. There were no pupils who suffered more than one bereavement at a different stage.

**Table 4 Bereavements in the schools during the year of the programme**

School	Relationship to the child	Mode of death	At what stage in the programme the death occurred	Total No. of deaths in the year of the study	Terminally ill at the end of the year of the study
A	grandparent sibling father	natural suicide motor accident	1 <sup>st</sup> quarter 4 <sup>th</sup> quarter 4 <sup>th</sup> quarter	3	1 father
B	father father mother mother mother grandmother grandmother mother father father grandfather	suicide shot natural natural murdered natural shot motor accident natural murdered	1 <sup>st</sup> quarter 1 <sup>st</sup> quarter 1 <sup>st</sup> quarter 2 <sup>nd</sup> quarter 2 <sup>nd</sup> quarter 2 <sup>nd</sup> quarter 3 <sup>rd</sup> quarter 3 <sup>rd</sup> quarter 3 <sup>rd</sup> quarter 3 <sup>rd</sup> quarter	10	
C	mother	accident	3 <sup>rd</sup> quarter	1	
D	-	-	-	-	4 fathers
E	fellow-pupil	stabbed	2 <sup>nd</sup> quarter	1	
F	father aunt grandfather	natural natural natural	2 <sup>nd</sup> quarter 2 <sup>nd</sup> quarter 4 <sup>th</sup> quarter	3	1 father
G	grandmother neighbour grandmother grandfather father	natural natural natural natural natural	2 <sup>nd</sup> quarter 3 <sup>rd</sup> quarter 4 <sup>th</sup> quarter 4 <sup>th</sup> quarter 4 <sup>th</sup> quarter	5	

## Results

**Table 4 (Cont.) Bereavement in the Schools During the Year of the Programme**

School	Relationship to the child	Mode of death	At what stage in the programme the death occurred	Total No. of deaths in the year of the study	Terminally ill at the end of the year of the study
H	grandparent	natural	3 <sup>rd</sup> quarter	5	
	grandparent	natural	3 <sup>rd</sup> quarter		
	mother father	motor accident	4 <sup>th</sup> quarter		
	aunt	natural	4 <sup>th</sup> quarter		
	teacher	natural	4 <sup>th</sup> quarter		
I	father	natural	1 <sup>st</sup> quarter	11 39	
	father	natural	2 <sup>nd</sup> quarter		
	father	natural	2 <sup>nd</sup> quarter		
	father	accident	2 <sup>nd</sup> quarter		
	father	natural	2 <sup>nd</sup> quarter		
	father	natural	3 <sup>rd</sup> quarter		
	father	natural	3 <sup>rd</sup> quarter		
	father	natural	3 <sup>rd</sup> quarter		
	father	natural	3 <sup>rd</sup> quarter		
	father	motor accident	4 <sup>th</sup> quarter		
	mother	murdered	2 <sup>nd</sup> quarter		
	aunts + uncles				
	There are no details of the 39 aunts and uncles on the list presented by the Deputy Principal of this school at the end of the study				

The large number of bereavements at school I could possibly be explained by the deputy principal's assertion that the teachers of that school encouraged the pupils to talk about happenings at home, and the school was thus "more aware" of the total bereavement situation.

The figure of the deaths of 39 aunts and uncles of the pupils at school I during the study year was given to the researcher at the end of the study: none of these was discussed during visits or phone calls. Whether other schools' pupils were similarly bereaved is questionable.

While the occurrence of bereavement cannot in any way be predicted nor controlled, those that were reported during the study (78 in all) rose from 6 in the first quarter to 12, 11 and 10 in the second to fourth quarters respectively. As there had been no epidemic, disaster or increase in crime in the last three quarters of the programme this could possibly be interpreted as indicating a greater awareness in the schools, where awareness of any bereavement in the ten years prior to the study could only be

## *Results*

recalled at three schools (B, E and I), and of only four in the last twenty years at school A.

### **4.6. The routine visits to the teachers at their schools.**

Six routine visits of between 45 and 60 minutes were made to the teachers at their schools in the year of the programme.

The visits were arranged to accommodate the intervening school holidays of which there were four in the year of the programme from May 1995 to June 1996. The time between visits to any one school was approximately six school-working weeks.

The visits took place after school hours at most schools. At schools A, B and I the long break was extended to accommodate the meetings, and at school I a mother was asked to do extended playground duty so that all the teachers were present at every routine visit.

There was evidence of the teachers' growth of confidence in handling the bereaved child in the spontaneity with which individual teachers offered their own suggestions for plans to help such a child whether that child was one of their pupils or not; or, indeed, whether the child was in the same school or not. This personal increase in confidence in their own skills in child bereavement problems was observed by the researcher from the time of the second routine visit to each school.

Some of the teachers at school D did not like the format of the routine visits. The male teachers, in particular, felt that the routine visits should be confined to those teachers who had a bereaved or about-to-be-bereaved child in class. Efforts to engage these teachers of the study in a discussion at the first routine visit about the needs of the bereaved child at the time of a family funeral met with silence. It was the principal of this school who had been courteously dubious about his teachers taking part in the programme because he thought his school was a "very dull school" and would be unlikely to have any bereavements during the year of the programme. However, his school had the highest number of teachers who had had a child in class with a terminally ill parent: 10 (53% of the nineteen teachers at their school who answered

## *Results*

the first questionnaire), and 11 (85% of the same number) who said they had had a child in class whose parent died suddenly.

Adjustments to the programme were made to accommodate the teachers of school D: at future routine visits the researcher met only with four female teachers who each had a child in class with a terminally-ill parent. The principal sat in these meetings as a non-participating observer.

The researcher felt dissatisfied with the meetings with the five teachers at this school because they showed concern only for whether the child with a terminally ill parent was aware of his/her parent's prognosis, and not for either the emotional or behavioural manifestations of his/her likely distress, or whether he/she could be helped with these matters. It can be conjectured that the principal's presence as a non-participating observer of these meetings, which took place in his office, had a negative effect on the teachers concerned.

While all the teachers at school D willingly took part in both the initial talk and the subsequent talk on school-related disasters, the researcher did not consider the programme with school D to be efficacious. It is clear that a different approach to the problem of child bereavement is needed for schools with the same characteristics/persona as school D and this will be addressed subsequent to this research.

It remained to decide if the imposed restriction of the teachers attending the routine visits to those who had a child to discuss would affect the results of the programme, since 19 teachers had already taken part in the initial talk, had completed the first questionnaire and had received the guidelines and resource material. The researcher decided that their final questionnaire which was based only on those stages of the programme in which the teachers had participated would not, however, render the overall evaluation of the programme invalid, because action research does not depend on statistically based evaluation findings.

The teachers at all the other schools in the study participated in the structure of the routine visits with valuable contributory suggestions for specific child bereavement

## Results

plans. The evolution of their bereavement helping skills was observed by the researcher from the second routine visit. It was apparent in their appropriate use of emergency visits; their management of bereavement problems at school, their ability to liaise with the family of the bereaved child and offer them guidance, and in their knowledge of the cognitive background of child bereavement. These points are clearly marks of the efficacy of the programme.

### 4.7. Emergency visits to the teachers at their schools.

Teachers phoned to ask the researcher to visit them at their schools to discuss a specific bereaved child, and to help them to formulate a plan of action to help them when, for example:-

- a sudden family death occurred in the life of a pupil (for example, School A)
- a bereaved child was showing emotional and/or behavioural changes following the recent death of a significant person in the child's life. (for example, School F)
- an aspect of the bereaved child's grief needed to be discussed with his/her parents or substitute parent figures to help them to meet his/her needs. (for example, School G)

**Table 5 Emergency visits to the school.**

School	A	B	C	D	E	F	G	H	I
No. of E. Visits	4	3	2	0	2	6	4	4	6
1 <sup>st</sup> Quarter	-	2	-	-	-	-	-	1	1
2 <sup>nd</sup> Quarter	2	1	-	-	2	6	4	-	4
3 <sup>rd</sup> Quarter	-	-	2	-	-	-	-	-	1
4 <sup>th</sup> Quarter	2	-	-	-	-	-	-	3	-

Table 4 shows that while the bereavements in the schools increased significantly from the second quarter of the programme, Table 5 shows that the number of emergency visits to teachers at their request did not correspond with that increase.

## *Results*

It was clear from the teachers' management of their bereaved pupils that they became more confident and adept at dealing with the bereaved child in class. The teachers increasingly used their newly acquired knowledge to make and implement a plan and then either phoned the researcher for her evaluation or substantiation of the plan or waited until the next routine visit to their schools when it was discussed and evaluated by the teachers and the researcher.

### **4.8. Vignettes Illustrating the Efficacy of the Programme**

The following detail of 4 bereavement examples are offered to clarify the roles of the teachers in the programme.

#### **4.8.1. Suicide of a Pupil's Sibling**

A child in Grade 1 at **School I** witnessed the breaking down of her sixteen year old sister's door by her mother and the finding of her body mutilated by gunshot wounds after the sister committed suicide. The shocked and distraught child was sent back to school the next day. This case had features which made it more difficult than usual for a teacher to handle without the guidance and support of the programme because:-

- the event took place in January, three weeks into the first school-term
- the child had started school for the first time that term
- the teacher had just started her first teaching post after Teacher Training College.

In addition to this situation in which there had been no time for the teacher and child to establish a relationship, there had been no time for the teacher and the child's parents to make or establish a relationship either.

The teacher's department head and the researcher met with her to make plans to help the teacher to help the child. These involved the teacher's meeting with the child's parents to advise them to allow the child to take part in the funeral and the post-funeral family gathering, and for a family member to be available to answer the child's questions and to make sure that the child did not think that any act of omission or commission on her part had led her sister to take her life.

#### **4.8.2. Management at school of a pupils death**

A pupil from **School E** was fatally stabbed in view of several of his fellow-pupils during a weekend in the third quarter of the programme.

In accordance with the recommendations in the guidelines, the principal told the assembled school of the tragedy when the school convened on the following Monday. She made an emergency call to the researcher, and asked her to conduct the goodbye meeting with his class, and this was done with the aid of an interpreter the following day. One by one, the children stepped forward to say what Phandile had meant to them and how much they would miss him. All the teachers at school E were present at this meeting in the deceased honour. They moved around the room, hugging those who were crying, and handing out tissues. After the pupils had finished paying their tributes, they sang a hymn for him that moved many teachers and their pupils to tears.

The request for help in the execution of the goodbye meeting was taken as an indicator of the success of the programme. How this school would have managed this particular circumstance without the aid of the programme is difficult to judge, because this school's teachers appeared to be instinctively intuitive and empathic. The attitude of the teachers at this school may be partly explained by a remark that the principal made to the researcher at the end of the goodbye session when she said, "We have to do a lot of social work here too". Another reason may be that the more traditional culture may embrace the spontaneous show of grief and helping one another at the time of bereavement

#### **4.8.3. Family Liaison.**

One of the teachers in **School F** experienced an unusual bereavement problem that required her to liase closely with the child's family over the implementation of plans to help with his problem. She discussed these plans at an emergency meeting and subsequently at further meetings with the researcher and then at routine visits where the plans were evaluated.

## *Results*

The child's behaviour at school had deteriorated and he constantly sought the teacher's attention following the death of his maternal Aunt from cancer, and his three young cousins coming to live permanently with his family. The efficacy of the programme in this case was judged to be positive on the verbal assertion of the teacher that, without the initial talk and the discussions at the routine visits, she would not have linked his behavioural problems with the natural distress he felt about his threatened status in the newly constructed family after his Aunt's death, and his fear that his mother, too, may get cancer and die.

The plans for this child proved to be efficacy, because his behavioural problems disappeared and he settled in his altered status in the newly reconstructed family after the plans had been implemented.

### **4.8.4. Another family liaison**

A teacher at **School G** encouraged a bereaved child in her class to talk privately to her about her grief, and about the new substitute parent-figures who had taken over at home at short notice.

The teacher requested an emergency visit by the researcher to assist her to make a plan to help the child. The subsequent plan included the teacher's meeting with the new parent-figures to suggest ways of easing a painful home situation. As a result of several meetings with them, the teacher was able to help them cope better with the situation and to give the child a greater degree of understanding and care. These plans were discussed and evaluated at the routine visits to the teacher at her school. The contribution from the other teachers was helpful and supportive, and the exercise was a learning experience for all the teachers in the sense that they gained confidence in carrying out an intervention with and for a bereaved child that, in their own and the researcher's opinion, they would not have done before their participation in the programme. This was due to the knowledge gained during the routine visits, plus the collaboration of the teacher's peers who had, themselves, gained knowledge and confidence.

## *Results*

### **4.8.5. Cognitive background of bereavement.**

The teacher who was teaching Grade 1 at **School I** and who had the experience related in the first example in this section, had an unusual bereavement problem in the 3<sup>rd</sup> quarter of the programme which illustrates Piaget's pre-operational stage of concrete thinking. A six year old child whose Grandmother had recently died developed a fear of drinking water which was so complete that the child's mother discussed it with the teacher. As a result of what she had learned in the programme about allowing the bereaved child to talk privately with the teacher, and about the value of open-ended questions with children, the teacher was able to elicit from the child that she had a great fear of dying if she drank water, "just like my Granny because she had a lot of water round her heart".

When the researcher queried the extraordinarily high number of bereavements in this school during the year of the programme (table 4), the deputy principal said that the teachers' knowledge of the bereavements was due to their encouraging the children to talk about family happenings within their extended families. It had become clear to this deputy principal in the course of the programme that talking about family deaths is not the same as having the teacher listen to the child when he/she has been bereaved. Her opinion was that the programme had been valuable in teaching the teachers in her school how to respond to the bereaved child, because previously they had considered it "bad" for the child to empathise with him/her if it produced tears, and their position had been "to do anything to take his mind off it".

### **4.9. The evaluation of the study.**

The efficacy of the programme has been evaluated by what Webb (1996) and others call a "triangulation" approach:-

- the teachers' responses to the final (feedback) questionnaire
- the researcher's evaluation of the attitudes of the teachers
- the efficacy of the actions of the teachers during the programme.

**4.9.1. The teachers' responses to the final (feedback) questionnaire**

**(Appendix 7)**

The research population was 164 teachers from 9 primary school in Cape Town.

The first talk was attended by 135 (82%) teachers and they all completed the first questionnaire.

The final (feedback) questionnaire was completed by 98 (60%) teachers of whom 12 (12%) did not attend the first talk and had not, therefore, completed the first questionnaire; so question 2A on how the teachers evaluated the initial talk was answered by 86 (88%) teachers.

**Table 6 The final (feedback) questionnaire results.**

<b>Question</b>	<b>Very helpful &amp; helpful</b>	<b>Fairly helpful</b>	<b>Not helpful</b>
<b>2A</b>	<b>90%</b>	<b>10%</b>	<b>-</b>
<b>2B</b>	<b>93%</b>	<b>6%</b>	<b>1 teacher</b>
<b>2C</b>	<b>90%</b>	<b>10%</b>	<b>-</b>
<b>2D</b>	<b>89%</b>	<b>10%</b>	<b>1 teacher</b>

Table 6 shows that an average of 90,5% of the teachers rated the programme as helpful or very helpful. A fuller analysis is in Appendix 8 A, B, C.

**4.9.2. The researcher's evaluation of the effectiveness of the programme.**

The inevitable subjectiveness in evaluating the efficacy of the programme is acknowledged.

It was observed at the routine and emergency visits that the teachers became increasingly more spontaneous, confident and effective in making and evaluating plans for bereaved children. The researcher considered this to be an indication of the efficacy of the programme.

## *Results*

During one of the routine visits, one of the teachers at school C suggested that role-play may be included in the programme. In the discussions at this and the other schools in the programme, the consensus was to reject the idea because it was considered that it would entail too great an adjustment to the logistics of the programme at this late point for the inclusion of the extra number of visits this would necessitate.

The suggestion is seen, however, as an indication of the effectiveness of the programme in the sense that role-play is intimidating to many people and, arguably, only fairly confident and partly knowledgeable people are willing to expose themselves to their peers in this procedure.

As the teachers became more confident and adept at handling a bereaved child in class, an emergency visit to them became less necessary and a phone call-consultation sufficed.

Many of the teachers reflected their principal's degree of enthusiasm at the start of the programme, but individualism became evident by the questions they asked at routine visits and by their contribution to plans made, not only for a bereaved child in their class or even in their own schools. Great interest was shown about the plans for other children in the study.

Several teachers waylaid the researcher after routine visits to discuss past bereavements in their own families and to ask for substantiation for, or a critical assessment of how their families had handled the situation at the time, and whether they could do anything now to retrieve a mismanaged child-bereavement. Three teachers requested private consultations with the researcher in order to deal with their own unresolved grief.

The researcher saw these instances as an indication that the programme had been efficacious in enabling the teachers to be aware of the needs of the bereaved child in class in that it had provoked the thought of a bereaved child in areas other than their work, and many were drawn to the bereaved child within themselves.

## *Results*

The principals of schools A, C, F, G and I spoke about their school's participation in the programme in their reports at their annual prize giving evenings which took place in the second quarter of the programme-year. The researcher was formally invited to these occasions as a guest at schools C and I.

This is interpreted as a measure of the value the principals attached to the programme.

Six of the eighteen teachers at school B requested an extra meeting where they could take part in an experiential exercise in grief because they felt that the experience would help them to get in touch with the feelings of a bereaved child more easily. The request arose during the third routine visit to the school, when a teacher said that it was difficult to understand the depth of grief unless one had actually experienced it.

This meeting took place after school hours and consisted of:-

- the teachers writing their own obituaries
- their writing detailed instructions for their funeral
- their writing instructions for the care of specific loved ones, both at the funeral and afterwards.

After this session, time was made for the teachers to discuss the feelings that were evoked as they wrote the exercise.

This request is evidence that the programme had a function for these teachers. Those at all the other schools were subsequently offered such a session but they declined.

The efficacy of the programme was evident in the schools described in section 4.8. above.

The researcher was aware that during the year of the study the teachers were going through a crisis of some magnitude in their profession in which teachers were being retrenched, redeployed or were seeking early retirement, and meetings were being held to discuss these matters. Therefore the high degree of commitment which they

## *Results*

showed to the programme was considered to be a mark of the importance they attached to it.

Evidence of the efficacy of the programme was also seen in the confident manner in which teachers anticipated and assisted the bereaved child in class without the support of the programme, after it was finished.

## **5. Conclusions**

It is essential for teachers, who are responsible and important people in the life of the child, to be educated in childhood bereavement, with particular emphasis on how bereavement affects the child and how it may manifest in his/her behaviour at his/her different developmental stages.

Teachers should feel confident and competent to help the bereaved child and to offer advice to parents based on their knowledge of the implications of childhood bereavement and observation of the child in class.

This action research study in the form of an educational programme for teachers was carried out with 164 teachers from nine schools over a period of a year.

The teachers' evaluation of the programme was that the great majority of 90,5% of the teachers found it helpful or very helpful in enabling them to assist the bereaved child in the classroom situation.

This study has shown that with a programme of education and guidance, teachers can fulfil the vital role of helping the bereaved child and his/her family even when the manifestations of his/her grief are not so easily recognised for what they are.

This study has shown that teachers responded positively to a training programme in childhood bereavement, and that they perceived it to be helpful in dealing with a bereaved pupil. From this it can be hypothesised that the bereaved child can be helped by his/her teacher to recognise, acknowledge and verbalise his/her painful loss when his/her family may be emotionally distant from him/her because of their own grief, or for whatever other reasons. With training teachers could fill a crucial role in helping the child at the time of his/her loss, and thereby minimise the long-term effects of unresolved childhood bereavement.

## 6. Research Evaluation

Two important issues regarding the questionnaires have been clarified with hindsight.

1. The first questionnaire should have been given to the teachers to complete before the initial talk, because in Question 20, some were confused about whether “previous training” included the talk they had just received.
2. Without compromising strict confidentiality, each teacher could have been given an identity such as A1, B7, etc, with which to label their questionnaires, This would have allowed comparisons of their responses to the questionnaires at the beginning and end of the programme.

The assurance of absolute confidentiality was offered to every teacher in order not to compromise their responses in any way, and the researcher believes their responses were uninhibited.

However, if their potential numerical pseudonym (B6, A1) had been connected to their identities within the programme, this confidentiality would have been breached. An overall comparison of their effectiveness in the programme with their attitudes revealed in the second questionnaire was therefore not possible. It would have been possible, though, to ask those teachers who handled bereavements whether they were willing for their identity tag to be known to the researcher in order for her to compare their counselling skills with their background information. This would probably have given some insight into whether, for instance, personal bereavement had facilitated their skills in any way.

Other issues of lesser importance concerned the guidelines and the timing of the routine visits.

It might have been better if all the teachers had been given their own copy of the guidelines when the master copies were given to the principals before the first talk. The principals copied them and distributed a certain number to the teachers, but not all the teachers had their own copies to refer to at the routine visits, although the guidelines were readily available when they were required. The teachers were not given their own copies by the researcher because printing 164 complete sets was

### *Research Evaluation*

prohibitive. However, should the programme be repeated, it would be worth finding a way of overcoming this problem.

The routine visits that took place after school hours, which were on the days usually set aside by principals for meetings with the staff and/or guest speakers, were more focussed on the discussions about the making of and evaluating plans for the bereaved child than were the routine visits that took place in the long break - however extended that long break was.

In future programmes such as this, it is recommended that all routine visits take place after school hours.

The only personal difficulty that the researcher encountered throughout the conduction of the programme was the problem with school D which was discussed in 4.6 above. In the researcher's opinion, the male teacher's facetious and inappropriate remarks about a bereaved child attending a family funeral were evoked because he felt uncomfortable in talking about feelings, particularly as he said that all funerals were a waste of time and people should get on with their lives. However, the female teachers appeared to be embarrassed and/or intimidated by his forthrightness and did not make a contribution or even eye-contact with the researcher for the remainder of the meeting, while the principal also remained silent. Since all the teachers at this school participated with interest in the two talks (the second of which was given after this routine visit), it could be speculated that they found the didactic talks more interesting than discussions, or less embarrassing, or that male chauvinism flourished at that school.

The rationale for not including an Afrikaans school in the programme (page 49) is open to question, especially since the researcher encountered no such language problem with the teachers at the school in which the teachers taught and interacted with their pupils in Xhosa, a language with which the researcher was equally unfamiliar.

## **7. Implications of the Study**

### **7.1. Practical implications**

It is clearly seen that the bereaved child needs a person outside his/her family to assist him/her at the time of a close bereavement, and the person of choice, who is nearly as closely involved with him/her as his/her family is his/her teacher. The teacher however, is not presently equipped by any training to understand his/her manifestations of deep grief nor how to help him/her.

It is recommended, therefore, that all schools, both government and independent, appoint a senior member of staff to receive training in child bereavement.

The findings of this study showed that the teachers had previously been aware of a bereaved child in class and they were concerned enough about him/her to discuss his/her situation with their principals and fellow-teachers, but they had been unsure of what to say to him/her or how to help him/her.

The study constituted an education programme for the teachers of nine schools, and it is reasonable to assume that the same or a similar programme could be given to other, or indeed, all primary schools.

In-service training by educational psychologists who have, themselves, received a module of talks on the needs of the bereaved child could be given to key teachers such as school counsellors and heads of departments. They in turn could pass on the knowledge to the teachers at their schools and act as consultants and advisers to them.

Guidelines similar to those used in this study should be available to all primary schools and indeed, to pre-primary and high schools as well.

A module of talks on the needs of the bereaved child and how the teacher can help him/her should be made a crucial inclusion in the curriculum in all teachers training colleges.

### *Implications of the Study*

Among the aims of the mental health policy of the ANC National Health Plan for South Africa (1994) is the promotion of a range of services at a community level, empowering people and communities; prevention (of mental illness) and promotion (of mental health) with priority to those at risk, and with emphasis on children. Encouraging community care is considered to be one of the means of implementing these aims (ANC, 1994). It is believed that this study, which has empowered the teachers who took part in it to feel confident in handling the bereaved child in class, is therefore relevant to the Government's health plans for children, and is Preventive and Promotive work.

#### **7.2. Research implications**

- 7.2.1. Research needs to be undertaken to obviate problems in the implementation of the programme such as the problem encountered with school D at the first routine visit to the teachers at that school. Methods or strategies should be explored that would enable all of the teachers in a school to participate in discussions relating to the bereaved child, whether they choose to be active or passive participants.
- 7.2.2. Future research for a clear comparison between background/past experience and the usefulness of a programme such as this would indicate whether any adaptations need to be made in this programme.
- 7.2.3. A future research in the implementation of a childhood-bereavement intervention programme for teachers should be more representative of the population of Cape Town. The selector bias in this sample is acknowledged.
- 7.2.4. A future research should also investigate the presumed link between the teachers' understanding of childhood bereavement and his/her intervention, and the positive effect this has had on the bereaved child.

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*Appendix 1*

**Contract**

These Guidelines for helping the bereaved child of Primary School Age are part of the Dissertation for a Master of Science Degree in Child and Adolescent Psychiatry which I am undertaking through the Department of Psychiatry of the University of Cape Town . They may not be used by schools other than the schools which are taking part in the scheme. They may not be published or Photostatted except for the use of teachers in the schools taking part in the scheme. Student teachers may not have access to them, and may not have copies.

The value of this Scheme depends on its totality, of which the Guidelines are only a part.

**The Scheme Involves**

1. The presentation of a workshop to the teachers in the schools, where a formal talk will be given about Grief and the Mourning Process and its special relevancy to the child of that age. There will be time for the teachers to talk about their experiences of dealing with the bereaved child, and to discuss problems they have encountered.
2. At this Workshop the Guidelines will be introduced and a copy given to the Principal. He will decide if he is prepared to give an undertaking to have them followed for a period of six months and the Contract to that effect will be signed by him and me.
3. I will undertake to make myself available to the School in times of pupil-bereavement when necessary to advise and mentor the teachers involved and to give support.
- \*4. At the end of the six months trial period of the Scheme there will be a further Workshop to evaluate its worth and if the teachers feel more confident and empowered to handle the bereaved child and the feelings of pain presented to them in class. They will also evaluate their confidence in helping the family.
5. Amendments to the Guidelines will be discussed at this Workshop.

Principal \_\_\_\_\_

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

\*N.B. *The actual study took place over a period of one year. The final Questionnaire was given to the teachers at the end of the last routine visit.*

*Appendix 2*

**Guide Lines For Teachers In Helping  
The Bereaved Child In Primary School**

To be used as part of the study of the bereaved child towards a Master of Science Degree in Child and Adolescent Psychiatry at the University of Cape Town.

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### **The Guidelines which are part of the Scheme to empower teachers to help the bereaved child / children in class.**

Understanding of and respect for all religions is a sine qua non.

The gender used for the teacher has been female, but the content of the guidelines applies equally to the male Principal and class teacher.

The gender of the bereaved and dead child has been male, but the content of the guidelines applies equally to the female child.

The gender of the terminally ill parent has mainly been the mother but the content of the child's fears will be similar, if not totally the same, in the case of a terminally ill father.

The aim of this Scheme is to familiarise teachers with the needs of the bereaved child in the age group six to twelve years and to present a Pilot Scheme to empower teachers to meet these needs.

The teacher is the significant "other" in the child's life and how she deals with situations in the class is very important. Parents, too, often ask the teacher for guidance at this time. Some teachers are already sensitive to the child's needs - maybe because they have personal experience of grief, or because of what they have observed during many years of working with children, but this subject is not formally covered in teacher's training colleges.

The Mental Health Policy of the A.N.C. in their National Health Plan (A.N.C. 1994) aims to promote a range of services at a community level to empower people to prevent and promote, with priority to those at risk and with emphasis on children.

It is essential to help the child of this age group to understand his feelings of grief and be allowed to express them so that he may heal.

The rationale is that strategies learned in Primary School for handling grief may be carried over when future losses occur later in life, not only from death, but also the

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loss of a job, migration and so on. The symptoms of grief will be recognised and worked through in a familiar way.

The aims and rationale for each interaction with the bereaved child or children ( in the case of a whole class grieving for the death of a fellow pupil or teacher) and with the parents or guardians will be given in the Guidelines.

The overall aims in dealing with the bereaved child / children are:

1. To allow the child to accept the reality of the loss by validating his feelings and allowing him to express them.

The rationale is that only by facing the painful feelings can he start to heal. The enemy to beat is denial

2. To help him settle back to school after the family death.

The rationale is that he needs familiar structure in his life while he grieves.

3. To co-operate with parents and guardians about the child, and how he is coping.

The rationale is liaison and co-operation are necessary; the parent may be absent emotionally from the child by her own grief and may not be aware of his suffering. In order that the child can best be helped, it is necessary to know how he is behaving at home, too.

4. To teach the other children in the class how to respond to a grieving friend.

The rationale is that death is not as commonly seen by children as it was 100 years ago, and they do not play a part in neighbourly rituals where they used to learn by observation. They now have to be taught.

### **The Terminally Ill Parent**

The best situation for the child is when the Principal or teacher is told the seriousness of the illness by a family-designated spokesperson, the well parent or the one who is

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ill. Should the information be given by someone else, it is necessary to check it sensitively by the Principal telephoning the well parent, and saying: "I heard that John's mother is sick ... We would like to help John cope with his mother's illness, and it would help us to do that if we know what he understands about it. Could you make a time to come to speak to me and his class teacher, so that we can talk about the best way we can help him?"

The aim of this meeting is to find out:

- What the child has been told ... and what he knows (not necessarily the same thing).
- How ill is the parent?
- Can she still do mothering tasks such as making school lunches, seeing to clean clothes; overseeing bedtime routines for younger members of the family, etc?
- Who is bringing the child to school?
- Have recent absences from school been related to mother's illness, i.e. has John been required to do domestic tasks?
- Can the school assist in arranging a lift scheme?

The rationale is that the meeting will establish the cornerstone of co-operation and liaison with the family member. It will give a better picture of what John is facing at home and how this crisis is being handled. The teacher may be able to suggest practical help of a simple kind that the anxious parent has overlooked. It is also an opportunity to decide what should be said to other parents who ask questions or offer to do something. This is decided with the family member at the meeting.

The child himself should be treated normally, yet with understanding about unprepared homework, not-too-clean clothes, etc.

Some children withdraw; others become aggressive towards other children and some bury themselves frenetically in work ... just as adults do when they want to block out a painful situation.

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The child does not like to be singled out for special attention - nor affection - and while he may invite attention by bad behaviour, he does not like it to be publicly focused on his home situation, nor excused because of it.

The teacher could perhaps find a time to talk to the child when others are not around. She could say she knows that his mother is sick and wonders how it is at home just now. Open-ended questions are best because direct questions seem like an interrogation and often lead to a flat "yes" or "no" reply.

The aim of this meeting with the child is to:

- let him know the teacher respects his privacy but offers to spend time with him, allowing him to speak freely about what is going on at home with his mother being ill;
- listen to his fears and worries - when he trusts the teacher with them;
- establish that in this kind of meeting, the teacher will be totally non-judgemental, whatever the child says;
- find out what specific worries that child has, such as:
  - "Who will take care of us?"
  - "How will we live if Daddy dies?"
  - "Will we have enough food?"
  - "Is he ill because I was naughty?"

There is a whole permutation of worries that are appropriate to the different developmental stages within this age group.

The teacher does not have to find answers to these questions. A 'Pollyanna' attitude that "everything will come right" does not reassure the child who has heard a lot more at home than adults think and it does not build trust. The appropriate reply would be, "It seems you have a lot of things you are worrying about right now, and maybe we can spend more time talking about them. But, one thing, John, I can tell you is that NOTHING you did or forgot to do has made your Daddy ill."

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### **Examples Of Open-ended Questions**

"It is not so good when Mom is in bed all the time. I wonder if you do things for her?"

"I expect you have to be quiet when Mummy is sleeping. It's hard to remember to be quiet, isn't it? I wonder what you do when you have to be quiet?"

The teacher should not be afraid of repeating words like "quiet" - repetition help to focus feelings.

"I had a big brother who got very bossy when my mother was sick; I wonder if your brother bosses you around?"

"I was the eldest in my family and I had to look after the little ones when Mum was sick. Perhaps it's the same for you?"

"It's not nice when people come in to help and they change things, is it?"

"Things aren't easy for you at home at the moment. It does help to talk about it and not keep it all inside. Perhaps there are questions you'd like to ask. I don't promise to be able to answer them, but I'll try."

This meeting should take place without interruptions and phone calls. Eye contact is a sensitive area - it is important for the child to know that the teacher is concentrating on him, but eyeball to eyeball is intimidating. Young children communicate best when the teacher sits on the floor with them. It is not a good idea for the teacher to sit with the child on her knee, because it sometimes inhibits the child from expressing negative feelings. There should NEVER be a desk between the child and the teacher. At the end of this meeting (and subsequent ones), a quick hug may be appropriate, especially if the teacher knows that hugs are in short supply at home ... but not a long clasp. The tone of future sessions is set at this meeting and it is important that the

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child does not feel obligated to present only good or socially acceptable feelings to the teacher in order to be sure of her approval.

It may take the child a little time to trust the teacher in this different role. It helps if the teacher encapsulates the sessions by saying something like, "This is not school-time now; this time is for you." At the end she can say, "We must go back to school time now."

In the weeks and months after the death of a child's parent or sibling, the teacher will be sensitive about the subject matter given to the class for composition writing. It is inappropriate for instance to ask the class to write about what they did during the holidays, unless the teacher feels quite confident about handling some very raw and painful exposures that appear in the bereaved child's work.

The child may write very clearly about what it is like at home now that Mum is dead. The younger the child, the more simple and graphic. Perhaps the surviving parent is emotionally absent from him in his own grief; perhaps the parent denies his grieving to the child, yet comes out of the bathroom with red eyes and a puffy face, leaving the child confused and sometimes isolated. The written composition at school then becomes a conscious or unconscious plea for help (and this may happen even when a good rapport has already been established with the parent before the death). It happens frequently when the death is sudden. It is unforgivable for the teacher to ignore the message and just give marks for the exercise, for she is the significant other in his life, and if the adults at home are too turned in on their grief to pick up that of the child, he needs to be sure that this important other adult will respond to him.

The teacher should make a time to see him privately and, using the open-ended question technique, explore what is happening to him at home and who is listening to him. It may be necessary to see the other parent or guardian to alert him of the child's needs, or to suggest avenues of bereavement counselling for them both.

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### **Normal Symptoms Of Grief Will Be Noticed**

- apathy and lack of interest in work
- aggressiveness towards other children
- social withdrawal
- over-involvement with work
- stomach pains
- nausea
- school refusal is common. The child is afraid to leave home in case something should happen to the other parent.

The primary school child is concerned about death as he starts to conceptualise its permanence. He fears the death of his parents partly because of the loss itself and also because of his impotence at not being able to take care of himself.

Great stresses are placed on his developing personhood by the event. He may be expected to take age-inappropriate responsibilities in caring for his siblings.

Religion is often important to this age group, and rituals are a comfort. He should be encouraged to take part in the funeral tea and the condolence visits.

It is helpful when teachers understand and can explain to parents that what they see as the child's resilience when he goes out to play immediately after the death or the funeral does not mean that he has got over it. It really means that the child of this age can only cope with devastating pain in small doses.

The only difference between an adult's pain in the death of a loved one is that the adult may be able to identify the desolate feelings, whereas the child may need to have desolate feelings identified and given a name.

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### **When The Child Returns To School After a Death In The Family**

News travels fast. Sometimes it is distorted as it travels. While the bereaved child is away from school, the teacher can set aside a special time with the class and in short clear sentences say that she has something very sad to tell them. ... that John's mother died yesterday and he will be away from school for a few days.

She might say, "Perhaps we could do something to let John know we feel sorry that his Mummy has died. How do you think we can do this?"

Letting each child speak, going round the class, the teacher will listen to all the suggestions, and carefully find out the reason behind some of the more unusual ones (one small child wanted to give a marble to the bereaved child ... which he had taken from him a week before).

Talk about all the suggestions, for it is a learning experience for the whole class in how to respond to a bereaved person rather than to ignore him.

The aim here is teach children not to be afraid of offering comfort in spontaneous ways.

When all the suggestions have been made, the teacher will allow them to draw a picture for John which can be folded into a card, with a short message such as "To John; I feel sad that your Mummy died" or "Dear John; I drew this for you" ... or any other suitable words they think of themselves. The teacher will help them with this (Sub A and Sub B). The teacher will discourage a picture of a coffin with someone lying in it. (It has happened).

In the initial talk to the class, the teacher will avoid quasi-religious pronouncements such as "Jesus is taking care of his Mummy now," or, in the case of a child's death, "She was too good for this world and now she is living with Jesus." Children feel very angry with this Jesus, and may feel he will want their Mummy too. And they often think that they had better be really naughty so that Jesus doesn't think them too good for this world, and take them to live with him.

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The teacher will gather the cards, settle the class and say something like, "We will put the cards on John's desk when he comes back to let him know that we have been thinking of him while he's been away. We will sit for a few minutes and then sing a special song for John. What song would you like to sing?"

The teacher will discuss with the class the need to let John have privacy when he wants it, and certainly not to question him. If he sits alone at break, some of his friends may ask if they can join him, but not try to jolly him into their conversation. It can be a comfort for him to be included in the group without having to take part.

The other aim in this is to make an occasion of the announcement of the death and the making of the children's offerings of comfort. It sets the example and gives them a model for future use.

### **when a pupil dies**

A) Suddenly; by accident, murder or other violent means or by natural causes.

Again news travels fast. If it happens after school one day, some pupils will know about it before school starts the next day.

The Principal should make an announcement at Assembly using carefully prepared words and not just a flat announcement of the event.

For example, "I have some very sad news to tell you all. John Smith died last night when he was run over by a car. John was in Standard 3 (it is appropriate to speak about some aspects of John by which he was known). Some of you may not have known John at all; some of you were particularly friendly with him. Some of you may even have had arguments with him. That is natural and normal in our daily living with other people at school and at home.

"We shall stand quietly for a minute and think about John ... and his family who are grieving for him ... and now we are going to sing specially for John."

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The school Song or School Hymn is most appropriate for this occasion; or "Who would true valour see" or the beautiful first verse of "Die Stem" and "Nkosi Sikele' iAfrika."

The Principal and teachers should not be too stoical. It does not harm children to see adults' tears. Each class teacher should have a box of tissues ready to pass round. (Standard stock for bereavement purposes).

At the end of Assembly the Principal will announce that the Standard 3 class will go straight to their classroom and those who were with John in Standard 2 last year must join them.

The rationale is that the death must be recognised; and an occasion made of the announcement by devoting most of the Assembly time to it - so that all the pupils, whether they knew John well or not, learn that this is how tribute is paid to a fellow pupil and how good-byes are said; that his death is not ignored, but is acknowledged for his own personhood. It is a learning experience in that it encourages the expression of feelings and assures the children that they are important to others and if they died, they too would not be forgotten.

After Assembly the Standard 3 class will spend some time talking about John. The teacher will encourage them to say how he will be missed and how individual pupils will best remember him. The teacher may have to role model this, and should not be afraid of the class seeing her tears.

A letter to John's family will be composed, using warm expressions of the sadness of the class, sympathy with the family and perhaps an anecdote of a class activity in which John played a memorable part.

The rationale is that the class should be helped to face the reality of John's death by talking about him and sharing reminiscences about him. Those who feel guilt about arguments and fights they may have had with John will get the opportunity of voicing that if they wish. They will also learn the importance of condolence letters as a comfort to the grieving family and how to write to them.

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B) The same procedure should take place when a child dies of a terminal illness such as cancer, leukaemia or other illnesses which have meant his absence from school for some time. The Principal may refer to the time John has been away from school.

When the death has been sudden, there is the question of what to do with the dead child's belongings which are still at school and what to do with his empty desk.

The packing of his belongings should be allocated to a few of his close friends. His things should be carefully folded and put in a box that has been lined with paper, with perhaps a note saying "Joan and Peter have packed John's books. We miss him."

The rationale is that the children need to learn that mundane tasks can show a caring respect for the relatives who will receive the belongings - unlike the way relatives are often handed the deceased's clothing bundled in a plastic bag at hospitals.

John's desk may remain empty for the rest of the term. Sometimes pupils in the higher standards avoid occupying that desk. The teacher may make an "occasion" by saying, "John's desk has been empty for a long time now and I think it is time someone uses it."

### **When a Child Comes to the School As a New Pupil After the Death of a Parent or Sibling**

This is a very different situation. The child may have been sent to stay with relatives temporarily or permanently, and the loss of his parent or parents is compounded by the loss of his home, school, friends, total environment, including domestic pets.

It is not an uncommon situation. I had a child in therapy who was "bequeathed" by his mother to a previous boyfriend in another city, who honoured her wish and adopted him with the co-operation of child welfare. Even when the child goes to stay with blood relatives, he may not know them well - and they may not always welcome the new responsibility.

Sometimes the new parent-figures try to wipe out the child's previous existence by insisting he take on their surname and call them Mum and Dad. They feel that this

## *Appendix 2*

helps the child to "forget" his parents, home and of course, the pain, and to start a "new life".

This is probably the most destructive of all the ways of handling the bereaved child. He needs to mourn; he cannot heal until he has gone through the pain and he needs to have all his pining and longing understood and validated by the adults in his world, as well as knowing just who he is and where he came from. He must keep his identity, i.e. how much of his situation he wants the class to know at this stage.

In the interview with the new parent-figures, the Principal will learn the circumstances of the child who often arrives as a new pupil in the middle of the term. The Principal will explain that she and the staff of teachers work as a team in evaluating and assessing all the children, especially those with learning or emotional difficulties so that each can be helped in the individual way that is best for the child. The Principal will also confirm the confidentiality of what is discussed in the Staff Meetings.

The Principal should discuss with the new parent-figures the way in which the child should be introduced to his fellow-pupils in the class and the child's wishes in this regard should be listened to.

Secrecy is a form of denial - which is detrimental and counterproductive to the child's health. It puts the teacher in a difficult and colluding role if the child pretends his parent is still alive and writes about him or speaks to the class about him in the present tense.

It is normal for a child not to want to feel different, especially among new schoolmates, even though the effort of keeping up the charade is an extra burden. It can become a potentially dangerous world where fantasy is more comforting than facing the painfully true world of reality.

The Principal can tell the parent-figures that the teacher will introduce John to the class and say, "This is John Smith. He has come to live with his Aunt and Uncle here. He will be feeling strange at first and will be feeling sad that he had to leave his home and friends ... but I'm sure you will help him to settle down."

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The rationale is that the enemy to beat is denial. The truth is painful, but helping the child to accept the truth is the first step towards healing.

### **The Death Of a Teacher**

Use the same procedure as for the death of a pupil.

### **The Death Of a Retired Teacher**

The Principal will make an announcement at Assembly and refer to the years she taught at the school. A minute's silence will be observed and the school song sung in her memory.

If the teacher was recently retired, those classes who were taught by her will meet for a short time in the first period. They will decide what they would like to say in a letter to her relatives ... words of warm condolence plus, "We remember her best for ..." Letter to be written by Class Captain.

The rationale is to teach the pupils the importance of personal letters of condolence and that short anecdotes of special significance are a comfort to the bereaved, especially when they reveal aspects of the deceased's working life that meant something to others.

### **Funerals and Whether Pupils Should Attend**

Some schools show their regard and respect for the dead child by having fellow-pupils act as pallbearers - especially it seems when the death is violent as in a family murder or when a group of children have been involved in a motor accident.

Unless the child pallbearers understand the ADULT concept of this role, as being that of an honour and are prepared for the harrowing task of actually carrying their dead friend, it is perhaps better to allow some or all of his classmates to form a Guard of Honour outside the church and follow the procession to the graveside. Giggles are a frequent manifestation of overwhelming stress and tension and they may assault one pallbearer with disastrously infectious results. While it may be thought a mark of

## *Appendix 2*

particular respect to have the dead child's mates as pallbearers, it may stress the children concerned, especially if it is the first funeral they have attended. A further way of showing the schools' respect is to have as many of the child's mates sit together in the Church in school uniform, with at least two teachers to give them support.

In conclusion, in the Preventive and Promotive work, the teacher plays a very important role. Fortunately, a teacher does not often have to cope with this crisis, i.e. having a child in the class who has suffered the loss of a parent or sibling, or having the class mourn the death of a fellow-pupil. When it does happen, the teacher is such an important person in the lives of her pupils that she must feel confident about what has to be done so that the experience becomes a source of maturation, and not a reason for a child's personality to be stunted.

**Addendum To The Guidelines For Teachers**

**April 1996**

School-related disasters involving children and teachers happen all over the world from many causes. Mention may be made of a few :- a minibus returning from a music festival in London overturned and ignited on impact with a great loss of life: the kidnapping of a school bus in America with the children and teachers held hostage in appalling conditions for over 17 hours: the freak accident at a school camp in Britain when a child was killed: the sinking of "Jupiter King" outside Piraeus harbour when she was rammed by another ship just after 400 children and their teachers had embarked for an educational tour of the Mediterranean: the Buffalo Creek flood and mud-slide in America which had similarities with the Merriespruit disaster in South Africa: the Westdene bus disaster in Johannesburg when pupils tried to rescue friends and even siblings from a sunken bus: the tragedy in 1995 when a police handgrenade exploded at a Bellville school fête: the trauma experienced by the children and teachers at the school where the "Station Strangler" taught: murder and community terror, violence and unrest in other countries as well as South Africa: and the latest horror that happened at the Dunblane Primary School in Scotland.

Just as a school has a plan to evacuate pupils and staff in the event of a fire, so there must be a **Before the Event** disaster plan.

A **disaster** usually occurs very suddenly: it is usually unexpected: and it does great damage.

Those who are involved experience:-

Psychological shock.

Disbelief.

Realisation of what has happened.

Adaptation.

### *Appendix 3*

#### **To Do**

The initial help is aimed at restoring the person's immediate coping at the place and the time of the disaster, using what Gillis calls **P.I.E.**

**Proximity:** help is given as close as possible to the scene of the disaster.

**Immediacy:** intervention takes place as soon as possible.

**Expectancy:** the intervention creates the sense of being able to recover soon.

The injured need to be attended to and arrangements made for their removal to hospital. They and the non-injured need to be told that the danger is over: this is the first step in defusing the situation. The dazed and shocked witnesses and survivors should be taken by the hand and told again that something terrible happened but it is all over and there is no more danger. They may be asked what they saw; even a few minutes talking about what happened will relieve some anxiety. The person should be spoken to in short, uninvolved sentences ... "come with me", "sit down", there should be an attempt to reunite the person with a relative or friend as soon as possible.

**Post Traumatic Stress Disorder** occurs after exposure to extreme trauma - either to the self or witnessing it happening to others.

It occurs after learning about unexpected or violent death or serious injury experienced by a **family member or other close associate.**

The **response** to the news in children may be disorganised and agitated behaviour. There is fear, helplessness and horror.

The **symptoms** include:-

persistent re-experiencing of the event

avoidance of stimuli associated with the event

inability to feel emotion

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overactive startle-response

recurrent intrusive recollections

recurrent distressing dreams of the event

difficulty in falling asleep due to nightmares

difficulty in concentrating

irritability and outbursts of anger

diminished response to the outside world

During this study diligent research has been carried out to find if a disaster plan is in use in a school in South Africa. At a Head Teachers' Conference in March 1996, Mr Jeremy Sabine, Principal of St Mary's Diocesan School for Girls in KwaZulu-Natal, read a Paper entitled "Wise Before the Event" in which he presented the plan in use at his school.

Mr Sabine has very kindly given permission for his Paper and school plan to be used in this study, and for the nine schools taking part to have a copy of each. He made the proviso that it be made clear his school plan was copied from a booklet published by the Gulbenkian Foundation and distributed free to every school in Britain.

Reading the experience of one school in dealing with a tragedy shows the value of such a plan.

## *Appendix 4*

### **Xhosa Customs In Handling Death (Example of Resource Material)**

#### **Introduction**

According to African culture certain rites are to be observed in times of death, which appears to be universal with the Xhosas. I maintain that all the psychological reactions of the bereaved are universal, i.e. denial, withdrawal, acceptance.

#### **Immediate Reaction**

At the announcement of the death of a loved one, certain activities take place. Evacuation of the bedroom used by the deceased and linen is put away. The chief mourners are positioned behind the door of the room away from the public eyes. They have to sit up on the mattress covering themselves in blankets. There are restrictions of movement away from the house until the funeral is over. This can be a period of about 2 - 4 weeks. All close relatives are expected to mourn and express their feelings openly during this period.

On receipt of the message of death a messenger notifies all relatives, far and near and also the date of burial.

A prayer meeting is conducted every evening for an hour. These prayers are a vehicle for the bereaved to be aware of reality. The elders of the family congregate to discuss arrangements and financing pertaining to the funeral, i.e. black material for clothing, undertaker and his services, an animal to be slaughtered (ox or sheep).

#### **Later Activities**

All relatives dressed in black are expected to be present in 2 weeks' time for the funeral, otherwise there will be guilt feelings if they don't attend the funeral. On the day of the funeral before the arrival of the hearse an animal is slaughtered. Preparations are made for the feast after the funeral as many people come from faraway places. Service is conducted by the minister of religion at home, proceeding to the church and then to the graveyard for burial. From the graveyard hands are washed and dried outside the gate at home. A prayer and vote of thanks are done by an elder. Donations are welcome. After the funeral the relatives may continue with

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their usual duties dressed in black, but not to visit friends. Mourning period for a husband is a year, the wife dressed in black and it is six months for a child. Men mourn by wearing a black button on the left on a jacket. When this period is over relatives gather again to burn all the black material and the woman is dressed up in new clothes. This is done early in the morning.

#### **Important Points**

The heads of family must be buried at their own homes (just below the cattle kraal). There is a lot of concern about deaths of patients transferred to distant hospitals for major operations. The problem is coupled by financial difficulties to transport the corpse to the family. At the death bed mother and sons gather around for the last words (the will of the dying). Relatives must be around for even a child needs the support of his own people for the last time. The impersonal nature of the hospital for the dying are foreign to the African culture, especially to the people coming from rural areas, this tends to arouse some anxiety and tension on relatives as they cannot understand the language (Xhosa). Close relatives stay with the bereaved until they are over depression. Relatives who did not attend the funeral because of certain reasons make constant visits.

#### **Twins**

This is a very delicate part concerning death as this should be done correctly. If a twin is sick and taken to a doctor, the first measurement of the medicine should be given to the healthy one.

Should it die the first person to be notified is the other twin. As the undertaker brings the dead twin the healthy twin is taken by the old man or grandfather and is laid below the window where the coffin is going to stand. While going to the graveyard it follows its twin. When they get there, the one which is alive is taken down into the grave and lies there as if dead. Then the minister of religion continues with his service after saying ashes to ashes, soil to soil. Amen. Then it is taken out and then the service continues. The first person to wash hands is the twin and then the parents.

**Compiled by Mrs. G. Nshwanti at St. Luke's Hospice, Cape Town**

*Appendix 5*

**QUESTIONNAIRE FOR TEACHERS OF THE SCHOOLS TAKING PART IN A PILOT  
SCHEME FOR THE BEREAVED CHILD.**

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This questionnaire is part of the pilot scheme being introduced into nine schools to enable teachers to help the bereaved child in the classroom situation.

The scheme is part of a study of the bereaved child of primary school age for the Degree of Master of Science in Child and Adolescent Psychiatry, which is being undertaken through the Faculty of Medicine at the University of Cape Town.

**THE QUESTIONNAIRE IS CONFIDENTIAL**

You are not required to give your name, but should you do so, it will not be revealed in the study.

Your co-operation in completing this questionnaire is greatly appreciated.

It is hoped that the findings at the end of the study will lead to a set program of timely intervention in the class room aimed at preventing possible future depressive illness in the bereaved child.

Appendix 5

PLEASE ANSWER EACH QUESTION BY PLACING A "X" IN THE APPROPRIATE SPACE.

YOU MAY REMAIN ANONYMOUS. ALL QUESTIONNAIRES WILL BE STRICTLY CONFIDENTIAL.

A. PERSONAL

1. Age: 

UNDER 30	UNDER 40	OVER 40
----------	----------	---------

2. Marital status: 

SINGLE	MARRIED	WIDOWED	DIVORCED
--------	---------	---------	----------

3. Children: How many? 

NONE	1 - 2	2 - 4	more - specify
------	-------	-------	----------------

4. Qualifications: 

TEACHING DIPLOMA	UNIVERSITY DEGREE	OTHER SPECIFY
------------------	-------------------	---------------

5. Religion: 

CHRISTIAN	MOSLEM	JEWISH	OTHER - SPECIFY
-----------	--------	--------	-----------------

6. How important are your religious beliefs to you?

NOT IMPORTANT	IMPORTANT	VERY IMPORTANT
---------------	-----------	----------------

7. Do you feel comfortable when children talk about grief? 

YES	NO
-----	----

8. Do you feel comfortable answering their questions about grief?

YES	NO
-----	----

9. How confident do you feel in allowing the class to discuss issues about death or grief?

CONFIDENT	FAIRLY CONFIDENT	NOT AT ALL CONFIDENT
-----------	------------------	----------------------

10. What is your home language? 

ENGLISH	AFRIKAANS	XHOSA	OTHER SPECIFY
---------	-----------	-------	---------------

11. Where were you born? 

S.A.	TRANSKEI	ENGLAND	ELSEWHERE - SPECIFY
------	----------	---------	---------------------

12. Where were you educated? 

S.A.	TRANSKEI	ENGLAND	ELSEWHERE SPECIFY
------	----------	---------	-------------------

13. When you were between the ages of 6 and 12 did you experience the death of a close family member?

YES	NO
-----	----

Appendix 5

**PERSONAL**

14. If your answer to the above question was YES:

i) Who told you of the death?

PARENT	GRANDPARENT	SIBLING	
NEIGHBOUR	FRIEND	POLICE	OTHER

ii) Did you go to the funeral?

YES	NO
-----	----

iii) Were you sent to stay with relatives or friends after the death?

YES	NO	TEMPORARY	PERMANENTLY
-----	----	-----------	-------------

iv) Did the adults answer your questions about what had happened?

YES	NO
-----	----

v) Did you feel neglected at the funeral or family mourning activities?

YES	NO
-----	----

vi) Were you present at condolence visits of relatives and friends?

YES	NO
-----	----

vii) Did your teacher speak to you about the family death when you returned to school?

YES	NO
-----	----

viii) Did your teacher help your class-mates to compose a condolence card for you and your family?

YES	NO
-----	----

ix) Who helped you the most with your feelings at that time?

PARENT	GRANDPARENT	TEACHER
SIBLING	OTHER - SPECIFY	NO ONE

15. When you were between the ages of 6 and 12 did you experience the death of a fellow pupil at school?

YES	NO
-----	----

If you answer to the question was YES:

i) Who told you of the death?

PARENT	GRANDPARENT	SIBLING
NEIGHBOUR	FRIEND	TEACHER
OTHER - SPECIFY		

*Appendix 5*

**6. PROFESSIONAL**

1. How many years have you been a primary school teacher?

0 - 5 YEARS	5 - 10 YEARS	OVER 10 YEARS
-------------	--------------	---------------

2. How long have you been at your present school?

0 - 5 YEARS	5 - 10 YEARS	OVER 10 YEARS
-------------	--------------	---------------

3. Is there a school policy for:

- i) Handling the child who has a terminally ill parent? 

YES	NO
-----	----
- ii) Helping the bereaved child when he returns to school? 

YES	NO
-----	----
- iii) How to tell the class when a fellow pupil dies:
  - a) of illness 

YES	NO
-----	----
  - b) of a sudden death 

YES	NO
-----	----
  - c) in a multi-family death 

YES	NO
-----	----

4. Were there such policies in any of your previous schools? 

YES	NO
-----	----

  
 If the answer to the above two questions is YES, state how the policies were formed:

- i) By direction from the Principal 

YES	NO
-----	----
- ii) By school tradition 

YES	NO
-----	----
- iii) By discussion and agreement with the Principal and other teachers 

YES	NO
-----	----

5. Have you had a child in your class with a terminally ill parent or sibling? 

YES	NO
-----	----

6. Have you had a child in your class whose parent or sibling died suddenly? 

YES	NO
-----	----

7. Have you experienced the death of a pupil in your class

- i) from illness? 

YES	NO
-----	----
- ii) from accident or violence 

YES	NO
-----	----

8. If either of your answers to the above question was YES:

- i) Did you discuss it with the class the next day? 

YES	NO
-----	----
- ii) Did you make an occasion of it? 

YES	NO
-----	----
- iii) Did you make a special time for the children to talk about the dead child? 

YES	NO
-----	----

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- iv) Did you help the class with letters of condolence to the dead child's family? 

YES	NO
-----	----
- v) Did you feel comfortable about answering questions about grief? 

YES	NO
-----	----
- vi) Did you feel you should hide your sadness from the class? 

YES	NO
-----	----
9. Do you feel that your training equipped you to help the bereaved child? 

YES	NO
-----	----
10. Do you feel that your own experience of bereavement (if any) has equipped you to help a bereaved child in class? 

YES	NO
-----	----
11. Do you feel it is better not to discuss a death with the class? 

YES	NO
-----	----
12. Do you usually discuss a parental illness with your Principal? 

YES	NO
-----	----
13. Do you usually discuss the death of a pupil's parent or sibling with your Principal? 

YES	NO
-----	----
14. If there is no school policy, does he help you decide how to help the child/children? 

YES	NO
-----	----
15. Do you usually discuss the death of a child's parent with your fellow teachers? 

YES	NO
-----	----
- If you answered YES to the above question:
- i) Is the discussion a formal one, called specifically for that purpose? 

YES	NO
-----	----
- ii) Does it usually take place informally, e.g. at break? 

YES	NO
-----	----
- iii) Are these discussion helpful to you? 

VERY HELPFUL	HELPFUL
NOT HELPFUL	
16. If you experienced the death of a close family member when you were between the ages of 6 - 12 years:
- i) Do you feel your own experience has helped you in your dealings with the bereaved child in your class-rooms? 

YES	NO
-----	----
- ii) Would it help you if the event happened in the future? 

YES	NO
-----	----

Appendix 5

17. If you have you never had a child in your class:

with a terminally ill parent or  
with a terminally ill sibling, or  
a bereaved child, how would you view that possible occurrence as  
a teacher?

WITH CONFIDENCE	WITH ANXIETY	WITH DREAD
-----------------	--------------	------------

18. Does your religious belief give you confidence to deal with the grief of children in your class?

YES	NO
-----	----

19. Are you considerate of the demands of cultures other than your own, in the presence of grief?

YES	NO
-----	----

20. Have the staff at your school had any in-service training on how to help the bereaved child?

YES	NO
-----	----

21. Are you a:

SCHOOL PRINCIPAL	DEPT. HEAD	SPECIAL CLASS TEACHER
CLASS TEACHER	REMEDIATION TEACHER	OTHER - specify

22. How long have you been teaching in the present school?

UNDER 5 YEARS	5 - 10 YEARS	OVER 10 YEARS
---------------	--------------	---------------

**Demographics Of The Teachers In The Nine Schools Who Participated In  
The Pilot Scheme**

			%
<b>1 Born</b>	S. Africa	118	87
	Europe	8	6
	Elsewhere	9	7
	Question A 11	135	100
<b>2 Age</b>	Under 30 Years	25	19
	Under 40 Years	29	21
	Over 40 Years	80	59
	No Answer	1	1
Question A 1	135	100	
<b>3 Marital Status</b>	Single	33	24
	Married	86	64
	Divorced	13	10
	Widowed and No Answer	3	2
Question A 2	135	100	
<b>4 Children of Their Own</b>	Single - No. of teachers	5	4
	Married - No. of teachers	69	51
	Divorced - No. of teachers	11	8
	Widowed - No. teachers	1	1
		86	64
	No. of teachers no children	49	36
Question A 3	135	100	
<b>5 Home Language</b>	English	121	90
	Xhosa	9	7
	Afrikaans	2	1
	English / Afrikaans	2	1
	Portuguese	1	1
Question A 10	135	100	

Appendix 6

			%
<b>6 Educated</b>	S. Africa	125	93
	Europe	3	2
	Partly S. Africa & Elsewhere	3	2
	Elsewhere	4	3
	Question A 12	<u>135</u>	<u>100</u>
<b>7 Teaching Diplomas</b>		101	74
	University Degrees	28	21
	Other Diploma And Certificates	5	4
	No Answer	1	1
	Question A 4	<u>135</u>	<u>100</u>
<b>8 Did training equip you to deal with a bereaved child</b>	Yes	26	19
	No	85	63
	No Answer	23	17
	Uncertain	1	1
	Question B 9	<u>135</u>	<u>100</u>
<b>9 Primary School Experience</b>	For 0 to 5 years	24	18
	For 5 to 10 years	22	16
	For over 10 years	89	66
	Question B 1	<u>135</u>	<u>100</u>
	<b>10 At present school</b>	For 0 to 5 years	42
For 5 to 10 years		51	38
For over 10 years		40	30
Temporary and no answer		2	1
Question B 2		<u>135</u>	<u>100</u>
<b>11 Previous in-service grief training</b>	Yes	44	32
	No	82	61
	No answer	9	7
	Question B20	<u>135</u>	<u>100</u>

**Religious Influences**

			%
<b>12 Religion</b>	Christian	120	89
	Christian with Meditation	1	1
	Other	14	10
	Question A5	<u>135</u>	<u>100</u>
<b>Other</b>	Jewish	2	
	Moslem	1	
	Buddhist	1	
	Agnostic	1	
	Not Connected to any religion	1	
	Other	3	
	No answer	<u>5</u>	
	<u>14</u>		
<b>13 Religious beliefs</b>	Not important	7	5
	Important	52	39
	Very Important	76	56
	Question A6	<u>135</u>	<u>100</u>
<b>14 Religious beliefs give confidence to deal with a child's grief</b>	Yes	107	79
	No	22	16
	Yes / No	1	1
	No Answer	5	4
	Question B18	<u>135</u>	<u>100</u>

**Previous Grief Or Bereavement Experience**

			%
<b>15 Experienced the death of a close family member between the age of 6 and 12 years.</b>	Yes	49	36
	No	86	64
	<b>Question A13</b>	<b>135</b>	<b>100</b>

**16 Of the 49 teachers who answered yes to questions A13, 48 answered question A14 as follows and 1 gave no answer**

<b>(i) Who told you of the death?</b>	Parent	40	83
	Grandparent	5	11
	Friend	1	2
	A Witness	1	2
	No answer	1	2
	<b>Question A14 (i)</b>	<b>48</b>	<b>100</b>

<b>(ii) Did you go to the funeral?</b>	Yes	19	40
	No	29	60
	<b>Question A14 (ii)</b>	<b>48</b>	<b>100</b>

<b>(iii) Sent away to relatives or friends</b>	Yes	4	8
	No	44	92
	<b>Question A14 (iii)</b>	<b>48</b>	<b>100</b>

<b>(iv) Adults answered their questions</b>	Yes	41	85
	No	6	13
	No answer	1	2
	<b>Question A14 (iv)</b>	<b>48</b>	<b>100</b>

<b>(v) Neglected at funeral or family mourning activities</b>	Yes	7	15
	No	38	79
	No answer	3	6
	<b>Question A14 (v)</b>	<b>48</b>	<b>100</b>

Appendix 6

			%
(vi) Present at condolence visits	Yes	38	79
	No	7	15
	No answer	3	6
Question A14 (vi)		<u>48</u>	<u>100</u>

(vii) Teacher spoke on return to school	Yes	4	8
	No	37	78
	Cannot remember	3	6
	No answer	4	8
Question A14 (vii)		<u>48</u>	<u>100</u>

(viii) Condolence card composed by teacher	No	44	92
	No answer	4	8
Question A14 (viii)		<u>48</u>	<u>100</u>

(ix) Most help given with feeling	Parent	35	73
	Siblings	2	4
	Grandparent	1	2
	Parent / sibling	2	4
	No one	7	15
	No answer	1	2
	Question A14 (ix)		<u>48</u>

17 Between the ages of 6 and 12 experienced the death of a fellow pupil

Yes	26	20
No	109	80
Question A15	<u>135</u>	<u>100</u>

(i) Who told the 26 who answered yes to question A15	Teacher	18	69
	Friend	2	8
	Newspaper	2	8
	Parent	3	11
	No answer	1	4
Question A15 (i)		<u>26</u>	<u>100</u>

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			%
<b>18</b> Have had a child with a terminally ill parent or sibling	Yes	53	39
	No	76	56
	No answer	6	5
	Question B5	135	100
<b>19</b> Have had a child whose parent or sibling has died suddenly	Yes	60	44
	No	70	52
	No answer	5	4
	Question B6	135	100
<b>20</b> Experienced the death of a pupil in your class			
(i) From illness	Yes	11	8
	No	116	86
	No answer	8	6
	Question B7 (i)	135	100
(ii) From accident or violence	Yes	11	8
	No	112	83
	No answer	12	9
	Question B7 (ii)	135	100
<b>21</b> Teachers who answered yes to either of Question B7 (i) or B7 (ii)		19	
Their answers to question B8 were			
(i) Discussed with class the next day	Yes	14	74
	No	3	16
	No answer	2	10
	Question B8 (i)	19	100
(ii) Made an occasion of it	No	9	48
	Yes	5	26
	No answer	5	26
	Question B8 (ii)	19	100

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			%
(iii) Made a special time to discuss the dead child	Yes	10	53
	No	7	37
	No answer	2	10
Question B8 (iii)		19	100

(iv) Helped with condolence letter	No	9	48
	Yes	8	42
	No answer	2	10
Question B8 (iv)		19	100

(v) Comfortable answering questions about grief	Yes	10	53
	No	8	42
	No answer	1	5
Question B8 (v)		19	100

(vi) Feel sadness should be hidden	Yes	13	69
	No	5	26
	No answer	1	5
Question B8 (vi)		19	100

**22 Personal bereavement experience equips to help the bereaved child**

Yes	83	62
No	37	27
No answer	14	10
Yes / No	1	1
Question B10	135	100

		%	
<b>23 Experience of the death of a close family member between the ages of 6 and 12</b>			
(i) Helped in dealing with bereaved child	Yes	36	27
	No	19	14
	Yes / No	1	1
		56	42
	No answer	79	58
	<b>Question B16 (i)</b>	<b>135</b>	<b>100</b>
(ii) Would it help if the event happened in the future	Yes	38	28
	No	14	10
	Yes / No	1	1
		53	39
	No answer	82	61
	<b>Question B16 (ii)</b>	<b>135</b>	<b>100</b>
<b>24 If you have never had a child in your class with a terminally ill parent or sibling or a bereaved child how would you view that prospect</b>			
	With confidence	52	39
	With anxiety	46	34
	With dread	3	2
	Not sure	1	1
	No answer	33	24
	<b>Question B17</b>	<b>135</b>	<b>100</b>
<b>25 Feel uncomfortable when children talk about grief</b>	Yes	99	74
	No	31	23
	Uncertain	3	2
	No answer	2	1
	<b>Question A7</b>	<b>135</b>	<b>100</b>

*Appendix 6*

			%
26 Feel uncomfortable answering questions about grief	Yes	98	73
	No	33	24
	Uncertain	3	2
	No Answer	1	1
	Question A8	<u>135</u>	<u>100</u>
27 Confident allowing discussion about grief & death	Confident	48	35
	Fairly confident	69	51
	Not at all confident	17	13
	No answer	1	1
	Question A9	<u>135</u>	<u>100</u>
28 Feel it better not to discuss a death with the class	Yes	9	7
	No	120	89
	No answer	6	4
	Question B11	<u>135</u>	<u>100</u>

**Relationship Between Principals & Teachers**

29 Is there a school policy	No	110	81
	Yes	14	10
	Not sure	1	1
	Don't know	1	1
	No answer	9	7
	Question B3 + B4	<u>135</u>	<u>100</u>

The answers to the sub sections of questions B3 & B4 gave 110 No's and a small variation for the other yes & no answers

30 Discuss parents illness with principal	Yes	105	78
	No	21	16
	No answer	9	6
	Question B12	<u>135</u>	<u>100</u>

*Appendix 6*

			%
<b>31</b> Discuss the death of pupil's parent or siblings with principal	Yes	100	74
	No	17	13
	No answer	18	13
	<b>Question B13</b>	<u>135</u>	<u>100</u>
<b>32</b> Does he/she help you to decide how to help the child / children	Yes	88	65
	No	19	14
	No answer	28	21
	<b>Question B14</b>	<u>135</u>	<u>100</u>
<b>33</b> Discuss the death of a child's parent with fellow teachers	Yes	115	85
	No	7	5
	No answer	13	10
	<b>Question B15</b>	<u>135</u>	<u>100</u>
<b>34</b> The teachers who answered yes to question B15 answered			
(i) Is the discussion formal	Yes	22	19
	No	78	68
	Both	3	3
	No answer	12	10
	<b>Question B15 (i)</b>	<u>115</u>	<u>100</u>
(ii) Discussion take place informally, say at break	Yes	89	77
	No	14	13
	No answer	12	10
	<b>Question B15 (ii)</b>	<u>115</u>	<u>100</u>
(iii) Discussions are	Very helpful	46	40
	Helpful	65	57
	No answer	4	3
	<b>Question B15 (iii)</b>	<u>115</u>	<u>100</u>

PILOT SCHEME FOR HELPING THE BEREAVED CHILD OF PRIMARY SCHOOL AGE

**FEED-BACK QUESTIONNAIRE**

1. In which of the following activities did you participate ?

(please tick the appropriate answer)

- |     |    |
|-----|----|
| Yes | No |
| Yes | No |
| Yes | No |
| Yes | No |
- a) The initial talk on the bereaved child.
  - b) Reading the guide-lines given to your school.
  - c) Visits to the school about present bereavement in your school and other schools in the project.
  - d) "Before the event" plan and post traumatic incident intervention talk.

2. How useful in helping pupils with bereavement problems were the activities to you ?

(Rate only those in which you participated)

- |              |         |                |             |
|--------------|---------|----------------|-------------|
| Very Helpful | Helpful | Fairly Helpful | Not Helpful |
| Very Helpful | Helpful | Fairly Helpful | Not Helpful |
| Very Helpful | Helpful | Fairly Helpful | Not Helpful |
| Very Helpful | Helpful | Fairly Helpful | Not Helpful |
- a) The initial talk.
  - b) The guide-lines.
  - c) Handling of present bereavements
  - d) "Before the event" Plan and post traumatic intervention talk

3. Do you think any of the activities should be left out of the Pilot Scheme, or changed ? If so, which ones (a, b, c, d) and how should they be changed?

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4. Do you think there are other activities which should have been included in the Pilot Scheme ? If so, what are they ?

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5. Any other comments ?

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## Answers To Feedback Questionnaire

School	A		B		C		D		E		F		G		H		I		TOTAL	
	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%
Teachers	25		18		19		22		17		8		14		11		30		164	
Teachers completing first questionnaire	22		14		17		19		8		8		12		10		25		135	
Percentage completing first questionnaire		88		78		89		86		47		100		86		91		83		82
Teachers completing feedback questionnaire	14		5		16		7		7		6		7		11		25		98	
Percentage of feedback questionnaire replies to first questionnaire		64		36		94		37		88		75		58		110		100		73

**Note 1** 12 teachers who did not attend the original meetings or complete the first questionnaire, completed the feedback questionnaire (including 1 teacher in school H) but did not answer questions 1(A) or 2(A)

## Answers To Feedback Questionnaire

School	A		B		C		D		E		F		G		H		I		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Activity 1(a)	14		5		16		7		7		6		7		11		25		98	
	11	79	5	100	15	94	7	100	4	57	6	100	7	100	10	91	21	84	86	88
Activity 1(b)	14		5		16		7		7		6		7		11		25		98	
	11	79	5	100	13	81	6	86	6	86	6	100	7	100	10	91	22	88	86	88
Activity 1(c)	14		5		16		7		7		6		7		11		25		98	
	11	79	4	80	15	94	7	100	5	71	6	100	7	100	9	82	20	80	84	86
Activity 1(d)	14		5		16		7		7		6		7		11		25		98	
	12	86	5	100	15	94	6	86	1	14	6	100	7	100	9	82	21	84	82	84

See note on previous page about activity 1(a)

**Answers To Feedback Questionnaire**

		No.	%
Question 2(a)	Very Helpful	45	52
	Helpful	33	38
	Fairly Helpful	8	10
	Not Helpful	-	-
		<u>86</u>	<u>100</u>
Question 2(b)	Very Helpful	49	57
	Helpful	31	36
	Fairly Helpful	5	6
	Not Helpful	1	1
		<u>86</u>	<u>100</u>
Question 2(c)	Very Helpful	34	40
	Helpful	42	50
	Fairly Helpful	8	10
	Not Helpful	-	-
		<u>84</u>	<u>100</u>
Question 2(d)	Very Helpful	37	45
	Helpful	36	44
	Fairly Helpful	8	10
	Not Helpful	1	1
		<u>82</u>	<u>100</u>
Average 4 Questions	Very Helpful	41	49
	Helpful	35	42
	Fairly Helpful	7	8
	Not Helpful	1	1
		<u>84</u>	<u>100</u>