BEREAVED PARENTS: CENTRAL ISSUES OF BEREAVEMENT

SONYA HUNT

Thesis presented in partial fulfillment of the requirements for the degree of Master of Arts (Psychology) at the University of Stellenbosch

Supervisor: Prof A.P. Greeff

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STATEMENT

I, the undersigned, hereby declare that the work contained in this thesis is my own original work, and that I have not previously, in its entirety or in part, submitted it at any university for a degree.

Signature: ..................................................

Date: .....................................................
SUMMARY

With the aim of identifying central issues of bereavement, a literature study was undertaken and 22 bereaved participants were interviewed. The transcribed interviews of the participants were loaded on the Atlas ti. (2004) programme, specifically designed for qualitative analysis. From the analysis, four central issues, each with its own set of sub-issues emerged. The first central issue, called ‘Risk Factors’, had sub-categories of issues relating to the state of the family before the loss had taken place. These factors included issues such as the personality of the child, the ages and stages of individual members of the family, the bonds between family members and previous losses, which the family have experienced. Secondly, a group of issues, called ‘Bereavement’, were identified. The sub-categories in this group included aspects such as the circumstances surrounding the death, the way in which the child died, and the decisions parents had to make in the midst of the trauma. The third, and largest group of issues, called ‘Grief Reactions’, described the emotional-, physical-, spiritual-, cognitive-, behavioural- and relational reactions following the death. Finally, a group of related issues were identified as issues of ‘Mourning’. This group is associated with coping behaviours employed by the parents in attempting to continue life, in socially and culturally acceptable ways.
OPSOMMING

Met die doel om belangrike temas rondom die verlies van ’n kind te identifiseer, is ’n literatuurstudie gedoen en onderhoude is gevoer met 22 ouers wat kinders aan die dood afgestaan het. Die getranskribeerde onderhoude is ontleed met behulp van die Atlas ti.(2004) program wat spesifiek ontwerp is vir kwalitatiewe data-ontleding. Uit die ontleeding is vier kern temas geïdentifiseer, elk met sy eie stel onderafdelings. Die eerste tema, naamlik risiko faktore, verwys na die omstandighede van die gesin voor die verlies plaasgevind het. Dit sluit aspekte in soos die persoonlikheid van die kind, ouderdom, die ontwikkelingstadium van die individuele gesinslede, die band tussen die gesinslede en vorige verliese wat al in die gesin ervaar is. ’n Tweede tema wat geïdentifiseer is, is verlies. Onder hierdie tema is aspekte soos die omstandighede en wyse waarop die kind dood is en die besluite wat die ouers in die traumatisie omstandighede moes neem. Hartseer by ouers, as ’n derde geïdentifiseerde tema, behels onder andere die emosionele- fisiese- geestelike- kognitiewe - gedrags- en verhoudingsreaksies. Die laaste tema wat geïdentifiseer is, is die sosiaal en kultureel aanvaarbare oorlewingsgedrag van die ouers gedurende die rou-proses.
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CHAPTER 1

INTRODUCTION

1.1 PROBLEM STATEMENT

The death of a child, at any age, may lead to more intense grief than the loss of a spouse or parent (Li, Precht, Mortensen & Olsen, 2003; Rando 1993). The impact of the sudden and unexpected death of a child has far-reaching effects on families, with increased risk of developing complicated grief (Christ, Bonanno, Malkinson & Rubin, 2003).

The bereavement experience is considered an inescapable process of unknown duration, and mourning a normal phenomenon, following the death of any person held in endearment (American Psychiatric Association, 2000). In defining the terms ‘grief’, ‘mourning’ and ‘bereavement’, it is found that they are often used interchangeably, while they in fact differ in their clinical manifestations. Bereavement is the state of loss at the death of a close person. Grief is the response to the loss, and mourning is the expression of the experience within social and cultural boundaries (Todd & Baker, 1998). Bereavement and grief contain aspects of loss of control, as one is largely stripped of choice in the event of a death. But grieving and mourning have secondary aspects, filled with choice (Attig, 2004).

The overall pattern of deaths in South Africa indicates a steady increase in deaths by 57% between 1997 and 2002. This increase can be explained in part by the accompanying 10% increase in population over the same time period, as well as improvements in death registrations over the same period. In terms of parental bereavement, it is significant to note that deaths in South Africa, due to natural and largely preventable causes, peak between ages nil to five. Deaths in South Africa due to non-natural causes peak between ages 15 to 29 (Statistics South Africa, 2005). This pattern of peaks is confirmed by World Health Organisation (WHO) investigations in many participating nations, as indicated by the following studies.

The WHO established an external Child Health Epidemiology Reference Group (CHERG) to investigate and report worldwide estimates of child mortality due to the causes of death in children younger than age five. In a report on these estimates, Bryce et al. (2005) indicated that, between 2000 and 2003, pneumonia, diarrhoea, malaria, measles neonatal pneumonia or sepsis, preterm delivery and asphyxia at birth were the six major causes of deaths in this age category. The deaths of 73% of annual child deaths can be attributed to these six natural, yet largely preventable causes. These figures do not reflect the influence of
HIV/AIDS, which is, according to the same authors, already a killer of many children in some nations, and is a growing threat to all nations.

The proportion of deaths in 15 to 34 year olds, due to violent causes alone (motor vehicle accidents, homicide and suicide), has risen steadily over a 40 year study period (1955 to 1994), from 25% to 43%, and peak at ages 15 to 29 years. More males than females died from violent causes in this study period. These statistics are based on the WHO Mortality Database for 26 countries, from which comparable age- and gender- specific distributions of populations are calculated (Heuveline & Slap, 2002). Research done in the United States of America (U.S.A.) proved that teenage drivers are at increased risk for fatal crashes. Teenagers make up only 5% of all licensed drivers, but are involved in 10% to 15% of all fatal crashes, (Liu, Mooney, Meyer & Shorter, 1998). In an article on the effect of teenage passengers on the fatal crash risk of teenage drivers, Preusser, Ferguson and Williams (1998) reported that there were proportionately more at-fault fatal crashes for drivers younger than age 24, than those older than age 24, when passengers were present. The relative risk increased for teenage drivers with two or more teenage passengers. This study was done in the U.S.A. utilising data from vehicles identified in the Fatality Analysis Reporting System (FARS) for the period 1990 through 1995. Similar South African statistics are not available, and the generalisation of these statistics to South African conditions is yet to be established. The pattern of increase in deaths, however, was confirmed by the WHO studies as mentioned above (Heuveline & Slap, 2002).

Due to this worldwide increase in deaths, with children and young people being particularly at risk, it would be easy to assume that bereavement intervention would be beneficial. Contrary to the general assumptions of bereavement caregivers that their interventions are helpful, several recent literature reviews and meta-analyses of bereavement intervention studies are reporting the surprising ineffectiveness, and sometimes even harmful results, of such interventions (Jordan & Neimeyer, 2003). In an attempt to explain these findings, the same authors suggested that there may be a critical window of time during which mourners may be responsive to a select type of bereavement intervention. For these, and other, reasons Jordan & Neimeyer suggested a more customized bereavement intervention design.

In view of the above findings, there seems to be reason for concern regarding the protection of the bereaved, in particular bereaved parents, from harmful outcomes of the bereavement experience and related interventions. This concern for bereaved parents is the motivation for this inquiry.
In conclusion, it is important to note that the uniqueness of each individual regarding her/his personality, stage of life, specific environmental factors, intensity of relationship with the deceased, socio-economic factors and other related factors, makes analyses of the total bereavement experience a challenge of note. Even though the bereavement process will be experienced uniquely by each individual, it stands to reason that there would be central issues which would be common to all, or at least to most, bereaved individuals.

1.2 AIM OF THE STUDY

The aim of this study is twofold. *Firstly* it is intended to identify central issues pertaining to the parental bereavement process, by means of a thorough literature study. In general terms, research literature has linked bereavement with issues such as: death education; search for meaning; forgiveness; family relationships; and social support. These aspects are treated as individual aspects of bereavement, and literature fails to bring these, and possibly more bereavement issues, into a cohesive whole. *Secondly*, it is aimed to confirm these central issues, and possibly discover new categories, by interviewing several individuals by means of open ended questions during semi-structured interviews with bereaved parents. This is done with the view of integrating these issues into a more cohesive interpretation of the bereavement process in order to generate a substantive grounded theory. It is suggested that the findings of this study might be of future use in the development of a more customized intervention design, as suggested by Jordan and Neimeyer (2003).

1.3 RESEARCH DESIGN

A full description of the research design and methodology used will be provided in Chapter 3. A short summary is presented here.

A convenience sample of 22 participants was located by means of the snowball sampling method. A broad perspective was taken in the choice of suitable participants. The reason for the broad perspective is motivated by the research question, which indicates a quest for finding central issues of bereavement. If an issue is central to bereavement, it stands to reason that it will be central in a broad range of situations. For this reason variety of ages of both the parents and the deceased children was considered favourable. The widest range of causes of death and time since the deaths occurred were acceptable criteria in the choice of the sample. To minimise the confounding influence of cultural and social factors, white, middle-class bereaved parents were chosen. Participants of either gender qualified, but it was considered preferable to interview as many couples as possible in order to establish the
influence of gender issues by getting the perspectives of both parents of the same deceased child. Marital status was not considered a criterion, as central issues of bereavement were considered relevant to any parent, despite their marital status.

The instruments for data collection were: (1) a literature study (2) a biographical questionnaire and (3) interviews with the 22 participants. The tape recorded interviews were transcribed and prepared for computer software, specially designed to aid analyses and interpretation of qualitative data. Again, a full description of these processes and procedures will be presented in Chapter 3.

1.4 OUTLINE OF REMAINDER OF THESIS

Chapter 1 tendered the motivation, aim and research design of the intended research. The aim of the proposed research is to identify central themes or issues of bereavement firstly through a thorough literature study and secondly through a qualitative study.

Chapter 2 offers key concepts and definitions associated with the literature study, before proceeding with an ordered summary of related literature. Three central themes, with appropriate subdivisions are presented. The first of the three themes concerns issues of bereavement. Bereavement is the state of deprivation or loss as the result of death. The circumstances surrounding the death and the cause of the death are investigated under the bereavement heading. Secondly the grief reactions and their implication on the well-being of the bereaved are examined. The third heading leads the investigation to the various models of mourning set as frameworks in literature with the hope of bringing understanding to the process of living with the loss in socially and culturally acceptable ways.

The research design and methodology which was applied in this study, is presented in chapter 3. The research question is posed, with a description of the sample design and methods. Methods of data collection, capturing, editing and analyses are clearly described to build confidence that prescribed procedures and methodology were applied.

After a short introduction, and brief description of the sample profile, the results of the investigation are presented in chapter 4. Apart from the three categories identified in literature as central themes or issues (See Chapter 2), a fourth category was identified through the narratives of the participants. This category, called the risk factors, offers insights into the family life before the death of a child occurred. The reader is taken step by step through the analyses of each of the four identified categories and their individual sub-categories.

The interpretation and discussion of these results is offered in chapter 5. A conclusion is drawn and recommendations are made for future research.
CHAPTER 2
CONCEPTS, DEFINITIONS AND LITERATURE REVIEW

2.1 KEY CONCEPTS DEFINED

2.1.1 Introduction
The terms ‘bereavement’, ‘grief’ and ‘mourning’ are often used interchangeably in bereavement literature, while they in fact differ in their clinical manifestations. Bereavement can be defined as a state of loss at the death of a close person. Grief is the response to the loss and mourning is the attempt to integrate the loss into continued living, in a social and cultural context (Todd & Baker, 1998). This chapter offers the reader a journey through the theoretical framework of these three above mentioned terms. This framework will then act as a foundation on which the literature review is based.

2.1.2 Concepts related to bereavement
Loss can occur when a person is deprived of and separated from a treasured relationship, object, status or person. The depth of the loss experience is determined by the perceived value the bereaved person holds to the lost relationship, object, status or person. Loss through means other than death can contain complications of its own, but is not the subject of this study. In this study, the focus is on human death as a final separation which leaves a person in a state of deprivation or loss, defined as bereavement (Corr, Nabe & Corr, 1997).

Loss through death can have many causes. Broadly speaking death can occur through natural or non-natural causes. Statistics South Africa (2005) recently published findings of mortality and causes of death in South Africa between 1997 and 2003. This information had been under embargo until 18 February 2005. The definition of the terms natural and non-natural deaths is not clearly defined in the publication by Statistics South Africa, but it is assumed that natural deaths are due to biological causes, and non-natural deaths are due to accidental causes or human intent, which can also include complications through medical and surgical care. In South Africa the statistics are derived from the death notification forms, on which medical practitioners are expected to specify whether death resulted due to natural or non-natural causes. From the cause of death, so specified, a resulting ICD-10 code is assigned. ICD-10 is the tenth revision of the International Classification of Diseases, developed by the World Health Organisation (WHO) to ease worldwide comparisons. It is unfortunate that, by law, police in South Africa can complete death notification forms in...
uncertain instances, without explicitly stating the cause of death (Statistics South Africa, 2005)

2.1.3 Concepts related to grief

Corr et al. (1997) stated that grief reactions can manifest as: feelings including sadness, anger, guilt and shock; physical sensations such as lack of energy, shortness of breath and numbness; cognitive disturbances such as disbelief, confusion, loss of memory, and paranormal experiences; behaviours including avoidance, crying, insomnia, eating disturbances, social withdrawal and difficulty with social relationships. Spiritual grief reactions can manifest as anger toward God, shaken faith, and searching for meaning. Appropriate expression and processing of grief reactions can influence bereavement outcomes.

The term “complicated grief” (or “pathological grief”) is widely used and accepted in bereavement literature. According to Bonanno and Kaltman (2001), there is no clear definition in bereavement literature to adequately describe normal, abnormal or complicated grief reactions. In an article reviewing varieties of grief experience, Bonanno and Kaltman offered a thorough taxonomy of complicated grief definitions in bereavement literature. A comprehensive definition of complicated grief is offered by Latham and Prigerson (2004). They define complicated grief as a one-dimensional cluster of symptoms comprised of elements of separation distress and traumatic distress, totally separate from depressive and anxiety symptom clusters, when elevated and enduring beyond six months (Latham & Prigerson, 2004). Horowitz et al. (1997) described complicated grief as being characterized by a combination of sustained intrusion, avoidance and maladaptive symptoms. Another simple explanation suggests that pathological grief can be identified by an increased duration of symptoms resulting in psycho-social dysfunction. According to Corr et al. (1997), normal grief reactions are called manifestations, not symptoms, but Latham and Prigerson prefer the term ‘symptoms’ in the case of complicated grief.

In the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) (American Psychiatric Association, 2000), grief reactions are considered to be ‘normal’, and vague and undefined consideration is given to the cultural influences on the duration and expression of ‘normal’ grief reactions. However, in the DSM-IV-TR a V-code category (V62.82) is used when the “focus of clinical attention is the reaction to the death of a loved one”, and the grief reaction manifests partly as a Major Depressive Episode for which the individual would seek professional help in order to relieve such associated symptoms as insomnia or anorexia. This diagnosis is only given if the symptoms are still present after two months since the loss (APA, 2000, pp. 740-741). In an attempt to differentiate between grief
reactions and Major Depressive Episode, six grief reactions which are not characteristic of a Major Depressive Episode are cited in the DSM-IV-TR. These six grief reactions are: 1) guilt about things other than actions taken or not taken by the survivor at the time of the death; 2) thoughts of death other than the survivor feeling that he or she would be better off dead or should have died with the deceased person; 3) morbid preoccupation with worthlessness; 4) marked psychomotor retardation; 5) prolonged and marked functional impairment; 6) hallucinatory experiences other than thinking that he or she hears the voice of, or transiently sees the image of, the deceased person (APA, 2000, pp. 740-741). Bereavement theorists suggest that there is a clinical necessity for a more defined complicated grief diagnosis (Bonanno & Kaltman, 2001). Latham and Prigerson (2004) offered a well compiled set of diagnostic criteria for complicated grief, which is beyond the scope of this study. A distinction is made in literature between non-traumatic bereavement, and bereavement by traumatic means (Neria & Litz, 2003; Rubin, Malkinson & Witztum, 2003). A further distinction is being suggested between traumatic grief symptoms and the symptoms of Post Traumatic Stress Disorder (PTSD) (Stroebe, Schut & Finkenauer, 2001).

2.1.4 Concepts related to mourning

Mourning reflects ways in which humans try to integrate the loss into their ongoing living. Attig (2004, p. 352) warned against viewing this integration process merely as a problem solving endeavour or simply a completion of tasks, but rather as ‘accommodation in dimensions of human life and grieving’. According to Attig, these dimensions are never dealt with permanently and finally, and so remain an ongoing process.

Many attempts have been made to present theoretical models of the mourning process. In a thorough literature review, Davies (2003) reports a continuous evolution of theoretical perspectives on which mourning theories have been based. Her review highlights fundamental differences between traditional ‘grief work’ models based on positivistic perspectives, aimed at severing ties with the deceased; and newer models based on a non-positivistic approach, with emphasis on maintaining continued bonds with the deceased by constructing a durable biography, integrated into memory. This concept of enduring bonds with the deceased has challenged the traditional models in which it is assumed that severing bonds with the deceased brings about resolution of grief (Davies, 2003).

Freud originally conceptualized the ‘grief work’ theory, despite the fact that his own bereavement experience, at the loss of a daughter, did not match his theory (Freud, 1961a). However, many theorists continued building models on the theme of achieving resolution

2.1.4.1 Traditional interpretations of mourning

a. Bowlby/Parkes’ Four Phases

1. Shock and numbness describe initial reaction as well as repeated reactions. This is a natural defence mechanism to protect against emotional and cognitive overload.

2. Yearning and searching occur when grief penetrates the protective barriers and there is a longing to turn back the clock and bring back things as they were before.

3. Disorganisation and despair at the realisation that death is final and things can never be as they were before. At this stage there is a lack of concentration and energy.

4. Reorganisation is the finding of a new way through life.

b. Worden’s Four Tasks

1. Acceptance of the reality of the loss means one has to acknowledge the death.

2. Working through the pain of grief encompasses appropriate and productive responses to the pain of the loss.

3. Adjusting to the environment in which the deceased is missing requires adjustment to both primary and secondary aspects of the loss.

4. Emotional relocation of the deceased and moving on with life, knowing one can never replace the relationship that was lost, but nevertheless engaging in forming new relationships.

2.1.4.2 Non-traditional interpretations of mourning

a. Rando’s (1993) Six “R” processes

While not in complete contrast, Rando (1993) still attributed due value to the above models, but preferred a ‘process’ rather than a ‘task’ approach. In her view the word ‘task’ suggests completion and can only be evaluated at the end, whereas the word ‘process’ encompasses continuous monitoring, evaluation and influence, over time. She proposes the Six “R’s” processes.

1 Recognition of the loss through acknowledgment and understanding of the death.
2 Reaction to the separation by experiencing the pain of the primary and secondary losses.

3 Recollection and re-experiencing the relationship with the deceased by realistically remembering and reliving the relationship.

4 Relinquishing what was and can no longer be in the relationship and the assumptive world of the bereaved.

5 Readjustment by moving into the new world without forgetting the deceased.

6 Re-investment in the future.

b. Stroebe and Schut’s ‘Dual Process Model’
As a variant of the process models, Stroebe and Schut (1999) suggested that, due to the shortcomings of the traditional models for coping with bereavement, a revised model of coping was required. They proposed the ‘Dual Process Model’, which identifies loss stressors as well as restoration stressors, with a dynamic regulatory process whereby coping is achieved by oscillating between times of confrontation and times of avoidance from grief stressors.

c. Rubin’s ‘Two Track Model’
Rubin’s ‘Two Track Model’ identifies an outcome track from bio-psychosocial reactions to bereavement and a second ‘cause and effect’ track, describing ways of re-organising the internal psychological template of the deceased person (Rubin, 1981; Rubin et al., 2003)

2.1.5 Conclusion
Bereavement, being a state of loss, introduced concepts such as cause of death, and circumstances surrounding the death, to the study. Expanding the grief reaction definition, to the inclusion of the term ‘complicated grief,’ brought inquiry to the definitions of the term offered by literature and the DSM-IV-TR. Finally, theoretical models of mourning were explored in pursuit of clarity on the concept. These three definitions and the relating concepts find their context in the literature, which is to follow in section 2.2.

2.2 LITERATURE REVIEW

2.2.1 ISSUES OF BEREAVEMENT

2.2.1.1 Introduction
The death of a child, by any cause, is an extreme life event stressor. The surrounding circumstances and cause of death can contribute to grief reaction in parents, with an increased likelihood of the development of complicated grief (Rando, 1993).
2.2.1.2 Circumstances and cause of death: Impact on parents

Many studies have been undertaken to investigate what impact the death of a child has on parents (Li, et al., 2003; Murphy, Johnson, Chung & Beaton, 2003; Riches & Dawson, 2002). It is evident from the following two studies, conducted in Denmark, that the death of a child firstly has a major impact (Li, Laursen, Precht, Olsen & Mortensen, 2005), and secondly has long term effects on parents (Li et al., 2003). Denmark is a first world country, with sophisticated registration systems and a largely homogenous population. Among the strength of the two studies done in Denmark is the fact that neither of these was dependent on self-report data. Self-report methods introduce a subjective element into a small sample, whereas a sophisticated registration system offers objective, nation-wide data (Li et al., 2003; Li et al., 2005).

The first of these recent Danish studies, based on national registers dating from 1980 to 1996, indicated that the death of a child younger than 18 years, from both natural and non-natural causes, is associated with an overall increased maternal mortality rate for all causes, and an early increased paternal mortality rate for non-natural causes (Li et al., 2003). A peak in mortality from non-natural causes, shortly after the loss, point to the most intense reactions experienced during this period. The study had an exposed cohort of 21 062 bereaved parents through loss of a child, and a control cohort of 293 745 non-bereaved parents, matched by family structure. Internationally accepted ICD-8 ‘cause of death’ codes were used (Li et al., 2003).

In a second, but separate Danish study, Li et al. (2005) investigated the ‘first record’ of hospitalisation for mental illness among parents bereaved through the loss of a child. The Danish Civil Registration System and the Danish Psychiatric Central Registers were used in this nationwide study. Both parents - but particularly mothers - showed increased risk of being hospitalised for mental illness in the first year of loss. The risk remained significantly higher than normal up to five or more years later.

The death of an infant at neonatal stage, through stillbirth or through sudden infant death syndrome (SIDS), has a far greater impact on parents, particularly mothers, than expected (Boyle, Vance, Najman & Thearle, 1996). Boyle et al. found significantly higher rates of psychological distress among these bereaved mothers, than in mothers with living infants. The mothers of the SIDS group manifested the highest rates of anxiety and depression. This study was conducted over a period of 30 months, with a cohort of 194 bereaved mothers.
Non-natural or violent death (suicide, homicide, accidents) are the three leading causes of death among 15 to 34 year olds in the United States of America, and make up 80% of all deaths in this age group (U.S. National Centre for Health Statistics, 2000). Deaths in South Africa due to non-natural cause peak between ages 15 to 29 (Statistics South Africa, 2005). It is important to re-iterate that this pattern of peaks is confirmed by the World Health Organisation (WHO) investigations in 26 participating nations. In these studies, the proportion of deaths in 15 to 34 year olds, due to violent causes alone (motor vehicle accidents, homicide and suicide), has risen steadily over a 40 year study period ending in 1994 (Heuveline & Slap, 2002).

Because violent death is no longer uncommon, it is extremely important to understand the impact it has on parents. Among other aims, Murphy, Wu, Fan and Lohan (2002), were interested to ascertain whether the cause of any particular violent death has a greater influence on parents than any other type of violent death. The researchers measured mental distress, post traumatic stress disorder (PTSD), acceptance of child’s death, and marital satisfaction, as parental outcomes over a time period of 4 to 60 months. The results of the study showed that there were different patterns of adjustment for the three causes of death. There were significant differences in PTSD outcomes between parents with homicide as a cause of death for their child, and the parents of children with suicide or accidents as cause of death. The homicide group scored highest on mental distress, and lowest on acceptance of death and marital satisfaction. All four outcomes changed significantly over time, demonstrating time as an important positive component in the adjustment process for parents bereaved of their children through violent cause. Despite this positive outcome, mental distress and trauma measures remained two to three times higher than scores from a normative sample of comparable age (Murphy et al., 2002).

It is evident from the above studies that the violent death of a child has a major impact on parents. It is therefore not surprising that in observing and measuring suicide ideation in 175 bereaved parents for five years following the death of a child by violent means (motor vehicle accidents, suicide, and homicide), results showed that 24 of the 175 bereaved parents under observation indicated suicide ideation at the initial data collection time, and 34 of the 175 indicated suicide ideation over the following five years. The initial data collection was done at four months after the death of the child (Murphy, Tapper, Johnson & Lohan, 2003).

In a study examining the influence of complicated grief on suicide ideation among bereaved adults, Latham and Prigerson (2004) found that, after controlling for major
depressive disorder and PTSD as confounders, suicide ideation in bereaved adults indicated an independent psychiatric risk, as complicated grief substantially heightened this risk.

2.2.1.3. Conclusion
The impact of bereavement through child loss was investigated in terms of increased mortality rates, first hospitalisation for mental illness, anxiety and depression, mental distress, and suicide ideation. It is clear from the above discussion that the death of a child, particularly through violent cause, can have a severe impact on the bereaved parents.

2.2.2 ISSUES OF GRIEF

2.2.2.1 Introduction
Grief can be described as a reaction to the death of a loved one. Grief reactions can have emotional, physical, cognitive, behavioural and spiritual manifestations (Corr et al., 1997). Humans are integrated beings, making accurate categorisations of these manifestations very challenging.

Corr et al. (1997) give generous descriptions of grief reactions. The following paragraph is an overview of grief reactions according to these authors. Emotional or affective reactions can be a turmoil of feelings such as: anger; sadness; guilt; loneliness; shock; relief; numbness; anxiety; yearning; or longing. Some parents describe their reactions as being largely physical. They experience physical sensations such as: extreme fatigue; shortness of breath; lack of energy; chest tightness; lack of co-ordination; sensitivity to sound and movement; dry mouth; headaches; or even physical heart-ache. Cognitive reactions such as: loss of memory; intrusive memories; disbelief; confusion; flashbacks; sensations of seeing, smelling, hearing; or feeling the presence of the deceased, are reported. Behavioural and relational manifestations can be described as: weight loss or gain; lack of sleep; social withdrawal; difficulties with relationships; over-activity; driven pursuit for justice or some cause; or obsession with ashes or possessions of the deceased. Spiritual reactions can include: re-examining issues of faith in search of meaning; hostility toward God; interest in life after death; or making contact with the deceased. Some bereaved individuals may even meet the criteria for post traumatic stress disorder (PTSD), anxiety- or major depressive disorder, but these reactions are generally considered to be normal, healthy and appropriate responses to loss (Corr et al., 1997).

2.2.2.2 Affective reactions
In some cases, the bereaved are frightened and confused by the intensity of grief reactions they experience (Dyregrov, Nordanger & Dyregrov, 2003). Without the understanding that
grief reactions are ‘normal’, the bereaved could lend negative interpretations to their reactions. The role of negative interpretations of grief reactions in emotional problems after bereavement was explored by Boelen, Van den Bout and Van den Hout (2003). The researchers simultaneously investigated avoidance behaviours and symptoms of traumatic grief and depression within the cohort of participants who have all lost a first degree relative. These participants were recruited through advertising on a Dutch bereavement internet site. 

Firstly the study showed that the way individuals interpret their grief reactions will greatly influence the way they grieve. If they interpreted their reactions as signs of insanity or personal incompetence, they would experience distress and discomfort. Secondly, the researchers found that the distress caused by these negative interpretations, was also highly associated with the severity of symptoms of traumatic grief and depression. Thirdly, it emerged that those participants who interpreted their reactions negatively were also the ones who engaged in cognitive avoidance behaviours such as rumination, thought suppression, and distraction. The researchers highlighted the fact that negative interpretations in themselves are not signs of disturbance, but that this phenomenon can seriously impede recovery and lead to prolonged grief reactions (Boelen et al., 2003).

Despite the negative aspects of grief, there are redeeming factors which make it possible to consider the grieving experience as an opportunity for personal growth and emotional development. Znoj and Keller (2002) considered emotion regulation to be one of the most challenging tasks facing bereaved parents. They conducted a study in the German-speaking part of Switzerland, recruiting participants through self-help parental bereavement groups and a local hospital, with an appropriately selected control group from the general population. In this study, the researchers attempted to define adaptive ways of emotion regulation, with an outcome based focus. Examples of adaptive outcomes include the capacity to tolerate adverse feelings or the ability to relax in most stressful encounters (Znoj & Keller, 2002). Bereaved parents, and control participants who had experienced loss of loved ones in the past, scored higher on effortless emotion regulation as well as coping with difficult situations, than matched peers of the non-bereaved group. They concluded that those who have endured human losses have acquired personal growth and also improved their general sense of functioning (Znoj & Keller, 2002).

In a study focusing on both the pathogenesis as well as the adaptive aspects of grief reactions, Gamino, Sewell and Easterling (2000) tested the ability of several high-risk factors predicative of subsequent emotional intensity in the bereaved. The three most robust factors to have a negative influence on the emotions of thebereaved appeared to be the following
situational predictors: traumatic circumstances surrounding the death; the younger the child at
time of death; and finally, the perception that the death was preventable. The type and
circumstances of the death, as well as the age of the deceased are beyond the control of the
bereaved. Furthermore, if the bereaved has suffered a previous loss, or if he or she has had
previous problems related to mental health, these factors would add to the difficulty in
accommodation of the loss. To a lesser extent, a poorer outcome could be expected when
parents had a shorter time to ‘prepare’ for the death of their child (Gamino et al.). With regard
to the adaptive aspects of grief reactions, the following predictors emerged as having
significant effects on personal growth: seeing good resulting from the death; having a chance
to say good-bye; intrinsic spirituality; and spontaneous positive memories (Gamino et al.).

2.2.2.3 Physical health reactions

In a longitudinal study by Murphy et al. (1999), examining health aspects in 155 bereaved
parents by violent causes, the following observations were made: (1) more than 80% of
parents rated their health as average to above average at one year post death; (2) 20% of
parents reported poor health, compared to 16% in the national sample; (3) those who reported
poor health are more likely to experience distress than those who reported good health; (4)
more mothers sought some form of counselling than fathers; (5) those mothers who engaged
in health-protective behaviours showed significantly fewer stress-related dys-functionalities. It
seems from the above study, that only a minority of bereaved parents suffer ill-health
following the death of a child. Znoj and Keller (2002) came to the same conclusion in their
investigation into health-related safeguards in bereaved parents in Switzerland.

In examining the long-term immune-endocrine effects of bereavement in relationships
to anxiety levels and mood, Gerra et al. (2002) came to interesting conclusions. The
researchers measured psychological, endocrine and immune functions of fourteen participants
over a six month period after the sudden death of a loved one. Control participants showed no
changes in parameters measured over the six month period, but two groups of bereaved
participants emerged from the study, with different patterns of immune and endocrine
changes. Five subjects who had enduring dysphoric mood showed marked negative changes
in immune and endocrine functioning. Nine participants showed marked changes in the early
phase of bereavement, indicating the importance of individual variability in capacity to deal
with bereavement stress.

Prigerson et al. (1997) considered the effect of traumatic grief symptoms as a predictor
of future health outcomes in the conjugally bereaved. Their study indicated that the presence
of traumatic grief symptoms 6-months after bereavement would predict negative health
outcomes at up to 25-months follow-up. The study was built on previous work distinguishing traumatic grief symptoms from grief symptoms in normal bereavement (Prigerson et al., 1996). The authors suggested that it is not bereavement as such, but trauma in grief that puts bereaved individuals at risk for dysfunction. Boelen, Van den Bout and Keijser (2003) set out to replicate the studies distinguishing symptoms of traumatic grief from those of bereavement-related depression and anxiety. Through a method of principal axis factoring they found the three symptom clusters to be quite distinct, and concluded that traumatic grief is a disorder completely distinct from bereavement related depression and anxiety.

### Cognitive reactions

Many cognitive therapy researchers have investigated the role of cognitive variables in emotional and behavioural disturbances. The ‘schema’ concept is central to Aaron Beck, a founder and pioneer in the field (Beck, Emergy & Greenberg, 1985). Schemata are conceptualised as rules that serve to classify, prioritise and interpret information. They also facilitate the recall of relevant information from memory. Schemata are grouped into modes, which create an overall bias or cognitive set that is carried over from one situation to another, resulting in ‘thought mistakes’ and cognitive dysfunction (Nortje, 2000). Beck et al. (1985) call these thought mistakes ‘distorted thinking’, and Ellis (1991) calls them ‘irrational beliefs’. These thought mistakes may be latent, until a specific stressor, such as the death of a loved one, appears and activates, or inhibits the recall of the schemata (Horowitz, 1986; Horowitz, Bonanno & Holen, 1993).

Frightening cognitive reactions such as: loss of memory; intrusive memories of the deceased; disbelief; confusion; and flashbacks are reported by some bereaved individuals (Dyregrov et al., 2003). These reactions are considered normal, and even necessary in the facilitation of emotional processing; unless intrusion, avoidance and maladaptive symptoms are sustained over time (Horowitz et al., 1997). The same authors consider *intrusions, avoidance and failure to adapt*, as central system domains of complicated grief, basing their stress response theory on these three domains. This theory was confirmed by a study with 75 bereaved, German participants (Langner & Maercker, 2004). Utilizing the Complicated Grief Module (CGM) designed by Horowitz et al. (1997) as a measure, then applying appropriate statistical procedures, Langner and Maercker moved only two of the 34 items in the original CGM to other categories. In the adapted CGM, some of the following items were classified as intrusive items: Keeping deceased possessions the same, thoughts about cause of death, strong yearning, frequent reminiscences of life – and spontaneous recollections or dreams of special episodes – with the deceased; seeing others who look like deceased, regretting own - and
others - actions toward deceased, feeling watched by deceased, feeling that deceased is still alive, and emotional spells. Avoidance items included: Avoiding places that remind you of deceased; avoiding thoughts of deceased; difficulty concentrating; not being emotionally available, or emotionally numb; low interest in important activities, feeling alienated socially, and difficulty remembering details about deceased. Lastly, failure to adapt items included the following: thoughts of own death being soon; trouble sleeping; feeling alone or empty; altered sense of future; unusually irritable; bad physical reaction if reminded; significant difficulty with new intimacy; feeling of life being on hold; feeling worthless or hyper-vigilant; and exaggerated startle response (Langner & Maercker, 2004).

Avoidance strategies can manifest as physical avoidance of places, music or things that remind them of the deceased, or can simply be the suppression of thoughts, rumination, or other similar cognitive avoidance strategies (Boelen et al., 2003). Some theorists agree that avoidance strategies will exacerbate grief reactions and delay or prevent emotional processing (Horowitz et al., 1993). Other theorists believe that times of avoidance in balance with times of confrontation can have a regulatory effect in coping with grief reactions (Stroebe & Schut, 1999).

### 2.2.2.5 Behavioural reactions

Behavioural manifestations can be described as: weight loss or gain; lack of sleep; social withdrawal; difficulties with relationships (social and familial); over-activity; driven pursuit for justice or some cause; obsession with ashes or possessions of the deceased (Corr et al., 1997).

Literature focuses largely on *relational behavioural reactions* such as: aspects of social support (Laakso & Paunonen-Ilmonen, 2002) and social withdrawal (Dyregrov et al., 2003). Family and gender related behaviour receive its due attention in the literature (Riches & Dawson, 2002), not forgetting the plight of surviving siblings, and the effect of bereavement on their behaviour (Balk, 1990; Davies, 1988, 1991).

Laakso and Paunonen-Ilmonen (2002) defined social support as a care resource which can be perceived by the bereaved as being either positive or negative in some instances. Their inquiry into mothers’ experience of social support after the loss of a child under the age of seven years, indicated that positive support aided, and negative support hampered, the grieving process. Positive support was described by mothers as: (1) Emotional support through consolation and caring but most of all having someone close who would be willing to listen to the story of their loss repeatedly. Mothers in particular, need to talk about their grief, and long for someone to listen to them. (2) Informational support in the form of advice from
fellow sufferers or their mothers and friends. The importance of integrated bereavement knowledge was highlighted by Was (2004). This author suggested that all aspects of death, dying and bereavement should be included into the basic curricula of various disciplines and schools. (3) Instrumental support was delivered in practical ways such as helping with the funeral arrangements, providing meals, or offering financial support. (4) The active involvement of the father in the birth, illness and death of the child, was considered a vital form of support (Laakso & Paunonen-Illmonen, 2002). Social support can come from varied sources such as family members, friends, colleagues, health professionals, club- or church members. Gender difference is a marked feature of perceived social support (Suitor & Pillemer, 2000). The same authors have investigated studies on the gender differences across the life cycle from adolescents to old age, and concluded that women have greater networks of close friends, and receive higher levels of social support than do men. There is no empirical evidence to prove that higher levels of social support accelerated or improved adjustment for bereaved individuals, but social support is associated with reduced levels of depressive symptoms (Stroebe, Schut & Stroebe, 2005).

Some researchers investigated various predictors of psychosocial distress in parents bereaved through suicide, accidents and sudden infant death syndrome (SIDS) (Dyregrov et al., 2003). They found that the isolation of the survivor proved to be by far the best predictor of psychosocial distress in their sample of bereaved parents. More than half of the participants in their study withdrew from others to various degrees. It is apparent from the explanations parents gave during interviews in the above study, that it is not a single factor which causes this phenomenon, but rather a combination of factors. Among some of the reasons stated by the parents, explaining their withdrawal from social networks, appeared the following: terrifying and alarming grief reactions; para-normal experiences; strong guilt and self-blame; the loss of memory, concentration and energy; the shattering of their assumptive world; and feeling a social separation from those who do not share similarity of the bereavement experience (Dyregrov et al., 2003). It is clear from this study that it is important to provide appropriate ways of overcoming the divide between the bereaved and social support.

The impact of a child’s death on family relationships can be devastating. Each individual within the unit, as well as the unit as a whole is affected (Walsh, 2003). There are marked gender and personality differences affecting coping and adaptation after bereavement (Stroebe, 1998). The most at-risk family member after the loss of a child is the mother, as well as all survivors of sudden and/or violent traumatizing losses, such as suicide, terrorist attacks, warfare, homicide and accidental death. Other at-risk individuals are those who
manifest high-distress grief early in their bereavement experience. High-distress grief includes high levels of anger and ruminating behaviours, as well as those who display high levels of depressive and anxiety symptoms. A previous psychiatric history also increases risk of complicated grief (Parkes, 2001; Stroebe & Schut, 2001).

Bereavement has often been associated with marital breakdown. Riches and Dawson (2002) discussed the possibility that a wider perspective, which includes studies of earlier marital inter-actional patterns, gender-related coping mechanisms, and patterns of change over time, might be useful tools in the understanding of marital conflict and breakdown after bereavement.

The effect of death on a sibling is a largely neglected area of research. Comparative grief experience studies on twins (Segal, Wilson, Bouchard & Gitlin, 1995); disclosure after a sibling’s death from AIDS (Robinson, 2002); sibling grief in reaction to sudden death syndrome (Burns, House & Ankenbauer, 1986); increased sibling mortality in children with foetal alcohol syndrome (Burd, Klug & Martsolf, 2004), all emphasized the need to consider the plight of bereaved siblings. Robinson and Mahon (1997) investigated the concept of sibling bereavement by means of a thorough literature review and the application of content analysis. As a result they presented a preliminary model by which critical attribute - and personal growth factors, specific to sibling loss, can be addressed. These critical attributes include: the sharing of family experience/history, lack of choice in the relationship, alteration in the family system through the death of a sibling, and finally, an externally defined change in roles. Personal growth outcomes for siblings contain the following variables: multidimensional grief reactions, changes in self-perception and changes in viewing their assumptive worlds. Many researchers have reported a general inability by siblings to share their feelings of loss, and withdrawal from - or changed relationships with peers (Balk, 1990; Davies, 1988, 1991). Problems of aggression have also been recorded (McCown & Davies, 1995).

2.2.2.6 Spiritual reactions

The term search for meaning is not easy to define, yet is widely associated with bereavement as well as with traumatic life events. Wheeler (2001) identified two major components of the search for meaning from literature. The first component contains a cognitive aspect; a search to regain mastery of understanding and coherence, which was lost through the trauma. A question relevant to this component would be: “To whom or what could this loss be attributed?” The bereaved could take personal responsibility, or attribute the death to a national cause such as in war times, or even to God (Stroebe et al., 2005). The second
component contains an existential aspect, which includes a search for renewed purpose, when a person’s assumptive world has been challenged through the bereavement or trauma. Wheeler (2001) suggested that the search for meaning is central to the process of readjustment after the death of a child. In a previous report from the grief study by Scott and White (cited in Gamino et al., 2002), as well as a more recent report (Gamino & Sewell, 2004), nine ‘meaning constructs’ were identified as predictors of bereavement adjustment. The study indicated that mourners, who expressed themes of hope and recovery in their narrative, fared better on several indicators of bereavement adjustment, than those who exclusively expressed themes of pain and suffering.

In line with the attribution theory (Bowlby, 1969), as applied by Stroebe et al. (2005), there could possibly be someone to forgive when a child dies. It could be God, yourself, the person who murdered your child, the deceased child, a government which sent the child to war, the police who did not protect your child, or even the other spouse who did not prevent the child from going out that night. The possibilities are endless. Despite the many models of forgiveness (Walker & Gorsuch, 2004), most researchers agree that it is a complex construct (Enright & Fitzgibbons, 2000).

There is a growing body of experimental evidence that suggests that forgiveness is an emotion-focused coping strategy, which can be employed successfully in the reduction of health risks, as well as in the promotion of resilience (Worthington & Scherer, 2004). The authors proposed that there are in fact two types of forgiveness: emotional as well as decisional, and that decisional forgiveness triggers emotional forgiveness. In other words, when a person perceives the transgression of a boundary, they decide to forgive. This decision will then be employed in the emotions as a coping mechanism. Positive emotions associated with forgiveness are: empathy, sympathy, compassion, romantic love, and altruistic love. Negative emotions associated with unforgiveness are: anger, resentment, bitterness, hostility, hatred and fear (Wade & Worthington, 2002). According to Worthington and Scherer (2004) only people who ruminate (mull repeatedly over the same issues) will develop unforgiveness.

Numerous models of forgiveness exist, but, with setting certain criteria in place, Walker and Gorsuch (2004) investigated the underlying dimensions of 16 models of forgiveness and reconciliation. The study suggested the five underlying constructs of forgiveness to be: hurt and anger; receiving God’s forgiveness; emotional forgiveness; empathy; and reconciliation.
2.2.2.7 Conclusion to issues of grief

It is evident from literature that grief reactions can manifest in every aspect of being human. Grief reactions are considered ‘normal’. What transpired from the literature, however, was the importance of the interpretations of these grief reactions on the emotions of the bereaved. Boelen et al. (2003) suggested that negative interpretations of grief are associated with distress and various avoidance behaviours. On the other hand, Gamino et al. (2000) found personal growth to be an outcome of positive interpretation of grief.

2.2.3 ISSUES OF MOURNING

2.2.3.1 Introduction

Mourning can be described as the expression of, and coping with, grief reactions within a cultural and social setting (Todd & Baker, 1998). Many theorists have tried to bring some form of structure to the mourning journey, by describing the relevant phases, tasks, or processes. Such a systematically structured framework can serve as a foundation for understanding mourning and developing appropriate interventions, but at the same time can lend itself to literalism. Attig (2004) warned against such a literal interpretation.

2.2.3.2 Traditional models

Traditionally, the bereaved were encouraged to engage in ‘grief tasks’ in order to achieve grief resolution. The grief work is described as cognitive tasks of confrontation regarding issues of loss, working toward detachment from the deceased (Stroebe, 1992). A British psychoanalyst (Bowlby, 1969), first formulated the attachment theory, descriptive of the bonding relationship between a child and the caregiver. Based on this theory the ensuing detachment (later called reorganization) takes place when a loss occurs through death. The literature draws parallels between attachment styles and grief reactions, with similar vulnerabilities towards developing pathology (Parkes, 2001; Shaver & Tancredy, 2001). The grief work hypothesis was put under the microscope by Stroebe and Schut (1999) in an article proposing their dual process model of coping with bereavement. In the article, the authors highlight a few of the shortcomings of the traditional grief work models and argued for a revised method of establishing how people cope in bereavement. According to them, the lack of clarity in defining grief work is worthy of criticism. In their view the two concepts ‘working through’ and ‘ruminating’ can be confounded, to quote one example. In addition, there is an absence of evidence to confirm that confrontation of grief is a predictor of positive grief outcome. Another allegation concerns the aspects of cross-cultural application and...
gender generalization. They advocated that men are known to be less confrontational and less overtly expressive in their coping style, specifically in bereavement (Stroebe & Schut, 1999).

2.2.3.3 The Cognitive Stress theory
Some authors (Stroebe & Schut, 1999) pointed the reader to look beyond bereavement literature toward the Cognitive Stress theory (Lazarus & Folkman, 1984). This theory proposed that stress is experienced when the demands of a situation outweigh the available resources, endangering health and well-being. The question Stroebe and Schut address in this regard, is one of multiplicity of stressors. Bereavement can be regarded as the global stressor, but other secondary stressors co-exist and are all of importance. A further discussion on the cognitive stress theory by Stroebe and Schut, takes cognisance of the fact that coping is considered to be problem-focused in changeable situations and emotion-focused in unchangeable situations. Bereavement, being mostly unchangeable in essence, makes outcome predictions extremely difficult.

2.2.3.4 Rubin’s Two Track model
Stroebe and Schut (1999) review Rubin’s Two Track model, and recognised it for its importance in identifying and clearly distinguishing two consequent dimensions specific to the global stressor, bereavement. Rubin (1999) conceptualised overt and covert aspects of the loss process along two separate but interactive axes. The first axis concerns the biopsychosocial functioning of the bereaved, whereas the second axis relates to the ongoing bonds with the deceased. This theory blends traditional and non-traditional models, rendering them mutually inclusive, but on two co-existent tracks.

2.2.3.5 The Dual Process model
In conclusion, Stroebe and Schut (1999) considered all or most of the bereavement theories to have contributed in some complementary way toward the greater goal of better understanding and application of the subject. Stroebe and Schut alleged to have incorporated the positive aspects of some preceding models in formulating their Dual Process model. The Dual Process model is based on the process of grieving which alternates between times of thinking and dealing with the loss and times of avoiding the overwhelming aspects of grieving, by taking time out to think about something else. They described these confrontation–avoidance cognitive tasks as the loss- and restoration-orientation components of the dual process. In this instance the restoration component is not considered an outcome variable, but rather a coping mechanism. They introduced a unique, dynamic component to the process. This alternating component, between loss and restoration, is called oscillation. Oscillating between facing or
confronting the loss and avoiding the loss, allows the bereaved a method of coping, whilst still making progress in ‘grief work’ (Stroebe & Schut). Facing the reality of the loss is considered essential to adaptive grieving, but no-one can grieve unremittingly. According to these authors the Dual Process model has wide application. They considered the model to be both culture- and gender-friendly, as the male-female ways of grieving are accommodated. Mothers tend to be more loss-oriented and fathers more restoration-oriented, but both will engage in oscillation between the two. Similarly, some cultures vary along the loss- or restoration- orientations. Furthermore, they suggested that complicated grief is descriptive of problematic oscillation.

2.2.3.6 Conclusion to issues of mourning
The evaluation of the various models of mourning by Stroebe and Shut (1999), offered a good overview and insight into the strengths and weaknesses of current models. They suggested that mourners use coping mechanisms to help them face the deaths, and then rest from the pain through different coping mechanisms which offer them an escape.

2.3 CONCLUSION TO LITERATURE STUDY
The aim of this study was firstly to identify central issues of bereavement in the literature, and secondly to discover if the findings of the intended research would confirm these central issues, or perhaps identify additional central themes. Three central themes were identified through the literature research.

The first of these themes relates to issues of bereavement. The death of a child leaves the parents in a state of deprivation or loss, which is defined as bereavement. Bereavement can occur as a result of natural or non-natural death. Violent death and the traumatic circumstances surrounding death, can negatively impact the parents. There is a worldwide increase in deaths of children and young people. It stands to reason that if more young people or children die, then more parents are impacted through these deaths and are in need of appropriate consideration.

The second identified theme from literature relates to the reactions of parents to the loss of a child. These grief reactions affect the bereaved in every aspect of their being. Under most conditions these reactions are considered to be normal, but at times these reactions are deemed pathological. The definitions of these categories are not clear from the literature, and the debate ongoing. What does transpire from literature, in relation to grief reactions, is the interpretation of the grief reactions by the bereaved. If they interpret their own grief
negatively, it will impact their emotions and behaviour negatively. The opposite also applies. If they interpret their grief positively, aspects of personal growth would transpire.

The final of these identified themes concerns issues of mourning. Mourning is broadly defined as an attempt by the bereaved to continue life without becoming dys-functional or socially and culturally rejected. Many models and descriptions of this difficult journey have been offered. The various stages, phases, tasks, processes and coping mechanisms of mourning have been described in literature with the hope of offering a framework of better understanding.

Literature has been explored in an attempt to identify central issues of bereavement, and in continuation of the aim of this investigation, the results of the qualitative inquiry (Chapter 4) are to be compared to the literature and a conclusion formed (Chapter 5).
CHAPTER 3
RESEARCH DESIGN AND METHODOLOGY

3.1 INTRODUCTION

This chapter provides a qualitative research design, based on a grounded theory approach to data analysis. A description of the sample profile is provided. Data collection, capturing and analyses will be explained in detail.

3.2 THE RESEARCH QUESTION

Willig (2001) observed the differences between hypotheses and research questions:

Most qualitative research projects are guided by one or more research questions. Research questions are different from hypotheses. A hypothesis is a claim, derived from existing theory, which can be tested against empirical evidence. It can be either rejected or retained. A research question, by contrast, is open-ended. That is, it cannot be answered with a simple ‘yes’ or ‘no’. A research question calls for an answer which provides detailed descriptions and, where possible, also explanations of a phenomenon. (p. 19)

The phenomenon under question in this study is bereavement. The research question that motivated the direction of the investigation is the following: What are the central issues or themes of parental bereavement? Open ended questions (See Addendum 3) were designed to elicit content in terms of the research question. As is custom for qualitative interviews, the questions remained flexible, and were not cast in stone (Babbie & Mouton, 2003; Creswell, 2003).

3.3 SAMPLE DESIGN AND SAMPLING METHOD

Snowball sampling, as a non-probability sampling technique was employed in this research to locate white, middle aged, middle to upper class parents of either gender, who have lost a child through death. Babbie and Mouton (2003) stated that snowball sampling is most commonly used in the qualitative field when the members of a particular sample group are difficult to locate. Once one participant had been interviewed, they were asked for further references until the intended quota of at least 20 was reached. The same authors suggested that between 5 and 25 respondents would be suited for a masters’ degree in South Africa in the interpretive paradigm (Babbie & Mouton, 2003). Many potential participants were approached, but due to the sensitive nature of the subject under study, many declined. A total
of 22 bereaved parents participated in this research, of which three were interviewed during
the pilot stage of the study. These three participants were included in the sample profile for
purposes of analyses and interpretation.

With the view of keeping a broad perspective on bereavement, it was important to
interview parents who differ in their ages, whose children died at different ages and of
different causes, and finally, it was important that the time elapsed since the deaths would be
as varied as possible. In order to rule out confounding factors regarding the gender of the
child, an attempt was made to interview parents of children of both genders. The motivation
behind this broad perspective was based on the idea that a central issue of bereavement would
be ‘central’ at any age or stage of life, despite the cause of death or the age and gender of the
child. Addendum 4 offers details of the sample profile, but a summary is presented here.

The ages of the parents at the time of loss ranged between 30 and 63. Four males and
eighteen females were interviewed. The average age of the 22 interviewed bereaved parents
was 56 years (SD=8.43) at the time of the interview. The average age of the same parents, at
the time of loss, was 46 years (SD=10.29). None of the interviewed parents had lost a child
before the age of 30 or after the age of 63. The time that has elapsed since the child or the
children have died ranges between 1 year and 30 years. Three sets of couples (both parents of
the same child) were interviewed, accounting for three of the four males, and for three of the
eighteen females interviewed. Two mothers had lost two children each. The first of these lost
both her children on the same day, and the second lost two boys twenty years apart. A third
mother had lost a foetus at 7 months. This incident is not recorded in the biographical details,
but is mentioned in the interview.

At the time of the interviews, all the parents were married, except for one mother who
was in a stable relationship with a partner. Three mothers were married to husbands who were
not the fathers of their deceased children. One parent was left childless after her two children
drowned on the same day, twelve individual parents were left with one child and nine parents
with two children (It is important to keep in mind that three couples were interviewed,
resulting in the same children being mentioned by both the father and the mother). One parent
was left with three children after her son committed suicide.

Of the 24 children that died, 13 were female and 11 male. Deaths were caused by:
natural means such as birth complications (1); aneurism or embolisms (two but three
interviews, as both parents of one child were interviewed); heart conditions (two but three
interviews, as both parents of one child were interviewed); glandular fever (1); and bacterial
meningitis (1) and by non-natural means such as motor vehicle accidents (MVA)(6); homicide (1); suicide (1) and drowning (2).

The ages of the 24 deceased children ranged between birth and 31 years old. One baby died at birth and two babies died before they reached one year. Three toddlers died before age five, one pre-teen died at age eleven and six teenagers died before they reached the age of twenty. Lastly, nine young adults between ages 20 and 31 had passed away. Two of the 24 deceased children were married, and both the parents of one of them were interviewed. The rest of the deceased children were single. Of these children, 13 were female and 11 were male.

3.4 DATA COLLECTION METHODS

The venue for each interview was chosen by the participant, with some input from the interviewer (the researcher in this instance) in connection with acoustics and privacy. One pilot interview was conducted in a restaurant, which was found to be an unsuitable venue. The rest of the interviews were conducted at the homes of either the participant or the interviewer. The interviews were tape recorded and back up recording equipment with additional batteries and tapes were available. These were never required.

Consent forms and biographical data forms were completed before the interviews proceeded. A glass of water, some tissues, and a small thank you gift, were provided by the interviewer.

Basic individual interviews were used to gather data for this research (Babbie & Mouton, 2003). The same authors described the basic interview as a discussion or conversation in which the respondent does most of the talking. According to them, the interviewer has a general plan of inquiry, but allows the respondent freedom to express him-or herself.

Initial contact was made with participants by sensitively approaching individuals with the intention of building rapport. An appointment was made with individuals who met the criteria and was willing to participate in the study. The venue was chosen by the interviewee, with advice from the interviewer with regard to distractions and acoustics. Every precaution was taken to ensure unbiased response through understanding of background and purpose of the study. The participants were requested to complete two forms: firstly, a consent form (See Addendum 1) and secondly, a biographical data form (See Addendum 2). The consent form ensured confidentiality, anonymity and confirmed that participation was voluntary with the right of withdrawal at any time.
The trained interviewer (the researcher in this case), followed a guideline of interview questions (See Addendum 3). Interviewer discretion was required in ensuring a productive flow, yet maintaining compassionate sensitivity due to the nature of the subject under study.

The interview was tape-recorded. A back-up tape-recorder was at hand, in case of technical difficulties, with additional batteries and tapes. Tape recorders with adequate microphone sensitivity to accommodate the acoustics of the room were used. The recorded interview was transcribed by independent transcribers and an appropriate legend of non-verbal responses was provided.

All tapes, forms and transcriptions were appropriately marked and stored. Back-up copies of computer files are being stored on flash-disc. Before the interview commenced, a short introduction (See Addendum 3) was read, thanking the participant and explaining the purpose of the interview. Issues of bereavement, as identified in literature, formed the foundation on which the open-ended, and a section of semi-structured questions were formulated (See Addendum 3).

One non-directive, open-ended question was asked, inviting free narrative to express the subjective view and experiences of the participant. A series of directed questions was asked to attempt structuring the contents and deepening the issue. An opportunity was given to expand on the narrative, before the interview was concluded.

The first open-ended question was: “Please tell me, as much as you can, about the life and death of your child?” This question elicited a sequential response from the parents, taking the interviewer on a journey through the life of the child; their achievements; and description of their personality; the events of the day on which the child died; and a description of the death. From this open question a family of codes emerged which described the ages and stages of the family as well as the relationships within the family, before the death occurred.

The open-ended questions from the list of semi-structured questions drew out information on: the impact of the death on family members, including gender-related behaviour; the influence of social interactions on bereavement; the effect of memorabilia or special days; the role of God in bereavement; perspectives on forgiveness, saying good-bye, where their children are now, and their views on the future. The question: “How would you describe bereavement to someone who has never lost a child?” brought forth an avalanche of pain-related responses. Not every question on the list was asked directly. If the participant had given the information in their free narrative, the question was ignored.

The final open-ended question asked was: “Is there anything you would like to add?” This question elicited many varied responses. Some participants remembered things they
wanted to say earlier, others expanded on answers already given, and some added unrelated information.

Three pilot interviews were conducted in order to refine the questions. These interviews were included in the data base. During the pilot interviews it was found that the questions on literature (4a) and writing (5c and 5d) were often misunderstood, as they were inappropriately worded. Additional explanations were offered to clarify, and the questions adapted accordingly.

The method of probing was not regularly employed by the interviewer, as it was felt inappropriate in some instances. The interviews with the 22 participants were spread over a time period of 6 months. Much time was required in following leads, building rapport with the potential participants, giving them time to think it through. Participants were followed up with de-briefing visitation or a phone call after the interview.

The introduction of directed open-ended questions meant that some presuppositions about the possible contents were made. This way of semi-structuring the interview could be considered a limitation of the method - but in the same way, by shaping the contents, the method is considered wide enough to formulate grounded theory (Creswell, 2003).

3.5 DATA CAPTURING AND DATA EDITING

The interviews were transcribed by independent transcribers. Back-up copies of these transcriptions have been safely stored. The sound track and transcriptions of each interview were burnt onto individual CD’s. These CD’s were given as gifts to the participants at a special afternoon tea organised by the researcher. That occasion was used as an opportunity to present preliminary feedback to the participants on the progress of the study. The participants were promised that a copy of the thesis in its completed form will be available in the local library. Positive feedback has been received from the participants on the therapeutic value of the interviews.

The data was then loaded on a privately purchased copy of the Atlas ti. (2004) programme (2004). This programme was specially designed for qualitative data analysis, is particularly well known for its code-based theory building capacities, and is rated as one of the best packages in the world at the moment (Babbie & Mouton, 2003).

3.6 DATA ANALYSIS

Tesch (1990), a pioneer in the area of computer aided qualitative data analyses, suggested that - when the research interest is the discovery of regularities - the identification and
categorization of elements and the exploration of their connections, will lead to the formation of a grounded theory. Strauss and Corbin (1990) explained how a grounded theory emerges:

A grounded theory is one that is inductively derived from the study of the phenomenon it represents. That is, it is discovered, developed, and provisionally verified through systematic data collection and analysis of data pertaining to that phenomenon. Therefore, data collection, analysis and theory stand in reciprocal relationships with each other. One does not begin with a theory, and then prove it. Rather, one begins with an area of study and what is relevant to that area is allowed to emerge. (p. 23)

Once the 22 transcribed interviews were loaded onto the Atlas ti. (2004) programme as primary documents, the coding process was engaged into. Each sentence was read, re-read a few times, and an appropriate code allocated to chosen quotations from the text. More than one code was allocated to certain quotations, when the same sentence contained, for example, an emotional and a behavioural reaction as can be seen in the following quotation:

*I remember I was driving home, I was in the blue car and my wife was in the white car, I was coming off the end of the Blue Route and I punched that wheel of the steering wheel how many times I don’t know how it didn’t break.*

In the context of the script, this was a reaction to the news of the death of the participant’s child. The codes allocated to this sentence were firstly the emotional reaction (shock) and secondly the behavioural reaction of hitting the steering wheel.

A constantly adaptive number of categories of codes were established from the transcripts and documents. A constant comparison approach was employed, until each category was saturated – with no further information to provide additional insight into that particular category. From these categories, sub-categories were formed around discovered properties, and these properties were then dimensionalised and presented. The interpretations were aided by means of the Atlas ti. (2004) software programme, designed for this purpose. The following paragraph expands on the procedures followed.

Keeping the framework set by literature in mind, the text dictated the codes. Literature identified the differences in the clinical manifestations of the three concepts: bereavement, grief and mourning. In reading the text, the researcher asked the question: “Which of these three manifestations is described in this sentence?” Most sentences could fit in one of the three, but it was clear that some codes related to events outside of these three manifestations.
It was found that these un-coded statements generally related to events and relationships within the family, before the death of a child. The “Risk Factor” codes emerged from these statements. After reading through all sentences again, sub-categories were assigned according to the narrative until all categories were saturated and no relevant sentences were left uncoded. These families and sub-categories were grouped according to the unfolding of the events in the narrative of the participants. The “Risk Factor” family of codes were assigned to the life of the family before the death had taken place. “Bereavement Circumstances” codes were assigned to the circumstances leading up to the deaths, surrounding the deaths, the cause of death, and the events following the deaths. The “Grief Reactions” family of codes were allocated into categories of emotional, physical, behavioural, relational, spiritual and cognitive reactions as described by the participants. Finally, the “Mourning” codes were assigned to mechanisms, employed by participants, in their attempts to survive and continue living after the deaths of their children. Each of these main categories was assigned sub-categories as the narrative demanded. Finally, the interview questions were grouped into a family, purely for practical reasons. This was done in order to identify through the computer aided programme which question elicited certain coded responses. The various search tools of the Atlas ti. (2004) programme, was a useful aid to analyses of data.

Once the coding was revised, adapted and completed, networks were formed, using the Atlas ti. (2004) programme, illustrating the associations and interconnectedness of the various codes. These networks aided the interpretation of the data and presented as figures in Chapter 4. A valuable aid to interpretation was the primary document code table, which indicate the frequencies of each code linked to each participant. Due to the size of this document, the primary document code table is not appended, but is available on request.

The central phenomenon studied in this research project is bereavement, as experienced by parents who have lost a child. From this central phenomenon, the above categories were formed in an attempt to find interconnections. It is from these interconnections that a grounded theory was formed. It was not the aim of this inquiry to measure outcome, but to identify central issues of bereavement, and establish the role these issues play in the bereavement process.
CHAPTER 4
RESULTS

4.1 INTRODUCTION
The death of a child generally occurs within the context of a family. At the time of the loss, the individual family members find themselves at certain ages and stages of life. The different personality types within the family and the bonds between family members might have influenced the quality of the relationships within that family. In addition, previous history such as mental illness, physical handicaps, or previous experience of loss, may all affect the impact the loss will have on individual members of the family, and the family as a whole. It is not the impact of these risk factors which is the focus of the study, but rather the identification of central issues or themes of bereavement and how these themes have been experienced by individuals. For this reason the Sample Profile (See Addendum 4), includes a broad spectrum of ages of both the parents at the time of their loss, as well as ages of children at the time of their death. The wide span in the years since the loss adds credibility to the identification of a theme being ‘central’ to bereavement. In terms of the research question, it was imperative that the sample profile be broad. For an issue or theme to be central to bereavement, it has to be relevant to parents at various ages or stages of their lives even under diverse circumstances.

After interviewing 22 parents, the Atlas ti. (2004) programme for qualitative research was applied in coding and analyzing the transcribed texts of the interviews. Allowing the text to dictate the codes, whilst keeping the framework set by the literature study in mind, four code families emerged. A code family is a broad category within which an assemblage of related codes is clustered. Each code family has any number of sub-categories, based on the narrative.

The first of these code families is the group of codes which describe the circumstances within the family before the death occurred. These are named the Risk factors, due to the possible risk attached to these factors in the development of complicated bereavement. Risk factors contain the description of the life cycle of the family; the relationships and bonds within the family; personality of the child as described by the parents; previous history which might affect bereavement; and the age of the child. The effects of these risk factors will become more apparent at the reading of the analyses in Section 4.2.

The second code family is described as Bereavement. These codes describe the circumstances surrounding the death. Included in these codes are sub-categories of codes identifying circumstances leading to the breaking of the news, the manner in which the news
was broken to the parents, and circumstances after the death. Embedded in the decisions after
the death are issues such as deciding on cremation or burial, as well as issues regarding the
funeral. The cause of death and the classification of the death - being either by natural or non-
natural means - are grouped within this cluster. This family of codes and sub-codes are
analysed in section 4.3.

The next and largest family of codes is named Grief reactions, as they provide a
description of the emotional, cognitive, behavioural, spiritual and physical reactions of the
parents to the death of their child or children. Cognitive reactions include the stressors or
triggers of memory which stir up further emotional responses from the parents. These
stressors or triggers are called ‘reminders’ in this research, and can have positive or negative
effects on parents, stirring happy or sad memories. Also within the cognitive group is another
secondary group of codes called grief reaction interpretations, which enfold the parents’
interpretation of their own grief reactions. Again, these interpretations can be negative or
positive. Finally, the perception of the parents on the duration of their grief is included in
cognitive reactions. Very importantly, embedded within behavioural reactions, is an
exceptionally large group of secondary codes dealing with parents’ reactions to all types of
relationships. The analyses for this family of codes and sub-codes can be found in section 4.4.

The final family of codes, named the Mourning codes, deal with the coping
mechanisms employed by the parents; the time elapsed since the death; and the degree to
which the participant has moved on. (See section 4.5).

Each of these code families will be reported on as a unit - following the natural
pathway of the stories as told by the participants - from being a family before the loss of a
child or children, to being a family traumatised by such a loss, and the ensuing circumstances.
A short summary of the Sample Profile (See Addendum 4) was provided in Chapter 3. For the
sake of confidentiality, no names appear in this report, either in the sample profile or in the
quotations. No amendments have been made to the quotations, apart from changing a name to
the relationships the person has with the participant. For example: If the name ‘Johnny’
appears, the name will be replaced either with ‘my son’ or ‘my husband’, depending on the
relationship. Not all quotations are included in this document. Only relevant quotations will
be selected to illuminate the point under discussion. The legend for transcriptions follows:
Legend for quotations

- .......

If found at the beginning of the quotation, it means the quotation started in the middle of a sentence. If found in the middle of a paragraph, it means that a section of the paragraph was not relevant and has been removed. If found at the end of a sentence, the sentence continued, but is not relevant, so is left out.

- {}

The empty bracket means the trans-scriber was unable to hear what the interviewee was saying.

- {Laugh}

A word in the bracket describes sounds or expressions made by the participant, or it is a word the trans-scriber is unsure about.

4.2 RISK FACTORS

4.2.1 Introduction to risk factors

Figure 1 gives a graphic representation of the codes assigned to risk factors from the texts of the 22 transcribed interviews. The age of the children at the time of death has been discussed under section 4.2 Sample profile, and will not be repeated here. The definitions of the different factors are included in the figure to bring clarity to their interpretation. Note that in Figure 1: CF = Code Family (All the risk factors codes that are displayed, are part of this code family). Each of these will be discussed individually, where necessary, and the most apparent findings summarized at the end.
4.2.2 Life cycle

For the purposes of this research, the life cycle is considered to be the stage of life the parents and the children were at, when the loss of a child occurred.

One of the important factors associated with life cycle, is the possibility of having other children after the loss. One mother, who lost both her toddlers on the same day, was near 40 when her children died, she had been sterilized and she did not want to start a new family. A divorce followed shortly after the deaths of her children, and the participant started a successful career. Another mother lost her toddler at the time that her son started school, and was plunged into a type of empty nest syndrome pre-maturely. Her husband had a successful reversal of his vasectomy, and the mother feels that having had another child after the loss was a literal life saver for her, having given her a reason to continue. A mother who had lost her 11 year old daughter, and had previously experienced a pre-natal loss at 7 months of pregnancy, describes the effect of her stage of life as follows:

"Uhm, I think the fact that I wasn’t able to have another child was a huge determinant in the way I feel. After the first baby, because I had a child within a year, uhm, it made an enormous difference in the fact that I’m, I’m too old to have any further children or even..."
adopt or foster children, and we have no money and everything else has just made the loss so completely permanent and devastating and final.

On the other hand, a mother who lost her matric daughter was grateful to have had her second daughter for another two years of schooling, before she left for university. Two mothers whose married children had passed away expressed the helpfulness of having released their children from their own homes prior to their deaths.

From the parent’s perspective, the life stages of the deceased children also play an important part in the way they perceive the bereavement. One father compared his own experience of losing a wonderfully musically talented and successful thirty one year old daughter, with the death of their friends’ two year old. He felt that he at least knew the destiny of his daughter and how she turned out, whereas their friends have to surmise from the yet unformed nature and character of their toddler.

Some interviewed parents expressed regret at their impatience with their children through their life stages. One mom admits to not being the most patient of mothers, and had felt the pressure of having two children in nappies at the same time, without any help from her spouse. Another mom felt guilt at having been strict to the point of perhaps having abused her children. Most of the interviewed parents considered themselves caring and loving parents.

### 4.2.3 Previous history

Previous history includes any current or previous experience which might exert influence on the experience of bereavement.

Four of the interviewed mothers had experienced the loss of a spouse before the loss of their children. Of the four, three were remarried at the time of the loss, and the fourth mother is living with a partner. The following relating quotations express some of the emotions experienced by these doubly bereaved mothers:

- I was very angry. I still am angry. I just don’t know…you know. It’s very difficult place because I was… I really felt with my husband’s death, going through my husband’s death that everything was…. I kind of served my apprenticeship, I had done it all, and I did not think I would be tossed in the deep end again.

- ....and there was a lot of anger in me, because my husband had died and I had to go through this trauma on my own.

A mother who lost a pre-natal baby, and now her pre-teen daughter, expressed herself as follows:
...that was because I have previously had a loss, and that was my first child, who died when I was seven months pregnant with her, and I felt that I had already given, that that was it. I wouldn’t be asked to do it again, so it was a complete and absolute and total shock, and horror and disbelief.

Many of the interviewed parents reported preceding, concurrent or following deaths of other important family members such as their own parents, grand-parents or parents in-law. Despite the fact that these deaths exerted a great influence on the participants, it is interesting to note that in their own comparison of these family deaths - with the death of their children - the deaths are very different. The deaths of their parents might have been expected or unexpected, but remain normal, whereas the death of a child is perceived to be abnormal and ‘deeper’.

4.2.4 Personality
Personality is a description of how the parents, or others, perceived the deceased child. In addition, descriptions of the child’s achievement and interests are included. In reading the descriptions, one is aware of the pride and joy the parents have of their children’s personalities and achievements. As can be seen from the following accounts, many of these children seemed to be high achievers, vibrant personalities and well-adapted socially.

- She was intelligent, she achieved what she set out to achieve. She ah...was a leader in a lot of respects....
- She was an absolutely trouble-free child. She was just completely different.....wonderful sense of humour. And ah...participated in the worship band. She played the flute. She played the piano. She could sing. She could write music. She could read music. There was nothing much she couldn’t do in the music realm....
- He was an academic. He...and he was a sportsman, and he worked. He was a very pedantic child, and he worked conscientiously.....
- Uhm, she was very enthusiastic about life. She was a straight A student....In everything that she did, absolutely everything that she did, she was incredibly good at. She was good at tennis. She was good at swimming....She was very conscientious... She was a bit of a perfectionist.....She was popular among her friends....
- Uhm, he was a very bright boy.....Always did extremely well in everything. Always top of his class....
Uhm, he was my middle child, uh, quite different, he...he was highly intelligent; I could notice that from birth...he was offered a scholarship to do his doctorate...

In some instances the parents noticed changes in their children’s personality and behaviour prior to the deaths.

She was starting to change, just before it happened, she was becoming very much a grown up lady....So, there was a change in her. Uhm, a growing up change.

...eighteen months prior to that, his whole personality changed...

...hmm, he was getting to an age where he was maturing, where he was learning to, uh...was coming into his own character...now he was becoming more assertive. He was more confident. He was very well-liked.

...he changed his life around and he realised he needed to study....

4.2.5 Bond with child

This section deals with the relationship parents had with their deceased child before the deaths.

It is interesting that all four interviewed fathers had lost daughters. Two fathers, who both lost older daughters, reminisced on the physical games they played with their daughters when they were still small. Two of the fathers missed things their daughters had done for them, like opening the gate and cooking. One father, who was told that his new born baby would only live for two weeks, felt that he had never bonded with the baby, but focused more on the older son, who needed him at the time, while the mother was struggling with a very sick baby. The baby ended up living for nearly eleven months. A mother who lost her baby at birth described her bonding experience as follows:

It was the death of a child, but it was also the death of everything that child could have been, you know, she was just a baby, uhm, and I was of course.....because she was in my stomach and you go through the whole pregnancy and the scan and you feel the kicking, it was a very strong bond. But with the father the child isn’t born yet so that bond isn’t the same. And you deal with it differently.

A mother, who spent three months nursing her son, expressed gratitude at the privilege of learning so much from him in those last days of his life as he was dying of cancer. Some of the parents said that they would rather have had their children, and the pain of losing them, than not to have had the children at all.
4.2.6 Family relationships

This section describes family relationships before the losses had taken place. In this particular sample profile, most family relationships seemed to be strong and healthy. The exception to the rule in this case, consists of two couples who had divorced due to alcoholism. The first couple divorced before the death of the child, and the second one after. Three mothers, who had previously been widowed by the fathers of their deceased children, were well established in their second marriages at the time of the death of their children. Good relationships were reported between siblings before the death, particularly between similar aged brothers and sisters.

4.2.7 Conclusions to risk factors

The focus of this research is not on the risk factors as such, but these factors are included due to their spontaneous inclusion in the narrative of the participants. These factors provide a description of the context into which the bereavement had taken place, and provide some understanding of the family history and the relationships between family members before bereavement. The majority of the responses coded as “risk factors”, followed Question 1a (See Addendum 3). The question reads as follows: “Please tell me as much as you can about the life and death of your child?” The interpretation of these results will be discussed in Chapter 5.

4.3 Bereavement circumstances

4.3.1 Introduction to bereavement circumstances

Figure 2 presents the elements of bereavement circumstances, as derived from the transcribed texts of the 22 interviews. The circumstances surrounding a death could generally be linked to: (1) C: Leading to BN (circumstances leading to breaking news); (2) C: Preparation Time (circumstances determining the length of time the parents had been graced with, to prepare for the loss); (3) C: Breaking News (circumstances in which the news of the death was broken to the parents); (4) Cause of Death (the means by which the death occurred); and (5) C: After death (what happened after the death), which includes (6) C: Body/Ashes (which is the manner in which the body and ashes were dealt with, and (7) C: Funeral/Service (which details circumstances regarding the funeral or memorial services held). As in Figure 1, note that in Figure 2: CF = Code Family (All the codes which are displayed are part of this bereavement code family). For ease of interpretation, some of the elements of bereavement are grouped together for discussion, and others will be treated individually.
4.3.2 Circumstances leading to breaking news

The severity of the circumstances surrounding deaths, have embedded in them certain levels of emotional responses by the parents. The role of emotions in the grief process will be reported in section 4.4.2 (Emotional grief reactions). This current section reports on circumstances surrounding the deaths.

In response to the open question - asking the parents to freely talk about the life and death of their child or children - it seemed important to the parents to provide detailed descriptions of events leading up to the death of their children, last conversations they had had with their children, or special moments shared shortly before the death:

- ...but the night before he slipped into a coma......he said: ‘Good night Mom. I love you.’ And that’s so important to me.

- We never saw him after that evening. I mean, the last thing we did see was him being happy. Which was good.

Some parents, however, expressed regret at their own reactions to the circumstances before the deaths:
Um, ja, the day that she died, or that night, oh goodness, I think back on that so often and that is ....I just see her.....If I had known that that was the last time I was going to see her I would have hugged her and kissed her.

I sort of felt so relieved that I didn’t worry about it any more; and now quite often I say to myself, why didn’t you just do a little bit more, hmm, and you can’t go back and change what you did and didn’t do.

Under certain specific circumstances participants had experienced either great distress or definite peace in the period leading up to the child’s death:

I mean I had this, I felt like I was going out of my mind because um, it was just me and this little baby and nobody could do anything for her, they were just letting her scream and scream and scream you know. Eventually he took his phone off the hook, so the nurses can’t do anything, they can’t give her any medication, they can’t do a single thing, their hands are tied, because it has to come from the doctor, so um, I don’t know if you want to hear all this, um, so um, you know so I mean I... I, nearly went out of my mind because there was nothing they could do so she screamed and screamed...

Well, I think it’s a difficult thing to try and describe, because a lot of people wouldn’t understand what happens when the presence of God is in the room. It’s just something that you have to experience to understand. It’s just, she was so special, and she was so anointed, and we were all sitting. The whole family was there. ........ And she was now pretty much out of it, she was unconscious from the night before, virtually, and um, wasn’t aware of us, I don’t think. And we sat there from six in the morning till she went at a quarter past five. We didn’t communicate, except with one another. Her husband would talk to her, sat with her head on his lap the whole day, didn’t move. ...

4.3.3 Cause of death

A complete list of all causes of death for this research is included in the participants’ profile which can be found in Addendum 4 (Sample profile). Figure 3 assists in the understanding and classification of natural and non-natural deaths. Simply stated it can be said that natural deaths are deaths from natural causes and are biologically oriented. Non-natural deaths are deaths caused by human beings, with or without intent. Remembering that two parents lost two children each, and three couples were interviewed in which case the same cause of death is counted twice, the figures were adjusted to the following numbers: two children died of aneurism/embolisms, one of bacterial meningitis, two of birth complications, two of cancer,
three of drowning, one of glandular fever, two of heart disease, one of murder, one of suicide, and six children died in motor vehicle accidents (MVA). (Just to clarify: 22 interviews were conducted, of which the deaths of the same children were covered twice in three cases where both couples were interviewed, bringing the number to 19, but two parents lost 2 children each, bringing the number of children that died for this investigation to 21).

![Figure 3. Natural and non-natural causes of death.](image)

### 4.3.4 Preparation time, and breaking news

The parents tended to follow a sequential pathway through the events that had taken place before the news was broken, how they heard the news, and what followed after. The time the parents had to prepare for the loss of their children is associated with the elements of sudden, unexpected or anticipated deaths, but the preparation time is seldom mentioned directly in the interviews. It can generally be concluded from their description of the events.

Breaking news is an explanation of how the parents were informed of their children’s deaths. The range of ways in which the news was broken to the parents can be seen from the graphic representation in Figure 4. A critical discussion on the social interaction that had taken place between the parents and those who broke the news to them can be found in the section on relational reactions (See section 4.4.3.3). This current section simply gives feedback on the actual news being broken to the parents and the amount of time they had to prepare for the deaths of their children.
As can be derived from the following descriptions, some parents had zero time to prepare for the deaths of their children. They simply found their child dead, or had been informed that their child has already died.

- **When I got up in the morning - both of the girls had always closed their doors at night, cause it’s...now of course I don’t want anyone to close their doors, - and when I got up, I saw the light was still on. We’d overslept for the first time in our lives it seemed, it was half past six and I opened the door and it was just dead, dead, dead quiet and I knew, I knew instantly, because she had been breathing very loudly because of her sore throat. Uh, she was just still and she had her book in her hands still, but she was like she was asleep, she was asleep...but forever.” .......... “I mean you, mean you...we just stood around like stricken birds and hmm.**

- **It was just this little, very small Jacuzzi in the middle of our house, and my husband and I were both there. I didn’t even know she was going to have a Jacuzzi, but uhm, she did. She... We had not told her that she wasn’t allowed to on her own, and ah, that’s basically it. She drowned in the Jacuzzi. We don’t know what happened. It’s a very big, uhm, question mark in our lives. What actually happened?” .............So it was a complete and absolute and total shock, and horror and disbelief.**

- **...and then the owner of the restaurant came forward and he said ‘just come and sit over here,’ and he took us to a table and he... he told me that my son had been in an accident that night. And I said to him that was fine, okay, fine, where is he? You know, because I just expected him to be in hospital somewhere. And he said he’s dead. {Pause}...And uh,
that, that just...just and then, and then I started to make quite a noise {tearful} about uhm......'not my baby, where's my baby, what's happened uhm...

- My husband opened the door in the middle of the night when the bell rang, and to this day I would never ever have thought that something tragic had happened. I always thought maybe one of the children had left their keys behind. I didn’t think for a moment there was something wrong, until my husband said, “Oh, no.” And then I realised something was very wrong. .......only when I had contacted everybody did I then somehow come apart. I couldn’t even stand. Um, his sister, his sister was totally... she just lost it. She was totally, totally hysterical, for days. My husband has never recovered.

Half of the 22 participants had received a phone call to inform them of incidences regarding their children. In five of the cases the parents were informed by phone that their children had already died. In one case the mother was phoned by a policeman, and told to return home, just to find both her children had drowned. In six cases the parents followed their children to hospitals, where they found their children either clinically dead or critically injured. Three of these participants had the opportunity to communicate very briefly with their children before they died. Technically, in all three situations, parents were present at the death, but in the one case the parents briefly left, thinking their son had fallen asleep. They were later told that he had actually died that moment. In some situations it was necessary for operations to be performed on the children, and it was mainly through medical staff that the parents were informed of the developments and conditions of their children.

Two children died of cancer. One was diagnosed eighteen months before she died, and the other one three months before he died. In these cases the parents witnessed the development and condition of their children, with occasional professional input. At first sight it could be assumed that these parents had been blessed with more time to prepare for the deaths, but the uniqueness of each situation and the danger of making general assumptions are highlighted upon further investigation. To explain the previous statement, it is necessary to provide the reader with some insight into the context of one case:

- ....and then she struggled with cancer for eighteen months. She was in remission after six and we were all very happy but I didn’t find her illness as traumatic as I think she and her husband did, because I had cancer um, twenty three years before and I had chemo and I survived and then I had it again and I had a mastectomy twelve years ago that would have been about { }. So I didn’t expect her to die but after the second time when they told her she had cancer and she could have treatment I thought that she would survive again. She
didn’t and that was a shock. We had ten days really to come to terms with the fact she was going to die.

Compared to the cancer cases, other parents had relatively short preparation times for other natural deaths due to biological illnesses. These preparation times ranged between just a few hours and two days.

Circumstances around murder, or motor vehicle accidents, proved to be slightly more complicated than the cases of natural deaths. After the initial phone-call informing parents that an accident had taken place, parents were sometimes misinformed as to which hospital their child had been taken to. One mother phoned various hospitals until her son was identified by the clothing he was wearing. This is how she described the experience:

- I said, “What does the guy look like that’s unconscious?” “No,” she said, she can't tell me he's too full of blood. I thought that’s not exactly how I was trained to tell the people over the phone when you've got an unknown person. You actually look at the persons features, you look at significant scarring or beard is it a week old beard, is it freshly shaven, has he got a birthmark of any kind or whatever. But not he's too full of blood you can't see.

Two babies, who had been born with birth defects, suffered much in their short lives and died within a few months, in hospital. Again, technically, the parents were present when the babies died, but in one case they thought she had just fallen asleep, and left the room to take a short break. They were later informed that their baby had died just when they left.

4.3.5 Dealing with the body or ashes

Under certain medical conditions, parents were approached by organ donor representatives who wished to harvest their children’s organs. This took place as soon as a child had died - and in some cases even before the machines had been switched off.

- ....that to me was really a terrible time when they came from the organ donators already, I mean we hadn’t even said good-bye or made a decision or whatever but I realised afterwards that they knew which way it was going to go and ja we did as well but you had to sign a form if you wanted to donate his organs, I don’t know, I battled a lot with that {tearful}. In the end we realised that my other son and my husband felt very strong about it and I said “well if he can still mean something to somebody else that is battling with a kidney or whatever then ja they can do it” but that, that to me was very hard because it was so cold and impersonal. You know they try and make it as personal as they can. That
to me later on helped me through a few days to think well ok he helped somebody else but only to realise later on that they never did the test for HIV, everyone must be tested for HIV and they left that test for too long so they never used his organs. And again that to me was quite traumatic as well because I had to make all those decisions.

- And, and in our hearts we knew that she was actually dead, although they did manage to get her heart beating again. And then she went on to a ventilator. It was a Saturday night; she went on to a ventilator, until Monday morning when the doctors had been telling us all along that there was absolutely no hope, no point did they give us any hope. And on Monday morning they said, look, they couldn’t keep her stable because her body wasn’t producing any of the, um, chemical, or, or anything to keep her stable, and they wondered whether we wanted to become organ donors. And, um, we decided that we would. And that we would, just, ah, that, ah, that we would just end it. And that was it. It wasn’t a case of turning off the respirators or whatever. We just said goodbye and they took her off to surgery.

- Because he hadn’t died in a hospital they couldn’t use any organs but they could use his eyes, uh which I was very glad about, they can be harvested later.

A seemingly important matter as perceived by the parents is the issue of seeing the body. Parents shared extremely moving and tender accounts of seeing their children’s bodies. The following is a sensitive description by a mother who regained consciousness four days after a traumatic birth process, finding that her baby had died:

- And then when I went through to see her it was just like this is my baby, here she is. And, and I walked to her and I just remember this. But here she is, um. Where's she been all this time? This is it, this is her. And, and I walked in and I just looked at her and she was so beautiful, she was so perfect. She had, um. Obviously her eyes were closed. She had this thick black hair and these beautiful black eyebrows and well, she was perfect. And I looked at her and she had her baby clothes on. Um, and I looked at her hands and I looked at her and I held her. And then all of a sudden I realised that she was very cold. You know. {And um, I looked at her and her lips were blue}. And it was almost like a feeling of revulsion. That, that, this is my baby but no, there's something wrong. You know, and she was very heavy. So, I put her down and I just, I just stared at her for ages. And I wanted to take her home. {Laugh} I, I, I really did. I wanted to take this, this baby home. And, um, but at the same time it’s a horrible feeling because you, you feel this is everything you've been waiting for. This is your baby. This is your little, little girl. You
know, and at the same time you're feeling but there's something wrong with her, its revulsion, um, that you just want to go away. I just wanted to go away and leave the room. So it was a very mixed emotion. I mean.

Parents expressed the desire to hug their children, but found their bodies cold. One parent pulled a blanket over her daughter’s feet to keep her warm. A mother who dressed her daughter for burial shortly after she died uttered wonder at handling the soft, warm body, which aided her in saying good-bye. Not a single one of the 18 parents who saw or handled the body of their child expressed regret at doing so. The remaining 4 parents responded as follows: one parent did not mention any interaction with the body of her son who had committed suicide; one parent who did not see the body of her son, expressed no comment regarding the issue; two parents expressed regret and lack of closure as a result of not seeing the bodies of their children:

- ....and I was advised not to go to the mortuary to see her um, and to this day ...... so that took me 20 years to get over and um...

- One thing I'm very sorry about that I didn't do. They wanted to know if I wanted to see him, before we, um, cremated him because it would have been the best way to bring him back. I didn't want to .... you know... go through all that, red tape, um, and I said no. But I'm sorry I didn't because, I just wanted, I know, you see that for the rest of your life but it would have been, final in a way, closure, um...

An issue every parent has to face when a child has died is the issue of what to do with the body. The choice between burial and cremation can be difficult for the parents at short notice, particularly if there is no consensus between the parents or family members:

- I was so distressed when they advised that she be cremated which I probably wouldn’t have done, you I wouldn’t but I mean that was not, but you know what, I’ve never ever to this day gone and collect her ashes I just couldn’t so you see I was left with this kind of you know with no closure there and for 15 years...

Of the twenty two interviewees, twenty participants mentioned whether their children were either buried or cremated. Of these, only three children were buried, and the rest cremated.

One parent mentioned that the cost of burial sites influenced the decision on the chosen location for the grave. The following two quotations give opposite views on visiting a grave, which proves again the importance of individuality in the bereavement experience:
And um, she suggested that we cremate her, and so um, she made all the arrangements, and I was also never sorry about that because you go to a grave, and you, you get upset because it’s neglected, because the flowers aren’t there any more.

So we tried when we were still ok we tried to get to her grave, because I think you’ve got to go somewhere just to feel that you are in contact with the person especially moving into our new house before, she’s not there, she’s not there. Going to her grave just sitting there. Many a times I sit there and I just chat to her.

In two instances the need was expressed that after some years have passed, fathers desired a grave for their deceased children. The first quotation is from a participating father, and in the second quotation a participant mentioned her husband’s desire:

From there on, you know, we arranged cremation. And this is, I find, I would never do it this way again. Cremation, I have no problem with cremation, but I would like to know where the grave is, and I would like to know where to take the kids and I can say, ‘This is where…’

…and yet all these years down the line, my husband wants a grave.

Once the decision had been made to cremate, the parents had to decide what to do with the ashes:

Uh, we had him cremated. It was difficult, I, he was so small. Where do you bury him? I still have his ashes; I keep them with me. One day when I die I would like to have them with me.

And, it is, we, and her ashes we scattered at the um, Garden of Remembrance {sniff} about, oh, about a month or three weeks after she died. I also think that was a good idea because, you know, what do you do with it in your house? The longer you take to do these things, the more difficult it becomes, and sometimes I think you never do that, because, you don’t want to, that’s all you have. And I do think that those things do upset you, so much more...

In most cases the ashes were sprinkled at sea, in gardens of remembrance, in the mountains, or even in more than one place. Some parents have sprinkled some of the ashes, but kept some at home:

It’s like his ashes… I strew some of his ashes in different places, but I still have some at home. I don’t think about them, but they’re there...
In many cases the sprinkling of ashes was accompanied by a private ceremony or service. Funerals and memorial services are discussed in the next section (Section 4.3.6).

4.3.6 Funerals and memorial services

The main distinguishing factor between a funeral and a memorial service is the presence of the body at a funeral. Whichever of the two the parents choose, a fair amount of organisation is generally necessitated. The role of social support in the bereavement experience will be discussed at length in Section 4.4.3.3 (3c) dealing with relational reactions. Suffice it to mention here that for most of these participants the assistance by school and hotel staff, members of churches, friends, and family, played an enormous role in the organisation of the funeral or memorial services.

Some parents took it upon themselves to make the arrangements. Two mothers perceived similarities between planning a funeral and a wedding:

- *Uhm, uhm, then I had to think about his funeral. Now for me a funeral is always a magnificent thing. It is like arranging a wedding. It has nuances that are very special, and magic.*

- *I think in a way it might be a bit strange but you think to yourself it is, it’s your daughter and she misses out on her wedding. Hmm, it is a new life for her just like a wedding is a new life - it’s a start of a new life and I saw to it as a celebration but it was still not easy to do it.*

Parents’ perceptions and experiences of the services were vastly different. One mother said that she remembers every detail about the service, and another said she was totally numb throughout. Those who viewed the service as a celebration of their children’s lives expressed positive experiences, whereas negative experiences were reported in the following circumstances: where families (particularly in-laws) disagreed; or when the pastor did not know the child and so did not deliver a meaningful message in the view of the participants. In one situation the pastor tried to impress important guests, and did not focus on the reason why they were there.

- *So his funeral was a horrible farce. But then I can see my son’s face, and he’ll say to me, ‘Mom, just put it behind you and walk away.’ But I actually disliked the minister, and up to today, I still have very little respect for him, because I felt he could rather have kept quiet, and said a few words, instead of harping on... on his work. You know, that wasn’t what we were there for. We were there to say good-bye.*
The only thing, if I have regrets, that we were not consulted at all about the service, we weren’t even mentioned at the service, we got a thank you note on the back of her... we don’t need to be thanked, we are her parents and that’s where I felt nobody even mentioned that we were the parents. People came to us afterwards and said you know that we should have been mentioned and I you know if anything can be passed on, the children the married children should mention the parents, after all we reared her for twenty five years, that’s it.

Sibling relationships receive due attention in Section 4.4.3.3 (2c), but one mother related her son’s reaction to funerals in the following manner:

And another thing is, he never went, he didn’t want to go to her funeral, when he was little, and I thought, “It’s OK, it’s not a place for children. Why torture him?” And it was his wish. And somebody was looking after a lot of people’s children and so he stayed with them. And we had this wonderful friend, {crying}, and we actually found out he had cancer. He came to me and he said to me, {sobbing} “Mommy, I can’t go to anybody’s funeral. ...... I haven’t gone to my sister’s, how can I go to anybody else’s? She was my sister and I didn’t go.” And I said to him, “You were little, and you didn’t want to go.” He said to me, “It doesn’t matter. I wasn’t there.” {Sniff} In that way, he felt that he sort of, um, what do you call it? Um, what do you call it? Um, he betrayed her, because he wasn’t there. And {sniff} what is so special about other people that he would go to theirs if he didn’t even go to his own sister’s? And he realized that he was going to have to deal with going to my friend’s funeral, because he was very special to him, and this was one funeral he can not run away from, like the way he used to do. And I never knew why he didn’t want to go. He just always point-blank refused. He said, “I’ll go to your funeral, but I’m not going to anybody else’s funeral.” And, then you think to yourself ag shame maybe it's because of losing a sister. You don’t think that there’s deep down something deeper than just being upset because of the funeral. And uh, ja, you know.

Another participant offered a strong view on the presence of children at funerals:

He was just such a wonderful grandpa and we used to go and visit him on the farm, in fact we weren’t allowed to go to the funeral because in our day children didn’t go to funerals and so death was a complete mystery, in fact we hardly ever went to funerals, even as adults I mean the first death that I experienced after that that meant anything to me was my mother-in-law. I went with my husband to where the body was and there she was just exactly as we had seen her the day before and my husband took the rings off her finger
and from then on I was never afraid of death again. I think because it had been withheld from us as children and it is a no-no, children shouldn’t be there why? Children should be allowed to be there. Children should be allowed to go and see that its just grandpa that died, or whatever, ja, so that’s what I think.

Once the funeral or memorial service had passed, parents had the onerous task of finding a new way through life. The circumstances after the deaths, as described by the participants, are reported in the next section (Section 4.3.7).

4.3.7 Circumstances after the deaths

Some of the participants, including all four male participants, associated circumstances in their families before the deaths, with circumstances after the deaths. This is, firstly, how the four male participants and lastly, one female participant stated their views:

- I still cycle, I still eat, I still “braai”, I still do the same. This is a thing as I say you know, the only thing that, that really carried me through this is your faith and that...
- No, I would say I don’t think, not, it didn’t have a knowing impact, you know.
- As far as my wife and myself are concerned, it hasn’t impacted us at all. We just carried on.
- ..things didn’t change so drastically in my life since her death that I’ve felt a change...
- .... - we didn’t have to sell our house or change places or go, you know, didn’t have an enormously huge impact - the routine still carried on, the house is still there, the other kids are still there, the ouma is still there. Everything carries on. Hmm, and I think that’s where it’s different in, in, in people. My instance being left with the {cosy} family, being left with people who still come to my house and my other children come to my house - everyone’s still in this lovely cocoon of love.

However, not all parents were fortunate enough to enjoy such stability in their circumstances after the deaths. In some accident cases and the murder case, there were people who had been responsible for the deaths, with certain expectations on behalf of the participants that there should be a measure of justice. Of the children killed in the six motor vehicle accidents, two were the drivers with no passenger fatalities - leaving four accidents plus one murder case - in which not a single prosecution was reported. These cases fell through the cracks in the legal system, largely due to faulty or negligent police reporting.

Physical health matters are reported in section 4.4.4 dealing with physical grief reactions. It is important to report in this instance, that physical health matters affected the
circumstances of some of the participants after the deaths of their children. The participant, who lost consciousness and her baby during the birth process, had to revisit the same hospital and ward for further surgery and tests a few months after the ordeal. Another participant reported her husband undergoing a reversal of a vasectomy in order for them to have another child. A mother who had lost a baby some years back, as well as a very talented son - who was killed in America whilst working on his doctorate at a university there - had another traumatic experience when her youngest son was paralyzed in a motor vehicle accident less than two years later.

4.3.8 Conclusion to bereavement circumstances
The set of circumstances surrounding the death of a child forms a unique context in each individual case. Bereavement was established as an issue in its own right. Sub-categories such as circumstances leading to the death, the cause of death, preparation time and ways in which the news was broken to the parents, and circumstances after the deaths, emerged. Deserving due attention as sub-categories of issues included in the bereavement family, are the issues of dealing with the body or ashes, and arranging the service.

Many factors might influence a person’s response to the loss of a child, so the next section (Section 4.4) is a report back on the cognitive, emotional, spiritual and behavioural responses to grief, and the participants’ interpretations of their own reactions.

4.4 GRIEF REACTIONS

4.4.1 Introduction to grief reactions
The participants reported the effects of the loss of a child on their whole being. In this section parents’ reactions are classified into the following groups: emotions; behaviour; cognitions; physical; and spiritual. Reminders are stressors that trigger memory, and despite the fact that this will influence other aspects of the participants’ reactions, it is grouped in association with cognitions. The same principle counts for grief reaction interpretations, which is the way the participants interpret their own reactions to grief. Because some people withdraw socially - or react strongly to other people – relationships are considered part of behaviour and are therefore reported in the behavioural reactions section. The network in Figure 5 aids the understanding of grief reactions and the associations that exist between the different elements. Once again, please note that in Figure 5: CF = Code Family (All the grief reaction codes which are displayed are part of this code family).
4.4.2 Emotional reactions

4.4.2.1 Introduction to emotional reactions

Figure 6 presents a ranked display of emotional reactions by the participants, from the transcribed texts of the 22 interviews conducted. In Figure 6, the first number within the brackets indicates the number of quotations that are linked to that particular emotion. The second number indicates the number of codes that are associated with that emotion. As can be seen from the ranking, anger is the most commonly expressed emotion followed by distress and regret, tapering down to shame and bitterness, empathy and relief being the least reported emotions.

The emotions were not expressed in response to a single question during the interview, but were embedded in every aspect of their bereavement experiences, as described by the participants. Whenever the situation appears to be relevant, the emotion will be described in context.
Emotions are largely linked to relationships, and the discussion in section 4.4.3.3, deals with the relational aspects, whereas emotions are the focus of this current section.

Figure 6. Emotions: Emotional responses to bereavement.

4.4.2.2 Disappointment, anger, hate, blame and bitterness

Half of the participants did not explicitly express anger during the interviews. Some participants expressed anger more often than others. One participant expressed anger nine times during the interview; one eight times; one five times; one four times, and the rest once or twice, making up the forty quotations from the text which are related to anger. There were seven quotations linked to blame and five quotations linked to both disappointment and hate. Lastly, two participants mentioned having become bitter. Except for hate, the quotations are spread evenly with one or at the most two quotations linked to each emotion. Hate, however, was mentioned by two participants only; four times by one participant and once by another.
In all the instances where disappointment, anger, and hate were expressed, these emotions were directed at someone. For this attributional reason blame is included in this section. Bitterness follows these emotions. Disappointment, anger or hate were directed at: God; the church (or other Christians); themselves; their husbands (none of the males expressed anger at their spouses); their children (who died); medical personnel; people perceived to be responsible for their children’s deaths; specific persons (for various reasons); and incompetent administrators of grief-related paperwork.

Reasons for being angry with God were not always specified directly, but in some cases were expressed very clearly:

- I cursed and I swore and I screamed and I became so bitter and I hated God and it’s taken me ten years to sit here and talk to you about this.
- I had a terrible fight with God; I said “Why weren’t you there? Why did you allow it to happen?”
- And, um, um, so you know, for me actually, as a Christian, it was, it was, it was { }. I found that very hard to actually accept, that God had allowed this to happen. I know that’s a very naïve thing to think…….My heart was broken; I felt God had let me down so badly.
- …That’s what one has to learn, is forgiveness. I had to learn to forgive God, you know. Being a Christian, realising that God has the... you know, he is the one who is in control of everything. He allowed my daughter to be born like this. He allowed the suffering. He saw the pain. He allowed it all to happen. And I had to forgive him for allowing it to happen. So that was for me the biggest thing, you know.

Clergy elicited anger from parents in cases where the participants did not feel that they had done justice in representing the lives of their children in the manner in which the funerals were conducted. The section on funerals (Section 4.3.6), clarifies these issues. In the following descriptions, two parents explained their anger at the church and Christians:

- But, um, yes, funny enough, the churches made me very angry. But maybe that was a phase that I was going through too and maybe that was a bit of denial and anger, um, because it was something out of my control. And I had to realise that it was in God’s control. I was angry because people... in hindsight I can understand now... that’s why churches, I mean, that’s their business. And they’re there to bring every soul or two to the Lord if they can, but at the time it was quite difficult, because it was almost like
competition amongst them to actually save our souls, and it was quite... that was quite hard for me. As a Christian it’s hard for me to say that now, but that did make me angry at the time. It really did.

- Christians are the worst. {Laughing} cause they're the ones that point fingers. And uh, it’s not a case of not trusting God or anything but in the beginning you are so confused you don't know whether you are Arthur or Martha."

A participant blamed herself for not doing enough:

- I have actually at times also felt angry towards myself .....And now quite often I say to myself, why didn’t you just do a little bit more.

In the case of widows, the blame was directed at their husbands, for leaving them to deal with the death of their child on their own. One mother directed all her anger at her husband, who was at a pub instead of taking care of the children. Their two young children drowned in their home pool. Two mothers blamed their husbands for not understanding their pain after losing very young babies (one at birth). They both mentioned the absence of a bond between the fathers and the babies. Parents were sometimes angry at their children for dying and leaving them behind. Some participants wondered why their children had died, and not them.

The anger at medical personnel was mostly with doctors or specialists for their medical incompetence or unkindness, as perceived by the participants. In some cases, the parents later became aware of their own bias:

- Although I know it’s very unfair. I, hmm, I still have a bit of a, an angry feeling but I have spoken to him about it. It’s towards the surgeon who saw her on the Thursday an didn’t think of the........ and he’s a very wonderful, thorough doctor; but it’s just human I think that I had to be angry at someone and he was there....

- Now the one thing that was tragic was that the doctors never, ever told me the truth about her condition. They never told me, and, ah, they told my husband that she would only live for seven days. That's what they expected, and, I mean, imagine if I’d known that. I don’t know what, I don’t know what would have been different, but I felt that it was wrong of them not to be honest with me.

- So my heart was breaking because she was just crying so much and was so distressed you know and I remember we phoned the doctor a number of times and he came, I think he must have come about twice and then the third time, this was like after a few hours into
the night now, that she was crying and crying I just said “We have to phone him again, he has to do something, he can’t leave her like this, she is so distressed” I mean I had this, I felt like I was going out of my mind because um, it was just me and this little baby and nobody could do anything for her, they were just letting her scream and scream and scream you know. Eventually he took his phone off the hook, so the nurses can’t do anything, they can’t give her any medication, they can’t do a single thing, their hands are tied, because it has to come from the doctor.

- And I had to forgive the doctor. I hated the doctor, because he wasn’t there to support my daughter in her hour of need. How dare he? I mean, he was her doctor her whole life. And when she needed him, he wasn’t there. And so I hated him. I hated him, and I had to forgive him. He didn’t… he was an old man. He probably was tired or who knows what and you know, I had to forgive him for his… he just, you know, for what I felt, his negligence or whatever it was, so that took me years. I saw him many, many, many years later, I was in a hospital { } and I saw this doctor walking down the passage. And I was amazed when I walked past him, and as I looked into his eyes, I saw such love and kindness and gentleness, you know. And then I, and I had remembered him as this horrible evil person, and I had so much bitterness towards him, and I realised, it wasn’t him. And that’s what unforgiveness twists your memory and makes it into this very ugly thing.

- But, it uh, in the end it just seeps out, the doctor who had nothing, hmm, but come that morning and bang his head so hard on her bed when he bent down to see her; all I can just remember is like, hmm, I remember seeing it and I just wanted to… him. And, and in the beginning feeling that he was so wonderful, ‘cause he was just so good to us and my sister also just this rage of seeing him and then his life continued and he’d done nothing except be kind and heartbroken. Hmm, but rage does raise, rise up in you.

In four of the six motor vehicle accidents, other persons were responsible for the accidents. In one case a passenger caused the accident by jerking the wheel to show off. In another case a gangster had stolen a car and was chasing away from a crime scene when he crashed into a participant’s son, killing him instantly. Anger was expressed at these persons. A situation that caused one participant a great deal of anguish and anger, was when a young lady came forward confessing that she was responsible for the motor vehicle accident, as she had cast a spell on the participant’s son. Another participant was really angry with someone who gave her younger son the task of phoning a mother to tell her that her son had died in the same accident as his brother.
There is a fair amount of administration required after the death of a child, and parents expressed anger and frustration at the incompetence of institutions such as banks, medical aid companies or educational facilities, which treated them with lack of sensitivity.

Disappointment was expressed in relation to participants’ parents, the church, and God. It was in the expectation of a miracle healing for their children that participants were disappointed with God.

4.4.2.3 Distress
Distress is the second most expressed emotion by the participants. Of the 31 quotations linked to distress, three participants described the experience of distress 4 times and two participants described distress 3 times during their interviews. The rest of the participants either did not indicate the experience of distress during the interviews, or only mentioned distressful events once or twice during their interviews.

The distress was described by parents using words such as ‘traumatic’, ‘difficult’, ‘excruciating’, ‘hard to cope with’ ‘painful’, or ‘horrible’. These expressions were used mainly in describing difficult situations or issues they found hard to deal with. Some examples of these situations are: dealing with their child’s suffering before death; receiving the news; manner in which news is broken; not being able to find the child due to misinformation; leaving the body of the child; making decisions about organ donations or cremation; breaking the news of the death to siblings; special days such as anniversaries of the child’s death, birthdays, Christmas, mother or father’s day; dealing with memorabilia; and sorting out the child’s affairs after death.

4.4.2.4 Regret, shame and guilt
Regret is found third in the ranking of expressed emotions in the 22 interviews for this research. Regret, guilt and shame are linked in the context of the narratives, and are therefore discussed together. Only one participant felt shame, mentioned twice during her interview. The 9 guilt quotations were evenly spread among eight participants, once mentioned two times in an interview. Regret, however, was mentioned nine times by one participant and four and three times by two others. The rest of the 29 regret quotations are evenly spread among ten other participants.

Regret and guilt were found in the following contexts: how the child was treated before the death; not being with the child when they suffered or died; not seeing the body; unfinished business with the child; decisions that were made throughout the process; how surviving siblings or spouses were treated.
Two participants regretted and felt guilty about the way they had treated their children whilst they were alive.

- Ja, lot of regrets. Regrets you think back to the times when you scolded your kids, and you wish you never had to scold them. That you’d been more a better mother, parent, whatever. Um, if you could have it again, what you would change: lots. {Laughs}

- I feel very guilty, terribly guilty at times to think how hard I was on this boy, and he didn’t deserve that, he really didn’t deserve that. But they did find out that I’ve got a thyroid. {Laugh}

A mother regretted not being with her son after he was stabbed.

- I really had to deal with the fact that I couldn’t be with my child on that station, because I heard what happened and how they murdered him and stabbed him and things like that.

A parent regretted not being there the moment her child died, considering she never left her side the whole preceding night.

- .... so of course that was my biggest regret that I never left her side the whole night and then when she died I wasn’t there. So, that I find that very hard, it’s very difficult to cope with and um, um...”

Some participants would like to have done things differently, and regret how they acted at the time.

- One would, obviously there’s a lot of things I would do different nowadays, you know.

- .....you would have wanted to do it differently, have it differently but now you cannot go back so you’ve got to accept it, got to move on.

Thinking more of their own pain, and being unaware of others’ pain, was what some participants regretted and felt guilty about.

- ....and I’m sorry now. I thought more of myself more than my daughter. I was, I could not see further than myself and how I was battling.

- I really just feel that, I can, I can sense a big, gap, um, in my son’s life where there's a lot of things that’s happened that really upset him that I wasn't aware of because I was too aware of my own pain. Um ja, {it's over.}
You always feel that you are guilty and that you could have done something or you should have known or you should have felt it or your husband should have this or that or whatever....

The regrets about not seeing the bodies of their children, is discussed in section 4.3.5, and will not be repeated here.

A participant, who was unable to deliver her baby due to a genetic condition, felt incredible shame, embarrassment and guilt as a result:

And, and I remember feeling embarrassed, embarrassed and ashamed that, that, that I had not been able to, to deliver my child. You know. It was like, I don't, I didn't like people looking at me. I felt that they were, um, pointing fingers at me, feeling sorry for me. Thinking {that, that} you know, I wasn't good enough because I'd.... It's strange but you, I, I felt that. I was very embarrassed and ashamed of myself. Almost as if it was my fault that, that you know, that this had happened. {Sniff}

4.4.2.5 Shock

Shock reactions were reported 3 times during the interviews of two participants, and twice by four other participants. The rest of the shock reaction quotations were mentioned only once each by six participants. There were 30 shock related quotations in total.

Shock reactions generally followed the breaking of news. The shock of hearing that your child is either critically, or fatally injured, or dying from a terminal disease, is not exclusively experienced in cases of sudden and unexpected deaths. In cases where parents expected a miracle healing shock was also experienced:

I thought that she would survive again. She didn’t and that was a shock.

Four participants describe their shock reactions in the following ways:

And uh, that, that just... just and then, and then I started to make quite a noise {tearful} about uhm, not my baby, where’s my baby, what’s happened and uhm.

I remember I was driving home, I was in the blue car and my wife was in the white car I was coming off the end of the Blue Route and I punched that wheel of the steering wheel how many times I don’t know how it didn’t break.

I started screaming at her, “No, you can't tell me that, that’s bullshit. You can't tell me one is okay and the others are dead or whatever...
All I know is that when I walked out of that hospital, I don’t think I said one word that wasn’t swearing. I cursed and I swore and I screamed.

One participant experienced great shock when she identified her son’s hospital number as a number she had seen in a dream in six different ways during the week before her son died. The dream later gave her a sense of peace, knowing his death was not random:

...she said, “Here's your son’s belongings.” and when I saw the fair envelope that she gave me, his hospital number was 64658 and the first thing I saw, said, was, I, I actually dropped the packet. I didn't take it from her. She caught it just before it hit the ground, and she said, “What's wrong?” and I said to my friend, “What is that number?” and she said, “That's his hospital number” and I knew that but I saw that number in a very clear dream on Wednesday before the accident in 6 different places and it was so vivid and I just, I didn't recall it up till that point and I saw it again and everything in hind sight related to my son and on our way back home my husband said to me, “You know, um, in the bible it says that God doesn't, not even the angels know when Gods going to do something. Maybe the number that I saw was a sign that we have to accept what happened to him because um it was his time.” I, I'm just supposed to know about it but I can make peace with the fact that it was his time, it wasn't a random act of anything and um, in a funny, okay not ha, ha funny, but funny way it gave me, peace of mind is a bad word....description.

4.4.2.6 Feelings of sadness, hurt, loneliness and isolation
Totals of 16 sadness, and 12 each hurt, loneliness and isolation quotations were encoded from the scripts. These quotations were evenly spread amongst participants, the only exception being hurt, which was encoded 4 times in the interview of one participant.

The participants reported feelings of sadness in relation to memorabilia which acted as triggers in remembering various aspects of their children’s lives. Sadness was also triggered by seeing children in their school clothes, or bumping into their children’s friends. In addition, participants reported sadness whenever they thought of what their families were suffering. According to the participants, some days are easier in terms of dealing with issues causing sadness, and other days, for no apparent reason, are worse.

In response to the question: “How would you describe bereavement to someone who has never lost a child?” some participants simply stated that it hurts. Other feelings of hurt were mentioned in relation to friends avoiding them after the deaths of their children, or words a child had spoken and can’t be clarified after the death (unfinished business).
The avoidance by friends sparked emotions of loneliness and isolation. Loneliness and isolation were also experienced due to the fact that their children are no longer contactable, the emptiness of their homes, and a very busy world, where people all have their own issues to deal with:

- ...I’ve got no contact at all, I know where she is, but I can’t contact her and I think that is the worst of it. That you just want to say: ”Hello, how are you?”
- I felt an emptiness, its, she was out of the house already, but you still felt that terrible emptiness there.
- But it’s very difficult I find to face the world that doesn’t really care or doesn’t really worry about what you’ve gone through, and there’s so many others with um, each one has his own battle to cope with in his home or in his family set up or whatever. { } so rightly said the other day “each one is fighting his own fight” and you don’t always understand. You want people to say “but how are you today? But everybody is busy with their own fight so they run and they do their own thing.
- I felt so terribly depressed about the whole thing. Not having anybody.

4.4.2.7 Yearning and a sense of loss

With the exception of yearning encoded four times in one interview, the rest of the yearning and sense of loss quotations were evenly spread amongst participants.

The sense of loss after the death of a child is indescribable, huge and enormous, according to participants. There is a sense of loss for words, as can be seen from the following descriptions:

- We’ve got nothing. We’ve got nothing. .......... It was just, here today, gone tomorrow, and that was it. There was... we’ve got nothing.
- You get {crying} nothing. Nothing. You don’t get anything back. ......You, you can actually torture yourself, by, by going to a grave. By... There’s nothing. ....
- Um, I just feel, if we’d had a child that I could have had something to love, to put my love on to, but his death is so final, there is nothing and there is no, there is nothing that you can see or hold onto .......associated

Parents yearn for their children to come back, to touch their children, to hear them playing their guitars, to smell them, or to have someone to love. Some parents expressed the
yeaarning for a grandchild of the same gender as the child they had lost, with the hope of somehow filling the emptiness and gap in their lives.

4.4.2.8 Anxiety and fear
A single participant reported feelings of anxiety and fear 4 times during the interview, and another participant described 3 situations that caused fear or anxiety, in her interview. Two mentioned these emotions twice and two once, making up the 14 quotations encoding fear and anxiety.

Anxiety or fear was only once reported in the context of the actual death of a child, but mostly as a consequence of the deaths. Participants reported fear and anxiety at the following situations: history repeating itself through a telephone call; or when their younger children reach the same age as the deceased child. Particular anxiety was expressed when their surviving children go out at night, or when anybody they love leaves to go on a journey.

- I have to admit my biggest fear in life is getting a phone call to say something's happened to one of my other children. I think that's, that could be the worst.

- So, even when I’ve been aware of this thing, and I’ve tried to work through this, there’s one thing. When people ...anybody actually, anybody that I’m close to leaves me, I think, even anybody, I think I’m never going to see them again. I might not see them again. And of course, anybody who travels overseas. Oh my God! Even when I’m travelling, when I go somewhere, I think, well, you know, I better do this and I better do that because I might not be coming back. It doesn’t matter what I say to myself that is there because it is the truth. Life can just be cut at any time. So that’s left me with that thing. I’m kind of more anxious and get a bit morbid, you know, about when people are leaving. Even on a journey to town, I’ll have to stop myself from thinking, well, anything can happen.

One expression of fear related to the suggestion of calling up the dead. Another described the fear of a spell being cast on surviving siblings, after someone confessed that her spell was responsible for the death of the participant’s son. One participant was afraid that she would get sick if she let out any emotion, so she avoided dealing with her pain.

4.4.2.9 Other emotions
Three participants reported a feeling of numbness at times. A mother expressed relief that someone else bathed her daughter’s body before burial and another mother expressed empathy for a young person who sat with her bleeding son’s head on his lap for an hour
waiting for the ambulance to arrive. A father was moved by young people who shaved their heads for the funeral, in sympathy with the family.

4.4.2.10 Conclusion to emotional reactions
Emotions were expressed in relation to the whole bereavement experience and cannot successfully be separated from the context in which they occurred. Emotional reactions were generally vividly described and can be found in association with behavioural reactions, which will be the topic of the next report. (See section 4.4.3).

4.4.3 Behavioural reactions

4.4.3.1 Introduction to behavioural reactions
Behavioural reactions are descriptions of the behavioural ways in which participants responded to the death of their children. Initial behavioural responses are dissimilar from ways in which participants behaved in the long term. Behaviour related to shock and distress generally relate to the circumstances around the deaths, whereas behaviour linked to guilt, blame, loneliness, yearning, anxiety and fear, relate more to the long term.

The vast majority of behavioural responses related to relationships with their family, friends, professional persons and other people. After a brief overview on general behavioural reactions, relational behaviour will be reported. Included in relational reactions, are the gender specific responses to grief, as described by the participants.

4.4.3.2 General behavioural reactions
Initial behavioural reactions linked to emotions such as shock or anger manifested in screaming, crying, swearing, throwing things around, or hitting a steering wheel. One participant reported the counting of days, months and then years, until she came to realise with shock that fifteen years had passed, and she still expects her daughter to phone her some day. Another participant reported a rebellious return to youth, by visiting night clubs and mixing with people much younger than her, for a period of time after the loss. Staying home and pretending that her child was playing outside, was how one mother described her behaviour after the loss. Many mothers reported social withdrawal for various reasons, which will emerge in the following section dealing with relationships.

4.4.3.3 Relational Reactions
Three aspects of relational reactions can be concluded from the texts of the transcribed interviews with the 22 parents. These three aspects are visualised in Figure 7. The first of
these aspects relates to gender specific behavioural reactions, the second with behavioural responses to relatives, and finally, behavioural reactions related to other social interactions.

Figure 7. Relational reactions: Relational responses due to bereavement.

1. Gender specific reactions

Every single participant highlighted the fact that males and females grieve differently. The general perspectives from the interviews propose that females need to talk and cry, and that males don’t talk too much, but busy themselves with work, recreational activities such as reading, listening to music or outdoor activities.

All the participants acknowledged the possible danger of drifting apart if mutual differences had not been respected and accepted. The acceptance had come with great difficulty in some cases. The root of this danger, as perceived by both male and female participants, was the attribution of blame.

In general, the males were reported to decline offers of counsel, despite their wives encouragement to accept counsel. One male participant had found counsel very productive in dealing with bereavement. One participant had taken her husbands’ advice not to accept counsel, but many years down the line still doubts whether she had made the right decision. Nearly twenty years later she still grieves intensely:
“So I never really had any counselling whatsoever. My husband said to me at one stage somebody offered us counselling. Compassionate friends. And he just said, “You know, you think they going to help you, but they cannot going to give her back to me. The only way anybody can help is by giving her back to me. And nobody can give her back to me so nobody can help me.” So I suppose in a way to respect the way he felt, I just followed his example. Not necessarily thinking like him, but I didn’t want to do one thing and he did another thing. So I just followed that sort of feeling, and just, you know, tried to cope with it by myself and never really had help in any way like that. And I think maybe that is why, somebody said to me once that, “For somebody who has lost a child so many years ago, you shouldn’t be grieving as intensely as you do. It’s because you never got help.” I don’t know. Maybe it’s true. I don’t know.”

2. Relational reactions: Family

a. Spousal

Some of the perceived marital dangers were discussed in the previous section dealing with gender related reactions {See Section 4.4.3.3 (1)}. One participant compares losing a child with losing a husband, and concludes that nothing could ever compare with losing a child. In most cases participants stated that they had been drawn much closer in the relationships with their spouses and surviving children as a result of bereavement. Many of the female participants expressed appreciation at the kindness and patience their husbands had extended towards them. One participant explains how her husband had forced her to get up, dress and walk just a little further every day:

“...or he forced me to get up and get dressed, because I wouldn’t get dressed. And we used to walk to the end of the catwalk and I couldn’t manage any more. And then he’d say, “Let’s walk to the first house.” And we’d walk to the first house and after a week he would say, “Let’s walk to the next house.” And it’s all these years now. We walk most evenings and its one time where there’s just the two of us, uninterrupted. We talk about anything. We see different things. It’s really good for us as a couple.”

In three cases where participants were married to their second husband at the time of the loss, a deep appreciation of their husbands support was reported, but at the same time a cautious respect and understanding of the fact that these spouses had not lost their own children. This is how one participant expressed herself:
“My husband was really, really great and was always there and..., but I knew he hadn’t lost a child, it wasn’t his child. So I did not have any great expectations for him. I didn’t put any burdens on him.....”

b. Close family

The value of a close family during bereavement was realized by the participants due to their presence or absence. In cases where good family relationships existed before the loss, the closeness and protection of the family was highly appreciated. These family members were included in the intimate aspects of their children’s deaths. On the other hand, if relationships with certain family members were strained beforehand, the presence of those family members caused distress. The absence of family support was perceived as a loss in itself. Absence of family was due to previous losses, mainly of the parents of the participants, or due to geographical distances.

In some instances, the role in-laws had played in the bereavement process was more important than the role of blood relatives. In other instances, particularly for married children, the role of in-laws was less positive and at times negative. The most difficulty with in-laws was experienced in connection with funeral decisions.

Generally participants appreciated the role their mothers had played in bereavement, but this was not always the case. In one exceptional case the mother of one of the participants told her bereaved daughter to pull herself together, as many people had survived war bereavement:

The people I thought I would be closest to and who would understand me most were the people who I was furthest away. My mother told me to pull myself together. People went off to war and never came back. I moved away from family get-togethers. I couldn’t go to her a big birthday celebration. ....... I couldn’t face it. I couldn’t go, and she wrote me a letter and reprimanded me. Told me I was being reclusive and selfish.

Family gatherings were perceived as occasions when the awareness of the absence of the deceased was most noticeable. This aspect will be discussed in association with the role of reminders in section 4.4.6.3.
c. Surviving siblings

Keeping in mind that the surviving siblings’ reactions are reported by the parents - and no interviews were carried out with siblings directly - the following issues emerged: Parents were very aware of the fact that they were so immersed in their own pain and grief that they missed much of what their surviving children were suffering. The parents had established that it was really difficult to talk to their children. Stated as reasons for this phenomenon, was the perception by the siblings that there was nothing that could bring them back, so talking would be superfluous.

- ....and although he occasionally mentions her, as far as he’s concerned, we can’t bring her back so there is no point in getting upset about it.

A recurring issue proved to be the problematic relationships between bereaved siblings and their friends. Young school aged siblings suffered from thoughtless comments made by fellow pupils, and older school aged siblings found it difficult to continue relating with their friends. Parents attributed their adult children’s subsequent divorces to bereavement:

- I, as I say my daughter really worries me. She's now thirty-two. Um, is she 32, 33 maybe? Um, I think it has had a huge impact on her. She's, she's a bit scared of commitment. Um, she had recently been divorced then. Um, she remarried and that didn't last long. I think she's, um, I think that's what it is. She, she's scared of getting too close to somebody because of the hurt of, of losing them. Ja. The two of them were incredibly close. Um, growing up there were only 17 months between them. And he looked after her. From the time they were knee high he looked after her. And I think for her it has been tragic to suddenly find herself the eldest in the family now and Um, you know, sort of the pressure that brings. Not that, that we put pressure on her, but you know, just that feeling. Not having him there to, to look after her.

More than half of the participants were left with only one surviving child. Three parents reported that the change in family dynamics from two to one child affected the surviving siblings negatively. In these cases the relationships between siblings before the loss were reported to have been exceptionally close.

Two parents explained that the surviving siblings had been less outgoing than- and therefore more dependent on- their deceased siblings. According to the parents, the personalities of their surviving siblings had changed following the loss.

A participant explains the anger she believes her son is experiencing due to his brother’s death, in strong terms:
And um when you mention his brother he's up in arms and I mean up in arms. I don't mean just like { }. If he can punch me he will do that. So he's a very angry young man. The day of the funeral he actually {clearing throat} filled the hole I would say about three quarters on his own. He took the spade from the gravediggers and he just shovelled and shovelled and shovelled and I thought to myself if you carry on with this kid I'm just going to push you in the hole and put sand over you because you're going to do it to yourself. He was as grey, ash grey as you can get. And he literally, he used a lot of his anger to fill that hole for that afternoon because he has done just about the whole place on his own. He was so angry. So.

Surviving sibling sons were sometimes perceived by their mothers as having become very protective towards them:

- “…..he says “I’ll find him, and I’m going to kill him in front of his mother and then she can look and feel the way you do” he said “you have aged 10 years”.”
- “Um, I find that my oldest son is always very, um caring about me. He's always very worried something's going to happen to me.”

Finally, participants expressed concern for the care of siblings after loss. They felt that the focus was usually on the parents, when children needed much care as well.

3. **Relational reactions: Friends**

a. **Behaviour by friends that sparked positive reactions**

With the exception of three participants, the rest unanimously agreed – both spontaneously and in response to Question 4 c (See Addendum 3) – that similarity of experience is absolutely essential for meaningful counselling relationships with others. Parents reported anger at advice offered by people who have not lost a child themselves, but great comfort from those who have:

- .... unless there's something really special about you, that, that, I don’t know, that you’re actually born with incredible compassion and, and, and empathy and a way to put yourself into someone else’s shoes, hmm, I think you need to have experienced this to help somebody because I, I think also, when, when this has happened to you, you actually don’t want advice from people who haven’t. It actually just angers you because they say things that come from no experience and you just think well for you, whatever, whereas if someone else has been through it, even if the advise they’re giving you is not really what
Initially we couldn’t socialise at all. And we couldn’t be with other people who hadn’t experienced the same sort of thing.

I found that friends, probably being out of the family, were a lot more help. And especially people that had lost a child. I felt that that support was absolutely amazing.....Especially people in the same situation as you, but they’ve got to have lost a child, because people who have lost a husband or a dog or any other thing, it’s not the same, at all. So that, that, and not, not even talking about it all the time, but just being with those people, in their company. That that was very good, very healing. That that was a big support.

And so I find that group, and of course individual friends, have been very kind and supportive, but it’s not the same as talking to a group of people who have been there.

Oh, I don’t think, as you know, um, that it's something that, that someone who hasn't lost could ever understand.

Uh, the worst for me is the fact that I, don't have anybody, in a similar situation, where I live now, and I don't think people want to know about bad news {Laughing}. They avoid you.

You know, when we lost { }, there was nobody that I knew that had lost a child, and I had a very big, um, desire to meet up with somebody whose lost a child. But there was nobody at that time.

I think I had um, as I say a big desire, of somebody that knew what I was feeling. Somebody I could talk to, somebody that could tell me their story, somebody that could tell me, how, how to, how to cope with life, how to carry on with life, how, how do you actually, carry on living while you're actually feeling dead yourself. How do you do that? I don't know how. I really didn't know, how, how you can actually live, without this child because he was part of you. And, that was my, that was the only thing that I thought would have been able to help me. Is somebody that was strong. I know that everybody feels different, everybody, um, copes differently. But just, I just think nobody else would understand. Um, and if you've had the same sort of experience, you might deal differently with it and different things might help you, but, but you'd be the closest person. The closest that you will come to somebody that will be able to help you. Because nobody else will, nobody will ever know what its like.
Instrumental or practical help from friends was greatly appreciated. Practical help included aspects such as: help with funeral arrangements; transport and accommodation arrangements for family and friends; food supplies for a few months; taking care of day to day running of the home; financial assistance; re-arranging the flowers as time passed; gifts such as flowers or candles. Flowers were not appreciated by all participants, however, as it caused hay fever!

- "No flowers. {laughing} I hate flowers I've never had so many flowers in one room than we had the week of the funeral. It was unbelievable. My son came down the stairs the one morning and said { } these bloody flowers will be the death of me one day. And there was full of flowers we were {snorting and sniffing and snorting} all over the place because it's unbelievable. It was all these yellow lilies and orange tiger lilies and things that was in season. So don't give me a bouquet because it's not appreciated. Kaktus ja, blomme nee."

The manner in which the help was delivered appeared to be of great importance to the participants. A delivery on the doorstep, or a quick drop-off without delay, was most appreciated. Practical help even in years following included the arrangement of celebrations on special days such as the deceased child’s birthday or anniversary of the death. Their children’s friends played a big part in these celebrations and brought great comfort and love to the parents in this way. Work colleagues played a great part in facilitating time for grieving. Their understanding and support was welcomed.

Informational assistance was delivered in the form of helpful literature, or specific advice spoken into specific situations. Similarity of experience played a role in the acceptance of the advice given. One example relates to a participant who considered stopping the dog therapy she was involved in at the time of her son’s death. A friend in America advised that she continued. It was only at the end of the e-mail that she discovered that he had also lost a child and found the therapy helpful:

- And also I've got a very good friend in America....... And when I let everybody know about Vernon’s accident, he wrote me a note and he say what ever you do don't give up the therapy like you {had planned}. And I thought to myself. You know. It’s easy for you to say because you don't know what I'm going through. It was my first thought. And when I scrolled up the email I saw the next line and that was the punch line that he could, nobody could deliver as well as that one because he and he said to me that is because that is what kept me going when my son died three years ago. And it was like a little bit of an ouch one, you know. So, um, I thought to myself okay since he's been there he'll know what he's
talking about. I don't understand what he means but I'll, I'll stick with it because he's wearing the same size shoes. And I went with it for, in automatic mode for about the first 18 months. And then some, one day it was like just something hit me between the eyes. This is {“mos” stupid}. It just came out of the blue and it was like, okay, method in the madness now forget it. So it did work. So, the bright side of things it kept me going. Ja.

Some participants felt that the church could have done more, and one participant was overwhelmed by the evangelistic aspect of church encounters, when practical help would have been better appreciated. Spiritual support by means of prayer and practical assistance was appreciated.

➢ “and I didn’t realise that that Saturday morning so many people in Fish Hoek was praying for us and I don’t think we would every have gone through this whole thing if we didn’t have that support from our own congregation and from ag just so many people in Fish Hoek. All the different denominations were praying ….”

Emotional care was received through the many cards and phone calls which the participants had received. The cards with words specifically about their children were most appreciated. People who had known their children well, and were available to walk the long road with them, were received thankfully. Of particular importance to the participants, was the emotional care from the young people that stayed in contact for many years after the deaths:

➢ Young people used to come to his house, on the anniversary of his death, just knock at the door, and { } I’m thinking of you today. Keep in touch. We’ve got a young man who still comes from overseas, who’s now in his… he comes from the Caribbean, he comes to say hello. Young people were absolutely amazing. Young people were better than the mature people. {Laughs}

➢ There is one thing I’ve just remembered that I really, its so important, that’s all my daughter’s friends, absolutely really rallied around, we had all the children I think in Fish Hoek in our house for years, not just for months or days and for probably the first three holidays after that a lot of them when on holiday with us. The first year we had thirteen on holiday with us. We had four tents and they were full of teenagers. They were a big, big help, they really, having a house full of children, and just the little things they did, they’d just drop off a couple of flowers or a verse they had written, but yes, don’t ever underestimate children, well these were young teens, um, 18, 19, 20 year olds. They are
very mature even though they are still called teenagers but they were such a help. So if you’ve got that to call on as well, you don’t just have to have the grown ups, and they’re young and they bring so much love and laughter and Ja, they’re good so if you’ve got them around, they help.

….and then that morning his best friend that was with him in the band came to me and he said to me they want to give us a party that night and I said “What do you mean?” and he says the close friends want to come to our house that night that they would bring all the eats. And I don’t think that anybody will ever know what that evening meant to us. It was just, I think there were 7 or 8 that gathering, his very, very, close friends and his little girlfriend and they came with salad and lasagne and I lit the candles, I said “can I do the candles” and they said “ja, you can do the candles” and that was about the only thing that I did, that was so special, from the soup to the salads and all that, they organised ..... So ja, things like that, and coming from youngsters I mean, how do they know how to um, that was their little way of showing us that they {} and that was really special.

Emotional support sometimes came from unexpected sources, such as children, strangers and neighbours:

...this little boy no matter where he played or what, sometimes it was early in the morning, sometimes it was later during the day, he would stop wherever he was sitting working and he would run to me and give me a hug, out of the blue, it was, and every time I said “Father, thank you, you are healing me through these little ones, and they don’t even know that they were doing it.” And also I found that being busy with them, the time just flew past.

Um, yes, there was strangers. I found strangers who didn’t really know you well. I found they were very comforting when they saw you, because a lot of them put their arm around you and say to you, “Look, I’m sorry.” You know. And, ah, they would apologise. They would say, “I’m sorry, I didn’t know. I didn’t know.” And you would say to them, “No, it’s OK.” You know.

…..and a neighbour also apparently came because they heard him shouting. And they sort, you know, they got the police and the ambulance and everybody along.
b. **Behaviour by friends that sparked negative reactions**

Participants agreed that people generally meant well, but had said and had done things, or had certain expectations, which extracted negative reactions from them in their bereavement.

- *...you know people will say the strangest things to you {Laugh} um, and just know that it’s all mixed with love*

  Some people tried to comfort bereaved parents by comparing their pain with that of losing a pet or some other relative. Parents felt that these situations were incomparable and without any understanding of the pain of losing a child. Cliché quotations of reasons why God picked their children were not considered helpful at all. Following are some quotations of things people said that were not appreciated:

- **Um, the ones who say, “Oh, if it happened to me, I’d just die,” I used to get cross with those people, because I said, “But you don’t.” You don’t just die,**

- **....but I must say there are people that obviously, I’m not blaming them, they have never gone through experience like losing somebody very close and they don’t quite know what to say or how to say it. I will never forget I had a very young mother coming to me and she had a bunch of roses for my birthday and she said to me, “may you have many more children” and I looked at her and I thought “don’t get upset” but I turned around and I looked at somebody else coming past me that needed those roses more and I actually gave it to them because I thought “ok, I’m not going to be upset because obviously she has never had to deal with something like that..**

- **But yes you do get people who say the most extraordinary things to you and I’m sure they mean it well but um, ja, I couldn’t handle some of it and there was a time when I thought if somebody still asked me how are you I will scream but yet a lot of days I understand that they were sincere because I would go up to somebody now and say how are you but I mean it in a total different way but there was just times when I just couldn’t handle another how are you.**

- **Then we had people also around that would spend the whole night coming to visit to explain their sympathy but their topics that they discuss with is just their own lives and their own things that they are dealing with or their hurt or their disappointment with things that don’t involve you at all or that you think “really, I can do without that”.**

- **Um, a lot of people also found um, specially older people would come and share their little story with you and it was a way they dealt with their sadness or whatever happened**
to their son, maybe it was just sick for a long time or whatever but I had to listen to a lot of other people’s um, sadness and things like that and sometimes that did get to me, ja, but then I just walked.

- ……you know, people saying, Ag no, she’s much better off, and God wanted her to cook a dinner for him or, you know that sort of thing, you know, it, it didn’t help me, it, it felt, sometimes it felt flippant to me, as though they were or ja, He picks the best rose first or something like that, you know, and I think well what’s wrong with my other children or what’s, ja, ja, I don’t know, that sort of thing

- And then I got a message from a lady who shall remain anonymous who said to me that my son died in the early morning, and three days later she got a message to me to say that he was unhappy and he wanted his mother, and you can imagine. No, I struggled.

- People give you such stupid answers although you know that they’re actually meaning well. People never mean anything nasty in circumstances like that. You realize that, but still they do manage to upset you. You know, they’ll say things to you like, um, “God knows who it’s got to happen to because I would never be able to deal with it.” And you just think to yourself, “You know, really!” Everybody that I dealt with never experienced anything like that, so I tried to rather keep away from people because they actually upset me more than they actually helped me. Although I knew it wasn’t on purpose, but it still didn’t make anything better. Um, I just realized nobody will help me, so I really became like an introvert.

Being avoided by their friends was reported to be one of the most heartbreaking experiences by the participants, despite their understanding of the reasons why people behaved that way.

- The tragic thing though was, and it’s terrible to this, that, you know, when my daughter died, my best friend, who had the little baby at, you know, the same age, she didn’t come to the funeral, and I mean I can understand that now. She probably didn’t know how to handle it. And, ja, I never really saw them. They moved away. They moved to Durban and they just… But while they were still here, they never contacted us. They just… And that, that broke my heart.

- And also on the day after she died, all my friends, it was somebody’s, one of my friends birthdays, and they were all at the birthday party, and now, and you know, and that was all my closest friends from the church, my cell group, my everything, my family. And they
Don’t avoid the people because they hurt, go to them.

..... those people tried to avoid us because they didn’t know how to handle us.

But it’s your very close friends that turn away from you, and that’s the sad part. I don’t think they know how to handle you....

Friends expecting or forcing recovery was a very negative experience for participants. Suggesting to the bereaved, that it was “time to move on”, was not well received. Participants were adamant that the mourning process needed to take its own time.

c. Suggested behaviour

In response to Question 3c (See Addendum 3), participants expressed enormous need to talk to people about their grief, but as importantly, to be heard. The need for people to listen to the same story over and over was repeated several times. In addition, it is recommended not to talk too much, and not to give liberal advice. Compassionate hugs or an understanding touch were always welcomed:

- Ja, just a hug, just a look, just I think um, people that were really close to us, just that hug will mean so much and um, ja and just to be with us, I think, we tend to talk too much if you are in that situation but some people you can talk and open up, with others you don’t want to go through the whole story so ....

- I think I just would have liked to be able to speak to people, you know. If they, you know, really speak about it, and about how you felt, you know.

- I would have loved to tell my story, you know, how traumatic it was to get the phone call, find out what had happened there.

- You know, and I, you know, if I need to talk things out, I needed to find people to talk to. You know what I mean.

- It’s an experience and it’s a very personal experience, and... We like to talk about our own experiences.

- Talking to people. Very, very helpful. Um, in that you get a different reaction from all sorts of people, and sometimes people don’t want to hear, ones that haven’t been through the same experience, don’t really want to hear the same story over and over again. Um, I must admit, sometimes the things that I talk about seem to be quite, not gory, but the
details were, were very graphic for people that haven’t had the experience. But it was quite important for me to have to talk about those things, and I, I don’t know if that’s anger coming out, and trying to make other people hurt as well. I really don’t know what that is. I really don’t know what that is. But, ja.

➢ If they walk up to me and give me a hug and leave me alone. That’s fine.

➢ And um, as cruel as it sounded like and as much as that upset you, you, but you still know that it wasn't, done on purpose. It was just they try and help; they try and say the right things. Um, and that’s the best they can do because they don’t know. Um, out, out of experience I would say if anybody lose a child, say as little as possible. Just give them a hug, or a little squeeze, or a little tap on the shoulder, or just touch them. Don’t say you understand because you do not understand. Don't, rather, the chances that you’re going to say something wrong is so much bigger than the chances of you saying the right thing. So rather, just let them know you care, and you, and you're there for them. But say as little as possible.

Key advice from participants to friends who support the bereaved, was to keep casual contact with the bereaved as short as possible. Short visits and short phone calls were the answer:

➢ “Um, I ... I appreciated people popping in and not staying. People who came just to say, “Hello, how are you today? Did you go to the shops? Should we go now?” And you’d say, “No, I’ve been. I managed.” And they’d say, “OK, that’s fine.” And not sit around and make idle conversation knowing that I, I appreciated a lot of small contact, if you understand what I mean.”

➢ ...and I turned my cell phone off at one point and I and I left a message on it saying please leave a message on your cell phone, I can’t deal with anymore totally random people phoning up and wanting to chat for twenty minutes um, I also felt that to a large extent we were comforting people whereas in fact we needed to be comforted but when you deliver the news to somebody, the shock is so great that immediately they become the person who needs comfort and reassuring and words and everything else and that was difficult.”

For long lost acquaintances, advice would be to respect the distance and not try to bridge the gap by asking intimate questions.

“Um, I found that every Tom, Dick, and Harry who’d ever known us, ten years ago, whose names I’d forgotten would phone me up and I find that very obtrusive, and want to
know how I was coping, and how everyone was coping, and they were total strangers to me. I hadn’t spoken to them for ten years……and people I had no relationship to whatsoever. And they thought that they could ask me intimate questions, as far as I was concerned, about how we were coping and about how my husband was coping and what this and what that and how this and what if and I just find that completely unacceptable”

4. Relational reactions: Professional

a. Interactions with medical personnel

Because of the emotional reactions embedded in relationships with medical staff, many of the interactions have been reported in the section on emotions (See section 4.4.2). The interactions with medical personnel in general related to the following situations: road side assistance; being called to an emergency scene at home or at the hospital; communicating the child’s condition to the parents; diagnoses or prognoses by the doctors or specialist; or instructions given by the doctors to the nurses. Forgiveness was an issue for participants in cases where specialists misdiagnosed the condition of the patients, and where a simple application of medication could have remedied the condition:

➢ We committed not to hold any grudges or unforgiveness towards the doctor who we believe could have made a change if he had diagnosed well enough in time and given her penicillin, just one penicillin injection could have solved this whole thing and she could be with us today perfect, with no side effects, but it wasn’t to be, it didn’t happen and she has gone and we have both made the decision to praise God in any time that we feel bad about losing her…..

➢ And the gynaecologist also didn't know anything about my condition and he didn't I don't think he did the homework. But I didn't blame him. Everybody was telling me to sue him and, and I just didn't. I just didn't feel that, you know, he deserved it. It wasn't his fault. Um, ja.

Other interactions with medical personnel included communication with nursing staff, paramedics or hospital telephone operators. What was of utter importance for the participants was: the quality of the interactions; the honesty with which the information was imparted; the medical competence; and service delivery:

➢ Now the one thing that was tragic was that the doctors never, ever told me the truth about her condition. {Car driving past} They never told me, and, ah, they told my husband that she would only live for seven days. That’s what they expected ......but I felt that it was
wrong of them not to be honest with me.

- He was a bone specialist; I won’t mention his name except to tell you that he now knows what he did to me, because it happened to him. He’s lost his daughter. And when I walked in I said, “Where’s my son?” And he said to me, “I don’t believe in beating around the bush, but your son is dead.” And I said to him, “What did I do?” And he said, “You didn’t do anything.”

b. Interactions with mental health personnel

Encounters with mental health professionals were perceived as negative by the majority of participants who visited such personnel. Reasons stated in account for this phenomenon were: lack of similarity of experience; textbook advice; youth of counsellor; incorrect timing at a stage of bereavement; or inappropriate counsel given:

- ... Clinical Psychologist was not much good, because I ended with the one that was supposed to be for my daughter. And she hadn’t had a child. It was all textbook stuff. ....... But, um, and you must go home and get on with it, so you’ve still got to do it all on your own, and I didn’t find that that was very much help at all, really.

- ...we took my son to another um, counsellor for one session because we thought maybe he could relate better to a man, so in fact we took him for two sessions and he didn’t feel that he was getting anything out of it.

- And I realised my daughter wasn’t coping. We went once to the St. Luke’s counsellor, and then she went to the counsellor, and that ended in disaster. There was hysterics and she refused to ever go back, and she never has gone back.

- I actually went to see a little psychologist. She was very young. She had experienced death with her brother, which helped. But, you know, talking to her, this was shortly after my son’s death, about three months afterwards. I wasn’t ready to really speak to her, because she said to me, “If you’re still crying after two years, you come back to me.” And I mean its ten years and I’m crying. And I just felt I shouldn’t have gone then. It was too soon. I should have hung on for at least seven to eight months and then perhaps gone to speak to her. Also, I would have preferred somebody older. I found she was a little bit too young.

- And um, we actually went for counselling three weeks after the accident because we were aware of the, the stats. And I got very angry and that’s when I realised people in the professional zone don’t quite know what they’re talking about because they want to make everything an issue. And we wanted to prevent an issue, which is a slightly different
approach to the law. You know, you want to solve issues you don’t want to prevent it. That’s not the current trend of life.

- Um, I did worry as I say, about my youngest son and I asked the High School, um, the counsellor there to please talk to him. Nothing happened unfortunately. Um, I did say to him, did he, would he like to go for counselling and help and he wouldn't, he wasn't interested.

A clinical psychologist who visited a support group suggested that friendship counsel would be more effective than professional counsel. Not every encounter with a professional counsel was negative, however, as one male participant reported a positive encounter with a grief counsellor.

c. **Interactions with clergy**

Participants reported both negative and positive experiences with clergy. Situations where there were established relationships between participants and clergy, the participants reported positive reactions towards clergy:

- My pastor was absolutely fantastic. He was on call twenty-four hours for me, and I phoned him the moment she died. He was there straight away. He came through.

- The news just spread to so many people and very, very close friend were there and our pastor and his wife and they invited us to have communion service there in a little cubical two by two and it meant so much to us at that stage and they prayed for us.

Two non-church going participants had positive encounters with clergy, but negative encounters were also reported by both church and non-church going participants:

- …we weren’t members of any particular church at the time, um, so everybody brought their minister over to come and talk to us. Some I listened to. Some I thought were idiots. Um, my biggest respect was for, um, his name is ….. I’m sorry I’ve forgotten his name, but it was a long time ago. But the guy from the Methodist church got my respect the most because when I said to him, “Why?” he said, “I don’t know.” He didn’t try any of these platitudes and, ah, long speeches from the bible and all that sort of thing. And I really respected him for that. And, um, he was wonderful.

- Um, the church, they did what was expected of them. That was great, especially as I hadn’t been a church-goer before, so I was very, very appreciative of their support.

- First of all the church. We’re not... we’re Presbyterians. Um, I needed comfort from
somewhere. I got no, no clear answers, and I know to a lot of questions there aren’t
answers. I wish I had been told: ‘there are no answers. Let me work through it with you.
You will find the strength to face, ah…’ I was disappointed in the church.

- Um, I find a pastor who doesn’t know your child cannot, you know he can talk about him
  but they can't, they can't give a, a, a, a sort of a, a thoughtful and um, {sniff} sort of a
  heart warming service. You know. Um, so it wasn't quite what I wanted

- Um, I tried to speak to a, a priest, once. And I just, I wanted him to give me something and
  he just didn't. You know. He just didn't and, I was so disappointed. {Laugh}

d. Interactions with other professionals and mystics

Encounters with other professional personnel included: educational institutions; the press and
media; medical aid; finance corporations or banks; educational staff members; work
colleagues or police officers. Depending on the situations, the interactions were reported to
have been either positive or negative. In one situation, the social worker had not been
registered and claiming back from the medical aid became messy. Except for an employer
being very demanding, work colleagues and educational staff members were reported as being
supportive. Most problematic were the administrative situations. One participant humorously
relates two administrative occasions which made her angry:

- So. I've still got an issue with Barclays bank I've gotta sort out. But I've got to wait for the
day that I'm really sort of fired up and geared up for the whole thing. Because, um, I
closed his bank account with them and they sent me this big file of papers, forty pages I've
got to fill in all these things. So I fill in all the paper work and uh, they ask do I have any
plans to come back to the UK? And I wrote there um no I'm not going to dig him up. And
they asked his permanent address. And I said, plot {196} Muizenberg cemetry, Muizenberg,
Cape Town, nine feet under. Cause it’s a double [grave {laughing} so his
nine feet]. I promise you they wrote him a letter to say they've closed his account at his
request. I wrote them a letter. Um, so and so..., mother of the late so and so..... He died in
a car accident. I'm doing his estate. Which is now four ways of saying he's dead. And I
wrote mother of the deceased in the, at the bottom. And they still wrote to him. So I
phoned them in the UK and I said to the guy there, “You know out of, just as a matter of
interest, what language you speak in the UK?” He said, “English of course.” I said, “No!
No! No! No! There’s nothing of course about that”. I wrote here in five different ways that
my son is dead and that he died in a car accident. And you still wrote to him.” “Oh,” he
said to me, “They can't check it now because the computers are down.” I said to him,
“You know how you even make me feel better about South Africa because we're a third world country and that's a common excuse when we phone, when we phone the bank to ask about something. And now you use it in a first world country. Thank you for that sir.” I just put the phone down I was so mad.

And when Stellenbosch sent us an account for his internet usage. That poor old woman will never be the same. We went there the week of the funeral to hand in, you know, his death certificate in the university to say he didn't you know, stop his course. He actually died. And uh, we got this account for August September 2002 for his Internet usage. And I phoned them at the office, the number that they supplied. Nine Rand Seventy-Two Cents. They want to take us to court for that. So I phoned them. I said, “Okay. Can they give me his internet address I would like to send him a letter.” And the woman said just hang on a second, I'll go check for you.” She comes back and says, “Jammer mevrou maar hy het opgeskop.” Without, you know, missing a beat. I said to her, “Maar ek, ek het gedag daars 'n verskil tussen emmer skop en opskop. Wat is? Hoe kan julle vir my se hy is, jy weet, hy het opgeskop?” and she sort of said, “Uh. Haai mevrou.” And I said don't “haai mevrou” me we actually took the papers in that he died. How can you tell me he's, he gave up the course? If anyone that he applied for bursaries for, if they have to find out, to phone to find out how he's doing and you tell him “hy het opgeskop”. You don't know what it's gonna be like on his record. I know he's dead but it's still not changing anything. But ja. That kind of thing makes me mad. Incompetence.

Staff at funeral homes inadvertently played an important role in the lives of two participants. In the one case the participant recognised the funeral director as a fellow class pupil. This bond assisted the participant in making arrangements for a coffin. In another situation a mother had to wait 18 months before she could scatter the ashes of her two children, and the staff member at the funeral parlour kept in contact with the mother to assure her that she was still looking after her children. This simple gesture brought great comfort to the participant.

Four participants mentioned visits to various types of mystics in their quest to gain understanding and meaning. One of the participants provided a short narrative of her visit to a clairvoyant, the others stopped short of commenting on their visitations.
e. **Interactions with support groups**

None of the male participants and nine of the female participants had ever visited a support group. Seven of the nine female participants became regular visitors at support groups. Three of the nine had a bad experience at the first visit, but two went back with positive results, and the third participant never returned to a support group.

Reported negative aspects of support groups include the distance required to travel to get to a group; finding once a month not adequate; and questioning the motive of the person running the group. Reasons stated for not attending groups vary between: being too lazy to go; thinking that it might drag them down; not feeling the need; and having enough friends who have lost children within their circle of friends.

Positive aspects of support groups are described in terms of similarity of experience: having a safe place to talk; being with people that don’t feel they have to do anything, but listen and understand (family sometimes feel they have to do something). Two mothers reported positive experiences with just a casual, small group of bereaved parents meeting weekly at a restaurant.

**4.4.3.4 Conclusion to behavioural and relational reactions**

Behavioural grief reactions included immediate reactions to the news of the illness, accident or death of the child, as well as reactions to the process of decision making following the deaths. Behavioural reactions towards family, friends and professionals at various levels tended to be either positive or negative. Coping behaviours are reported on in section 4.6.

Grief reactions are not limited to emotions and behaviour, but participants also experienced physical grief reactions, which will be the topic of the next section (See Section 4.4.4).

**4.4.4 Physical grief reactions**

**4.4.4.1 Introduction to physical grief reactions**

Physical reactions are part of the grief reactions code family. The description of the physical reactions was largely in response to Question 4b (See Addendum 3). The question was asked as follows: “How would you describe bereavement to someone who has never lost a child?” It is interesting to note that the majority of the participants responded to this question by describing physical reactions.

**4.4.4.2 Physical reactions**

Physical reactions to bereavement, as testified by participants include the following: lack of strength; being drained of all energy; inability to swallow; unable to get up out of bed; loosing
their breath; unable to stand; illness; intense heartache; sore and raw as if a part has been ripped out of their bodies; pain in the chest; intensely sore pain; deep pain; terrible pain; as if their hearts have been torn out:

- ....because you just haven’t got the strength for it.
- I felt too drained I just didn’t have the energy.
- I couldn’t swallow; I had all this in my throat...
- I couldn’t even stand.

- ...well, it is a deep aching pain within your heart, which is always there no matter, even when you’re laughing, it’s there. It’s just always there.
- ...but um, the pain is there, but you learn to live with the pain.
- .... it’s a deep ache. It’s a deep ache within your heart.

- .... it feels as though you’ve received a mortal injury {choked up}. That half of your body is exposed and bleeding. That your life force is pouring out of your body {tearful} haemorrhaging out of your body and that you can’t get over the shock or horror you’re just { } by the horror of the situation

- ...because I knew it’s so sore when it’s raw on the inside. As I always said there’s a part of me that was ripped out and nothing can fill that hole, its emptiness there, you can’t fill it.

- Hmm, it’s like loosing your breath and not being able to get it. It’s like walking...it’s like having to live when you don’t want to live, hmm, and having to do things that you don’t care about anymore and having to participate in a world that you don’t want to be part of and yet there are also reasons that you do want to be part of, hmm, it’s I remember seeing this movie where this man had to put on this metal suit and walk under water and then I {thought} oh, that’s what it feels like. It’s weighted and it’s hard and the awful thing is, you’ve got no choice. And it’s, it’s, ja, it’s so much heavier than you imagine.

- It’s real heartache, physical heartache, and its real heart-break. Um, I was numb. I was a total wreck. I couldn’t, I couldn’t get a cup and saucer to make a cup of coffee. I would get a cup and then look around. I couldn’t shop.

- Hole, it’s a big hole right in the middle of your chest. And I would, my throat, my throat closes up and I just want to cry......
Um, it's like this pain in your chest that's there all the time. Um, it's this huge loss. It's waking up in the morning and finding that a part of you isn't there. {Sigh}

It's very { } physical; it's a loss that, you feel your heart is being, torn out of your body. You have pain like, it's, it's not physical pain but it's a pain that, you cannot describe to anybody until you go through it.

... because you are so, so intensely sore inside. It's not just your heart. Your whole body aches....

But it's something that, that's a pain, that, that's much deeper, than any other pain. It, it cuts right through your whole, { } even your liver and your kidneys and your everything ache. It's far beyond just your heart that's aching. Your whole, you just feel, you could never explain that, that, that, that pain. There is no pain like that pain.

I think, this, I think is the worst of the, bereavement it affects your health. Um, I had an, operation, three operations since. Um, and, all that is to do with, my bereavement.

... because you are so, so intensely sore inside. It's not just your heart. Your whole body aches....

But it's something that, that's a pain, that, that's much deeper, than any other pain. It, it cuts right through your whole, { } even your liver and your kidneys and your everything ache. It's far beyond just your heart that's aching. Your whole, you just feel, you could never explain that, that, that, that pain. There is no pain like that pain.

I think, this, I think is the worst of the, bereavement it affects your health. Um, I had an, operation, three operations since. Um, and, all that is to do with, my bereavement.

Physical manifestations were not limited to aspects of pain, but also in the simple task of getting up and getting dressed in the morning.

... or he forced me to get up and get dressed, because I wouldn’t get dressed.

When you look back, you don’t even know how you got out of bed, or dressed or anything else, but you did, because you knew you had to.

It, just, {it just} you cannot describe the pain. It’s, terrible. It’s, just too hard to, to bear uh. A few days after that I just couldn't move I just lay there in the bed.....

It's not; it's not just saying you're coping. It, it affects you physically, emotionally, every, every way. Hmm, ja, so it’s been, it’s been a huge thing.

4.4.4.3 Conclusions to physical grief reactions
Participants were almost at a loss of words in describing the physical grief reactions they experienced through bereavement. The descriptions were of intense physical agony that goes beyond words.

4.4.5 Spiritual grief reactions

4.4.5.1 Introduction to spiritual grief reactions
Apart from some spontaneous remarks regarding spiritual aspects, many of the quotations in this section follow Questions 5 g and 5 j (See Addendum 3). The questions read as follows:
“Where do you think your deceased child is now?” and “What role, if any, has God played in your bereavement?” Spiritual grief reactions are part of the grief reactions code family. Spiritual grief reactions include all aspects of searching for meaning such as: re-examining faith; anger at- bargaining with- or questioning God. Other spiritual aspects include interest in life after death or contacting deceased children.

4.4.5.2 Spiritual reactions

The issue of the existence of life after death seemed to be a subject that had crossed the minds of most of the participants in one form or the other. Some had read extensively or had done specific study on the subject.

- ...did read quite a lot but I also studied quite, I, I actually made - did a study on what happens to the spirit and the soul after death and that sort of thing - found that that helped me - took me weeks to sit and delve through all that sort of thing, hmm, and to, to come to a decision because I didn’t just want to go on what tradition says so I {took out} lots of books on that, hmm ..... 

- .....but um this time I delved um, I delved more deeply into after life and um, life after death and all that sort of thing um, as well as reading all the books on death and um, just a million other books, um, metaphysical books and um, ja all sorts of books that I thought might help setting you know positive intentions, trying to leave the past in the past and living in the now and I really have read extensively.

- ......that she truly was not there anymore, hmm, and I, ah, ah, ah, I couldn’t accept that, I couldn’t face that or believe it and I, I, for me I needed to know where she was and I needed to know that I’d see her again and I needed to know that there was life beyond here. That this was not the end of our life together. Hmm, and that was something, I pursued and I think just gave me reason to, to endure, hmm, hmm, hmm,

- Um, and, ah, ja, not too much, ah, religion, in a way, slightly, but I wanted to hear, or read other people’s views, what they believed, and I think I took a little bit from each to come to what made me feel comfortable. Um, and once I reached that, then I could let that go. As I say, I have got very different ideas of what I believe. I don’t share them with other people, because I don’t think that what I believe is necessarily what they need to believe. Um, so it’s very personal and I will never... He says, “Well this is how it is.” I know that nobody knows. It’s just what I believe, and it’s what I’m comfortable with. It’s what has helped me to accept what’s happened, and to live a life that hopefully has some meaning.
Some participants expressed various measures of certainty where they thought their children currently are, what state they are in, and whether they will be re-united with them again in the future:

- *...we are Christians and we do believe in after life and that she goes to ah, to heaven but we do believe that at the moment, hmm, everyone who has died, is sleeping until they will be awakened again and we’ll all be together then ...*

- *Um, I believe that when you die, now let me put it this way. First, I was always under the impression that you go to heaven, this concept of heaven, but the more I studied it and became aware of what scriptures actually say, I came more with the idea that he is asleep and when Messiah comes he will wake him, everyone will wake up and I think it makes it easier for me....*

- *Where she is, when she's going to open her eyes she’s { } actually what I would say you know she’s better off, being released of this world. She is not in a conscious state, she is sleeping, that’s what the Bible tells us. Until you are woken up, until that moment, they know nothing, they know nothing. And when she's going to open her eyes, she is going to open up in (glory). She’s there already.*

- *Our hope is that where she is, we know we will see her.*

- *I know she’s with God, I know she’s there.*

- *In Heaven waiting for me, getting it all ready for me.*

- *He’s with the Lord and I know that I’ll see him one day.*

- *The fact that I know that she is in heaven has given me a position for her, a place and it’s not an empty void of a place, it’s a place where there is action, where there is something for her to do ....*

- *I believe she's, she's with God. Um, I do believe that that people go to, God when you die and that's where I believe she is.*

- *Okay, if there is a heaven, then he is there, without doubt.*

- *I don’t know where he is now, but I know he is at peace.*

- *Um, in terms of my daughter, I have certain hopes that I will become more sure about where she is, and get more communication with her, and accept, because I don’t feel that I, as yet, have accepted her death.*
... as far as I'm concerned, the jury is still out for me um, although on one hand I think that logically it makes sense for me to believe um, in an after life because there's no point in not believing in it because I'm not even going to have the luxury of being proved right when I die. It will either all be over in which case I won't know anyway or there will be an after life so I may as well believe in it because it just makes sense but in terms of having definite proof or um, evidence um, that satisfies me um, I'm hopefully optimistic rather than absolutely convinced that um, that there is something ..... 

{I think the Lord gives a better life} and I believe he's there. Um, I'd like to think so even if it's just to, to help yourself. I don't know, I don't think so. I do believe there is a better life.” 

.... the only comfort I have is that he is with his dad; he is with his grandparents, and he's with my first little boy. They're all together and they're happy where they are. Uh, maybe one day I will see them. This is what I'm hoping for, that maybe I'll see him, one day. 

I believe she's in heaven, I really do, because I mean, a child can't do anything wrong, to go, anywhere else I believe. Um, I've never had any doubts about that. { } That's one, I suppose one thing that I also, that also caused a lot of comfort to me. You know, in dealing with circumstances its, knowing your, children, when, like if a child of mine must die now I don't think I would have that definite comfort because, you know, kids, you know they don't always go to church as often as {maybe if} you think they should or, um but a child that age is so innocent. So, I do feel, 100% happy about the fact that I know, I know she's there. Because I mean what else? She could never have done anything wrong at that stage of her life. So that is, ja that is.... 

I believe there is an afterlife. Um, and that what makes us all up, other than our bodies, what, what makes our thoughts, the electricity that is our spirit if you like, is out there. It's released when you die. And it has a type of intelligence that can, um, be awake. And it’s that awareness that I will meet again when I die. They won’t look like that I’m sure, but I'll know that it’s them, I hope. 

None of the participants expressed a view of re-incarnation with absolute certainty, but rather with curious interest, and again with hope of being re-united with them in the future: 

Meaning, meaning of life, um, just to... I'm not, I'm still not quite sure about the re-incarnation thing. It's still got to be worked through. 

I think they are here, on this earth, but they are in a different dimension, and whether he’s
going to be reborn again, I don’t know. I just hope I can see him again before it happens, when I go.

- I know he is somewhere; maybe he was born again somewhere I don’t know. And maybe……I in a way believe in a, a {recar}, reincarnation. I think, he will come back, or I will see him one day and that is to me a wonderful thing. I will see him….

Mystics such as spiritualist mediums or clairvoyants were consulted by some participants.

- I mean, um, I know from compassionate friends at one stage, some people take a great deal of comfort from spiritualists, so we had arranged for a spiritual person to come and talk to us. Um, some people objected greatly, and we said to them, “Then stay away that week. Don’t come that time”.

- Um, I saw a reflexologist therapist, knowing that she was a medium, thinking that she could help me. I took some comfort out of what she had. I saw church people. I saw anybody who had ever experienced what I had.

- I didn't have anybody to talk to and then, my one friend said to me why don't you go and see these, what do you call it {sigh}? Not a fortune-teller, just somebody, I'm sure if you just talk to them {it} will help. And it was a strange experience. ..... But I mean I won't go easily again [Laughing].

Varied facets of God’s role in bereavement were perceived and were presented:

- I think you know, even the most confirmed atheists pray to God in their darkest hour um, and I certainly have spoken to God. Whether it’s God or a higher power or it’s the universe or its some unknown force I don’t know um, but I’ve certainly questioned why my life is so on every single level is so difficult and has been now for a year. Um, I haven’t condemned a God or anything like that; I’ve questioned rather that condemned or got angry or anything like that, ja, that’s really all I can say.

- ...and I became so bitter and I hated God and it’s taken me ten years to sit here and talk to you about this.

- I had a terrible fight with God; I said “Why weren’t you there? Why did you allow it to happen?”

- I don't know if I've ever been cross with God or angry at God or anything. I was just asking Him why my son? Why not me?
people that neglect their children. God knows what they’re capable of. Why give them children and take mine away? It is, its part of, you know, you know you shouldn’t think that way but you do. You do.

And I really did believe that he was going to be alright, all my boys, I had prayed for them. I had a promise from the Lord that he was going to bring him back to himself and I prayed everyday, and I had a good relationship with God. And I thought he had failed me, that He hadn’t come up to expectations.

I had to work out within myself, with the Lord, what I was thinking and where I was at. That’s really what it was.

And, um, um, so you know, for me actually, as a Christian, it was, it was, it was { } I found that very hard to actually accept, that God had allowed this to happen. I know that’s a very naïve thing to think.

...um, I didn’t even question it, but I have said lately um, I wonder what this is all about, you know, why? I wouldn’t ask God because they say don’t ask him; He never tells you; He will just ask you another question {laugh}.

But in hindsight, because its seven years ago, it’s much easier to look at now and see the reason behind it, God’s work in my life.

4.4.5.3 Conclusion to spiritual grief reactions

Some participants displayed certainty of their beliefs about the role of God in bereavement, and in life after death. Other participants responded with less degrees of certainty. The hope of being re-united with their children in the future is a thread running throughout the narrative on this subject.

What people believe or feel, how they behave or relate to others, are some of the ways people react to grief. However, what people think and experience in their minds, is equally important. These cognitive aspects will be reported on next (See section 4.5.6).

4.4.6 Cognitive grief reactions

4.4.6.1 Introduction to cognitive grief reactions

Cognitive grief reactions reflect the effects of bereavement on the following cognitive aspects: loss of memory; disbelief; confusion; flashbacks; sensations of sight, smell or hearing; feeling the presence of the deceased; questioning or searching for understanding and closure; as well as dreams or visions of the deceased. Triggers that act as reminders,
stimulating memory and other grief reactions, are also considered cognitive reactions. In addition, this section reports on ways in which participants have interpreted their own grief reactions. These interpretations were either positive or negative. Finally, the participants’ perception of the duration of the grief experience is regarded as a cognitive reaction. Figure 8 reflects the various elements associated with cognitive grief reactions.

**Figure 8.** Cognitive grief reactions: Cognitive responses to loss.

4.4.6.2 Cognitive reactions

The effects of bereavement shock on the clarity of participants’ minds were reported in a number of ways. One participant tried to get away from the immediate circumstances to clear her mind, which in reality took a few years to do. Another participant reported that her husband forgot where he had parked his car after making the funeral arrangements. Many
situations were described where details are fuzzy and participants can’t remember the events clearly:

- I just wanted to be away from everything, you know, sort of clarify my thoughts. Which never really cleared for a few years, but... {Laugh}. You know.
- I can remember my husband going down to sort out the funeral things and arrangements and he actually when he came out he didn’t know where his car was parked and I just realised that we were in such shock and um, if I look back now I think for very long we actually just functioned and do the daily thing.
- I really can’t remember back now too much to those days I think that I, I was too much in a state of disbelief and horror and all the rest of it, so I really can’t remember.

One participant reported the exact opposite. She stated that she remembered every person that attended the funeral with great clarity:

- And it was so strange because I can remember every single person that was there, that I put my eyes on, and it must have been most of them, and it was all very, very clear. Everything was very clear. Nothing is fuzzy or hazy or...

Participants reported lack of concentration, particularly manifested in reading anything unrelated to bereavement:

- Now that’s quite interesting. Funny enough I couldn’t read for a long time - I couldn’t read novels. I couldn’t sit and read novels, it was just impossible, I couldn’t concentrate, I could read books that told me about bereavement....
- Um, no, because I’ve always been a reader. You know, I just read, but I found that I couldn’t read thick books........
- I don’t have concentration skills. In the beginning I had very little I could read....... And that took about the better part of three years to get over that.

Disbelief was reported as having manifested in utter incomprehension and inability to accept the reality of the bereavement situation:

- .....so it was a complete and absolute and total shock, and horror and disbelief.
- I couldn’t believe it was my child, I just couldn’t.
- She was so at peace, but I kept on saying it’s not my child, its ignoring what happened.
- Now obviously, you know one when one is confronted with sad loss of a child, you know
you always there’s always shock. There is a, almost unbelief you know that you always think it always just happens to anybody else.

- You, you just can’t believe this is actually happening, you, you keep, it’s, it’s, it’s just not real. I think for, for a very, very, very, very long time and I think that’s why at first there is a blur and then {you} think that it’s getting better but that’s when it’s beginning.

Speculation about the children’s lost future was described mainly in sentences containing the word “wonder”. Parents wondered about many aspects of bereavement.

- ...and made lots and lots of scrapbooks of her whole life which, you know, was so, I think, it also helped me in this aspect of wondering, did she ever achieve what she’d wanted to achieve?

- every time we go out on a game drive, I, I think of him of course, and I wonder how he would be enjoying it, whether he would still be enjoying it or wouldn’t. What he’d be doing. Um. I wonder what he would like. I wonder if he’d be married. I wonder if he... I wonder all those things.

- We don’t know what happened. It’s a very big, um, question mark in our lives. What actually happened? Whether it was something that would have happened whether she was sitting next to water or not? Or in water or not? Whether it would have caused her death or not?

- I wonder what she would have looked like now and would she have been married would there be kids? That’s the hard thing, especially with the coming of age, getting engaged, getting married, getting pregnant, becoming a ouma. Things like that when you see your friends’ children carrying on.

- ...her birthday because where would she have been now, what would she have been doing?

- ...but his death is so final, there is nothing and there is no, there is nothing that you can see or hold onto and that I think is very hard for us who are parents whose children die and we wonder what would they have been like, would we have been ouma’s and oupa’s and they had their own dreams that they wanted and they couldn’t fulfil their own dreams.

- .....um, I didn’t even question it, but I have said lately um, I wonder what this is all about, you know, why?

- I sometimes wonder if people who take their lives, don’t, plan it. He was so happy the day
Some participants reported having dreams or nightmares about their children, sometimes even years after the deaths:

- I had nightmares for years afterwards.
- I dream about my daughter a lot, she is always alive in my dreams.
- I do dream of him and I believe that he, he is with me when he dreams, when I dream of him. But he's never talked to me uh.
- ...what I do is I keep a dream diary and every time I dream about her um, I write that dream down other dreams I just kind of ignore but um I have been keeping a dream diary of every dream that I’ve had about her....

Feeling the presence of the deceased was not an uncommon experience for some of the participants, and in some instances manifested as para-normal experiences:

- ..... because I think she’s got to go somewhere just to feel that you are in contact with the person especially moving into our new house before, she’s not there, she’s not there. Going to her grave just sitting there. Many a times I sit there and I just chat to her. But I still believe they’re in contact with you the whole time. I think she’s there. She comes with me wherever I go she is there. I think she protected me many a time. I get that feeling, and then I stop or I turn around or do something else and there I leave that. I think that is her.
- I talk to him. I say to him, “Ooh, I wish you were here. That tree needs chopping down. Dad’s not going to do it. I’m going to do it all myself.” I keep him alive. I talk to him. I know he’s listening. I know he laughs at me. Um, warm, happy, I know he’s there. Comfort. I know he’s there.
- And all I’ve said is that there are times when little things happen, and then I can see his smiling face, and a lot of people may not believe in this, but I personally do, because I saw my son. I saw him the month after he died. He came walking in by my front gate, as large as life. And then about a week later, he came to me in my sleep, and I spoke to him, and I said to him.....
- But um, I got, um. I don't know, I just sometimes feel that he's still with me in the house and when I mow the lawn I can actually sense him being with me, telling me I missed a
The next minute the wiper goes up. How did that happen? [Laughing] Now to get the wiper to go down I had to put the key in the ignition, switch the car on and then it would go down. And it was just the moment I asked you know, or I, had the comment made. Now I've got to wash the bloody car on my own. It doesn't make sense any other way that it would have been a reply from him. You know. Saying, you're not quite alone I'm here but I can't exactly help [laughing]. I'm just scratching the windows for you while I'm at it.

He gave me flowers for the first three years. On the days, Carnations. Um, I had a pot of Carnations on my front porch as you go to the front door. Whenever he came from Stellenbosch he would pick a flower and hide it behind his back. He'd give me a little kiss and say, “For you.” and give me a little flower. ............. This gone on for three months and nothing came of any buds that formed. They would form and they will have this mucky juice from them. 18th of July I walked out taking the dogs for their wee on the grass and I saw this bud and thought ja, okay, it will “vrek”. [{laughing}] I thought nothing of it. On my birthday I walked out. This massive Carnation, snow white with red specks in the middle.......... And um, then I had another one for Christmas. ............... And uh, on every anniversary date of, it was my birthday first one then it was Christmas for the next one then his birthday for the next one. Then for the anniversary of the accident and then again for my birthday, then for Christmas and his birthday and it was only those three days that he, that I would get the flowers, and on Mother's day as well......

Many participants felt that the death of a child before their parents was not normal at any age.

4.4.6.3 Reminders which trigger grief reactions
A few questions in particular drew out the responses from participants which will be reported in this section. These are Questions 5 b to 5 f (See Addendum 3). Some of the responses were offered spontaneously, however. Triggers which acted as reminders in regards to bereavement, ranged between: special occasions; photos and other memorabilia; handwriting; places; and specific sounds, smells or other things important to the participants. These triggers sometimes stimulated positive and sometimes negative reactions.

Special days of the year, such as: Christmas; birthdays, mothers’ or fathers’ days; anniversary dates or other family occasions, brought out the most strongly negative of all reactions relating to reminders. Parents described a type of build up over a period preceding the anniversary or birth dates, and some would choose to by-pass Christmas altogether. It
seems as if family occasions highlighted the absence of the deceased members. First, there is the build up:

- **The week before it will start. You don’t want it, you are not zoomed into it, but it just happens.... You are going through this emotion, then getting to the grave, putting flowers on, just chatting to her. If you drive after you say “bye-bye, see you next time”. Then her birthday, the, it’s terrible, it’s not nice. During Christmas I always feel I could take a big step just over Christmas so that I don’t have to go through that. Its not a nice time for me, I don’t like it. I don’t know how other people feel about it but usually it’s those three days that make it very, very hard.**

  The special days are marked:

- **So I mark the day. I go to the church, put some flowers there, um, and I spend time with my memory box. I have a memory box with special toys, photograph albums, video tapes, that sort of thing. And that’s my day to spend with my children. Um, and birthdays. I still recognize their birthdays and take some flowers, or try and spend a bit more extra time thinking about them on their birthdays.**

- **To me the birthday is still a difficult day, but they come so close together so as soon as July starts and I think, it’s July and then it’s Augustus, it’s, it’s bad months for me, really bad, but there are days that hmm, no there are...I think it’s more sometimes just things and memories or songs or whatever, that are worse than other times. Things that you do associate with...**

- **I think, um, the anniversaries are very, um, as a bereaved parent I think that’s a very important part of your life. In the celebration of life, the celebration of death. It becomes a celebration of their death, their passing, and they’re gone to be with the Lord. And that’s quite a, it’s quite a difficult experience to cherish or to remember or celebrate with people that don’t feel the same way. It’s quite a difficult... I find it quite a difficult balance, but it is important to remember anniversaries of deaths, and of, of important things, birthdays, and I do. I always do. My boys and I light a candle on his birthday.**

- **Hmm, I suppose those anniversary days are always, hmm, are always, they, they, they stand out because they are those days and, hmm, in the first two, three years they were excruciating. It was just mothers... even mother’s day, father’s day, hmm because we were so aware of her absence. It just, all you could see was that she wasn’t there, instead of, hmm, enjoying the celebration, or whatever, hmm, whatever family celebration was...**
happening. …… Hmm, but hmm, ja, her birth...her birthday because where would she have been now, what would she have been doing....... those, those, those special days and Christmas, when...She loved Christmas, if ever anything was nice, she would say, Oh this feels just like Christmas there. It smells like Christmas, it feels like Christmas. That first Christmas was excruciating but we all just got together, you have to, you’ve actually just got to support each other on those days. They have to be gotten through; and sometimes also, now it seems like there’s all this build-up before, you get, I get like really mad.

Christmas’s are especially difficult

- Christmas. I don’t like Christmas.
- …. I don’t celebrate Christmas anymore; I don’t want to know about Christmas. I don’t want to know about my birthday. My birthday is soon after he died. I don’t want to know about anything like that. …………… So we always had that. So Christmas he was always with us, we used to have neighbours, and we would have lunch together. But I don’t want to do that anymore. I don’t want that. I’m angry and I’m quite happy to be angry, and I don’t want to do those things, but I know that time is a great healer I do not know that. I sit back and wait for the time that I don’t feel angry any more.

Some participants reported doing special things on the anniversaries of their children’s deaths.

- ……..and another thing that I did, that I think is fantastic is that the first year of the anniversaries of his birthday and of his death, I took yellow balloons and I stapled R10 notes to the balloons and I let them go, some at the place where he died, and some outside the restaurant where he worked and as these went off I said: “Have fun with them, give them to whoever you want to and just have fun with the balloons and the money”. And that was fun, I enjoyed doing that.

- …….. for two years after her death, two to three years, and we all partook in the Fish Hoek mile, something that she had planned to do on the Saturday morning that she died, she had planned to swim the Fish Hoek mile. But the next year our family, we all swam the Fish Hoek mile....

Participants appreciated the role of photographs in remembering their children. They
unquestionably want to remember their children, and not forget them.

- Ja, because you don’t want to forget, you know, and I think as time goes on, and, you know, you know,
- ...., because I was scared I was going to forget.

Some participants found the collection, enlarging and making of collages with photos very therapeutic.

- Ah, they were all, they were things that I worked on - I think that first year, in the last, in second six months, I started gathering photographs, I wanted to build, make collages and then I, that would be my project and then it was the videos, I, I, and I’d always think, When this is done, what am I, what am I going to have to do? Hmm, it’s like I needed something that, that involved her, to, to, to work with... it must have seemed as though I was obsessed.
- Every photo I could get hold of I enlarged it and I put it up and I’ve still got it standing around the house. It was my way of dealing with the whole thing, to see her, I wanted her there still.
- I felt I didn’t have enough. The ones I had I straight away went and had them all copied, and made bigger, and laminated, and dished out to everybody .......And they’re very, very precious. And to start with they were in every room; on every surface you could possibly put the things. And then over the years you got more sensible about it. But some people have it like wallpapers in their house literally. So you’ve got to be careful you don’t make shrines to the child, because they wouldn’t want that, and you’re not moving on. So yes, have a, have photo’s, but have it in your handbag and that type of thing. That’s enough.

Not every participant had such a positive view on the role of photographs. In some cases participants reported that photos could trigger sadness. As a result parents were not always in agreement with the public display of photos in their homes.

- And you know the photos, as I say of long ago isn't the photos that upset you as much as the recent ones. I mean there were photographs that we took two hours before she got sick. ....... And, she was gone like a few days and we had to and we went to fetch them, we had them developed. It kills you, it really does. The ones, the latest ones are always the most upsetting ones. .....Because those were the, you know the, the way you remembered her.
Yes. Yes. That's where my husband and I differ. Um, we didn't have very many recent nice photos and um, I had some lovely ones of him at my daughters wedding which I took in and had just him taken out and enlarged. And my hubby was not for that. {laugh} I've got a lovely small one but he said no the nice big one you give to his wife. {sniff} Um, so we differ on that. Otherwise I'd have photos everywhere.

It took very long for me to take a photo out. I wouldn’t have photos. I’m not a photo person. Took very, very long for me to actually take a photo and put it in the bedroom. My other son gave it to me……and it’s quite a serious photo of him, and that’s the only photo I have in my bedroom, because to me, it’s personal. I don’t hang it up in my lounge because what for? I just feel that is for me to look at. If anybody walks into my room, and then I say to them: “That’s my son.” But I don’t believe in having millions of photos and big photographs now up, because you should have had that when they were alive, and not wait for them to die.

Yes they do but I’m very careful you know you can get quite morbid by sitting with photographs and going back to where its not going to help you, it really doesn’t I don’t think.

...but I have his photographs in my corner round my computer, I have his photographs everywhere, His friends gave me lots of photographs and they are everywhere and they have stories that go with them. I don’t look much at anything else and I don’t go and browse over them, I choose to close myself off from it, I don’t think, I keep myself busy, I don’t think. But I do like to have his photographs around, not that I look at them.

Memorabilia which triggered memory and emotions were items such as: clothing; things that belonged to them; hair cuttings; certain flowers or toys; music, poetry and writings by the children.

I just wanted some of his hair.

And from, from now onwards I will always see the, the purple Iris as his flower {tearful}, because that is what they brought him .....

Um, even, looking at his things, I've still got some of his things in a, cupboard, I can't look at it. It’s too painful.

I’ve still got teddy bears of hers. And many a time I hug the teddy bears.

I had all her baby things and things like that in a cupboard, actually in a suitcase { } box.
And every time I looked for something, I opened that suitcase, I cried all over again. And I thought to myself, “You can’t torture yourself like this. Just get rid of it. Why are you keeping it?”

- And then one day you in your car, you open the cubby-hole and here this is lying. And then you open your car’s boot and there’s a little umbrella. {Crying} There’s always something....

- ....but the majority of the things we, we actually got rid of quite quick. Which I do think helped, because it does upset you. As much as you don’t, think it’s just material things, but it’s all things that remind you of her. Um, I think that was a good thing. I was never sorry that we did it that way.

- I went through his belongings about six months afterwards, just passed on to people and friends who asked for particular things. I took me ten years to see to the rest and I’ve still got things that hold me that I can’t let go of. I still wear his clothes. My husband still wears his clothes. His sister keeps shirts and jerseys of his.

- I don’t think about them, but they’re there, but it’s like his writing, I don’t need to look at them, I just know that they are there, and if I need them they are there.

- If I walk through the house and I hear his music playing down the stairs I’m waiting for him to come down the stairs { } with his guitar in the hand. He used to sit in front of the TV playing with the music on the TV or something and he was brilliant at doing that because he could play by ear and he could play from music and all that. So um, that’s a big gap in the family. That’s just one of many.

- I’m busy, sort of busy with it {also} especially with this book, that the students wrote about him and his fellow, lecturers. I think that, gives {me}, I often open it up and I read it and that gives me such great comfort and I think, I’m so lucky that I have got happy memories of him and I think, that is, more precious because, if he was still in this world, we all worry about our children,

Characteristic aspects of the children, such as their handwriting or the smell of their clothing elicited strong emotions.

- I found his shoes and his handwriting, I don’t know why, always upset me.

- Seeing her actual writing is a bit of a shock, you know, when you get bits of it.

- I’ve kept everything that I’ve got that’s... it’s his handwriting that’s upsetting.
Because after her death, you know, you spend a lot of time with the clothing, trying to still get a scent of, you know, I don’t know if everybody does that, so I just felt it was getting too unhealthy and to release that.

It always reminds me of him, because he used to smell like that and his friends would say when they smell of that smell they could think of him.

And the least little thing can trigger it off. In fact the most ordinary little thing, you know, just a scent, an aroma, anything can trigger it off.

His clothes were washed, clean, now I would have liked to have had his smell.

And I kept on walking into her room and that was a real, I couldn’t get rid of her stuff you wouldn’t believe it, that I’ve still got some of her stuff. The clothes she had on that night at the party, I’ve still got that wrapped up. There are times that I do smell, I go to that and I smell because I need that.

Sorting out the children’s rooms and getting rid of their things were reported as very individual decisions, best not pressured by outsiders.

Hmm, for, hmm, her room was exactly as it was for about two years, I, I, I just didn’t know what I was going to do but ah and that’s also where my husband was, was remarkable because he allowed that I, I don’t think - it made him uncomfortable, it hurt him, it upset him. Hmm, ah, her clothes were all hanging...but slowly, as, as we softened... I think one mustn’t let other people push you into making - ‘cause they’re big decisions, they, they can affect you - you don’t want to regret or, hmm, it just needs to happen as it happens for you I think.

And um, she helped me a lot because she packed everything up for me so I didn’t have to deal with that when she’s gone. So she, well it was just after Christmas, so we packed all of her toys and things were brand new, and we took that to, um, a lot of that to the Red Cross Hospital where she died.

...and it just was something that she would touch. And her little dress and shoes. I had more things, and I thought it was a bit unhealthy so I got them and eventually just let them go. ........ I’ve got some of her, some cards in there, and I’ve got her, it’s just all in a little bag and its up in the top cupboard and its got a little letter in there, because I think of one day when I go, maybe the boys will find it and see that { } little sister.

Certain places which reminded the parents of their children acted as triggers.
When I think that we’ve been in our home for seventeen years, he’d only been there for four years, and he died. And for a long, long while I wouldn’t move. And then two years ago I felt I was ready to move, although we never have moved. I couldn’t leave him behind.

...every time we go out on a game drive, I, I think of him of course........

...but its all in little places. Then when we ride past Tokai forest I look at where we used to go a lot when they were small, and I look at the sea because he was also with the NSRI and I can remember him swimming from the boat to the rocks where we were sitting .......

Driving through Cape Town is enough of a remembrance, because everywhere is a place where we used to turn off to go and see him, or take him to a restaurant or something. That’s always painful, always painful to see places, the street that he lived in, uhm and so on.....

........when I passed the university this morning {I did}, I rode passed there and I just {sigh} you know I just feel terrible. I, I want to go there where he stayed his final year, and, just to bring back memories and then I think no I'm not going to he's not there anymore.

4.4.6.4 Grief reaction interpretations

The way in which participants viewed their own grief included either positive or negative elements. Participants who had experienced compounding factors in addition to their bereavement; felt despair for their own future, and also had lost the hope of their deceased children’s futures; had not said good-bye to their children; felt that the deaths could have been prevented; experienced undue stress in their marriage relationships; or suffered from the perception of their own personal incompetence in regards to bereavement – are considered to have a negative interpretation of their own grief reactions. On the other hand, those with positive interpretations of their grief reactions: expressed hope for the future; said good-bye to their children; experienced closure; possessed intrinsic spirituality; and perceived good resulting from the deaths.

Many of the quotations for this section were in response to Questions 2 g, 5 h, and 5 k. (See Addendum 3). Many quotations were spontaneously offered in free narrative. Figure 9 graphically represents the elements of both negative and positive grief reaction interpretations.
4.4.6.5 Negative grief reaction interpretations

Some participants reported a dim view for the future, and expressed the loss of hope they had for their children’s futures.

- *Um, I don’t, I don’t see it as rosy at all. I see it as incredibly weak. ... I mean, the future is very bleak.*

- *Whereas this whole loosing a child was just terrible - it’s this, all this hope that you still had for the child and the hope she had for herself and all these ideas and ideals and everything’s just gone.*

- *Um, and I’ve looked forward to things like my son marrying and having grandchildren and there being other children in the family, because I come from a very large family, and we’re so very small now.*

- *Um, I just feel, if we’d had a child that I could have had something to love, to put my love on to, but his death is so final, there is nothing and there is no, there is nothing that you can see or hold onto.*
But its very hard if you, know that you could never talk to them again, never see them, never, phone them, never see how, what happens to them whether they get married have children.

It was the death of a child but it was also the death of everything that child could have been, you know.

.........it made me realise this is gonna be a long and uphill life.

But I don’t feel very much positivity for the future at all. I, I, I can’t look ahead and see anything wonderful and I now feel that, in fact, my life has been permanently disabled, that no matter what happens, I’ve always got this huge failing ....

Some participants expressed various facets of personal incompetence: wanting to have done everything differently; thinking that they should have done more; feeling that they are not coping; or avoiding people so they won’t notice their incompetence.

I think this sort of takes me to - I’ve been thinking, {I mean, really}, what does cope really mean? {Laughs} Hmm, you think you’ve coped and you haven’t really coped. Hmm, day to day you cope but not fully I think.

I am... I live in a world where people think that I cope. Because I don’t have a son, I don’t cope. I hide it.

.....and now quite often I say to myself, why you didn’t just do a little bit more.

.....so I presume that is something that you’re going to carry with you, hmm, you would have wanted to do it differently, have it differently but now you cannot go back.

And, ah, you know, it took me, you know, but then I realised there was something wrong with me, because I never used to laugh.

I think, of the three family members, that I’m probably doing the worst.

..... but I don’t want to um, give them the impression that I am a morbid person, somebody that, you know, like breaks you down, that makes you, you know, that pull you down. I, I just sort of stayed, you know, got withdrawn when, where I was.

Some participants felt that the deaths could have been prevented

Her dad had actually said to him that he thought it might be that and yet he had not picked it up.

It’s bad enough to know, to know he died in a stupid way.
I'm still angry with her because she did something that was unnecessary.

Saying good-bye or letting go were aspects some participants struggled with.

... and I just said, well, I couldn’t, it was too difficult to let her go.

So in a way I think I did say good-bye but one part of my heart will never say good-bye {laugh}, will always {believe}, always be talking to her.

I will never say good-bye. Um, we went to the funeral parlour and I kissed him good-bye. I kissed his body good-bye, but I will never let him go.

I can’t, I mean, as I say, I struggled to think about selling the house. I was leaving him behind. Could you say good-bye? Have you said good-bye?

... it will never be good-bye with her because in your heart she will live forever. And with her memories and it's not like anybody else. Um, she is with you all the time and, no, I don't think you could ever say good-bye to a child. I don't, I really don't.

Experiencing stress in marriage due to bereavement is not a negative interpretation as such. The admittance of stress in marriage is included in this section for the intrinsic negative possibilities it contains.

I think it has an impact on one’s marriage definitely. And sometimes I thought if it wasn’t for the grace of God, I think things were just going to go out of control.

4.4.6.6 Positive grief reaction interpretations
The interpretation of grief reactions as normal is considered a positive perspective for the sake of this research. These would also be: having a hope for the future, having said good-bye to their deceased child, seeing good result from the bereavement experience; finding closure; and having intrinsic spirituality. Intrinsic spirituality means that the participant has a belief system which offers a framework of meaning and understanding in the bereavement process.

Children and grandchildren played a part in the positive interpretation some participants had of the future. Other participants appreciated the gift of life, the beauty and opportunities around them, all serving as motivators for the future.

... so I'm not scared of the future or not looking forward to it.

When I see the future, I look forward to grandchildren, and um......

....but the future, I now actually see that my other children are actually so important and they need me to look forward to the future with them. Hmm, not look back all the time but
I, I’m quite positive about the future.

- Because that gives me a purpose to do, carry on with, with uh, things. Because it brings other people happiness. It gives me a purpose to do. And, it keeps me out of mischief.

- And I still feel I think there’s a reason for everything. That’s why one’s got to try and be positive about it. There’s a reason for, us being here, there’s a reason for, the flowers, for this world as, as it is. And, one must notice the beauty and {the}, and the love around you and I have learned so much.

Participants said good-bye in many varied ways. There was awareness that saying good-bye to the body was just that, and that the child was no longer there. Therapeutic ways of saying good-bye were handling the warm body and working with scrap books or photographs for months afterwards. These aspects are reported in the section which deals with the role of photographs and memorabilia (See section 4.4.6.3).

- Although we said good-bye to him, um, I think we only kissed the body, you know, he wasn’t there anymore.

- ……so I was prepared when the phone call comes, that she is actually… so when I left the hospital, I basically said good-bye then.

- …….. actually I did in the weeks afterwards, you know, hmm, I found it very helpful for myself to go through her things and every time that I went through something, I sort of, hmm, felt I was saying good-bye.

- Hmm, about saying good-bye, I think, ja, every time I went through these scrapbooks …..

- But that night, when I went to bed, he said, “Good night Mom. I love you.” And that’s so important to me. So he did say good-bye {laugh}.

- We just said good-bye and they took her off ....

- Well, we had a day and a half or whatever in the hospital, um, and I think that’s basically when we said all our “good-byes” and “I loves you’s” and everything even though we were saying it to a husk um, there was certainly no time before that and um, afterwards you know you’re saying good-bye to somebody who’s not there. I didn’t say good-bye and burn the piece of paper, I didn’t write good-bye, I said good-bye in the hospital and that was it.

- I blew him a kiss when they took his coffin out. I blew him a kiss and said, “Bye, bye.”
the wonderful thing was, handling this warm, soft body and I [Tearful] because um, it was like saying good-bye to her.

...she had pipes and tubes in her mouth, and up her nose and through, oh all over the place, one right into the jugular vein, and that was difficult to say good-bye but after the doc said “she’s gone” and we went back into the room and she was just lying there, I just kissed her on the forehead and I just said “good-bye, see you in heaven”.

Seeing good resulting from the death has embedded in its nature, elements of moving on and re-integration into society. There is no doubt that participants would rather have had the children and experienced the pain of bereavement, than not to have had the children at all.

Would you sooner have not had your children?” I said, “Never.” I think I’ve said that at the support group thing as well. Never, never, never.

... she, well we had her for eighteen years. Um eighteen good years. ....... I would always have rather had her than not had her, ‘cause some people think that maybe you shouldn’t never have had the child. Then you won’t have any pain, but for me I would rather have had her, those years that I had, and take those memories with me........

But, I have got so much from the eighteen years that he was with me. Ja.

I would say that they must never not think about having children. Because the whole experience for me was satisfying, for me it was satisfying, bringing up four children... but the whole experience was very rewarding, oh frustrating at times, oh, tiring, oh cost a lot of money, but worthwhile, I think that’s all.

When I look at her picture’s its just so beautiful, it was a good experience. Hard to go through, to lose a child, but a good experience.

Personal growth and outward focus are areas participants attributed to bereavement. Participants expressed different facets of personal growth.

I will never forget that, I will never forget him, but, you think um, to share if I can help other people just to get through this difficult time in their life I think I am more ready now to do that ja.

And then I realised I was actually, because of, ah, still talking about God, believing in God, you know, that this actually had quite an impact on some of the people { } to stop that. So maybe in this way, it was some purpose, you know.

And from that time on, until today, he’s been talking to me more and more about the
manifest anointing, for healing of others, and for speaking encouragement and things, prophecy, and stuff which I now been starting to do, which I never have before. ...... that you’ll never have the full anointing without going through pain. And he went through the pain on the cross for us, that his anointing might be transferred to us, as {} authority in the spiritual realm.

- I think it changed. It changes you. I’ve heard this before. It actually changes you a person. And If I can say anything, I’ve probably become stronger. My life’s gone a different way, a nicer way. Not all about me at all any more, which I suppose before, it could have been a bit more, ah, how silly little things are so important. You look at things very differently, so you look at life differently and I think in a better way. You look at life. So that’s, I think, positive things. More positive has come out of it than negative, but then you’ve got to want to move on…….

- But, it’s all worthwhile at the end of the day. It really is. And that’s my saving grace. And I thank God that he had to do this to make me wake up. You know, I really do. And as hard as it is and as sad as it is that my son lost his life, I feel, I still feel very privileged.

- It changed me a lot. I wasn’t, as my husband said the other day, I never knew that you were such a big believer….. I wasn’t like that at all. And I never had this patience. I didn’t have patience at all. I was very strict my children, and now all of a sudden I’ve got all this patience.

- …but I have found that I’ve become far more tolerant and I’ve got far more patience than I’ve ever had.

- I think it just makes me look more carefully in a way um, try and consider other people’s feelings a lot more.

- We are a lot more sensitive to people who are grieving.

- My perception of a lot of things has changed. Um, you know things that would have previously upset me. If people messed on the carpet I would be upset about it. And now it’s like agh, get a “lappie en vee dit op. Nie staan en panic oor nonsense nie”. {Laughing}

- Um, but I have learned a lot of, learned it of my own ability and my strength to cope. Um, {as I said, I've got to} know a lot of interesting, wonderful people; it’s opened a lot of huge horizon for me.
I just thought, well, maybe, you do care more about other people.

The bereavement experience is perceived to have brought families much closer together.

But, um, on the whole, I think both this experience and the previous one brought us closer together.

I think I got closer, we got closer together.

The three of us are very close now. Very, very close.

...this whole death thing actually brought us together again.

But, ah, it brought us closer, all of us, I think.

What has sort of emerged from this whole thing is that my other son and I, we've become very, very close.

I feel in a way um, we're a bit closer. Um, he actually appreciates the children we've got left. We appreciate them more.

Participants reported closure on many different issues including: scattering ashes; seeing the body; having had the opportunity to say the things that needed to be said before the death; dealing with the child’s room or things; feeling no need to change circumstances.

So I took some of them to Chapman's peak some of them are scattered in the garden of remembrance and then they buried some around the side. So um, that was a closure definitely; it was an undone thing for a long time um......

He did say he wanted his ashes thrown at the game farm ...... which we did five days after his funeral, which was wonderful.

...we sprinkled the ashes. That was good, that was a good completion ......

...she suggested that we cremate her, and so um, she made all the arrangements, and I was also never sorry about that .......

And, it is, we, and her ashes we scattered at the um ... {Sniff} about, oh, about a month or three weeks after she died. I also think that was a good idea because, you know, what do you do with it in your house? The longer you take to do these things, the more difficult it becomes, and sometimes I think you never do that, because, you don’t want to, that’s all you have.

......ah, that actually helped me a lot because for my, hmm, specific reasons, I think, it was
important for me to know that she had achieved quite a lot for herself

- ...and she looked so peaceful, just as if she is sleeping and that is now fortunately - a lot of people say they don’t want to see their child again but fortunately to me I did go and see her and it did help me to see that she was looking so, so beautiful and so peaceful in the chapel ...

- Um, and I always feel subsequently when I talk to bereaved parents sorting out the child’s room is one of the major obstacles, and having to do that quite quickly when I was again thinking back, you’re actually in a fairly numb state in the first couple of days, was probably one of the best things I could have done.

- I think what I’ve been through is exactly as it should be, from start to finish. I don’t think it should have been any different. I think the way I’ve handled is how I would handle it, and everybody is different, but for me it’s got me through six years and I’ve come out the other end, and its how it should be.

- ....but it was such a privilege to be able to say the things which one wouldn’t necessarily have time to do in, like an accident my husband was killed in, or if something tragic happens like that. So, I was very privileged I think, and it was a wonderful experience, as hard as it was.

Intrinsic spirituality aided participants in finding comfort in the faith they possessed at the time of bereavement and in their grief reactions. A main feature of intrinsic spirituality was the attribution of spiritual assistance to God in times of difficulty.

- I still think to today that my heavenly father sent this sister that was in charge in this emergency towards us.

- I got this strength from above that I didn’t know I had because I just knew that if I let go now this family will fold.

- but as he was walking through this one passage, its cold and it was a very cold and rainy day as well, I had this wonderful hymn in my head that he would dance in that streets that are golden. I, I just almost sang it and I know that that was given to me for that purpose.

- But then one evening I was sitting on my own and was came up so clear to me what Mary had to go through when her son was on the cross. And that her saviour and Messiah said forgive them because they don’t know what they were doing. And I had to forgive them because I heard that it was gangsters full of drugs, they don’t know what they were doing.
…and every time I said “Father, thank you, you are healing me through these little ones, and they don’t even know that they were doing it.”

And sometimes I thought, if it wasn’t for the grace of God, I think things were just going to go out of control.

I, people often say, they wonder what people do who don’t believe in God, then I say, I honestly think God helps them as well, they just don’t acknowledge it and that’s the way I see it. I thinks He’s there for everyone, He helps everyone but not everyone acknowledges that it’s Him but I can’t see who else it is {laughs}.

But we knew where our strength came from. We knew there wasn’t anything we could do about it. It was done, and we just had to get through it.

But as I say, it was prayer the whole time, it was so wonderful.

And everything just fell into place. And I still believe it is because of our praying; I was on my knees the whole time.

……….you could actually feel the presence of God in that room as she breathed her last.

Um, I can’t think of anything but I am very grateful you know, I think of women who never had children and I’m just so grateful to God for giving her to us, she was very special. Ja.

I just see that there’s she is there because God wanted her there. God gave her to us for that short period of time; we brought her up as best we could and um loved her as much as we could love…. 

I thought maybe I will never have children. Well, Uh, God was kind to me, He gave me three sons.

So I was so wonderfully grateful to God because I think when you loose a child and you have children after that you appreciate them even more.

I suppose, you get the strength from above.

And I just say thank God for everything I have.
4.4.6.7 Interpretation of duration of grief

There was no direct or indirect question to solicit the participants’ perception of how long grief continues. These responses were spontaneous and offered in various contexts. The overwhelming unison of thought reflects a continuous and ongoing process of grief, which only ends upon the death of the participant. An apparent softening of the initial pain through the kindness of passing time is reported. It is clear, however, that the pain does not depart; there is only an acceptance and adaptation in learning to live with the pain.

- ..... it is going ok but I think we that have gone through that period in our lives and still its an ongoing thing, that I also realise its an ongoing thing, it doesn’t stop after a year or after two years or whatever. I think it just , there is a scar, the scab just becomes a bit thicker and then at certain times, when you really think about him a lot or when I hear guitar music or whatever then suddenly that scab that you thought was thick will just um fade away and you sit with quite an open wound again. But I don’t think as open as what it was at that time, not so, um, so um, open and raw, raw.

- It comes on and goes off and it continues. It doesn’t stop.

- It’s always there but you just carry it out. You carry it on when, um, when I can accept it.

- The one thing that I realised was that her death is always in my heart and in my head.

- As, um, you mean, well, it is a deep aching pain within your heart, which is always there no matter, even when you’re laughing, it’s there. It’s just always there. It’s that, and as time goes on, you can say, you know, there’s a distance between the actual passing away... I suppose it depends on how much you allow to let go, as to how close you are to that, but um, the pain is there, but you learn to live with the pain.

- None the less, it’s very, very hard to lose a child. I don’t think I’ll ever get over it.

- ...and I think if you have lost a child you are bound for the rest of your life in that same depth of despair sometimes.

- I suppose it’s that feeling of being further down the road, and it, it doesn’t ever get better, but it... You’re just learning to cope with it better, I think.

- But there are times when you least expect that you are going to feel absolutely rotten, and that’s gonna happen. It always going to be. The loss of, of a child is always going to be with us, like a birth of a child. It’s an experience and it’s a very personal experience, and...
...because it is hard. It doesn’t get better. It doesn’t ever get better. You just get used to it.

...I think it’s the loss that you carry with you always.

...because I knew it’s so sore when it’s raw on the inside. As I always said there’s a part of me that was ripped out and nothing can fill that hole, its emptiness there, you can’t fill it.

I think for, for a very, very, very, very long time and I think that’s why at first there is a blur and then you think that it’s getting better but that’s when it’s beginning.

...people say time heals. And time can’t heal because it will never go away. But the reading went “time shows a mysterious kindness” and I can live by that.

There will always, always be that loss. You never get over it... You go there clutching at straws, looking for something to make it better again. It’s never going to be better again and it just, you like, you just have to learn to live with what you have left.

After ten years, I miss my son. I miss him terribly still.

Um, it's like this pain in your chest that's there all the time.

They will never know what it’s like. And, it should be continuous. I mean it never stops this, this grieve, it, it never until the day you die.

And um, {crying} ja, it's 17 years later I'm still crying. {Laughing} {Sniff}

...and, you know, it won’t go away, but it will force you to carry on for the people that still need you.

And, in the beginning it’s very hard. It gets better but it never goes away. People say time heals. It does help, but it doesn’t heal. Time doesn’t heal. It just makes it slightly better.

I don't think you'll ever accept your child’s death because it was part of you. Um, it's like having this little stone in your shoe. You, you're always aware of it, it never goes away. You just get used to it, but it’s always there.

### 4.4.6.8 Conclusion to cognitive grief reactions

It is clear from the narrative that cognitive reactions to grief were associated with various aspects of thoughts and memories. Many stimuli such as items, thoughts, aromas, places, or sounds, acted as triggers to these reactions and influenced the participants in either a positive or negative way. Participants’ perception was overwhelmingly in agreement that the duration of grief is ongoing.
4.4.7 Conclusion to grief reactions

Emotional-, behavioural- and relational-, physical-, spiritual- and cognitive grief reactions were identified in the transcribed texts of the 22 interviews with participants. These reactions are integrated as a whole, but were separated for ease of interpretation, with overlap occurring in context. The way in which participants interpreted their own grief reactions gave a broader insight into the grieving process, aiding the understanding of how people experience and understand reactions to grief.

The attempt by participants to cope with grief is reflected in the next section, [4.6]. Mourning deals mainly with coping mechanisms employed by participants in their endeavours to adjust to life in culturally relevant and acceptable ways.

4.5 MOURNING

4.5.1 Introduction to mourning

Broadly, mourning can be defined as the challenge of re-adjusting to life, in a culturally and socially acceptable way, after the death of a child. The coping mechanisms (or defence mechanisms in some cases), reflect the ways in which people deal with the obstacles of adjustment. Figure 9 presents a vivid view of the particular coping mechanisms identified in the relevant texts for this research. Note that CM: indicates a coping mechanism and CF: indicates a code family. A brief report on each of these coping mechanisms follows. Some of these will be grouped together where deemed necessary.
4.5.2 Acceptance

Quotations related to acceptance totalled 14 out of all 22 interviews. Only 10 participants referred to acceptance, and the spread is even, with 2 participants mentioning acceptance 3 times each in their narrative.

By their own admittance, participants acknowledged the importance of acceptance. Acceptance seemingly is key factor in moving on.

- You would have wanted to do it differently, have it differently but now you cannot go back so you’ve got to accept it, got to move on.
- I felt God had let me down so badly I mean, {tearful} um, so it took me 15 years to get to that stage where I could just accept ok, and forgive God for allowing such a terrible thing to happen because she suffered you know, the thing is she suffered.
- I can’t change that. I must accept that we’re all different, so that’s you know, I’ve come to that place where maybe, within myself, I’m able to just release it all, you know.
- I’ve accepted we’re all different and we all handle things in different ways. And that’s the way he is.
I don’t know why sometimes, but I, I can accept it, and I see its part of a greater plan, and if I look back on my son’s life and my life, there’s, it’s always such perfect planning really.

My advice to people like that is rather to accept what has happened in the past is past and try and live with it like that, and don’t keep blaming ourselves because that brings a lot of heartache and we find it far more hard to accept the death of our children, when we carry that terrible guilt.

But when we realized she was going to die I accepted it.

Um, I don’t really think there’s any really way of dealing with it. You’ve just gotta live with it. Accept the things you cannot change.

The healing process takes time but you know because I could accept this and we could accept this is the thing that's happened. It happens every day to millions of people over the world you know and you’ve got to accept it.

To me, there’s’ you know’ that’s part of life, you know. And I’m, you know, I just don’t, you know, sometimes people, you know, they work it out too much in their head or try to work it out, and you know, I’m more accepting, I think, you know.

4.5.3 Actions and decisions

There were 34 quotations linked to taking actions or making decisions. The most these mechanisms were used in a single interview were 5 times, followed by 4 times. Actions or decisions were mentioned 3 times in three different interviews. The rest of the quotations were spread evenly. Seven participants did not mention taking actions or making decisions related to coping.

Participants expressed the view that activating their will was essential, as the alternative could lead to depression.

I honestly think, it’s, it’s very much a will decision, it’s a decision of will. You’re carrying on with your life and you’re still going to…and you know you’ll have the support of your family and your God and everyone and you take that will’s decision and you carry on and if you fall back and you’re going through a depression and you don’t actively take that will’s decision, I think it can be very bad for you ja.

More positive has come out of it than negative, but then you’ve got to want to move on. You’ve got to work at it. It’s not something that happens. You got to... It’s not an easy thing to do. You got to have a mindset and you’ve got to work through it, and its better to
make something positive out of it, because otherwise you gonna end up in a bad place in a big deep hole, and to get yourself out of that, you might never get out of it. And you’ve still got life to live. So, you know, life is wonderful. So, do it the best way.

Some participants simply realised the importance of deciding to ‘live’.

- ..... to be able to carry on and face the world and that’s another thing also maybe off the point there that I also found that to make it, it’s a choice you must make to carry on.
- ...really a decision to actually put your foot out and say “yes, I can help others” or “I’m going to carry on with my life as best I can” and to face the world.
- Hmm and ja, from then on it was just a steady, daily choice to survive and to, to keep getting up.

In some instances participants’ decisions were based on family related issues.

- I think it’s a {role} a thing that you’ve got to say to yourself, you’ve still got a husband and you’ve still got children and you’ve got to take a very firm stand and keep your marriage.
- I, I think I also realized, my husband and daughter watch me and they wait to see what I’m going to do and hmm, I just knew this time, there’s no point in allowing myself to sink into sadness, hmm, it, when the time is right, you start to make a choice.
- ... my husband and I decided we weren’t going to be angry and seek vengeance because that is very destructive and it gets you nowhere. You can never be angry enough you can never be bitter enough, you can never be, you can never destroy things enough to, to alleviate the pain that you carry you can’t be anything, you can’t break anything that will make it better, so there’s no point in even going down that road.

Decisions related to helping others were indicative of moving on.

- Because that gives me a purpose to do, carry on with, with uh, things. Because it brings other people happiness. It gives me a purpose to do.
- I find that in fact I can be quite useful now three years down the line to the new mothers and fathers that come to the group.
- I printed you know the poem “do not stand at my grave and weep” poem because I don’t think anyone has given it to her so I’d like to give her that because I like that poem. I think
it’s wonderful. Um, ja, um, and as you know, I’ve met with the support group leader on occasions. She asked me to be a speaker at her group the once.

- I went to Compassionate Friends for many, many years and eventually was on the committee and was doing my share of counselling.

- I suppose it’s that feeling of being further down the road, and it, it doesn’t ever get better, but it... You’re just learning to cope with it better, I think. You know, you becoming a little bit wiser, and, um, one needs to share that wisdom with people who that are just fresh in their bereavement.

- You know that was the hardest thing to do, is doing flowers for another girl’s wedding. The first one I did, I did at Stellenbosch. I was standing outside that church when that girl walked in. I couldn’t stop crying. I cried to Fish Hoek from Stellenbosch. That was really hard. And then I got through it.

One participant had to decide to forgive all concerned, in order to regain her laughter and move on with life. It had taken her 15 years to get to this point.

- Um, so, um, and then eventually the healing happened after I think about fifteen years or so. When I decided, you know, there was that whole move of laughter in the church, I just realised that I had stopped laughing. I didn’t even know how to laugh any more. I didn’t even have a laugh, and, um, I just said to the Lord, “I want, I’m going to stop crying now.” And I decided I’m going to stop. I want to stop { }. I just, kind of, you know, accepted everything, and I don’t understand it but I accept it. And I’m going to leave it like that. And I’m going to move on, and I’m going to forgive all those people that I felt just, you know, that I needed and weren’t there or whatever. And they just did the best that they, really that’s all they could do. And, um, and I moved on.

### 4.5.4 Avoidance

A total of 50 quotations were linked to using the strategy of avoidance. This mechanism was referred to 8 times by a participant, who by her own admission, runs away from situations. Other participants used the mechanism as follows: 6 times; 4 times (twice); 3 times; 2 times (thrice); 1 time each for four participants - in their descriptions of dealing with difficult situations.

When participants had a strong ‘knowing’ that their children were dead, they did not want to hear the news. They did not want to hear the words spoken.
... when the doctor came out of the office or out of theatre eventually. I promise you I
wanted to punch him not to say he's dead and I didn't want him to say the word so I
stormed up to him and said it's okay can I just see him please. He still to this day hasn't
told me my son died on the table. He hasn't uttered the words my son is dead. I didn't want
to hear it because if I don't hear it I can maybe pretend it didn't happen. It's one of those
stupid human things you try to avoid the reality as long as you possibly can.

And I was in a coma after that for four days. So when I, when I actually came out of the
coma, um, well obviously I was in ICU so I didn't know that she, she had died. But it was
only, I had a feeling, I had a knowing. I sort of knew, you know, but why am I here? And
where's my baby? But the first thing I did was, I looked at my stomach, um, and it was
obviously flat. And I didn't want anybody to tell me.

Many participants just wanted to block out what had happened, or pretend that it never
happened.

...like for a long time in my life, I didn’t want to go anywhere. I just wanted to stay at
home because then I could pretend she is just playing outside or somewhere in the garden.
{Crying} and she's { } gone. {Crying} {Crying, sniffing, and gulping}. Some of the time
you stay home a lot, which does sort of help I suppose because, you are always living in
this pretending world, you know. You pretend everything is, everything is still the way it
used to be.

...and I think I just dropped the whole thing out and I just, you know, and, you know, there
is nothing I can do now to put it... So I suppose this, emotionally I probably distanced
myself from the whole thing. So I think this is actually what you know, I think, you know,
you know, I think early or maybe I just blocked this whole thing a little bit off, you know.

I just put a block. I, It’s the only way I could handle it that stage.

So I just had to pretend nothing was wrong which was horrible.

It’s just, you cannot describe it and you know you've got to pretend its okay but it isn't.

Sometimes participants had to avoid situations or places, when it was just too hard to
bear.

...that was very difficult to deal with. I think um, I don’t know how often I just walked out
and then during the sermon I would come back, but I couldn’t face that um worship team
at that time because his friends were there that were with him in the band and um......
In the beginning, it was hard to get to the shops because when they play a tune that she loved, I many times turned around and walked out.

The first year after she passed away I went shopping, I was looking for material, and I saw these mommies sitting with their magazines and materials and they were trying to sort out a matric farewell dress. I just couldn’t handle it; I just kept out of the shops.

In the beginning it was hard because you didn’t feel like going home, you don’t want to be at home, you just want to stay outside the whole time.

I’ve driven past there with a friend who didn’t know where we were going, and I lost control. I’ve never been back. It’s been nearly thirteen years.

I mean, I go and look for Christmas cards, and it says, “To my son, Christmas,” I walk out. I can’t do it. I can’t do those things.

Functions and going out and that type of thing was hard. It was very hard. Funerals I don’t do. I don’t know if I’ll ever do another funeral.

Keeping busy helped participants not to think about what has happened.

And also I found that being busy with them, the time just flew past. I didn’t have the time to really um, think and all that.

...and being able to take part in her matric year which was a very busy year for her. That kept us both very busy.

I do lots of exercise; I find exercise a great therapy and I make little adventures for myself. I’m going to see my other son in America, I have my eyebrows plucked I....hmm go and buy a new pair of trousers I...I ...I keep myself very busy I don’t think too much, I don’t think, no.

...after the funeral, for me it was relatively easy because I could go to work and indulge myself in work so I wasn’t sitting at home moping about her.

I don’t really understand why I did that but I, I think I just wanted to get away from, from the { } which was denial. And I threw myself into the college, and, um, you know, and all their activities because I was very involved. ..... And, and all the way through it was, it was this constant sort of, not really facing up to, to what had happened, not talking about it, um, not wanting to talk about it.
Well, I think running away was, was one. I tried to run away. I tried to um, deal with it in a way of, as I say of not trying to think.

I mainly, you know, tried to think that’s it’s a clever way of just keeping busy.

I mainly dealt with it by, sort of, in a way you could say running away, because I never really, I don’t think anybody ever really ever copes, but my way of, you know, like surviving from day to day, was just to, work and work and work and never stop, because you know, the moment you stop, you think. And I just always had this little voice inside of me, “Don’t think, just, work” And, ja it's .... I don't know.

When nothing else worked, suicide was considered as a way in which to stop thinking or feeling the pain.

.....think of suicide all the time cause that seems to be the only thing that can stop it.

So it is, it's a funny dichotomy, you are almost two people, and for a long time the one side of me wants to commit suicide and just die and be in a safe place where I did not have to think and then the other civilized side of me which says stop thinking about it and get on with life and have fun.

Other aspects of avoidance were mentioned, such as avoidance of social support groups; avoiding writing things down; not wanting to look at photographs or memorabilia.

But I do think that I, I need to, to deal with it. Um, before I can really move on.

In general the participants recognized their own avoidance behaviour for what it was, and realised that it was important to face the issues if they wanted to move on.

4.5.5 Crying

The 11 quotations linked to crying, were evenly distributed amongst six participants, the most times used in any one interview, was 3 times.

Having someone to cry with was experienced positively by the participants. In some cases crying in front of others was reportedly not well received. Crying freely was considered therapeutic.

I think we dealt with it quite well because we were open, we cried openly.

I think I just cried and cried. I never felt I didn’t, like I shouldn’t be crying.

I spent a lot of time with my sister because she, we just cried together.

...for two years, I cried every night, and, um.
She never said one word, but she just sat there and let me cry for two years. For two solid years. She came every day and just let me cry and talk.

...because she said to me, “If you’re still crying after two years, you come back to me.” And I mean its ten years and I’m crying.

... he said I must stop crying when I talk to the youngsters because they don’t want to come to our house anymore and always crying when I see them, but I really love them.

4.5.6 Emotion regulation

Emotion regulation was employed 7 times each in the interviews of two participants. In one interview it was employed 6 times, and in another, it was used 4 times. The rest of the total of 42 quotations were evenly spread among a further 12 interviews.

Emotion regulation or self talk as a coping mechanism for this research, contained elements of talking to oneself in order to justify, compare or conclude matters. Emotion regulation was employed in attempts at motivating self or making the best of the situation.

...and then one day I sat down and I said to myself now I really have to say everything that I couldn’t say and I keep on thinking I should have said, into a letter to her which I did and I put that {all in a} letter.

I think it’s a {role} a thing that you’ve got to say to yourself, you’ve still got a husband and you’ve still got children and you’ve got to take a very firm stand and keep your marriage.

I always used to say to myself, “She’s in a better place.” I never had to go through... That kind of just to comfort myself. I never had to go through the pain of seeing, of experiencing her being raped or of being... something horrible happening to her. You don’t have to experience that pain. She’s safe in heaven. You know, and that is how I coped. We’d just say she’s safe in heaven.

And she said to me that there is a peace that passes all understanding. And that gave me more comfort than anything I’d ever read, seen, told, anything. I tell myself that to keep myself going, to keep myself sane. Somehow we carry on.

And I kept saying to myself, “Other people have been through what you’re going through. What you’re going through is exactly what people feel, not necessarily in that order. Deal with today. Don’t worry about tomorrow. If other people can do it, so can you.”
...it gave me a huge amount of strength to be able to say, “Right, you know, you are on your own. Lots of friends. Very supportive family overseas. But only you can look after yourself, really. Eventually, it’s down to you. Up to you.”

Even on a journey to town, I’ll have to stop myself from thinking, well, anything can happen ...

...and I saw all these little things in the same uniform and I got very sad and I thought no, no, no, no, don’t be silly now and it didn’t last very long {laugh}.

It was sad to walk out of the hospital, to leave your child lying there on a bed, but one just had to realise this is how life works.

Um, I was angry with her in the beginning for her questions, although it was ridiculous because she was doing her job and I had approached her and found her and sought her out and all that sort of thing. I felt that she couldn’t possibly understand how I was feeling because none of her children have died, um, but she was a very giving person and she made a lot of effort.

4.5.7 Face reality

In situations where participants decided to face the loss, or any aspect of the death, this code ‘face reality’ was assigned. Only 8 of the 22 interviewees were assigned these codes according to their narrative. The total of 12 quotations relating to facing reality was evenly spread amongst the 8 participants. The responses in this section were not in response to any particular question, but were spontaneously offered in the free narrative.

The other thing I had to deal with was the brutality, the murder part of it.

I find that um, to get up in the morning and face another day was very difficult. I think if I could just pull a blanket over my head and just lie, but then I was forced to, you are forced to get up and cook or whatever, and that’s also fantastic...

So you’ve got to go through it all, and put your best face on and get support and get through it, for your own sake, or else you could end up ill, so you’ve got to work at it.

Be, as I say, be kind to yourself, go slowly, one step at a time, do what feels right, don’t go into a hole or a slump, or don’t go out of your house, you’ve got to get up and get dressed and even if you go out for half an hour and go back again, you’ve got to do it. ....You’re going to have to live life, you’re going to have to get out there and mix with people and get on with it. So, aim towards doing that slowly, because I don’t think anybody can just
go straight out there and get on with whatever, its going to be too sore, too hard, so yes, get up, get dressed, go buy the bread and then you’ve achieved that, and then go home and fall apart and then the next day do a little bit more, or if you have a very bad day just don’t do anything, but rather progress forwards and don’t stay still or go backwards. Because at the end of the day you have to get yourself out of whatever hole you’ve ended up in or wherever you’ve ended up, you’re going to have to sort yourself out, because at the end of the day you have to sort yourself out, nobody can do it for you,

- ... you have to go through it, you can’t, you can’t just avoid it. Hmm, but ah, I, it’s been worthwhile, what we’ve gone through.
- And, and going back to the first time, to what actually happened. Um, and trying to sort of deal with it and, and understand what had happened.

4.5.8 Forgiveness

Of the 51 forgiveness related quotations, 10 came from a single interview, 5 and 4 from two other interviews respectively. Four participants mentioned forgiveness 3 times each and the rest of the quotations were spread evenly amongst the remainder of the participants.

Many varied perceptions of forgiveness and the value of forgiveness were presented by the participants. The viewpoints were offered mainly in response to Question 3 g (See Addendum 3). Some participants spontaneously volunteered their opinions or forgiveness experiences.

Some participants agreed that they were very forgiving people, not ever holding grudges, whilst others perceived themselves as the unforgiving type. In some cases participants could forgive and forget, and in some they could forgive, but not forget.

- Ja, forgiveness, ja, I’m, you know, I reckon I’m quite a easy... I don’t hold grudges.
- I find it quite easy to forgive. I don’t know if I always forget so easily, it, it stays in my mind but I won’t keep it against. I, I do forgive. Hmm, I think it’s quite important because otherwise it takes too much of your own energy. You can’t sit around not forgiving people, {then you’ll} never get anywhere.
- I’m a very forgiving person. I forgive and forget. I don’t hold grudges. I don’t like people not to forgive me. I’m, I, no, I am a forgiving person. I don’t like getting a feeling. I don’t like bad vibes. I don’t like confrontation. Call me a coward if you like, but I don’t like confrontation. I’m not an aggressive person. I’m not an angry person.
I’m not a very forgiving person and I feel that if someone has done you terribly, terrible harm, I feel I cannot just forgive them.

Well as you can see I’m very hard to forgive. {laughing} Um, whether that is, is my way of coping, having someone to, to blame as such, um, maybe it is. I mean I would love to be able to say, I forgive you, you know. But I, I even to this day I can't, {sniff} I can't.

Some participants related their opinion on forgiveness with certainty, for some it was a struggle to come to a place of forgiveness.

Essential. Absolutely essential. It becomes poison if you don’t. You have to forgive.

I think forgiveness is essential.

I felt God had let me down so badly I mean, {tearful} um, so it took me 15 years to get to that stage where I could just accept ok, and forgive God for allowing such a terrible thing to happen because she suffered you know, the thing is she suffered.

That is the most important thing, because you know you can’t... that’s what one has to learn, is forgiveness. I had to learn to forgive God, you know. Being a Christian realising that God has the... you know, he is the one who is in control of everything. He allowed my daughter to be born like this. He allowed the suffering. He saw the pain. He allowed it all to happen. And I had to forgive him for allowing it to happen. So that was for me the biggest thing, you know.

And I had to forgive the doctor. I hated the doctor, because he wasn’t there to support my daughter in her hour of need. How dare he? I mean, he was her doctor her whole life. And when she needed him, he wasn’t there. And so I hated him. I hated him, and I had to forgive him. ..........And then I, and I had remembered him as this horrible evil person, and I had so much bitterness towards him, and I realised, it wasn’t him.

Participants were able to express their views on the consequences of forgiveness and unforgiveness with strong narrative. A strong link between forgiveness and moving on with life could be established from the narratives.

And that’s what unforgiveness twists your memory and makes it into this very ugly thing. And, um, you know, and so that was also the beginning of the forgiveness thing. I forgave him eventually. You know, that did take me quite some time, but it just released, it just helped me to, it just, it just moved me into a better place.
You know, it’s like a big burden has lifted off your, your heart actually, because you carry that unforgiveness like a pain in your heart. And it stops you from seeing reality. You see everything through this black, you know.

But funny enough, when I forgave, a lot of peace came in my mind and I realised that I can carry on, but it was very difficult, it was a very difficult step to take, to really forgive then I could carry on with my life.

And I’m going to move on, and I’m going to forgive all those people that I felt just, you know, that I needed and weren’t there or whatever. And they just did the best that they, really that’s all they could do. And, um, and I moved on.

I think that forgiveness is one of the great things in life that if you can forgive everybody and yourself you can then get on with living and not bear any stupid grudges or um, you know.

I try to forgive everybody everyday. Even myself when I do a stupid thing or say a stupid thing, I try to forgive myself and everyone. Funny enough, when I started doing that my life has been more positive. Much more positive.

I think forgiveness is, is the most important thing because it’s, it’s a release of so much. Um, if you can release a person from that antagonism that you hold, its, its freeing for both of you, you know. It’s, it’s incredibly important. Um, and I think, ja, in dealing with, with loss is, is a lot of forgiveness that needs to be made and {I really think I} need to realise that. {laughing}

It was the view of some participants, that forgiveness was dependent on certain conditions. Some felt that the offences of some individuals were so great that they were undeserving of any forgiveness being extended to them.

....and I think if you look at forgiveness, as long as the intentions are pure, then you have to forgive. So you have to forgive yourself and your partner and anyone else who was involved in the death as long as they intentionally didn’t know what the outcome of their actions was going to be, I’ve not been in a position where somebody intentionally did harm my child so I can’t really say how I would feel if I was in a situation like yours where a doctors negligence maybe contributed to some part of her suffering.

Uhm I know...it’s, it’s...I’m not prepared to be angry but I’m not prepared to forgive as well. It was not as if... if, ...I could do it if it was a genuine accident, if it was a genuine, hmm, somebody just didn’t happen to look the right way, I mean, look, you can always...
have an accident, you can always make a mistake. We go through a light because we
didn’t see it, that I can forgive, because it’s a genuine mistake. This man is .. stole a car
and he was disregarding everybody and anything he was putting foot, he didn’t drive
carefully, he just overtook to get away and, and that is, that is malicious and vindictive
and I am going to be just as malicious back he must face his day in court. He won’t be
forgiven; the pain is too great you can’t forgive the pain. I would not want anything to
happen to him, from the point of view that he has a mother who’s got to suffer, with the
same pain, but the pain is too enormous to forgive it.

- So the specialist, the bone specialist, I couldn’t forgive him, I actually hated him, I hated
him because I felt that he wasn’t good enough, I felt that he hadn’t done his job properly
and when I found out that he had lost his daughter, when I was told now he knows what
you’ve gone through, what he did to you I said you know I did not wish this on him but
may it make him a better person.

- One should forgive. I found it very hard to forgive. Um, { } and I know that doesn’t make
me a very good person. I found what he did unforgivable. Because he didn’t go get petrol,
he went to the pub. So I really found that rather unforgivable.

- Whether I really forgave her yet, I don't know. I'm still angry with her because she did
something that was unnecessary.

Some participants felt that they had to forgive God, and others felt they needed God’s
forgiveness. In some instances, the participants found their model of forgiveness from God,
which aided their decision to forgive others.

- He’s shown us how not to hold unforgiveness, that was I think the first hurdle which came
at us straight after when we were driving home and we agreed that we were not going to
hold unforgiveness in our hearts against that guy, that doctor who I believe was the cause
of her death. So God have me the model to work to, He gave me the strength to be able to
phone that doctor and tell him that.

- The first thing that I had to realise was forgiveness. My husband and my son battled
terribly with that part. But then one evening I was sitting on my own and was came up so
clear to me what Mary had to go through when her son was on the cross. And that her
saviour and Messiah said forgive them because they don’t know what they were doing.
And I had to forgive them because I heard that it was gangsters full of drugs, they don’t
know what they were doing
That is the most important thing, because you know you can’t… that’s what one has to learn, is forgiveness. I had to learn to forgive God, you know.

Yes, I have, because that’s how God came back into my life. He really did. He made me see the light. He made me see the good in everyone. He really... It was his way of working and I had to ask for forgiveness, because I was the one that was wrong. I wasn’t being wronged. I was wrong.

4.5.9 Humour or sarcasm
All but one of the eleven quotations for using humour or sarcasm as a coping mechanism came from a single participant. Quoting humour out of context loses it’s meaning, but suffice it to mention that this particular participant explained ten very difficult situations with humorous insight.

4.5.10 Medication
There was no direct question regarding the use of medication. Three participants admitted to the use of one or more of the following: anti-depressants; blood pressure tablets; vitamin B12 injections; or body stress release therapy.

4.5.11 Nature and hobbies
Only seven participants mentioned development of interest in nature and hobbies after the deaths of their children. The spread of quotations per participant was even, with three being the most quotations for a single participant.

Therapeutic value was reported by some participants through hobbies which involved photographs, cards or other memorabilia regarding their children. Nature and the outdoors were reported to have played a much larger role in the lives of some bereaved parents since the deaths. One participant engaged in physical exercise with the hope that care of her body would somehow bring healing to her insides as well.

I think it made me more aware of nature. I’ve found a lot of people that have suffered losses suddenly their eyes are opened to the beauty around them not material particularly um, but they tend to like to go out into nature more and appreciate a flower, um, appreciate the miracle of, of the beauty of nature and natural things.

I find that just sort walking along the beach with a friend ....

....and I wondered around, I went to nurseries and that I still do. When I feel really down, then I walk into a nursery, I wander around for many a times and hour, even more, and
eventually I buy a plant, come home and just cry. ... I planted rose trees for her, ..... So I see them growing up.

- ... physical exercise, I think, hmm, I, I somehow felt that if I kept my body together, the inside would stay together; and I think it, I think it helped a lot.

- We walk most evenings and its one time where there’s just the two of us, uninterrupted. We talk about anything. We see different things. It’s really good for us as a couple.

- I still go out with my friends. I play cards. I have a little gamble on the quiet. And they come and visit.

- Hmm, the writing of the cards, people writing nice letters and cards actually helps if you read through it. I’ve, I’ve heard of a few other people that say, they found it too difficult, they just put them in a box. I actually found it was therapeutic to me; I sat down every afternoon, when I was doing the scrapbook and read through everything.

- ...and he had about forty tapes, hmm, and eventually, probably a year later, I went through them and I isolated every bit that she and my other daughter were in and I put them together. Ah, they were all, they were things that I worked on - I think that first year, in the last, in second six months, I started gathering photographs, I wanted to build, make collages and then I, that would be my project and then it was the videos.

4.5.12 Obsessive behaviour

Only five participants admitted over-reactions, in some aspects, to their children’s deaths. One participant referred to her own obsessive behaviour twice during an interview, accounting for the total of six quotations linked to this code.

Parents admitted to becoming over-protective of their surviving children after the death of a child. Other types of obsessive behaviour in response to bereavement were related to activities associated with the child. Collection and arranging memorabilia kept one participant obsessively busy. Another participant became ‘addicted’ to watching bereavement related movies every day. These movies helped her cry and face her loss.

- I, I, and I’d always think when this is done, what am I, what am I going to have to do? Hmm, it’s like I needed something that, that involved her, to, to, to work with, hmm, which maybe must have also been hard for my other daughter - it must have seemed as though I was obsessed.
… that is also something I had to deal with, I was actually petrified to let my other son go out at night. What happens if he must go as well? Those are the things that go through your mind.

What I must also admit of course, is that I more or less made myself become addicted to watching films {laughs} and unfortunately, not unfortunately, I actually think it’s good - I actually spoke to this, hmm, Professor who gave us the play therapy and she said, it’s actually wonderful because it’s just a normal way of making you cope with things. I invariably watched the ones where someone has lost a child or some bereavement has happened and give me good cry especially earlier, the earlier films in the morning - gives me a good cry and then I carry on with my day. So I sometimes find it quite embarrassing to say that hmm, films have helped me cope - but they have actually helped me cope. I think that you put yourself in that position and you’re now allowed to cry.

But I am very, um, um, what’s the word, with my children. I’m { } protective, over-protective perhaps with the children. I mean, with the other children growing up, I mean, I’ve never, they’ve never, they never had a baby-sitter. They never had, so they have always slept at home. They never slept outside of this home, at other people’s homes and things like that. I was very over-protective in that way.

It’s made us a lot more protective of my son, which we’re trying to fight against, because we don’t want to smother him. Um, but obviously, the stakes are so much higher now that... I mean, initially we would knock on the door of the bathroom to check that he was OK. I think we’ve relaxed a little bit now and he is allowed to do things on his own, go to the mall on his own, and go to the movies on his own, or with a friend, or, or whatever. But we went on holiday to, um... with friends of his at Christmas and I was really paranoid, because they were going to the beach and I was just worried that he would drown too. Um, and I sort of had to sit and, you know, talk to mother and say to her, “Please, you have to look after him. You’ve got four children.”

4.5.13 Suicide ideation or wanting to die

From the total of nine quotations linked to suicide or wanting to die, only five participants admitted such ideations. The spread ranged between three and one quotation per participant.

Death seemed a wonderful escape to some of the participants. Some participants really did not want to continue living, and had seriously contemplated taking their own lives, whilst others simply wanted to die to see their children again.
...unless you have thoughts of suicide, which I’m sure some bereaved parents must do. Um, I went through a stage of not wanting to commit suicide in the accepted terms. I wanted to die to go and see my children. However, I never considered taking my life. You know what I mean, the difference. You know the difference I’m talking about.

Somebody said to me once, because I did not want to live. I really did not want to live, so much so that the doctors even said to my husband, “If there’s a gun in the house, get it out the house.” Because I had no interest in life.

So it is, it’s a funny dichotomy, you are almost two people, and for a long time the one side of me wants to commit suicide and just die and be in a safe place where I did not have to think and then the other civilized side of me which says stop thinking about it and get on with life and have fun.

And I just walked out of the flat and I walked down the beach and I just looked at the sea and I felt like throwing myself into the sea because I felt so terribly depressed about the whole thing.

Because all you want to do at the time is just die. I remember I, went to, um, I went shopping one day and somebody asked me where she was, and I just {crying} got in my car and just drove. I don’t want to live any more. {Sniffing and crying} {Crying} You just really want to die. But that's when you don't die. {Laughing and crying} And then the people who doesn’t want to die, dies. {Sniffing} Ja.

If I died tomorrow I wouldn’t, I wouldn’t it wouldn’t worry me, if I am going on a plain trip, and end up having a crash in the middle of the …thing. it does not worry me at all.

They just force you to carry on living while, you've got no reason to carry on living. All you want to do is die.

Every single thought that you have is terrible and that you think of suicide all the time cause that seems to be the only thing that can stop it.

4.5.14 Seeking justice

One participant was very adamant about her expectations of justice. She wanted the person who killed her son by means of a car accident to have his day in court. Another participant was not sure about her expectations. She was aware that the consequences of conscience could be justice in itself.
...but I do want this man to have his day in court. I do feel that uhh the circumstances, even if he gets lets go, or whatever the judge finds, that’s not my problem but that he needs to face a judge! He can’t just wonder around saying: ‘Tough luck I killed somebody but here am I having a nice time with my family. He needs to serve for whatever he did. Face the law of the land.

Because I think the girl that caused the accident has done herself in, in a way that I couldn't have imagined. Because she's now on constant medical treatment costing there parents, her parents an arm and a leg. They don't have the money to do it. And uh. Ja. I don't know.

4.5.15 Seeking help or joining a group

Participant’s perspectives on support groups is discussed in section 4.4.3.3 (4e), dealing with relational reactions. Seeking help from professionals is discussed in section 4.5.4.3 (4b). This current section addresses aspects of wilfully seeking assistance with bereavement. Of the 22 participants, 10 did not seek help from others. The most referrals to seeking help came from a single participant, who mentioned this coping mechanism four times during the interview. The rest of the spread was even amongst those participants who engaged in this mechanism. Not all participants who asked for assistance had positive experiences. Similarity of experiences played a role in the outcome of the experience.

in the end I made contact myself and said this lady’s not going to be able to bring me so tell me where you are and we can chat......So I took myself off to Camps Bay and in those days the meetings were twice monthly, every fortnight.

So I go and in fact, if it was more often, I would go more often. I find once a month isn’t enough. Um, and initially all I wanted to do was to be surrounded with people who had lost children, because I felt that I was an alien and I couldn’t relate to anybody at all in normal circumstances.

I found a lot of comfort in, um, going to an off-shoot of Compassionate Friends called “Why Me?” in Fish Hoek once a month, and in fact I still go, um, on my own.

Three months down the line, I went to Compassionate Friends. I also meet with people on the beach. Funny enough, that’s a group of people that have lost children, now I find that very supportive and helpful, I like my Friday group they let me talk about what I’m feeling, when I’m feeling I can talk exactly what I’m feeling. I might talk what I am feeling for six weeks and nobody goes, “Here comes ..... she’s coming to tell us all about how
she's feeling.” I don't feel that at all. I find them a great support and listening and understanding. And they did not get tired of me.

- ... Clinical Psychologist was not much good, .. And she hadn’t had a child. It was all textbook stuff. ..., and I didn’t find that that was very much help at all, really.

- Yes, um, I, I’ve always had a psychologist that I started seeing in 1985 ....I still go to him. The children don’t like to go to him as much, you know, when they have to deal with problems, but they’re boys, and I find it quite difficult to try and encourage them to try and talk about it. And it worries me that there might be some sort of repercussions further down the line. Anger I suppose.

- Yes, we saw a social worker who was recommended by the Red Cross Hospital which was where we went um, we saw her for about three months, individually and as a family, and she came about every week, once a week she would come to us......I felt that she couldn’t possibly understand how I was feeling because none of her children have died, um, but she was a very giving person and she made a lot of effort.

- So I had to go and see a psychiatrist. She helped me through a lot because I think she knew what I went through, she lost a twin brother and that made him very close to her. When I feel I can’t handle it any more then I still go up to her. I believe go and get help, that’s why these people are there. Go and get help.

- We had family sessions and, and my husband had to talk about things that he didn’t want to talk about. And my daughter had to, was, was able to say things without thinking she’d hurt us because I think she was so afraid she {kept} on saying to us, I’m here.

- We went once to the ..... Counsellor, and then she went to the counsellor, and that ended in disaster. There was hysterics and she refused to ever go back, and she never has gone back

- I went for extra counselling and I got to a place now where I can talk about my daughter without bursting out into tears.

- I just walked out of the room. ‘Cause we didn't have issues we wanted to prevent it. We, we said to her you know. We'd like to know how do we cope with this that we don't sort of end up going in different directions because that is what obviously what happens if you split up with a person. And she said, um. No uh, according to this book { }. You know you don't know what you're talking about. You've got to you know get it from a textbook or something ....
Um, I did worry as I say, about my youngest son and I asked the High School, um, the counsellor there to please talk to him. Nothing happened unfortunately. Um, I did say to him, did he, would he like to go for counselling and help and he wouldn't, he wasn't interested. I, I, I coped on my own...

And, and then I went to somebody, she couldn't really help me.

4.5.16 Self defence

Self-defence coping mechanism code was allocated when a participant defended him- or herself without any challenge from the interviewer. Of the 22 participants, 7 used this coping mechanism once each, and 1 participant gave strong justification for his behaviour on five occasions during the interview.

...but I didn’t know anything, you know. I suppose my English at the time wasn’t this fantastic either. You know we are only married for a few years.

Usually I had my son with me, and you know, they don’t allow children for too long in the hospital, you know, so it was always these very short visits, ja.

I didn’t think it was necessary, because, um, it’s just this little very small Jacuzzi in the middle of our house, and my husband and I were both there. I didn’t even know she was going to have a Jacuzzi but, um, she did.

And I look back now and I wished I’d gone on these paragliding weekends with him but I stayed with my daughter because she needed to be with her friends.

But they did find out that I’ve got a thyroid.

But I was dealing with my own physical, um; situation, which you know, was quite serious.

4.5.17 Spiritual coping mechanisms

The majority (16) of the participants found comfort in God as a spiritual source. Most of these expressions were spontaneous expressions of dependence on God, but a few of these quotations follow the question: “What role, if any, has God played in your bereavement?” (See Question 5 j, Addendum 3).

....and our pastor and his wife and they invited us to have communion service there in a little cubical two by two and it meant so much to us at that stage and they prayed for us.

And I said “please Father I can’t handle that”. But I suppose it wasn’t my will but his.
Um, I work things out through my own way, I go and sit at the beach and talk to maybe my Father and He gives me the strength and then I can come back and be strengthened to handle the family again you know.

I mean, we’d been praying, and I said, “Let’s God’s will be done,” you know.

It’s just a case of staying within the bounds of praise and worship. It keeps you going.

And I was so dedicated to the church and I was even made a deaconess at church and, ah, one day we had a visiting prophetess actually, and she came over to me at the end of, she was having like a series of meetings, and she came over at one of the end of the meetings and said, “I just want to tell you something. Your daughter and my daughter are holding hands in heaven.” She didn’t know me from a bar of soap. And I think that was the beginning of, I always used to say to my...I think that was the beginning of moving on, you know.

I just said to the Lord, “I want, I’m going to stop crying now.”

...Because if you do believe in God there is always a chance in a miracle.

...that he brought the Lord back into my life, and that’s what links us, and that’s what gives me so much peace of mind. It gives me so much hope.

Then one day, about 3 or 4 months after she passed away, I went to her room and I fell on my knees and I felt God that he lent her to use for 18 years that we could love her, that we could fight with her, that we could be happy. And it was so wonderful, when I got up from my knees I felt this peace come over me, and from then on I could go on.

I still believe that the whole time there was somebody picking me up and carrying me and that’s God, I couldn’t cope without him. {} I would never have known what to do.

God, God gave me {} all my support.

... as somebody said to me last week, “How can you keep on smiling and laughing when you have got all these things hanging off?” And I said, “But God gave it to me.” And I’m hanging on by the grace of God. I’m handling it. And that’s what’s wonderful. He’s there always.

I just believe it, I just know it I just read and I read and I read and I talked and I thought and I, hmm and, and that’s what’s given me peace. Because I, if, if I didn’t have that, ah, I don’t think...then what, then what have we got? Hmm, so that, that was hmm, a wonderful thing.
Maybe that’s when I realised, that’s when I spoke to God and I said to him you know “there is no one, no doctor on this earth can help me now, you are my last hope and just help me”. It took a lot of praying and a lot of begging and asking him to forgive me and saying to him “please help me, I don’t know why you have left me on this earth, I don’t know for what reason but just don’t let me suffer like this”. And out of the blue a little doctor appeared, I ended up in hospital for 2 weeks and I walked out there without a pain. So someone heard me and I did say: “Thank you God”. {Laugh}.

I know we are going to see her again and I was comforted by God you know and ja.

I know she is in heaven, I know she is with the Lord and I’m hoping that when the Lord comes back to fetch us all she will be with Him singing her heart out {laugh}.

...and she has gone and we have both made the decision to praise God in any time that we feel bad about losing her, knowing that she is in heaven, knowing that this is God’s will.

Maybe the number that I saw was a sign that we have to accept what happened to him because um it was his time.” I, I'm just supposed to know about it but I can make peace with the fact that it was his time, it wasn't a random act of anything and um, in a funny, okay not ha, ha funny, but funny way it gave me, peace of mind is a bad word, description.

And I remember lying in bed thinking, about God. And, um, I had these old ladies who came next to me and they would pray, and, um, and it, it was just this, this sudden I wanted, that's what I want. You know, um. This longing to, to be in, in touch with God again.

And I just felt so calm, um, so very, very calm and I just know I'm going, this is, I'm going to get through this, you know, I'm going to get through this. And you pray all the time, um, constantly. Ja, so, so that was fine and then, then I came out of it.

I saw that monitor going from, just going down, down, thirty, thirty, twenty, twenty, and then just a straight line, and the amazing thing is I didn’t go off my mind. Uh, I just felt the warmth, and uh it is, I had the feeling that God was saying to us, “OK, fine, don’t worry. I’m taking control now. Put you down one day again when you’re strong enough.”

So, uh, but the thing is, I would say the thing that really helped, a lot, is your faith, in God and uh, without faith I don’t think anybody can survive this very easily, you know you must be a very sort of a special person without faith.
And that I think {cough} is the, is the big thing, that God doesn’t make a mistake. He never makes a mistake. And he won’t put us through, hardship, and things that we can’t carry. And that is why I’m, I’m totally at peace.

But I think if you’ve got you roots right, and you believe, in God, and what He’s doing, and he is in control of your life.

Power, that resurrection power, you know that is what I believe, the resurrection power that raised Christ when He stood up out of, when He when His resurrection. That is the power that we can plug into, that we can believe and there is nothing more, that you can actually, hope for to carry you and that is the thing, I think that is the thing that helped us believe it to accept it and you know make us strong.

My faith in God is my strength. And if you have faith, and that is the only thing I must stand by that. Your faith in God that will carry you through this. That is why we’re strong, because it is that resurrection power, said it is for you, just that thing, there’s nothing stronger than that, there is nothing stronger. That is what I say. The power that, that conquered death, that conquered Satan, that power, you can get your power. There is no tablet in this world that is as strong as that. That is what I say. I spoke a lot about that already but um, without Him I wouldn’t be able to cope, no, um, I just know that He’s there for me even if I am weak, He is strong and He carries me.

To me, God is very important, sometimes being very small, I meet him and I actually walk with him; and I always say, God helps me cross bridges and I, in this case that was definitely so. I really felt as though he put a cloud over me and I was on this cloud. ...I, people often say, they wonder what people do who don’t believe in God, then I say, I honestly think God helps them as well, they just don’t acknowledge it and that’s the way I see it. I thinks He’s there for everyone, He helps everyone but not everyone acknowledges that it’s Him but I can’t see who else it is {laughs}.

... and its been a good positive role, and straight away I said, right at the beginning, “I’m not cross. I’m not cross with you. Its fine” ... ja, a lot of people have lost children. It’s just an earthly thing. It’s a broken world. It happens. Though, you don’t get cross with God. Definitely not, and you just get strength from it, and you read a lot and you pray, and... Yes, definitely, because if he’s not in the picture, it’s not going to work. Definitely not.

I’m not a church-going person. Um, I, I mean, I pray and I thank God now, which I always prayed, but I didn’t, I would just say to him, “God, you know me. You know what
I’m like.” But I won’t suddenly start going to church now, and expect, because to me that is being false. If I didn’t have God then, I can expect him now suddenly expect me to sit in his church every Sunday, because then I’m not being true to myself. I’d rather in the week, if a church is open, I would much rather just walk in and sit quietly for a few minutes. And I find that far more peaceful.

- So God have me the model to work to, He gave me the strength to be able to phone that doctor and tell him that.
- He's there helping me every day. Um, I don't think I could have got through without, as I say we don't go to church. We're not big churchgoers but it's not to say we're not believers. I do believe and I do believe He's got my son with him.
- I think He was very gentle with me. Um, He was always there, um, He was always there. Even though at one stage I sort of turned away from Him because I didn't understand. So He played a very big role actually. I think He was central. You know, um, in me trying to understand and come to terms with it and deal with it. And, um, so He was a very strong, He was a central point of my {dealing with it}.  

4.5.18 Verbal expression

Six of the 22 participants clearly expressed the therapeutic value of verbal expression in coping with bereavement. One participant mentioned verbal expression three times. Verbal expressions in the form of talking, screaming under water, or venting emotions, were explained by the participants.

- Talking to people. Very, very helpful. Um, in that you get a different reaction from all sorts of people, and sometimes people don’t want to hear, ones that haven’t been through the same experience, don’t really want to hear the same story over and over again. Um, I must admit, sometimes the things that I talk about seem to be quite, not gory, but the details were, were very graphic for people that haven’t had the experience. But it was quite important for me to have to talk about those things.
- ’cause I, ah, needed to talk about her. I needed, I, I…. I, I had to talk about her and when I bumped into people and they didn’t say her name or they didn’t say anything, I was mortified.
- Hmm, talking, just, I, I don’t think I ever stopped, ja, uhm, there’re rare friends and people that will just allow you to talk without giving you advice or and the majority of people will talk and then they will talk about themselves, whereas, hmm, ja, I had a friend,
... and sometimes also just getting under water in the swimming pool, screaming. I felt I needed to scream so much - but where're you going to scream where no one's going to think you've been hurt. I, I...there was a terrible need to scream, hmm, so sometimes I would, I'd just get under the water of the swimming pool and just scream and scream and scream. There's so much in you that, hmm, you, you just need to get out. Hmm, definitely having someone to listen, just to, I mean you talk and you talk and you're talking in circles and you { } is changing but it's, it's working through it I think.

Also, that, just to be there for each other, you don't have to hang onto each other, cry if you want to, do what I did, I used to climb in my car and go for a drive on the mountain and scream but I felt at ease there and if you want to say something say it and people will understand, especially if the person is in the same position as yourself. And that's all I can say, is that I just hope that they never have to go through the terrible pain of losing a child and I mean that for you too.

4.5.19 Writing or reading

Some participants found reading or writing therapeutic to various degrees, in their quest to understand bereavement. Seven participants did not engage in these mechanisms. Those who were avid readers before found that their levels of concentration and their reading habits had changed. A greater interest in bereavement literature had developed, and particular literature which they deemed helpful in understanding how others had coped, life after death, or the reasons for the deaths. Those who preferred writing as therapy wrote letters to-, or simply wrote down their memories of- their children. Parents wanted to remember their children, not forget. One participant found replying individually to each person who sent a card or letter, very therapeutic. Some participants had good intentions, and equipped themselves with the stationary, but did not get to do much writing.

I read my way through volumes and volumes and volumes, looking for the answer why. Some very weird and wonderful spiritual ones, a lot of other people's stories helped me through it quickly, I suppose because I like the support group mentality. I find reading about other people's losses and how they overcame, you know, how they coped and how they lived life through it. I found those very inspirational.
And then I, I, I was reading. ..... Um, you know, dealing with bereavement. Um, and words from the bible, and so forth. And I worked through it but it was almost like I was in, I was sitting up here watching this person going through the motions. And, um, ja, and trying to deal with my own.

Um, no, because I’ve always been a reader. You know, I just read, but I found that I couldn’t read thick books. I found I could only read magazines, short stories, you know. And then I could switch off for a few minutes. That I found was helpful.

I wanted to read everything I could about it.

Hmmm, reading, hmm, helped me just to stay sane.

Hmmm, so I was starting to look at different kinds of books and hmm, but, but still mostly I had read fiction - I loved, loved just escaping into a novel and after that I could, couldn’t watch TV, I couldn’t watch, I couldn’t, I couldn’t read, I, I haven’t read fiction in about three or four three-and-a-half years. I just, I just didn’t, I, I wanted something that would just give me solace. Hmm, so hmmm, ja, it, it’s completely changed everything.

I just read and I read and I read and I talked and I thought and I, hmmm and, and that’s what’s given me peace. Because I, if, if I didn’t have that, ah, I don’t think...then what, then what have we got? Hmm, so that, that was hmmm, a wonderful thing.

Um, I’ve always found to be um, a real comfort and a changer of attitudes and a presenter of new ideas and new ways of looking at things and I find I couldn’t do without books, I couldn’t do without them.

Hmmm, I’ve read incessantly for the last year, I’ve read absolutely everything. Of course I’d already done a fair amount of reading fifteen years ago when my baby died so I’d read all the Elizabeth Kuhbler-Ross’s and I’d read various things but um this time I delved um, I delved more deeply into after life and um, life after death and all that sort of thing um, as well as reading all the books on death and um, just a million other books, um, metaphysical books and um, ja all sorts of books that I thought might help setting you know positive intentions, trying to leave the past in the past and living in the now and I really have read extensively.

...did read quite a lot but I also studied quite, I, I actually made - did a study on what happens to the spirit and the soul after death and that sort of thing - found that that helped me - took me weeks to sit and delve through all that sort of thing, hmm, and to, to come to
a decision because I didn’t just want to go on what tradition says so I {took out} lots of books on that, …..

I can’t remember the name now but it is a well-known writer. Hmm, that I found very good because it was so - it was interdenominational - and not only that, it looked at all points from all sides, so it wasn’t only pushing the Christian view but it, and it dealt very much with practicalities and {} and I’ve read quite a few other books too.

Bereavement books for me, I got quite a few from, from the compassionate friends, and a few of the books some of the parents had written themselves and I think that’s a very, um... I know I tried to write a few things, and it used to come pouring out of me and, and a lot of it was very jumbled as well. But I think the more you read about people’s experiences, you realise we’re all sharing the same sort of space at some stage or another during our bereavement, and that is very encouraging. It’s very enlightening and encouraging that things are going to get better, and that you are not always going to feel so bad.

I’ve actually read through my, um if you want to call it a diary session of 2003, 2002. And I was horrified to see that I was angry myself for still feeling weepy after three weeks. {Laughing} Cause of the expectation of the outside world. You know, they want you to feel better and I actually fell in the trap of believing I should be better by then. And I thought to myself. You know. That’s just so damned unrealistic you can't believe it. So.

And I sat down straight away and I wrote down everything I could remember about my daughter. I’d actually forgotten about that. All the points. All the little things she did, but I did straight away, in case I forgot. And that I’ve got, and that’s probably about ten pages of writing. All the stupid little things she did. The funny little things she did. So, yes, because I was scared I was going to forget. So yes, that writing did come in there.

I, I find it very therapeutic for myself, in that you can probably... I know a lot of my anger, as I said before, towards my husband came out, um, in my writing. So that was a good thing. I felt that it was very therapeutic for me personally. Um, I don’t know if my writing would be of any help to anybody else. I don’t think so. Um, it needs to be edited and written properly, but it was a very good experience for me.

Um, I think that’s a very good idea um, I’ve always kept a, well for the last couple of years I’ve kept a diary of sorts and that something interesting or important happens I would write it down um, so it was very sporadic, you know I might not write for a couple
of months and then write for three or four days. I think its very valuable and second of all I was able to look back on my diary and see memories that I might have forgotten of my daughter which um, were very precious to me um, that I was reminded of something that she had done um, that I might have forgotten if I hadn’t written it down. I haven’t written in it now for ages, what I do is I keep a dream diary and every time I dream about her um, I write that dream down other dreams I just kind of ignore but um I have been keeping a dream diary of every dream that I’ve had about her. Um, I haven’t really reread them but I’m sure that rereading the brings back the experience and um it keeps alive and I think writing is fantastic and I think everybody should write, I think its great for getting rid of um, emotions, reducing emotional levels um, and as a record which is totally invaluable so I would be 100% behind writing and diaries and journals.

- I sat down and I wrote letters to my child. That helped a lot, talking to her, writing it down, my feelings, my heartache, something nice that happened.

- I keep a book next to my bed. And I have, my daughter gave it to me when my son died. It’s a book of blank pages, and as you remember things that he said. If somebody tripped he’d say “Mind yourself.” Um, little things like that that other people don’t use. Little Expressions. I’ve written those all down. They’re there in a book, and very happy to write. I find it comforting to write. And I talk to him too.

- One of the things a girl friend suggested that I write letters to son, was initially at the beginning, and I did start doing that, but, and I really think that was going to be good. But it really was not a thing I pursued. I did write one letter in my book I went to a lot of fun choosing the right book and getting the right colour pen, and everything matched because I am a very matching person, I like suitcases that match and I’ve got the right colour pen for the right colour book. I got the right colour ink. But I did not do very much with that, but I think it would be...

- ...and then one day I sat down and I said to myself now I really have to say everything that I couldn’t say and I keep on thinking I should have said, into a letter to her which I did and I put that {all in a} letter, hmm,

- ...... writing the letters to people, hmm, I did as well and I did every single one personally, I didn’t, the, hmm, only ones that I didn’t do completely personal, I, I { } some letters for the schoolchildren - every single school child I gave a letter; but to the other people I personally read through their card and then remarked on what they’d said hmm, and that
Helped me - to me it was very therapeutic - it took long but it helped because you could sit and work through it

- Um, from time to time, yes I went to the beach and I always sit and scribble down things there but I didn’t um, do it day by day. Some days I could write and some days I just didn’t want to even put it on paper, but um, sometimes I’m sorry I didn’t do it. My husband did, he did a lot of writing which was very helpful to him to work through it, and also not in the beginning, he actually did it a little bit later really to later I could um, see in his writing how he was making progress and um, um, ja so I thing writing does help but I didn’t specifically do that, no.

- I didn’t get too much out of writing down my feelings, no, I suppose it is actually good um, because it helps you to focus, ja, not its good, writing down is good, it is good.

4.5.20 Current bond

Current bond is a mechanism participants have developed to keep in touch with their deceased children. It is a way of keeping them alive in their memories. Participants sometimes perceive their children to be around, so they communicate with them at various levels. Some participants are adamant that they have absolutely no current bond with their children.

- And I talk to him too.

- I talk to him. I say to him, “Ooh, I wish you were here. That tree needs chopping down. Dad’s not going to do it. I’m going to do it all myself.” I keep him alive. I talk to him. I know he’s listening. I know he laughs at me. Um, warm, happy, I know he’s there. Comfort. I know he’s there.

- I even shouted at my kids, “You knew you weren’t supposed to go in that pool!” You know, whether, whether the pool had been left open or not. Only my husband will never know, but they shouldn’t have gone there. They had been taught not to and they went, so I shouted at them. {Laughs}.

- I don’t have to care for them on a day to day basis. I think of them on a day to day basis, but I think it’s very special, because they don’t occupy a lot of my time any more, that I have one day that they are very important, that I do a lot of thinking about them.

- I think that empty place is always there we always ...I will never forget that, I will never forget him.
But, if I would like where the grave is and, you know, have a special place where we can go and take the kids to, you know. I always thought, you know, it’s just a body, and the spirit is in heaven, you know.

.....but one part of my heart will never say good-bye {laugh}, will always {believe}, always be talking to her.

...then there are the days like - especially during July and August - I find that I, I become weighted down a bit and I start thinking of her.

Um, I suppose it’s a bit of an unreal relationship, but I’m really thankful. And I think I have mentioned this before, that he brought the Lord back into my life, and that’s what links us, and that’s what gives me so much peace of mind. It gives me so much hope.

My current relationship with my daughter is one of loss and that has pretty much taken up the whole of the relationship, I find it hard to see beyond loss to have a relationship with her um, I do believe that that is where one gets to at a point where one can integrate your child back into your life and your memories and your this and your that and all that stuff um, and that you’re not just every time you think of her, or you think of the past or think of the future or think of the present you’re not constantly just thinking of loss, but I’m still in the period where my relationship with her is to constantly just say that I miss her.

That helped a lot, talking to her, writing it down, my feelings, my heartache, something nice that happened.

I just miss her being so jovial and her neatness, I watch these girls now walking around in the street and I think what a joke! She would never have left the house without her make up on, her hair in place and dressed properly.

Many a times I sit there and I just chat to her. But I still believe they in contact with you the whole time. I think she’s there. She comes with me wherever I go she is there. I think she protected me many a time, I get that feeling, and then I stop or I turn around or do something else and there I leave that. I think that is her. She’s my guardian angel, she and my dad, definitely.

Um. I chat to him all the time basically and I sometimes even get answers.

{sigh} I would like to feel I do, I look at his picture and I talk to him and I, I, I do feel distant to a degree. Um, I wish I could feel closer. I mean he's always {part of you}, he's
always in the memories, always in the heart. But um, I don't feel as close as I would like to. {Sniff} I, I don't know how to get passed that, to feel him closer. I don't know.

➤ I could see her with my brain. Hmm, ah ja, she any picture that I have of her in my, it's often she’s dancing, almost like she was dancing at my brother’s wedding. It, it’s laughing, it’s, you know it’s funny, in the beginning I was do, Oh she’s separated from us and oh, where is she and oh, hysterical like, you know, she’s my child and now she’s separated from me and how, how is she feeling; how, how can I hmmm, and yet I’ve never, in, in my mind and in my heart, I never see her sad, I always see her like the way she laughed, the way her hair shone and dancing most of the time.

➤ So when I ride across the mountains and this is lovely, I look at things and I say “My son, look through my eyes, look what I’m looking at”. And I see things and I say “isn’t that lovely? Look son, look through my eyes” and that’s how I keep him close.

➤ And she said to my husband, she asked me to leave the room and she said to him, “my mother is not my best friend” and I have those words ringing in my ears and thinking “why, why, why?” ........... I never asked her so I have that question, why did she say that? What was I doing, you know, what was I doing? And I’ve questioned I’ve ..........So that’s what I’m dealing with.

➤ There isn’t one. I don’t even try and pretend I have one. I don’t. That’s all there is to it.

➤ Well, just well it’s only memories. That’s all you’ve got left. Memories, that’s it.

➤ My current relationship with her is that she’s in heaven and I’m here. I don’t, when I pray, I frequently, not always, but frequently ask God to bless her. I don’t pray to her, I don’t talk to her, I pray to Jesus to bless her, to let her know that we love her and we miss her, but not to worry because we are going to join her soon.

➤ I don't have one, um, which is actually quite silly because really I should. Um. {Cough} I just, I think I do still to try just sort of phase her out. You know, not think of her. Um, ja.

➤ But you look at the other side of the grave and as I say you know for me the big, thing that I think of my daughter, I don’t see her, basically, in this life anymore. I don’t want her back in this life, although you know, it would be nice to have her, but she’s finished with this life. She’s run her course. She’s done her bit, and, uh, I’m looking forward to the day when we will be together again forever.
4.5.21 Conclusion to mourning

There are multiple ways in which bereaved parents acted or behaved in order to deal with the pain of bereavement. Some chose to face the issues head on, whilst others chose to avoid issues, hoping they will go away. Some kept very busy to keep from having to think. These are just a few mechanisms by which participants helped themselves cope with bereavement.

4.6 CONCLUDING INTERPRETATIONS AND REMARKS

The process of reading, analyzing and coding the 22 interviews with bereaved parents, brought about the emergence of four major code families. Each of these code families consists of a cluster of relating codes. The first of these clusters, called the risk factors, are codes that refer to the family set up before the death of a child occurred. One of the important factors associated with the life cycle of parents at the time of loss, is the possibility of having more children. The life cycle of the children at the time also proved to be important, as parents of married children found it easier to cope with the absence of the child than situations where the child was still fully the responsibility of the parents. Some of the parents had had previous losses, which influenced their bereavement. The personality and achievement of the deceased child was a cause of great pride and pleasure to the parents, but affected the loss all the more. In some instances parents had noticed changes in their children preceding the deaths. With a few exceptions, particularly of new born babies, the bonds between fathers and children were strong. In general, the participants of this research were engaged in healthy family relationships, with the exception of one case, which ended in divorce shortly after the loss. The risk factor codes mainly followed the question: “Please tell me as much as you can about the life and death of your child?”

The second assemblage of codes, forming a family, was the bereavement codes. These codes related to the various circumstances surrounding the death of the child. Circumstances before the deaths, the breaking of the news to the parents, the time the parents had to prepare for the deaths, and the choices after the deaths associated with cremation, burial and funeral services were all part of the bereavement code family. The cause of death was also included in this code family. Cause of death had two sub-categories, natural or non-natural deaths. Natural deaths were caused by illnesses which are biologically based, whereas non-natural deaths are generally due to negligence or human intent. Each set of circumstances were unique. Some parents had no time to prepare for the deaths of their children, whilst others had a few months to prepare. Some parents found the bodies of their children, whilst others had to drive to hospitals or mortuaries to see their children’s bodies. In some cases parents chose not
to see their deceased children. Not seeing their children caused distress and non-closure in some instances, but not in all. There was not always agreement in the decision to cremate or bury, and neither was there always consensus on the funeral proceedings. The permanence of continued family life and love amongst the members after the deaths, was a source of peace for some families. Not all enjoyed such peace, as health and other circumstances interfered with the stability in some cases.

The third, and largest group of codes forming a family, are the grief reaction family codes. These codes describe the emotional, physical, spiritual, cognitive, behavioural and relational reactions to the losses. Anger, distress, regret, shock and sadness were the emotions most experienced by the participants. Other coded emotions included anxiety and fear, yearning or longing, sense of loss, feelings of loneliness and isolation, feeling hurt or guilty, blaming others, being numb or disappointed. Hate, shame, and bitterness were less often experienced, as were empathy, relief, disappointment or feeling moved. Behavioural reactions included relational reactions towards family, friends, professionals or other people in general. There was general consensus of individual participants, that males and females grieve differently. The dangers of drifting apart as couples were recognised and most participants felt it worthwhile to accept gender differences and to work toward maintaining their marriages. Close family, when available, played an important role in the bereavement. There were exceptions to the rule, and some family members caused more distress rather than assistance. The well-being of surviving siblings seemed to be of great concern to the parents, who believe that the effects of the losses are far more widespread than generally believed. The role of friends in bereavement was of vast importance. The effects of their interventions brought about strong positive and negative reactions from the participants. The greatest need participants expressed in relation to other people was the need to have someone to talk to. They needed someone who would listen and hear them, even if it was the same story over and over again. With only a few exceptions, relationships or interactions with professionals were disastrous. This is particularly true of mental health professionals. Responses to support groups were generally positive by those who attended such groups. Physical grief reactions were reported as: a general lack of strength and energy with intense pain; and in some cases the inability to breathe or swallow. Spiritual grief reactions manifested mainly in: an interest in life after death; and discourse with God at various levels. Cognitive grief actions mainly manifested in the senses such as smell, hearing, feeling the presence of the diseased; but also in aspects of memory, disbelief, confusion and searching for closure or understanding. Stimuli in the form of memorabilia, sounds or places, acted as triggers to the memory, stimulating
continued grief reactions. The manner in which the participants interpreted their own grief reactions proved to be positive or could be negative. The participants’ perception of the duration of grief is associated with cognitive interpretation. There was overwhelming consensus on the enduring quality of grief. Dreams, visions and para-normal experiences were reported by some participants, and are considered part of the cognitive aspects of grief.

The fourth and final family of codes are named the mourning codes. Mourning is associated with attempting to continue life, albeit in a bereaved state, in such a way that behaviour is culturally and socially accepted. The codes assigned in this category or family, are called coping or defence mechanisms – not in the strict sense of the word- but as attempts by participants to cope with their losses and find a way to continue life. Some participants faced their situations head on, whilst others engaged in avoidance behaviours. In some instances participants had their faith to escape into as a safe haven, whilst others kept themselves busy to keep them from thinking. Verbal expressions in the form of screaming, shouting, crying, talking or doing self talk, kept many participants sane in the process of mourning. Many other types of coping behaviours were employed by participants in their quest for survival.
CHAPTER 5
CONCLUSION AND RECOMMENDATIONS

5.1 INTRODUCTION
This study endeavoured to provide a panoramic rather than a microscopic view of bereavement, with the aim of identifying central issues of parental bereavement. In order to reach this objective, a thorough literature study was undertaken, and 22 bereaved parents were interviewed by means of open-ended questions posed in a semi-structured format. The transcribed interviews were loaded onto the Atlas ti. (2004) programme specifically designed for qualitative analysis. Through the analysis of the data, four code families, each with its own sub-codes, emerged.

In this chapter, brief comparisons between the research findings and previous research will be drawn. No attempt was made to measure outcomes, but, some assumptions based on findings in literature will be made, in order to draw comparisons where possible. A discussion on the sample profile of this study is included in this chapter.

5.2 DISCUSSION ON SAMPLE PROFILE
The sample profile consisted of predominantly female, white, middle aged, middle to upper class participants (See section 3.1, sampling design and sampling methods). Interpretation of gender-related behaviour is reported in sections 5.3.5 and 5.5.3.1. Only four males were willing to participate, which is in line with general gender related bereavement behaviour (Stroebe, 1998). Three couples were interviewed in this research, and the study could be extended to identify gender patterns where both parents have lost the same child. As only 4 of the 22 participants were males, the interpretation of gender differences deserves due caution. The homogeneity of the sample regarding race and socio-economic status was intended to rule out the possibility of confounding elements based on culture or socio-economic factors. It would be desirable to do a similar study in different cultures to draw comparisons about the identification of central themes.

All the participants, with the exception of one, were married, although some in their second marriages. The one exception mentioned, was in a stable, live-in relationship with a partner. Only one divorce was recorded after bereavement. The interpretation of family matters is reported in section 5.3.6 and spousal relationships can be found in the section on gender related issues (See section 5.5.3.1).
All the participants were from one geographical location, or had recently moved back or moved away from this area. Fish Hoek, in the Western Cape, the area under discussion, is reported by participants as being strongly community oriented, with generally positive social support systems. Social support is interpreted in this Chapter under Section 5.5.3.3.

The variation in the ages of the participants and their children who died, as well as the variation in the causes of death, add credibility to the identified ‘issue’ being a central theme at any age or stage of bereavement, and any cause of death. Until comparable studies are done across cultures, the generalisation of identified central issues will remain probable, but questionable.

5.3 DISCUSSION OF RISK FACTORS

5.3.1 Introduction to risk factors
Risk factors (See section 4.2 and Figure 1), which include the ages and life stages of the parents at the time of loss; previous history of losses; personality and achievements of the deceased children; the bond between the parents and the children before they died, and the family relationships before the deaths occurred, were not considered a central issue in its own right during the course of the literary investigation of bereavement issues. This theme materialised through the qualitative analyses in the narrative of the participants, in response to the open question, inviting the participants to share as much as they could about the lives and deaths of their children. In general the parents followed a sequential pathway through the lives and achievements of their children, followed by a description of the circumstances shortly before the deaths, and finally the breaking of the news regarding their children, ending with a description of the deaths.

5.3.2 Life cycle
The life cycle in this research represents the age and the stage of life each participant and their families found themselves in at the time of the death of a child (See section 4.2.2). Three salient points emerged from the analyses of the life cycle codes.

The first of these points was the importance of the presence of other children in the home after the death of a child. There were various ways in which parents highlighted the need to have other children in the home after a death of a sibling. One parent found the loss of her toddler, simultaneously to her son starting school, unbearable. They chose to have her husband’s vasectomy reversed in order to fill the gap. The absolute devastation experienced by a mother who was unable to have any more children after her pre-teen daughter died, confirms that other children in the home after loss has a positive influence on the bereavement
experience. On the positive side, a mother expressed gratitude at having had her surviving
daughter in the home for two years after the loss, before the daughter started university.
Parents of married children were grateful to have released their children from their homes
before their deaths. According to these parents, the release lightened the bereavement load.

Secondly, one participant felt that by knowing the destiny and achievements of his
adult daughter, his bereavement was aided, in comparison with a toddler whose future was yet
unknown. This finding corresponds with the investigation by Gamino, et al. (2000), which
established that the younger the age of a child at the time of death, the more robust the
negative impact of bereavement will be on the parents.

The third and final aspect identified in the life cycle issue, was the fact that mothers
experienced regret and guilt at their impatience during the difficult phases of their life cycles.
An example of a difficult life cycle stage was having two toddlers in nappies at the same time,
with no assistance. One parent blamed her impatience on a physical condition (thyroid).

5.3.3 Previous history
The participants reported many types of previous losses (See section 4.2.3). It was clear that
none compared to the loss of a child. The loss of a child was experienced as abnormal in
comparison to any other type of loss, and much more painful. This finding is in agreement
with the conclusions by Christ, Bonanno, Malkinson and Rubin (2003), who claim that the
death of a child, of any age, is experienced with much more intensity than any other type of
death. Participants who had lost their husbands prior to losing a child, experienced anger at
their late husbands for leaving them to deal with such pain on their own. Parents who had
experienced the loss of a first degree family member such as a husband or a child before the
second death through the loss of a child, felt that they had already ‘given’ or ‘served an
apprenticeship’, and should not have been expected to give again.

5.3.4 Personality
Some participants reported changes in their children’s personality and behaviour prior to their
deaths (See section 4.2.4). Parents generally described their children as high achievers and
outstanding academics. No negative aspects of their children’s behaviour were reported. This
phenomenon could be in accord with the concept of parents forming a current bond with the
deceased child (Davies, 2003). This mental template of the child, similar to the schema
concept, could be selective in the information it stores about the child, remembering the good
and forgetting the bad. The schema concept labels the forming of such a mental template as
'thought mistakes’ (Beck, Emery & Greenberg, 1985), but it seems, however, that parents find the positive image of their child, comforting.

5.3.5 Bond with child
Gender differences were noticed in the formation of bonds with children (See section 4.2.5). Fathers of new born babies or very young babies had not formed bonds with their babies. The mothers felt that carrying the baby during pregnancy gave them the opportunity to form bonds. The active involvement of the father in aspects of the birth of a child is considered vitally supportive by Laakso and Paunonen-Ilmonen (2002). Gender differences are reported in section 4.4.3.3. (1), where it is noted that participants felt that gender differences could lead to marital stress, if the differences were not accepted and embraced.

5.3.6 Family relationships
The majority of the sample profile for this research reported stable family conditions before bereavement (See sections 4.2.6 and 4.4.3.3 (2a)). These same families reported stable family conditions after the losses. The one case, where marital dysfunction before the loss was reported, ended in divorce shortly after the loss. Riches and Dawson (2002) suggested that marital patterns of interaction before bereavement should be studied in order to better understand marital conflict and breakdown after bereavement. The findings of this current research seem to concur with their suggestion.

5.3.7 Conclusion to risk factors
Despite the fact that risk factors were not identified as a central issue in its own right, the narrative of the participants necessitated a closer look at these factors. Valuable information was gleaned from this investigation that could be of fundamental importance in the understanding of the broader bereavement experience.

5.4 DISCUSSION OF BEREAVEMENT CIRCUMSTANCES
5.4.1 Introduction to bereavement circumstances
Bereavement is a state of loss. Losses occur within the context of certain circumstances. The extended circumstances before, during and after the deaths, were assigned to this family of codes, and identified as a central issue of bereavement (See section 4.3 and Figure 2). It is not possible to completely separate the emotions of participants from the circumstances they experience, and for the sake of clarity, the emotions reported in section 4.4.2 will be integrated with this discussion.
5.4.2 Circumstances leading to breaking news

The circumstances of each individual participant before the deaths were unique (See section 4.3.2). Under certain circumstances some regrets were expressed in relation to parent-child interactions. In situations where the children suffered, parents were in great distress. In a situation where the presence of God was experienced, there was peace.

5.4.3 Cause of death, preparation time and breaking news

Causes of death were found to fall in two basic categories (See section 4.3.3 and Figure 3). The first of these categories, contained deaths by natural causes, such as diseases and other biological means which were neither due to medical neglect nor human intent. Secondly, when there was human intent the deaths were classified as non-natural. This group included deaths by homicide, suicide, motor vehicle accidents (MVA) and drowning.

This current research was not investigating outcomes as such, so it was with interest that suggestions made by Gamino, et al. (2000), were noted. Their research indicated that the less time to prepare for the death of a child indicated a poorer outcome. The reported shock, horror and disbelief at finding the bodies of their children, or hearing that their children had been killed in an accident, confirm the suggestions by the above authors. In contrast to these participants who had no preparation time, there were parents who had time, albeit short, to prepare for the deaths of their children.

The greatest number of shock quotations was embedded in the breaking of news (See section 4.4.2.5 and Figure 4). It can be concluded from this research that the suddenness and unexpected elements of the deaths (See section 4.3.4), and the suffering of the children (See section 4.4.2.2), influenced the emotional reactions of the parents. No conclusive evidence can be found in literature to suggest that sudden and unexpected deaths predict a poorer outcome for parents, but Kaltman and Bonanno (2003) suggest that the ambiguous findings, regarding these outcomes, could possibly be caused by the confounding element of violence. The authors suggest that an element of violence is introduced in a sudden and unexpected death. Their research suggests that violent deaths contribute to more severe grief responses. In this current research it seemed as if cases where the outcome of the situations were unknown, and the parents expected a miracle, or simply expected their children to survive, the impact of the death seemed to be greater. It is recommended that further research be conducted to investigate the role of the parent’s expectations of the outcome, in addition to the role of violence, in assessing the impact of sudden deaths on parents.
The accuracy with which information was imparted to parents, was the cause of distress to some participants (See section 4.4.2.3). Accurate information regarding the hospital where the child could be found and the condition of the child were important to the parents.

Also important to the participants was the manner in which the news was broken to the parents. Great sensitivity would be required by the imparter of such news (See section 4.4.2.3).

5.4.4 Dealing with the body or ashes
Making decisions about the donation of organs was a sensitive issue for parents who had not given this aspect any thought before the deaths. However, some parents responded positively to organs being harvested, as it seemed to provide them with meaning (See section 4.3.5).

In cases where parents saw the bodies of their children, they did not stop caring for their children once they died. They still wanted to hug their children, or keep them warm. Regret was expressed by participants for not seeing their child’s body, stating a lack of closure as a result. In general parents responded positively to handling or viewing their children’s bodies.

Making decisions regarding cremation or burial was an issue that contained the possibility of causing discontent among family members. The outcome of these decisions seemed to have long term effects on some parents, as some regretted not having a grave and one mother never fetched her child’s ashes as she did not approve of cremation. Further decisions regarding the ashes or body required the considerations of financial implications and the choice of location for burial or sprinkling of the ashes. Parents expressed differences in opinion regarding the value of a grave, as opposed to the sprinkling of ashes in a specific location. Fathers expressed the need to have a grave, many years after the deaths. Some parents preferred to have a separate, private ceremony accompanying the sprinkling of ashes.

5.4.5 Funerals and memorial services
The choice between a funeral or memorial service rested on the decision whether parents desired to have the body of the child present at the funeral service, or preferred the option of a memorial service as an alternative (See section 4.3.6).

Social support played an important part in the arrangement of bereavement services. The importance of this form of instrumental help was highlighted by Laakso and Paunonen-Ilmonen (2002), in their research on mothers’ experiences of social support following the death of their children (See section 2.2.2.5). Some participants planned the funerals of their children, as they would have planned their weddings.
Dissension among family members, particularly in-laws, was reported in association with bereavement service arrangements. The role of the clergy - through their knowledge of the child and sensitivity to the family’s needs - affected how the parents perceived the apparent success of the occasion.

Vast differences in the experience of bereavement services were reported. Positive report came from parents who considered the service a celebration of the child’s life, and negative report was given in situations where there was no relationship between the pastor and the family, and where families were not in consensus regarding the arrangements.

An issue raised by some participants concerned the presence of children at services. The opinion expressed was that children should attend funerals. A surviving sibling who did not attend his sister’s service suffered from guilt and struggled to come to terms with attending any other person’s bereavement service.

5.4.6 Circumstances after the deaths
Gender differences were noted in the comparison of circumstances before and after the deaths of a child (See section 4.3.7). Four males and one female reported that the deaths had a minimal impact on their circumstances after the deaths. These participants experienced a continuation of family life and activities. For other participants the circumstances after the deaths were more problematic. Issues of legal justice were raised, after the deaths, in cases where others were responsible for the deaths. Physical health issues related to parents, their spouses or surviving children, affected participants after the deaths. In situations where families were stable before the deaths, circumstances stabilised after the deaths. Where family dysfunction was reported, divorce followed shortly after the deaths.

5.4.7 Conclusion to bereavement circumstances
In literature and in this research, bereavement has been established as a central issue in its own right, with the circumstances and decisions surrounding the loss of a child forming sub-categories of this central issue.

The many decisions parents had to make in the midst of the bereavement circumstances, was the cause of great distress to them. Decisions in association with organ donations, cremation or burial, funeral or memorial services, location of burial or sprinkling ashes, are amongst the decisions that had to be made. Many participants expressed regret, many years following, regarding the decisions they made in the midst of their trauma.

Much of bereavement literature is centred upon the effects and impact of specific causes of death. There seems to be a gap in literature, covering the difficult aspects which
bereaved parents have to contend with, in relation to circumstances surrounding the deaths. Making decisions, dealing with legal or health issues are all very important influences, even in daily life, but are found to be even more so under bereavement stress. Further investigations into these matters could assist in shedding light on how the bereaved can be assisted.

5.5 DISCUSSION OF GRIEF REACTIONS

5.5.1 Introduction to grief reactions
Reactions to grief manifested in the emotions, behaviour, relationships, physical and spiritual beings as well as the cognitions, of participants (See section 4.4). Places, things, music, smells, photos and other memorabilia acted as triggers in reminding participants of their children. These triggers sometimes elicited positive, and sometimes negative cognitive reactions. The manner in which participants viewed and interpreted their own grief reactions, was analysed in previous research as either negative or positive (Boelen, et al., 2003; Dyregrov, et al., 2003; Gamino, et al., 2000; Znoj & Keller, 2002).

5.5.2 Emotional reactions
Emotions were embedded in every aspect of bereavement, and could not be meaningfully interpreted without the context in which each emotion occurred (See section 4.4.2 and Figure 6). To clarify: the following discussion follows the ranking from the most to the least frequently mentioned emotions, except in cases where emotions are linked. For example, anger is the most used emotion, but blame, disappointment, hate and bitterness are closely linked to it.

Whenever anger was expressed, there was an attribution of blame. Anger was directed at God, other Christians, spouses, children (for dying), medical personnel, those responsible for causing the deaths, themselves, others (for various reasons), professional persons, or incompetent administrators of grief-related paperwork. Anger was expressed often by some, and seldom or never by other participants.

Other emotions linked to anger were: disappointment, hate and bitterness. The two participants who admitted to hating someone also agreed that they had become bitter. Both of these participants hated both God and the doctors who attended to their children. It had taken both of these participants’ ten to fifteen years to come to a place of forgiveness. Disappointment was expressed in relation to those who had let them down. Parents, the church and God were blamed for the disappointments expressed in this study.
Whenever participants described situations using words such as ‘traumatic’, ‘difficult’, ‘excruciating’, ‘hard to cope with’, ‘painful’, or ‘horrible’, the code ‘distress’ was used in the analyses. Distressful events included: dealing with circumstances around the child’s death; receiving the news of death; illness or injury to their child; decisions about organ donations; cremation/burial; breaking the news to siblings; special days such as anniversaries; birthdays Christmas or occasions when the families gather. Further situations that caused distress were related to dealing with memorabilia and sorting out the child’s affairs.

Regret, guilt and shame were linked in context. Regret and guilt were associated with circumstances and relationships before and after the deaths, not being present when the child died, choosing not to see the body of the child, having unfinished business with the child, and about decisions that were made during the process of bereavement. Shame was related to the inability to give birth to a child, despite the fact that the reason was genetic.

Shock generally followed the breaking of news, but was also associated with disappointment, when an expected miracle healing did not materialise. Shock was also reported in relation to a para-normal experience.

Feelings of sadness were generally triggered by memorabilia and other triggers of memory associated with their children. Emotions of hurt, loneliness and isolation were reported in association with relationships, particularly through avoidance by friends who did not know how to interact with the bereaved participants (See section 4.4.3.3 (3b)). Loneliness and isolation were also associated with missing their deceased children, and feeling left out of a world that continues without noticing the pain of bereavement.

Participants seemed to be at a loss for words in describing the sense of loss associated with bereavement. Participants yearned to have their children back, to love, touch, smell, hear them again. Some participants yearned for grandchildren of the same gender to fill the gap.

Anxiety was generally experienced as a consequence of the death, as participants feared the loss of their surviving children. Triggers to the anxiety were phone calls, or travel by family members. Fear was experienced in relation to occult-related situations.

5.5.3 Behavioural reactions
General behavioural reactions manifested in many varied ways (See section 4.4.3). Counting the days, months and years, or mixing with younger people in trying to be young again, were just some of the ways in which bereavement behaviour reactions had manifested. Avoidance behaviours (See section 4.5.4) such as: pretending that nothing has changed (See section 4.4.3.2); staying away from places, situations or people; keeping very busy; or social withdrawal (See section 4.4.3.2), were reported by some participants. Some parents became
over-protective towards their surviving children (See section 4.5.12); whilst other parents chose to help other bereaved parents (See section 4.5.3); or got involved in various hobbies or activities (See section 4.5.11). Seeking help or joining a support group were some behavioural reactions as can be seen in section 4.5.15.

Behavioural reactions were generally linked to various emotions. Most expressively, shock and anger manifested in behaviour such as screaming, crying, swearing, throwing things around, or hitting something (See sections 4.4.2.5 and 4.4.2.2).

5.5.3.1 Gender behaviour

There was consensus among the individual reports of participants, that gender differences are a reality (See section 4.4.3.3 (1)). This finding is consistent with literature (Lang, Gottlieb, & Amsel, 1996; Stroebe, 1998). In this research it was found that men resisted visiting support groups and most women embraced various forms of social support. This finding confirms studies by Suitor and Pillemer (2000) that women are more receptive to social support than men. Females tended to be more verbal, and males more physical in their approaches to grieving. Once the gender differences had been understood by the female participants – with the exception of one – they chose to embrace and accept the differences. Females appreciated the help and support of their spouses – this included husbands who were not the fathers of their children (See section 4.4.3.3 (2a)).

5.5.3.2 Behaviour: Relational reactions within the family

Participants acknowledged that inherent gender differences could be responsible for marital conflict and possible divorce if these differences were not accepted. Participants agreed that attribution of blame could be problematic.

Most participants had stable relationships to start off with, and reportedly had become closer as a result of bereavement (See section 4.4.3.3 (2a, 2b, 2c)). In one exception, where dysfunction was reported before the trauma, divorce followed shortly after bereavement. Participants who were married to a husband other than the father of the deceased child, acknowledged the gap between the loss of a blood relative or a step child, but appreciated the support of their spouses under the circumstances.

The absence of close family was noticed, and the support of close family generally appreciated, in cases where it was perceived to be positive. The role of in-laws was highlighted by participants, and in some cases was more valuable than that of blood relatives. The arrangement of funerals was reportedly the most problematic trigger of negative
experiences with in-laws. The absence of the deceased was most noticeable and was experienced most intensely on occasions when families gathered together.

Parents reported concern for the long-term well-being of their surviving siblings. Firstly, there was consensus in the individual reports that siblings were reluctant to discuss the loss of their deceased brothers or sisters. Secondly, it was indicated by the parents that siblings experienced difficulty with peer relationships, due to the friends’ lack of understanding of their intense grief. Both these findings are confirmed in literature (Balk, 1990; Davies, 1988, 1991; Robinson & Mahon, 1997). Anger, expressed in acts of aggression by the surviving siblings, was reported by participants. Again, this was confirmed in literature (McCown & Davies, 1995).

5.5.3.3 Behaviour: Relational reactions towards friends

The actions of friends elicited either positive or negative responses from the bereaved participants (See section 4.4.3.3 (3a, 3b, 3c)). Of utmost importance to participants was: similarity of experience; a listening ear; understanding hugs; not too much or inappropriate advice; short visits; practical help such as providing meals; and being allowed to grieve without time constraints. These findings are consistent with studies concluded by Laakso and Paunonen-Ilmonen (2002).

Participants agreed that most people meant well, but some aspects of social interaction sparked negative reactions in them. Comparing the loss of a child with that of a pet or some other relative, cliché quotations, or being told that it was time to ‘move on’, were not appreciated.

Two participants, who indicated social withdrawal as a result of severe grief reactions, indicated intense long-term distress. This result corresponds with the results by Dyregrov, Nordanger and Dyregrov (2003), who found social isolation to be the best predictor of distress in their sample of bereaved parents.

5.5.3.4 Behaviour towards professionals

Again, the actions of professionals had the potential to elicit negative or positive responses from the participants, depending on the manner in which communications were delivered (See section 4.4.3.3 (4a, 4b, 4c, 4d, 4e)). Established relationships with clergy proved to be beneficial. Other interactions with clergy were disappointing, except for one reported case. Medical competence, and honesty in delivery of important information, was appreciated by participants. The interactions with mental health professionals were generally experienced negatively. Participants reported reasons for this phenomenon to be: the lack of similarity of experience; the advice straight from a textbook; the youth of the counsellor; inappropriate
counsel; and mis-timing an intervention. This finding is in agreement with the findings by Jordan and Neimeyer (2003), who reported the ineffectiveness and possibly harmful effects of bereavement interventions. It is important here to re-iterate their suggestion that a more customized bereavement intervention design needs to be developed, which can effectively cater for the critical window of time in which mourners are responsive to selective types of intervention. It is suggested that a user-friendly self-help booklet would possibly match this profile.

Interactions with clergy yielded either positive or negative results. In cases where there was an established relationship with the clergy, positive experiences were reported. Negative experiences were associated with situations where the clergy did not know the deceased child, or where they were not able to comfort the bereaved with appropriate answers to their questions.

Most interactions with colleagues were reportedly positive, and most administratively related encounters were experienced negatively. Parents found dealing with administrative aspects such as the closing of bank accounts, finalising student accounts, taking children off the medical aid or closing up an estate, very emotional and frustrating due to the lack of understanding by the administrators.

Gender differences were found in the reports on support group attendance. Males resisted this form of support, and many females became regular attendants at these meetings. The distances to travel and the low frequency of meetings were reported as negative aspects of support group meetings. On the positive side, mothers felt these meetings to be a safe place to talk and be with others who had been through a similar experience.

5.5.4 Physical grief reactions
Two very significant aspects of physical grief reactions were described by the mothers (See section 4.4.4). The first of these is the indescribable physical pain that accompanied bereavement. The participants were at a loss for words in describing the intensity and depth of the pain they experienced. Two female participants reported that their husbands collapsed physically from the strain of bereavement. Some parents reported negative long term effects of bereavement on their health. Literature indicates that only a minority of bereaved parents suffer long term ill-health (Murphy et al., 1999; Znoj & Keller, 2002).

The second physical reaction was the difficulty in engaging with any tasks requiring physical energy, such as getting up and getting dressed, or making a cup of coffee. One mother describes how her husband had to encourage her to walk just a little further every day.
5.5.5 Spiritual grief reactions

Spiritual grief reactions included a strong interest in life after death (See section 4.4.5). Some parents went to great lengths in trying to establish the present location of their children. Hope was expressed that they would be re-united with their children in the future. God played a dominant role in the quest to find meaning in the bereavement experience, and as one participant so aptly described the dilemma: “I think you know, even the most confirmed atheists pray to God in their darkest hour um, and I certainly have spoken to God.” In agreement with Wheeler (2001), the search for meaning was found to be a central process in this study of bereavement.

5.5.6 Cognitive grief reactions

General cognitive reactions such as: loss of memory and concentration; disbelief; sensual effects; para-normal effects; sense of loss of a future for their child; and searching for closure or understanding, were reported (See section 4.4.6). In addition, three other cognitive aspects were found to be sub-categories of cognitive issues of bereavement. These were: the role of reminders; and the interpretations of grief reactions; as well as the interpretation of the duration of grief. There was a distinct sense among participants that the loss of a child, at any age, is not normal.

Photographs, memorabilia and special days in terms of bereavement, acted as memory stimuli to trigger grief reactions. Of these, the special days such as the anniversary of the date of death and Christmas triggered the strongest reactions. Other triggers, such as handwriting, sounds, smells, places, and certain things, were reported to have triggered either happy or sad memories. Some parents found working with their children’s photographs and memorabilia very therapeutic. The decisions of ‘when’ and ‘how’ in sorting out their child’s room and belongings, was reportedly very personal and the bereaved should not be pressured by outsiders.

Positive or negative ways, in which parents interpreted their own grief reactions, were included in the section on cognitive reactions. Boelen et al. (2003), suggested that negative interpretations of grief reactions are not in themselves signs of disturbance, but that the participants of their research, who interpreted their reactions negatively, also engaged in cognitive avoidance behaviours, which according to them, were associated with increased symptoms of depression. It was never the intention of this current study to measure outcomes of bereavement, but in accordance with indicators of positive and negative interpretations of grief reactions presented by Gamino et al. (2000), current participants who interpreted their reactions negatively, reported a loss of hope for the future; admitted to facets of personal
incompetence; suffered from feelings that the deaths could have been prevented; and experienced a resistance to saying good-bye to their deceased children. The participants who interpreted their own grief reactions as normal, had a good view on the future, appreciated the love and things around them, and engaged in outreach activities to help others. These participants indicated aspects of personal growth through the bereavement, and closure in important aspects of bereavement. They had said good-bye to their children, and could see that good had come from the bereavement experience. Intrinsic spirituality assisted these participants in attributing their coping strength to God, whereas negative interpreters of grief reactions attributed blame to God or others. These positive and negative factors of grief interpretations are in general agreement with studies done by Gamino, et al.

The last cognitive reaction considered, related to how the participants interpreted the duration of their grief. The overwhelming evidence of participants’ quotations proved the perception of the duration of grief to be enduring. The participants stated that the intensity of the pain subsided, but that pain never went away. The general consensus of reported evidence stated that the bereaved learned how to live with the pain, but that it endures forever. There is no consensus in literature on the duration of grief. It is uncertain that such a definition can ever exist without taking individual circumstances into consideration.

5.5.7 Conclusion to grief reactions
It was evident from the research that the whole person is affected by bereavement. Participants expressed emotional, physical, behavioural and relational, cognitive and spiritual reactions to bereavement. The participants’ interpretation of their own grief reactions acted as indicators of their inner experience and the hope or despair they might hold for the future.

5.6 DISCUSSION OF MOURNING ISSUES

5.6.1 Introduction to mourning
Mourning can broadly be defined as the adjustment to the loss by engaging in culturally and socially acceptable coping mechanisms through the various stages or processes of living with the loss. Participants in the current research did not refer to stages or processes of mourning according to the various models (Bowlby & Parkes, 1970; Rando, 1993; Worden, 1991), (See sections 2.1.4.1 (a, b); 2.1.4.2 (a) and 2.2.3.2) but rather inadvertently indicated the types of coping mechanisms which they had employed in order to find socially acceptable ways of dealing with life (See section 4.5 and Figure 9). The findings of this research are therefore more in agreement with Stroebe and Schuts’s (1999) Dual Process Model (See sections 2.1.4.2 (b) and 2.2.3.5) than with the stages or processes models mentioned earlier in the
paragraph. Simply stated, this Dual Process Model suggests that the bereaved spend as much time as they can in facing the reality of the loss, and then avoid the issue to recover until they are ready to face the pain again. In this way the bereaved cope through oscillating between focusing on the loss, and focusing on restoration.

5.6.2 Mourning (social and cultural ways of coping with loss)

Acceptance (See section 4.5.2), actions/decisions (See section 4.5.3) and forgiveness (See section 4.5.8) were found to be key factors in moving on after bereavement. Perhaps the greatest revelation of this research is the importance of forgiveness in the process of bereavement. The importance of forgiveness was highlighted by the participants themselves, whether they were able to forgive or not. Forgiveness, in their view, was the essential element of moving on and finding peace. Forgiveness literature focuses on finding definitions; identifying related emotions; the influence of personality on forgiveness; and the various pathways of forgiveness in reaching reconciliation (Maltby, Macaskill, & Day, 2001; Walker & Gorsuch 2002, 2004; Worthington & Scherer, 2004). In the current study, some participants did not move on with their lives for up to 15 years, until they decided to forgive. The emotional and decisional aspects of forgiveness found in this study are in agreement with findings by Worthington and Scherer (2004). Participants described themselves as forgiving or unforgiving types, even to the point of making distinctions between forgiving and forgetting. The link between personality and forgiveness in this study, is in agreement with studies by Walker and Gosuch (2004). The participants of this study found it difficult to come to a place of forgiveness, and it had taken some participants many years to forgive. In general, participants expressed the opinion that forgiveness was absolutely essential, but some felt that it could only take place under certain conditions. Forgiving God and receiving God’s forgiveness aided the decision to forgive others. This finding concurs with findings by Walker and Gorsuch (2004).

There was agreement in individual reports about the importance of activating their own wills (See section 4.5.3), in order to engage in the bereavement process and prevent themselves from spiralling into depression. The importance of continued family life was an inspiration in the process of deciding to continue living. Another aspect of action-based decision making related to the decision of forgiving and helping others.

Avoidance behaviours are linked strongly to negative outcomes of bereavement in literature (Boelen, et al., 2003; Horowitz et al., 1997; Langner & Maercker, 2004). Based on the Dual Process Model by Stroebe and Schut (1999), (See sections 2.1.4.2 (b) and 2.2.3.5), avoidance and facing reality can both be positive mechanisms if kept in balance. Avoidance
behaviours employed by participants of the current research, included aspects of blocking out unwanted news or situations; keeping very busy; social withdrawal; or contemplating suicide as a way of avoidance. Most participants agreed that it was important to face the reality of the deaths, but often found it overwhelming (See section 4.5.7).

Crying (See section 4.5.5) was perceived by the female participants as a positive way of dealing with pain, but males felt that it was embarrassing to cry in public. Other forms of verbal expression (See section 4.5.18) such as talking, screaming (particularly in the shower or swimming pool), or venting emotions, were reported by participants as having therapeutic value. Writing journals or letters to their children and reading bereavement-related information can be added to the list of therapeutic coping mechanisms. It was clear that some parents wanted to keep in touch with their children. In addition to writing letters to the deceased children, some parents reported talking to them.

One of the most challenging tasks for the bereaved, according to Znoj and Keller (2002), is the regulation of emotions. In their research, they concluded that those who had experienced human losses before, would have acquired personal growth, and would therefore be able to deal more functionally with adverse feelings and with relaxing in difficult circumstances. It was interesting to note that the participants of the current research, who regularly employed emotion regulation (See section 4.5.6) in coping with the deaths of their children, had all experienced previous human losses, but these were not the losses of husbands or children; rather those of parents or other close relatives. When the losses were of husbands or children, the previous losses acted as compounding factors.

Other types of coping mechanisms employed by the participants of this study included the use of humour or sarcasm (See section 4.5.9), using medication to relieve symptoms (See section 4.5.10), engaging in activities involving the outdoors sport or indoor hobbies (See section 4.5.11). These activities were reportedly very therapeutic. Of particular value was the engagement in hobbies dealing with the memorabilia related to the child. Self-defence (See section 4.5.16) was employed by some to defend their actions during the circumstances surrounding the deaths. Often these were accompanied with regret and guilt.

Obsessive behaviour (See section 4.5.12) such as becoming over-protective towards survivors or obsessively engaging in activities related to the deceased child was reported. Some participants pursued justice (See section 4.5.14), whilst others simply went to seek help from professionals or support groups (See section 4.5.15).

Finally, most of the participants found support and comfort in God as a spiritual source (See section 4.5.17).
5.6.3 Conclusion to discussion on mourning

It is clear that parents, who have lost children, employ many varied coping mechanisms in adjusting socially and culturally after bereavement. What transpired from the interviews was that the same participants who expressed suicide ideation (See section 4.5.13) more than once during their interviews, also referred at least five times to their own avoidance behaviour in their interviews (See section 4.5.4). In addition, the same participants never referred to the use of spiritual coping mechanisms at any time during the interviews. On the other hand, the participants who referred to their own action or decision making mechanisms (See section 4.5.3), were also more inclined to forgive (See section 4.5.8) and face the reality (See section 4.5.7) of the situations they were in, as well as being more inclined to use spiritual coping mechanisms (See section 4.5.17), than those who were avoidant. It was not the intention of this research to measure outcomes. The table of code-frequencies for each individual is a bulky output document of the Atlas ti. (2004) programme (which has aided the interpretation of the above paragraph). Due to the size of the document, it has not been appended, but is available upon request.

5.7 CONCLUSION AND RECOMMENDATIONS

The aim of this study was to build a broad framework of parental bereavement, and to identify central issues within that structure. Four broad categories were identified as central issues, each with important sub-categories.

The first of these, called risk factors for the sake of this research, describes the essence of family life at the time of the loss. The evidence of this research suggests that the general condition and circumstances of the families before the loss will be a reasonable indicator of the condition of the families after the loss. Riches and Dawson (2002) suggested that this might be the case, but it is recommended that further research be conducted to establish the validity of such a suggestion (See section 5.3.6). Establishing, through research, the influence of the age of the child at the time of death on the parents, and the effect of the presence of surviving siblings in the home after the loss, could bring light to these aspects of bereavement (See section 5.3.2). Investigating the compounding or positive effects of previous loss, could greatly improve the understanding of these factors and their influence on bereavement (See section 5.3.3).

The second category identified in this research, called bereavement, concerns the issue of circumstances surrounding the loss, including the cause of death. Possible areas needing
further research could include the accuracy and manner in which medical information is imparted to the parents (See section 5.4.3). This information could be of great value in the training curricula of medical personnel. Important decisions have to be made under tremendous pressure and stress for the bereaved; decisions such as organ donations, burial versus cremation, and arrangements of a bereavement service (See sections 5.4.4 and 5.4.5). Research into these issues, plus subsequent information sharing in various formats, could be employed as primary intervention strategies.

The third category identified as a central issue relates to the grief reactions of the bereaved to the loss of a child. These reactions manifested in emotional, physical, behavioural and relational, spiritual and cognitive ways. The suggestion in this instance is that studies be undertaken to investigate which of these reactions are more prominent in the various stages and processes of mourning. These stages and processes are suggested in literature (Bowlby, & Parkes, 1970; Rando 1993; Worden, 1991). The incredibly important role of social support has received much attention in literature (Laakso & Paunonen-Ilmonen, 2002), and was confirmed in this study (See section 5.5.3.3). It is clear that mental health professionals have totally missed the mark (See section 5.5.3.4). The role that people play in either assisting or obstructing the bereaved cannot be overemphasised. A self-help booklet to aid the bereaved could include a section on educating the public on how they can be of positive assistance to the bereaved. Literature does not offer a suggested time limit on the duration of grief, and rightly so. There was overwhelming consensus from the participants of this study that grief for a lost child is enduring. It is very important for the public to know this simple fact, as the understanding of this knowledge can be protective to a vulnerable parent in their grief.

Finally, the mechanisms the bereaved employed in continuing life in socially and culturally acceptable ways (mourning), highlighted the importance of finding constructive ways in which to deal with bereavement. Literature strongly suggests that cognitive avoidance patterns increase the risk of complicated grief through the prevention of emotional processing (Horowitz, Bonanno & Holen, 1993). There is agreement in the findings that those participants of this current study who expressed suicide ideation, also referred extensively to their own avoidance patterns, and that those who viewed their own grief reactions positively, attributed aspects of personal growth to their bereavement experience.

In conclusion, this study shows the value of bringing bereavement into an integrated, cohesive, whole, highlighting areas where ‘blind spots’ might exist in the literature. Too much focus on one aspect might cause the loss of perspective, and it is hoped that this study would be instrumental in re-gaining perspective on important issues of bereavement.
REFERENCES


Addendum 1

CONSENT FORM

I understand that:

1. Participation in this interview is totally voluntary, and can be terminated at any point, if I feel the need to do so.

2. The information given will be treated with confidentiality, and that names can be altered for my protection and the protection of my family, at my request.

3. The purpose of this interview is primarily to ultimately help other bereaved parents, through the vehicle of a master’s thesis, with the view of publishing a self-help guide for bereaved parents.

4. The interview will be tape recorded and later transcribed to be analyzed.

5. The findings of the study will be made known to me at the completion of the master’s thesis, or the progress reported at my request at any earlier time.

I have no objection to the above indications and hereby give consent for the interview to continue.

SIGNED: _____________________________________________________________

FULL NAME: _________________________________________________________

VENUE: ______________________________________________________________

DATE: ________________________________________________________________
# Addendum 2

## BIOGRAPHICAL DATA

This information will be treated as highly confidential

### 1. Interview Information

| Date: |  |
| Venue: |  |
| Name of Participant: |  |
| Home Language of Participant: |  |
| Name of Interviewer: |  |

### 2. Deceased Child and Other Deceased Primary Relative

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<th>Member of Family</th>
<th>Name and Surname of Deceased</th>
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<th>Date of Death (DDMMYY)</th>
<th>Cause of Death</th>
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### 3. Family Composition

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<th>Name and Surname</th>
<th>Relationship to deceased child</th>
<th>Date of Birth (DDMMYY)</th>
<th>Highest Education and/or Occupation</th>
<th>Population Group or Cultural Background</th>
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Addendum 3

INTERVIEW QUESTIONS

Introduction

NOTE: TAPE RECORDER SWITCHED ON

Thank you for participating in this interview.

You might agree with me that the loss of a child has a major impact on our lives as parents and families. There is no doubt that each one of us will experience bereavement of a child in a completely unique way. Despite our differences, there may be underlying issues which could be common to us all. For example, most of us have to make decisions regarding burial or cremation, and whether we would like a funeral service or not. We might have specific views on how the service should be conducted. In some cultures there are prescribed rituals on how funerals should be conducted.

The purpose of this interview is to find common issues of bereavement, and individual ways in which people like us have engaged in these issues.

It is hoped that our shared experiences, once put in a booklet, will ultimately be useful to other bereaved parents.

So thank you again for your courageous participation.

There is no part your experience which I am not interested in, but there are particular aspects of your bereavement experience, which I am specifically interested in. If you do not talk about these in the free telling of your story, then I will ask specific questions afterwards.
Narrative Format

1. Open Question
   a. Please tell me, as much as you can, about the life and death of your child?

Semi-Structured Format

2. Family Relationships
   a. How has the death of your child impacted your family relationships?
   b. How would you describe the changes in your family relationships after bereavement?
   c. Some say that the death of a child often leads to divorce. What is your opinion?
   d. It seems as if siblings are deeply affected by the loss. How would you describe your surviving children’s experience, as seen through your eyes?
   e. How do you and your spouse differ in the way that you grieve?
   f. Do you feel that your spouse understands what you are going through?
   g. How has the death of a previous relative or friend impacted your/spouse’s/child’s bereavement experience?

3. Social Support and Forgiveness
   a. Some say that social support has the potential of having either a positive or a negative effect. What was your experience?
   b. Who, would you say, gave you the most support and comfort in your bereavement?
   c. Can you describe the type of actions by other people that you appreciated?
   d. In your view, how could people have supported you better?
   e. With regard to bereavement, is there any person who has made you very angry?
   f. How do you feel about forgiving him/her?
   g. What is your view on forgiveness?
   h. Did you seek any help, or find any help from professional persons such as counselors, medical staff, or clergy?
i. What is your view on support groups?

4. Death Education
   a. Did you find books or literature helpful to you in bereavement?
   b. How would you describe bereavement to someone who has never lost a child?
   c. Do you think that it is important to have lost a child, before you can help bereaved parents?
   d. If you had the opportunity, what advice would you give a newly bereaved parent?

5. Making Meaning
   a. Can you describe the funeral service?
   b. Do photographs or other memorabilia hold any value for you? Can you elaborate?
   c. What are your views on writing down your feelings and experiences?
   d. Did your child write anything that is meaningful to you?
   e. Are there any days in the year that are ‘different’ or ‘special’ in terms of bereavement, from other days?
   f. What do you and your family like to do on these special days?
   g. Where do you think your deceased child is now?
   h. How did you say good-bye?
   i. If it was possible to describe your current relationship with your deceased child, how would you describe it?
   j. What role, if any, is God playing in your bereavement?
   k. How do you see the future?

6. Final Open Question
   a. Is there anything you would like to add?

NOTE: TAPE RECORDER OFF
Addendum 4

SAMPLE PROFILE

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<th>Marital status of bereaved parent at time of loss</th>
<th>Current age of bereaved parent</th>
<th>Age at time of loss (years)</th>
<th>Time since loss (years)</th>
<th>Child gender</th>
<th>Child age at time of death</th>
<th>Marital status of child</th>
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