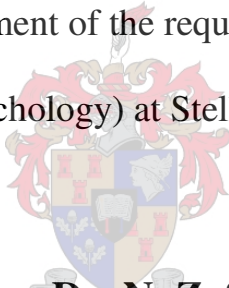


The psychological experiences of grieving for adolescents recently  
bereaved of a parent

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Thesis presented in fulfilment of the requirements for the Degree of  
Master of Arts (Psychology) at Stellenbosch University.



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March 2011

## DECLARATION

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## ABSTRACT

Parental bereavement has generated interest internationally, and yet very few bereavement studies have been conducted within South Africa, even though the prevalence of South African adolescents experiencing parental bereavement is on the increase. The attachment theory explains why the loss of a parental figure during adolescence could have a long lasting negative influence on adolescents' psychological development. The present study aimed to explore the psychological experience of bereavement for 66 adolescents who recently lost either a parent or a significant caregiver who played a parental role for the bereaved adolescent.

By means of a cross-sectional quantitative design the following variables were examined: depression (using the Beck Depression Inventory–Second Edition; BDI-II), anxiety (using the Beck Anxiety Inventory; BAI), coping (using the Coping Strategy Indicator; CSI), attachment (using the Inventory of Parent and Peer Attachment; IPPA) and social support (using the Social Support Appraisal; SSA).

The results showed that the strongest significant positive correlations were between depression and anxiety, followed by positive correlations between attachment to the remaining mother figure and problem-solving coping. Furthermore, the results showed that the strongest significant negative correlations were between: depression and problem-solving coping, followed by the correlation between attachment to the remaining mother figure and peers and depression. Support from significant attachment figures in the bereaved adolescent's life was found to promote healthy adjustment to the significant loss by lowering depression and strengthening perceived social support for the bereaved adolescent.

For the South African population, peer run support group interventions, based in schools or community youth groups, have been identified as best suited to promote resilience for adolescents during the bereavement process. The interventions would bring together bereaved adolescents, creating a support group for the adolescent to draw on during their bereavement.

## OPSOMMING

In teenstelling met die internasionale gemeenskap geniet studies rakende ouerlike verlies in Suid-Afrika relatief min belangstelling en alhoewel gevalle van adolessente wat ouerlike verlies ondervind in Suid-Afrika vermeerder, word daar baie min sulke studies plaaslik onderneem. Die teorie van gehegtheid verklaar hoekom die verlies van 'n ouer-figuur gedurende adolessensie langtermyn psigologiese newe-effekte kan meebring. Hierdie studie beoog om die psigologiese ondervindinge van 66 adolessente, wat onlangs 'n ouer of voog moes afstaan, te bestudeer.

Deur gebruik te maak van 'n kwantitatiewe kruispeiling is die volgende veranderlikes bestudeer: depressie (deur gebruik te maak van die "Beck Depression Inventory-Second Edition; BDI-II"), angs (deur gebruik te maak van die "Beck Anxiety Inventory; BAI"), aangewassenheid (deur gebruik te maak van die "Coping Strategy Indicator; CSI"), gehegtheid (deur gebruik te maak van die "Inventory of Parent and Peer Attachment; IPPA") en sosiale ondersteuning (deur gebruik te maak van die "Social Support Appraisal; SSA").

Die resultate toon dat die sterkste betekenisvolle positiewe korrelasies tussen angs en depressie bestaan, gevolg deur positiewe korrelasies tussen gehegtheid tot 'n oorblywende moeder-figuur en aangewassenheid. Verder toon die resultate dat die sterkste betekenisvolle negatiewe korrelasies tussen depressie en probleem-oplossings opgewassenheid gevind kan word, gevolg deur gehegtheid aan 'n oorblywende moeder-figuur en tydgenote en depressie. Ondersteuning van figure waarteen die adolessent aangeheg voel bewys om gesonde aanpassing tot die verlies te bewerkstellig deur die aanslag van depressie te bestry en begrip van sosiale ondersteuning te bevorder.

In die Suid-Afrikaanse omgewing is gevind dat ingrypende ondersteuningsgroepe, wat bestuur word deur tydgenote van die adolessent, gebaseer in skole of gemeenskap jeug groepe, die beste vaar daarin om adolessente opgewasse te maak teen die verlies van 'n ouer of voog gedurende die treur proses. Hierdie ingrypende ondersteuning groepeer treurende adolessente saam en bevorder so die vorming van ondersteuningsgroepe waar treurende adolessente mekaar kan bemoedig.

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# **THE PSYCHOLOGICAL EXPERIENCES OF GRIEVING FOR ADOLESCENTS RECENTLY BEREAVED OF A PARENT**

## **Chapter 1**

### **Introduction: Problem Statement and Focus**

Parental bereavement has generated a great amount of interest from social scientists to date (Ellis & Granger, 2002; Merlo & Lakey, 2007; Noppe & Noppe, 2004; Schlozman, 2003; Sussillo, 2005; Walker & Shaffer, 2007). However, very few studies have been conducted within the South African context on this subject area. While a few notable studies were done on grief and loss within South African populations (for example, Jali, 2000; Rosenblatt & Nkosi, 2007; Somhlaba, 2002, 2006), most of these were conducted on adult populations. An exploration of literature on the topic of adolescent parental bereavement shows that the topic of adolescent grieving has received considerable attention internationally, especially within western populations in the United Kingdom and the United States of America (Ellis & Granger, 2002; Merlo & Lakey, 2007; Noppe & Noppe, 2004; Schlozman, 2003; Sussillo, 2005; Walker & Shaffer, 2007), this alone indicated a need for continued research of this understudied area in South Africa.

A review of South African and African literature on grief bears testimony to the extent to which the area of grief and loss remains understudied in the country and continent, with grief studies in South Africa, for instance, restricted to spousal bereavement (notably, Jali, 2000; Rosenblatt & Nkosi, 2007; Somhlaba, 2002, 2006). The psychological experience of

South African adolescents undergoing parental bereavement, and the possible effect bereavement could have on their well-being, have not received enough attention from researchers. It therefore becomes incumbent on social scientists in South Africa to investigate the extent to which parental loss impacts on the surviving adolescent's psychological well-being – this being particularly the case as child and adolescent mental health continues to receive priority among social scientists in South Africa.

Given the historical legacy of Apartheid in South Africa (with all its resultant socio-economic disparities engendered on the country's different population groups), the socio-political and cultural background of South Africa differs greatly from the American or British background. Owing to the Apartheid legacy, the limited availability of medical and, specifically, mental health resources to most South Africans has been noted by researchers and government alike (Stead, 2002; The Presidency, Medium Term Strategic Framework, 2009). For instance, the South African government, in its medium strategic framework issued in 2009, has prioritized the need for change through an increase in health care (The Presidency, Medium Term Strategic Framework, 2009). The aims laid out by this strategic framework are to reduce the long-term negative physical and mental health problems impacting on South Africans today.

While the government initiative could be seen as an acknowledgement of the need to address both medical and mental health problems that result in emotional upheavals, the reality is that there remain many existing gaps insofar as addressing mental health problems that stem from both the above-mentioned historical legacy as well as psychological adjustment problems that South Africans encounter in their daily lives. For instance, when adolescents



battle with adjusting to the loss of a parent, the possible high-risk behaviours occasioned by these adjustment problems could have long-term negative effects on their mental and physical well-being. When adolescents adjust poorly to the recent bereavement of a parent, their possible high-risk behaviour could have a long-term negative effect on their mental and physical well-being.

Walker and Shaffer (2007) identified high-risk behaviours to include drug and alcohol abuse, unprotected sex, dangerous behaviours, and suicide in adolescents who have not dealt with loss effectively, stressing the need to protect them by offering support. In what may be interpreted as an acknowledgement by the South African government, of the risks and dangers associated with children and adolescents' un-monitored behaviours, the Constitution of South Africa has highlighted the need to protect children, outlining specific rights aimed at promoting healthy development and protection for children (cf. Anderson & Phillips, 2006). By furthering understanding of an adolescents' psychological experience of bereavement for a parent, and the psychological effect accompanied by this life crisis, health professionals working with adolescents bereaved of a parent could be provided with skills and information to promote healthy bereavement and facilitating resilience against poor adjustment.

According to international and national research, globally the exposure of adolescents to parental loss caused by death is on the increase (Anderson & Phillips, 2006). Moreover, South African death rates from the year 1997 to 2006 pertaining to adults aged 20 to 40 more than doubled (Anderson & Phillips, 2006). Furthermore, Anderson and Phillips (2006) note a direct impact adult mortality has on child paternal and maternal orphan-hood. It should be noted that adolescents grieve differently from both children and adults. The growing

prevalence of parental bereavement of adolescents in South Africa (Anderson & Phillips, 2006) increases the importance of developing an understanding of this psychological experience. According to Anderson and Phillips (2006) the latest survey and statistics published by Statistics South Africa indicates that the percentage of maternal orphans alone has increased from 2.5% in 2001 to 5% in 2005. This increase has been mainly attributed to a growing population of people infected with HIV/AIDS. The percentage of children with at least one deceased parent increased from 14% in 1995 to 16% in 2005, indicating that this is a small but growing population of children experiencing loss and bereavement in South Africa (Anderson & Phillips, 2006). Against this background there seems to be an urgent need to conduct research that will examine the population of children and adolescents' experience of bereavement. This study aims to promote interest and research in this field, in order to develop better support for adolescents experiencing bereavement.

The main aim of the present study was to develop a greater understanding of the possible effects parental bereavement may have on adolescents' psychological well-being in the South African context. The present study explored the psychological experiences of school-going adolescents (aged between 13 and 18 years; early to middle adolescence) who had been bereaved of a parent within the past twelve months. Such a study was deemed to be important given that the loss of a parent may negatively affect the surviving adolescents' psychological well-being. This study also sought to form a part of the larger necessary body of psychological research needed to develop better support systems and future intervention techniques to be used in schools and broader communities, for adolescents bereaved of a parent.

In the context of the present study and other studies focused on this topic, parental bereavement refers to the experience of grieving adolescents who have lost a parent (Curtis & Newman, 2001; Noppe & Noppe, 2004) or a significant attachment figure who, at pre-loss, played a parental role to the bereaved adolescent. Bereavement is a phenomenon that pertains to the death of a significant person in an individual's life. Bereavement indicates the status of the individual who has suffered a significant loss and may be experiencing change or stress in their psychological and social patterns due to the loss (Boyd Webb, 1993).

## **Chapter 2**

### **Literature Review**

In the context of the present study and other studies focused on this topic, parental bereavement refers to the experience of grieving adolescents who have lost a parent (Curtis & Newman, 2001; Noppe & Noppe, 2004) or a significant attachment figure who, at pre-loss, played a parental role to the bereaved adolescent.

With the increasing prevalence of South African adolescents experiencing parental bereavement, many of these adolescents could be suffering from depression, anxiety, poor coping and involvement in risky behaviour, unless they receive effective support. Data from a government census conducted in South Africa as well as data from other non-government organizations over the last twenty years (Anderson & Phillips, 2006; The Presidency, Medium Term Strategic Framework, 2009) indicate that it is possible to track population changes, specifically the parental mortality rate. By following up on the population statistics from 1990 to 2005, Anderson and Phillips (2006) examined the trends and percentages of children who have lost a parent or been orphaned in South Africa. They identified reasons for the trends or changes within the South African population: for example the rate of HIV positive mothers giving birth had risen from 1 % in 1990 to a staggering 30% in 2005. Moreover the average lifespan of a South African 10 years ago was estimated at around 60 years for those living without HIV/AIDS and 40 years for those living with HIV/AIDS (Allen, Simelela, & Makubalo, 2000). Today the average life expectancy for a South African is 51 years (World Health Organisation 2008 Update, 2009) as HIV infection has become one of the major factors

influencing the current low average life span for a South African and consequently the increase in parental loss in South Africa today (Anderson & Phillips, 2006). Moreover, disease, violence and illness all threaten the lives of South Africans today which leaves our youth vulnerable to parental loss or loss of a significant caregiver (Anderson & Phillips, 2006), and consequential distress. Further understanding of the psychological experiences of a bereaved adolescent would promote well-being and provide resilience against risky behaviours of adolescents adjusting poorly to parental loss. For example, studies conducted on the subject of adolescent bereavement in the United Kingdom and the United States of America show that there is a strong correlation between the loss of a parent and depression, clinical depression (Merlo & Lakey, 2007; Schlozman, 2003; Shaw & Dallos, 2005) or extreme emotional distress resulting in clinical treatment (Bowlby, 1980; Zhang, El-Jawahri, & Prigerson, 2006). It is against this background that the experiences of adolescents recently bereaved of a parent in South Africa merit research interest.

While the subject of adolescents' psychological reaction to parental loss has generated much research interest from studies conducted abroad, it seems that many researchers have proposed different perspectives regarding what actually constitutes a typical adolescent reaction to the loss of a primary caregiver such as the parent. Chief among these perspectives is Bowlby's attachment theory (Bowlby, 1980). A particularly noteworthy feature of the attachment theory is that the adolescent's experience of bereavement is conceptualized as different to that of adults, as adolescents are less mature and may have less prior life experience adjusting to loss – a factor that renders adolescents more psychologically vulnerable after losing major attachment figures (Bowlby, 1980). This suggests that

adolescents are not expected to grieve in the same manner as their adult counterparts. Another important factor in understanding the attachment theory is the acknowledgement of the importance of the nature of the attachment as one of the defining elements of future relationships with their major attachment figures. The nature of the bond between a primary caregiver and child needs to be maintained throughout life, continuing even after death to provide a source of secure support and security for the individual. Attachment as a bond may affect the psychological well-being of the individual, therefore it is important for adolescents to experience attachment through feeling loved and cared for as well as to care for and love others. Holmes (1993) explained that although adolescents would be physically less dependent on their primary caregiver as an attachment figure, they still need the attachment as a foundation during their emotional development. When this foundation is dramatically altered by the loss of a primary caregiver, the adolescent will be affected as the parental attachment figure they would naturally turn to for support and guidance through life crises is no longer available to provide the needed support and emotional security for them to cope with the life crisis.

For example, Bowlby (1970) identified the bond between a mother (primary caregiver) and a child in terms of the extent of dependency reflected in the child's behaviour (also see, Holmes, 1993). The attachment theory is premised on the idea of attachment as an emotional bond linking two people, and examples of this bond can be seen in the interaction between a baby and its primary caregiver (Bowlby, 1970; Holmes, 1993). The attachment bond need not be severed when death occurs, as suggested by Freud (Freud, 1925; Gay, 1995; Stroebe, Schut, & Wolfgang, 2005). A secure base describes a secure attachment demonstrated by a

child with a strong bond to a primary caregiver (such as a mother), the primary caregiver becomes the attachment figure. This bond provides a feeling of safety and security for the child. If a physical threat (such as an injury from a fall) or emotional threat (such as getting lost in a super-market) occurs during separation, the child will draw on this attachment figure for safety and security. The child may exhibit high levels of attachment behaviour such as seeking out the caregiver or inconsolable agitation until the caregiver returns. When the secure attachment figure returns the child will relax as the feelings of safety and security provided by the bond with the attachment figure return. Insecure attachment behaviour would be demonstrated by the child avoiding the caregiver on return, indicating avoidant attachment or excessive clinging to the caregiver (unprovoked by the situation) indicating ambivalent attachment (Bowlby, 1980; Holmes, 1993).

Drawing from the theory of attachment based on the creation of maternal bonds, the present study suggests that when the bond of attachment with the primary caregiver gets disrupted due to separation or death, there is a great need for the re-establishment of this bond by the remaining child. This mimics the need the child experienced as an infant when separated from primary caregiver for short period (Bowlby, 1980), yet the need is remarkably increased by the knowledge of a permanent separation. The attachment theory identifies how this bond, created between a significant caregiver and child, does not end when an attachment figure (such as a mother) dies, but it rather becomes internalised through the internal bereavement process, allowing the bond to continue after the loss (Bowlby, 1980). Another prominent theorist who identified internal processes as a part of bereavement was Freud (1925). Both Freud and Bowlby noted the great emotional distress the process of bereavement

can cause, acknowledging it as an internal process with varying stages. Whilst Freud explained bereavement as a process to eventually sever ties with the lost attachment figure (Bowlby, 1973; Freud, 1925; Gay, 1995), Bowlby described the bereavement process as the development of an internal bond with the lost attachment figure, thereby continuing to provide the support and security as created in life (Bowlby, 1980).

Bowlby's attachment theory can be drawn on to understand the psychological experience of an adolescent bereaved of a parent (Bowlby, 1980; Holmes, 1993). Furthermore, Bowlby (1970) indicated attachment as a process which develops throughout life, influencing individuals from infancy through to adulthood. An individual forms different attachments to friends and family, which are vitally important to an adolescents' development, especially during periods of change or trauma (Merlo & Lakey, 2007). The attachment bond need not be severed when death occurs (Freud, 1925; Gay, 1995), instead the bond is internalised therefore transforming into a continuing bond (Bowlby, 1980; Stroebe et al., 2005). Bowlby theorised that when the bereaved comes to terms with the loss, the attachment should become internalised, creating a secure holding place for the secure attachment base and allowing for new attachments to be formed (Bowlby, 1980; Holmes, 1993).

While the theory of attachment (which conceptualizes grief reactions as symbolically representative of the intense yearning for re-uniting with the lost love object) is at variance with the Freudian theorizing of grief (in which the need for the cessation of the libidinal feelings, thoughts and impulses linking the bereaved to the deceased), recent bereavement literature and current perspectives on loss and grieving do provide cumulative corroboration to the idea of the continued inner presence of the deceased. For instance, the concept of



‘continuing bonds with the deceased’ seems to be the hallmark of many grief studies conducted in western countries (cf. Field, Gao, & Panderna., 2005, Neimeyer, Baldwin, & Gillies, 2006; Stroebe et al., 2005). The idea of continuing bonds is often used by theorists (Field et al., 2005; Neimeyer, Baldwin, & Gillies, 2006; Stroebe et al., 2005) in understanding how the internalised bond between the surviving attachment figure and the lost attachment figure remains a vital part of the surviving individuals life. Field and colleagues explained how a continued bond as a “re-establishment of proximity” to the deceased attachment figure, allows the bond to continue to provide emotional support and a feeling of security for the surviving individual especially during time of stress (Field et al., 2005, p. 278). This becomes an internalised bond for the surviving individual, allowing for normal adjustment and bereavement of the loss, without having a long-term negative impact on the individual’s attachment style and mental well-being. Poor adjustment to bereavement may be reduced by continued bonds as the individual develops an internalised attachment to the deceased caregiver, thereby promoting mental well-being.

Building on the idea of continuing bonds, Neimeyer et al. (2006) have provided an elaborate account of how individuals adjust to the loss of a major attachment figure. According to these authors, healthy adjustment is aided by the construction of meaningful links, (or sense making of the loss “in personal, practical, existential, or spiritual terms”) and the continuation of the bond after the loss (Neimeyer et al., 2006, p. 715). For the individual who experiences loss, this would entail finding a way of understanding and coming to terms with the death and enhancing their ability to maintain a bond with the deceased attachment figure. Conversely, poor adjustment to the loss of a significant attachment figure was often

accompanied by a lack of ability to find meaning in the loss, a lack of ability to develop a continuation of the bond after loss and an over-emphasis or need for attachment after death resulting in a fixation rather than a realistic acceptance of the loss (cf. Neimeyer et al., 2006.). When the death of a significant attachment leaves an individual with unresolved feelings, it will negatively affect the individual's attachment styles and healing process resulting in poor adjustment to bereavement. Insecure attachment could arise from poor adjustment to bereavement and reluctance to move on, creating an obsession with the loss, thereby increasing psychological distress. Moreover, the combination of the way in which the individual adjusts to the loss of a significant attachment figure (Neimeyer et al., 2006) and the continued attachment bond (Bowlby, 1980) directly impacts on the overall adjustment and bereavement experienced by the individual.

Poor adjustment to the bereavement process could have a negative impact on the emotional experience for the adolescent lacking the emotional support to provide resilience against depression and anxiety. It has been noted that the psychological experience of the adolescent experiencing loss of a parent, during the adolescence developmental phase, could have a long-lasting negative influence on the adolescent's psychological development, levels of depression, types of attachment, anxiety experienced and over all well-being (Bowlby, 1973). This can be seen in levels of depression, type of attachment, anxiety experienced and over all well-being. For example, studies conducted on the subject of adolescent bereavement in the United Kingdom and the United States of America show that there is a strong correlation between the loss of a parent and depression, clinical depression (Dillen, Fortaine, & Verhoshstadt-Deneve, 2009; Hung & Rabin, 2009; Merlo & Lakey, 2007; Schlozman, 2003;

Shaw & Dallos, 2005) or extreme emotional distress resulting in clinical psychiatric treatment (Bowlby, 1980). Therefore, the loss of a primary caregiver could be seen as a risk factor for major depressive disorders when adolescents show poor adjustment to the loss of a parent. Bowlby (1980) proceeded to identify a connection between adult psychiatric disorders (such as depression) and childhood bereavement. This connection highlights childhood bereavement as an influential part of adult mental health. The development of resilience against poor bereavement adjustment, aimed at helping the adolescent cope with the loss, would make a significant positive impact on the adolescent's mental well-being while poor adjustment to bereavement may lead to major depressive disorder or complicated grief as an adolescent or later in adult life.

The idea of adjustment difficulties with the loss of significant others has also received the attention of Zhang and associates (2006) whose concept of complicated grief is defined as the inability to cope or adjust to the loss of a significant attachment figure, resulting in a prolonged state of mourning. A normal grieving process is characterised by: disbelief; separation distress with a yearning and anger; depression; and finally acceptance or recovery (cf. Zhang et al., 2006). During a normal grieving process, within six months post-loss, acceptance and recovery are accompanied by: normal functioning; adaptation to the new life without the lost loved one; and the ability to experience joy. However, an individual experiencing complicated grief is not able to reach acceptance or recovery, prolonging their experience of mourning. Without acceptance and recovery the individual is unable to adjust to a new life, affecting the individuals' quality of life. Furthermore, complicated grief is often accompanied by major depression and anxiety disorders (Zhang et al., 2006), resulting in a

vulnerable mental state of hopelessness and anger. This fragile mental state prevents the mourning individual from continuing with their lives, whilst negatively impacting on their will to live (Zhang et al., 2006). The poor adjustment to the loss and prolonged experience of mourning may lead to the abuse of substances as a form of escapism from the pain and suffering (Hansen, Cavanaugh, Vaughan, & Sikkema, 2009). Complicated grief, major depressive disorders and anxiety may lead to high-risk behaviour, such as suicidality (Zhang et al., 2006) and substance abuse (Hansen et al., 2009) as a result of the emotional turmoil.

High-risk and juvenile delinquent behaviours exhibited by adolescents who have experienced loss can be associated with anxiety (Noppe & Noppe, 2004). Risky behaviours could be viewed as adolescents' poor attempts at coping with loss by escapism or avoidance and linked to anxiety. Furthermore, a lack of secure attachment as a result of poor social support may encourage poor coping styles (such as avoidant coping), which may lead to risk-taking behaviour. For example, in a study conducted in Canada, Walker and Shaffer (2007) found a strong correlation of around 95%, between adolescents who were placed in Juvenile Correctional facilities and the experience of loss without secure attachment like social and psychological support. The reckless and high-risk behaviour of these adolescents seemed to be a consequence of their negative psychological state, indicating that bereavement not adjusted to in a supportive environment may become a risk factor for juvenile delinquency. For this reason it is important to further understand how attachment to a caregiver influences the adjustment to bereavement in order to promote the well-being of adolescents recently bereaved of a primary caregiver. It is against the background of adolescents' heightened vulnerability to depression and maladaptive behavioural tendencies that the experience of

parental loss for this age group, particularly the disruption of the attachment bond they had with the deceased parent, needs to be seen as detrimentally impacting on the psychological well-being of adolescents recently bereaved of a primary caregiver. Furthermore, Noppe and Noppe (2004) found adolescents recently bereaved of a significant caregiver and prone to experiencing anxiety also have an increased risk of developing death anxiety. Death anxiety, the feeling and fear that one could die any day, is one type of anxiety experienced by adolescents who have lost a significant attachment figure. The adolescent sees life as short and death as inevitable, engaging in life risking behaviour in order to conquer death whilst living every day as if it were the last. Both anxiety and death anxiety negatively influence daily functioning of the adolescent. This emotional state may be reflected in adolescents' school work and social behaviour. Noppe and Noppe (2004) found that adolescents partaking in risky behaviour, whilst experiencing bereavement, reported high feelings of anxiety as a result of the loss of a significant attachment figure. The types of social behaviour affected by death anxiety identified by Noppe and Noppe (2004), are eating disorders, drug and alcohol abuse, early unsafe sexual activity, lowered school achievement and many forms of high-risk physical activities without safety precautions, referred to as risky behaviours. Anxiety is heightened by poor adjustment to parental loss, and feelings of anxiety arise out of the loss of a secure attachment figure. For the purpose of this study, it would be interesting to note the effects of parental loss on levels of anxiety for the South African adolescent population.

Other studies have also documented the negative impact of parental loss on adolescents' psychological well-being. For example, in bereavement studies conducted in the United States of America, adolescents have reported feelings of uncertainty about appropriate

coping mechanisms following the loss of a parent (Noppe & Noppe, 2004; Schlozman, 2003). This insecurity may negatively influence important developmental tasks such as social and emotional growth (Gardner, 1978). Without supportive structures providing secure attachment, this negative influence during the adolescent's development phase could induce long-lasting insecurities, increasing feelings of anxiety and inferiority (Noppe & Noppe, 2004; Schlozman, 2003). This alone suggests that the bereaved adolescents represent a particularly vulnerable part of the bereaved population, particularly when considering the long-term impact of untreated anxiety symptoms on the personal functioning of the adolescent, which has the potential to further undermine emotional growth and development. During the developmental phase of adolescence, adolescents are challenged to deal with changes and intensification of their emotional and cognitive reactions (Gardner, 1978). These reactions influence the adolescent's experience and management of the death of a loved one (Gardner, 1978; Schlozman, 2003). The emotional reactions (such as depression anxiety and feelings of inferiority) and cognitive reactions (such as impaired judgement and increased resistance to authority) are the results of the normal developmental phase of the adolescent as well as the adjustment to loss. The intense emotional reactions experienced by bereaved adolescents manifest in different ways, such as major depression, social withdrawal or increased anxiety.

A different perspective on the impact of parental loss on the adolescent's psychological well-being has been explored, with particular reference to the impact of the loss on the social relations within the adolescent's relationships with significant others. For example, Noppe and Noppe (2004) found that many bereaved adolescents reported negative changes in their levels of attachment to their peers after experiencing a loss, and this often resulted in feelings of

isolation and alienation from their previously close-knit group. The manner in which the adolescent perceives social ties may also impact on their level of anxiety experienced. As a result, a negative or low perception of social ties may lead to feelings of insecurity. The connections between the adolescent's developmental phase and levels of attachment with their surrounding environment (such as peer groups, support networks and school environment) are closely linked to exert a compounding effect on their well-being (Bowlby, 1980; Gardner, 1978; Noppe, 2000). This viewpoint is in line with the documented notion that the loss of a significant other may negatively impact on the adolescent's bond with significant others, such as the remaining caregiver, other family members, as well as close friends and future partners (Bowlby, 1980). Therefore, the manner in which future attachment bonds are developed is influenced by, *inter alia*, the nature and quality of the relationships the adolescent has with important people in his or her life.

The importance of social networks during adolescent bereavement has further been highlighted in a Canadian study in which Walker and Shaffer (2007) found that adolescents who were experiencing bereavement and who had very little social and psychological support or resources available, were more severely influenced by the loss of a loved one. In contrast, a stronger sense of social support should therefore positively influence the manner in which bereavement is experienced by the bereaved adolescent by providing a source of secure attachment. There are many possible sources of social support in an adolescent's life, ranging from immediate family to peers to the school environment. Holland's (2008) study conducted in the United Kingdom examined the role that schools play in the adolescent's life. They identified the positive impact perceived social support from friends and teachers or school

counsellors could have on the adolescent's experience of bereavement. The present study was conducted on learners in South African schools, and focused on the bereaved adolescent's perception of social support. Perceived social support is especially important for adolescents during the occurrence of a traumatic event such as the death of a parent. Strong social support may provide a secure attachment through the social bonds developed between the adolescent and the social support figure (such as a friend, extended family member or teacher) (Bowlby, 1980; Holmes, 1993). The perceived support experienced by the adolescent is influenced by attachment to significant others and in turn affects the coping mechanism or strategy used to deal with the traumatic event. Social support, and how it is perceived, affects the way the adolescent copes with and adapts to life changing events.

While internationally many studies that focused on the experience of bereavement, such as the role of social support and adolescents' well-being, have been conducted (for example, Holland, 2008; Walker & Shaffer, 2007), it would be important and beneficial to explore the effects bereavement may have on the adolescent population of South Africa, during their identity formation during this developmental phase. The present study therefore aims to ascertain the extent to which the support networks influence the overall experience of South African parentally bereaved adolescents.

Having explored different conceptualisations of the psychological experiences of adolescent reaction to parental loss, it becomes evident that the loss of a parent evokes a collection of emotional reactions in the adolescent. More importantly, these reactions seem to be determined, depending on the circumstances in the adolescent's social environment, by the nature of the grieving adolescent's attachment to the deceased parent, and by whether the



factors characteristic of the developmental stage of adolescence (such as emotional maturity and identity formation) are salient in the expression of grief and experience of parental bereavement. Furthermore, it is noteworthy that the majority of parental bereavement research currently available in literature used white, middle-class populations in Western first-world countries. The present study used the South African population, noted to be culturally unique in their experience of bereavement (cf. Jali, 2000; Somhlaba & Wait, 2008) in addition to being a racially and linguistically diverse population, to enhance the understanding of parental bereavement within the unique South African adolescent context. The population of adolescents who have lost a parent is small but growing, making this study and others like it valuable and important for the promotion of the well-being of the adolescent in South Africa. Furthermore, based on the examination of literature on adolescent parental bereavement in western countries, and the fact that such literature reviews are absent in South Africa and Africa, it stands to reason that research on adolescent parental bereavement in South Africa would be a significant contribution to further understanding of the risk factors facing the youth in this country. By understanding the process of attachment, the significant role continued bonds play in adjustment to bereavement and emotional reactions to bereavement, the promotion of adaptive bereavement responses among the bereaved adolescent population can be facilitated by health-care workers.

The present study examined the psychological and social experiences of adolescents bereaved of a parent within the last year, understanding this experience as the traumatic loss of a significant attachment figure. With a greater understanding of this field, the promotion of well-being may be aided by developing interventions that support the adolescent during

bereavement, helping them deal with the loss of the significant attachment figure. More importantly, it is hoped that knowledge produced from this study will be of value to community and school psychologists on the one hand, and schools and the department of education on the other hand, as they, respectively, seek ways to help the parentally bereaved adolescents cope with the distress arising from the death of a parent.

For the purpose of this thesis, the psychological experience of grieving for South African adolescents recently bereaved of a parent (and the resultant emotional reactions to the loss of such a major attachment figure) will be conceptualized as a symbolic representation of separation anxiety (that is similar to the one infants normally display or exhibit upon separation from their primary caregiver). Accordingly, the disruption of attachment bonds developed in early infant-parent attachment (through parental loss) invokes the stronger sense of intense yearning for the reunion with the attachment figure. Hence the distress exhibited by the adolescent at the dawning realization of the impossibility of the caregiver's return (irreversible loss) invokes intense emotional distress for the bereaved adolescent.

From a cursory look at the contemporary literature on grief and bereavement, it is particularly noteworthy that the notion of attachment to the deceased is seen by many researchers as the most defining feature of grieving and experience of loss, in which the bereaved individual struggles to balance the retention of the 'continuing bonds' that tie them to the deceased with the irrevocability of the loss that has been brought about by the death (notably, Neimeyer et al., 2006). It is even more interesting to note that while grief research has been predominantly inclined towards the breaking of the bonds with the deceased, in line with Freud's (1925) 'de-cathexis' view of grief as an attempt to cut the ties binding the

bereaved to the deceased person, the recent grief research on ‘continuing bonds’ seems to be a reaffirmation of Bowlby’s (1980) theory of attachment on grief in which the bonds between the deceased and the bereaved are deemed to be continuing after the death of an attachment figure. It is also against this backdrop that the adolescents recently bereaved of a parent, as well as the manner in which their experience of parental loss could be seen as the expression of the attachment to, and continuing bonds with, the deceased parent – both taking place in the context of intense yearning for the re-union with the same deceased parent.

## **Chapter 3**

### **Research Methodology: Aims, Objectives, Research Questions, Research Hypotheses, Participants, Measuring Instruments, Procedure and Data Analyses**

#### **3.1. Research objectives**

- 3.1.1. To determine social and psychological patterns of grieving for adolescents who were bereaved by parental loss within the South African context. The psychological patterns in the study included depression and anxiety levels.
- 3.1.2. To determine the prevalence and levels of depression and anxiety amongst adolescents who had suffered parental loss.
- 3.1.3. To determine whether any statistical relationship existed between both depression and anxiety, and coping styles used by parentally bereaved adolescents, and furthermore to examine the coping strategies adolescents used to deal with stressors resulting from the loss of a parent.
- 3.1.4. To determine the statistical relationship between the coping strategies used and the bereaved adolescent's social patterns. The social patterns investigated were attachment and perceived social support.
- 3.1.5. To ascertain the level and degree of the attachment of the bereaved adolescent with the remaining parent or guardian and their peers.

- 3.1.6. To determine the manner in which social support was perceived by bereaved adolescents, as well as the extent to which perceived support impacted on grieving, distress, coping and attachment.

### **3.2. Research questions**

- 3.2.1. What is the average level of depression in adolescents in a South African context that recently (within the last year) lost a parent?
- 3.2.2. What is the average level of anxiety of adolescents in a South African context that recently (within the last year) lost a parent?
- 3.2.3. What are the different coping strategies these adolescents predominantly used and how adaptive are these strategies?
- 3.2.4. What is the nature of the statistical relationship between both depression and anxiety, and coping levels for this population?
- 3.2.5. What is the nature of attachment of adolescents to peers and the remaining parent or guardian following the death of a parent?
- 3.2.6. How do the adolescents undergoing parental bereavement perceive the nature of social support from significant others?

### **3.3. Research hypotheses**

- 3.3.1. The average level of depression for parentally bereaved adolescents will be significantly high.

- 3.3.2. The average level of anxiety for parentally bereaved adolescents will be significantly high.
- 3.3.3. A significant percentage of the sample of bereaved South African adolescents will predominantly use the avoidant coping strategy.
- 3.3.4. There will be a significant negative correlation between distress (depression and anxiety levels) and problem-solving coping strategy.
- 3.3.5. The perceived social support for the adolescents will have a significant negative correlation with levels of distress (depression and anxiety).
- 3.3.6. The perceived social support for the adolescents will have a significant negative correlation with avoidant coping strategy.
- 3.3.7. The perceived social support for the adolescents will have a significant positive correlation with problem-solving coping strategy.
- 3.3.8. Significant negative correlations will be found between strong attachment to a remaining parental figure and depression.
- 3.3.9. The perceived social support for the adolescents will have a significant positive correlation with strong attachment to a remaining parental figure.
- 3.3.10. Significant negative correlations will be found between attachment to peers and depression.
- 3.3.11. Strong attachment to a remaining parental figure will have a significant positive correlation with social support-seeking coping strategy.
- 3.3.12. Strong attachment to a remaining parental figure will have a significant positive correlation with problem-solving coping strategy.

### **3.4. Methodology**

In the present study, quantitative research method was used to gather information relating to the psychological experiences of South African adolescents recently bereaved of a parent, or a deceased significant other who had played a parental role in the bereaved adolescent's life. Quantitative research is based on the measurement of variables, and these measurements are analyzed and used to draw comparisons (Babbie & Mouton, 2001). Quantitative data collection allowed the researcher to gather information about a group of participants in a short time by using structured questions that measured the variables. Quantitative research measurement scales allowed for a comprehensive overview of the emotional state of the participants by identifying variables reflecting the emotional state of the participant (Babbie & Mouton, 2001). This allowed the researcher to draw conclusions from the data provided by the measurement scales regarding the psychological and social well-being of the participant. In addition, the quantitative research method allowed for the exploration of the nature of statistical relationships between variables. The combination of structured questionnaires with measurable answers and statistical analyses reduced the possibility of subjectivity and prejudice whilst increasing validity and reliability (Babbie & Mouton, 2001). For these reasons the quantitative method of data collection was best suited for the present research.

However the standardised and structured measurement scales used, which allowed for generalisation to the broader population, limited the depth and understanding of the unique experience of the present sample by allowing only predicated and structured answers (Blanche, Durrheim, & Painter, 2007). Moreover, as qualitative methods of data collection provide a more detailed and in-depth description of social reality (Bless, Higson-Smith, &

Kagee, 2006), such qualitative methods could have been included in the present study to further explore the experience of bereavement for adolescents recently bereaved of a parental figure.

### **3.5. Participants**

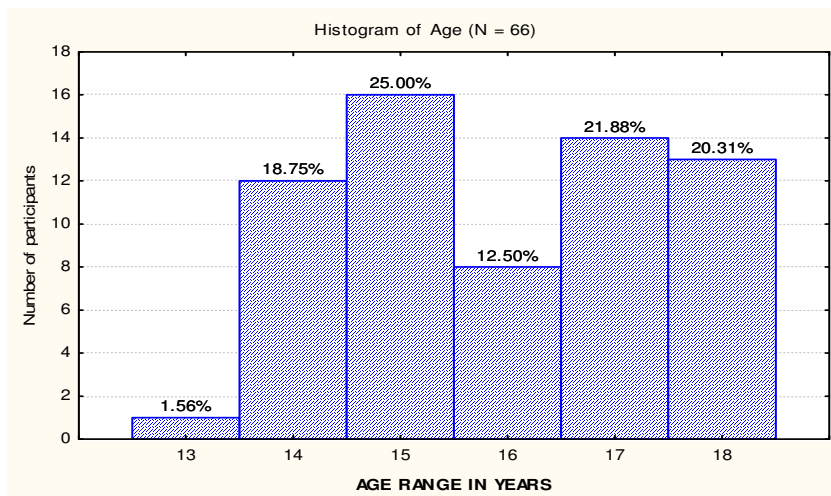
Having been granted permission from the Western Cape Education Department to conduct research in schools, the sample of the present research comprised 66 learners identified in consultation with the school principals and guidance teachers of various high schools in the Boland and greater Western Cape areas, in South Africa namely the Stellenbosch, Somerset West, Bellville, Durbanville and Strand areas. Learners between the ages of 12 and 18, who had lost a parent within the last twelve months, participated in the present study. While the envisaged participants in the present study were speakers of English, Afrikaans and Xhosa (these being the three main languages spoken in the Western Cape Province), the participants that took part in the study were speakers of Afrikaans or Xhosa. Both male and female participants were included. The participants' ethnicities were not considered as this is an explorative study aiming to reflect the entire population in the multi-cultural Boland and greater Western Cape areas, in South Africa. Participants had to have lost a parent (within the last year) as grieving, mourning and bereavement are socio-culturally conceptualised as being especially acute during the first twelve months after the loss of a significant other (cf. Somhlaba & Wait, 2008).

The original sample had 112 learners taking part in the present study. However, 37 (33%) of the participants were excluded from the final data analyses as they did not meet the



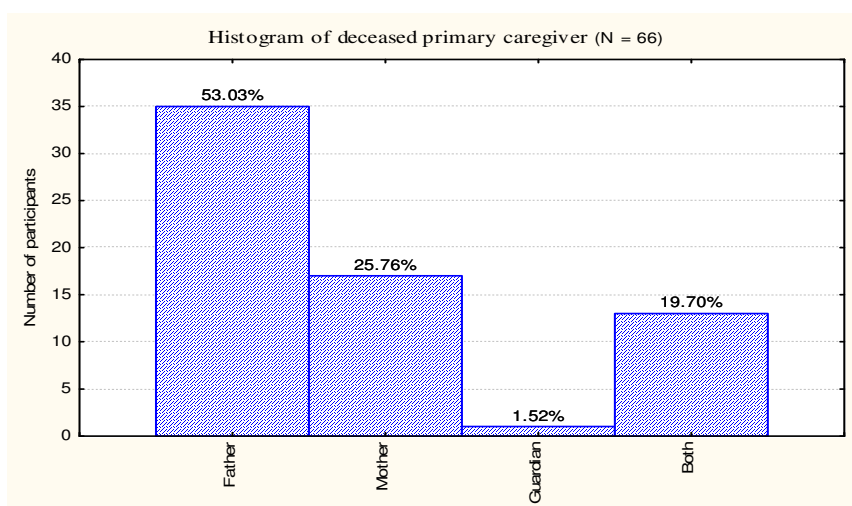
criterion of having lost a parental figure within the past twelve months. Moreover, questionnaires for a further nine (8%) of the participants were excluded from analyses as large amount of information was missing on the questionnaires. Thus, the final sample size was reduced to 66 participants. Of the 66 participants there were 29 (43.93%) males and 36 (54.54%) females, the remaining one (1.51%) participant gave no information about the sex variable. The dominant language groups in the Boland are Afrikaans and Xhosa. This was reflected in the present study as 24 (36.36%) of the participants were Afrikaans speaking while the remaining 42 (63.63%) of the participants were Xhosa speaking.

Regarding the school levels of participants, the school grades ranged from Grade 8 to Grade 12. The participants' ages ranged from 13 years to 18 years (Figure 1).



**Figure 1.** A histogram depicting the age distribution of the sample

The participants could report losing any primary caregiver, such as a mother, father, both mother and father, or a guardian. In Figure 2 it is evident that most of the adolescents in the sample experienced the loss of a father figure. As illustrated in Figure 2, 17 participants (25.76%) reported losing a Mother, 35 a Father (53.03%), 13 indicated losing both (19.70%), while one reported losing a guardian (1.52%).

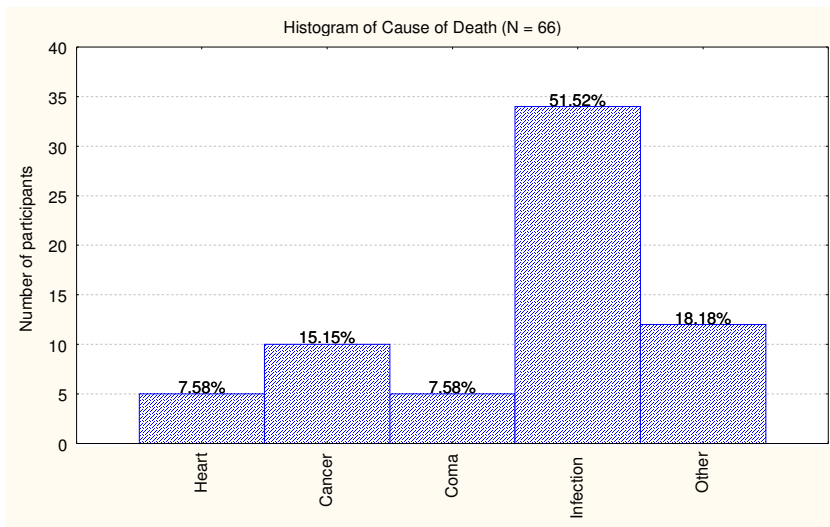


**Figure 2.** A histogram depicting different categories of a deceased primary caregiver

The participants were asked to indicate the cause of primary caregiver's death, and the causes of death are recorded in Figure 3.

In Figure 3, the cause of parental death for the sample of bereaved adolescents shows that: five (7.58%) parental deaths were caused by a Coma, five (7.58%) parental deaths were caused by Heart problems, 10 (15.15%) parental deaths were caused by Cancer, for 11

(18.18%) participants the death was due to unspecified other cause, and for the remaining 34 (51.52%) participants the cause of death was unspecified infection.



**Figure 3.** A histogram depicting the cause of parental death

### 3.6. Measuring instruments

The measuring instruments used in the present study included: a demographic questionnaire, the Beck Depression Inventory–Second Edition (BDI-II), the Beck Anxiety Inventory (BAI), the Coping Strategy Indicator (CSI), the Inventory of Parent and Peer Attachment (IPPA) and the Social Support Appraisal Scale (SSA). These scales were developed in English and translated into Afrikaans and Xhosa to suit the language demographic of the sample population living in the Boland and greater Western Cape areas. The translations were prepared using the Brislin method of translation (Brislin, 1976), determining the accuracy of

the initial translation through back-translation. Three of the scales (that is the BDI-II, the BAI and the CSI) were previously translated for research conducted by the University of Stellenbosch, and the remaining three scales (the demographic questionnaire, the IPPA and the SSA) were professionally translated by the Stellenbosch University language department specifically for the purpose of the present study.

### *3.6.1. Demographic questionnaire*

In this questionnaire the demographic information about participants was gathered. Questions about the participants' sex, age, home language, grade, school, which caregiver passed away, and the cause of death were asked.

### *3.6.2. Beck Depression Inventory-Second Edition (BDI-II) (Beck, Steer, & Brown, 1996)*

To measure the participants' levels of depression, the BDI-II was used. There are 21 items in this scale, which measures the severity of depression in adolescents and adults (Beck et al., 1996). The BDI-II proves to be highly reliable on a wide range of populations. Support is suggested for the validity of this test (Beck et al., 1996), the Cronbach's alpha coefficient of .92. Depression has been linked to the loss of a parent and to bereavement (Ellis & Granger, 2002; Noppe & Noppe, 2004; Schlozman, 2003). The BDI-II is an effective measurement scale for adolescents therefore it was used in this study to examine the depression levels for the bereaved adolescents. This scale serves as an efficient and helpful tool in determining the levels of depression.

### 3.6.3. *Beck Anxiety Inventory (BAI)* (Beck & Steer, 1993)

To measure the participants' levels of anxiety, the BAI was used. There are 21 items in this measuring instrument and it measures the severity of the levels of anxiety in adults and adolescents (Beck & Steer, 1993). The BAI has high internal consistency, making it a reliable measure (Beck & Steer, 1993) with a Cronbach's alpha coefficient of .92. Five types of validity had been into account. These are content validity, concurrent validity, constructs validity, discriminant validity and factorial validity (Beck, & Steer, 1993). Bereaved adolescents were expected to have symptoms of anxiety symptoms following their parental loss (Noppe & Noppe, 2004; Schlozman, 2003), owing to the heightened uncertainty about the future without the primary attachment figure. Therefore, the BAI was indicated for use in the present study as it was meant to tap into the bereaved adolescents' anxiety levels following parental loss.

### 3.6.4. *Coping Strategy Indicator (CSI)* (Amirkhan, 1990, 1994; Amirkhan & Auyeung, 2007)

To measure the overall use of coping strategies the CSI was used. In this 33-item questionnaire, what is measured is the extent to which different coping strategies are used in response to a stressful encounter (Amirkhan, 1990, 1994). The internal consistency of this scale, reflected in the Cronbach's alpha coefficient, proved high reliability on all CSI-scales. The Cronbach's alpha coefficient for adolescent groups averaged at .95 for problem-solving coping, .97 for social support-seeking coping and .92 for avoidant coping (Amirkhan & Auyeung, 2007). Reliability coefficients for test and re-test reliability were similar for communities that were heterogeneous in addition to homogeneous communities (Amirkhan,

1990, 1994). The Pearson coefficient for the problem-solving scale reflected overall good reliability (Amirkhan, 1990, 1994). Furthermore, congruent validity exists within the CSI (Amirkhan, 1990, 1994). Coping has been operationally defined as a response-action directed at managing distress after an event (Amirkhan, 1990, 1994). For this reason the CSI was included in the test battery to determine the extent to which adolescents recently bereaved of a parent or primary caregiver made use of the three coping styles (namely, problem-solving-, social support-seeking-, and avoidant coping strategies) in the wake of parental loss. The Coping Strategy Indicator identifies three categories of coping styles: problem-solving coping, social support-seeking coping and avoidant coping. The participants' scores on the CSI will identify which coping strategy they make preferred use of during times of distress or when problems arise. The participants may make use of an oscillation of all the coping strategies, but will generally have one or two that they make predominant use of. Each category, or coping strategy, has its own cut off points indicating prevalence of use. Furthermore, the CSI scale identifies the prevalence of the different coping styles (namely problem-solving, social support-seeking and avoidant coping) indicating to what extent each coping strategy was used.

#### *3.6.5. Inventory of Parent and Peer Attachment (IPPA) (Armsden & Greenberg, 1987)*

To measure participants' attachment patterns to significant others after parental loss, the IPPA was used. This instrument has 25 questions per (remaining) parent and 25 for peers (a total of 50 questions). The IPPA measures attachment to parents and peers (Armsden & Greenberg, 1987). The scale comprises three subsections, namely the IPPA – Part I that refers to the attachment to the remaining mother figure (hereafter to be referred to as IPPA-I), the IPPA –

Part II that refers to attachment to the remaining father figure (hereafter to be referred to as IPPA-II) and the IPPA – Part III that refers to attachment to peers (hereafter to be referred to as IPPA-III). The reliability for this scale has been proved to have high internal consistency for mother, father and peers (Cronbach alphas of .91, .91 and .86, respectively), with a high test-retest reliability (Armsden & Greenberg, 1987).

The adolescents' reaction to parental loss has been conceptualized as symbolically representative of emotional re-enactments of the attachment behaviours that an infant displays at being separated from the caregiver (Merlo & Lakey, 2007), and thus the grief reaction to parental loss could be seen as analogous to the infant's intense yearning for re-union with the caregiver – with the compounding factor for the intensity of the adolescents' grief reaction possibly being the dawning realization of the irrevocability of the parental loss. This scale was used to determine the nature of the attachment that the adolescent has with the remaining parent and peers after the death of a parent or significant caregiver.

### *3.6.6. Social Support Appraisal (SSA) (Vaux et al., 1986)*

To measure the participants' subjective appraisal of social support received in the wake of parental death, the SSA was used. This measuring instrument has 23 items and it measures the subjective appraisal of support (Vaux et al., 1986). The SSA has good internal consistency, with an alpha coefficient ranging from .81 to .90 (Vaux et al., 1986). The variability of the scale is considered good on concurrent, predictive known groups and constructs validity (Vaux et al., 1986). People who have experienced loss, and are bereaved, have been found to need the social support of significant others in the period directly after the loss (cf. Ayyash-

Abdo, 2001; Curtis & Newman, 2001; Dunning, 2006). The SSA was used in this study to determine the bereaved adolescent's perceptions of social support following parental death.

### **3.7. Procedure**

Permission to conduct research in schools was obtained from the Western Cape Education Department. The study formed part of a bigger comparative study (on grieving experiences of adolescents bereaved of a parental figure, those bereaved of a sibling and couples bereaved of a child or unborn baby) that received ethical approval from the Research Ethics Committee (REC) at the division of research and support at Tygerburg campus, Stellenbosch University. Arrangements to go to the schools were made with the school principals, who liaised with the school guidance teachers in order to identify learners who had lost a parent within the past twelve months. Once learners who met the research profile had been identified, the guidance teachers helped to provide the researcher with contact details (such as telephone numbers and addresses) of parents. They were contacted telephonically as well as by post for the purpose of explicating the research and its aims as well as to seek parental consent. For schools whose policy allowed for only the teachers to contact the parents (thus limiting the researcher in contacting the parents herself) the guidance teachers were asked to contact the parents on the researcher's behalf, and a parental consent form was mailed to the parents. Learners whose parents consented to their inclusion in the study were invited to participate, and it was emphasised that they (the learners) still had the right to refuse participation.

The entire process of gathering the data (from planning, making arrangements with schools for administering the questionnaires, to the actual data collection) was facilitated by



the researcher in consultation with the school principals, who determined the interview times in accordance with the suitability of these times with the learners' class time-table. Primary consideration was taken not to disrupt the learners' class times and, when this was unavoidable, special provision was made to interview learners at mutually agreed times. The interviews took place on the school premises in a private room or office. The measuring scales that were identified were presented to the participants in the form of a user-friendly self-measurement set. The researcher assisted the participants in completing the measuring scales. The completion of the scale set took about thirty minutes. The measurement scales were prepared in English, Afrikaans or Xhosa to suit the learners' preference. The researcher was present in order to either answer any questions arising or detect discomfort or distress in participants.

### **3.8. Ethical considerations**

The names of all schools participating in the present research were kept anonymous to protect both the school and the learner. Once learners fitting the research profile were identified by the school guidance teacher a parental consent form was used gain parental consent before the participants were contacted. Learners whose parents consented to their inclusion in the study were invited to participate, and it was emphasised that – even when parents had given consent – they (the learners) still had the right to refuse participation. A consent form (with the accompanying information leaflet) was given to the learners so that they could use it for future reference. The participants' identities remained anonymous, and no identifying information was recorded on the questionnaires. The ethical principle of confidentiality was guaranteed,

and participants were assured that their responses to questions asked would be included in the responses of many other learners that had participated in the study, and that there would be no way of knowing which response belonged to a particular learner. The data has been securely stored by the psychology department at Stellenbosch University. While none of the participants interviewed displayed signs of significant distress following their engagement with his or her parental death, special provision for liaison with the parents and school guidance teachers had been put in place with the view of referring the learner to the relevant and available psychological service provider in the locality.

### **3.9. Data analyses**

Quantitative data analyses were done with the supervision and guidance of a qualified statistician and supervisor from Department of Psychology, University of Stellenbosch by using STATISTICA and SPSS computer packages. These packages determined the descriptive statistics of the data and variables, and allowed for Pearson's and Spearman's correlations between variables to be made under investigation.

The Multiple Regression analyses were used to clarify the nature of the difference between the clusters in terms of demographic variables. Simple correlations and multiple regressions were utilised in order to determine the relationship between the distress level (depression and anxiety) scores and coping strategies used, as well as between scores of each of the variables of perceived social support, parent- and peer attachment, and the bereavement phenomena.

## Chapter 4

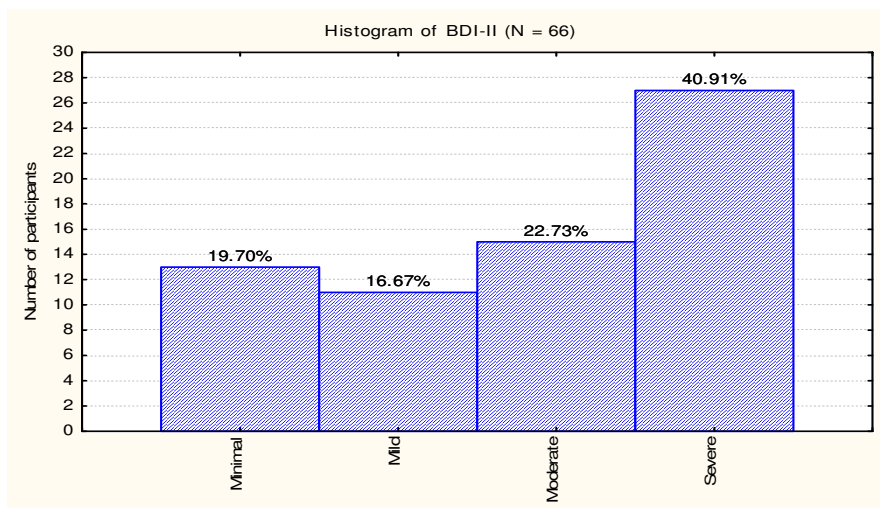
### Results

#### 4.1. Prevalence of distress (depression & anxiety) and coping

The prevalence levels for distress and coping have been identified based on the cut-off points and categories set for each of the three scales (namely the BDI-II for depression, the BAI for anxiety, and the CSI for coping).

##### 4.1.1. Depression

The Beck Depression Inventory-Second Edition (BDI-II) indicated the prevalence of depression, as seen in Figure 4.



**Figure 4.** A histogram depicting the prevalence of the participants' depressive symptoms measured by the BDI-II

The sample showed that: 13 (19.70%) participants experienced minimal levels of depression; 11 (16.67%) participants experienced mild levels of depression; 15 (22.73%) participants experienced moderate levels of depression; and 27 (40.91%) participants experienced severe levels of depression (see Figure 4).

Figure 4 shows that 53 (80.30%) of the participants had depressive symptoms that qualified for at the least mild depression and 42 (63.63%) participants indicated moderate to severe levels of depression.

As the results in Figure 4 show, the following research hypothesis was thus confirmed:

- *The average level of depression for parentally bereaved adolescents will be significantly high.*

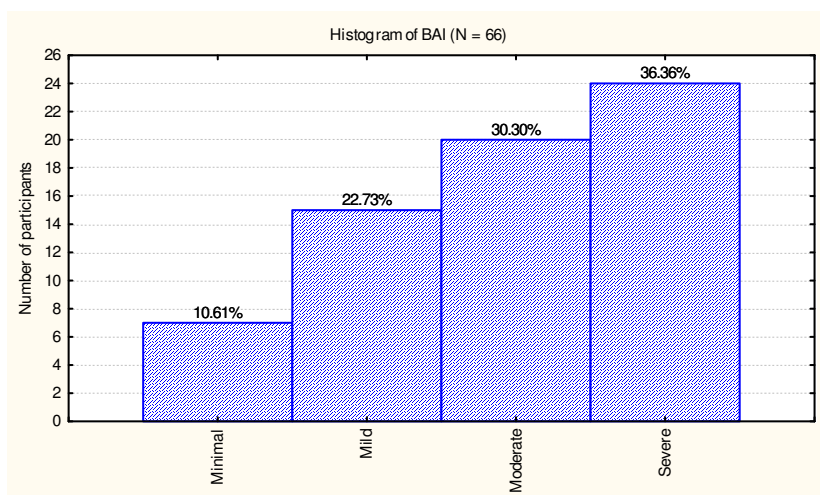
#### **4.1.2. Anxiety**

The Beck Anxiety Inventory (BAI) indicated the prevalence of anxiety, as seen in Figure 5. The participants' scores indicated that: seven (10.61%) participants experienced minimal levels of anxiety; 15 (22.73%) participants experienced mild levels of anxiety; 20 (30.30%) participants experienced moderate levels of anxiety; and 24 (36.36%) participants experienced severe levels of anxiety (see Figure 5).

Figure 5 illustrated that 59 (89.39%) of the participants experienced at least mild levels of anxiety while 44 (66.66%) of the participant experienced moderate to severe levels of anxiety.

As the results in figure 5 show, the following research hypothesis was thus confirmed:

- *The average level of anxiety for parentally bereaved adolescents will be significantly high.*



**Figure 5.** A histogram depicting the prevalence of the participants' anxious symptoms measured by the BAI

#### 4.1.3. Coping

The results on the Coping Strategy Indicator (CSI), which was used to measure the participants' coping styles in the wake of parental loss, revealed that: 52 (78.78%) participants made a predominant use of avoidant coping; nine (13.63%) participants made a predominant use of social support-seeking coping; one (1.51%) participant predominantly used problem-solving coping. Particularly noteworthy for the remaining four participants was that the use of coping styles following parental loss was marked by an oscillation between the avoidant

coping strategies and problem-solving coping strategies (for 3.03%), and between avoidant coping strategies and social support-seeking coping strategies (for the other 3.03%).

From the above reported results, it was evident participants indicated a predominate use of the avoidant coping strategy.

This confirmed the following hypothesis:

- *A significant percent of the sample of bereaved South African adolescents will mostly use the avoidant coping strategy.*

## **4.2. Correlational analyses**

Both the Pearson's and Spearman's correlation coefficients were used to investigate the nature of the statistical relationship between the many variables examined (namely, depression, anxiety, coping, attachment, and perceived social support).

### **4.2.1. Correlation between depression and anxiety**

The Pearson's Correlation coefficient was used to investigate the nature of the relationship between depression and anxiety. A significant positive correlation between scores on the depression scale and scores on the anxiety scale ( $r = .490$ ,  $p < .001$ ) were found. This implies that the higher the depressive symptoms in the wake of parental loss, the higher the anxiety symptoms and vice versa.

### **4.2.2. Correlations between depression and coping strategies**

The Spearman's correlation coefficient was used to investigate the nature of the relationship

between depression and coping strategies. A significant negative correlation between scores on the depression scale and the scores on the problem-solving coping strategy scale was found ( $r = -.350$ ,  $p < .001$ ) (Table 1). This implies that the higher the use of problem-solving coping in the wake of parental loss, the lower the depressive symptoms and vice versa.

Table 1.

*Correlation between Scores of Depression on the BDI-II Scale and Scores of the Three Coping Strategies on the CSI scale (N = 66)*

Coping Strategies CSI	<u>R</u>	<u>P</u>
Problem-solving coping strategy	-.350	.000*
Social support-seeking coping strategy	-.020	.900
Avoidant coping strategy	.010	.920

\* $p < .001$

Furthermore (and as also illustrated in Table 1), the negative correlation between depression scores and scores on the social support-seeking coping strategy scale as well as the positive correlation between the scores on depression scale and scores on the avoidant coping strategy scale were both not significant. As the results illustrated in Table 1 indicated, the following research hypothesis was confirmed:

- *There will be a significant negative correlation between distress (depression and anxiety levels) and problem-solving coping strategy.*

### 4.2.3. Correlations between anxiety and coping strategies

The Pearson's correlation coefficient was used to investigate the nature of the relationship between anxiety and the three coping strategies.

Table 2.

*Correlations between Anxiety Scores on the BAI and Coping Strategy Scores on the CSI (N = 66)*

Coping Strategies CSI	<u>R</u>	<u>P</u>
Problem-solving coping strategy	-.199	.108
Social support-seeking coping strategy	-.103	.409
Avoidant coping strategy	.145	.244

As the results illustrated in Table 2 show, there were no significant correlations found between anxiety scores and problem-solving coping scores, or anxiety and social support-seeking coping scores or anxiety and avoidant coping scores.

The findings illustrated in Table 2 led to the rejection of following research hypothesis:

- *There will be a significant negative correlation between distress (depression and anxiety levels) and problem-solving coping strategy.*



#### 4.2.4. Correlations between perceived social support and distress (depression and anxiety)

The Pearson's correlation coefficient was used to investigate the nature of the relationship between perceived social support and distress (depression and anxiety). A significant negative correlation was found between scores on the perceived social support scale and scores on the depression scale ( $r = -.272$ ,  $p < .05$ ) (see Table 3).

Table 3.

*Correlations between Social Support Appraisals Scores on the SSA Scale and Distress Scores (Depression & Anxiety) on the BDI-II and BAI (N = 66)*

Distress Indicators	<u>R</u>	<u>P</u>
Depression	-.272	.026*
Anxiety	-.110	.378

\* $p < .05$

Thus, the results, as illustrated in Table 3, imply that the higher the depressive symptoms in the wake of parental loss, the lower the perception of social support, and vice versa.

Also as shown in Table 3, the negative correlation between scores on the anxiety scale and scores on the perceived social support scale were not significant. The results illustrated in Table 3 thus confirmed the following research hypothesis:

- *The perceived social support for the adolescents will have a significant negative correlation with levels of distress (depression and anxiety).*

However, the results illustrated in Table 4 could not confirm the research hypothesis:

- *The perceived social support for the adolescents will have a significant negative correlation with levels of distress (depression and anxiety).*

#### **4.2.5. Correlations between social support appraisal and coping strategies**

The Pearson's correlation coefficient was used to investigate the nature of the relationship between perceived social support and the three coping strategies.

Table 4.

*Correlations between Perceived Social Support Scores on the SSA Scale and Coping Strategy Scores on the CSI Scale (N = 66)*

Coping Strategies CSI	<u>R</u>	<u>P</u>
Problem-solving coping strategy	.267	.029*
Social support-seeking coping strategy	.137	.271
Avoidant coping strategy	.184	.137

\* $p < .05$

A significant positive correlation was revealed between scores on the social support appraisal scale and scores on the problem-solving coping strategy scale ( $r = .267$ ,  $p < .05$ ) (see Table 4). This implies the higher the perceptions of social support received in the wake of parental loss, the more pronounced the use of problem-solving coping strategies and vice versa.

Furthermore, as the results in Table 4 show the positive correlations between perceived social support scores and both social support-seeking coping strategy scores and the avoidant coping strategy scores were not significant.

The results illustrated in Table 4 confirmed the following research hypothesis:

- *The perceived social support for the adolescents will have a significant positive correlation with problem-solving coping strategy.*

As illustrated in Table 4 indicate, the following research hypothesis was rejected:

- *The perceived social support for the adolescents will have a significant negative correlation with avoidant coping strategy.*

#### **4.2.6. Correlations between attachment to a remaining mother figure and distress (depression and anxiety)**

The Pearson's correlation coefficient was used to investigate the nature of the relationship between attachment to a remaining mother figure and distress (depression and anxiety). Significant negative correlations were found between scores on the attachment to a remaining mother figure scale and scores on the depression scale ( $r = -.328$ ,  $p < .05$ ) (Table 5).

This implies that the higher the levels of attachment to a remaining mother figure in the wake of parental loss, the lower the depressive symptoms and vice versa. As also illustrated in Table 5 the negative correlation between scores on the anxiety scale and scores on the attachment towards a remaining mother figure scale was not significant.

As results illustrated in Table 5 indicate, the following research hypothesis was confirmed:

- *Significant negative correlations will be found between strong attachment to a remaining parental figure and depression.*

Table 5.

*Correlations between Attachment to a remaining Mother Figure Scores on the IPPA-I and distress Scores on the BDI-II and BAI (n = 58)*

Distress Indicators	<u>R</u>	<u>P</u>
Depression	-.328	.011*
Anxiety	-.109	.413

\* $p < .05$

#### **4.2.7. Correlations between attachment to a remaining father figure and distress (depression and anxiety)**

The Pearson's correlation coefficient was used to investigate the nature of the relationship between attachment to a remaining father figure and distress.

As the results illustrated in Table 6 show, the negative and positive correlations between scores of attachment to the remaining father figure and scores on both the depression and anxiety scales were not significant.

Table 6.

*Correlations between Attachment to a Remaining Father Figure Scores on the IPPA-II and distress Scores on the BDI-II and BAI (n = 42)*

Distress Indicators	<u>R</u>	<u>P</u>
Depression	-.215	.165
Anxiety	.026	.867

#### **4.2.8. Correlations between social support appraisal and attachment**

The Pearson's correlation coefficient was used to investigate the nature of the relationship between perceived social support and the three attachment types, namely attachment to a remaining mother, attachment to a remaining father and attachment to peers.

Table 7.

*Correlations between Perceived Social Scores on the SSA Scale and Attachment to a Remaining Mother Figure Scores on the IPPA-I Scores on the IPPA Scale (N = 66)*

Attachment Pattern	<u>R</u>	<u>P</u>
Attachment to a remaining mother figure	.021	.875
Attachment to a remaining father figure	-.009	.953
Attachment to a peers	.075	.551

As results in Table 7 illustrate, both the positive correlations between scores on the perceived social support scale and the scores on the attachment to a remaining mother figure and attachment to peers scale, as well as the negative correlation between scores on the perceived social support scale and the scores on the attachment to a remaining father figure scale were not significant.

The results (illustrated in Table 7) led to the rejection of the following:

- *The perceived social support for the adolescents will have a significant positive correlation with strong attachment to a remaining parental figure.*

#### **4.2.9. Correlations between attachment to peers and distress (depression and anxiety)**

The Spearman's correlation coefficient was used to investigate the nature of the relationship between attachment to peers and distress (depression and anxiety).

Table 8.

*Correlations between Attachment to Peers Scores on the IPPA- III Scale and Distress (depression & anxiety) Scores on the BDI-II and BAI Scales (n = 65)*

Distress Indicators	<u>R</u>	<u>P</u>
Depression	-.247	.047*
Anxiety	-.050	.680

\* $p < .05$

There was a significant negative correlation between scores of attachment to peers and scores

on the depression scale ( $r = -.247, p < .05$ ) (Table 8). This implies the higher the intensity of attachment to peers in the wake of parental loss, the lower the depressive symptoms and vice versa.

As also illustrated in Table 8, the negative correlation between scores on the anxiety scale and scores on the attachment towards peers scale was not significant.

The results (illustrated in Table 8) confirmed the following research hypothesis:

- *Significant negative correlations will be found between attachment to peers and depression.*

#### **4.2.10. Correlations between attachment towards a remaining mother figure and coping strategies**

The Pearson's correlation coefficient was used to investigate the nature of the relationship between attachment towards a remaining mother figure and the three coping strategies.

Table 9.

*Correlations between Attachment to a Remaining Mother Figure Scores on the IPPA-I Scale and Coping Strategy Scores on the CSI Scale (n = 58)*

Coping Strategies	<u>R</u>	<u>P</u>
Problem-solving coping strategy	.409	.001**
Social support-seeking coping strategy	.330	.011*
Avoidant coping strategy	.149	.264

\* $p < .05$

\*\* $p < .01$

There was a significant positive correlation between scores on the attachment to a remaining mother figure scale and scores on the problem-solving coping strategy scale ( $r = .409, p < .01$ ) (Table 9). This implies that the higher the adolescents' intensity of attachment to the remaining mother figure in the wake of parental loss, the higher the propensity for them to make use of both problem-solving coping strategies and vice versa.

As also shown in Table 9, the results illustrated that there was a significant positive correlation between scores on the scale for attachment to the remaining mother figure and scores on the social support-seeking coping strategy scale ( $r = .330, p < .05$ ). This implies that the higher the adolescents' intensity of attachment to the remaining mother figure in the wake of parental loss, the higher the propensity for them to make use social support-seeking coping strategies and vice versa.

Furthermore, as also shown in Table 9, the positive correlation between scores on the attachment to a remaining mother figure scale and scores on the avoidant coping strategy scale was not significant, thus leading to the confirmation of the following research hypotheses:

- *Strong attachment to a remaining parental figure will have a significant positive correlation with problem-solving coping strategy.*
- *Strong attachment to a remaining parental figure will have a significant positive correlation with social support-seeking coping strategy.*

#### **4.2.11. Correlations between attachment towards a remaining father figure and coping strategies**

The Pearson's correlation coefficient was used to investigate the nature of the relationship



between score on the attachment to a remaining father figure scale and scores on the three coping strategies scale.

The results in Table 10 illustrate that the positive and negative correlations between attachment to a remaining father figure scores and the scores on problem-solving coping, social support-seeking coping and avoidant coping strategy scales were all not significant.

Table 10.

*Correlations between Attachment to a Remaining Father Figure Scores on the IPPA-II Scale and Coping Strategy Scores on the CSI Scale (n = 42)*

Coping Strategies	<u>R</u>	<u>P</u>
Problem-solving coping strategy	-.047	.761
Social support-seeking coping strategy	.009	.953
Avoidant coping strategy	-.059	.706

#### **4.2.12. Correlations between attachment towards peers and coping strategies**

The Pearson's correlation coefficient was used to investigate the nature of the relationship between attachment to peers and the three coping strategies (Table 11).

As the results in Table 11 illustrate, the positive correlations between attachment to peers scores and the scores on problem-solving coping, social support-seeking coping and avoidant coping scales were all not significant.

Table 11.

*Correlations between Attachment to Peers Scores on the IPPA-III Scale and Coping Strategy Scores on the CSI Scale (n = 65)*

Coping Strategies	<u>R</u>	<u>P</u>
Problem-solving coping strategy	.089	.476
Social support-seeking coping strategy	.012	.923
Avoidant coping strategy	.159	.204

### **4.3. Regression analyses**

#### **4.3.1. Coping strategies that functioned as key variables in predicting depression**

Table 12 illustrates the results of the multiple regression analyses that were conducted in order to determine which of the three coping strategies predicted depression.

As illustrated in Table 12, the problem-solving coping strategy emerged as a significant negative predictor of depression ( $\beta = -.520$ ,  $p < .01$ ). This implies that the use of problem-solving coping strategy was associated with lessened depressive symptoms.

As also illustrated in Table 12, the positive associations between scores on the social support-seeking coping strategy scale and scores on the depression scale, as well as between scores on the avoidant coping strategy scale and scores on the depression scale, were not significant.

Table 12.

*Multiple Regression of Depression Scores (BDI-II) Scale on Coping Scores (CSI) Scale (N = 66)*

Predictor	B	Std. error of B	$\beta$	t-ratio	<u>P</u>
Constant	33.812	11.706		2.888	.005*
Problem-solving	-1.539	.444	-.520	-3.467	.001**
Social support-seeking	.615	.392	.219	1.568	.122
Avoidant	.617	.448	.174	1.377	.173
<hr/>					
F(3, 62) = 2.275	<u>R</u> = .405	<u>R</u> <sup>2</sup> = 16.4%			
<u>R</u> <sup>2</sup> (adjusted) = 12.3%	<u>SE</u> = 11.68852	* <u>p</u> < .05	** <u>p</u> < .01		

Thus the results imply that both the social support-seeking coping strategy and the avoidant coping strategy played no predictive role in the manifestation of depressive symptomatology in the wake of parental loss.

#### **4.3.2. Coping strategies that functioned as key variables in predicting anxiety**

Table 13 illustrates the results of the multiple regression analyses that were conducted in order to determine which of the three coping strategies predicted anxiety. A significant relationship was found between problem-solving coping scores and anxiety scores, as well as between avoidant coping scores and anxiety scores. This finding is noteworthy as the results were not consistent with the bi-variate correlational analyses.

As illustrated in Table 13, the problem-solving coping strategy emerged as a significant negative predictor of anxiety ( $\beta = -.321, p < .05$ ). This implies that the use of problem-solving coping strategy was associated with decreased levels of anxiety in the wake of parental loss.

As findings in Table 13 also show, the avoidant coping strategy emerged as a significant positive predictor of anxiety ( $\beta = .265, p < .05$ ). This finding implies that the use of avoidant coping strategy was associated with increased levels of anxiety in the wake of parental loss.

Table 13.

*Multiple Regression of Anxiety Scores (BAI) Scale on Coping Strategy Scores (CSI) Scale (N = 66)*

Predictor	B	Std. error of B	$\beta$	t-ratio	<u>P</u>
Constant	21.774	13.185		1.651	.104
Problem-solving	-1.032	.500	-.321	-2.064	.043*
Social support-seeking	.102	.442	.033	.230	.819
Avoidant	1.019	.504	.265	2.020	.048*
<hr/>					
F(3, 62) = 2.275	<u>R</u> = .315	<u>R</u> <sup>2</sup> = 9.9%			
<u>R</u> <sup>2</sup> (adjusted) = 5.6%	<u>SE</u> = 13.166	* <u>p</u> < .05			

Further illustrated in Table 13, the positive associations between scores on the social support-seeking coping strategies scale and scores on the anxiety scale were not significant, thus

implying that social support-seeking coping strategy played no predictive role in the manifestation of anxiety symptomatology in the wake of parental loss.

#### 4.3.3. Distress indicators (depression and anxiety) that functioned as key variables in predicting perceived social support

Table 14 illustrates the results of the multiple regression analyses that were conducted in order to determine which of the distress indicators predicted perceived social support.

Table 14.

*Multiple Regression of Social Support Appraisal (SSA) Scale on Distress Scores (BDI-II and BAI) Scale (N = 66)*

Predictor	B	Std. error of B	$\beta$	t-ratio	<u>P</u>
Constant	78.640	2.829		27.795	.000**
Depression	-.225	.108	-.288	-2.070	.043*
Anxiety	.022	.100	.031	.222	.825
<hr/>					
F(2, 63) = 2.557	<u>R</u> = .274	<u>R</u> <sup>2</sup> = 7.5%			
<u>R</u> <sup>2</sup> (adjusted) = 4.6%	<u>E</u> = 9.51802	* <u>p</u> < .05	** <u>p</u> < .001		

As illustrated in Table 14, depression emerged as a significant negative predictor of social support appraisal ( $\beta = -.288$ ,  $p < .05$ ). The results in Table 14 imply that levels of depression were associated with decreased levels of social appraisal in the wake of parental loss.

Furthermore, as seen in Table 14, the positive associations between anxiety scores and perceived social support scores were not significant, thus implying that anxiety played no predictive role in the subjective appraisal of social support received in the wake of parental loss.

#### 4.3.4. Coping strategies that functioned as key variables in predicting perceived social support

Table 15 illustrates a multiple regression analyses that was conducted in order to determine which of the three coping strategies predicted social support appraisal.

Table 15.

*Multiple Regression of Perceived Social Support Scores (SSA) on the Coping Scores of the CSI (N = 66)*

Predictor	B	Std. error of B	$\beta$	t-ratio	<u>P</u>
Constant	58.501	6.847		8.544	.000**
Problem-solving	.618	.278	.267	2.221	.030*
F(1, 64) = 4.931	<u>R</u> = .267	<u>R</u> <sup>2</sup> = 7.2%			
<u>R</u> <sup>2</sup> (adjusted) = 5.7%	<u>SE</u> = 9.46138	* <u>p</u> < .05	** <u>p</u> < .001		

Particularly noteworthy, when the three coping strategies were included for analyses, is that they all played no significant predictive role for perceived social support. However, when one

coping strategy at a time was considered, only problem-solving coping strategy showed to be a significant positive predictor of social support appraisal ( $\beta = .267, p < .05$ ) (see Table 15).

The results illustrated in Table 15 imply that the use of problem-solving coping strategy was associated with an increased perception of social support received in the wake of parental loss.

#### **4.3.5. Distress indicators (depression & anxiety) that function as key variables in predicting attachment to the remaining mother**

Table 16 illustrates the results of the multiple regression analyses that were conducted in order to determine which of the distress indicators predict attachment to a remaining mother figure.

Table 16.

*Multiple Regression of Attachment to a Remaining Mother Figure (IPPA-I) Scale on Distress Indicator Scores (BDI-II and BAI) Scale (n = 58)*

Predictor	B	Std. error of B	$\beta$	t-ratio	<u>P</u>
Constant	94.381	5.463		17.276	.000**
Depression	-.495	.201	-.353	-2.465	.017*
Anxiety	.069	.192	.052	.361	.719
F(2, 55) = 3.409		<u>R</u> = .332	<u>R</u> <sup>2</sup> = 11.0%		
<u>R</u> <sup>2</sup> (adjusted) = 7.8%		<u>SE</u> = 16.96377	*p < .05	**p < .001	

As illustrated in Table 16, depression emerged as a significant negative predictor of attachment towards a remaining mother figure scale ( $\beta = -.353, p < .05$ ). This indicated that the decreased depressive symptoms following parental loss were strongly associated with acutely strengthened attachment to a remaining mother figure.

As also illustrated in Table 16 the positive associations between levels of anxiety and attachment to a remaining mother figure were not significant. Thus the results in Table 16 implied that anxiety played no predictive role in the manifestation of attachment to a remaining mother figure in the wake of parental loss.

#### **4.3.6. Coping strategies that function as key variables in predicting attachment to a remaining mother figure**

Table 17 illustrates the results of the multiple regression analyses that were conducted in order to determine which of the three coping strategies predict strong attachment towards a remaining mother figure.

As illustrated in Table 17, the problem-solving coping strategy emerged as a significant positive predictor of the attachment towards a remaining mother figure ( $\beta = .327, p < .05$ ). This implies that the use of problem-solving coping strategy was associated with increased attachment to a remaining mother figure.

Furthermore, as illustrated in Table 17, the positive associations between the social support-seeking coping strategy and the attachment to a remaining mother figure, as well as the positive association between avoidant coping strategy and attachment to a remaining mother figure, were not significant.



Table 17.

*Multiple Regression of Attachment towards a Remaining Mother Figure (IPPA-I) Scale on Coping Strategy Scores (CSI) Scale (n = 58)*

Predictor	B	Std. error of B	$\beta$	t-ratio	<u>P</u>
Constant	36.144	13.523		1.951	.056
Problem-solving	1.337	.652	.327	2.051	.045*
Social support-seeking	.634	.619	.151	1.025	.310
Avoidant	.000	.701	.000	.000	1.000
<hr/>					
F(3, 54) = 4.056	<u>R</u> = .429	<u>R</u> <sup>2</sup> = 18.4%			
<u>R</u> <sup>2</sup> (adjusted) = 13.9%	<u>SE</u> = 16.39679	* <u>p</u> < .05			

The results in Table 17 implies that social support-seeking coping strategy and avoidant coping strategy played no predictive role in the manifestation of attachment to a remaining mother figure in the wake of parental loss.

## **Chapter 5**

### **Discussion, Recommendations and Conclusion**

#### **5.1. Discussion**

##### **5.1.1. Distress (depression and anxiety)**

###### **5.1.1.1. Depression**

While fully cognisant that the data cannot bear categorical testimony about the timing of onset of symptoms, the possibility exists that the loss of a parental figure, as a specific stressor, elicits a multiplicity of emotions ranging from sadness, dejection, and diminished self-esteem, coupled with increased anxiety that stems from uncertainty about the future without the deceased parental figure. Without meaningful intervention, these factors have the potential to distort emotional processing of grief and hinder adjustment to parental bereavement.

The high distress levels (of at least 87.88% experiencing mild depression, and at least 69.19% presenting mild anxiety symptoms) following parental death is consistent with previous studies that have cited anxiety (Lindström, 1995; Sable, 1988, 1991; Zisook, Mulvihill, & Shuchter, 1990) and depression (Clayton, 1990; Dillen et al., 2009; Kaufman & Kaufman, 2006; Kirwin & Hamrin, 2005; Stroebe, Stroebe, & Domittner, 1988; Zisook, 1993; Zisook & Shuchter, 1991) and indicators of distress in the wake of bereavement. Notably, three South African studies focusing on the stress-coping patterns of rural widowed black spouses (Somhlaba, 2006; Somhlaba & Wait, 2008; Spangenberg & Somhlaba, 2003) also showed depression and anxiety as stress indicators intricately associated with conjugal loss. For example, in their study of observing adolescents in Belgium who had lost a grandparent,

Dillen and associates (2009) found that depression following a significant loss was expected as part of the bereavement process. Researchers have found that high levels of depression for extended periods of time could negatively impact on the daily functioning of the bereaved (Hung & Rabin 2009; Kaufman & Kaufman, 2006; Kirwin & Hamrin, 2005), impacting negatively on psychological well-being, thereby becoming a risk factor for major depression syndrome and complicated grief disorder (Dillen et al., 2009; Hung & Rabin, 2009). Noteworthy, against the backdrop of the latter bereavement studies, the high prevalence of depression in the present study (23% experiencing moderate levels of depression and 41% experiencing severe levels of depression) was not unexpected. However, the severe levels of depression found in the present study are notable. A plausible explanation for the present finding (of high levels of depression) is twofold: at one level, the participants were having trouble processing the significant loss to the extent that they are experiencing heightened emotional distress; at another level, following parental loss, they could have found themselves battling with limited necessary resources to help them cope with the distress arising out of the loss, thereby creating feelings of hopelessness, dejection and overall feelings of isolation to the extent that they experienced severe levels of depression behaviours (cf. Noppe, 2000; Wayment & Vierthaler, 2002; Zhang et al., 2006).

Moreover, the present finding can be understood by drawing on the attachment theory to explain how a disruption in the bereavement process would evoke dysphoric mood states that have a potential to undermine adaptation to parental loss behaviours (cf. Noppe, 2000; Wayment & Vierthaler, 2002; Zhang et al., 2006). Accordingly, the bond between the primary care giver and child is instrumental to emotional well-being as it provides a secure base of

comfort and support for the child (Bowlby, 1970). When this bond is disrupted (through the death of a parent) there is a disruption in the secure base of the bereaved, the loss of this secure base triggers a loss of well-being.

While grief reactions, in the latter theorizing, are conceptualized as the expression of the yearning for a re-union of the bereaved with the lost (deceased) attachment figure in the context of the irrevocability of loss, the bond needs to be continued through an internalisation process after the significant loss in order to alleviate the separation distress, a sense of loss, dejection by finding new ways to draw on the support of the bereaved attachment figure (Bowlby, 1973). The loss of a significant caregiver disrupts of the bond between caregiver and child, inducing separation distress, the adolescents' realisation of the finality of the separation creates an intense yearning for the lost parent, resulting in depression for the parentally bereaved adolescent (Bowlby, 1980). However, excessive depression for prolonged periods of time could be a sign the individual is adjusting poorly to the bereavement process (Hagman, 2000).

In order to address the high levels of depression in parentally bereaved adolescents, the adolescents' process of bereavement needs to be supported and guided to help the bereaved adolescent transform the pain from the disrupted bond into an internal continued bond that will meet the nurturing needs of the adolescent (cf. Bowlby, 1980; Neimeyer, 2000). Intervention programmes designed to alleviate depression levels should focus on supportive mechanisms, such as support groups or counselling (from social workers or school counsellors), to provide support and nurturing during an emotionally difficult time.

### **5.1.1.2. Anxiety**

In the present study the prevalence of anxiety was high, with 89% of participants having reported mild to severe levels of anxiety, while 23% of participants experienced moderate levels of anxiety and 41% of participants experienced severe levels of anxiety. The present finding was consistent with findings from previous bereavement studies (Brown & Goodman, 2005; Dillen et al., 2009; Hansen et al., 2009; Hung & Rabin 2009; Kaufman & Kaufman, 2006; Kirwin & Hamrin, 2005; Somhlaba & Wait, 2008, 2009; Zhang et al., 2006) in which bereavement was generally associated with high levels of anxiety. For example, in their American study looking at the bereavement of children who lost a caregiver in the September 11 attacks, Brown and Goodman (2005) found that the loss triggered high levels of anxiety and general emotional distress in the bereaved children.

A plausible explanation for the present finding (of high levels of anxiety following the loss of a significant caregiver) is that the adolescents' emotional well-being was disturbed by having lost the security of a primary caregiver (Bowlby, 1980), to the extent that daily stressors created severe levels of anxiety in the adolescents, which could have stemmed from persistent worry about the life ahead without the deceased parent (cf. Van Baarsen & Broese Van Groenou, 2001). It is possible, especially when the deceased parent was a breadwinner or instrumentally involved in carrying out major household tasks, that the loss of a parent brought, in the bereaved adolescents' frame of mind, a great deal of uncertainty about the future without that parent – to the extent that anxieties generally associated with the absence of a parental attachment figure were experienced as an anxiety-evoking experience for this sample of South African bereaved adolescents. The emotional distress would be particularly

overwhelming and engendering a pervasive sense of apprehension if the parental loss had led to the bereaved adolescent single-handedly taking on the deceased parent's (general or major household) tasks and responsibilities.

Moreover, the attachment theory can be drawn on to illustrate how bereavement may result in severe levels of anxiety. The attachment theory identifies the attachment bond between the caregiver and child as a source of security, creating an internal base of support to be drawn on through out life (Bowlby, 1980). When this attachment bond is disrupted by the death of an attachment figure, separation anxiety develops in the bereaved. The continuing bond between the adolescent and the deceased caregiver needs to be internally transformed into a tangible source of security once again. By actively transforming the bond into an internal source of security, the bereaved may find restored emotional support sufficient to meet their needs (cf. Bowlby, 1980; Neimeyer et al., 2006). If the bereavement process is inhibited by the disrupted bond, the transformation of the attachment bond into an internalised base of security cannot take place thus increasing emotional distress in the bereaved (cf. Neimeyer et al., 2006). The disruption of the attachment bond, between the primary caregiver and the adolescent, disrupts the internal source of security previously drawn on from the attachment bond with the caregiver; this could leave the bereaved feeling anxious and highly stressed by the loss of support (cf. Hansen et al., 2009; Noppe, 2000). Since the death of significant others has long been conceptualized as signifying different forms of loss – ranging from emotional support (the loss of a confidant) (Kaufman & Kaufman, 2006), loss of physical support (a change in life style, loss of daily habits / routine) (Somhlaba & Wait, 2009), and loss of financial support (the loss of the breadwinner or head of house) (Van

Baarsen & Broese Van Groenou, 2001); combined, the loss of support could result in high levels of anxiety and stress.

The present finding has important implications for interventions. In order to effect meaningful bereavement intervention, basic support groups aimed at grieving school-going adolescents should be the focal point of prioritization of intervention strategies. These support groups would provide avenues for the bereaved learners to share their personal narratives surrounding the loss and their worries and fears concerning their lives without the deceased. For example, the adolescents could be encouraged to take turns sharing stories of the bereaved caregiver, solidifying the relationship between the lost caregiver and the bereaved adolescent through a biographical narrative (cf. Neimeyer, 2000).

#### **5.1.1.3. Depression and anxiety**

The results of the present study showed a significant positive correlation between depression and anxiety. The present finding was consistent with many bereavement studies (notably, Brown & Goodman, 2005; Dillen et al., 2009; Merlo & Lakey, 2007; Somhlaba & Wait, 2009) in which levels of depression were strongly associated with levels of anxiety following the loss of a significant attachment figure. For example, in a South African study of stress and coping during spousal bereavement, Somhlaba and Wait (2009) found that the bereaved participants' level of emotional distress was identified by high levels of both depression and anxiety. Heightened levels of anxiety and stress experienced by bereaved may result in symptoms of posttraumatic stress syndrome, depression, and worry (Brown & Goodman, 2005). The implications of anxiety experienced for prolonged periods have proven to be

negative for the individuals' mental well-being, possibly resulting in posttraumatic stress syndrome and negatively affecting daily functioning, reflected in psychological and social distress. Clinical anxiety (stemming from persistent worry and apprehension over the uncertainties of life without the attachment/parental figure) could have rendered the adolescents vulnerable to heightened dysphoric mood states.

The present finding has important implications for intervention strategies. To have a positive impact on the bereaved adolescents' mental well-being, external support mechanisms need to be put in place to provide support during a time of emotional turmoil following the significant loss. External support systems could be provided by peer-support groups, in which bereaved adolescents aid each other in their recovery through the sharing of experiences, strength and hope; or by intimate counselling sessions with a social worker or school counsellors. Within these support systems, the bereaved would be encouraged to openly address their feelings, emotions, fears and experiences surrounding the loss of a caregiver, in a safe and secure environment, providing them with a sense of support and belonging – helping to alleviate feelings of isolation, and providing a secure base to draw strength from in times of need (cf. Rogers, Hansen, Levy, Tate, & Sikkema, 2005).

### **5.1.2. Depression and problem-solving coping**

A significant negative correlation was found between depression and problem-solving coping. Moreover, problem-solving coping strategy proved to be a significant negative predictor of depression. The present finding was consistent with findings from previous research on bereavement (such as Merlo & Lakey, 2007; Rogers et al., 2005; Wijngaards-de Meij, et al.,



2008) in which problem-solving coping was generally associated with diminished depressive symptoms following major loss. For example in their study of HIV infected men and women coping with bereavement, Rogers and associates (2005) found that problem-solving coping promotes optimism and general mood, improving the participants' adjustment to the loss. Overall problem-solving coping has been identified as a positive influence during the process of bereavement by increasing the sense of social support, lowering depression levels, and reducing avoidant high risk behaviours, such as substance abuse (Rogers et al., 2005; Wijngaards-de Meij et al., 2008).

A plausible explanation for the present finding (of a significant negative association between depression and problem-solving coping) is that the participants' propensity for problem-focused behaviours tended to deflect attention from constantly thinking about the loss of a parent, to the extent that depression levels were diminished. In line with the documented evidence pointing to the benefits of problem-focused behaviours in times of emotional upheavals (Rogers et al., 2005), it is possible that, for the present sample of bereaved adolescents, problem-focused behaviours served to increase the mastery of daily tasks, thus having a diminishing effect on the depressive symptomatology associated with parental loss. Another plausible explanation of the present finding is that use of problem-solving tasks helped the bereaved internalise the idealised aspects of the attachment bond (that had tied them to the deceased caregiver) enabling the bereaved to draw on this secure bond for comfort, thereby alleviating emotional distress.

For intervention purposes, the relationship between problem-solving coping and diminished levels of emotional distress is important to consider. In an intervention designed

for school-going adolescents, problem-solving behaviours need to be encouraged through an orderly setting of tasks within a supported and safe space. Within this secure environment (such as a support group setting) adolescents will be psycho-educated in the consolidation of ties with the lost parental figure through the setting and completion of problem-focused tasks providing the adolescent with problem-focused skills and the satisfaction of successfully completing tasks. The regular routine of meeting with their support network, where they are given a task and are able to fulfil the task, will promote the bereaved adolescents' propensity to use problem-focused behaviour, actively improving their mental well-being. For example, the support groups could become a place where home work is completed with the help of peers or teachers, this would give the adolescent someone to turn to if they are struggling with the task, it would also motivate the adolescent to use problem-focused attention to complete tasks. Moreover, the support groups could help aid the adolescent cope with problems in their personal life by promoting the use of a confidant as a go-to person in times of need.

### **5.1.3. Anxiety and coping**

#### **5.1.3.1. Anxiety and problem-solving coping**

The present study showed negative significant associations between anxiety and problem-solving coping strategies. While there was no significant relationship between the two variables (at a bi-variate correlation level), problem-solving coping proved to be a significant negative predictor of anxiety. The present finding was consistent with findings from previous research on bereavement (notably, Benkel, Wijk, & Molander, 2009; Rogers et al., 2005; Stroebe et al., 2005; Rogers et al., 2005) in which problem-solving coping was generally

associated with diminished levels of angst associated with hopelessness following major loss. Previous bereavement studies identified that the problem-focused behaviours (such as the active seeking of comfort by the bereaved from their social networks) entrenches social ties, reducing severe emotional distress (depression and anxiety) experienced by the bereaved (Benkel et al., 2009; Rogers et al., 2005). For example, in their study of HIV infected men and women coping with bereavement, Rogers and associates (2005) found that coping strategies, such as problem-solving coping, were associated with a significantly improved mental well-being following a major loss. A plausible explanation for the present finding (of a significant association between problem-solving coping and anxiety) is that the participants' propensity for problem-focused coping, such as actively seeking practical and instrumental support from the available social networks when feeling lonely or depressed, has a positive influence on the bereaved adolescents' optimism and hope for the future, to the extent that the distress associated with bereavement (in this case anxiety) was reduced (cf. Rogers et al., 2005).

When considering possible intervention strategies for bereaved school-going adolescents, it is important to incorporate the promotion of problem-focused behaviours within a secure and supportive environment of either peer based support groups or intimate counselling sessions. The supportive interventions would be tailored toward psycho-educating a school counsellor or social worker to facilitate problem focused instrumental assistance. Moreover, peer-support groups for bereaved adolescent or counselling sessions would create an environment where the bereaved may share experiences in the company of peers who would be able to relate their personal experiences after the significant loss, as well as creating an environment to promote problem-focused behaviours. By simply partaking in the support

group, adolescents would be exercising their use of problem-focused behaviour, and the setting of tasks would further encourage problem-focused attention, perpetuating their use of problem-focused behaviours. For example, sport related activities could be utilised in the peer-support group sessions, teaching skills and encouraging mastery of these skills, as well as providing temporary relief from emotional distress. Playing sports with the peer-support group would strengthen the bonds of friendship between the bereaved adolescents, broadening their social network.

#### **5.1.3.2 Anxiety and avoidant coping**

In the present study there was a significant positive association between anxiety and avoidant coping strategies. While there was no significant relationship between the two variables (at a bi-variate correlation level), avoidant coping strategies proved to be a significant positive predictor of anxiety. The present finding was consistent with findings from previous research on bereavement (notably, Brown & Goodman, 2005; Rogers et al., 2005; Stroebe et al., 2005) in which anxiety and avoidant behaviours were generally associated with poor adjustment following major loss. For example, in their study of adolescents coping with bereavement of parents lost in the September 11 attacks in the United States of America, Brown and Goodman (2005) found that the high levels of anxiety surrounding the traumatic parental deaths provoked avoidant coping and a general negative emotional state of distress and anger, impairing the participants' adjustment to their parental loss. Particularly noteworthy, in a South African study of coping patterns of recent conjugally bereaved spouses, Somhlaba &

Wait (2009) found that anxiety was negatively associated with avoidant coping, and that avoidant behaviours provided a temporary escapism from the reality of grief.

The possible explanation for the present finding (of a significant association between anxiety and avoidant-coping) is that the loss of the significant caregiver was too painful and traumatic for this sample of South African adolescents to deal with. As a result, the uncertainties surrounding the life without the deceased caregiver could have been overwhelming to the extent that the use of avoidant and emotionally disengaging coping behaviours functioned as a medium through which to escape from having to confront the painful reality of the loss (cf. Brown & Goodman, 2005; Rogers et al., 2005; Stroebe et al., 2005). While there is no conclusive evidence pointing to the avoidant coping patterns for the present sample of adolescents, it is worth highlighting that cumulative studies on bereavement associated avoidant coping draw a link between psychological upheavals and a constellation of emotionally disengaging behaviours. These behaviours include suicidality (Zhang et al., 2006), major changes in school grades (Noppe & Noppe, 2004) and personality (Kirwin & Hamrin, 2005), the development of eating problems (Kirwin & Hamrin, 2005), substance abuse (Kirwin & Hamrin, 2005; Rogers et al., 2005), aggression or criminal behaviour (Brown & Goodman, 2005; Kirwin & Hamrin, 2005), and inappropriate sexual behaviour (cf. Kirwin & Hamrin, 2005; Rogers et al., 2005). Risky behaviours of South African adolescents in the wake of major losses might be a subject of further research enquiry, in order to understand the link between psychological distress and general avoidant coping behaviours.

For intervention purposes, the use of peer-support groups would serve to reduce emotional distress by using problem-focused behaviours, for recently bereaved school-going

adolescents. A peer-support group facilitated by a school counsellor or social worker would provide support for the adolescent, creating an environment where feelings of concern and distress could be shared with those who would understand and may even have similar feelings or experiences. The facilitator of these support groups could encourage the use of problem-focused behaviour that would reduce distress and provide temporary relief from emotional distress by setting fun feel-good tasks, such as a game of charades or any other simple game, with the aim of uplifting the spirits of the bereaved. Moreover, the setting daily tasks, such as completing homework, would encourage the perpetuated use of problem-focused behaviour.

#### **5.1.4. Perceived social support and depression**

A significant negative correlation was found between social support appraisal and depression. Moreover, depression proved to be a significant negative predictor of perceived social support. The present finding was consistent with findings from previous literature on bereavement (notably, Bergman, William, & Haley, 2009; Kirwin & Hamrin, 2005; Rogers et al., 2005; Van Baarsen & Broese Van Groenou, 2001) in which perceptions of social support received from significant others were generally recognised as closely associated with the reduction of dysphoric moods in the wake of the loss of a significant attachment figure. It is of particular interest to note that social support has recently been regarded as instrumental in the psychological well-being of grieving individuals, in that the availability of supportive social networks (to turn to in times of duress, and having people to count on during heightened times of emotional upheaval) promotes resilience against psychological and emotional distress (Benkel et al., 2009). For example, in their study of HIV infected adults dealing with

bereavement of a significant attachment figure, Rogers and associates (2005) found that higher levels of perceived social support (from family, friends, support groups and health workers) were inversely related to depression, and thus closely linked to better overall adjustment to the significant loss. Moreover, a Canadian study by Walker and Shaffer (2007) further examined the psychological consequences of poor adjustment to bereavement and found that a lack of social support during bereavement placed an individual at high risk for juvenile delinquency and risky behaviours.

A conceivable explanation of the present finding (of a significant negative association between social support appraisal and depression), is the possibility that dysphoric mood states significantly interfered with the participants' responsiveness to their social contacts to the extent that the support rendered (and the generally available social networks) had no mitigating effects to their experienced distress (cf. Bergman, William, & Haley, 2009; Kirwin & Hamrin, 2005; Rogers et al., 2005; Van Baarsen & Broese Van Groenou, 2001).

The present finding has implications for interventions for school-going adolescents recently bereaved of a parental figure. For intervention purposes, alternative support networks could be created and promoted within the school environment. The development of a support group for bereaved adolescents could create a safe environment where the adolescents would be able to relate to their peers, allowing the sharing of experiences and fears relating to their loss. In a study by Holland (2008) conducted in the United Kingdom, the role of schools in the adolescent's life was highlighted as an alternative source of social support. Holland (2008) found that the perceived social support provided by schools (for example, friends and

teachers/school counsellors) may have a positive impact on the adolescent's experience of bereavement.

#### **5.1.5. Social support appraisal and problem-solving coping**

A significant positive correlation was found between social support appraisal and problem-solving coping, and problem-solving coping proved to be a significant positive predictor of social support appraisal. The present finding was consistent with findings from previous bereavement research (such as Benkel et al., 2009; Bergman et al., 2009; Hansen et al., 2009; Rogers et al., 2005), in which higher perceptions of social support received were generally associated with problem-focused behaviours, and improved adjustment to bereavement, following major loss. For example, in their study of HIV/AIDS positive adults coping with AIDS related loss, Hansen and associates (2009) found that active coping strategies (such as problem-solving coping) were positively linked to the perceived social support and resilience against high risk behaviours.

A plausible explanation for the present finding (of a significant association between perceived social support and problem-solving coping), is that the availability of subjectively experienced supportive networks could have meant that the bereaved adolescents saw these networks as avenues for enlisting practical and instrumental support, as a way of coping with the sense of helplessness that they might have experienced as a result of the loss of the parental figure (cf. Rogers et al., 2005). Thus, the social networks' response to the adolescents' needs could have, in turn, heightened the perceptions of these networks as supportive, which propelled the use of problem-solving coping strategies in the context of



social networks. The evidence from a study by Rogers and associates (2005) showed that perceptions of social support being available were positively related to problem-focused coping with reduced psychological distress following major losses.

Drawing from the attachment theory, if the attachment to one or both parental figures, before the loss, was experienced by the bereaved adolescent as secure, then upon death the bereaved would seek comfort from the remaining attachment figures (remaining parent, uncles, aunts and other extended family net works) (Bowlby, 1980; Holmes, 1993). Turning to these significant others, while in itself a social support seeking behaviour, could arguably be seen as a form of problem-solving behaviour, especially if turning to these figures of attachment helps the adolescent attend to a constellation of daily practical tasks (such as homework and other day-to-day activities).

The present finding has important implications for interventions for school-going adolescents coping with bereavement. Intervention strategies should place emphasis on promoting problem-focused behaviours within a supportive environment that provides social support, such as within a peer-support group setting. The supportive environment in such peer-support group settings could provide avenues for problem-focused assistance with instrumental tasks (such as school exercises and homework tasks) and other daily chores, all of which would help instil in the bereaved adolescent a sense of mastery and competence in general, school, home and homework tasks that would help engender self-confidence and ward off feelings of helplessness that come with grieving over loss. A general mastery of daily tasks in household and other tasks has been documented in literature as having an inverse relationship with psychological distress following major losses (Stroebe et al., 2005).

Moreover, a guidance counsellor or social worker working closely with bereaved adolescents, could encourage them to join peer-support groups for adolescents coping with bereavement and promote active participation in the support group activities, such as friendly sports, games or study groups.

#### **5.1.6. Attachment to a remaining mother figure and depression**

A significant negative correlation was found between attachment to a remaining mother figure and depression. Moreover, depression proved to be a significant negative predictor of attachment towards a remaining mother figure. This finding was supported by previous bereavement research (such as Hung & Rabin, 2009; Saldinger, Cain, & Proterfield, 2004; Saldinger, Cain, Proterfield, & Lohnes, 2004) in which the remaining attachment figure was found to play a vital role in the bereavement process and overall adjustment to the loss by the bereaved. In particular a study by Saldinger and associates (2004a), focusing on a parentally bereaved sample in Michigan, found that attachments to a remaining mother figure were able to reduce negative outcomes (such as depression) and improve by large their adjustment to loss, as the remaining mothers in their study tended to be more focused on and aware of the bereaved child's needs than other remaining parental figures. A reasonable explanation for the present finding (of a significant negative association between attachment towards a remaining mother figure and depression) is that the remaining mother figures were able to comfort the bereaved during their grieving to the extent that their dysphoric moods were reduced.

The attachment theory recognises the importance of the maternal nurturing bond (between a mother figure and child) as a source of support during times of emotional distress,

this bond provides a feeling of safety and security for the child to draw on during times of need (Bowlby, 1973), thereby reducing emotional distress. Accordingly, this bond between the remaining mother and the bereaved child serves to provide the necessary respite or comfort from the feelings of isolation that stem from losing the other parent, as well as from the ‘gnawingly’ painful yearning for the lost caregiver, and thus providing relief from emotional distress (cf. Bowlby, 1980; Saldinger et al., 2004a).

Furthermore, the remaining attachment figure may diminish emotional distress for the bereaved by facilitating the re-establishment of the bond between the bereaved and the deceased attachment figure (Saldinger et al., 2004a). This continued bond may further alleviate emotional distress by re-establishing a connection between the bereaved and their lost attachment figure, allowing the bereaved to feel connected to the deceased caregiver (cf. Bowlby, 1973; Field et al., 2005). This re-connection of the bond the bereaved experiences with their deceased caregiver, may serve to alleviate their intense yearning for the deceased, as the new internalised bond provides a platform for the bereaved to access the emotional support provide by the deceased caregiver.

Particularly noteworthy, mother figures have been found, by Saldinger and associates (2004a, 2004b), to practice child-focused behaviours following the loss of a significant parental figure, a factor that facilitated the bereaved child’s adjustment to the loss. Against this backdrop, and for the present sample of South African bereaved adolescents, the emotional and physical availability of their remaining attachment figure helps to cater for the adolescent’s needs following the death of the other parent, in a manner that provides a source

of comfort and support, and hence positively influences psychological well-being (Saldinger et al., 2004a).

The present finding has important implications for intervention purposes, it is important to take note of the role played by the remaining parent in facilitating the emotional well-being of the bereaved child during their bereavement process, specifically remaining mother figures who tend to promote the process of bereavement and emotional well-being by being emotionally and physically available for the bereaved child to draw on this for support during this life crisis. As the loss of a parental figure will affect the whole family (such as the bereaved spouse and all the bereaved children), the remaining parent may need support and guidance (from community workers or social workers) on how to promote healing for themselves and their families, by obtaining support and guidance for themselves, as well as guidance on how to cope during the family crisis following a significant loss (cf. Saldinger et al, 2004a; 2004b). Child-focused behaviours in remaining mothers should be encouraged by the support networks, as these behaviours could serve to further reduce emotional distress in bereaved adolescents. For example, the remaining parent could be encouraged to keep the connection between the bereaved and the lost parent alive by referring to the deceased parent at appropriate times, such as “your father/mother would be proud of you for doing better in maths this year”.

### **5.1.7. Attachment to a remaining parent and coping**

#### **5.1.7.1. Attachment to a remaining mother figure and problem-solving coping**

A significant positive correlation was found between attachment to a remaining mother figure

and problem-solving coping. Moreover, problem-solving coping proved to be a positive predictor of attachment towards a remaining mother figure. The present finding was consistent with findings from previous bereavement research (such as Benkel et al., 2009; Saldinger et al., 2004a, 2004b), who found that attachment to remaining mothers was generally associated with problem-focused behaviours whilst adjusting to bereavement. For example, in their study focused on the remaining parental figure facilitating children through bereavement, Saldinger and associates (2004a) found that a strong attachment with a remaining mother figure had a positive impact on the bereaved child's coping and psychological well-being following the significant loss. They discovered that remaining mother figures tend to have their energies expended towards catering for on the child's needs, providing the nurturing care needed by the bereaved child to cope with the significant loss. By placing focus on the child's needs, the remaining mother figure helped to promote a healthy adjustment to the loss, thus providing a protective buffer against the adverse psychological circumstances following the loss and general negative outcomes, such as emotional distress (cf. Saldinger et al., 2004a).

A plausible explanation for the present finding is that the remaining mother figures could have been proactively involved in the bereaved adolescents' adjustment to the loss, to the extent that they provided a safety net and protective avenue for instrumental assistance with practical tasks (that include homework and other chores with which the adolescent needed adult guidance and support) in a manner that increased the bereaved adolescents' competence in tasks and confidence in their ability to manage these daily tasks, to the extent that this supported problem-focused assistance increased their propensity for problem-focused coping behaviours (such as seeking emotional support, comfort and motherly contact in

heightened times of duress) while emotionally responding to the parental loss ( cf. Saldinger et al., 2004a). Saldinger and associates (2004a) identified how the active management and promotion of the bereaved child's problem-focused behaviours (homework and household chores) by mother figures promoted stability and security in the home environment following a parental loss.

Pertaining to the implications for intervention for the parentally bereaved adolescents, the positive influence exhibited by the remaining attachment figure could be promoted in supportive therapy sessions with the bereaved adolescent, thereby furthering the propensity for problem-focused behaviours within bereaved school-going adolescents. As has already been indicated, support groups for the bereaved could be useful in promoting adjustment during the bereavement process. These support groups could be centred on inviting and encouraging parental participation in the therapeutic support group process, whereby the remaining parent could also partake in the therapy process that also involves their bereaved child. A monthly evening conjoint therapy session could be held with the bereaved adolescent and their bereaved remaining caregiver, to provide guidance and support for the remaining caregiver, allowing the caregiver an opportunity to receive feedback on their child's emotional well-being. This source of support found in the remaining mother figure indicates that remaining mothers tend to be child-centred during the bereavement process, despite dealing with their own grieving (Saldinger et al., 2004a). The caregivers could be encouraged to openly talk of the deceased parent, to promote the connection between the deceased parent and the bereaved family, in such a way as to help the caregiver himself or herself to both "off-load" the emotional burden that comes with catering for the needs of the bereaved adolescent (while

simultaneously dealing with their own - caregiver's - personal grief), whilst providing a semblance of "normality" surrounding the articulation of thoughts and feelings about the meaning of the loss to the family. When this is done in an open and non-threatening way (and with the guidance of a bereavement counsellor), the adolescent might also, hopefully, begin to realize the benefit of sharing his or her own privately held thoughts and feelings surrounding the loss of their parent. The manner in which adolescents could be encouraged to open up their intimately held thoughts and emotions could include encouraging them to tell stories of the deceased parental figure, thus solidifying the representations of the symbolic relationship between the deceased parental figure and the bereaved adolescent through a biographical narrative (cf. Neimeyer, 2000). This not only serves to keep the memories of the deceased alive, but also enables the emotional processing of the loss to proceed in a manner that allows the adolescent to reconcile the existence of an attachment bond that ties him or her to the deceased parent against the backdrop of the irrevocability of the loss.

#### **5.1.7.2. Attachment to a remaining mother figure and social-support seeking coping**

A significant positive correlation was found between attachment to a remaining mother figure and social-support seeking coping. This association was supported by many bereavement studies (such as Benkel et al., 2009; Saldinger et al., 2004a) that found attachment to remaining mothers to be generally associated with social-support seeking behaviours following a significant loss. For example, in their study focused on facilitating bereavement, Saldinger and associates (2004a) found that bereaved school-going children sought out social interaction from remaining mother figures following a significant loss, and this social support

positively impacted on their coping and overall psychological well-being following the significant loss. The social support received by the bereaved from their remaining mother figure following the loss, provided the nurturing care needed by the bereaved child to cope with the significant loss, thereby offering resilience to negative outcomes such as emotional distress (cf. Saldinger et al., 2004). For the present study, there is a possibility that the bereaved adolescents experienced nurturance from both parental figures before the loss, and that the absence of such nurturance from the now-deceased father figure (coupled with the inability to turn to both parents in times of emotional upheavals) could have meant that, with only the mother figure readily available for emotional validation following the death of the other parent (that is, the father), this spurred the adolescents to actively seek social and emotional support from the remaining parental figure (the mother) to alleviate their intense feelings of isolation and yearning for the lost parent (cf. Saldinger et al., 2004).

As already indicated in the preceding sections, the bond between a remaining mother figure and the bereaved is explained by Bowlby (1973) as the initial maternal bond between a mother and child, and this primary attachment bond provides a secure attachment base where nurturing needs are met, this safe secure bond becomes a source of social comfort for the bereaved to seek out in times of need.

The present finding has important implications for interventions for bereaved school-going adolescents. Basic support groups should form part of the bereavement intervention, whereby the promotion of their social-support network could be encouraged and developed within counselling (peer or intimate) sessions. Such support groups should be aimed at creating opportunities for bereaved adolescents to share their experiences of loss with other



bereaved adolescents. The adolescent's existing propensity to seek out emotional comfort could be reinforced by participating in a peer-support group setting, and within this support group setting positive experiences of social support could aid in reducing the feelings isolation and alienation experienced by those recently bereaved of a significant attachment figure (cf. Rogers et al., 2005). For example, if the school-going adolescents had a peer-support group that met twice a week to share personal experience and aid in practical tasks, such as homework, the bereaved adolescent could develop supportive relationship with other bereaved adolescents, broadening their social support network.

#### **5.8. Attachment to peers and depression**

A significant negative correlation was found between attachment to peers and depression. The present finding was consistent with findings from previous research on bereavement (such as Benkel et al., 2009; Hansen et al., 2009), in which attachment to peers was generally found to provide emotional support for the bereaved, thus alleviating their dysphoric mood following a significant loss. For example, in their Swedish study focused on the needs of bereaved, Benkel and associates (2009) found that the bereaved generally received significant psychological and emotional support and comfort from their friends, and as their friends were often their confidants they could share their feeling and thoughts with them, following a significant loss. For the present study, there is a possibility that the bereaved adolescents experienced emotional and psychological support from their peers, and this served to reduce their feelings of isolation, loneliness and grief to the extent that their dysphoric moods were diminished. Moreover, the interaction between the bereaved and their peers may have provided a

temporary distraction from their emotional distress, thus allowing relief from their intense yearning for the deceased to the extent that their mood was generally improved (cf. Benkel et al., 2009; Hansen et al., 2009).

The present finding has important implications for interventions aimed at bereaved school-going adolescents. The adolescents' social ties that link them to their various attachment figures (such as peer groups, social and family networks, and the school environment) have a compounding impact on their emotional well-being (Bowlby, 1980; Gardner, 1978; Noppe, 2000) by providing them with emotional support, a temporary distraction from their intense yearning for the deceased parental figure, and alleviating their feelings of isolation. Therefore, social ties (such as peer-support groups) should be promoted in an intervention setting to create a secure environment that will provide the bereaved adolescent with emotional and practical support in the wake of a significant loss, this supportive environment created by the peer-support groups will encourage the bereaved adolescent to experience feelings of belonging, understanding and safety. This positive experience of comfort and belonging received from their peer-support group will actively promote the adolescent to draw on their social attachments during times of need. For example, Hung and Rabin (2009) established that children drew more support from other children who had also experienced a significant loss of an attachment figure, than from their friends who had not. Peer-support groups for bereaved adolescents could be used in schools to bring together adolescents who have experienced a significant loss, thus broadening their social support network, and providing them with a source of support, safety, comfort and belonging to draw on in times of need. For example schools with adolescents experiencing bereavement

could initiate and facilitate a peer-support group for the bereaved adolescents, bringing the adolescents together to create a supportive and understanding environment, where they are encouraged to share their experiences and feelings of fear, sadness and emotional distress with their peers who may have had simpler feelings and experiences, allowing the adolescents to draw on each other for emotional support, and providing relief from their emotional distress.

### **5.9. Overall use of coping strategies**

In the present study it was found that 78.78% of the participants made a predominate use of avoidant coping strategies, with 13.63% making a predominant use of social support-seeking coping strategies, and 1.51% making predominant use of problem-solving coping strategies. For the remaining 6.06% of the participants, the overall coping was characterized by an oscillation between the problem-solving coping strategies and the avoidant coping strategies (3.03% of the participants) and an oscillation between the social support-seeking coping strategies and avoidant coping strategies (3.03%).

The predominant use of avoidant coping was consistent with findings from previous research on bereavement (such as Brent, Melhem, Donohoe, & Walker, 2009; Hansen et al., 2009) in which bereaved individuals were found to make high use of avoidant coping behaviours following a significant loss. There are two findings in the literature; on the one hand in their study of adolescents in their Canadian study, Walker and Shaffer (2007) found that 61% turned to avoidance coping behaviours, often resulting in high risk behaviour (such as drug and alcohol abuse or self-mutilation) as escapism from the pain of loss; on the other hand, in their South African study on spousal bereavement, Somhlaba and Wait (2009) found

that an orientation towards avoidant coping was able to reduce emotional distress within the bereaved sample, the authors postulated that avoidant coping can promote adjustment to loss by allowing the bereaved individual to focus on daily tasks, offering emotional disengagement for the psychological experiences of bereavement.

A plausible explanation for the present finding (a high preferred use of avoidant coping behaviours) for the bereaved adolescents is that their lowered self-esteem and feelings of isolation, emotional distress and intense yearning for their lost parental figure made coping with daily life stressors (such as their household or academic responsibilities and social ties) too stressful and over whelming for them to face, to the extent that they made preferred use of avoidant coping behaviours to escape their distress (Walker & Shaffer, 2007). For example, in an intervention evaluation reported by Walker and Shaffer (2007), bereaved adolescents were found to make use of avoidant coping behaviours to numb their intense experience of pain and emotional distress. Whilst the present study did not investigate high risk behaviours, it is interesting to note that in the literature avoidant behaviours were associated with the experience of heightened psychological and emotional distress (Rogers et al., 2005; Zhang et al., 2006), and high risk behaviours such as substance abuse (Hansen et al., 2009; Rogers et al., 2005) and self-mutilation (Walker & Shaffer, 2007) following a significant loss. Such high risk behaviours in the wake of major losses might be a subject of further research enquiry in South Africa, in order to understand the link between psychological distress and general avoidant coping behaviours experienced by bereaved adolescents.

The present finding has important implications for interventions aimed at school-going adolescents in South Africa, their high use of avoidant coping could be utilised to promote

problem-solving behaviours in a peer-support group intervention. The peer-support group intervention would be a safe place for bereaved adolescents to draw strength from one another through the sharing of their personal experiences, fears and concerns following a loss of a significant attachment figure. In this safe environment avoidant coping could be positively utilised within an intervention setting to creating a positive distraction from the grief, promoting the adjustment to the bereavement process by psycho-educating the bereaved adolescents and promoting their use of problem-focused behaviours. The use of stimulating group activities, (such as study groups, friendly sports games, art or music), could be integrated into a group counselling setting, aiding the bereaved adolescents by providing a distraction whilst simultaneously promoting healthy coping mechanisms. In the peer-support group, there could be allocated time for homework followed by recreational relief, by following this schedule the adolescent is distracted from their internal yearnings and emotional distress, whilst accomplishing useful tasks (homework) and bonding with other bereaved adolescents in a safe and supportive setting.

## **6. Recommendations and Conclusion**

### **6.1. Strengths of the study**

Firstly, adolescent bereavement has received limited attention within the South African context to date, whilst internationally bereavement, specifically adolescent bereavement, has received attention from many researchers (such as Ellis & Granger, 2002; Merlo & Lakey, 2007; Noppe & Noppe, 2004; Schlozman, 2003; Sussillo, 2005; Walker & Shaffer, 2007), as a result, the present study, reflecting the unique psychological experience of grief for the

adolescent population in the greater Boland and Western Cape areas, holds value by serving to expand our understanding of bereavement for South African adolescents.

Secondly, the present findings reflecting the unique experience of bereavement for South African adolescents may serve to better inform professionals working with bereaved South African adolescents.

Thirdly, the findings from the present study, reflecting the psychological experience of grief for South African adolescent, could be considered for future interventions programmes implemented within the South African context.

## **6. 2. Limitations of the study and recommendations for future research**

Despite the strengths highlighted above, the study had its limitations. Firstly, it was a shortcoming of the study that the sample size was limited to 66 participants by the study criterion, and as a result the sample was too small for generalisation to the broader South African population. Additionally the sample size and the generalisability of the results were further reduced by the predominant Afrikaans and Xhosa population the sample was drawn from (the greater Western Cape and Boland areas), further reducing the generalisability of the result to the broader South African population. Although the study criterion significantly limited the size of the present sample they were important for a bereavement research, accordingly, in order to improve generalisability, a larger population and sample size could be used in future research.

Secondly, the present study was limited through the use of quantitative research methods, the use of questionnaires made it impossible to gauge the participants' subjective

experiences of their parental loss, which could possibly have been accomplished if the study were qualitative in nature. Future research, while using quantitative measures, could also make use of qualitative research methods such as follow-up and open-ended qualitative interviews to delve deeper into the subjective experiences of grieving following parental loss.

Thirdly, the insight provided by the present study, pertaining to the experience of emotional distress, attachment to others, coping styles and perceived social support following the loss of a parental figure, was restricted by the explorative nature of the present study, limiting the investigation of the manner in which participants' psychological experiences of grieving progressed over time. Perhaps future research could make use of longitudinal analyses of the psychological experiences of grief and the psychological adjustment to parental bereavement for bereaved adolescents.

The fourth limitation of the present study was the broad use of the categorical term loss, grouping together all the various modes of parental loss (such as natural causes, accidental death, terminal health problems, terminal illness and violent acts) which prevented comparisons between different types of loss and perhaps insights into the possible differences between the psychological experiences of bereavement due to the different circumstances that lead to the loss of a parental figure. For example heightened psychological complications have been associated with losing a parental figure to a traumatic death, such as a violent death (Brown & Goodman, 2005) or suicide (Hung & Rabin, 2009), bringing long term traumatic bereavement following such a traumatic loss to the attention of researchers internationally (Brown & Goodman, 2005; Hung & Rabin, 2009). Future research in South Africa could perhaps look to explore the difference in the psychological experience of adolescent parental

loss depending on the mode of death, placing focusing on traumatic loss and the factors relevant to traumatic loss in South Africa (such as terminal illness, HIV/AIDS, and violent deaths, accidental and homicidal), that are impacting on the psychological experience of adolescent parental bereavement in the South African context.

### **6.3. Implications for intervention**

As already indicated in Chapter 1 of this thesis, the number of parentally bereaved adolescents in South Africa is growing due to various factors, such as the high maternal HIV/AIDS mortality rate (Anderson & Phillips, 2006) and limited health resources (cf. The Presidency, Medium Term Strategic Framework, 2009). It can therefore be deduced that the psychological well-being of adolescents should be the focal point of ongoing research and clinical intervention, particularly, if their overall mental health, as they “navigate” through emotionally taxing experiences (such as losing through death the major attachment figures), is to be continuously safeguarded. It can be argued strongly that, if the psychological upheavals that adolescents go through are not addressed, there is a great risk that these unattended emotional experiences could render the adolescents highly susceptible to a range of psychological disorders (such as clinical depression, anxiety and general attentional disorders) which would significantly interfere with their ability to concentrate at school, thus hindering their scholastic performance. Findings from the present study point to the need for interventions aimed at minimising the high emotional distress exhibited by the present South African population of bereaved adolescents.



Firstly the bereavement intervention programmes could focus on the establishment of basic support groups (facilitated by a professionally trained support group facilitator): support groups are suited for the South African population with its scarce financial and human resources, peer-support groups would impact on groups of adolescents utilising the group itself as a supportive function of the intervention and creating a supportive network for the bereaved adolescent. These peer-support groups could be developed within schools or local communities bringing together adolescents bereaved of a significant attachment figure. The peer-support groups would create a safe, secure and supportive therapeutic environment (of understanding, nurturing, guidance and belonging) and through various tasks the bereaved adolescents would be encouraged to share their fears, concerns, worries, difficulties, and personal experiences (Kaufman & Kaufman, 2006), which would serve to provide them with temporary relief from their grief and emotional anguish following a significant loss. For the bereaved adolescent, belonging and partaking in a peer-support group may serve to reduce their feelings of alienation, isolation, rejection and emotional distress by providing a safe and secure environment with emotional and practical support.

Moreover, within such a peer-support group intervention, the bereaved adolescent could be encouraged to share some of their personal experiences with their deceased parental figure or memories of their deceased parental figure, allowing them to emotionally reconnect with their deceased attachment figure. These personal narratives would be useful to encourage the bereaved adolescent address their feelings, fears and concerns surrounding their loss in a safe, supportive and understanding environment (cf. Neimeyer, 2000). For example, the bereaved adolescents could be asked to share one of their personal stories or memories of their

lost attachment figure with their peer-support group, encouraging the adolescent to address their emotions surrounding their significant loss of a parental figure.

Furthermore, problem-focused tasks, such as homework or structured sport-related activities, could be utilised within peer-support group intervention, thus serving to distract the bereaved adolescent from their emotional turmoil and grief while promoting their use of problem-focused behaviours. For example, a team sporting game, played during a peer-support group intervention, would serve to strengthen the bonds between the bereaved adolescents whilst promoting their use of problem-focused behaviour in order to win the game, the game itself would distract the adolescents from their feelings of grief providing temporary alleviation from their emotional distress.

Secondly, the bereavement intervention programmes could focus on individual counselling sessions (with a school guidance teacher or social worker): these intimate counselling sessions may be necessary to aid relief from extreme emotional distress for the bereaved adolescents if their emotional distress has been identified as severe (reflected in severe dysphoric moods and emotional distress), negatively impacting on their adjustment to the significant loss and their mental well-being. The private counselling sessions would be tailored towards providing them with an avenue of support and safety to turn to in times of need. Within the counselling sessions the adolescents' adjustment to the significant loss will be aided by allowing them the time and space to address and express their overwhelming feelings of grief for their loss, their intense yearning for deceased parental figure, their anxiety for the future without the parental figure, their isolation and perceived alienation from friends and family and their intense anger at their loss, in a safe and secure environment of

understanding and nurturing. For example, the counsellor could ask the bereaved adolescent to share their personal experiences, focusing on the feelings evoked from these experiences, following the loss.

Moreover, the counsellor could promote the bereaved adolescents' propensity for problem-focused behaviours by using problem-focused tasks to address their feelings surrounding the loss. For example the adolescent could be asked to identify a confidant (from their friends or family groups) that they may be able to share some of their feelings and experiences with, and by accomplishing this simple task the adolescent will acquire mastery of this skill as well as broadening their own social support network.

Thirdly, support group or private bereavement intervention programmes could promote family support for the bereaved adolescents: the literature indicates that child-focused behaviour and returning normality in the home environment after the upheaval of a significant loss promotes problem focused behaviours (Saldinger et al., 2004a). For example, within the home environment the adolescent could be encouraged to participate in normal household activities, such as cleaning, cooking and homework, which would bring stability into the home and their daily routine during a time of change and upheaval. Moreover, these tasks would provide them with temporary relief from grief while promoting problem-focused behaviours. Additionally, within the home environment, the adolescents' reconnection with the deceased attachment figure could be aided by family members through the sharing of personal experiences with the deceased, aiding a reconnection between the bereaved adolescent and their deceased attachment figure. For example, a few significant items once belonging to the

deceased (such as a favourite soccer shirt or watch) could be given to the bereaved as memorabilia to aid their connection with the deceased.

Given that the avoidant coping strategies were predominantly used by 78.78% of the participants, as opposed to only a few participants who predominantly used the problem-solving coping strategies (1.51%), this distribution of the overall use of coping strategies in the wake of parental loss is a cause for concern, particularly when considering the participants heightened distress levels (depression and anxiety). While the benefits of avoidant coping strategies in the short-term (offering temporary respite from the grief-induced distress) cannot be disputed, it is doubtful if there would be any long-term benefits of avoidant coping strategies (in line with documented literature evidence to the maladaptive effects of avoidant coping with grieving; cf. Hansen et al., 2009; Rogers et al., 2005; Walker & Shaffer, 2007; Zhang et al., 2006). Therefore, problem-focused coping should be fostered in the population of bereaved adolescents.

In order to foster the predominant use of problem-focused behaviours among bereaved adolescents, problem-solving tasks should be encouraged within the safe and supportive environment of an intervention. These would include tasks that would aid the bereaved adolescent attend to practical problem-focused tasks (such as the completion of homework or other daily tasks) with help from supportive others – something that would help increase the adolescent's competence and mastery of a range of practical problem-focused tasks and chores, thus engendering in them a sense of accomplishment and self-confidence that is crucial for them to face challenges that their daily lives “throw” at them.

Additionally the practical and emotional support received by the bereaved adolescent from their attachment figures (peers, counsellors or extended family) in completing their tasks would provide them with a solid social support network to turn to in times of need, and their positive experiences with these social support network will encourage them to actively seek out social support in future times of need as a way of coping with their life stressors and emotional distress.

To conclude, it becomes evident (from the appraisal of the strengths, limitations and implications for intervention of the present study that parental bereavement represents a major psycho-social challenge, particularly for adolescents of school-going age. As has been shown in the review of the available literature on this subject, losing a parent at such an early age necessitates that practical intervention strategies are put in place in order to respond to the challenges imposed by this unique kind of loss. Moreover, for bereaved adolescents to adapt to their lives without the deceased parental figure, they need to be provided with the practical, emotional, social, and generally the psychological support that would enable them to see themselves through their period of bereavement. Basic support groups (both at school and in the communities) would be central in the provision of such support. As also highlighted, the remaining parents, extended family networks, peers and schools and all stakeholders around whose existence the adolescents' lives revolves – and given the appropriate psychological resources – could play a pivotal role in guiding the bereaved adolescents through this emotionally taxing period.

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