

**GRIEF AND THE SEARCH FOR MEANING, THROUGH THE
EYE2EYE BIBLICAL COUNSELING INTERNET SELF-HELP
MODEL**

By

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DECLARATION OF AUTHENTICITY

I, the undersigned, Ester Melindie Malan, hereby certify that:

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4. that all sources that I have used have been properly and clearly documented;
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- To appropriate passages or ideas from [another] and use them as one's own.
- To take and use as one's own the writings or ideas of another.

Ester Melindie Malan

December 2016

DEDICATION

This work is dedicated to:

The Lord, Jesus Christ, from whom I initially received this concept, and I thank Him for showing His grace and for buying me time to complete this thesis.

My husband, Johannes, and my lovely two children, Monique and Jacques, thank you very much for your understanding and encouragement to deliver this thesis.

ABSTRACT

Why is death being regarded as such a concern today? Society is devoted to the idea of life. Advertisements urge us to live with pleasure and to have fun. Doctors are regarded as “super-people” who will not let us down.

Unfortunately, as we move on with life, and the older we get, we see friends and family members perish, loved ones die and we experience the sadness of such a loss. Grief can clearly be seen on children's faces when parents die.

For most people, saying goodbye to a loved one after death is the most upsetting experience ever. It makes people feel drained and sad. Ordinary routines are disrupted and life is turned upside down, there is no more security. A feeling of safety gets replaced with a feeling of fear for the future.

Every person wants to evade saying goodbye to a loved one, unfortunately on the journey through life, every person will eventually experience loss and will have to say goodbye to a loved one.

This study will investigate what happens after the bereaved says goodbye to the loved one and if there is sufficient help for the bereaved after the funeral is over and the bereaved is left to face the grief alone. Biblical Counseling will be discussed and if this method can help the bereaved through the grieving process to finally be able to move on with life.

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CHAPTER 1: INTRODUCTION

1.1 Introduction

The loss of a loved one is a universal experience. Every person will experience loss and traumatic situations at some point in their lives. This experience has the potential to shift a person from their predictable life course.

According to Stewart and Simons (2011) death can be seen as a part of life, because everyone dies. That doesn't mean that death is easier to deal with, or that people understand death, but it does mean that it is a natural part of being human and needs to be dealt with by grieving, in order to resume a normal life.

Grief is a natural response to loss. As humans, we grieve the loss of a loved one, the loss of a friend, even the loss of a pet. Each person experiences grief in a unique way. However, there are responses that are common to many people grieving the loss of a loved one. These responses are signs of the emotional state that many people go through at some point throughout the grieving process (Phillips 2009).

Children manifest grief so differently than adults do. What looks like anger or resentment, withdrawal or sadness, emotional outbursts and getting into trouble, can actually be manifestations of grief.

Children relate to their world in concrete ways and their minds struggle to grasp insubstantial issues, such as time, heaven, life and death.

This doesn't mean that children are unaffected by grief and there certainly is no shortcut for getting over heartache, but God's kind mercy and time are a healing combination (Whitwer 2009).

Children need to go through the grieving process, rather than avoiding it and thinking that the heartache will automatically go away.

Working through the process is the most important thing that the bereaved needs to do after a significant loss.

1.2 Background

Death is the beginning of the end. The moment a person starts to live, that person begins to die. Death is the end of dying, not the end of living. Some people don't even get a chance to be born or to experience life at all. Regardless of what age a person is or what their health status is, every person dreams of the most magnificent future possible and every person will, eventually, have five minutes before their lives come to an end. People don't always die only because of old age or illness. Death has no age restriction (Burger 2008).

1.3 Problem statement

Grief and the search for meaning after the death of a loved one, is a natural part of being a human being, but is there sufficient help for the bereaved, especially children, after the funeral?

1.4 Hypotheses

There is not sufficient help for the bereaved, especially children, after the funeral.

1.5 Importance of the research

Grief can be described as the personal understanding of loss in complete awareness that the process cannot be reversed. Permanent loss causes real grief, which is experienced as an intense and sensitive form of sorrow and sadness (Louw 2008).

Setsiba (2012) mentions that when viewing death in psychological terms, it is considered to be a crisis because it is a stressor that forces an individual to respond and adapt in some way, or try to get strategies to cope with its impact. In many instances, people attempt to find ways to avoid the various impacts of death, but much like any other important life change, following the death of a loved one, the bereaved person needs to find a way to process and adjust to the change in order to go back to living a normal life (Neimeyer, Burke, Mackay and Van Dyke Stringer 2010).

The grieving process can affect a person physically as well as emotionally. Each person experiences grief in a distinctive way. However, there are responses that are common to numerous people (Phillips 2009).

There seems to be limited scientific literature that focuses specifically on support for bereaved children after the funeral from someone with insight in dealing with grieving children in an easy accessible way, providing guidance and help throughout the whole grieving process and not just up until the funeral.

1.6 Methodology

Quantitative research is a formal, objective, systematic process in which numerical data is used to gain information about the study. Quantitative research has two primary strengths, firstly, that the findings are universal and objective and secondly, that the findings are reflections of events in large populations. Quantitative experiments also strain out external factors, if properly designed, so that the results gained can be seen as real and unbiased, but most importantly, good quantitative data and statistics allow people to make comparisons of different situations (Terre Blanche 2006).

An open cohort study was used and will be explained further in Chapter 4 as described by Healy and Devane (2011).

The advantages of questionnaires are that they are the most economical of the available data gathering techniques. Using the questionnaire ensures that there is clarity concerning the different respondents and standardization among a large group. Questionnaires are therefore most likely to give the researcher the most accurate results (Setsiba 2012).

In 2013, a letter was addressed to thirty children who have lost a loved one in three schools in the West Gauteng area in the period of the research sample. Letters were also addressed to the headmasters and the parents of the thirty participants get consent for this research study.

Thirty teachers of the "Laerskool Die Ruiters" as well as twenty-eight willing parents of bereaved children from the same school were given letters.

The letter explained their role in the research and a set of instructions that the principal, teachers and parents were to follow when completing the questionnaire.

Information regarding the participant's cultural ethnic group as well as language and religious information, the gender and age of each participant was established.

Questionnaires, which consisted of open-ended as well as close-ended questions in dealing with information regarding the normal behavioral symptoms of a child after the loss of a loved one, as well as the important needs of a child, were conducted. General questions regarding the funeral and attendance of the funeral, the support system at school and at home, coping skills to daily routine and activities, the attachment to the loved one who died, and lastly the importance of counseling as well as the phases of mourning were discussed.

1.7 Demarcation of the study

Thirty teachers of one school, namely “Laerskool Die Ruiter”, were sampled. A total of twenty-eight parents from the same school, who has a bereaved child, participated in a survey about the support system at school.

The survey also covered suggestions the teachers had on how to improve the support system at school concerning ways to assist the child through the mourning process.

Three Government Schools in the West Gauteng Area were used to sample thirty participants on their experiences after losing a loved one (See Appendix B, Chapter 4, Chapter 5).

1.8 Structure of the thesis

Chapter 1 presents the motivation for conducting this study. It discusses the study background, motivation of the study, problem statement, research aim and objectives, research questions and the significance of the study.

Chapter 2 presents the theoretical foundation of the study in which death, the theory of the stages of grief, the grieving process (especially for children), as well as Counseling is discussed.

Chapter 3 presents the research problem theory including the theoretical framework and related research issues.

Chapter 4 presents the research design and methodology. The chapter discussed the research design and approach by explaining the study process.

Chapter 5 presents the findings of the current study.

Chapter 6 presents the discussion, the recommendations for future study and the conclusions drawn from the current study.

1.9 Conclusion

This study is an exploratory investigation of the bereaved's experiences and the significance of Biblical Counseling. The available literature outlined will be discussed in the next chapter.

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CHAPTER 2: THEORETICAL FOUNDATION

2.1 Introduction

The acceptance of death is something which falls out of reach for people's contemplation thereof. A lot of people look for the meaning of death, not only for themselves, but also for the superior part of the philosophical predicament that is common to a person's thinking (Barnard 1980).

2.2 Definitions

- Bereavement – describes the loss to which a person is trying to adapt to (Louw 2008).
- Mourning – the process the bereaved goes through in adapting the death (Louw 2008).
- Soul – is the spiritual part of the human being (Stewart & Simons 2011).
- Cremate – the body is to be burnt into ashes (Stewart & Simons 2011).
- Deceased – it is another word to describe the dead (Stewart & Simons 2011).
- Rituals – customs with set rules and parts (Stewart & Simons 2011).

2.3 Death as a cultural problem

According to Louw (2008) “Our present Western culture suffers less and less from a fear of death, but we suffer from anxiety about the loss of material security.

Our crisis is not a mere death anxiety, but also a death denial and suppression. The present optimistic culture with its emphasis on achievement ethics and a consumption mentality pays attention to death only when it is sensational and has commercial value. We have pushed death to the absolute periphery. People die in institutions, no longer at home. All act as though death is part of everything else to be managed so capably. Death has become a borderline event, no longer part of reality. As a result of a life expectancy, people pay less attention to death. People die far removed from other people - alone, isolated.

Often they do not die as fathers or mothers, but merely as terminal patients in white gowns, each with a number. Specialists and instruments around the deathbed create the illusion of life. In the meantime, real people are absent from this artificial scene. Relatives do indeed visit dying patients, but do not care for them. Contact with death is extremely limited, so there are no qualitative experiences of death; consequently, the death of a loved one is less intense, though not less painful.

For urbanized Africans it is becoming very difficult to maintain traditional rituals attached to dying and mourning, because death in the city no longer has a social dimension but is the grief of a lonely individual.

The conclusion reached from this description of death in Western culture, is that people are no longer prepared psychologically, emotionally or even religiously for death” (Louw 2008).

My own statement is that western culture sees death as an illusion. The illusion that an easier or painless death exists, prompts the topic of euthanasia. Medication eases death towards a restful sleep. People are, against all hazards that death brings, safe against it.

The death of a loved one can sometimes be financially beneficial for the bereaved, and people only pretend to be shaken up by death.

People are not psychologically, emotionally or even religiously equipped for death anymore. People are not interested in life after death, when life on earth is so easy. People are only suddenly interested in life after death, when a loved one unexpectedly gets taken away.

According to Kübler-Ross (1969) when looking back in time, previous cultures were impressed that death has always been unpleasant to man and will probably always be.

Death is still a fearful, terrifying event, and the fear of death is a universal fear, even if the misconception exists that people have mastered it on many levels. What has altered, is the way of coping and dealing with death and dying.

2.4 The meaning of death

Death can be seen as the body's inability to work anymore. The human body was not created to last forever. As soon as all of the body parts have stopped working, a person is regarded as dead.

Death is an unknown factor to the human being, although the Bible tells us that death is not the end, but only the beginning of an eternal life, humans are fearful of the unknown. It is a mystery to all different cultural groups, some will say humans have a soul that goes to heaven, and other will say that people will form part of the universe after death, until the day of revelation (Stewart & Simons 2011).

“Even though I walk through the valley of the shadow of death, I will fear no evil” (The Bible New International Version, 1984).

Death can be seen as the “destiny of every man” (The Bible New International Version, 1984).

“He will swallow up death forever” (The Bible New International Version, 1984).

“For since death came through a man, the resurrection of the dead comes also through a man” (The Bible New International Version, 1984).

“For the wages of sin is death, but the gift of God is eternal life in Christ Jesus the Lord” (The Bible New International Version, 1984).

The Bible shows that death can be regarded as the separation of two things, namely physical and spiritual death.

2.5 Physical death

“When somebody dies their body stops working. A dead body does not breathe because their lungs are no longer working and the heart has stopped.

A dead body cannot move, it will be very quiet and still. A dead body cannot feel anything so there will be no pain” (Adams 2010).

Physical death is the division of the body and the soul. “Ishmael lived a hundred and thirty-seven years. He breathed his last and died, and he was gathered to his people” (The Bible New International Version, 1984).

Throughout the Bible, there are numerous examples of physical death:

“By the sweat of your brow you will eat your food until you return to the ground, since from it you were taken; for dust you are and to dust you will return” (The Bible New International Version, 1984).

“Altogether, Adam lived 930 years, and then he died. When Seth had lived 105 years, he became the father of Enosh. And after he became the father of Enosh, Seth lived 807 years and had other sons and daughters. Altogether, Seth lived 912 years, and then he died. When Enosh had lived 90 years, he became the father of Kenan, Enosh lived 815 years and had other sons and daughters. Altogether, Enosh lived 905 years, and then he died. When Kenan had lived 70 years, he became the father of Mahalalel. And after he became the father of Mahalalel, Kenan lived 840 years and had other sons and daughters. Altogether, Mahalalel lived 895 years, and then he died” (The Bible New International Version, 1984).

“And the dust returns to the ground it came from, and the spirit returns to God who gave it” (The Bible New International Version, 1984).

“Why do you not pardon my offences and forgive my sins? For I will soon lie down in the dust; you will search for me, but I will be no more” (The Bible New International Version, 1984).

“Therefore we are always confident and we know that as long as we are at home in the body we are away from the Lord. We live by faith, not by sight. We are confident, I say, and would prefer to be away from the body and at home with the Lord. So we make it our goal to please him, whether we are at home in the body, or away from it. For we must all appear before the judgment seat of Christ, that each one may receive what is due him for the things done while in the body, whether good or bad” (The Bible New International Version, 1984).

“For I am already being poured out like a drink offering, and the time has come for my departure.

I have fought the good fight, I have finished the race, I have kept the faith. Now there is in store for me the crown of righteousness, which the Lord, the righteous Judge, will award to me on that day-and not only to me, but also to all who have longed for his appearing” (The Bible New International Version, 1984).

“It was now about the sixth hour, and darkness came over the whole land until the ninth hour, for the sun stopped shining.

And the curtain of the temple was torn in two. Jesus called out with a loud voice, 'Father, into your hands I commit my spirit.' When he had said this, he breathed his last" (The Bible New International Version, 1984).

Klopper (2009) stipulates that fifty years ago, more people died from several deceases on a daily basis than today. The most common reason being, that more medical help is available. In the past, people died at home where family members took care of the body, washed it and prepared it for the funeral. Exposure to death to such an extent was not traumatic to them. These days more people die in hospitals, ICU wards and in old age homes.

2.6 Spiritual death

The Bible describes spiritual death in the following verses:

"Surely the arm of the Lord is not too short to save, nor his ear too dull to hear. But your iniquities have separated you from your God; your sins have hidden his face from you, so that he will not hear" (The Bible New International Version, 1984).

"As the body without the spirit is dead, so faith without deeds is dead" (The Bible New International Version, 1984).

2.7 Biblical definition of death

Physical death is the separation of body and soul. "And the dust returns to the ground it came from, and the spirit returns to God who gave it" (The Bible New International Version, 1984).

Elliot (2016) states that "spiritual death means that man, apart from salvation in Christ, is separated from God. Only someone who exists outside of the sphere of death can objectively define death for us. God has done that in His Word. The Bible speaks of the physical and spiritual death distinctly, but they share one common characteristic. The Biblical definition of death - whether physical or spiritual - is not non-existence, but separation."

Klopper (2009) mentions that the Bible teaches people that "Christians frequently make use of the statement that 'nothing can happen if it is not God's will.'

This, however, implicates that:

- All that happens, good or bad, is God's will.
- God is the cause of death.
- God is unkind and causes death in all types of ways.
- God is inconsistent, because the Bible states 'You shall not murder', but He uses unscrupulous people to murder innocent people in order to carry out His will.
- People have no freedom or responsibility, because everything that happens, good or bad, is God's will.
- Prayer is totally unnecessary; because God already planned everything beforehand and nothing can change our circumstances.

The Bible, however, states the following messages:

- That people have the freedom to go against God's will this can be seen throughout the Bible and it is still a continuous occurrence.
- We live in a sinful world. The whole creation is affected by sin.
- God doesn't create evil, but He uses it for a good purpose.
- God will never leave those who believe in Him. Even when things don't go according to plan, or a loved one dies, God still keeps His children safe and nothing can take His children away from His love.
- God hears and answers prayers according to what He thinks is best.”

According to Klopper (2009) the following needs to be taken into account when trying to understand and explain God's will to the bereaved:

- Don't use the concept of 'God's will' to try and explain the death of a loved one.

- Don't use this concept to try and make it sound like this death was preplanned by God.
- Avoid any statements that can possibly result to the bereaved believing that God is to blame for the deceased's death.
- Remember that the bereaved was linked to the deceased and there is an emotional wound that needs time to heal.
- Remember that the bereaved is experiencing a great loss. This needs to be acknowledged and respected.
- Be prepared to experience a whirlwind of emotions from the bereaved.
- Don't suggest that people who have strong faith are not allowed to be sad, or can work through grief quicker than others.”

2.8 The meaning of death for the Christian

“Brothers, we do not want you to be ignorant about those who fall asleep, or to grieve like the rest of men, who have no hope. We believe that Jesus died and rose again so we believe God will bring with Jesus those who have fallen asleep in him. According to the Lord's own word, we tell you that those who are still alive, who are left till the coming of the Lord, will certainly not precede those who have fallen asleep. For the Lord himself will come down from heaven, with a loud command, with the voice of the archangel and with the trumpet call of God, and the dead in Christ will rise first. After that, we who are still alive and are left will be caught up together with them in the clouds to meet the Lord in the air. And so we will be with the Lord forever. Therefore, encourage each other with these words” (The Bible New International Version, 1984).

The Bible New International Version (1984) states that: “In old age, your body no longer serves you so well. Muscles slacken, grip weakens, and joints stiffen. The shades are pulled down on the world. You can't come and go at will. Things grind to a halt.”

“The hum of the household fades away. You are wakened now by bird-song. Hikes to the mountains are a thing of the past. Even a stroll down the road has its terrors. Your hair turns apple-blossom white. Adorning a fragile and impotent matchstick body.

Yes, you're well on your way to eternal rest, while your friends make plans for your funeral. Life, lovely while it lasts, is soon over. Life as we know it, precious and beautiful, ends" (Peterson 2002).

Death eases people from the endlessness of this existence. God's children will finally return home to Him in due time. If people could only see what waits in life after death, the hesitance to stop relying on technology like ventilators, in order to keep people alive, will cease. Death reminds people of how close heaven is (Lutzer 2000).

Steward and Simons (2011) describes death as a part of life. That does not mean that death is easier to deal with, or that people will understand death. It simply means that death is a part of being a human being. Regardless of the age of the deceased, young or old, it will always be difficult for the people who stay behind to deal with the loss of the loved one. The beloved will surely be missed.

There are four main categories of death¹ and each category has its own impact on survivors. Each of the categories can provide a different intensity of grief².

In case of a violent death, it is harder for the survivor to come to terms with it, then when a grandparent dies peacefully of old age, for example.

Accidental death is the number one cause of death among people ranging in ages from fifteen to thirty-four years. Because this type of death is sudden, unexpected and usually premature, it places the bereaved in a particular traumatic position of circumstances. As the bereaved of this type of tragedy, feelings of shock are normal, as well as being completely unprepared and feeling deprived and helpless (Staudacher 1996).

Maartens (1986) explains death as being the most natural thing under the sun. Everyone dies.

The melancholy of death is established; to die means to leave everyone and everything that meant something behind forever. It is like being cut off from being human, when it wasn't necessarily planned.

¹ Natural death, Accidental death, Suicide, Murder

² Intense pain and emotional response to loss

2.9 Fearing death

“Life was a gift from God which functioned within the grace of God. Life to the Old Testament man was a covenantal life compromising essentially a relationship with Yahweh. Life, as a gift from God, also implied a challenge and the opportunity to praise and glorify God. For this reason, it was extremely difficult for the Old Testament believer to part from life. Old Testament believers' fear of death must be seen as a fear that they might be isolated from the covenantal grace and mercy of the Lord. Despite this doubt, the believer knows that death will not place outside the domination of God” (The Bible New International Version, 1984).

“The New Testament perceives death as the wages of sin (The Bible New International Version, 1984) and thus as a sign of God's judgment. Therefore, we may neither glorify nor disparage death. Christ's death radically revolutionises the nature and character of death; it becomes an event of salvation. He died vicariously in our place and so redeems us, not only from the guilt and penalty of death under the wrath of God, but also from the power of death. This liberation from the power of death was finally proved by the resurrection, which deprives death of its finality and fatality” (The Bible New International Version, 1984).

“In the resurrection, Jesus' death becomes a proclamation of God's sovereignty over death. Yet death, as such, remains a meaningless experience of powerlessness. Dying is not a natural process, but an unnatural horror.

The fact of dying remains bitter and dark. However, the promise of dying of hope is a ray of light that is the forgiving closeness of a living Christ” (Louw 2008).

Every person is unique, and every person will distinguish between the last moments in the framework of life, feelings, thoughts and beliefs. Every person will die their own death. For the dying, the progression is unlike that from what bystanders envision (Weenolsen 1996).

As quoted by Rowe (1994): “Far from laughing at death, some people are most reluctant to talk about it, and, if pressed, will say ‘I never think about it.’ For some people the thought of being conscious as one’s coffin slides into the flames holds the greatest horror; for others it is the thought of scratching on the coffin lid as the clods of earth fall down to cover it.

Cremation leaves no mark of the person wrongly consigned, but the dread of the flames of hell is burned into the minds of many of us brought up in the Christian faith.”

2.10 Learning what death is

Small children do not know what death is. Children will be more interested in eating, playing and learning. As children grow older, the introduction to the idea of death is made by watching television, movies, through adults and personal experiences. For children it is hard to understand death and the meaning behind the death of a person and the fact that that person is not coming back. Children think that death is only temporary, that the person who died will be back by next week and that things will go back to normal. Even when children start to understand the meaning of death and come face to face with it, like losing a family member or a pet, it can be a good time to ask all kinds of questions about death to help understand and come to terms with death. Children who experience death at a very young age, learn about death really quickly. People only start to really understand death when faced with it personally.

People are sad when someone they loved die. Someone they depend on and loved who has always been there and suddenly this person is no longer present. There is a lot of emotions forming part of a person's daily routine after the loss of a loved one. These emotions and feelings can be regarded as a process, namely the grieving or the mourning process (Stewart & Simons 2011).

2.11 Children and death

For children to understand death in a practical way, the following experiment can be used: If a kettle is filled with water and the water boils, the child can physically see and touch the kettle as well as the steam that escapes the kettle when the water boils. After a short period of time, the steam evaporates into the air; the process of condensation took place, where the steam is still in the air, but cannot be seen by the human eye anymore.

The same happens to when someone dies, the manner of living changed. The deceased cannot be seen anymore, but the memory of the deceased is still present (Klopper 2009).

Coetzer (2013) describes death “as an illusion of protection.” Sometimes the absence of truth can be of a greater disadvantage to the truth itself.

Death, illness, divorce and many other losses are often not the actual problem, but the adult's lack of knowledge in how to address the topic, is. In this regard, it is essential for the adult to deal with personal loss first, in order to be able to help the bereaved child deal with the loss. If the adult neglects to address the details of death and loss, the possibility exists that someone else, who might be less informed about the matter, will be left to discuss the matter with the child.

Children are not allowed in ICU wards in hospitals when a loved one passes away. Funeral parlors take over the roles from family members and take care of the deceased's body and prepare it for the funeral services. Family members do not have exposure to the deceased's body, as in the past. This causes people to experience death in a more traumatic way today (Klopper 2009).

2.11.1 How to speak to the child about death

Coetzer (2013) suggests starting with the truth about one's own feelings, it can't harm the child. It can harm the child, however, if emotions are denied or if the whole truth isn't told. It can lead to loss of trust.

Help the child understand death by talking about the facts and eliminating any magical illusions regarding the matter, instead of leaving the child to use his or her own imagination.

This will reduce the possibility of the child having an abnormal fear about death.

Accurate information regarding death will help the child understand the world around him or her.

It will also help the child understand and deal with death and loss in a more effective way.

Klopper (2009) noted the following actions that arise because of misconception:

Children are kept away from deathbeds

Hospitals, deathbeds and dead bodies are something that children are generally kept away from, because adults don't want children to remember the deceased like that. Funerals play an important role in the grieving process, but children are often kept away from the ritual to spare them the emotional burden. Children, however, need to learn how to be able to handle these situations to develop skills that will be helpful to them in future.

Emotional dismay is regarded as wrong and harmful

Children are kept from situations where they can get emotional or sad. Children get the idea that getting emotional or upset when grieving is a bad thing.

This should not be the case, as it is very normal and healthy to be emotional when a loved one dies. Just like adults, it is necessary for children to express their emotions in order to grieve.

Dishonesty regarding the reality of the death

While adults get extremely upset about the loss of a loved one, the child is often told that the situation is not so bad. Death is often perceived as something to look forward to and to be excited about. This confuses children, because they are taught that it is a better place for the deceased to be, but the child can see that the adult is upset and emotional about the death.

God gets blamed for the death

Children are taught from a young age that God is love and that He is good. He can fix anything and He can do anything. When a loved one dies and adults say “God took him”, children are unsure what to think of God, they get the idea that He is capricious, because one day He is good and He protects us and the next day He changes His mind and without warning hurts people. Adults need to be careful with the things they tell children, as children tend to take things very literally. A lot of adults have resentment towards God that can be traced back to when a loved one was taken from them when they were young. These people blame God for the death of a loved one, because they were told that it was God's will.

2.11.2 Guidelines on how to approach children on death

According to Klopper (2009) the following guidelines can be helpful when talking to children about death:

Keep in mind that children don't have the same reference framework as adults when it comes to death. They don't realize that it is a permanent condition and that the deceased won't ever return. Children will not realize the seriousness of death. That is why their reactions will sometimes appear strange, one minute they are sad and the next they are playing and laughing again like nothing happened. Children won't constantly be in a grieving mindset, like adults. They sometimes forget that a loved one died.

Children react more to the emotional shock of adults than to death itself. This doesn't mean that adults shouldn't express their emotions in front of children, but adults need to reassure children that they are loved and adults need to explain to children why they are upset. By talking, adults open the door for children to express their emotions as well or to express any concerns or confusion that may occur.

Answer any questions that the child may have honestly. When adults avoid answering questions, children rely on their own imaginations to fill in the blanks and this illusion can sometimes be worse than reality.

Like any other topic, the development phase of the child needs to be taken into consideration. Details and information that the child is not ready to hear yet should be avoided. Only information that the child will be able to understand, should be provided. To prepare the child for what is about to be witnessed or about the things that will happen at the funeral will make a big difference.

Talk to the child about what can be expected, in order to avoid confusing the child further. Allow the child to ask questions, this will provide reassurance. Answer the questions truthfully to avoid any further confusion. Children need to be included in the funeral ritual. This helps both the adults as well as the children to get closure and except the reality of a loved one's death. The funeral is the start to saying goodbye to the deceased.

Adults are often scared to show emotion at the deceased's grave, because it will upset the children. Children needn't be kept away from the funeral. The children can be placed in someone else's care for the time of the grave visitation, to reassure them that everything is fine. This person should also be involved in the funeral, but not someone who was so closely related to the deceased.

Three metaphors can be used to explain something regarding death to a child the age of ten years and above (Klopper 2009):

1. Water that boils, creates steam. After a while, however, the steam disappears and can't be seen anymore. The water simply changed form, when it seemed as though it disappeared. The same thing happens when someone dies. The form in which they would normally appear, changed and it seems as though the person disappeared, but they still exist, only in another form, in a faith-based way of life. This spiritual way of life cannot be seen by the human eye, but The Bible reassures people of this faith-based life.

2. Silkworms are something that most children are aware of. Explain to the child that the silkworm apparently dies when spinning a cocoon. In the same way, different forms of life change for silkworms, human forms of life change as well.
3. The representation of radio waves can help with the problem of invisibility of life that continues after death. Radio waves are constantly moving through the air around us, even if we can't see, hear or feel it.

The two principles that is transferred through these metaphors are the following:

1. The fact that something is invisible doesn't mean that it doesn't exist.
2. In the same way that the forms of life of different things can change, human forms of life can also change.

It is important that children should be given the chance to learn about death from observations in their everyday lives.

Adults should make use of opportunities to teach children basic concepts of death and grieving.

Finding a dead bird in the park or the death of a pet are perfect times for adults to share their insights on life and death and invite children to speak freely about their thoughts and feelings. (Klopper 2009).

Learning from such a young age about death in a sensitive way, will develop good coping skills for facing real crises later on (Kroen 1996).

2.12 Losing a parent

Phillips (2009) states that when a child is being born, that baby's whole existence depends completely on their parents for food, care, safety and love. A parent's love for their child is unconditional, regardless of the crisis which might cross their paths. When a child loses a parent, the child can feel as though the world they've come to know, has failed. The place of safety has disappeared, only sadness and uncertainty is left behind. Uncertainty of who will take care of the child and feelings that the other parent might also die can arise.

The child will experience a lot of sad and confused days, especially when they realize that the deceased will not be present for birthdays, graduations or weddings, when these days are meant to be celebrations.

When a child loses both parents at the same time or within months of each other, the child has a complete change in identity.

One specific effect of this is that the child is now unsure of where home is. Losing a parent means losing a part of oneself; it is the loss of someone who was greatly responsible for the molding of one's identity. The child has lost the person who had key access to their childhood and family memories. It is important that the bereaved child remembers that their identity is not dependent on the parents, even if it started from them; it is up to the child to decide which parts of that identity will be carried forward into adulthood.

In going through the grieving process, the child comes to terms with new insight of death. The knowledge gained from this process, once accepted, can be a precious tool towards setting goals (Marshall 1993).

Phillips (2009) declares that "losing a parent is an awful thing at any age, someone once told me that no matter how old you are your parents are like an umbrella over you. It's a real loss on so many levels, especially when you're young, and offering easy answers isn't what a child wants to hear.

I can say that the experience changes you profoundly, and if you're open to it, you can learn a great deal and grow from it. It may sound odd, but I think losing mom as a teenager has made me a much better person today.

My best advice would be to love the rest of your family openly and honestly, to try and understand what they're going through, and to be willing to share your pain and be sensitive to theirs. Most of all try to find peace in your heart."

For children, their parents are their world, when a child loses a parent, it can feel as if their world has crashed down upon them.

Their place of safety has disappeared and only sadness is left and uncertainty of what will happen and who will take care of them.

The child will soon realize that for certain milestones of life, like birthdays, graduations and weddings the deceased parent will not be there, and they will never entirely be happy during those joyous occasions.

2.12.1 Healing after a Parent Dies

According to Wolfelt (2007) the following guidelines can be applied to help with healing after a parent dies:

Recognize the death's impact on the family

If the bereaved has brothers or sisters, the death of the parent will probably affect them differently. After all, every child had a unique relationship with the parent who died, so every child has the right to mourn the loss in his or her own way. The death may also stir up sibling conflicts, like disagreeing about the funeral, for example, or argue about family finances. Recognize that such conflicts are natural, if unpleasant. Encourage open communication during this stressful family time. On the other hand, the death of the parent can bring siblings closer together. If so, welcome this gift.

Finally, when there is a surviving parent, try to understand the death's impact on the individual. The death of a next of kin, often a husband or wife of many years, means many different things to the surviving spouse than it does to the child of that union. This does not mean that the child is responsible for the living parent; in fact, to heal, the bereaved must first and foremost meet their own grief needs. It does, however mean those family members should be patient and compassionate as the relationship with the surviving parent continues.

Embrace spirituality

If faith is part of the bereaved's life, express it in ways that seem appropriate. Encourage the bereaved to be around people who understand and support the bereaved's religious beliefs. If the bereaved is angry at God because of the loss of a parent's death, realize this feeling as a normal part of grief work.

Find someone to talk with who won't be critical of whatever thoughts and feelings needs exploring.

Some people may say: "With faith, you don't need to grieve." Don't believe it. Having personal faith does not protect anybody from needing to talk out loud and explore thoughts and feelings.

Expression of faith and grief is important for recovery.

Allow the bereaved to search for meaning

The bereaved may ask “Why did Mom have to die now?” or “What happens after death?” This search for the meaning of life and living is an ordinary response to loss after the death of a parent. In fact, to heal in grief the bereaved must explore these important questions.

The bereaved might not find definitive answers, but what's more important is that the bereaved is allowed the chance to think and feel things through.

Lydia (2012) advises the bereaved on the following guidelines to get over the loss of a parent:

Write down everything about the deceased

Write down everything, even the things that seem insignificant now.

Things like describing the precise tones in their eyes and funny things they said, because one day those memories will be lost to the bereaved without those records. Write down the things that one can't imagine ever caring about. One day, it will cause panic because memories can't be recalled, but then the bereaved can remember that it is written down.

Enter into counseling or therapy

It will save a lot of time and money later in life. No matter how well the bereaved and everyone around the bereaved thinks they're doing, death is trauma. The human body is not convinced of how well the bereaved has gotten back on their feet. If money is a problem, look up free group or individual therapy in the area for grief and loss. In big cities, this will be easier. If the bereaved is in school, there are free counselors and groups. If the death was related to addiction, there are anonymous groups to consider. There are so many options, take advantage of them.

In helping a child cope with the death of a parent, some important things to remember is that many children will want to tell their story.

In telling their story, a healing experience is created and one of the best ways adults can help the bereaved child is to listen to their stories.

Children also need continuity³ in normal everyday activities, care⁴, love and to still feel a connection⁵ to the parent who has died.

³ It is important to maintain normal activities at home, at school and in the community wherever possible. ⁴ Take time to give the bereaved child plenty of hugs and cuddles. Grief can be a very lonely experience for children and adults. It's important that the bereaved child continues to feel looked after and cared for. ⁵ It's important that the bereaved child is able to still feel connected to the parent who has died.

This can be done in the practical ways listed below. Specifically, bereaved children need:

- Sufficient information about the death.
- Their panics and fears addressed.
- Reassurance that they are not responsible.
- Cautious listening.
- Acknowledgement and acceptance of the bereaved's feelings and grief.
- A sense of security in the world.
- Respect for their own way of coping with the grief.
- People who will lead and assist them in coping.
- Help with overpowering emotions.
- Involvement and inclusion in arrangement, special occasions and anniversaries.

Opportunities to remember the deceased.

The death of a parent can shake the foundations of a child's conviction in the world as a harmless place.

The bereaved child will need plenty of reassurance and encouragement to begin to feel safe again.

Some children may worry about getting sick and dying themselves and it may reassure them to visit the doctor for a checkup.

It's a good idea to speak to the doctor before the visit so that preparations can be made for questions that the bereaved child might have.

Keeping communication lines open with children and young people can be one of the greatest challenges.

Children may not necessarily wish to talk, but the bereaved needs to be able to express their grief and sadness. Below are some practical suggestions to help with this.

Practical ideas include:

Talk about the deceased often and use the deceased's name as well.

Make a memory box and use this to store valuable things that offer memories of the deceased.

Make copies of all the available photos and create a photo album.

Keep a journal of memories.

Put together questions that assembles a portrait of the deceased. These can be asked and answered together as a family.

Linking objects and special things that belonged to the deceased is important for the bereaved to have.

Make time to sit down and listen. The bereaved will talk when they are ready.

These are valuable windows to the bereaved child's comprehension of what has happened.

Create unique rituals or commemoration activities.

2.13 Funeral rituals

Different cultures have different funeral rituals, which can either be a funeral service or even a cremation service.

Stewart & Simons (2011) states that funerals can be confusing and a little scary, especially if the bereaved has never attended a funeral before.

Funeral services can differ, especially if the funeral is religious. Some funerals happen the same day as the death of the deceased.

Body language can be a fact of culture and ethnic background. Jews and Italians, for instance, are openly emotional and at funerals, weeping and waving of arms in despair is very common. Other cultural groups approach death with quietness and reserve, showing the least amount of noticeable grief (Raab 1989).

Some funerals offer an open casket service, so that the deceased can be seen, other funerals are huge affairs with hundreds of people who attend. Some funeral rituals take place at a church, and after the service, all of the people can travel towards the cemetery to say their final goodbyes as the deceased's body get buried. Cremation services are another form of a funeral ritual, where no trip to a cemetery is made. The ashes of the deceased will be scattered somewhere by a loved one (Stewart & Simons 2011).

Phillips (2009) describes funeral rituals as "Every pop culture pays its respects to the dead in some fashion. The rituals are often rooted in the prevalent religion of the culture. Some cultures believe that death is a new beginning into the beyond, while other cultures say that death is the end to an existence and nothing else." During a funeral, people speak about good and happy memories of the deceased. The whole point of the funeral is for the deceased's memory to live on and for people to remember the deceased. The other big part of the funeral is for people to say goodbye to the deceased. Funerals can help the bereaved to affirm, in a concrete way, that the deceased really died and is going to be buried.

The process and ritual of death helps the bereaved understand the finality of death and also shows them that it is okay to feel sad about it and to mourn openly. To protect the bereaved by not attending a funeral service is to rob them of an important life lesson to be learned.

That is why it is so important to make sure that you prepare the bereaved by explaining what happens and what can be expected to happen. If it is going to be an open casket service, for instance, the bereaved should have the choice of seeing the body or not.

Klopper (2009) mentions that our Western culture is a "death-denying culture." People believe that they need to protect the bereaved against death and taking part in funeral services will hurt the bereaved's emotions. People want to save the bereaved the emotional pain by not letting them attend the funeral service, and rather let the bereaved stay home. The concept that people have is that the bereaved will not be able to bare the pain of attending the funeral, thus suggests that death is something very strange and abnormal.

2.13.1 Funeral rituals in biblical times

It was mostly the wealthy and the important people that were buried in tombs. These tombs were made in caves or were dug out horizontally against the side of a hill. It had a narrow entrance towards the tombs where the bodies were laid. In the time of Jesus, a flat, round stone was rolled in front of the tomb.

Grieving the dead was an inextricable part of the burial ritual. Black garments, with a tear made in them, were worn by the people attending the ritual.

Dirt was thrown over their heads while they cried and sobbed loudly so everyone could hear.

It was mostly done by professional mourners (mostly women) in a high pitched, monotonous triple time tone.

There were no funeral undertakers and the body of the deceased had to be prepared by family and friends.

The deceased were usually buried on the same day on which they died (The Bible New International Version, 1984).

2.14 Grief

"Grief describes the intense emotional distress we have following a death. Bereavement refers to the state or fact of being bereaved, or having lost a loved one by death. Mourning refers to the encompassing family, social, and cultural rituals associated with bereavement. Thus, when you are bereaved, you feel grief, and mourn in special ways" (Goodman, Cohen, Epstein, Kliethermes, Layne, Macy & Ward-Wimmer 2004).

As human beings we grieve the loss of a pet, a loved one, or even a special possession. Grief is a normal response to loss; therefore, each person is unique and will grieve uniquely, however, there are some responses that are common to many people during the grieving process.

These responses are a tool to lead the bereaved through their emotional state at some point during their sadness (Phillips 2009).

“Grief, which is also known as bereavement, is a term used to describe the intense and painful emotions experienced when someone or something a person cares about either dies or is lost. The emotional pain from losing a loved one, whether it is a spouse, child, parent, sibling, friend, or pet, can be the most severe suffering a person must endure. At its most intense, grief can dominate every facet of a person's life, making the carrying out of ordinary responsibilities impossible. Loss and subsequent grief, however, are an inevitable part of life and loving other people or companion animals. Painful as it is, grief is a normal response to loss and generally resolves with the passage of time.

Grief is usually characterized by numbness, tearfulness, physical feelings of emptiness in the pit of the stomach, weak knees, shortness of breath, a tendency to sigh deeply, a sense of unreality, and overall emotional distress. Anxiety and longing may alternate with depression and despair. Insomnia and loss of appetite are common. Initially, people often feel numb and unable to accept their loss. Numbness is followed by shock as reality begins to penetrate. There is generally a disorganization of normal behavior patterns that may make it impossible for a bereaved person to return to work immediately or take social initiatives. Such acute symptoms usually begin to subside after several months, with emotional balance being regained within a year. Studies using instruments developed to measure symptoms of grief and bereavement demonstrate wide individual variations in specific symptoms and their intensity.

Long after the immediate period of mourning, bereaved persons may continue to feel upset, empty, or tearful. In addition, further losses, additional stressors, or dates of such important anniversaries as a wedding, birthday, or the date of death can reactivate the acute symptoms of grief.

Mourning and grieving are important life experiences in that they permit a bereaved person to accept the reality of loss and begin to find ways of filling the resultant emptiness. Loss is a significant part of the aging process and can contribute to emotional problems in older people. The impact of loss and resulting grief and mourning is not limited to the death of a loved one. It is also present to a lesser extent in the loss of physical acuity and agility and the loss of social of status as a result of retirement and/or growing older” (Anon 2016).

Klopper (2009) mentioned that to mourn is a process. There is no quick fix to prevent this process. The bereaved has to work through the process and it takes time; there is no timeline linked to the mourning process. Some days could be worse than others, some days the bereaved could feel better, just to feel bad again the next day. This reaction is good sometimes and can be regarded as normal emotions throughout the grieving process.

There are different phases of mourning. As the bereaved works through these stages on their own time, revelations about themselves will be revealed, as well as those around them. The bereaved will start to see the world in a different light. This process can lead to a growth opportunity, not only to the bereaved, but to the support structure as well.

It is important to understand that each person grieves differently, because every person is unique. Throughout this mourning process, the bereaved may experience different reactions to mourning, which is completely normal.

Some of the reasons why people grieve differently can be because of temperament changes and how people deal with showing their emotions, some people might even be taught to not show emotion during a sad time or people can grieve differently depending on how well the bereaved knew the deceased or in what way the deceased died and if it was unexpected, like a car accident or a long time coming, like an illness.

The grieving process can affect a person physically as well as emotionally. Each person experiences grief in a distinctive way. There are, however, responses that are common to numerous people (Phillips 2009).

Grieving is a normal occurrence when losing a loved one, even Jesus wept when he heard about Lazarus's death (The Bible New International Version, 1984).

“I will turn their mourning into gladness, I will give them comfort and joy, instead of sorrow” (The Bible New International Version, 1984).

Coetzer (2013) describes mourning and loss as an intimidating subject, for the reason that neither the parent nor the child is fully equipped with the basic coping tools.

Grief is an emotional reaction to loss. The bereaved experiences a complete awareness of the loss of a loved one which cannot be reversed. Such a loss can be experienced as an intense form of sorrow and sadness. Grief work consists out of three concepts and aspects, as described by Louw (2008):

- Bereavement, which is reacting to the loss.
- Grief, which is an intense pain the survivor experiences to the emotional loss.
- Mourning, which is the normal psychological process.

In the beginning it might be just about all the bereaved can do to understand that somebody close to them is dead. It is difficult to grasp.

In the normal way of things, there will be people around for the first couple of days, then, suddenly the bereaved is alone and left to go on with life and to begin living with grief. Ways of dealing with stress and how to get help needs to be examined, especially in this time (Lake 1984).

In the Old Testament, the following verses are related to grief:

“Then Jacob tore his clothes, put on sackcloth and mourned, for his son many days. All his sons and daughters came to comfort him, but he refused to be comforted. ‘No’ he said, in mourning will I go down to the grave to my son. So his father wept for him” (The Bible New International Version, 1984).

The Bible tells the story of the death of Josiah, he was shot and buried in the tombs of his fathers and all of Judah and Jerusalem mourned for him. Jeremiah composed laments for Josiah and to this day all the men and women singers commemorate Josiah in the laments. These became a tradition in Israel and are written in the laments (The Bible New International Version, 1984).

“My soul is weary with sorrow” (The Bible New International Version, 1984).

“Mourn with those who mourn” (The Bible New International Version, 1984).

God considers forgiveness as such an important factor.

He knows, in His great wisdom, that people need forgiveness for their own spiritual and psychological wellbeing. Forgiveness prevents bitterness in oneself and it is the last, undeniable step in the healing process (Retief 2005).

According to De Klerk (1972) “Grief can be seen as a more specific and intense form of mourning which is related to the loss of a loved one by means of death. It is the emotional and associated reactions that occur, following the loss, by an individual who has reached the phase of development where the capacity for love is present.

The emotion that is involved in the work of mourning, whereby a person seeks to free himself from the demanding relationship that has existed and to reinvest emotions in new and productive ways can be seen as grief.

Loss is the freeing from the bondage to the deceased, readjustment to the surroundings in which the deceased is missing, and the creation of new relationships.

Grief work is the process of defense, breakdown, and restructuring of life when that life has experienced a momentous loss.

Sorrow is an emotion resulting from the loss of something which has had a big influence in someone's life. As usually pictured, this is a broken interpersonal relationship. The intensity of the grief reaction depends upon the meaning which the lost object or person had for the bereaved.

All of the human dimensions are affected by grief, from the physical and psychological experiences to experiences in the workplace.

Grief cuts through all phases of human thoughts and is unique for every individual, based on their personality framework, history, situation, culture and religion. Death is, however, final for every person.

Things that will have an influence on the bereaved's grief include: the type of relationship that was shared with the deceased, the circumstances of how the deceased died as well as the bereaved's faith.

Heartache is about more than the immediate experience of sadness, it stretches further than the cause of death and is deepened by questions of right and wrong, the meaning thereof and acceptance" (De Klerk 1972).

The purpose of grief is to enable people to adapt to what has happened, over a period of time. Through grieving, people find ways of eventually living nearer to life, if grieving can be completed.

Grief restores all the purposes of life, whatever these purposes might be. It allows people to feel and accept fear, anger, and worry in new ways, as well as to experience greater joy and peace.

It is never wasteful nor pointless, nor a straightforward matter of being unhappy.

Grieving people feel the normal variety of feelings that anyone else has. They are not suddenly turned into odd individuals who cannot laugh at a joke or sleep soundly.

If those who are grieving get treated as if they are incapable of having fun, it hurts them more.

It is not something that just happens to a person, when a loved one dies. Grieving is something people do, not something that happens to people (Lake 1984).

As described by Anonymous (2007) and Kübler-Ross (1969) the seven stages of grief typically consists of the following stages:

- Shock or Disbelief
- Denial
- Anger
- Bargaining
- Guilt or Pain
- Depression, Reflection or Loneliness
- Acceptance and Hope

Sometimes, people speak of five stages of grieving, putting together:

- Shock or Disbelief and Denial
- Bargaining and Guilt

Worden (2009) argues that setting forth stages might result in people taking the stages too literally, thinking that everyone must go through each stage in some neat order.

Worden (2009) also suggests that, bereaved people should rather be classified within the different phases of the grieving process that makes up their unique and individual emotions.

He further states that ‘phases imply a certain passivity, something that the mourner must pass through and that tasks are a concept of grief work and implies that the mourner needs to take action and can do something.

It also implies that the mourner can be influenced by intervention from the outside’.

An approach to the different phases of grieving process can be listed as follow:

Phase one – the period of numbness just after the loss occurred. This numb feeling can go on for at least the first three months. After that brief period the person goes on to the next phase, namely;

The phase of yearning – during this phase, the surviving parent yearns for the lost person and wishes for his or her return, sometimes the person can be in denial of the loss. During this phase, anger forms an important part.

During phase three – the surviving person experiences disorganization and despair, during this phase the surviving person struggles to function in the environment.

In phase four, the surviving person show symptoms of reorganized behavior, and starts to take control over his or her life again.

The spectrum of death includes the death of a parent, sibling, grandparent, and the cause of loss as a result of an accident, illness or murder. Any sort of change causes stress, and the last thing that the bereaved need is added sorrow. The bereaved often try to get away from grief by starting fresh somewhere else; but they simply end up burdening themselves with additional strain of adjusting to a new life.

One reason why the grieving process is so painful is that it forces the bereaved to confront their own integrity. How the bereaved reacts is, to a degree, dependent upon the beliefs about what happens after death (Glassock & Gressor 1995).

Like many other important life events, loss and how to cope with it, has been left largely to chance. It is not taught in schools. An essential first step in incorporating life skills into education is to gather information on what is helpful in an orderly way.

From a young age, the parent and child bonding, shapes a need for attachment, and this attachment grows into giving people a sense of belonging and security as well as helping people define who they are and where they fit in.

There is also a side of loss, in learning to deal with the fact that family members and people change and can leave. Therefore, people have a basic capacity to learn to adapt to loss.

By making a positive effort to deal with the fears about death, the burden of it is removed.

Questions that have been asked by the bereaved: “How do I cope with it?” “How do I know what to expect?” “How do I bear the pain?” “And most commonly: “Am I losing my mind?” The most important thing to remember in terms of losing a loved one is; “Even though I will never be the same, it is going to be okay” (Staudacher 1996).

Louw (2008) describes grief is an emotional reaction to loss. This is determined by the quality of the love attachment involved.

Therefore, grief can be seen as an emotional pain on losing love, together with an experience of helplessness and powerlessness. Further that the crisis of loss and the feeling of powerlessness as a result of the death of a loved one.

It is very important to understand that grief disturbs the emotional and experiential dimension. Grief is an emotional process of separation, adaption and acceptance.

“Thus grief is not merely an emotional reaction as a result of the loss of the loved one, but a result of the quality of the attachment and an evaluation process of the worth of the loved one to the grief-stricken one. The more emotionally attached the griever was, the greater his/her vulnerability and the more intense the pain of longing and hurt” (Louw 2008).

Retief (2005) states that trauma is always caused by some form of loss, even if the person hasn't physically lost something, there exists a loss of previous convictions that is rejected now.

“Intense sorrow and mourning result in the heart – a feeling as though there is an empty hole in your heart, nothing can full up this hole. This emotional constriction can easily develop into a state of depression.

The bereaved can experience the following during the grieving process:

Realization; through realization the mourner tries to accept an external reality which has already occurred in their personal and emotional levels.

Internalization; or embedding is a way that the mourner wants to say; but this is my grief.

Separation; longing and seeking for the beloved one and yearning are indirectly a process through which distance is gained.

Reorientation; working through the sorrow the bereaved person seeks a new order and life style to bridge the disruption.

When relating attachments are broken, that is when the individual experience intense distress and emotional interruption such as depression, anxiety, crying and anger. This can also be called the phases of mourning.

Formation and growth; during the mourning process, the bereaved can grow towards a new structure of values and to personal maturity.

The grief/mourning process develops the bereaved automatically to maturity as working through recovery, acceptance and growth process” (Louw 2008).

Rando (1993) proposed a process of mourning. This theory suggests that mourning has six phases namely:

Recognize the loss by first comprehending the loss and acknowledging that it has happened.

React to the separation that has occurred, which includes expressing and experiencing a full range of painful emotions.

Recollect and re-experience the relationship through remembering.

Relinquish happens as soon as people begin to put their loss behind them, accepting that the world has truly changed and that there is no turning back.

Readjust: by returning to daily life and the loss starts to feel less severe.

Reinvent by forming new relationships and commitments. Accept the changes that have occurred, and move on.

Louw (2008) states that reactions such as muscle pain, blood pressure, pulse acceleration and breathing difficulties are caused by grief. The bereaved can also experience reactions such as restlessness and agitation. Attempts to seek contact with the dead is also normal in the grieving process.

Anger and feelings of hostility is also normal when grieving and sometimes the bereaved may feel angry towards the deceased especially when a financial crisis develops as a result of a sudden death. The bereaved can feel bitter and be convinced that life is unfair. The bereaved may have feelings of hostility towards God.

Feelings of guilt, depression and longing can be experienced and forms part of the grieving process. During the death of a loved one, death causes crises in respect of the human need for security. With anxiety, the feeling of helplessness and insecurity are associated. The condition of anxiety forms part of the whole process of detachment and separation.

During intense longing the mourner creates a dream world of fantasies about the deceased. This action can sometimes be disturbing but could also be part of healing when it is combined with rituals such as taking leave of the corpse, funeral services, looking at photographs and routine visits to the grave.

Dreaming of the deceased could also play a healthy role in healing, especially when the mourner finds an opportunity to share it with somebody who listens.

The most intense moments of grief take place two to four months and between nine and twelve months after the death. Birthdays, anniversaries and Christmas time are very intense. Therefore, there is no beginning and end date, each bereaved is unique and mourns in a unique manner.

The bereaved will end the mourning process when he or she regains an interest in life, feel more hopeful and adapt to new rules.

Grief work could then indeed be described as a process of liberation: one must liberate oneself from the deceased and liberate the deceased; and one must liberate oneself from an excessive attachment to life, also for service to God” (Louw 2008).

2.15 Mediators of mourning

For the caregiver working with death and loss, it is not only sufficient to know about the tasks of mourning.

It is also important to understand the mediators of mourning. For some bereaved, the grieving process is very intense, whereas for others it is rather mild. For some surviving people grief begins the moment they hear about the loss, for others it is a delayed experience. For the caregiver to understand why individuals handle the tasks of mourning in different ways, the caregiver must understand how these tasks are mediated by various factors.

This can be explained by mediators, according to Worden (2009):

Mediator 1 - Who the person who died was

It is important that the caregiver knows something about the deceased when helping the bereaved through the mourning process. When the father of two siblings dies, there will be significant differences in their grief responses, due to the fact of the differences in the attachment each sibling had with the deceased.

Mediator 2 - The nature of the attachment

It is important to take notice of the nature of the bereaved's attachment to the deceased.

The caregiver needs to know something about;

- *The strength of the attachment*, the bereaved's intensity of grief is determined by the intensity of love for the deceased.
- *The security of the attachment* for the bereaved, especially when it is a child. The security and esteem needs were met by their spouse or parent, but after the death, the need still remains the same, but the resources are missing.
- *The ambivalence in the relationship*, normally the positive feelings would be more than the negative feelings, but in the case of a highly ambivalent relationship in which the negative feelings coexist and are more or less equal to the positive ones, there is going to be a more difficult grief reaction. This highly ambivalent relationship could lead to very strong feelings of guilt.

- *Conflicts with the deceased*, this refers to a history of conflicts, and not just conflict that happened before the person passed away. Sometimes before death occurs, there could be an amount of unfinished business between the bereaved and the deceased. This unfinished conflict carries a lot of guilt.
- *Dependent relationships*, the attachment style or relationship towards the deceased, can affect the person's adaptation to the death. The stronger the relationship or more dependent the bereaved was towards the deceased, the more difficult the mourning process will be.

Mediator 3 - How the person died

Deaths are catalogued under certain categories namely: natural, accidental, suicidal and homicidal. It is important for the caregiver who works with the bereaved, to take into consideration how the person died. The cause of death will definitely play an important role during the bereaved's coping with the loss.

- *Proximity*, it is important to get information regarding the geographical place where death occurred. If death took place at a distance, it can give the bereaved a sense of unreality.

For some people taking care of a loved one who is ill at home, can sometimes experience more psychological distress, because they feel that they did not do enough to help the dying person, or that they lacked knowledge about medical procedures.

- *Suddenness or unexpectedness*, it is important to find out if the death was sudden, or if there was some advance warning. It is more difficult for the bereaved to cope with a sudden death as opposed to one for which there was advance warning. For younger children, it is a fearful time in expecting that something bad could happen to the surviving parent.
For some children it is not the sudden death that creates fear, but the poor functioning of the surviving parent.
- *Violent or traumatic death*, this kind of death can challenge a person's sense of self-efficacy. The impact on the surviving parent can be long lasting and can sometimes lead to complicated mourning. This kind of death can also shatter the bereaved person's worldview and their view on the meaning of the death. Sometimes the surroundings of the death make it difficult for the bereaved to express their feelings of anger.

- *Multiple losses*, some people experience multiple losses at once, or in a short period of time. These multiple losses can lead to overload bereavement. The caregiver should help the bereaved person handle each loss individually, beginning with the least complicated.

It is also important to take note that the bereaved will mourn differently about each individual who died during the incident, depending on the attachment relationships.

- *Preventable deaths*, when the bereaved experiences that the death could have been prevented, feelings like guilt, blame and culpability come to the surface.
- *Ambiguous deaths*, some situations occur when the bereaved is not sure whether the person is dead or alive. This situation puts the bereaved in an awkward position, because they do not know whether to hold out hope or to grief.
- *Stigmatized deaths*, this type of death can be described as suicide and death by Aids. In such cases, social support for the bereaved may be less than sufficient.

Mediator 4 - Historical antecedents

It is important for the caregiver to find out if the bereaved has previous losses, and most importantly, how those losses were grieved.

Does the bereaved grieve acutely because of the loss, or is there a lack of resolution from a previous loss.

According to Worden (2009), “another historical mediator has to do with family issues. Unresolved loss and grief can transcend several generations and affect the current mourning process.”

Mediator 5 - Personality variables

It is important for the caregiver to take into account the bereaved’s personality when trying to understand an individual’s response to loss.

Such personalities include the following:

- *Age and Gender*, there is a difference between how men and women grieve. Usually men respond better to affect-stimulating interventions and women to problem-solving interventions.

It seems that boys and girls are socialized differently; therefore, the approach to the tasks of mourning may be more part of this socialization than in some intrinsic genetic differences. It seems that women may grieve differently due to the fact that they receive more social support than men.

- *Coping style*, this depends on how inhibited the surviving person is with regard to feelings, and how well he or she handles anxiety. A coping style can also be defined as, the changing thoughts and actions that the bereaved person uses to manage the external or internal demands of stressful situations. Each person's coping style is unique.

Three main groups of coping functions can be identified, namely:

- *Problem-solving coping*, each person has their own way of dealing with problems. The person with the poorest skills overuses ineffective strategies, and gives up when that skill does not work.
- *Active emotional coping*, this skill is the most positive skill for handling problems and managing stress. With this ability the bereaved finds something positive or redemptive in a bad situation.

Humor can also be seen as a positive acting skill.

When the surviving person has the ability to accept support, it is also an active emotional approach to coping.

- *Avoidant emotional coping*, this strategy is the least effective, this may make the bereaved feel better for the moment, but it is not particularly useful in solving a problem. This coping strategy includes blame, both self and others; distraction, denial and social withdrawal can be helpful over the short term but is not the most effective coping strategy.

Each person's attachment style is set up early in life as the result of early parent-child bonding. Normally the child's attachment style will be stronger towards the mother, primarily due to the child's emotional needs and caring.

Worden (2009) states that: "when the relationship to an attachment figure is severed through death, the survivor is under threat to maintain or re-establish proximity to the figure.

Separation distress leads to searching behavior in order to re-establish the lost relationship, but gradually the bereaved comes to appreciate the permanence of the loss.”

The following are a few representations that have been described in terms of styles of attachment:

Secure attachment style, the bereaved with secure attachments has positive mental models of being valued, worthy of support, and affection.

When the bereaved experiences a loss of an important attachment figure through death, they will experience the pain of sorrow but they are able to process the pain and move on to develop healthy continuing bonds with the lost loved one.

Insecure attachment styles, this style could make the adaptation to the tasks difficult for the bereaved and contribute to the development of complicated mourning.

Anxious/preoccupied attachment, when the bereaved shows symptoms of anxious or preoccupied attachment, it could lead the bereaved to show high levels of distress that continues for some time and may lead to the complication of chronic or prolonged grief. They could experience abnormal symptoms on how to handle stress, rumination over the loss may be high, and this may be a buffer to the pain. This type of person will also have low self-efficacy, clinging and help-seeking behavior are features of this style.

Anxious/ambivalent attachment, symptoms related to this type of attachment is that love and hate coexists on almost equal levels. The relationship can be stormy and anger can be observed when the relationship is threatened. When a loved one dies, the surviving person may focus on the positive feelings. The surviving person will make the deceased larger than life so as not to confront the depths of anger that existed in the relationship. When the surviving person cannot express his or her anger, the person may experience high levels of depression or prolonged grief.

Avoidant /dismissing attachment, after the death of a loved one, the bereaved may show a few symptoms and minimal emotional reactions, because they are minimally attached. The bereaved will show a positive self-image, and concentrate more on the negative opinion of others.

Avoidant/fearful attachment, in this type of attachment, the person struggles to let go of previous relationships and is afraid that an attachment might be broken. They also tend to adapt poorly after a loss. When an attachment is broken because of death, this person is very susceptible to the development of high levels of depression. Sometimes, this feeling of depression protects them against anger that they may be feeling. Most of the times, people with this type of attachment will show social withdrawal in a bereavement situation which serves as a protection of the self.

Cognitive style, individuals have different cognitive styles; some are optimistic and with such an optimistic style, they have the ability to find something positive or redemptive in a bad situation. If the bereaved has an optimistic style and the ability to redefine, they experience a lower level of depression during mourning. Overgeneralization normally forms part of a pessimistic style.

Some individuals have a cognitive style of rumination. These people will concentrate more on the negative emotions without taking action to relieve these emotions.

According to Worden (2009), there are two main negative sequels to this style; firstly, “the mourner does not engage in good problem-solving behavior, and secondly, it can drive people away, people who might offer social support”.

Mediator 6 - Social variables

It is very important for the bereaved to receive support, not only from family members, but also from the community members. Some studies showed that perceived social support helps the bereaved to cope better with the effects of bereavement stress. Unfortunately, this social support sometimes ends just after the funeral, and when the bereaved realizes that the loss is final, he or she is mostly alone without social support. Or if social support is available, they are encouraging the bereaved to get over it and move on with life. Certain studies showed that when the bereaved receives social support, it lowers depression, but does not accelerate adjustment to the loss or make adjustment easier.

According to Worden (2009), the following are important social mediators:

- *Support satisfaction*, it is important to take into consideration the view of the bereaved about the social support. Sometimes the social support is available, but the bereaved judged it as less than satisfactory.

- *Social role involvements*, bereaved people who are involved in multiple roles in society, have been found to be more effective in making the adjustment to a loss by death. If the bereaved person has varied social roles, it seems that he or she adjusts better to loss than those who don't.
- *Religious resources and ethnic expectations*, it is important for the caregiver to know if the bereaved will grieve effectively.
To do this the caregiver will have to know something about the bereaved's social, ethnic, and religious background.

Mediator 7 - Concurrent stresses

After experiencing the loss of a loved one, some surviving people experience secondary losses. This includes moving to a new area, changing schools and making new friends.

Those surviving persons who experienced such large number of life-change events following the death of a loved one, had the highest levels of depression and the children do not function very well.

2.16 Supporting a bereaved person

The death of a loved one is one of life's most difficult experiences. The bereaved struggles with many intense and frightening emotions, including depression, anger, and guilt. Often, the bereaved feels isolated and alone in dealing with grief, but having someone to lean on can help the bereaved through the grieving process. Discomfort shouldn't prevent people from reaching out to someone grieving. Now, more than ever, support is needed. People might not know exactly what to say or what to do and the bereaved doesn't expect people to have answers or give advice. The most important thing that can be done for a grieving person is to simply be there; support and a caring presence will help the bereaved cope with the pain and the bereaved will eventually begin to heal.

Smith & Segal (2016) offers some useful tips on helping a bereaved person:

Listen with compassion

Almost all people worry about what to say to a grieving person. But knowing how to listen is much more important. Often, well-meaning people steer clear of talking about the death or mentioning the deceased person, but the bereaved need to feel that their loss is recognized, that it's not too horrible to talk about, and the deceased won't be forgotten.

While forcing a bereaved person to open up should be avoided, it's important to let the bereaved know that they have consent to talk about the loss. Talk openly about the person who died and don't steer away from the subject, if the deceased's name comes up. When it seems suitable, ask sensitive questions, without being inquisitive, that invite the grieving person to openly express their feelings.

Accept all feelings. Let the grieving person know that it's normal and acceptable to cry, to get angry, or to break down. Don't try to reason with the bereaved over how they should or shouldn't be feeling. The bereaved should feel free to express their feelings without fear of judgment, argument, or criticism. Be willing to sit in silence. Don't push the bereaved to talk, if they don't feel like it.

Support with silent presence can be enough. Words are not necessary; just offer eye contact, a squeeze of the hand, or a reassuring hug. Let the bereaved talk about how the deceased died. People who are grieving may feel the need to tell the story over and over again, sometimes in minute detail. Be patient. Repeating the story is a way of processing and accepting the death. With each retelling, the pain lessens.

Offer comfort and reassurance without minimizing the loss. Tell the bereaved that what they are feeling is normal. Don't give unsolicited advice, claim to know what the person is feeling, or compare one person's grief to another's.

Offer practical assistance

It is difficult for many grieving people to ask for help. They might feel guilty about receiving so much attention, fear being a burden, or be too depressed to reach out. Make it easier for the bereaved by making specific suggestions.

Consistency is very helpful, by being there for as long as it takes helps the grieving person look forward to the attentiveness without having to make the additional effort of asking again and again. An open invitation can be conveyed, but keep in mind that the bereaved may not have the energy or motivation to call when they need something, so it's better to take the initiative to check in.

Be the one who takes the initiative, by offering to shop for groceries, taking care of household duties or accompanying them on a walk.

Provide ongoing support

Grieving continues long after the funeral is over and the cards and flowers have stopped. The length of the grieving process varies from person to person. But in general, grief lasts much longer than most people expect. The bereaved friend or family member may need support for months or even years to come.

Continue supporting the bereaved over the long haul. Stay in touch with the grieving person, periodically checking in, dropping by, or sending letters or cards. Once the funeral is over, the other mourners are gone and the initial shock of the loss has worn off, support is more valuable than ever.

Don't make assumptions based on outward appearances. The bereaved person may look fine on the outside, while inside they are suffering. Avoid sayings that put pressure on the person to keep up appearances and to hide their true feelings. The pain of bereavement may never fully heal. Be sensitive to the fact that life may never feel the same. The bereaved person may learn to accept the loss. The pain may lessen in intensity over time, but the sadness may never completely go away. Offer extra support on special days. Certain times and days of the year will be particularly hard for the bereaved.

Holidays, family milestones, birthdays, and anniversaries often reawaken grief. Be sensitive on these occasions.

Let the bereaved person know that there will be support for whatever their needs are.

Watch for warning signs

It's common for a grieving person to feel depressed, confused, disconnected from others, or like they are going crazy. But if the bereaved person's symptoms don't gradually start to fade, or they get worse with time, this may be a sign that normal grief has evolved into a more serious problem, such as clinical depression. Encourage the grieving person to seek professional help if the observation any of the following warning signs are present after the initial grieving period, especially if it's been over two months since the death:

- Difficulty functioning in daily life
- Extreme focus on the death
- Excessive bitterness, anger, or guilt

- Neglecting personal hygiene
- Alcohol or drug abuse
- Inability to enjoy life
- Hallucinations
- Withdrawing from others
- Constant feelings of hopelessness
- Talking about dying or suicide

It can be tricky to bring up concerns to the bereaved person as it might be perceived as invasive. Instead of telling the person what to do, try stating personal feelings instead (Smith & Segal 2016).

The following practical considerations for helping the bereaved can be taken into account:

Money is the last thing a newly bereaved wants to think about. The bereaved's mind is so badly affected after the loss, that working sums out is doubly difficult. Sometimes it can also feel like a betrayal of the loved one, to think about money so soon, but unfortunately, it cannot be neglected. It is important to know how much there will be to live on and how to take care and manage any change in crisis positions.

Food can help the bereaved; it is especially common for the bereaved to forget what groceries they need to buy in the early stages of grief. Dwelling through the aisles of the store and returning home without purchasing anything can happen.

Home is a sanctuary for the bereaved, especially after the funeral. The bereaved has a need to get away for a few days, but most return home earlier. The four walls and bits and pieces around belonging to the deceased, often provide comfort.

Friends can bring comfort during this confusing time after a loss. Most people have a tendency to cling on to old patterns of behavior. Usual routines provide comfort, particularly when everything else feels as if it is in turmoil.

One of the hardest things to do is to learn to live without the deceased again; it is also hard for other people to adapt to this change.

A new life needs to be taken into account. When the bereaved worked through the grieving process, it is time to take a look at life as it is now. A lot of times, bereavement takes away the future we might have had, but it cannot take away the future itself (Horn 1989).

Dealing with the process of mourning it can be seen as a task to rebuild one's inner world by working through the intense pain of loss. Death can also result in a state of losing my sense of identity.

During the grieving process the bereaved has to let go of multiple attachments that are involved in the formation of a relationship. After acceptance of the loss, a person's sense accommodates the loss and enables the bereaved to search for new attachments (Louw 2008).

2.17 Grief in children

The child needs to go through the grieving process, rather than avoiding it and thinking that the heartache will automatically go away. Working through the process is the most important thing that the bereaved needs to do after a significant loss.

“There is no right or wrong way to grieve or “appropriate” length of time to experience grief following the death of a loved one. The process can vary from child to child and may change as the child grows older. Issues and questions may arise as children have new experiences and face new challenges that may remind them of an earlier loss.

A toddler may have new questions about how his brother died when he reaches school age, a teenage son may miss his father when he learns how to drive, or a daughter may feel a new sense of longing on her wedding day for a mother who died when she was a teenager.

With each new developmental challenge, children are likely to experience their loss in new ways. Throughout their life, children continue to adjust to the loss and develop new ways of coping” (Goodman *et al.* 2004).

Children articulate grief in their own way. Some children are too young to communicate their feelings and they act out to attract attention. The child is unsure of how to act when people visit the house after a funeral and the child may wonder what death is all about (Raab 1989).

Children are far more likely to follow the bereaved adult's example than to follow their instructions. The bereaved child will follow the adult's lead, what the adult says matters, but more importantly, what the adult does, speaks most loudly into the bereaved child's life. The most helpful tool for the child is the influence the adult has; it's the example set in words, actions and attitudes.

The child must gently confront the reality that a loved one is dead and will never physically be present to again.

Children tend to accept the reality of a death in small parts or dosages. This means that children only let in just a little of the pain at a time then return to playing or other pastimes. This type of grieving is not only common, but necessary, for it makes the early days of grief tolerable. Help the child understand what dead physically means. Explain that the body can no longer think, feel, hear, breathe and will never be alive again. Whether the death was unexpected or anticipated, the child may take years to fully incorporate the reality of the loss.

As the child gets older, the death will take on new layers of meaning and greater intensity. Talk to the child about the physical reality of the death. Make sure the child understands how and why the person died (Wolfelt 2001).

Schoolwork is secondary to grief work. The bereaved will have to get back to focusing on schoolwork at some point, but first, time and space is needed in order to grieve without the pressure of keeping up and making the grades in school (Guthrie & Guthrie 2008).

Adults want to shield children from hard things, assuming it will be the best for them, but being straightforward with children gives them the ability to trust adults more and it shows them mutual respect. Talking to children about death and helping them face the realities of death actually gives children courage and a sense of security. Therefore, the child will follow the adult's lead in accepting difficult realities and they will confront it with courage and hope.

When a child faces the hard truths about death of a family member, it will cause the child to grow up faster and much more mature than the child's peers. It will be a blessing to the child, in the long run, if the child learns very early on, that hard things in life can be experienced and a person won't necessarily be crushed by it.

Children are most concerned about their own needs. They can understand only so much about the loss of a loved one, and it all filtered through their framework of how this loss is going to affect them.

Children can change their moods from one minute to another. In a few minutes they can be very sad and missing the deceased, to being lost in a video game or wanting to go shopping. Perhaps God puts a shield over the bereaved child's mind and emotions to protect them because of their cognitive developmental stage. It is good for children to play and have entertainment; it gives kids a break from their grief. Children's needs are; that things need to be normal, they do not want to be the centre of attention. They hate to be pitied by teachers and friends. Although children may have the same feelings of grief as their surviving parent, they are usually without vocabulary to express those feelings. When the adult openly expresses thoughts and emotions, it makes it safe for the child to express their feelings about the loss as well.

When the adult is able to question out loud, some of the negative emotions that run through their head, they free children to admit their own feelings and thoughts. Children need signs of hope, hope for returned normalcy and for future security. They need hope, although they may be very sad now, they are on a path towards healing and that their feelings of hurt will not always hurt so much.

The adult needs to find a balance between times to grieve and providing in the child's needs, because children still depend on adults for their safety and daily provision. The adult needs a way to show that the loss they are feeling does not erase their joy over having children around them.

What children see in adults, shows the path they will follow through their own grieving process and to eventually get back to normality.

There are responses that are common to many people grieving the deceased. The responses are an indication of the emotional state that grieving people go through at some point when they are sad.

Therefore, it is important for children to have knowledge of the emotions related to the grieving process (Guthrie & Guthrie 2008).

Goodman *et al.* (2004) states that: “any death can be difficult for a child, and certain reactions are common.

Children’s difficulties with grief vary according to a child’s age, developmental level, previous life experiences, emotional health before the death, and family and social environment.

An uncomplicated bereavement response may include the following:

- Emotional reactions: feeling sad, angry, anxious, numb, lonely, guilty, powerless, ashamed, insecure, and remorseful.
- Changes in behaviors: lack of interest and participation in usual activities, diminished self-care, unpredictable or odd behaviors, angry or aggressive behaviors, irritability and conflict with others, impulsivity, regression to more childlike or infantile behaviors, changes in sleeping patterns (such as increased sleep), difficulty sleeping or not being able to sleep alone, changes in appetite resulting in weight gain or loss, and changes in overall physical health.
- Interpersonal interactions: withdrawal, social isolation, peer difficulties, clinging, irritability, difficulty sharing memories, difficulty participating in group or athletic activities, and general lack of interest in others.
- Changes in thinking: constant thoughts and memories about the loved one, persistent thoughts about the death, disbelief about the death and the finality of death, constant or intrusive thoughts about death, preoccupation with one’s own or another loved one’s physical health, difficulty making decisions, confusion, impaired memory and concentration, lowered self-esteem and self-confidence and disillusionment.
- Altered perceptions: believing the deceased is still present, feeling the person’s presence nearby or watching over the living, seeing the person’s face in a crowd, smelling the person’s perfume, hearing the person’s voice, and experiencing vivid dreams about the person.

- Physical reactions: susceptibility to illness, loss of energy, fatigue, difficulty or changes in eating, physical complaints, and changes in physiological arousal (for example, increased heart rate, respiration, and startle response)
- Changes in academic functioning: poor school performance, difficulty studying or concentrating, and potential school failure.”

According to Guthrie & Guthrie (2008) working through the grieving process, the bereaved can experience changes in sleeping patterns, appetite and even personality.

Younger people who experience grief for the first time can actually feel as though this loss is not real and that it happened to someone else. Teens normally assume that their family members and friends would always be there for them, if a person died, shock and grief can be devastating.

It is important that the adult has an open line of communication to the teen and that the grieving teen never has to feel isolated. Although some changes are going on in the teen’s life, they need some things that are constant.

Worden (2009) states that children’s emotional, cognitive and social development must be considered when looking at a child’s mourning process. Grieving children may display what is known as magical thinking, they may not be able to fully comprehend the loss.

Children need to keep routines as normal as possible. If there was certain tradition, like a movie night, for instance, keep on with this tradition. Children may sometimes feel guilty about continuing as they normally did without the deceased. Children may feel guilty towards the deceased and may believe that he or she is not missed. Therefore, children need to understand that it is important to go on with life as normally as possible.

It is important to respect the bereaved child who wants to talk about the deceased. For others, the loss is too painful and they choose not to speak about this right away. This is normal as long as the loss is not destructive and harmful to the child. There is a lot of controversy regarding the mourning of infants and younger children. In the expert fields a consensus has been reached that children have a mental image of the loved one and experienced a loss in absence of this parent when he or she passed away (Guthrie & Guthrie 2008).

Children can feel abandoned towards the deceased. Sometimes feelings of anger and guilt is normal towards the deceased. The most important thing is for the child to speak to other children going through the same process, because it will help them to realize that some emotions are common among children who are left behind.

It will benefit children when there is a support system in place that can assist the bereaved through this emotional time (Worden 2009).

Talking to a child about death and dying is incredibly difficult and hard to do. This is intensified by an adult's natural instinct to want to guard children from the harsh things in life.

Children need honest and simple explanations in a language that they understand in order to make sense of the death.

Children can deal with the truth, regardless of how traumatic it may be, but what they find hard to deal with are the lies.

The following are suggestions to help the adult in assisting children to get through the mourning process as quoted by Adams (2010):

- “It may feel unprotective, but children need to hear the news as soon as possible. The longer you leave it the greater the likelihood that they will overhear a conversation or find out in some other inappropriate way.
- Children are very sensitive to atmosphere and will already know that something serious has happened but be unsure as to exactly what.
- The news is best heard from a member of the family but if you feel unable to do this, try to stay close while someone else explains what has happened.
- If you are breaking the news yourself, have someone else around to support you.
- If possible, find somewhere where you will not be disturbed.
- Try to be physically close to the child or have some sort of physical contact such as holding a hand.

- Sitting on a settee is ideal. For a child who finds physical contact uncomfortable, just sit nearby.”

Adams (2010) also states that “when talking to a child of any age, the following principles apply regardless of the circumstances:

- Use simple words appropriate for the child’s age and understanding. It is important to use the real words such as ‘dead’.
- Euphemisms including lost or gone to sleep may appear kinder but for a child can cause complication and confusion.
- Only give as much information as a child wants. This is usually indicated by them asking a question – if they have asked the question it usually means that they are ready to hear, or need to hear, the answer.
- Try to answer only the question asked and avoid giving extra detail. There is a fine line between being honest and overloading a child with information they do not want.
- If faced with a question that you find particularly difficult, or one that you are not sure how to answer, it can be helpful to ask the child what they think. This will give you an indication of how much the child already knows and understands.”

Children are likely to experience their loss in new ways.

Throughout their life, children continue to adjust to the loss and they develop new ways of coping.

Over time, it is helpful if children can relate to their loss in the following ways:

- Accept the reality and permanence of the death.
- Experience and cope with the painful emotional reactions to the death, such as sadness, anger, resentment, confusion, and guilt.
- Adjust to changes in their lives and identity that result from the death.

- Develop new relationships or deepen existing relationships to help them cope with the difficulties and loneliness that may have resulted from the death.
- Maintain a continuing, healthy attachment to the person by reminiscing, remembering, modeling behaviors, and maintaining a memorial.
- Make meaning of the death, a process that can include beginning to understand why the person died and what significance the loss has for the living.
- Continue through the normal developmental stages of childhood and adolescence (Goodman *et al.* 2004).

“A child’s response to a traumatic event will be mediated by his/her age and developmental level. It appears that for short-lived traumas, younger children are more dependent on their parent’s reaction than older children. This is regardless of how great their exposure was.

If their parents cope well, younger children do not develop serious or long-lasting trauma symptoms. Therefore, the experience of trauma depends not only upon exposure to a traumatic event but also on the child/parent response to that event. This response variation occurs, because children have unique ways of understanding traumatic events, work to make meaning of these events in relation to themselves, obtain other forms of support, coping with stress related symptoms and integrating these events into their larger sense of self.

Based on many authors it appears that when trauma and grief symptoms are both present, it is sensible to address and at least resolve the trauma issues before the grief issues can be successfully addressed.

Although some children who experience traumatic events are quick to recover after an event, others develop trauma symptoms that can have an intense and long lasting negative impact on their development, health and safety" (Cohen, Mammarino & Deblinger 2006).

Guthrie & Guthrie (2008) states that after a significant loss, the child needs to work through the grieving process rather than avoiding it. Educators must take note that schoolwork is secondly to grief work. Firstly, the child needs space and time without pressure of keeping up and making grades they used to make at school, they need time to grieve.

Children will experience an emotion of numbness in the beginning and get through on autopilot. The numbness can be seen as a way of God's gift, giving them time for the pain to dwell before it can be dealt with.

A grieving period of two years at least is needed for the child to work through the grief; before they begin to function with a back in control routine.

Every child has the desire to fit in by being like everyone else and having a family. Being different after a loss, from most other families can be painful. It is good for children to see the adults grieve; it gives them permission to feel sad themselves.

Families need to find a sweet and special way to continue to acknowledge that the deceased is still a valued member of the family.

Counseling is a good way to support to the child and the entire family to give structure through the grieving process and to help with moving forward. Someone who can bring perspective and healing to the family members and help them to work through their thoughts and feelings can be a real blessing.

Goodman *et al.* (2004) describes childhood traumatic grief as follow: When someone special dies, it can be a very heartbreaking and excruciating experience for the child.

When the death happens as a result of a traumatic incident, or when the child experiences the death as traumatic, the child may show symptoms of both trauma and grief.

Childhood traumatic grief basically consists of the following:

- Childhood traumatic grief is a powerful grief response that can occur after the death of a loved one.
- Childhood traumatic grief is different from the usual bereavement process.
- Not all children who have been open to the elements of death will show symptoms of traumatic grief.
- Childhood traumatic grief may emerge differently in different children.

- Parents, caregivers, and significant adults can help children cope with childhood traumatic grief.
- Childhood traumatic grief is a condition that some children develop after the death of a loved one.
- Children with childhood traumatic grief experience the cause of that death as horrifying or terrifying, whether the death was abrupt and unexpected or not.
- When a child is struggling with childhood traumatic grief, the child's trauma responses hinder the ability for them to go through a normal grieving process.
- Because of the interaction of traumatic and grief reactions, any thoughts of the deceased can lead to frightening memories of how the person died.
- Because these thoughts can be so upsetting, the child often may try to avoid all reminders of the loss so as not to create distressing thoughts or feelings.
- Some children may be afraid to sleep alone at night because of nightmares, while an older child may avoid playing or interacting with others, because it brings up painful thoughts about how the deceased died.
- In this way, the child can get caught on the traumatic aspects of the death and cannot proceed through the normal grieving process.

Adams (2010) advises on how to explain to a young child that someone has died by using the following guidelines:

- Alert the child to the fact that there is bad news.
- Initially all that there needs to be said to the person is that someone has died, more questions will follow when the child is ready for further explanation and more information.
- If a person has been unwell, it can be helpful to build on what the child already knows.
- Reassure the child that it is acceptable to ask questions about anything at all.

What is chosen to be said, will depend on individual's circumstances and beliefs. A good approach is honesty combined with lots of reassurance. Because a young child can find it hard to grasp the difference between being dead and being alive, they may need to be reassured with words along the lines of the following:

- “Because their body has stopped working, dead people do not need anything to eat or to drink and they cannot feel cold.
- Dead people stay dead forever, much as we might like them to, they cannot come back to life.

On hearing the news, a child's reactions may vary from extreme distress to looking blank as if nothing has happened, or even giggling nervously – all are normal. If you are unsure about some aspect, be honest about what you do not know and say that when you do find out that you will tell the children.

You are likely to have to repeat this information and answer questions in subsequent days and weeks. Being asked the same questions over and over again can be extremely hard but this is the way that young children try to make sense of what has happened” (Adams 2010).

According to Goodman *et al.* (2004), childhood traumatic grief is different from normal grief in the sense that in both normal grief or uncomplicated bereavement and childhood traumatic grief, children often feel very sad and may have sleep problems, a loss of appetite, and a decreased interest in family and friends. They may also develop augmented complaints of physical discomfort, like headaches or stomachaches. They may return to behaviors they had previously outgrown, such as bed wetting, for example.

They may also be irritable, do risky things, be withdrawn, have trouble concentrating, and think often about death. Children experiencing normal grief usually want to talk about the person who died, do things to remember the deceased, and perhaps find comfort in thinking about the person.

Over time they also are able to complete the grieving tasks:

- Accept the reality of the death.
- Experience and cope with the feelings about the deceased.
- Adjust to changes in their lives.

- Develop new relationships or deepen existing relationships with friends and family.
- Invest in new relationships and activities.
- Maintain an ongoing, appropriate attachment to the person who died through activities such as commemoration services on the deceased's birthday.
- Try to come to an understanding of why the person died.
- Continue through the typical developmental stages of childhood and adolescence. For children experiencing childhood traumatic grief, thinking or talking about the deceased, often leads to thoughts of the traumatic manner of death. For this reason, these children often try to avoid thinking or talking about the deceased and avoid facing the scary feelings related with these reminders. This prevents them from finishing the tasks of the normal grieving process mentioned above.

Not all children who experience a traumatic death of a loved one will develop childhood traumatic grief. Some children will be able to grieve the loss without difficulty.

A tiny number of grieving children may develop some symptoms that can become tricky and perhaps hinder their daily functioning.

Symptoms that a child is having difficulty coping with the death may be noticeable in the first month or two or may not be obvious until one or even more years later. Some of these signs include the following:

- Disturbing memories about the death. These can be expressed by nightmares, guilt or self-blame about how the deceased died, or disturbing thoughts about the dreadful way someone died.
- Avoidance can be expressed by withdrawal, acting as if the child is not upset by the death or avoiding reminders of the deceased.
- Physical or emotional symptoms of increased awakening. Children may show this by their irritability, anger, difficulty sleeping, decreased concentration, stomachaches, headaches, and fears about safety for oneself or others.

Guthrie and Guthrie (2008) states that boys, in particular, cannot articulate the pain they feel, it tends to come out in all different directions. In younger boys it can manifest through aggression like becoming punishing towards a younger sibling or a pet. They have a need to gain control and to take it out on someone smaller. Grieving boys are highly emotional, they can overact to smaller things like breaking a toy and they can develop anxiety, obsessive compulsive behaviors and phobias. It is normal for children to regress in their grief and want to sleep with the parent, talk babyish, and regress in their behavior as a way of seeking safety, comfort and attention.

Only seek attention when the child doesn't come out of those behaviors at some point or when they become more aggressive. When a child experiences a loss, it can halt the child's emotional development. Normally it will jumpstart itself, if not seek counseling.

Boys need a lot of reassurance when the adults grieve, normally they don't know what to do when the adult isn't emotionally stable. The child's fear is that the responsibility to take care of the adult will become their responsibility and they have no idea how to do it.

It will be appropriate for the grieving adult to reassure children that it is not their responsibility to take care of anybody and this can be expressed by words, rituals and returning to normality.

Mistakes that adults make are to force the idea of heaven on a grieving child, as if this will take the pain and sadness away.

For adults it is hard to wrap their minds and thoughts around why God allowed this loss of a loved one in their lives, much more so for the child to make sense of this loss.

2.17.1 Six myths regarding grief and loss

The basic information around the dealing with loss and grief is already communicated to children at an early stage in life.

It forms basic patterns that become standard guidelines for dealing with loss and grief throughout their lives.

This basic information can be explained by means of the following myths, according to James, Friedman & Matthews (2002):

1. Don't feel bad

Children experience intense grief when losing someone they had a close bond with. Parents or guardians try to consolidate grieving children by giving them treats to make them feel better. By doing this, parents or guardians promote dishonesty by not letting the child experience the true emotions which they are feeling.

This causes conflict with the truth of their own nature and finally causes the child to deal with emotions the wrong way throughout their lives.

The treats do help make the child feel different, but not necessarily better, because their attention gets shifted away from the pain for a moment, but the deeper pain doesn't get dealt with. In all similar situations the child also learns how to suppress certain emotions that would normally be rewarded.

One of the tragic long term consequences is that these children find it harder and harder to find an outlet for their emotions when they grow up, because they received repeated messages since childhood that they shouldn't feel bad.

At funerals, for example, these types of people will always try to be strong and they find it hard to cry.

Any attempt to avoid pain in the long term will have withering consequences; since it causes emotional confusion from the false idea that we should not allow ourselves to experience negative feelings.

When kids are very young, they receive the message that it is okay to express their feelings, but as they get older, the opposite message is portrayed by constant expressions to not feel bad.

It is, in general, difficult for parents to accept that there will be times when their child won't feel well.

It is parental instinct to want to make your child feel good and taken care of, but it is difficult for parents to let their child feel bad because it is the immediate reality that they are faced with and sometimes needed for them in order to cope.

2. *Replace the loss*

When a pet, for instance, dies during a child's life, it is easy to replace the pet with another, in order to make the child feel better, but this has a negative effect, because the child's feelings are not taken into consideration or dealt with, but simply gets replaced with something else. By doing this, the child feels as though he or she needs to suppress their grief for the lost pet, because it might upset the person who bought the child the pet. No matter how hard the child tries, he or she is unable to form a bond with the new pet and ends up giving the pet away.

The outcome of this scenario is that the child forms two misconceptions about death, namely to not feel bad about someone dying as well as to replace the loss with something else in order to take away the pain. This becomes the tool on which children will rely on in future in order to deal with loss and grief.

By presenting this type of solution to children in order to deal with their crisis, causes inner conflict by means of the following three aspects:

- It cancels out the relationship of many years between the child and the deceased.
- It establishes the idea of disposability of precious relationships in general.
- It creates the illusion that the same bond will be established with someone or something else.

An important aspect to keep in mind is the uniqueness of the child as well as the irreplaceable relationship. The idea that the relationship can be easily replaced is an illusion. Previous relationships that are not completed will usually be the reason why new relationships are hard to establish. In this case, the child will try to form a relationship with the new pet, but it might not work, because the child doesn't know how to complete previous relationships properly. It is actually unfair towards the new pet as well, because the relationship is forced to be like the previous one. If the child's parents decide to not immediately replace the pet, it can sometimes lead to other family or friends taking it upon themselves to get the child a new pet, often without the consent of the parents.

This behavior can portray the message to the child to not be sad about the loss and to replace the loss with something else. These two myths usually go hand in hand.

Parents and family members frequently go into a state of panic when a child is grieving and tend to want to fix the problem immediately. In these situations, the child doesn't need to be fixed, but rather heard in regards to how he or she is feeling about all this. There should be a realization that the child's feelings are normal and natural. Thus, rather than telling the grieving child to not feel bad, share observations regarding the child's emotions.

A child can get upset when a parent cleans out his or her closet and throws away certain toys, even though the child has not played with those toys in a long time. This can be seen as an intellectual fact, but to not give recognition to emotional truth, that the child has loved those toys, can be a mistake. The right and wrong of a story is based on intellectual truths, but the emotions associated therewith, usually connect with deep emotional present pain and needs to be addressed in order to make a difference. The emotions must be acknowledged before the facts of the story can be addressed.

If a child brings up the same issues over and over, it is clear that the emotions are not handled. When the same child reaches puberty and goes through his or her first heartbreak, the parents will try to help the child by telling him or her that there are plenty of fish in the sea and that he or she will find someone else. It is exactly the same as telling the child not to be sad about a pet, because the pet can be replaced. Uncompleted issues around each and every relationship can be buried, but at the same time, the issues are transferred to the next relationship. By the time this person gets married, there will be so much unprocessed sadness regarding previous relationships that will cause conflict and stress in the marriage.

3. *Deal with loss alone*

When most people lose a loved one, the initial reaction is to want to be left alone. For a child, however, the opposite is true, as young children have no true way of knowing how to deal with their emotions, but the idea of being alone to grieve is engraved into his or her subconscious mind. Ideas that get portrayed to children by the most important people in their lives are perceived as the complete truth, because they have nothing else to compare it to. Babies are allowed to cry and they're usually comforted as soon as possible and rarely left alone. When they reach the age of five, however, they are told to stop crying, otherwise they will be sent to their rooms or they will be punished.

Children should be able to fully express their feelings. By telling children to cry or grieve alone, can be the cause of divorce, since adults struggle to deal with difficult situations.

One of the spouses will often drive off to be alone, or lock themselves in the room for the whole day to try and be alone. Children that are raised in such environments, tend to repeat such patterns.

4. *Stay strong*

When adults lose a loved one, they will need to "stay strong" for the children. Boys tend to become quieter, while girls tend to take on the role as the family's savior. She learns from a young age to be strong, but the price she pays will be the loss of her childhood experiences.

"We don't want our children to become little therapists. They still need to be kids. The death will affect them enormously without the additional burden of growing up before their time" (James *et al.* 2002).

Later in life their lives and marriages seem to fall apart because one of the spouses looks after the other that was stripped of worthiness and integrity.

In these cases, the deeper root of the problem is often associated with childhood experiences where the child was forced to take responsibility for parents or for others. This experience causes lifelong burdening.

5. *Stay busy*

Another myth regarding dealing with grief is to try and stay busy in order to keep the mind occupied. Children don't need this sudden change to stay busy in order to cope. It is important to remember that loss can have an impact on the child's emotional, intellectual and spiritual wellbeing. All three of these areas need to be monitored when children lose a loved one, as neglecting to keep an eye on these areas, can lead to behavioral problems as a way for a child to be heard.

The sad thing about this is that a child will be punished for his or her behavior, instead of hearing the deeper original pain that the child is experiencing, because the loss was never dealt with, only subsided by staying busy. It's often considered a behavioral problem, instead of a grief issue.

6. *Time heals all wounds*

The perception that a certain amount of “time off” will help with the loss, suggests that the bereaved needs to pull it together and get on with life within the time span of a few days. This causes the bereaved child to put up a front that he or she is fine, when in reality; the child is far from fine. It is a common illusion that the correct amount of time will fix the grief and that time is the ultimate healing factor.

The ultimate healing factor, however, is God's grace and the wonderful memories of the loved one that can be recalled in the future, without constantly turning into pain. What needs to be explained to children is the fact that being sad is not a bad thing, but a normal feeling when dealing with loss and that the pain that is being felt now, won't always be there (James *et al.* 2002).

According to Coetzer (2013) the symptoms of grieving children and teenagers can be categorized as follow:

Behavioral components of grief

- Restlessness
- Angry outbursts
- Compulsiveness
- Clinging to loved ones or social withdrawal
- Hyperactivity
- Lassitude
- Change in relationship to family and friends
- Increased interaction
- Escape into work
- Over protectiveness
- Experiencing the presence of the deceased
- Incorporation of deceased's behaviors
- Apathy
- Overeating or overspending

Emotional components of grief

- Anger
- Blaming
- Desolation
- Longing for the deceased
- Hopelessness

Despair
Panic
Anxiety
Guilt
Fear
Relief
Idealization
Sadness
Shame
Jealousy
Forgetfulness

Mental components of grief

Preoccupation with thoughts of deceased
Analyzing
Active avoidance of the topic
Reliving the loss
Incorporation of the deceased's ways of thinking
Obsessing
Rationalizing
Continuation of deceased's work
Intellectualizing

Physical components of grief

Immediate responses

Chills
Change in heart rate
Weakness
Vision changes
Difficulty breathing
Numbness
Nausea
Changes in hearing
Blood pressure change
Sleep disorders (insomnia and oversleeping)
Anorexia
Death
Weight changes
Lack of hunger

Minor physical responses

Colds

Minor Injuries

Flu

Aches and pains

Minor asthma attacks

Restlessness

Major physical responses

Pneumonia

Anxiety disorder

Heart attack

Phobias

Substance abuse

Depression

Cancer

Death

Chronic physical responses

Arthritis

Series of accidents

Skin disorders

Sleep disorders

Hypertension

Depression

Spiritual components of grief

Loss or increase of faith

Awareness of life's fragility

Distancing from or increased activity in spiritual and church activities

Morbidness

Preoccupation with the meaning of life

Increased or intimacy with others

Decreased intimacy with others

Need to turn this experience into something meaningful

Experiencing the presence of the deceased - seeing, hearing, smelling.

2.18 Supporting a bereaved child

Smith & Segal (2016) states that when supporting a child through grief and bereavement the following should be taken into account:

Even very young children feel the pain of bereavement, but they learn how to express grief by watching the adults around them. After a loss, children need support, stability, and honesty. They may also need extra reassurance that they will be cared for and kept safe.

As an adult, you can support children through the grieving process by demonstrating that it's acceptable to be sad and helping them make sense of the loss.

Answer any questions the child may have as truthfully as possible. Use very simple, honest, and concrete terms when explaining death to a child. Children, especially young children, may blame themselves for what happened and the truth helps them see that they are not at fault.

Open communication will smooth the way for a child to express distressing feelings. Because children often express themselves through stories, games and artwork, encourage this self-expression and look for clues in those activities about how they are coping.

Ways to help a grieving child include the following:

- Allow the child, however young, to attend the funeral if they want to.
- Convey spiritual values about life and death, or pray with the child.
- Meet regularly as a family to find out how everyone is coping.
- Help children find ways to symbolize and memorialize the deceased.
- Keep the child's daily routine as normal as possible.
- Pay attention to the way a child plays; this can be one of a child's primary ways of communicating.

What not to do:

- Don't force a child to publicly mourn if they are uncomfortable or if they don't want to.
- Don't give false or confusing messages.
- Don't tell a child to stop crying because others might get upset.
- Don't try to shield a child from the loss. Children pick up on much more than adults realize. Including them in the grieving process will help them adapt and heal.
- Don't hide your tears; by crying in front of the child, you send the message that it's acceptable for them to express their feelings as well.
- Don't turn the child into a personal confidante. Rely on another adult or a support group instead.

Goodman *et al.* (2004) states that: “adults can play a very important role in helping children and adolescents that are affected by childhood traumatic grief. Children may be struggling with finding ways to understand and cope with their reactions to a traumatic loss.

Here are some suggestions about ways that can help support children:

- Be aware of the common reactions of children to death described above.
- Remember that not all children will develop childhood traumatic grief, and those that do may demonstrate a range of symptoms depending on their developmental level, personality, and prior history of traumatic experiences.
- Provide children of all ages with opportunities to talk about their worries and concerns. Children at different ages may need different types of support.
- Younger children may need more attention, patience, understanding, and a few extra hugs.
- Older children may need reassurance that it is normal to experience a range of reactions and that there are adults in their lives to help them cope.

- Some children, especially older children, may not want to talk about their experiences and feelings or may shut adults out.
- Understand that anger or regressive behavior may be a part of a child or adolescent's reaction to a traumatic loss.
- Recognize that children of all ages carefully observe how the adults in their lives are reacting and will often take their cues from the adults around them. Children will find comfort by observing how adults manage difficult reactions and model effective ways of coping.
- Be prepared to revisit the loss with children as they become older and acquire new information, develop new questions, and have new experiences.
- Seek support from friends and family to help manage personal grief.
- Reach out for professional help if the concern that a child's reactions are affecting his or her daily life arises."

Children often protect adults, fearing that they will bring further sadness if they express their grief. Sometimes children experience difficulties with grief and may need professional help. The following are signs that children may need help.

Many of these signs are normal following the death of a loved one, but may indicate a problem if they are drawn out:

- Constant difficulty talking about the deceased.
- Aggressive behavior and anger.
- Unexplained physical symptoms and discomfort, like stomach aches and headaches.
- Sleeping difficulties.
- Eating disturbances like eating excessively or having very little appetite.

- Marked social withdrawal by not wanting to socialize with friends or others outside the family.
- School difficulties like serious academic reversal, inability to concentrate or behavioral problems.
- Persistent blame or guilt.
- Self- destructive behavior like engaging in risky or dangerous behavior and talking about wanting to hurt themselves.

Therapy offers the child or adolescent the opportunity to talk about very difficult things in a safe and non-judgmental environment. The caregiver may suggest that the adult comes with the children and that everyone talks together. Children under about eight years will need the opportunity for expression that “play therapy” offers. Remember that very young children and infants are also deeply affected by the loss of a loved one, although their way of managing the feelings will not always be apparent (Anon 2005).

Finding ways to celebrate life, birthdays and commemoration of the day the deceased died can be celebrated together as a family, the impact of a life that has been lost. Family can create a celebration time to check in on each other’s grief and gain perspective as a family on their loss. It is important to have a strategy on how to approach the holiday season. This action plan or approach can help the family get through what can be a difficult time of the year. When the family is grieving the loss of a loved one who is absent at the table, it can be a good start to invent a new family tradition, do something different, create a new tradition (Guthrie and Guthrie 2008).

Fargher & Dooley (2011) explains that “grieving people need tangible reminders of the dead person. Besides holding on to objects, acknowledge the special days around the deceased's life, such as birthdays and other significant anniversaries. Painful as it may be, people believe that if a person dies and the body is not distorted or disfigured in any way, children should see the body of the love one. Their imaginations are lively and seeing the body normalizes death. Children may benefit from having something special from the dead person that they can hold on to as a physical reminder of that person, photographs are particularly important.

Difficult as it may be, include adolescent children in the thinking and planning of funerals. Consider writing a letter to younger children so that when they begin to ask questions they can be shown that they were thought of at the time of their parent's or sibling's death.

It is usually wise to inform a trusted and mature teacher at your child's school of a death anniversary as the days leading up to the death of a love one makes it hard for children to concentrate or function at school. However, some children recover more quickly than others from death and may not want reminders thrust upon them.

Consider creating a special place where you or your children can go to be with and remember the love one, such as a special bench in the garden, or plant something that flowers in the dead person's favourite colour. Seek support from all avenues open to you. It is foolhardy and usually inappropriate to present a stoical face and to think that revealing grief is weak.

The mind may feel 'mad with grief' but help the grieving person understand that they are not mad. While the grieving person may lose hopes and dreams help them see they have not lost their capacity to dream new dreams or hope new hopes. Grief comes in waves and catches the grieving person unawares. Respect these waves of grief as they are a means of preservation."

With time, children may learn to get past the grieving process. For others, death has changed their lives forever. The human body is created holistic. Therefore, there are physical, behavioral, mental, spiritual and emotional reactions associated with grief.

Following a list of reactions that children and teens may experience in response to death, include the following (Guthrie & Guthrie 2008):

Emotional reactions like crying, hiding grief, loneliness and being easily disturbed.

Behavioral reactions like acting out, restlessness, withdrawal, productive in academics and reaction to stress.

Mental reactions like concentration problems, boredom, lack of interest and absentmindedness.

Spiritual reactions like dreams of the deceased, and feeling the presence of the deceased.

Physical reactions like changes in appetite, fatigue, physical weakness, headaches, stomach pains and changes in sleeping patterns can occur.

The above mentioned are all ordinary reactions to grief. Sometimes grieving people may feel like they are alone in going through this process. It seems to them that everyone else is going on with their normal lives. Such a feeling can create more depressing feelings.

“It is important to let go of your emotions on a healthy way, actions like hit a pillow or dance to loud music can help ventilate feelings.

Feeling sad; let yourself cry as hard as you want. It will also help to keep something that reminds you of the deceased. Keep a journal, writing poems. Talk to someone you can trust is the best way for most people who grieves, or a caregiver.

It is important to be honest with the rest of the family about what helps you cope and what doesn't. Also to respect the actions that helps them feeling better even if it differs from yours. Do not be afraid to ask questions about death. No one knows all the answers, but adults and pastors do know a lot. When the bereaved is confused about death it will only mean that the grieving process takes longer. Ways of how a parent and teachers can help children working through their grief, for younger children a lot of play together, a lot of side by side doing thing together, drawing, reading open-ended books that make you to discussion places. Create opportunities for your child to open up” (Guthrie & Guthrie 2008).

If the child believes in the wonder of heaven, the question of whether or not the deceased is in heaven, will arise. Adults should not offer the child any guarantees about the certainty of the deceased in heaven, if the adult is unsure about whether or not the deceased proclaimed faith in Jesus as the Savior.

The adult also needs to be aware of telling the child that the deceased is not in heaven, because people cannot judge the hearts of other people.

Provide the child with the honest answer that God alone can judge the deceased's heart. If the adult knows for a fact that the deceased has accepted Jesus, it is a time for celebrating.

The celebration is not to mask the guilt, but to acknowledge that the deceased is experiencing ultimate joy. When a child brings up the question of heaven, this can be a teachable moment and it shouldn't be something to avoid. All Christians can hold out hope for eternal life with God and the child can feel secure when they know that heaven is a perfect place without sin.

God has a place prepared for His children and that is why Jesus had to die for our sins. By accepting Jesus and asking for forgiveness and choosing to follow Him here on earth, secures our place with Him in heaven. The Bible also gives confirmation that when people's hope is secure in Him, they will see their loved ones in heaven again. (Whitwer 2009).

“Brothers, we do not want you to be ignorant about those who fall asleep, or to grieve like the rest of men, who have no hope” (The Bible New International Version, 1984).

With the certainty that the deceased is with God, there is hope. Hope will be a healing factor in grieving the loss of the loved one. A relationship with God is the most important thing a person can have when it comes to drawing from a person's resources, because God is very often one's only hope. A good relationship with God is central to recovering from a loss.

People tend to centre their lives around human beings and when that person leaves, the foundation of a person's whole life can shake irreparably. If a person's life is centred around Jesus, however, it is steadfast and unshakable, because the Bible ensures us of God's consistency, even throughout the inevitable losses of life.

Knowing where one's help comes from is a very important lesson for children to learn early on, because it will build a solid foundation later on in life (Whitwer 2009).

2.19 Biblical Counseling

Reports by Venter (2004) indicate that Biblical Counseling should be seen as Christ-Centered counseling of which the essence is witnessing. This type of caregiving is to assist the bereaved in trusting God as the Savior and to disciple the bereaved in spiritual growth.

“Do not conform to the pattern of this world, but be transformed by the renewing of your mind. Then you will be able to test and approve what God’s will is—his good, pleasing and perfect will” (The Bible New International Version, 1984). With the help of the Holy Spirit, the believer will be supported to experience the life of Christ as viable reality. Biblical Counseling is to lead the person in need to understand that God is for the bereaved now, as well as in future.

A few biblical concepts of counseling describe to us how God supports the believer:

“To them God has chosen to make known among the Gentiles the glorious riches of this mystery, which is Christ in you, the hope of glory. He is the one we proclaim, admonishing and teaching everyone with all wisdom, so that we may present everyone fully mature in Christ” (The Bible New International Version, 1984).

“Praise be to the God and Father of our Lord Jesus Christ, the Father of compassion and the God of all comfort, who comforts us in all our troubles, so that we can comfort those in any trouble with the comfort we ourselves receive from God” (The Bible New International Version, 1984).

The Scripture explains kindly, but firmly, to bring one another to the awareness of the differences between one’s life and the will of God, between what it is, and what it should be. This kind of thinking will lead to a change in thought and as well as attitude.

“The Lord is not slow in keeping his promise, as some understand slowness. Instead he is patient with you, not wanting anyone to perish, but everyone to come to repentance” (The Bible New International Version, 1984).

This verse clearly states that God will stay patient in helping the bereaved through the long suffering of losing a loved one. The Bible urges us as disciples to hold on to the weak, to encourage the discouraged and to be patient with everyone (The Bible New International Version, 1984).

“Carry each other’s burdens, and in this way you will fulfill the law of Christ” (The Bible New International Version, 1984).

There is a strong Biblical basis for counseling as a specific ministry. The Bible New International Version (1984) states that “We have different gifts, according to the grace given to us. If a man's gift is to encourage, let him encourage.”

The Christian lifestyle should be to counsel or care and to share and encourage one another at all times. Therefore, the Christian's duty is to care for and support one another.

Helping to develop a Biblical approach to counseling is to study the life of Jesus. The observation that one can make about this approach to counseling is that His involvement with people was a process.

Jesus spent time helping people to work through life's crises in an independent manner.

The Bible teaches us the following characteristics of Jesus' approach in counseling (Venter 2004):

- Jesus has compassion (The Bible New International Version, 1984).
- Jesus accepts people as they are (The Bible New International Version, 1984).
- He gives people worth. People are regarded as top priority for Jesus. He puts people's needs first, before the rules and regulations of the leaders.
- Jesus encourages people to take control of their negative thoughts and to renew their minds (The Bible New International Version, 1984).
- Jesus knows the thoughts of people and He helped people to direct their thoughts from the unimportant to the important things in life (The Bible New International Version, 1984).

Out of a Biblical view we can confirm that some people are specifically gifted by God for the purpose of helping people with their problems as outlined in The Bible New International Version (1984).

The gift of “stimulating the faith of others” is a God given ability to resolve the deep hidden problems which hinder Christians in their spiritual growth.

Jesus spoke with authority. “Because he taught as one who had authority, and not as their teachers of the law” (The Bible New International Version, 1984).

The Bible New International Version (1984) indicates that when Jesus was baptized, He received the Holy Spirit, the power of the Holy Spirit has also been called “Counselor”, which enabled Jesus to be masterful in His ministry.

The Bible New International Version (1984) it is clear that Jesus looked to God for direction and strength and these points out that Jesus lived a life of faith.

Jesus' personal life was lived in obedience to God. There was a relationship between Him and God, his father (The Bible New International Version, 1984).

Prayer is an essential part of Jesus' life and this also indicates that prayer should be a vital part of one's ministry as well. (The Bible New International Version, 1984).

In the Old Testament, the following verses can be related to counseling someone with the inherent connotation of advice in the form of guidance and direction:

“He deep waters have covered them; they sank to the depths like a stone. Your right hand, Lord, was majestic in power, our right hand, Lord, shattered the enemy. In the greatness of your majesty you threw down those who opposed you. You unleashed your burning anger; it consumed them like stubble. By the blast of your nostrils the waters piled up. The surging waters stood up like a wall; the deep waters congealed in the heart of the sea. The enemy boasted, I will pursue, I will overtake them. I will divide the spoils; I will gorge myself on them. I will draw my sword and my hand will destroy them. But you blew with your breath, and the sea covered them. They sank like lead in the mighty waters. Who among the gods is like you, Lord? Who is like you— majestic in holiness, awesome in glory, working wonders? You stretch out your right hand, and the earth swallows your enemies. In your unfailing love you will lead the people you have redeemed. In your strength you will guide them to your holy dwelling. The nations will hear and tremble; anguish will grip the people of Philistia. The chiefs of Edom will be terrified, the leaders of Moab will be seized with trembling, the people of Canaan will melt away; terror and dread will fall on them. By the power of your arm they will be as still as a stone— until your people pass by, Lord, until the people you bought pass by. You will bring them in and plant them on the mountain of your inheritance— the place, Lord, you made for your dwelling, the sanctuary, Lord, your hands established. The Lord reigns forever and ever. When Pharaoh’s horses, chariots and horsemen went into the sea, the Lord brought the waters of the sea back over them, but the Israelites walked through the sea on dry ground.

Then Miriam the prophet, Aaron's sister, took a timbrel in her hand, and all the women followed her, with timbrels and dancing. Miriam sang to them: 'Sing to the Lord, for he is highly exalted. Both horse and driver he has hurled into the sea.' "Then Moses led Israel from the Red Sea and they went into the Desert of Shur. For three days they traveled in the desert without finding water. When they came to Marah, they could not drink its water because it was bitter. That is why the place is called Marah so the people grumbled against Moses, saying, 'What are we to drink?' 'Then Moses cried out to the Lord, and the Lord showed him a piece of wood. He threw it into the water, and the water became fit to drink. There the Lord issued a ruling and instruction for them and put them to the test. He said, 'If you listen carefully to the Lord your God and do what is right in his eyes, if you pay attention to his commands and keep all his decrees. I will not bring on you any of the diseases I brought on the Egyptians, for I am the Lord, who heals you'" (The Bible New International Version, 1984).

"But it is you, a man like myself, my companion, my close friend, with whom I once enjoyed sweet fellowship at the house of God, as we walked about among the worshipers" (The Bible New International Version, 1984).

The Bible New International Version (1984) states that "The way of fools seems right to them, but the wise listen to advice."

Out of these verses, several words for "counsel" seem to imply that different approaches are suited for different situations.

The following Biblical resources can be used for counseling (Venter 2004):

- Holy Spirit: In Biblical counseling, making use of the Holy Spirit is an essential element. During a session, at least three people are involved, the client, the caregiver and the Holy Spirit.

Dependence on the Holy Spirit is very important during a counseling session. (The Bible New International Version, 1984) states: "And I will ask the Father, and he will give you another Counselor to be with you forever."

Therefore, it is also essential for the Holy Spirit to be present in the daily routine of the caregiver, in order to function as Spirit-filled Christian caregivers who are open to the guidance and power of the Holy Spirit.

- Prayer: Prayer forms a vital part of counseling. It is needed in order to assist and help others. “Therefore, confess your sins to each other and pray for each other so that you may be healed. The prayer of a righteous man is powerful and effective” (The Bible New International Version, 1984).

Making use of prayer during a session can mobilize the client's inner spiritual resources and provide help in dealing with problems.

- God has provided people with Scripture to deal with problems as well as with Scripture to meet their basic desire for meaning, hope and love in life. It is important that

Christian caregivers have a good grasp of Scripture, as these are key foundations for effective healing. (The Bible New International Version, 1984).

- Biblical Counseling: It is very important, not only to learn how to interpret Scripture, but also have the knowledge to be able to apply Scripture on a daily basis.

The Bible gives direction to personal growth, and leads a person to a deeper relationship with God. Clients are encouraged to study portions of Scripture and to apply these portions to life's problems and challenges.

Kader (1990) explains that caregivers are there to make it secure enough for the bereaved to risk dealing with pain and to help find their chosen way through grief. Caregivers do not heal: they allow healing to take place.

Some interview questions that caregivers can use to determine the type of grief that is present in the bereaved:

- What was the bereaved's relationship to the deceased?
- How close was the bereaved to the deceased?
- How recent was the death?
- What was the cause?
- What grieving tasks have already been done?

- What is the bereaved's general state of health?
- Are they eating, sleeping and exercising?
- Who are the family members? Are there bereaved children?
- What support is available?
- Is religion a factor?
- What does the bereaved consider to be personal strengths?
- What previous losses, whether through death or some other cause, have been experienced?
- How has stress been handled in the past?
- What help does the bereaved feel is needed?

Caregivers are trained to identify the stages of the grieving process and to allow tears and other expressions of loss in order to help develop coping strategies and generally assist and accelerate the completion of the grieving tasks. They will encourage the bereaved to view the deceased's body and may even accompany them.

Caregivers can also offer support around the anniversary of the death, when feelings of grief often recur. The best time for seeking assistance is usually about six weeks after the funeral, when people tend to stop visiting and leave the bereaved to cope alone. This is the time at which the bereaved person is usually most vulnerable, as the denial stage ends and harsh reality sinks in (Glasscock & Gressor 1995).

The most important counseling goals are the following:

- To offer structures by means of rituals and symbols for the expression of emotions in the separation of the bonding experience. Consequently, motivating the process of parting and detaching from the deceased, which, in fact, implies increasing the reality of loss.

- To act as a facilitator between the pain of the griever and God's compassion. The caregiver must therefore be a listener to the stories of pain and loss.
- To ease the processes and phases of grief, as well as to help the griever deal with both the articulated and concealed effect.
- To offer support in the making of choices for the future, as well as in orientation to the reality of the loss. The caregiver should help the griever to conquer different impediments to readjustment after the loss, to persuade the bereaved to take leave of the deceased and to feel comfortable about reinvesting in life.
- To offer support by means of useful tasks of service and assistance. Advise people not to make important choices during the phase of confusion and shock. Later on, encourage them to deal with life once again and to make choices about readjusting.
- To reflect hope by means of use of Scripture. This applies to the needs of the bereaved.
- To encourage communication with the deceased via a realization of the reality of renewal.

The same quality of life which the deceased believer already shared in Christ belongs to the living on the foundation of their shared fellowship with Christ.

The general goal of grief care-giving is to help the bereaved to complete any unfinished business with the deceased and to be able to part with the deceased and to readjust to life.

The main goal of pastoral care-giving in mourning grief, is growth and the building of relations. Grief heals where love displays understanding, where relationships support and accepts one, and where faith learns to trust (Louw 2008).

"Counseling is a meaningful, challenging and rewarding journey. It is a way of connecting to ourselves to find out who we are and what we need to live a fulfilling life. It is a process of finding our authenticity. Counseling is a way of working through pain, suffering and fear. It is a way of liberating ourselves" (Cohen-Schwarz n.d.).

2.20 Overcoming grief

"For most of us saying goodbye to a loved one after death is the most traumatic experience in life. It is being experienced as a loss, it makes you feel empty, and full of sadness. Your normal routine is disrupted and turned upside down, there is no more security, no place of safety and we are filled with fear for the future. How in this world are we going to get normal again and move on with a normal life?

Every human being wants to avoid saying goodbye to a loved one, unfortunately on your journey through life, each and every one will sometime experience the loss and have to say goodbye to someone special.

Saying goodbye is the worst experience for every human being to face, but you cannot choose to avoid it, it forms part of life!

You have no choice on when, where and how death occurs, it just happened. Therefore, there is nothing so intense that disrupted a human being's emotions such as death, and you did not heal very easily or quickly from such a loss" (Barnard 1996).

"You can love, lose and survive. You can fall to your knees and cry in pain. You can feel a horrible, crippling emptiness, yet recover and fill yourself up again.

We all seem to survive it by following these guidelines" (McGraw 2014):

Be patient

There is no timeline to experience certain emotions or to be over it. Choose to move forward, it will be normal to cry and feel depressed, but more important is to put one foot in front of the other and move forward.

Regardless the loss and coping on a daily basis expect that the day will come that hope will be seen again.

Change expectations

Emotions form a natural part of the grieving process. Some days can feel good and next day the bereaved can feel depressed.

The process can make the bereaved feel alone and rejected, but most important is to move forward.

Accept what cannot be changed

The bereaved can face a sense of being out of control because the loss is not controllable.

Find strength in support

Talking to someone who experienced such a loss can strengthen the process and give comfort.

Do not get stuck

Work to prevent getting stuck in anger or bitterness.

Getting a new hobby, or try to focus on moving forward and to return to being the person the bereaved was, before the loss.

Recognize that time has no boundaries - nurture the relationships with friends and family, spent time now and do not wait for a day that may never come.

Learn something from this experience; it is important to ask oneself, "What did I learn from this experience?"

There is positive grow in every experience.

Preparing for one's own death. It is important to discuss death with family members, when it is a calm time.

Prepare financially for the day of death day and take care of the children after leaving this world. Celebrate life.

It is important to celebrate life; life does not stop just because someone is grieving (McGraw 2014).

Rando (2016) suggests specific suggestions for resolving grief:

"Give yourself permission to Feel Your Loss and to Grieve over It.

In order for you to work on your grief, you have to feel that it is acceptable for you to do so.

Recognize and accept your loss.

Work toward understanding the death.

Feel and deal with all of your emotions and thoughts about the death.

Make a conscious decision to get through this grief.

Mourners desperately need the support and assistance of others-their presence, non-judgmental listening, compassion, and concern-to help them cope with their grief.

Do not isolate yourself.

Accept the help and support of others.

Be assertive; tell others what you need, and go after what you want. You must be assertive in your grief. You must ask for what you need and want.

Be Realistic in Your Expectation of Yourself as a Griever

You must have realistic expectations of yourself. These will influence how you allow yourself to experience your grief and what you will let yourself do about it.

Make sure you have accurate information about grief in general and a proper perspective on what is realistic.

Be realistic about the amount of time the process of grief will require.

Make sure you have accurate information about this death in particular and what problems it presents to a griever, besides knowing about grief in general, you must have an understanding of the specific consequences of this type of death.

You should know how they influence your grief and what issues they will bring up to you.

Expect to have some negative feelings and volatile reactions. You are not a bad person. Anger, protest, upset, or lack of concern for others is all natural, normal and expectable in grief. No matter what type of person you usually are, you can expect that you will have some measure of less-than positive feelings somewhere along in your grief.

Recognize that your grief will be unique. Despite the fact that you will share some similarities with other griever, your grief is unique to you and your particular loss. It is shaped by the unique group of factors that describe your particular loss: what you have lost, how you have lost it, your personal characteristics, and the social and physical factors influencing your response. You must be careful about comparing yourself to others.

It doesn't make any difference what others think. This is your loss. Do not be talked out of it. You will need to define and decide for yourself what are the biggest problems for you, prioritize your concerns, and deal with these concerns as well as you can.

Do not let others' personal judgments about the meaning of your loss rob you of your grief or determine how you should feel or what you should do.

There is no one correct way to grieve, so you must find the best way for yourself. As long as you are attending to the tasks of grief, and are not causing yourself any additional stress by your coping behaviours, you should go through the grief process in your own way.

Maintain a realistic perspective on what you can expect from others in your grief. Recognize that despite their desire to be of help, no one can take away your pain, they only can help you to deal with it.

Do not feel that you must accept the statements of others who seek to comfort you by telling you that you should feel better because you have other loved ones still alive.

Do not allow anyone to rob you of your legitimate grief.

Do not let other's needs determine your grief experience. Ask for what you want or need.

Try not to respond in ways that are contrary to appropriate grief. Your behaviour should be aimed at reaching the goals of grief work and promoting the resolution of your loss. Behaviours that are opposed to this will not be helpful.

Recognize that, despite you being unable to feel that it's true, your pain will subside at some point if you continue to do your grief work.

It is understandable to have many doubts. This is only normal, especially when you are in the middle of acute grief and cannot see any light at the end of the tunnel.

However, you must keep in mind that there is a purpose to your grief and that at some point your pain will diminish, you will experience more peace, and you will be somewhat more like your old self than you are now."

2.20.1 Grieving Tasks

Grieving Tasks to overcoming grief, according to Klopfer (2009), includes the following:

1. Process and accept the reality of death

This grieving task consists of the acceptance of the reality that the loved one died and that the situation is irreversible. This understanding comes from a mental state of acceptance.

It is different than accepting the reality on an emotional level, this level of acceptance can occur much later in life and will be processed then.

At this stage it is important to realize that death actually took place.

Reactions that occur within a person, when receiving the news that a loved one had died, includes shock, disbelief, a complete feeling of dullness, confusion, rage, anger and a natural protection mechanism of denial.

Guidelines for practical help include the following:

Realize the predicament in this grieving task

Stages of denial can occur in different ways to the bereaved, but it is normal in traumatic situations. It protects the bereaved against the reality that might sometimes be too overwhelming to handle.

The first grieving task includes the accepting of reality, which means that the denial stage cannot continue for too long.

The bereaved needs help in breaking through this denial stage in a sympathetic and supportive way, by following the below guidelines:

- Be there to support the bereaved

The support and presence of other people is crucial in this stage of grieving, because the bereaved is shocked and more than likely still in denial, which means that words and answers will escape them, but presence and a hug, for example, will go far in helping the bereaved cope with the grief in this time.

- Listen

Listen to the bereaved, without giving solutions. The bereaved might be confused and talk in ways that doesn't make sense. The bereaved might even lash out against God and other people. It is not the right time to offer any sort of advice or solutions. Simply listen. The bereaved needs to say what they are feeling to someone, regardless of how confused or scary it may seem. It can mean a lot to the bereaved to have someone listen without any judgment; it helps the reality sink in quicker.

- Encourage the bereaved to talk

When the bereaved talks about the deceased, it might help them realize the reality of the loss. It can be done by asking questions that will get the bereaved talking about the incident or about the loved one. These subjects might be avoided, because the misconception that these topics might upset the bereaved exists.

- Don't overprotect the bereaved

Overprotecting the bereaved occurs when people try to keep the bereaved away from anything that might be upsetting or cause emotional pain.

People also try, not only to avoid conversations, but also to remove any evidence that the deceased ever existed, by getting rid of any personal belongings or removing pictures from the deceased. The bereaved, however, needs to be able to say the words out loud in order to give acknowledgement regarding the fact that the loved one died and what happened. It is important to realize that overprotecting the bereaved, conflicts directly with working through the grieving process.

- Encourage the bereaved to get information

It is important for the bereaved to know where, when and under which circumstances the bereaved died.

The details of the incident can have a positive influence on the grieving process, because it enhances the reality of the loss of the loved one which can be beneficial for the bereaved in order to be able to start the healing process quicker and eventually get back to normal everyday life.

- Be aware of the “saviour”

It can be very valuable to realize that most families have a "saviour", this is someone who takes over everything and tries to make everything easier for everybody. Be aware of this person and try to keep this person from interfering so much that it obstructs the grieving process.

- Encourage the bereaved to say goodbye properly

It is not always possible for the bereaved to see the deceased's body, but if it is possible, it can make a big difference in the grieving process. It is important to remember that the death of a loved one can be a very confusing time for the bereaved. The bereaved can have a difficult time with acknowledging the fact that the loved one died and uncertainty about what should be done is normal. The majority of witnesses can testify that spending time with the deceased, after death, can have a positive impact in the grieving process, even in cases where the body might have been mutilated, even just holding the deceased's hand, while the rest of the body was covered, can help.

No person should be forced or rushed to spend time with the deceased. It should be a personal choice when coming to terms of the reality of the death.

The bereaved needs to be given as much time as needed in saying goodbye to the deceased, but the time directly after death can be regarded as the most important time to say goodbye.

- The value of the funeral should not be undermined

The death of a loved one can still be unreal to the bereaved and in between the time of death and the funeral, this feeling can be the strongest. The funeral is a very important part of the grieving process and the value thereof should not be undermined. It is at the funeral, where the reality of the death can finally sink in. The funeral is naturally the most emotional time for the bereaved.

It is the time wherein the bereaved says goodbye for good and this can be regarded as one of the most important moments of the first grieving task (Klopper 2009).

The following misconceptions should be avoided (Klopper 2009):

- Avoid using traditional sayings like “He is better off with God than on earth” or “You need to be strong.” Words are not always needed when trying to support the bereaved.
- Avoid using expressions like “She is sleeping now” or “We lost her.” The bereaved will have a difficult enough time with the acceptance of reality, without people trying to make death sound easy and nice. The bereaved needs honesty in this time, without trying to misinterpret death for something it isn't.
- Avoid rationalizing by trying to explain the death of a loved one in a logical manner. The bereaved starts to think about ways the death could have been prevented.
- Avoid using the phrase: “It could have been worse” even if the situation could have been worse.
- Avoid minimizing the death of a loved one by trying to make it sound like a minimal problem compared to someone else. For the bereaved, the loved one lost is someone unique and close to them and the pain felt, should not be made off like something small and irrelevant in comparison to someone else's trauma.
- Avoid the misguided use of medication, drugs or alcohol for dealing with grief. The problem won't go away. The use of medication should only be recommended by a professional physician.

Remember the following:

The use of the word “death” should be used and heard.

The bereaved needs to get used to hearing and saying the word, in order to help the reality of the loss sink in.

No medication can take away the sadness or pain associated with grief.

2. *Experience the emotional pain and loss*

According to Klopper (2009) this grieving task consists of the recognition and experience of emotions and emotional pain related to losing a loved one.

This is exactly what is needed in order to progress with the grieving process, because a person cannot process the deceased's death with all sorts of emotions being suppressed or denied. These emotions include: grief, sadness, frustration, anger, rage, guilt and feeling powerless.

The following should be taken into account when supporting the bereaved:

- The bereaved has a need to express emotion.
- The bereaved might suppress the need to express emotion.
- The bereaved actually needs permission to express emotion from the people supporting the bereaved.
- The bereaved can mostly feel powerless and helpless when dealing with death.
- The bereaved can sometimes fear that he or she is going crazy and needs assurance that the feelings of confusion and anxiety is normal.
- The bereaved fears that once emotions are expressed, he or she will not be able to stop and get the emotions under control again.

The following emotions are to be expected throughout the grieving process:

Being sad and crying is the most common emotion that can be expected in dealing with grief. The bereaved will often cry as a way to express loss, while dealing with the stress that the crying might upset other people.

Anxiety and helplessness are often common emotions displayed in the grieving process. The bereaved feels anxious, without really knowing why.

Feeling powerless because there is nothing that can be done about the death of a loved one is a natural reaction.

The bereaved can also be angry about the situation and can blame another family member, a doctor, God or even the deceased for dying.

The anger can also aim internally at the bereaved as personal feelings of guilt, depression or a poor self- image.

Guilt is normal but not necessarily grounded. There is almost always something to feel guilty about, even if it is unrealistic or ungrounded.

Guidelines for practical help include the following (Klopper (2009):

- Be there to support the bereaved. Most people avoid the bereaved at this stage, because the overwhelming emotions are too much to deal with or they don't really know what to say. The bereaved needs support in this time, even if no words are spoken.
- Listening to the bereaved can be the most successful way in which emotions can be processed.
- Give permission to the bereaved to freely express their emotions without judgment. Create a safe environment for the bereaved to be able to confide, cry and express emotions freely.
- Talk about the deceased in order to bring forth all of the emotions that the bereaved suppresses deep down.
- Talk about the incident as well in order to expose emotions.
- Ensure the bereaved that all of the emotions are normal, even if it is ungrounded or unrealistic.
- Keep in mind that there is no need to always give answers or solutions, simply being present and listening is enough.

The following misconceptions should be avoided (Klopper 2009):

- Avoid regarding the expressing of emotion as a sign of weakness. It takes time to work through grief and expressing emotion is an important part of working through the grieving process.

- Avoid trying to distract the bereaved by suggesting that shifting focus will take their mind off the incident. It is important that the bereaved focuses on their emotions and dealing with that first.
- Avoid confusing salvation with loss. Most people believe in the misconception that because the deceased is saved, there is no reason for the bereaved to grieve. The bereaved is still experiencing loss and should be able to grieve. Salvation cannot cancel out the loss that the bereaved is feeling.
- Avoid giving statements on behalf of God. This will only confuse the bereaved further and this will not comfort the bereaved at all.
- Avoid the misguided use of medication, drugs or alcohol for dealing with grief. No medication can take away emotional pain; it can simply suppress or delay the pain. The bereaved needs to feel, express and share the emotions that they are feeling. The use of medication should only be recommended by a professional physician.

3. *Celebrate the memory of the deceased*

According to Klopper (2009) this grieving task requires the bereaved to give recognition to who the deceased was.

The memory of the deceased needs to be celebrated openly, even when some memories are kept personal.

The funeral is the first opportunity to celebrate the memory of the deceased and the life that the deceased lived.

This grieving task should, however, be continued even after the funeral has ended.

Things that make this grieving task difficult include the following:

- Avoiding using the deceased name.
- The funeral arrangements get taken away from the family.
- Impersonal funerals.

- Lack of appropriate rituals.

Guidelines for practical help include the following:

- Encourage the bereaved to talk about the deceased's characteristics, principles and values. Ask the bereaved about all of the favourite memories about the deceased.
- Encourage the bereaved to actively take part in the funeral arrangements. No pressure should be placed on the bereaved to plan or do anything that they are uncomfortable with.
- A tribute, photographs, letters to the deceased as well as songs can be used at the funeral to pay respects to the deceased. The bereaved needs to make the funeral a personal matter by saying goodbye in a way that they are most comfortable with.
- Displaying personal items, photographs, or planting flowers can contribute to celebrating the memory of the deceased.

The following misconceptions should be avoided:

- Avoid not using the deceased's name. Don't act like the deceased never existed.
- Avoid not giving the bereaved a chance to talk about the deceased.
- Avoid removing all the items that will remind the bereaved about the deceased.
- The personal items of the deceased have a lot of value to the bereaved and the decision of what to do with the items should be left up to the bereaved.

4. *Admit and process conflicting emotions (Klopper 2009)*

This grieving task requires the bereaved to admit their feelings. The bereaved might try to suppress feelings of guilt and this can lead to physical harm, such as headaches, nausea, eating disorders, anxiety and sleeping disorders or even psychological issues, such as aggression, depression and isolation from the outside world.

In order to work through this grieving task successfully, the bereaved needs to admit and express the conflicting emotions that arise, instead of suppressing the feelings.

It is also necessary for the bereaved to review and discuss the positive as well as the negative aspects of the deceased.

The following causes conflicting emotions:

- The bereaved feels as though the deceased let them down, which causes feelings of grief, anger and disappointment.
- When suicide is the cause of death, the bereaved can have strong feelings of anger towards the deceased, because the bereaved might feel that there is so much unfinished business that the deceased left behind or other alternatives for help.
- The bereaved might even feel that the deceased chose the “easy way out” instead of dealing with problems. The bereaved might feel guilty about unresolved fights or comments that were made, before the deceased died.
- If the deceased died because of a long illness, the bereaved might be conflicted, because the deceased is finally relieved of all the pain that the illness caused. This causes the bereaved to feel guilty for feeling comforted that the deceased is relieved of pain.

Things that make this grieving task difficult include the following:

- The bereaved feels guilty for having conflicting feelings towards the deceased.
- The bereaved is scared that nobody will understand the conflicting feelings which they are facing. This can lead to deeper suppression of feelings and isolation from the outside world.
- The bereaved feels trapped, because they are unable to process the death, or work through the grieving process, which leads to depression.

Guidelines for practical help include the following:

- A trusting relationship needs to be established, before discussing the sensitive subject about conflicting feelings that occur. Respect for both the deceased and the bereaved needs to be shown.
- Remember that the bereaved feels guilty about having these conflicting feelings and it is easier to suppress the feelings than expressing it.
- Listen to the bereaved, without corrections or judgments. It is important for the bereaved to feel safe in confiding in the listener and the bereaved needs to express everything, even if it takes a long time.
- Remember that the bereaved might have an unbalanced image of the deceased. This means that often only the positive or negative aspects of the deceased might be remembered. It is necessary to restore the balance by reminding or asking the bereaved about either positive or negative aspects of the deceased.
- Help the bereaved forgive the deceased by means of a forgiveness letter of some sort.
- Remind the bereaved that guilt can be forgiven and that asking God for forgiveness might help in putting the feelings of guilt to rest.

The following misconceptions should be avoided:

- Avoid getting involved in this grieving process, when a trusting relationship is not established.
- Avoid judgmental comments about anger in this time. It can worsen the guilt that the bereaved is feeling and can harm the progress of the process.
- Whenever the bereaved is expressing their emotions, it should under no circumstances be taken lightly.
- Avoid telling others what the bereaved entrusted to share personally.

5. *Say goodbye and live prospectively (Klopper 2009)*

It is important for the bereaved to say goodbye to the deceased on an emotional level. It will be important for the bereaved to start letting go of all the emotional energy that is still part of the bereaved.

It is necessary for the bereaved to let go of this emotional burden, otherwise it will be impossible to move forward.

Things that make this grieving task difficult include the following:

- Personality factors will have an influence in how easy the bereaved finds it to cope with the loss.
- A lack of coping mechanisms to deal with the loss will make it difficult for the bereaved to move forward.
- Exasperated feelings towards the deceased will delay the progress of the grieving process, because the bereaved still needs to deal with those feelings, before moving on.
- The bereaved can become depended on the sympathy that others provide, in which case it will be difficult for the bereaved to move forward.

Guidelines for practical help include the following (Klopper 2009):

- Loving and positive support and encouragement is needed to be able to work through this grieving task.
- Encourage the bereaved to take part in different activities and start living again.
- Encourage the bereaved to take part in something where a difference in another person's life can be made.
- Encourage the bereaved to establish new relationships.
- Constantly ensure the bereaved that it is normal to get excited about life again.

- Offer the bereaved practical help, where needed.
- Follow-up visits will mean a lot to the bereaved.
- Special dates, like the deceased birthday, will be a very emotional day for the bereaved.
- Ensure that support is offered in this time.

The following misconceptions should be avoided (Klopper 2009):

- Avoid trying to take over everything, even if it is with good intention. The bereaved needs to be in control of his own life right now. Taking over doesn't help the bereaved cope with the loss?
- Avoid trying to establish new relationships on behalf of the bereaved in order to try and replace the relationship that the bereaved had with the deceased.
- Avoid using the phrase: “I know how you feel” because this comment doesn't comfort the bereaved, and it only irritates them. Remember that no two cases of loss are the same.
- Avoid telling the bereaved a sad story of loss in this time. The bereaved is too busy with dealing with their own loss, to take in anything else.

Coetzer (2013) explains the following conversion of emotional energy in recovery components:

Through relationship review, the child is able to find aspects that they wish were different or better when the relationship ended. Unrealized hopes, dreams and expectations of the future are usually also identified. Consequently, there are a lot of emotions linked to these unfinished events that needs to be converted into one of the following four emotional categories that will finally result in closure:

Apology

Death doesn't complete the unresolved issues between people. In the case of a death, the bereaved should apologize for all of the things that they wish they had done differently, or not at all. All of the unresolved issues should be communicated indirectly to another person, in order to finally get closure on the relationship with the deceased.

Forgiveness

Forgiveness is an important element in the completion of the unresolved emotions that a bereaved might experience. Children are especially vulnerable to pain caused by other people's words or actions. In the case of a death, the bereaved should forgive for all of the things they wish they had done differently. This is a hard one. Note that forgiving does not mean condoning.

The bereaved has to reach the point where they are no longer affected by the actions that were considered to be wrong.

This is a favour to the bereaved, not to the person who has died.

Apology and forgiveness will be less emotionally-charged in cases of grief that are not related to death, but focusing on things that the bereaved wished they had gone differently is always important.

Significant emotional statements

Anything with emotional worth that is not an apology will be applicable here. Any information that should've been communicated, or shouldn't have been communicated before the end of the relationship needs to be settled. It is helpful to say out loud all of the things that were most loved or hated about the deceased. All feelings are reasonable feelings.

Pleasant memories

The remembering of joyful memories will be of importance. The emphasis on appreciation of things that were experienced together will create pleasant associations when the bereaved thinks about the deceased.

2.20.2 Family adaptation to loss

“Death poses immediate and long-term adaptation challenges for families. Family adaptation to loss does not mean resolution, in the sense of some complete, ‘once and for all’ getting over it. Mourning processes have no orderly sequence or fixed timetable, and significant losses may never be fully resolved. Mourning and recovery are gradual processes over time, usually lessening in intensity; yet various facets of grief may re-emerge with unexpected intensity, particularly with anniversaries and other nodal events. For family members, adaptive coping over time involves a dynamic oscillation in attention, alternating between loss and restoration, focused at times on grief and at other times on mastery of emerging challenges. Death ends a life but not relationships.

Mourning processes involve a transformation of those relationships from physical presence to continuing bonds through spiritual connections, memories, deeds, and stories that are passed through kinship networks and to future generations.

Four family tasks tend to facilitate immediate and long-term adaptation for family members and strengthen the family unit:

- Shared acknowledgment of the death and loss.

This is facilitated by direct contact with the dying person when possible and by clear information about the facts and circumstances of the death. Well-functioning families tend to shift priorities to make the most of their time and contacts, with heightened appreciation of loved one's life.

- Shared experience of loss.

Participation in meaningful memorial rites and visits to the grave provide opportunities to pay respects, to share grief, and to receive comfort.

- Reorganization of family system.

Adaptive flexibility, continuity, and cohesion in the family system may require realignment and redistribution of role functions to compensate for the loss.

It is important for families to buffer upheavals in daily life, re-stabilize patterns in living, and pace their reorganization. Precipitous moves from homes or communities add further disruptions of family life and social supports.

- Reinvestment in other relationships and life pursuits.

As time passes, surviving family members gradually reconfigure their lives and relationships to move forward, revising life plans, hopes, and dreams.

Fear of another loss, over-idealization of the deceased, or a sense of disloyalty can complicate new attachments" (McGoldrick & McGoldrick 2013).

Families are determined by their beliefs, values and relationships.

It is important that a family acknowledges the loss as real, while sharing their own grief and feelings. The grieving process can be seen as an isolation process, it is therefore important that family members acknowledge and respect every individual family member's differences.

After the loss of a loved one, the family system de-stabilized by the loss. It is important to continue functioning as a family and control must be reclaimed.

Family members must reconstruct the meaning of family without the deceased and re-assign tasks and roles to the members.

Differences in grieving can lead the family to feeling “out-of-sync” and the family must reframe their differences and strengths, rather than their weaknesses.

It is still important to talk about the deceased during the re-construction of a new family (McGoldrick & McGoldrick 2013).

It is important to take note that anything that affects the family will affect the individual members in the family as well.

Family systems need to maintain a balance, therefore, each family member has their own roles and rules to abide to.

Sometimes, the roles and responsibilities might not be so clearly assigned to the individual members of the family.

The members might be aware of these, but a specific member is not assigned the role, especially if that role belonged to the deceased and is left unfulfilled by a family member after the death.

Role-reorganization will differ according to the deceased. If the deceased was a child, the roles will not be as important as when the father died, because he was most likely to be the provider, protector and handyman.

These roles should be assigned to someone else in the family.

It is important to be sure that the family member to whom the role is assigned to is equipped to carry out the responsibilities and duties accompanied with it, otherwise it is likely that numerous problems with running the household or keeping the balance will arise.

Assigning roles to individuals in a family can be a lead to secondary losses or secondary gains. It is important to keep in mind that each bereaved family member has to cope with the grief and the additional out of balance family system, as well as new role responsibilities and its demands.

Evaluations must be done in order to determine whether the re-assignment of roles is as healthy as possible for everybody involved.

Take note, that after the re-organization process, complications can occur in the need for compromise among family members in their grief.

Sometimes the grief of one member can trigger the grief of another in the family.

Grieving family members, living under one roof, can sometimes accumulate the situations of grief and pain. In contrast, sometimes the sense of shared loss is quite comforting and supportive.

Family members must learn to compromise.

The best chance for success is if communication among family members can be open and honest. It is important to recognize each member's needs.

Good communication, recognizing each other's needs and commitment, leads to the family's survival through the grief (McGoldrick & McGoldrick 2013).

2.20.3 Healing Grace for healing people

“Jesus came to give us hope and set us free from fear. Hope and fear are two of the greatest motivating forces in life. Both of these motivators can produce lifechanging results. Fear is a powerful negative drive, compelling us forward while at the same time inhibiting our progress. Fear is like a noose that slowly tightens when we move in the wrong direction. Fear restricts our abilities and thoughts and leads us toward panicked reactions.

Hope is a powerful positive force hope is like a magnet that draws you towards your goal. Hope expands your life and brings a message of possibility and change.

Jesus came to Earth bringing hope. Hope is what everyone needs. As it is written in Romans: ‘May the God of all hope fill you with all joy and peace as you trust in Him, so you can overflow with hope through the power of the Holy Spirit’ (Oaklander 1978).

“Where, O death, is your victory! Where, O death, is your sting? The sting of death is sin, and the power of sin is the law. But thanks be to God! He gives us the victory through our Lord Jesus Christ. Therefore, my dear brothers, stand firm. Let nothing move you. Always give yourself fully to the work of the Lord, because you know that your labour in the Lord is not in vain” (The Bible New International Version, 1984).

“That is the challenge. Whether in life or death, in response to physical miracles or otherwise, we are to remain steadfast and firm in our faith” (Woolmer 1999). God promises hope, as well as the promise of a better and happier future. It is because of this promise that adults can help facilitate the process of building a relationship of hope between the bereaved child and the heart of God.

Guthrie & Guthrie (2008) states that: “over the years, so many people have tried to comfort me by reminding me that Hope and Gabe are not in that grave – they’re in heaven. I know what those people are saying, and I believe it’s true. But my children’s bodies are in that grave and I loved their bodies! Their bodies are not only precious to me, but also to God. Bodies must matter to God, because He’ll use the seed of our earthly bodies to make new, glorified ones for us. Somehow He will take the matter that’s been long buried or spread on the sea or in the wind and fashion it into something glorious – something fit for living with Him in a new heaven and a new earth. ‘And if the Spirit of him who raised Jesus from the dead is living in you, he who raised Christ from the dead will also give life to your mortal bodies through his Spirit, who lives in you’ (Romans 8:11).

Our greatest comfort at the grave is the truth that for those who know and love Christ, our final destiny is not the grave – it is glory. The grave is a brief resting place for this seed, this temporary tent called our mortal body. One-day God will infuse that seed with life.

It will no longer be bound to the confines and coldness of the grave. Sometimes it seems that day just won’t come soon enough, doesn’t it? It helps me to know who is in charge of the grave. God the apostle John a glimpse of His glorified presence, Jesus says: ‘Do not be afraid! I am the First and the Last, and the Ever-living One....I died, but see, I am alive forevermore; and I possess the keys of death and Hades the realm of death’ (Revelation 1:17-18, AM).

The person who holds the keys controls access, opens, and closes. As you face the emptiness and awkwardness of the cemetery, hear the promise found in the words of Jesus, who holds the key of death and the grave. When the one you love died too soon, it was really right on time. Jesus Himself controls life and death. That means you don’t have to surrender the one you love to an unknown, uncaring nothingness.

The person who knows Jesus is safely under His care and control. As you stand by the grave, grab hold by faith to the promise of resurrection.' If all we get out of Christ is a little inspiration for a few short years, we're a pretty sorry lot.

But the truth is that Christ has been raised up, the first in a long legacy of those who are going to leave the cemeteries. It's resurrection, resurrection, always resurrection, that undergirds what I do and say, the way I live (1 Corinthians 15:19-20,32 MSG)."

2.21 Conclusion

Whitwer (2009) suggests that when a person loses someone to death, it can manifest behaviors similar to those seen in obsessive-compulsive disorders. These behaviors might be short-lived but, if not dealt with properly, can be permanent.

The lack of Biblical Counseling methods and support for bereaved children throughout each phase of the grieving process is evident.

There are many different theories and opinions regarding the general phases of grieving, but very few self-help programs that explain how children, specifically, can cope with each phase of the grieving process, using Christian methods and values as a way to deal with loss.

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CHAPTER 3: RESEARCH PROBLEM THEORY

3.1 Introduction

The aim of this section is to outline and explain the theoretical framework on which the current study is based.

3.2 Theoretical Frameworks

From here on out, Appendix A can be reviewed in order to get a clearer view regarding the technical aspects of the system model design.

An Internet or Web based program, named Eye2Eye Biblical Counseling, will be newly developed in order to assist in the evaluation and grieving process, with a scientific based result and reporting system. The internet based research model was chosen in order to assist and monitor the evaluation of the grieving process, with a reporting based end result that adds scientific value in a way that is easily analyzed.

The main objective of the research model is:

- To guide the bereaved child throughout the phases of the grieving process.
- To help a bereaved child cope with the loss of a loved through means of Christian Counseling methods.
- To determine the state of the bereaved child, using the questionnaire of the system model.
- To investigate whether or not the bereaved child requires additional counseling, after working through the online self-help grieving process.
- To provide self -help tips for coping throughout each stage of the grieving process.
- To “profile” the bereaved child, by identifying self-acknowledged symptoms of normal grief.

- To understand the profile and set-up a treatment process for the bereaved child.
- To help children deal with the trauma of losing a loved one.
- To assist bereaved children with understanding the grieving process using the model – either through assisted or self-help.
- To further assess bereaved children and the determined progress of leading through the appointed modules and if the user requires even further treatment.
- To “compile” data into statistics in such a way that adds great scientific value to the field of counselling using Totams. (Mr. JMD Malan with the following qualifications will compile the data into statistics: B.com. statistics, B.com. Accounting and B.com. Economics).

The system model will consist of an internet based, open quantitative research method, with an easy accessible, structured questionnaire in order to determine the current state in which the bereaved child is in throughout the phases of dealing with the loss of a loved one. The main purpose of why the system model is created was the evident lack of support from a geographical area for certain schools for bereaved children after the funeral from someone with insight in dealing with grieving children in an easy accessible way, providing guidance and help throughout the whole grieving process and not just up until the funeral. This system gives the bereaved user the ability to seek immediate help from a caregiver with the needed knowledge by the simple use of an internet application.

The theories of Kübler-Ross (2005), Worden (2009), Louw (2008) and Klopper (2009) were reviewed in terms of the content of the different phases and grieving tasks of the grieving process, but as a theoretical framework for this study, the theory presented by Klopper (2009) will be used.

The grieving tasks, according to Klopper (2009) can be listed as follow:

Process and accept the reality of death.

Experience the emotional pain and loss.

Celebrate the memory of the deceased.

Admit and process conflicting emotions.

Say goodbye and live prospectively.

3.3 Conclusion

These grieving tasks as well as the coping mechanisms and grief work according to Klopper (2009) will be used as the theoretical framework for this study.

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CHAPTER 4: RESEARCH DESIGN AND METHODOLOGY

4.1 Introduction

This chapter presents the research methodology applied in the current study. The research model followed in this study is quantitative. According to Terre Blanche (2006) models are all surrounding systems of consistent practice and thinking that define for researchers the nature of their investigation. This is done using Methodology⁴.

4.2 Methodology

4.2.1 Research Design

A research design is a strategic framework for action that serves as a link between research questions and the execution or implementation of the research.

Quantitative research is a formal, objective, systematic process in which numerical data is used to gain information about the study.

Quantitative research has two primary strengths, firstly, that the findings are universal and objective and secondly, that the findings are reflections of events in large populations.

Quantitative experiments also strain out external factors, if properly designed, so that the results gained can be seen as real and unbiased, but most importantly, good quantitative data and statistics allow us to make comparisons of different situations (Terre Blanche 2006).

This research method was chosen particularly because the web based system design will consist of formal questions and phases that follow each other in a systematic process in order to help the bereaved child get back to living a normal life, which is explained further in Appendix A.

A cohort design is often used in the medical sciences, but also found in the applied social sciences, because it generally refers to a study conducted over a period of time involving members of a population in which the representatives are united by some commonality or similarity.

⁴ Specifies the practical application of what is to be studied, how the researcher intends to practically go about phenomena to be studied.

Using a quantitative framework, a cohort study makes note of statistical happening within a specialized subgroup, united by same or similar characteristics that are relevant to the research problem being investigated, rather than studying statistical occurrence within the general population. Cohorts can be either “open” or “closed”.

An open cohort study was chosen, because the dynamic population, such as bereaved children between the ages of five and eighteen, form a part of the study in question as well as being monitored for the outcome (Healy and Devane 2011).

Date of entry and exit from the study is individually defined; therefore, the size of the study population is not constant, because the participant can log in and out of the system whenever he or she chooses to do so, and depending on the progress, either setbacks or improvements can be made.

4.2.2 Participants and Sampling

The participants of the study will consist of bereaved children between the ages of five and eighteen, using the systematic sampling method⁵. Simple random sampling can be a very difficult process, and is rarely used in practice. Systematic sampling presents an easier and more suitable alternative strategy.

Rather than selecting each element randomly, the principle in systematic sampling is appropriate when our sampling frame is not available as a physical list but that the list functioning as a sampling frame might be ordered according to a particular pattern, or principle. Systematic Sampling is a quick and convenient way of selecting individuals from a sampling frame, but can result in a biased sample⁶ (Terre Blanche 2006).

This method of sampling was used, because the participants in the sampling frame that will be chosen will be random participants, but with a fixed common denominator, which is that all of the participants in the sampling list will be chosen because of grief brought on by the loss of a loved one.

⁵ Systematic sampling is a type of probability sampling method in which sample members from a larger population are selected according to a random starting point and a fixed periodic interval. This interval, called the sampling interval, is calculated by dividing the population size by the desired sample size

⁶ A biased sample is a non-random sample of a population (or non-human factors) in which all individuals, or instances, were not equally likely to have been selected. If this is not accounted for, results can be erroneously attributed to the phenomenon under study rather than to the method of sampling.

Twenty-eight parents of learners of one school, namely “Laerskool Die Ruiter”, were sampled, because these parents have bereaved children.

A total of thirty teachers from the same school, participated in a survey about the support system at school.

The survey also covered suggestions on how to improve the support system at school concerning ways to assist the child through the mourning process.

Three Government Schools in the West Gauteng area were used as the focus group of thirty participants to sample data on their experiences after losing a loved one, as well as the mediating factors which played a role through the grieving process.

The fact that whether there is a need for more assistance after the loss of a loved one was also checked.

4.2.3 Data Collection

According to Healy & Devane (2011) an open cohort study using a quantitative framework, makes note of statistical occurrences in research, because of the dynamic population, such as bereaved children between the ages of five and eighteen form a part of the study in question as well as being monitored for a statistical outcome.

The date of entry and exit from the study is individually defined, a structured questionnaire will be best applied in the current study, because the data from the system needs to produce a statistical result in the form of a report, taking the following into consideration:

- The evaluation process should be similar to what Counseling methods used in treating a bereaved child with this particular profile.
- A set of questions that helps to establish the mediating factors were asked in the form of a questionnaire.
- A scale questionnaire to establish the bereaved child’s mental state.

4.3 Research

4.3.1 Research Procedure

Before the commencement of the research, all of the administrative issues need to be clarified.

The appropriate permission from ethics committees and gatekeepers needs to be gained.

The school's students that will form part of the research needs to be contacted.

The sampling participants need to be contacted.

All the participants need to give consent to the research.

Gather data using the questionnaire answers.

Analyze the data.

Interpret the results.

Terre Blanche (2006) explains the different forms of triangulation. These are:

- Data triangulation which refers to the use of a variety of data sources in a study.
- Investigator triangulation which refers to the use of several different researchers or evaluators.
- Theory triangulation which means that multiple perspectives will be used to interpret a single set of data and this also means finding that the research findings can be incorporated into a more macro-analytical level of inference.
- Methodological triangulation which refers to the use of multiple methods to study a single problem, looking for convergent evidence from different sources such as interviewing, surveying, observation, review of documentary sources.

In this study, questionnaires and interviews were conducted with the people who have had an experience of the loss of a loved one. The aim was to allow the participants to describe their experiences during the questionnaire. The participants' answers were conducted. Their experiences could be generalized. The study was triangulated by data triangulation, as well as theory triangulation to interpret the research findings.

4.3.2 Data Analysis

According to Terre Blanche (2006) quasi-statistical data analysis styles involve using predetermined categories and codes that are applied to the data in a quantifiable way to defer quantifiable indices.

The questions in the system is predetermined in order to establish the mental state of a bereaved child using a “grading” scale to establish the severity of the grief with possible behavior patterns with as well as to establish whether the content of each phase has been understood. From the information gathered from the questionnaire, a treatment profile will be generated where the process will be the same as the Counseling methods used to assist the bereaved child.

A report can be generated at any time to check the progress of the bereaved child or for statistical purposes.

4.4 Ethical Considerations

The aim of the model design is to assist bereaved children with grieving the loss of a loved one and providing guidance throughout the phases of the grieving process. The system will consist of a fully secured, password protected log in that the participant will create when applying for access into the system.

Because the main focus is bereaved children between the ages of five and eighteen, an adult will more than likely need to be present when a small child is using the system. This means that an adult, either a parent, guardian or teacher, will need to assist the child with working through the process to ensure that the phases are completed correctly and thoroughly in order to ensure optimal results.

All the information will be confidential and no other participant will be able to access the data, since it is a secured system. The administrator will have the option to view the data gathered, whenever needed.

The participant is free to withdraw at any stage, without penalty, since the main aim is to assist bereaved children in coping with grief. The participant's user log in is secured and no one will be able to log in under the specific participant's name, without the password that the participant created him/herself. This also means that the system won't be able to overwrite any security features, so the data captured by the participant is completely secure. This benefits the participant greatly, because there is no fear that someone will be able to access their information, without their consent. The only risk is for the participant to not keep their password safe in order to prevent unnecessary harm.

The model is not limited to only bereaved children, but also teenagers and adults. Teenagers are normally unwilling to share their emotions with others and they do not want sympathy. The model allows teenagers to work through the grieving process in a safe, individual way. Adults can also benefit from this, as the current business world is cruel and expects bereavement to end after a certain period of time, after the funeral service. Grief in adults usually takes up to three months to activate. The model assists the adult to work through grief in their own time. The Eye2Eye Model gives the bereaved the opportunity to work through the process during lunchtime or after working hours.

4.5 Limitations

The limitations of this study will include the participant not having access to a computer system or being computer illiterate. The study focuses solely on the bereaved person, in this case, a person who has not experienced the loss of a loved one, will not be an ideal candidate.

4.6 Conclusion

In this chapter, the methodology that was pursued in this study was outlined. The next step is to present the findings of the study.

4.7 References

Healy, P., Devane, D. (2011). Methodological Considerations in Cohort Study Designs. *Nurse Researcher*, [Online]. Available at (website reference article - ncbi.nlm.nih.gov) [Accessed 29 October 15].

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CHAPTER 5: RESEARCH RESULTS

5.1 Introduction

The current chapter illustrates the findings of the collected data. This is presented in terms of the topics that surfaced from the participants' reflection of the experiences after losing a loved one. This is in line with the method explained and used in this research.

5.2 Description of the sample

Twenty-eight individual parents of bereaved children from one school, namely “Laerskool Die Ruiter” were also selected for this study. A total of thirty teachers from the same school participated in a survey about the support system at school for bereaved children.

The survey also covered suggestions on how to improve the support system at school concerning ways to assist the child through the mourning process.

Three Government Schools in the West Gauteng Area were used as the focus group of thirty participants to sample data on their experiences through the grieving process and the mediating factors which played a part.

The participants are described in terms of age, gender, home language religious association and place of residence. Of the twenty-eight parents, the majority were males. The age range was between twenty-five and fifty-five. All of them were residing in the West Rand area in Gauteng.

In terms of ethnicity and language, the majority were Afrikaans and English speaking. Regarding religious association, most the participants were Christians and belonged to the Dutch Reformed Church and the Methodist Church.

The thirty teachers from the same school participated in a survey about the support system at school for bereaved children.

All the participants were female, falling within the ages of twenty-five to fifty. The group members also affiliated to the same religious association, being the Dutch Reformed Church.

The focus group consists of the thirty participants as well as the focus group participants from three Government Schools in the West Gauteng Area, to sample data on how each School assists and monitor the bereaved child through the grieving process. The participants, ranging between the ages of five and eighteen, with the majority being males (19) and 11 females, also affiliated to different religious association, languages and the majority of the participants were Christians and belonged to the Dutch Reformed Church and the Methodist Church.

Numbers were used to conceal the identities of the respondents. Numbers for the thirty individuals are G1, G2, G3, G4, G5, G6, G7, G8, G9, G10, G11, G12, G13, G14, G15, G16, G17, G18, G19, G20, G21, G22, G23, G24, G25, G26, G27, G28, G29 and G30.

For the thirty teachers, the pseudonyms are T1 to T30.

For the twenty-eight parents, the pseudonyms are P1 to P30.

Questionnaires were handed out to all the respondents.

The respondents (focus group) were requested to reflect on the following mediating⁷ factors as per the Mediators discussed by Worden (2009):

- Mediator 1- Who the person who died person was
- Mediator 2 - The nature of the attachment
- Mediator 3 - How the person died
- Mediator 4 - Historical antecedents
- Mediator 5- Personality variables
- Mediator 6 - Social variables
- Mediator 7 - Concurrent stresses

The above respondent's reflections can be viewed in Appendix B.

⁷ Bring about (a result such as a physiological effect)

The twenty-eight teachers and were requested to reflect on the following questions:

1. Do you think that the school provides enough support to bereaved children, after the loss of a loved one?
2. Do you think that the bereaved child needs counseling to help work through their grief?
3. Do you think that structuring a “self-help” system at school; where the child can work through their grief and monitor their progress on their own pace, in this regard will be beneficial to both you and the bereaved child?
4. Any suggestions on how to help a bereaved child at school?
5. Have you, as a teacher, experienced any of these differences in the child’s feelings, after the loss of a loved one? Sadness, Anger, Anxiety, Loneliness, Fatigue, Helplessness, Guilt, Shock, Relief, Numbness.
6. Have you experienced any of these sensations in the child’s behavior, after the loss of a loved one? Hollowness in stomach, Tightness in the chest, Tightness in the throat, Breathlessness, Lack of energy, Dry mouth.
7. Have you experienced any of these cognitions in the child’s behavior, after the loss of a loved one? Disbelief, Confusion, Hallucinations, Sense of presence.
8. Have you, as a teacher, experienced any of these differences in the child’s behavior, after the loss of a loved one? Sleep disturbances, Appetite disturbances, Social withdrawal, Absentminded, Dreams of the deceased, Avoiding reminders of the deceased, Sighing, Restless, Hyperactive, Crying, Searching and calling out crying.

The above respondent's reflections can be viewed in Appendix C.

The twenty-eight parents were requested to reflect on the following questions:

- Did the child receive the following from Grandparent, Family, Teachers? Support, Nurturing, Continuity.

Funeral related questions:

- Do you think it is necessary for the child to be part of the funeral arrangements?
- Do you think it is necessary for the child to view the deceased before the funeral?
- Do you think it is necessary for the child to visit the grave?
- Do you think it is necessary that the child need ways to remember the deceased?

Counseling related questions:

- Do you think it is necessary for the child to go for counseling?
- Do you think it is important for the child to work through the mourning process?
- Do you think the time frame for mourning process is 1 to 6 months, 6 to 12 months or 12 – 24 months?
- Could you experience different behaviors from the child during the first 3 months, 3 to 6 months, and 6 to 12 months during the loss of a loved one?

The above respondent's reflections can be viewed in Appendix D at the end of this thesis.

5.3 Analysis of data

According to Anon (2016) "statistical analysis is a component of data analytics. In the context of business intelligence (BI), statistical analysis involves collecting and scrutinizing every data sample in a set of items from which samples can be drawn.

A sample, in statistics, is a representative selection drawn from a total population.

Statistical analysis can be broken down into five discrete steps, as follows:

- Describe the nature of the data to be analyzed.
- Explore the relation of the data to the underlying population.
- Create a model to summarize understanding of how the data relates to the underlying population.
- Prove (or disprove) the validity of the model.
- Employ predictive analytics to run scenarios that will help guide future actions.

The goal of statistical analysis is to identify trends. A retail business, for example, might use statistical analysis to find patterns in unstructured and semi-structured customer data that can be used to create a more positive customer experience and increase sales".

Hendricks (2004), states that: "Reliability is a considered measurement concept that represents the consistency with which an instrument measures a given performance or behavior. A measurement instrument that is reliable will provide consistent results when a given individual is measured repeatedly under near identical conditions.

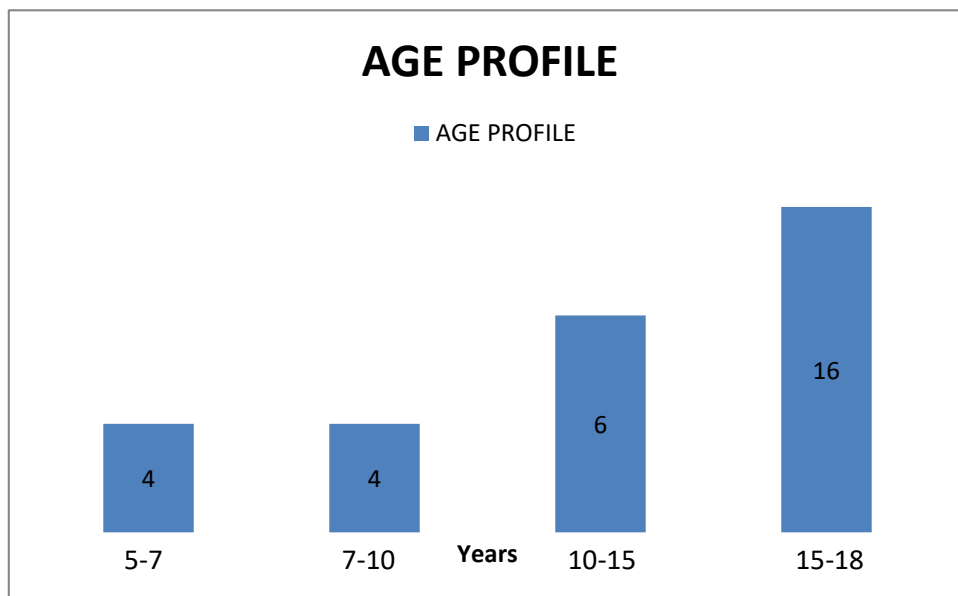
Validity on the other hand, is a measurement concept that is concerned with the degree to which a measurement measures what it purports to measure. Validity is not absolute, but depends on the context in which a measurement instrument is used and the inferences that are based on the results of the measurement."

5.3.1 Findings and Graphs

FOCUS GROUP (30)

a. Description of the sample

Graph 1 - Age Profile of the different ages that experienced the traumatic loss of a loved one



The graph shows the different ages that experienced the traumatic loss of a loved one.

Death unfortunately doesn't have an age restriction! Children between the ages 5 to 15 years experienced death differently than between the ages 15 to 18 years.

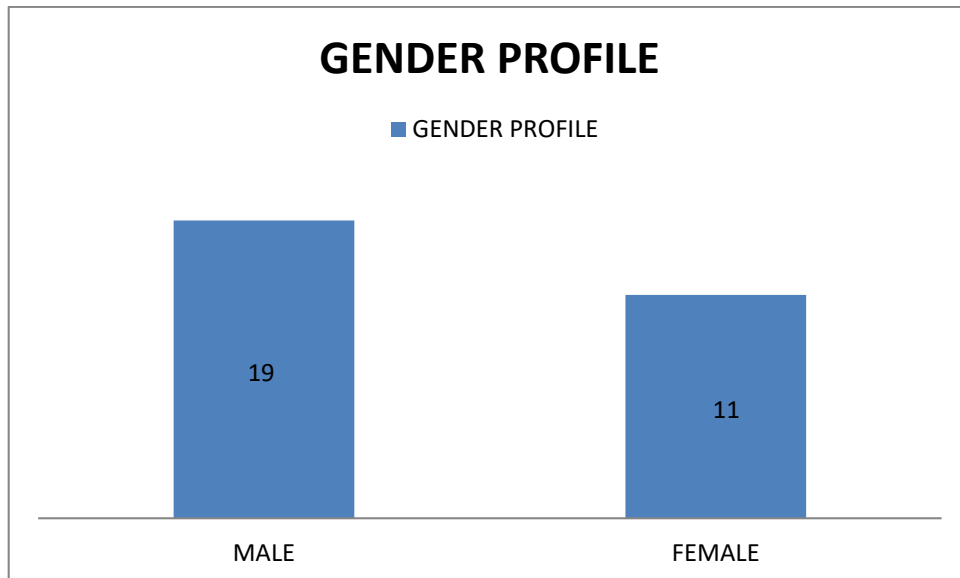
The reason for experiencing death differently at the ages of 5 up to 8 years is because the cognitive concepts that are necessary in order to fully understand death are not fully developed. They will watch the adults in their lives and look for clues on how to react to the specific loss.

The ages of eight and up react differently than the early elementary age range. As a result, they might hide emotions or they label in their own mind as "childish". By the time they reach the teenage years, the child reasons much like an adult. Facing the harsh reality of the death of a Parent will cause a child to develop emotionally faster than his or her peers.

Age profile percentage:

- 15% of the participants were 5-7 years of age.
- 15% of the participants were 7-10 years of age.
- 28% of the participants were 10-15 years of age.
- 42% of the participants were 15-18 years of age.

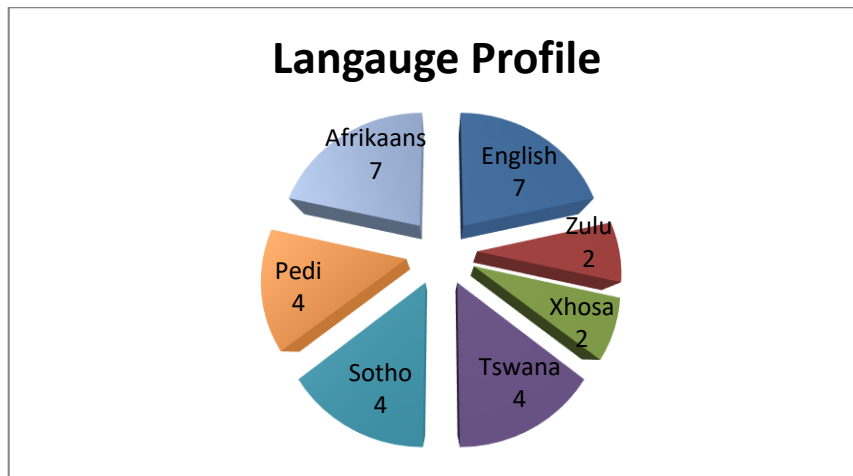
Graph 2 - Gender Profile of the different genders that experienced the traumatic loss of a loved one



The survey group consists of:

- 58% of the participants were males.
- 42% of the participants were females.

Graph 3 - Language Profile of the different languages of the participants



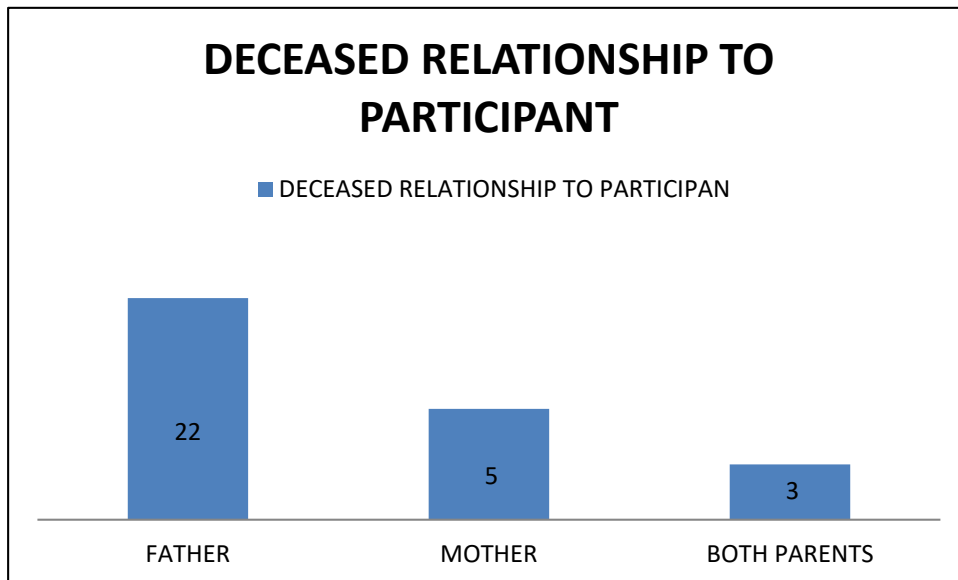
The graph indicates that the participants consist of multiple language groups.

The percentage per language group was as follows:

- Afrikaans: 22%
- English: 22%
- Pedi: 14%
- Sotho: 14%
- Tswana: 14%
- Xhosa: 7%
- Zulu: 7%

b. *The participants (focus group) were requested to reflect on the following mediating factors*

Graph 4 - Mediator 1 -Who the person who died was



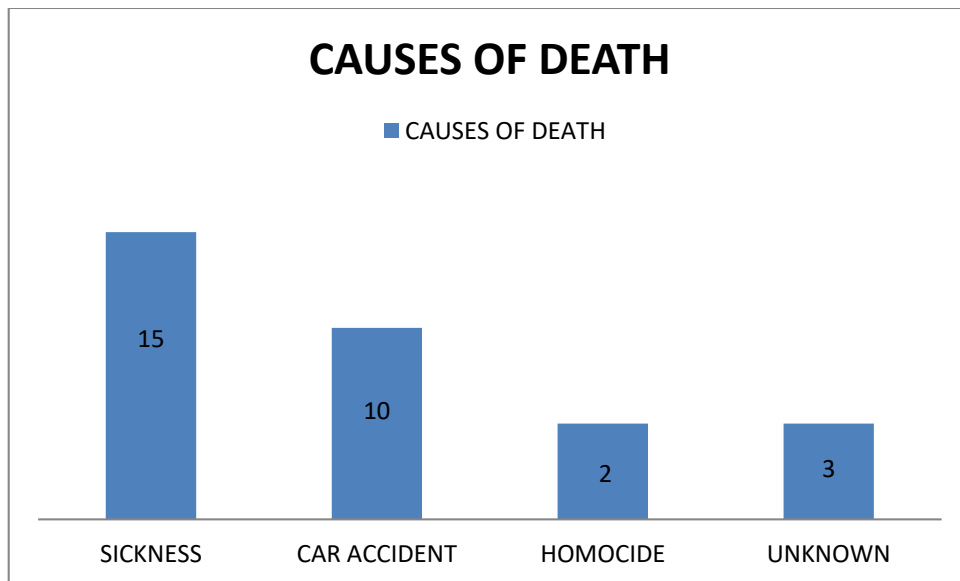
According to the graph,

- 58% of the participants lost their father,
- 28% lost their mother and
- 14% lost both of their parents.

The research showed that more participants stayed with their mothers, and the reason for this was that their fathers worked away from home.

The participants who lost both his parents has more stressors than the other participants, because of another traumatized experience namely, a geographical change.

Graph 5 - Mediator 3 - How the person died

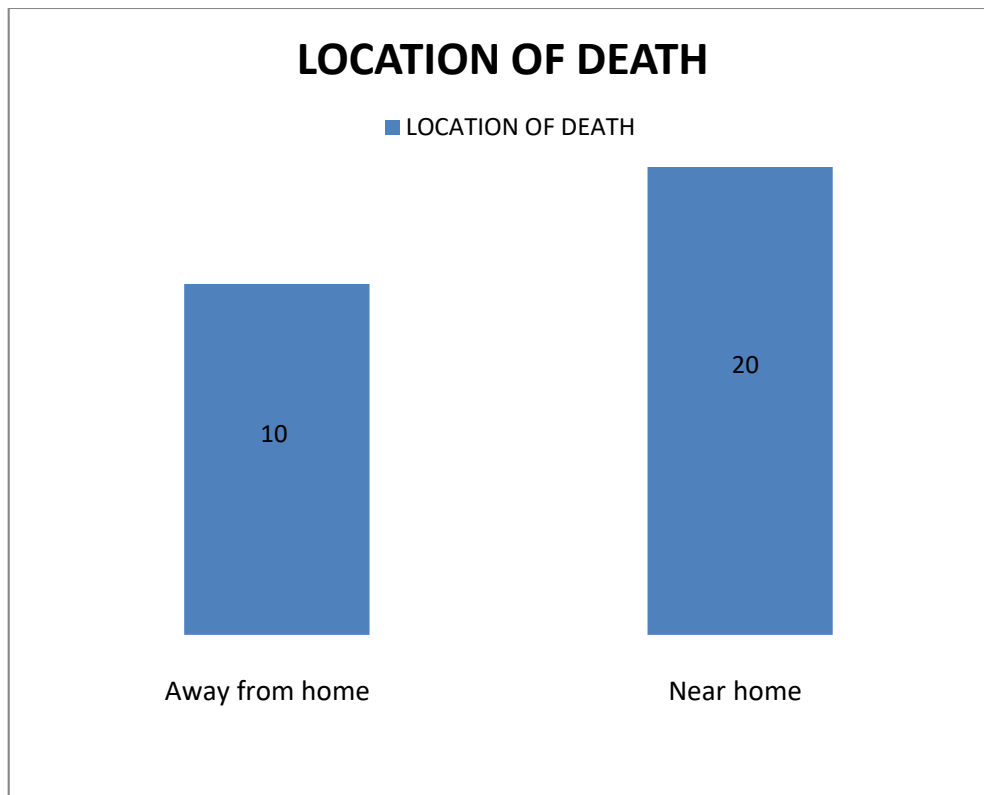


According to the research the following percentage showed that:

- 42% of the parents died of a sickness,
- 28% of the parents died in a car accident,
- 15% of the parents died of homicide
- 15% of the parents who died were unknown to the participant.

How the person died has an impact on how the bereaved deals with the various tasks of mourning. From of the research, 15% of the participants don't know the causes of death is. This made it much more difficult for the participants to deal with the Mourning Process.

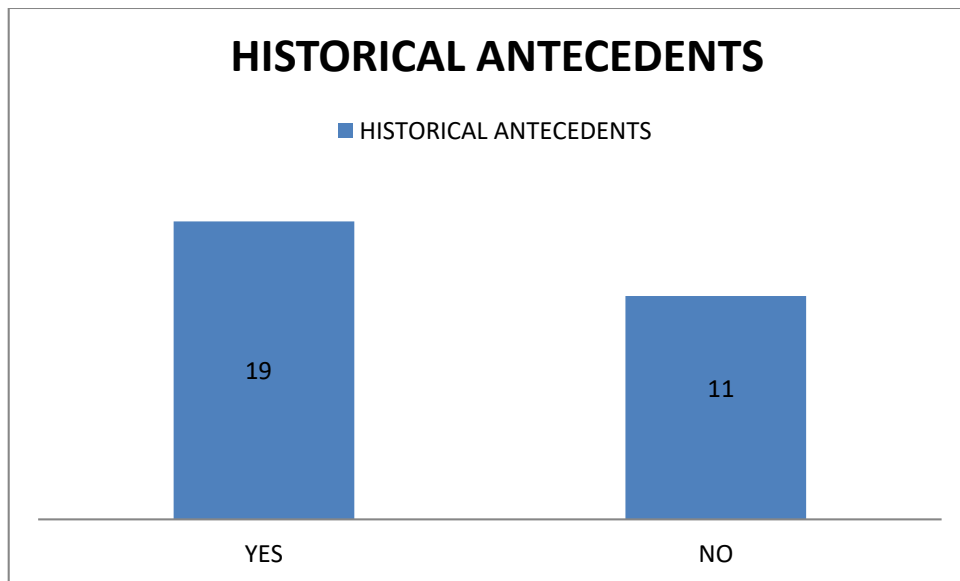
Graph 6 - Where the person died



Out of the research the following percentage were arrived at:

- 58% of deaths occurred near the participant's home.
- 42% occurred away from home.

Graph 7 - Mediator 4 - Historical antecedents

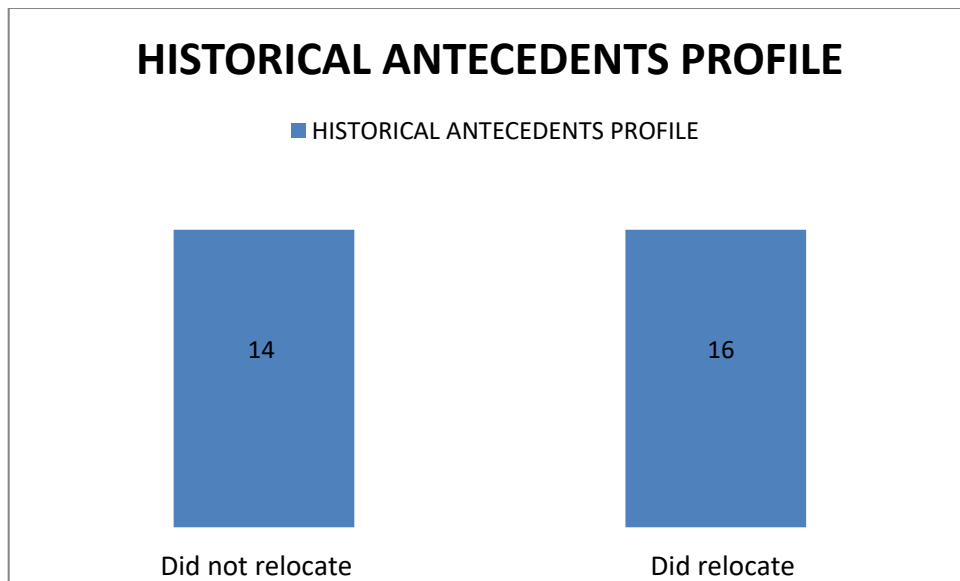


From the research the following percentages obtained showed that:

- 58% of the participants showed that they had previous losses before the loss of a loved one.
- 42% showed that they have no previous losses before the loss of a loved one.

In order to understand how someone is going to grieve, you need to know if the participant had previous losses and how they grieved over those losses.

Graph 8 - Historical Antecedents Profile



The results showed that:

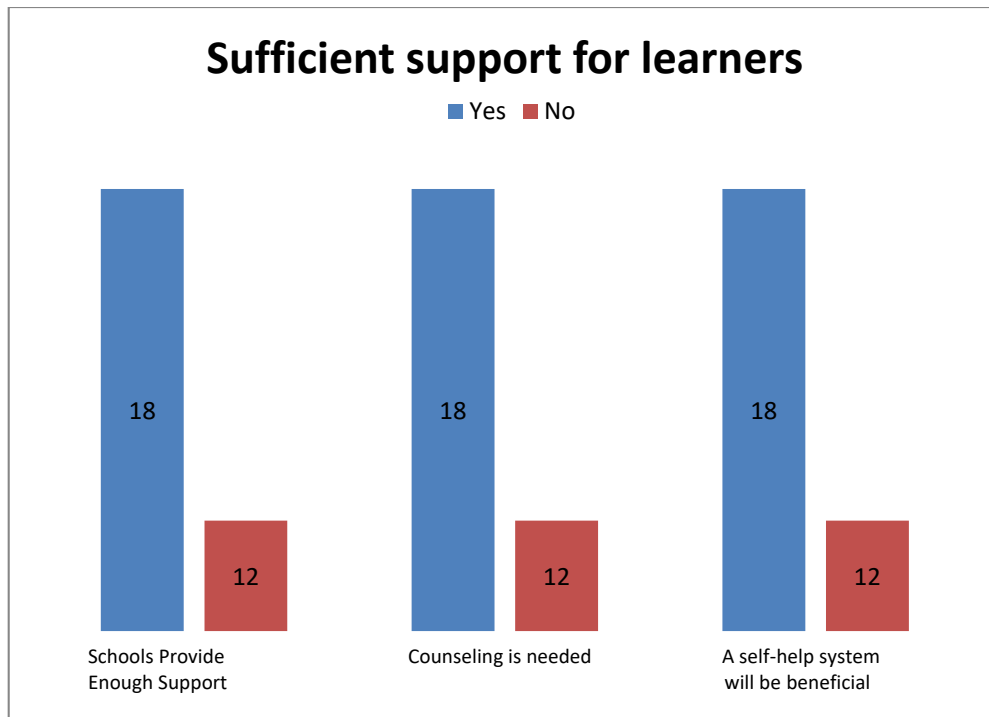
- 52% of the participants did relocate to a different location after the loss of a loved one.
- 48% of the participants showed that they did not relocate.

Relocation as it is, causes secondary trauma experienced by the participant.

TEACHERS (30)

a. The teachers were requested to reflect on the following questions

Graph 9 - Do you think that the school provides enough support to Learners around the Loss of a Loved one?

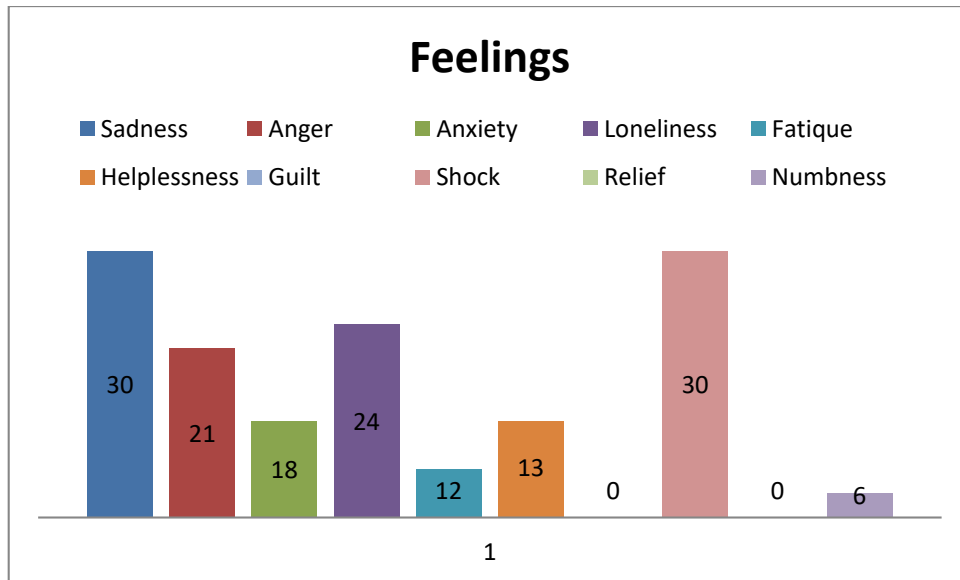


The results showed that 80% of the teachers felt like:

- the school provides enough support for bereaved children.
- counseling is needed for a child after the loss of a loved one.
- a self-help model that can assist the child through the grieving process will be beneficial.

Graph 10 - Did you as a teacher experience any differences in the child's behavior after the loss of a loved one?

A – *Feelings*

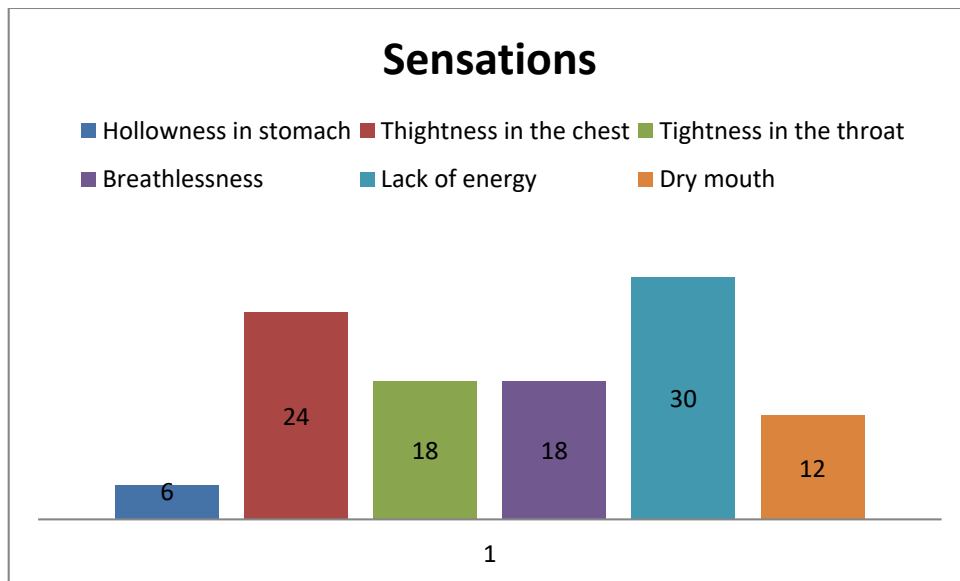


The research proves that the majority (92%) of all the teachers experienced that the child felt shock and sadness after the loss of a loved one.

The following statistics were gathered:

- 51% of the participants experienced that the child felt loneliness after the death of a loved one.
- 42% of the participants experienced that the child felt anger.
- 7% of the participants experienced that the child felt numbness.

B – Sensations

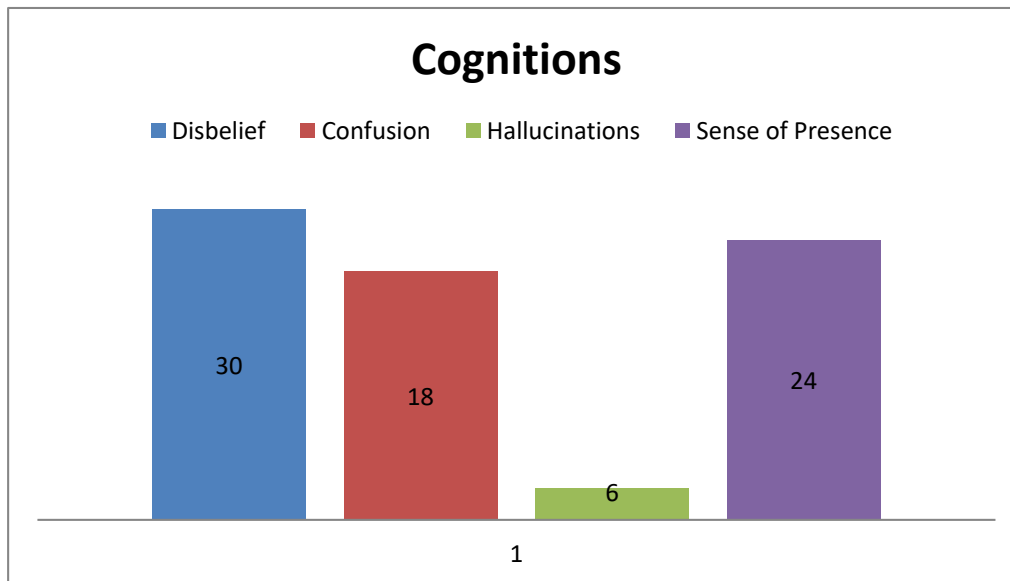


According to the research, 58% of the participants experienced that children had the lack of energy after the loss of a loved one.

The research shows that:

- 44% of the participants experienced that the child felt tightness in the chest.
- 25% of the participants experienced that the child felt tightness in the throat.
- 25% of the participants experienced that the child felt breathlessness.
- 6% of the participants experienced that the child felt hollowness in stomach.

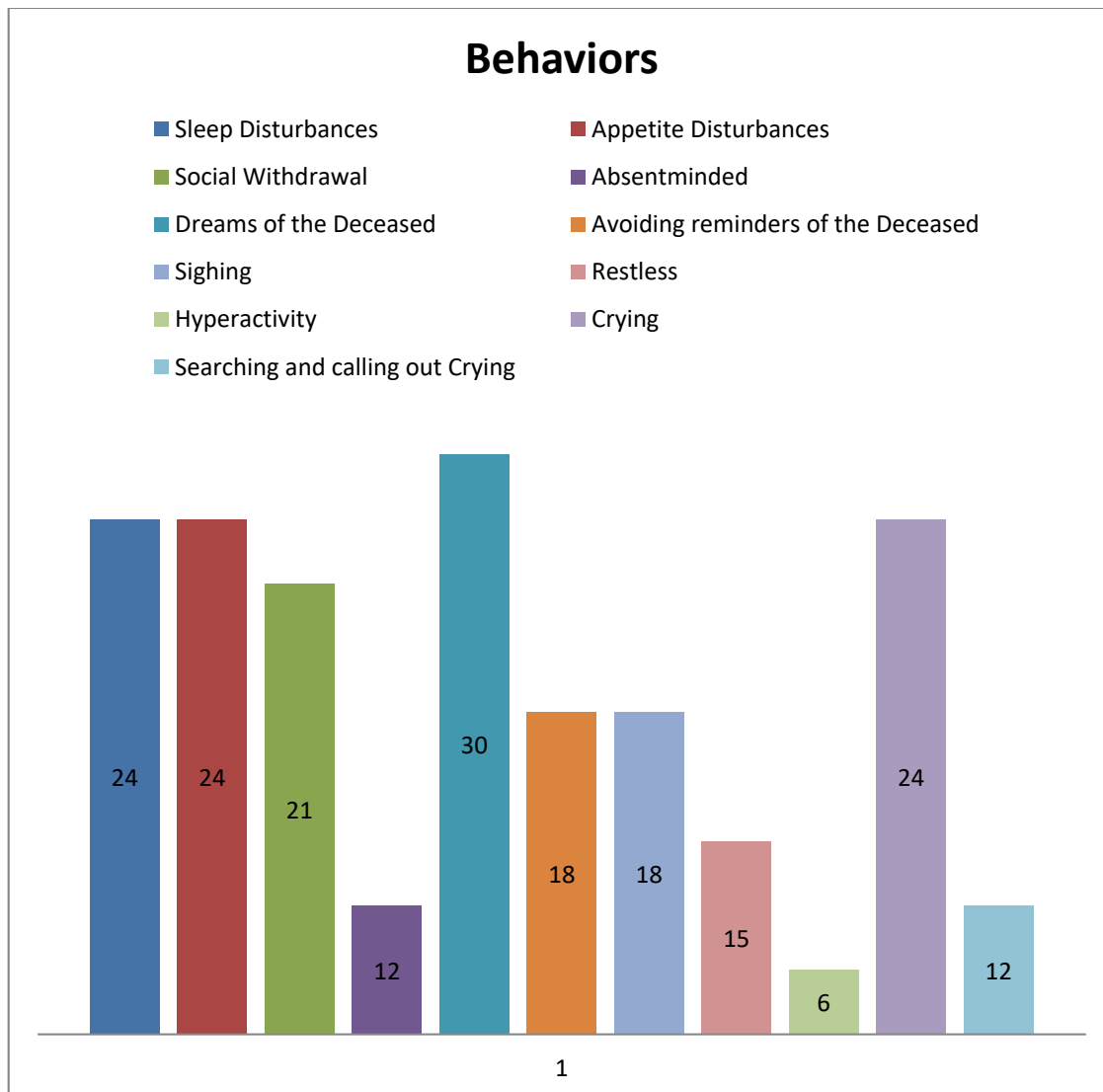
C – Cognitions



The research proved that the participants experienced that the child felt at least one of the following three cognitions:

- 35% of the participants experienced that the child showed disbelief.
- 30% of the participants experienced that the child showed confusion.
- 33% of the participants experienced that the child felt a sense of presence.
- 2% of the participants experienced that the child showed symptoms of hallucinations. Only in extreme cases, children will experience hallucinations during the grieving process after the death of a loved one.

D – Behaviors



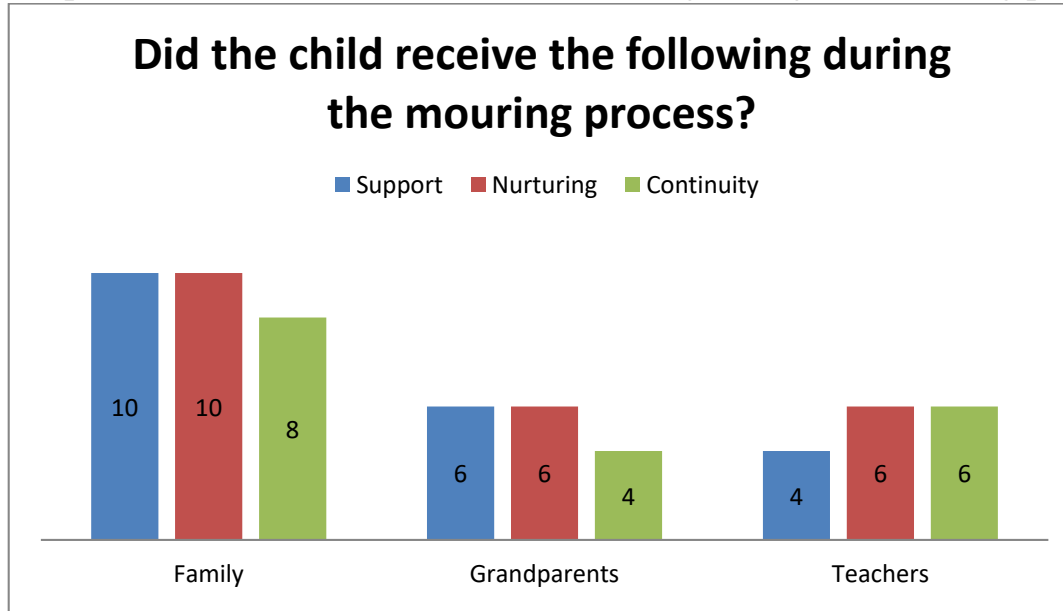
The research proved that the most common behavior is:

- 29% of the participants experienced that the child had dreams of the deceased.
- 15% of the participants experienced that the child showed sleeplessness, appetite disturbances and crying.
- 12% of the participants experienced that the child showed social withdrawal.
- 10% of the participants experienced that the child showed avoiding reminders of the deceased as well as sighing.
- 7% of the participants experienced that the child showed restlessness.
- 3% of the participants experienced that the child was searching and calling out.

PARENTS (28)

a) Did the child receive the following during the mourning process?

Graph 11 - Did the child receive the following during the mourning process?



This research proved that support, nurturing and continuity are provided in most cases by family members. The support from grandparents and school were lower than the support of family members. (Normally teachers and grandparents showed support till the day of the funeral. After the funeral teacher and parents think that the child will cope with the loss and should go on normally with their activities).

The research also proved that teachers at school need to be educated or trained regarding the continuity and nurturing after the funeral.

Grandparents are not always part of the child's day to day existence as the parents and the teachers at schools are, but play a very important role regarding the support and nurturing on a continuous basis during the child's mourning process.

Table 1 - Funeral related questions

NR	Question	Yes	No
1	Do you think it is necessary for the child to be part of the funeral arrangements?	18	10
2	Do you think it is necessary for the child to attend the funeral?	28	0
3	Do you think it is necessary for the child to view the deceased before the funeral?	4	24
4	Do you think it is necessary for the child to visit the grave?	24	4
5	Do you think it is necessary that the child need ways to remember the deceased?	26	2

Data from the research showed that a 100% attendance to the funeral is very important.

The importance of visiting the grave is also highly recommended by the surviving parents.

An interesting fact is that only 14% of the parents said it is important to view the deceased before the funeral.

According to some African cultures, viewing the body of the deceased the night before the funeral forms part of the rituals and practices.

The following statistics were revealed by the research regarding funeral related questions:

- 64% of the children form part of the arrangements.
- 85% of the children visit the grave.
- 93% of the children need a way to remember the deceased.

Table 2 - Counseling related questions

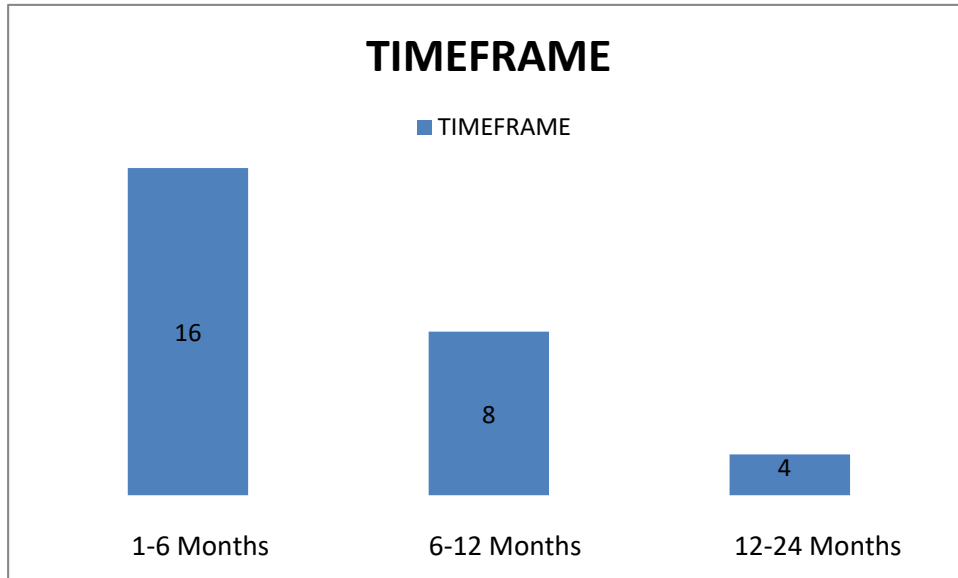
NR	Counseling – timeframe of mourning process	Yes	No
1	Do you think it is necessary for the child to go for counseling?	28	0
2	Do you think it is important for the child to work through the mourning process?	28	0
3	Time frame for mourning process –1 to 6 months	16	0
	Time frame for mourning process – 6 to 12 months	8	0
	Time frame for mourning process – 12 – 24 months	4	0

Research data showed a 100% support for counseling for the bereaved child after the loss of a parent.

The research data shows the following percentage towards the timeframe for the mourning process:

- 60% of the Respondents need 1 to 6 months to mourn.
- 30% of the Respondents need 6 to 12 months to mourn.
- 10% of the Respondents need 12 – 24 months to mourn.

Graph 12 - Could you experience different behaviors from the child during the first 3 months, 3 to 6 months, and 6 to 12 months during the loss of a loved one?



Results has proven that the first three months after the death of a parent, is the most traumatic period of the grieving process.

From six to twelve months, a decline in the traumatic state of the grieving child is clear.

In certain cases, where there is a lack of support for the grieving child from the school and family members the timeframe of the traumatic period extends from six to twelve months and beyond.

In these cases, additional professional counseling from an outside source is needed.

5.4 Conclusion

The current chapter highlights mixed feelings about the bereaved's experience after the loss of a loved one among individual and focus group respondents as well as teachers. Most of the respondents however agree on the changes that have taken place in behavioral and cognitive patterns after the bereaved had lost a loved one.

The next chapter combines these findings with the literature and the theoretical framework of this study.

5.5 References

Anonymous. (2016). *Statistical Analysis*. [Online] Available at (website reference article - techtargget.com/definition/statistical-analysis) [Accessed 20 April 16].

Hendricks, I.J. (2004) *The Assessment of Professional Development of Educators: Implications for Whole School Evaluation*. M.Ed. Johannesburg: Rand Afrikaans University.

CHAPTER 6: CONCLUSIONS AND IMPLICATIONS

6.1 Introduction

This chapter presents the discussion of the main themes that emerged during data analysis. Insights were generated from the experiences, perceptions, the meaning attached and the feelings that emerged after the loss of a loved one.

6.2 Conclusions on hypothesis

The hypothesis was stated as follow:

There is not sufficient help for the bereaved, especially children, after the funeral.

Grief is noticeable in adults, but harder to notice in children, since they don't fully understand the reality of the concept of someone never coming back.

The conclusion of Biblical Counseling is human wholeness in Christ. Only through a mature and growing relationship with Jesus Christ can a person be made whole and can emotional pain be overcome. The study aimed to find evident support that a self-help system that can identify the mental state of a bereaved child while working through the grieving process exists.

The study also aimed to help a bereaved child cope with the loss of a loved through means of Biblical Counseling methods.

The following conclusions can be made in regards to the hypothesis:

After working through Chapter 2, the conclusion can be made that grieving tasks, according to Klopper (2009) can be seen as one of the most important elements in working towards overcoming grief.

Although, there is a lot of information on how to assist the bereaved, the conclusion that can be made, is that a biblical self-help model can support the bereaved and also monitor the grieving phase of a specific task of grieving.

The self-help model will also assist the bereaved to move forward, working through the process, but also to find a new place for the deceased and re-build a life without the deceased.

6.3 Conclusions on the research problem

The research problem was stated as follow:

Grief and the search for meaning after the death of a loved one, is a natural part of being a human being, but is there sufficient help for the bereaved, especially children, after the funeral?

The conclusion that can be made regarding the research problem is as follows:

Death forms a natural part of life, but the world does not experience death as a natural part of being human. Therefore, death can be seen as a traumatic and sometimes as a horrific experience.

The bereaved can be assisted, through the help of a system using the Biblical Counseling, Eye2Eye Internet Self-Help Model, starting from the age of five and upwards.

The bereaved will be able to work through the different phases of grief and monitoring the state of each phase using the grieving tasks as discussed by Klopper (2009). The bereaved will eventually be able to move forward to create a new life, without the deceased.

6.4 Relation to theory

The theories and literature review, as discussed in Chapter 2, as well as the research that was conducted, clearly identifies the evident lack of support for the bereaved, especially children, after the funeral from someone with insight in dealing with bereavement in an easy accessible way, providing guidance and help throughout the whole grieving process and not just up until the funeral.

There are a lot of self-help tips and studies done for overcoming grief, but the support from loved ones or counselors suddenly stops a few months after the funeral, when modern society expects the bereaved to continue with normal day to day activities.

There needs to be some place where the bereaved can find help and guidance to work through the grieving tasks according to Klopper (2009) which consists of work, even after the funeral is over.

6.5 Implications and recommendations

A follow-up study is recommended on the effectiveness of the grieving tasks if used as a way of overcoming grief.

A follow-up study on the experiences of the bereaved, after using the grieving tasks as set up by Klopper (2009) to overcome grief.

Other population groups such as older members of the society who have lived through their grief.

It would be interesting to hear the experiences of the new participants, after working through the grieving tasks themselves.

6.6 Limitations

The study focused solely on the bereaved person, in this case, a person who has not experienced the loss of a loved one, will not be used during the data gathering.

6.7 Recommendations for future research

Appendix A can be viewed for the research model recommendations.

6.8 Conclusion

This study was an exploratory investigation of the bereaved's experiences and the significance of Biblical Counseling. The available literature outlined was discussed in chapter 2.

Whitwer (2009) suggests that when a person loses someone to death, it can manifest behaviors similar to those seen in obsessive-compulsive disorders.

These behaviors might be short-lived but, if not dealt with properly, can be permanent.

The lack of Biblical Counseling methods and support for bereaved children throughout each phase of the grieving process is evident.

There are many different theories and opinions regarding the general phases of grieving, but very few self-help programs that explain how children, specifically, can cope with each phase of the grieving process, using Christian methods and values as a way to deal with loss.

The grieving tasks as well as the coping mechanisms and grief work according to Klopper (2009) was used as the theoretical framework for this study.

In chapter 4, the following research procedures were followed:

All of the administrative issues was clarified.

The appropriate permission from ethics committees and gatekeepers were gained.

The school's students that formed part of the research was contacted.

The sampling participants were contacted.

All the participants needed to give consent to the research.

Data was gathered using the questionnaire answers.

The data was analyzed.

The results were interpreted.

According to Terre Blanche (2006) quasi-statistical data analysis styles involve using predetermined categories and codes that are applied to the data in a quantifiable way to defer quantifiable indices. The questions in the system was predetermined in order to establish the state of a bereaved child using a "grading" scale to establish the severity of the grief with possible behavior patterns with as well as to establish whether the content of each phase has been understood.

From the information gathered from the questionnaire, a treatment profile was generated where the process will be the same as the Counseling methods used to assist the bereaved child. A report can be generated at any time to check the progress of the bereaved child or for statistical purposes.

Chapter 5 highlighted mixed feelings about the bereaved's experience after the loss of a loved one among individual and focus group respondents as well as teachers. Most of the respondents however agreed on the changes that have taken place in behavioral and cognitive patterns after the bereaved had lost a loved one.

This chapter presented the discussion of the main themes that emerged during data analysis. Insights were generated from the experiences, perceptions, the meaning attached and the feelings that emerged after the loss of a loved one.

The aim of the model design was to assist bereaved children with grieving the loss of a loved one and providing guidance throughout the phases of the grieving process. The system will consist of a fully secured, password protected log in that the participant will create when applying for access into the system.

Because the main focus was bereaved children between the ages of five and eighteen, an adult will more than likely need to be present when a small child is using the system. This means that an adult, either a parent, guardian or teacher, will need to assist the child with working through the process to ensure that the phases are completed correctly and thoroughly in order to ensure optimal results.

All the information will be confidential and no other participant will be able to access the data, since it is a secured system. The administrator will have the option to view the data gathered, whenever needed.

The participant is free to withdraw at any stage, without penalty, since the main aim is to assist bereaved children in coping with grief.

The participant's user log in is secured and no one will be able to log in under the specific participant's name, without the password that the participant created him/herself. This also means that the system won't be able to overwrite any security features, so the data captured by the participant is completely secure.

This benefits the participant greatly, because there is no fear that someone will be able to access their information, without their consent.

The only risk is for the participant to not keep their password safe in order to prevent unnecessary harm.

The model is not limited to only bereaved children, but also teenagers and adults.

Teenagers are normally unwilling to share their emotions with others and they do not want sympathy. The model allows teenagers to work through the grieving process in a safe, individual way.

Adults can also benefit from this, as the current business world is cruel and expects bereavement to end after a certain period of time, after the funeral service.

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APPENDIX A



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0023

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INTERNET /PC – BASED PROGRAM

The aim of the document is to “outline” only the basics, in order to be in agreement with client of the process flow and ideas generated around the concept.

TO ASSIST IN THE EVALUATION & GRIEVING PROCESS – WITH A SCIENTIFIC BASED RESULT & REPORTING SYSTEM.

The program is Internet / cloud based with a MySQL DB (database) incorporated for all the templates, information and extracting data/reporting.

The program’s “front-end” or interface will consist of the following modules:

- Registration
- Login – Progress Module
- Teacher / Learners Module
- The Evaluation Module*
- The Treatment Module*

** A short overview/description of each these modules are to follow in this document.*

The back-end or Admin section will consist of the following modules:

- Admin / login to Extract reports and statistics to Communicate with teachers to Other
- Client Interface to Show Client progress to Extract reports
- Scientific Module to Extract information and report building to show the scientific value of such a program to assist client with the grieving process.

Each of the above modules and structure needs to be carefully discussed and constructed in such a way that the maximum value for all parties concerned are obtained, both for client and in the report building/scientific side.

THE SCIENTIFIC AIM OF THE PROGRAMM

- To determine the current status of a grieving person.
- To “profile” such a client.
- To understand the profile and set- up a treatment process for such a client
- To assist client with the grieving process through program – either through assisted or self-help
- To further assess such client or determined progress of leading through the appointed modules and if client requires further treatment.
- To “compile” data into statics in such a way that has a great scientific value.

STATS ARE SELECT INTO SECTIONS OF AGE GROUPS

- Children 5-13 years
- Teenagers 14-18 years
- Adults 19- above

INTERFACE

Each client will be able to proceed through the system at their “own” pace. Should a session run out of time, the client can always return to continue again as they now have a profile and can log in. The system is written in such a way that upon logging out, it will record the last session/section.

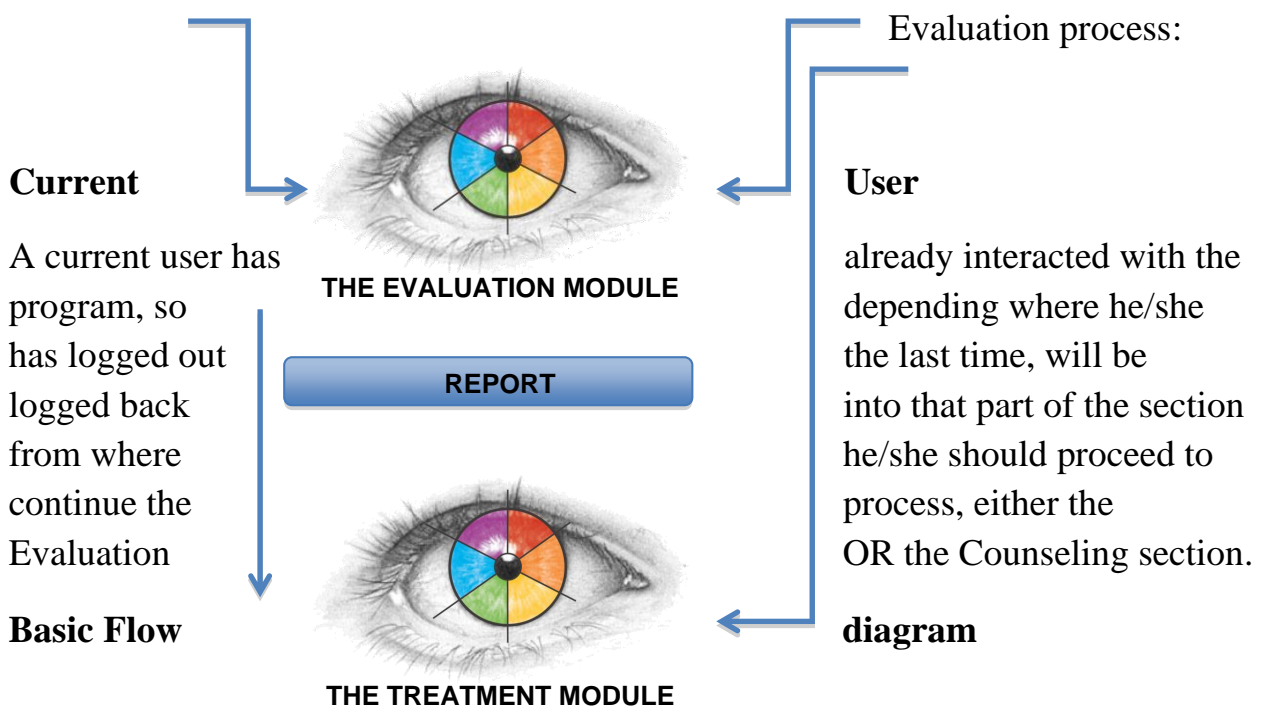
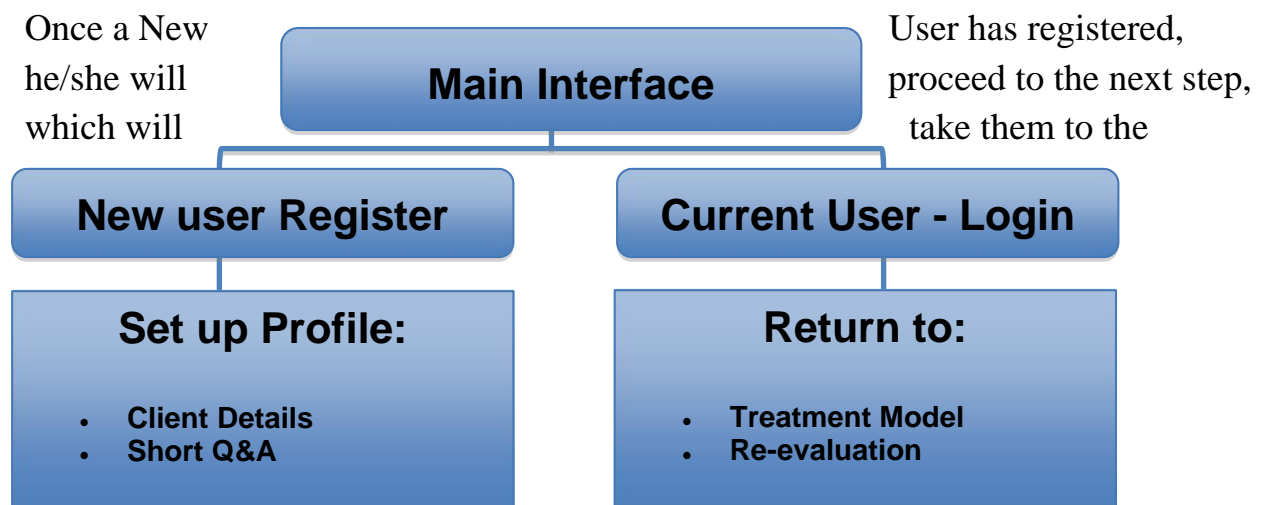
Upon login the client will return back to the same section without having to redo the whole process from the beginning. Should there for whatever reason be a larger time lapse than intended between sessions, the system will make allowance for the client to start over from the start.

For younger clients it will have to be at the discretion of a supervisor or caregiver that may be present during these sessions.

New User:

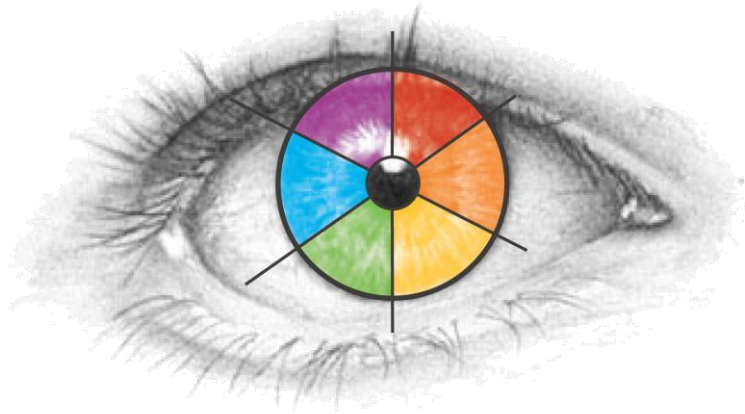
Each new user will have to complete a Profile section and will consist of the following:

- Client Details
- Short Q&A for the basic background information.



THE EVALUATION MODEL

The evaluation module has 6 steps and is used to establish the client's grieving "profile"



STEPS 1 through to 6, each has the following:

- Information relating to each step of the grieving process
- A multiple Q&A to establish

The content of the Evaluation model:

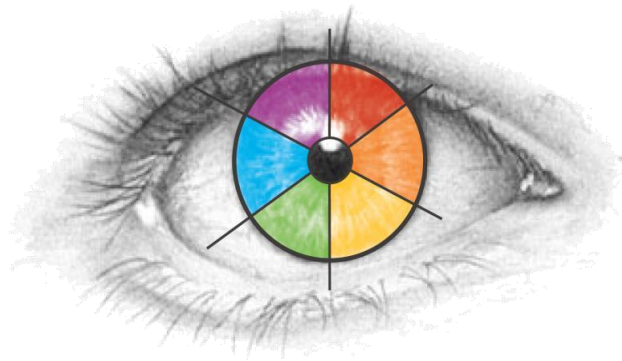
- Contains audio visual material.
- Each step has a series of images, video's relating to that particular part of the grieving process.
- Each step is immediately followed by a set of questions that helps to establish the state in which the client finds them at that stage of the grieving process.
- These questions may come in a form of simple question, with a yes or no or even a value answer (one to ten).
- For children the answers can be defined in the form of faces in the various stages of being happy or sad.

Once the 6 Steps have been completed.

- The information gathered from the questions and a profile is "extracted" for the client.
- The information is then used to pin point the frame of mind and possible behaviour patterns of the grieving person and report is generated.
- A treatment profile is created on the above assessment.

THE TREATMENT PROFILE

The treatment module will be similar in set-up and will also have 6 steps. These 6 steps will be set-up and relate directly to the “Grieving Profile” of the client. The system will have to be written in such a way that once the assessment has been made, it will then check against a set of parameters to establish which “Grieving Profile” will be best suited for the client.



STEPS 1 through to 6, each has the following:

- Information relating to each step of the grieving treatment process.
- A multiple Q&A to establish whether the content has been understood.

The content of the Treatment model

- Contains audio visual material - each step has a series of images, video's relating to that particular part of the grieving process.
- Each step is immediately followed by a set of questions that helps to establish whether the client has understood the process.
- These questions may come in a form of simple question, with a yes or no or even a value answer (one to ten).
- For children the answers can be defined in the form of faces in the various stages of being happy or sad.
- Should the questions be answered incorrectly the system will automatically revert back to the relevant part of that section and replay the information.
- Should a client answer twice in a row that same question incorrectly, the system should then alert a caregiver – details of how this can be done to be discussed.
- At the end the client can be “returned” to be evaluated again to check progress and the use of coping mechanisms.
- For a client “graded” for example at a 1= very traumatized with behaviour disorders – the system must make allowance for both re-evaluation as well as further Treatment session, until completed.

APPENDIX B

Participant G1

Mediator 1 - Who the person who died was

- Language -Afrikaans
- Age - 17
- Gender - Male
- Deceased – Dad

Mediator 2 - The nature of attachment

- Strength of attachment - Strong
- Security of attachment - Misses security of father
- Conflicts with deceased - Sometimes moaned at dad
- Dependent relationship - Normal function on daily basis

Mediator 3 - How the person died/Where it happened/Now

- Sickness
- At home
- Child remembers where it happened

Mediator 4 - Historical antecedents/Relocation after loss

- Previous loss of grandparents
- Moved to new town

Mediator 5 - Coping style

- Looking at photos
- Talks about the person who has died

Mediator 6 - Social variables

- Support – Friends at school
- Support – Family (Uncles and Cousins)
- Support – Church Pastor

Mediator 7 - Current stresses

- Child can see what other families do who has a father versus himself without a father
- Changes during holidays without father

Participant G2

Mediator 1 - Who the person who died was

- Language - English
- Age- 15
- Gender- Female
- Deceased - Dad

Mediator 2 - The nature of attachment

- Strength of attachment - Very Strong
- Security of attachment - Miss security – feels unsafe
- Conflicts with deceased - No conflicts
- Dependent relationship - Normal function on daily basis

Mediator 3 - How the person died/Where it happened/Now

- Sickness
- At home
- Child remembers where it happened

Mediator 4 - Historical antecedents/Relocation after loss

- No previous losses
- No relocation after loss

Mediator 5 - Coping style

- Talks about father
- Looking at photos

Mediator 6 - Social variables

- Support –Friends at school
- Support – Family (Uncles)
- Support – Church Pastor and Sunday school teacher

Mediator 7 - Current stresses

- Child can see what other families do who has a father versus herself without a father
- Changes during holidays without father

Participant G3

Mediator 1 - Who the person who died was

- Language - Afrikaans
- Age - 15
- Gender - Female
- Deceased - Dad

Mediator 2 - The nature of attachment

- Strength of attachment - Strong
- Security of attachment - Feel saved
- Conflicts with deceased - No conflicts –
- Dependent relationship - Provided in all areas in child's needs

Mediator 3 - How the person died/Where did it happen/Now

- Car accident
- About 120km way from home
- Child remembers where it happened
- Child was not at home

Mediator 4 - Historical antecedents/Relocation after loss

- No previous losses
- No relocation after loss

Mediator 5 - Coping style

- Was difficult to cope
- Talk about emotions and feelings

Mediator 6 - Social variables

- Support –Friends
- Support – Family
- Support – Church Pastor's wife

Mediator 7 Current stresses

- None

Participant G4

Mediator 1 - Who the person who died was

- Language - Pedi
- Age - 18
- Gender - Male
- Deceased - Dad

Mediator 2 - The nature of attachment

- Strength of attachment - Strong
- Security of attachment - Feels safe with Dad
- Conflicts with the deceased - None
- Dependent relationship - Everyday needs of the child

Mediator 3 - How the person died/Where did it happen/Now

- Sickness
- At home
- Child remembers

Mediator 4 - Historical antecedents/Relocation after loss

- No previous losses
- Relocation and leaving behind friends and family

Mediator 5- Coping style

- Looking at pictures is not easy

Mediator 6 - Social variables

- Support –Friends from school and neighborhood
- Support – Family
- Support – Church

Mediator 7 - Current stresses

- None

Participant G5

Mediator 1 - Who the person who died was

- Language - Tswana
- Age - 16
- Gender - Male
- Deceased - Mom

Mediator 2 - The nature of attachment

- Strength of attachment - Strong
- Security of attachment - Feel safe with mom when she was alive
- Conflicts with deceased - Sometimes they differ, but always sorted it out
- Dependent relationship - Provide in daily needs

Mediator 3 - How the person died /Where did it happen/Now

- Sickness
- At home
- Child remembers

Mediator 4 - Historical antecedents/Relocation after loss

- No previous losses
- No relocation

Mediator 5 - Coping style

- Try to forget

Mediator 6 - Social variables

- Support –Friends at school
- Support – Family (Auntie and Grandmother)

Mediator 7 - Current stresses

- I don't have a mother
- Too much to handle

Participant **G6**

Mediator 1 - Who the person who died was

- Language - Afrikaans
- Age - 18
- Gender - Male
- Deceased - Dad

Mediator 2 - The nature of attachment

- Strength of attachment - Good
- Security of attachment - Feel safe when Dad was still here
- Conflicts with deceased - No conflicts
- Dependent relationship - Helped with homework

Mediator 3 - How the person died/Where did it happen/Now

- Unknown
- At Dad's house
- Child remembers

Mediator 4 - Historical antecedents/Relocation

- No previous losses
- No relocation after loss

Mediator 5 - Coping style

- Talks to Dad in my heart
- Sometimes try to ignore it

Mediator 6 - Social variables

- Support with homework from friends
- Support – Family
- Support – Church brought us food – gave Dad's clothes to the Church

Mediator 7 - Current stresses

- Moved to grandfather's house
- Was difficult to adapt to new environment

Participant **G7**

Mediator 1 - Who the person who died was

- Language - Afrikaans
- Age - 18
- Gender - Female
- Deceased - Dad

Mediator 2 - The nature of attachment

- Strength of attachment - Better relationship with his mom, was always at home. Dad worked away
- Security of attachment - Felt safe with dad
- Conflicts with deceased - No conflicts
- Dependent relationship - Depends more on mom

Mediator 3 - How the person died/Where did it happen/Now

- Sickness
- At hospital
- Child remembers

Mediator 4 - Historical antecedents/Relocation after loss

- No previous Losses
- No relocation after loss

Mediator 5 - Coping style

- Support from grandmother, said she will be there for me

Mediator 6 - Social variables

- Support –from neighborhood friends
- Support – Family
- Support – Church

Mediator 7 - Current stresses

- None

Participant G8

Mediator 1 - Who the person who died was

- Language - English
- Age - 17
- Gender - Male
- Deceased - Dad

Mediator 2 - The nature of attachment

- Strength of attachment - Strong
- Security of attachment - Misses security of father –feels unsafe
- Conflicts with deceased – Conflicts occurred
- Dependent relationship - Normal function on daily basis

Mediator 3 - How the person died/Where did it happen/Now

- Homicide
- At home
- Child remembers where it happened

Mediator 4 - Historical antecedents/Relocation after loss

- No previous losses
- Yes. Moved to new town

Mediator 5 - Coping style

- Looking at photos
- Talks about the person who has died

Mediator 6 - Social variables

- Support –Friends at school
- Support – Family (Uncles and cousins)
- Support – Church Pastor

Mediator 7 - Current stresses

- Child can see what other families do who has a father versus himself without a father

Participant G9

Mediator 1 - Who the person who died was

- Language - Tswana
- Age - 15
- Gender - Male
- Deceased - Dad

Mediator 2- The nature of attachment

- Strength of attachment - Very Strong
- Security of attachment - Miss security of father –feel unsafe
- Conflicts with deceased - No conflicts
- Dependent relationship - Normal function on daily basis

Mediator 3 - How the person die/Where did it happen/Now

- Sickness
- At home
- Child remembers where it happened

Mediator 4 - Historical antecedents/Relocation after loss

- No previous losses
- Relocation after loss

Mediator 5 - Coping style

- Talks about father
- Looking at photos

Mediator 6 - Social variables

- Support –Friends at school
- Support – Family (Uncles)
- Support – Church Pastor and Sunday school teacher

Mediator 7 - Current stresses

- Child can see what other families do who has a father versus herself without a father
- Changes during holidays without father

Participant **G10**

Mediator 1 - Who the person who died was

- Language - English
- Age - 18
- Gender - Male
- Deceased - Dad

Mediator 2 - The nature of attachment

- Strength of attachment - Strong
- Security of attachment - Feel saved
- Conflicts with deceased - No conflicts
- Dependent relationship - Provided in all areas in child's needs

Mediator 3 - How the person die/Where did it happened/Now

- Sickness
- At home
- Child remembers where it happened

Mediator 4 - Historical antecedents/Relocation after loss

- No previous losses
- Relocation after loss

Mediator 5 - Coping style

- Was difficult to cope
- Talk about emotions and feelings

Mediator 6 - Social variables

- Support –Friends
- Support – Family

Mediator 7- Current stresses

- None

Participant **G11**

Mediator 1 - Who the person who died was

- Language - English
- Age - 18
- Gender - Female
- Deceased - Dad

Mediator 2 - The nature of attachment

- Strength of attachment - Strong
- Security of attachment - Felt safe with Dad
- Conflicts with deceased - No conflicts
- Dependent relationship - Everyday needs of the child

Mediator 3 - How the person died/Where did it happen/Now

- Sickness
- At home
- Child remembers

Mediator 4 - Historical antecedents/Relocation after loss

- No previous losses
- Yes. Leaving behind friends and family

Mediator 5 - Coping style

- Looking at pictures

Mediator 6 - Social variables

- Support –Friends from school and neighborhood
- Support – Family
- Support – Church

Mediator 7 - Current stresses

- To build new relationship with mom

Participant G12

Mediator 1 - Who the person who died was

- Language - Sotho
- Age - 16
- Gender - Male
- Deceased - Dad

Mediator 2 - The nature of attachment

- Strength of attachment - Strong
- Security of attachment - Feel safe with dad when he was alive
- Conflicts with deceased - Sometimes they differ, but sort it out
- Dependent relationship - Provide in daily needs

Mediator 3 - How the person died/Where did it happen/Now

- Sickness
- At home
- Child remembers

Mediator 4 - Historical antecedents/Relocation after loss

- Previous losses
- No relocation after loss

Mediator 5 - Coping style

- Try to forget

Mediator 6 - Social variables

- Support from friends at school
- Support – Family (Auntie and Grandmother)

Mediator 7 - Current stresses

- I don't have a father!
- Too much to handle

Participant G13

Mediator 1 - Who the person who died was

- Language - English
- Age - 18
- Gender - Male
- Deceased - Both parents

Mediator 2 - The nature of attachment

- Strength of attachment - Good
- Security of attachment - Felt safer with mom
- Conflicts with deceased - Dad work away
- Dependent relationship - Better with mom

Mediator 3 - How the person died/Where did it happen/Now

- Car accident
- Near home
- Child remembers

Mediator 4 - Historical antecedents/Relocation after loss

- Previous losses
- Yes, moved to grandparents

Mediator 5 - Coping style

- Talked to my parents in my heart
- Sometimes try to ignore it

Mediator 6 - Social variables

- Support with homework from friends
- Support – Church

Mediator 7 - Current stresses

- Moved to grandfather's house
- Was difficult to adapt to new environment

Participant: **G14**

Mediator 1 - Who the person who died was

- Language - Xhosa
- Age - 18
- Gender: Male
- Deceased: Dad

Mediator 2 - The nature of attachment

- Strength of attachment - Better relationship with his mom, was always at home. Dad worked away
- Security of attachment - Felt safe with Dad
- Conflicts with deceased - No conflicts
- Dependent relationship - Depends on more on mom

Mediator 3 - How the person died/Where did it happen/Now

- Sickness
- At home
- Child remembers

Mediator 4 - Historical antecedents/Relocation after loss

- Previous losses
- Relocation after loss

Mediator 5 - Coping style

- Support from grandmother

Mediator 6 - Social variables

- Support –Neighborhood friends
- Support – Family
- Support – Church

Mediator 7 - Current stresses

- None

Participant G15

Mediator 1 - Who the person who died was

- Language - Afrikaans
- Age - 17
- Gender - Male
- Deceased - Dad

Mediator 2 - The nature of attachment

- Strength of attachment - Strong
- Security of attachment - Misses security of father –feels unsafe
- Conflicts with deceased - Sometimes moaned at dad
- Dependent relationship - Normal function on daily basis

Mediator 3 - How the person died/Where did it happen/Now

- Sickness
- At home
- Child remembers where it happened

Mediator 4 - Historical antecedents/Relocation after loss

- Previously lost grandparents
- No relocation after loss

Mediator 5 - Coping style

- Looking at photos
- Talks about the person who has died

Mediator 6 - Social variables

- Support –Friends at school
- Support – Family (Uncles and Cousins)
- Support – Church Pastor

Mediator 7 Current stresses

- Changes during holidays without father

Participant **G16**

Mediator 1 - Who the person who died was

- Language - Pedi
- Age - 16
- Gender - Female
- Deceased - Mom

Mediator 2 - The nature of attachment

- Strength of attachment - Very Strong
- Security of attachment - Misses mom for nurturing
- Conflicts with deceased - No conflicts
- Dependent relationship - Normal function on daily basis

Mediator 3 - How the person died/Where did it happen/Now

- Car accident
- Near home
- Child remembers where it happened.

Mediator 4 - Historical antecedents/Relocation after loss

- Previous losses
- Relocation after loss

Mediator 5 - Coping style

- Looking at photos

Mediator 6 - Social variables

- Support –Friends at school
- Support – Family (Uncles)
- Support – Church Pastor and Sunday School teacher

Mediator 7 - Current stresses

- Changes during holidays without mom

Participant G17

- ***Mediator 1 - Who the person who died was***
- Language - Zulu
- Age - 5
- Gender - Male
- Deceased - Dad

Mediator 2 - The nature of attachment

- Strength of attachment - Strong
- Security of attachment – Feels safe
- Conflicts with deceased - No conflicts
- Dependent relationship - Provided in all areas in child's needs

Mediator 3 - How the person died/Where did it happen/Now

- Car accident
- Near home
- Child was not at home

Mediator 4 - Historical antecedents/Relocation after loss

- No previous losses
- Relocation after loss

Mediator 5 - Coping style

- Was difficult to cope
- Talk about emotions and feelings

Mediator 6 - Social variables

- Support –Friends
- Support – Family
- Support – Church Pastor's wife support

Mediator 7 - Current stresses

- None

Participant G18

Mediator 1 - Who the person who died was

- Language - Pedi
- Age - 7
- Gender - Male
- Deceased - Dad

Mediator 2 - The nature of attachment

- Strength of attachment - Strong
- Security of attachment - Felt safe with Dad
- Conflicts with deceased - No conflicts
- Dependent relationship - Everyday needs of the child

Mediator 3 - How the person died/Where did it happen/Now

- Accident
- Near home Child remembers

Mediator 4 - Historical antecedents/Relocation after loss

- Previous losses
- Relocation after loss. Leaving behind friends and family

Mediator 5 - Coping style

- Looking at pictures
- Not easy to do that

Mediator 6 - Social variables

- Support –Friends from school and neighborhood
- Support – Church

Mediator 7 - Current stresses

- To build new relationship with mom

Participant G19

Mediator 1- Who the person who died was

- Language - Sotho
- Age - 6
- Gender - Male
- Deceased - Mom

Mediator 2 - The nature of attachment

- Strength of attachment - Strong
- Security of attachment - Misses mom
- Conflicts with deceased - Sometimes they differed, but sort it out
- Dependent relationship - Provide in daily needs

Mediator 3 - How the person died/Where did it happen/Now

- Car accident
- Near home
- Child remembers

Mediator 4 - Historical antecedents/Relocation after loss

- No previous losses
- No relocation after loss

Mediator 5 - Coping style

- Try to forget but it is not easy

Mediator 6 - Social variables

- Support from friends at school
- Support – Family (Auntie and Grandmother)

Mediator 7 - Current stresses

- Too much to handle

Participant G20

Mediator 1 - Who the person who died was

- Language - Sotho
- Age - 7
- Gender - Female
- Deceased - Dad

Mediator 2 - The nature of attachment

- Strength of attachment - Good
- Security of attachment - Felt safe when Dad was still here
- Conflicts with deceased - No conflicts
- Dependent relationship - Helped with homework

Mediator 3 - How the person died/Where did it happen/Now

- Car accident
- 200 Km away from home
- Child remembers

Mediator 4 - Historical antecedents/ Relocation

- Previous losses
- No relocation after loss

Mediator 5 - Coping style

- Talked to my Dad in my heart
- Sometimes try to ignore it Not easy to do it!

Mediator 6 - Social variables

- Support –Support with homework from friends
- Support – Church brought us food – gave Dad's clothes to the Church

Mediator 7 - Current stresses

- Moved to grandfather's house
- Was difficult to adapt to new environment

Participant G21

Mediator 1 - Who the person who died was

- Language - Sotho
- Age - 8
- Gender - Male
- Deceased - Dad

Mediator 2 - The nature of attachment

- Strength of attachment - Dad worked away
- Security of attachment – Needs Dad to feel safe
- Conflicts with deceased - No conflicts
- Dependent relationship - Depends more on mom but misses dad

Mediator 3 - How the person died/Where did it happen/Now

- Car accident
- Away from home

Mediator 4 - Historical antecedents/Relocation after loss

- Previous losses
- Relocation after loss

Mediator 5 - Coping style

- Support from grandmother, said she will be there for me

Mediator 6 - Social variables

- Support –Neighborhood friends
- Support –Whole family supports me
- Support – Church prayed for me

Mediator 7 - Current stresses

- None

Participant G22

Mediator 1- Who the person who died was

- Language - Sotho
- Age - 10
- Gender - Male
- Deceased - Dad

Mediator 2 - The nature of attachment

- Strength of attachment - Strong
- Security of attachment - Feels unsafe
- Conflicts with deceased - Sometimes disagreed with dad
- Dependent relationship - Normal function on daily basis

Mediator 3 - How the person died/Where did it happen/Now

- Sickness
- At home

Mediator 4 - Historical antecedents/Relocation after loss

- Previous lost grandparents
- Yes. moved to new town

Mediator 5 - Coping style

- Looking at photos
- Talks about the person who has died

Mediator 6 - Social variables

- Support –Friends at school
- Support – Family (Uncles and Cousins)
- Support – Church Pastor

Mediator 7 - Current stresses

- None

Participant G23

Mediator 1 - Who the person who died was

- Language - English
- Age - 10
- Gender - Female
- Deceased - Dad

Mediator 2 - The nature of attachment

- Strength of attachment - Very Strong
- Security of attachment - Miss security of father
- Conflicts with deceased - No conflicts
- Dependent relationship - Normal function on daily basis

Mediator 3 - How the person died/Where did it happen/Now

- Sickness
- Away from home at hospital.
- Child remembers where it happened.

Mediator 4 - Historical antecedents/Relocation after loss

- Previous Losses
- No relocation after loss

Mediator 5 - Coping style

- Talks about father
- Looking at photos

Mediator 6 - Social variables

- Support –Friends at school
- Support – Family (Uncles)
- Support –Sunday school teacher

Mediator 7 - Current stresses

- Child can see what other families do who has a father
- Changes during holidays without father

Participant **G24**

Mediator 1 - Who the person who died was

- Language - Tswana
- Age - 8
- Gender - Male
- Deceased - Dad

Mediator 2 - The nature of attachment

- Strength of attachment - Strong
- Security of attachment - Feel saved
- Conflicts with deceased - No conflicts –
- Dependent relationship - Provided in all areas in child's needs

Mediator 3 - How the person died/Where did it happen/Now

- Car accident
- About 20km away from home
- Child remembers where it happened.

Mediator 4 - Historical antecedents/Relocation after loss

- Previous losses
- No relocation after loss

Mediator 5 - Coping style

- Was difficult to cope
- Talk about emotions and feelings

Mediator 6 -Social variables

- Support –Friends
- Support – Family
- Support – Church Pastor and his wife

Mediator 7 - Current stresses

- None

Participant G25

Mediator 1 - Who the person who died was

- Language - Afrikaans
- Age - 11
- Gender - Female
- Deceased - Dad

Mediator 2 - The nature of attachment

- Strength of attachment - Strong
- Security of attachment - Feels safe with Dad
- Conflicts with deceased - No conflicts
- Dependent relationship - Everyday needs of the child

Mediator 3 - How the person died/Where did it happen/Now

- Car accident
- Near home
- Child remembers

Mediator 4 - Historical antecedents/Relocation after loss

- Previous losses
- No relocation after loss

Mediator 5 - Coping style

- Looking at pictures
- Not easy to do

Mediator 6 - Social variables

- Support –From school and neighborhood
- Support – Church:

Mediator 7 - Current stresses

- To build new relationship with mom

Participant G26

Mediator 1 - Who the person who died was

- Language - Tswana
- Age - 15
- Gender - Male
- Deceased - Mom

Mediator 2 - The nature of attachment

- Strength of attachment - Strong
- Security of attachment - Don't feel as safe with mom as much
- Conflicts with deceased - Sometimes they differ, but sort it out
- Dependent relationship - Provide in daily needs

Mediator 3 - How the person died/Where did it happen/Now

- Homicide
- At home
- Child remembers

Mediator 4 - Historical antecedents/Relocation after loss

- Previous losses
- Relocation after loss

Mediator 5 - Coping style

- Try to forget

Mediator 6 - Social variables

- Support –Support from friends at school
- Support – Family

Mediator 7 - Current stresses

- Too much to handle

Participant G27

Mediator 1 - Who the person who died was

- Language - Zulu
- Age - 10
- Gender - Female
- Deceased - Mom

Mediator 2 - The nature of attachment

- Strength of attachment - Good
- Security of attachment - Felt safer when Mom was still here
- Conflicts with deceased - No conflicts
- Dependent relationship - Helped with homework

Mediator 3 - How the person died/Where did it happen/Now

- Sickness
- At home
- Child remembers

Mediator 4 - Historical antecedents/Relocation after loss

- Previous losses
- No relocation after loss

Mediator 5 - Coping style

- Talk to Mom in my heart
- Sometimes try to ignore it

Mediator 6 - Social variables

- Support –Friends support with homework
- Support – Church brought us food

Mediator 7- Current stresses

- Was difficult to adapt after loss

Participant G28

Mediator 1 - Who the person who died was

- Language - Xhosa
- Age - 10
- Gender - Male
- Deceased - Dad

Mediator 2 - The nature of attachment

- Strength of attachment - Better relationship with his mom
- Security of attachment - Felt safer with dad
- Conflicts with deceased - No conflicts
- Dependent relationship - Depends on more on mom

Mediator 3 - How the person died/Where did it happen/Now

- Homicide
- At home
- Child remembers

Mediator 4 - Historical antecedents/Relocation after loss

- Previous losses
- No relocation after loss

Mediator 5 - Coping style

- Support from grandmother

Mediator 6 - Social variables

- Support –Neighborhood friends
- Support – Family
- Support – Church

Mediator 7 - Current stresses

- None

Participant G29

Mediator 1 - Who the person who died was

- Language - English
- Age - 10
- Gender - Female
- Deceased - Mom and Dad

Mediator 2 - The nature of attachment

- Strength of attachment - Strong
- Security of attachment - Misses security of father –feels unsafe
- Conflicts with deceased - Sometimes moaned at mom
- Dependent relationship - Normal function on daily basis

Mediator 3 - How the person died/Where did it happen/Now

- Sickness
- At home

Mediator 4 - Historical antecedents/Relocation after loss

- Previous losses
- Relocated to new town.

Mediator 5 - Coping style

- Looking at photos
- Talks about the parents who has died

Mediator 6 - Social variables

- Support –Friends at school
- Support – Family
- Support – Church Pastor

Mediator 7 - Current stresses

- Coping without parents is hard

Participant G30

Mediator 1 - Who the person who died was

- Language - Zulu
- Age - 10
- Gender - Male
- Deceased - Both Mom and Dad

Mediator 2 - The nature of attachment

- Strength of attachment: Better relationship with his mom, was always at home. Dad was not home a lot
- Security of attachment – Felt more safe with mom
- Conflicts with deceased - No conflicts
- Dependent relationship - Depended on more on mom

Mediator 3 - How the person died/Where did it happen/Now

- Unknown
- At home

Mediator 4 - Historical antecedents/Relocation after loss

- Previous losses
- No relocation after loss, grandparents moved in

Mediator 5 - Coping style

- Support from grandparents

Mediator 6 - Social variables

- Support –Neighborhood friends
- Support – Family:
- Support – Church

Mediator 7 - Current stresses

- None

APPENDIX C

The Teacher Participants Questionnaire

Participant T1

Gender Female

Age 55

Questions

1. **Do you think that the school provides enough support to bereaved children, after the loss of a loved one?**
Yes, the child as well as the family receives support up until the funeral.
2. **Do you think that the bereaved child needs counseling to help work through their grief?**
Yes, I do not believe that counseling is necessary.
3. **Do you think that structuring a “self-help” system at school; where the child can work through their grief and monitor their progress on their own pace, in this regard will be beneficial to both you and the bereaved child?**
Yes, it will help.
4. **Any suggestions on how to help a bereaved child at school?**
Teach the child’s parents on how to help them cope.
5. **Have you, as a teacher, experienced any of these differences in the child’s feelings, after the loss of a loved one? Sadness, Anger, Anxiety, Loneliness, Fatigue, Helplessness, Guilt, Shock, Relief, Numbness.**
Sadness, Anger, Anxiety, Fatigue, Shock.
6. **Have you experienced any of these sensations in the child’s behavior, after the loss of a loved one? Hollowness in stomach, Tightness in the chest, Tightness in the throat, Breathlessness, Lack of energy, Dry mouth.**
Lack of energy, Tightness in the chest, Tightness in the throat, Hollowness in stomach.

7. **Have you experienced any of these cognitions in the child's behavior, after the loss of a loved one? Disbelief, Confusion, Hallucinations, Sense of presence.**

Disbelief, Sense of presence, Confusion.

8. **Have you, as a teacher, experienced any of these differences in the child's behavior, after the loss of a loved one? Sleep disturbances, Appetite disturbances, Social withdrawal, Absentminded, Dreams of the deceased, avoiding reminders of the deceased, Sighing, Restless, Hyperactive, Crying, Searching and calling out crying.**

Sleep disturbances, Appetite disturbances, Social withdrawal, Dreams of the deceased, Sighing, Restless, Crying.

Thank you for your cooperation!

The Teacher Participants Questionnaire

Participant T2

Gender Female

Age 28

Questions

1. **Do you think that the school provides enough support to bereaved children, after the loss of a loved one?**
Yes, all the children going through some sort of traumatic event, gets the needed support, from all of the school staff, as well as other parents.
2. **Do you think that the bereaved child needs counseling to help work through their grief?**
No, I don't believe counseling is needed.
3. **Do you think that structuring a “self-help” system at school; where the child can work through their grief and monitor their progress on their own pace, in this regard will be beneficial to both you and the bereaved child?**
No, it will take too much time.
4. **Any suggestions on how to help a bereaved child at school?**
Perhaps group therapy sessions with a professional in the school environment can help the child as well as the parent/guardians and the teachers in how to deal with such a child correctly.
5. **Have you, as a teacher, experienced any of these differences in the child's feelings, after the loss of a loved one? Sadness, Anger, Anxiety, Loneliness, Fatigue, Helplessness, Guilt, Shock, Relief, Numbness.**
Sadness, Anger, Loneliness, Fatigue, Helplessness, Shock
6. **Have you experienced any of these sensations in the child's behavior, after the loss of a loved one? Hollowness in stomach, Tightness in the chest, Tightness in the throat, Breathlessness, Lack of energy, Dry mouth.**
Lack of energy, Tightness in the chest, Tightness in the throat, Breathlessness.

7. **Have you experienced any of these cognitions in the child's behavior, after the loss of a loved one? Disbelief, Confusion, Hallucinations, Sense of presence.**

Disbelief, Sense of presence, Confusion.

8. **Have you, as a teacher, experienced any of these differences in the child's behavior, after the loss of a loved one? Sleep disturbances, Appetite disturbances, Social withdrawal, Absentminded, Dreams of the deceased, avoiding reminders of the deceased, Sighing, Restless, Hyperactive, Crying, Searching and calling out crying.**

Sleeplessness, Sometimes the child experiences social withdrawal, Dreams, Avoiding reminders, Restless, Crying, Searching and calling out crying.

Thank you for your cooperation!

The Teacher Participants Questionnaire

Participant T3

Gender Female

Age 42

Questions

1. **Do you think that the school provides enough support to bereaved children, after the loss of a loved one?**
No, the school can provide more support.
2. **Do you think that the bereaved child needs counseling to help work through their grief?**
No, I do not believe that counseling is necessary.
3. **Do you think that structuring a “self-help” system at school; where the child can work through their grief and monitor their progress on their own pace, in this regard will be beneficial to both you and the bereaved child?**
Yes, that will be great.
4. **Any suggestions on how to help a bereaved child at school?**
Teach the child’s parents on how to help them cope.
5. **Have you, as a teacher, experienced any of these differences in the child’s feelings, after the loss of a loved one? Sadness, Anger, Anxiety, Loneliness, Fatigue, Helplessness, Guilt, Shock, Relief, Numbness.**
Sadness, Anger, Anxiety, Loneliness, Helplessness, Shock.
6. **Have you experienced any of these sensations in the child’s behavior, after the loss of a loved one? Hollowness in stomach, Tightness in the chest, Tightness in the throat, Breathlessness, Lack of energy, Dry mouth.**
Lack of energy, Tightness in throat and chest together with breathlessness.

7. **Have you experienced any of these cognitions in the child's behavior, after the loss of a loved one? Disbelief, Confusion, Hallucinations, Sense of presence.**

Disbelief, Sense of presence, Confusion.

8. **Have you, as a teacher, experienced any of these differences in the child's behavior, after the loss of a loved one? Sleep disturbances, Appetite disturbances, Social withdrawal, Absentminded, Dreams of the deceased, avoiding reminders of the deceased, Sighing, Restless, Hyperactive, Crying, Searching and calling out crying.**

Sleep disturbances, Appetite disturbances, Social withdrawal, Absentminded, dreams, restlessness, Hyperactivity, Searching and calling out crying.

Thank you for your cooperation!

The Teacher Participants Questionnaire

Participant T4

Gender Female

Age 34

Questions

1. **Do you think that the school provides enough support to bereaved children, after the loss of a loved one?**
No.
2. **Do you think that the bereaved child needs counseling to help work through their grief?**
Yes, I believe that counseling is necessary.
3. **Do you think that structuring a “self-help” system at school; where the child can work through their grief and monitor their progress on their own pace, in this regard will be beneficial to both you and the bereaved child?**
Yes, absolutely.
4. **Any suggestions on how to help a bereaved child at school?**
A buddy-system might be a good idea.
5. **Have you, as a teacher, experienced any of these differences in the child’s feelings, after the loss of a loved one? Sadness, Anger, Anxiety, Loneliness, Fatigue, Helplessness, Guilt, Shock, Relief, Numbness.**
Sadness, Sometimes anger, Loneliness, Helplessness, Shock.
6. **Have you experienced any of these sensations in the child’s behavior, after the loss of a loved one? Hollowness in stomach, Tightness in the chest, Tightness in the throat, Breathlessness, Lack of energy, Dry mouth.**
Dry mouth, no energy, chest tightness.

7. **Have you experienced any of these cognitions in the child's behavior, after the loss of a loved one? Disbelief, Confusion, Hallucinations, Sense of presence.**

Disbelief.

8. **Have you, as a teacher, experienced any of these differences in the child's behavior, after the loss of a loved one? Sleep disturbances, Appetite disturbances, Social withdrawal, Absentminded, Dreams of the deceased, avoiding reminders of the deceased, Sighing, Restless, Hyperactive, Crying, Searching and calling out crying.**

Absentminded, Sleep disturbances, Appetite changes, Dreams of the deceased, Crying, Restlessness.

Thank you for your cooperation!

The Teacher Participants Questionnaire

Participant T5

Gender Female

Age 37

Questions

1. **Do you think that the school provides enough support to bereaved children, after the loss of a loved one?**
Yes, the child as well as the family receives support up until the funeral.
2. **Do you think that the bereaved child needs counseling to help work through their grief?**
Yes.
3. **Do you think that structuring a “self-help” system at school; where the child can work through their grief and monitor their progress on their own pace, in this regard will be beneficial to both you and the bereaved child?**
No, the child either gets over it, or they don't, regardless of the timeframe.
4. **Any suggestions on how to help a bereaved child at school?**
Group therapy.
5. **Have you, as a teacher, experienced any of these differences in the child's feelings, after the loss of a loved one? Sadness, Anger, Anxiety, Loneliness, Fatigue, Helplessness, Guilt, Shock, Relief, Numbness.**
Sadness, Anxiety, Loneliness, Shock, Numbness.
6. **Have you experienced any of these sensations in the child's behavior, after the loss of a loved one? Hollowness in stomach, Tightness in the chest, Tightness in the throat, Breathlessness, Lack of energy, Dry mouth.**
No energy, Breathless and dry mouth.

7. **Have you experienced any of these cognitions in the child's behavior, after the loss of a loved one? Disbelief, Confusion, Hallucinations, Sense of presence.**

Disbelief, Sense of presence, Hallucinations.

8. **Have you, as a teacher, experienced any of these differences in the child's behavior, after the loss of a loved one? Sleep disturbances, Appetite disturbances, Social withdrawal, Absentminded, Dreams of the deceased, avoiding reminders of the deceased, Sighing, Restless, Hyperactive, Crying, Searching and calling out crying.**

Crying, Sighing, Avoiding reminders, Dreams, Absentminded, Appetite disturbances.

Thank you for your cooperation!

The Teacher Participants Questionnaire

Participant T6

Gender Female

Age 55

Questions

1. **Do you think that the school provides enough support to bereaved children, after the loss of a loved one?**
Yes, the child as well as the family receives support up until the funeral.
2. **Do you think that the bereaved child needs counseling to help work through their grief?**
Yes, I do believe that counseling is necessary.
3. **Do you think that structuring a “self-help” system at school; where the child can work through their grief and monitor their progress on their own pace, in this regard will be beneficial to both you and the bereaved child?**
Yes, it will help.
4. **Any suggestions on how to help a bereaved child at school?**
Teach the child’s parents on how to help them cope.
5. **Have you, as a teacher, experienced any of these differences in the child’s feelings, after the loss of a loved one? Sadness, Anger, Anxiety, Loneliness, Fatigue, Helplessness, Guilt, Shock, Relief, Numbness.**
Sadness, Anger, Anxiety, Fatigue, Shock.
6. **Have you experienced any of these sensations in the child’s behavior, after the loss of a loved one? Hollowness in stomach, Tightness in the chest, Tightness in the throat, Breathlessness, Lack of energy, Dry mouth.**
Lack of energy, Tightness in the chest, Tightness in the throat, Hollowness in stomach.

- 7. Have you experienced any of these cognitions in the child's behavior, after the loss of a loved one? Disbelief, Confusion, Hallucinations, Sense of presence.**

Disbelief, Sense of presence, Confusion.

- 8. Have you, as a teacher, experienced any of these differences in the child's behavior, after the loss of a loved one? Sleep disturbances, Appetite disturbances, Social withdrawal, Absentminded, Dreams of the deceased, avoiding reminders of the deceased, Sighing, Restless, Hyperactive, Crying, Searching and calling out crying.**

Sleep disturbances, Appetite disturbances, Social withdrawal, Dreams of the deceased, Sighing, Restless, Crying.

Thank you for your cooperation!

The Teacher Participants Questionnaire

Participant T7

Gender Female

Age 28

Questions

- 1. Do you think that the school provides enough support to bereaved children, after the loss of a loved one?**

Yes, all the children going through some sort of traumatic event, gets the needed support, from all of the school staff, as well as other parents.

- 2. Do you think that the bereaved child needs counseling to help work through their grief?**

No, I don't believe counseling is needed.

- 3. Do you think that structuring a “self-help” system at school; where the child can work through their grief and monitor their progress on their own pace, in this regard will be beneficial to both you and the bereaved child?**

No, it will take too much time.

- 4. Any suggestions on how to help a bereaved child at school?**

Perhaps group therapy sessions with a professional in the school environment can help the child as well as the parent/guardians and the teachers in how to deal with such a child correctly.

- 5. Have you, as a teacher, experienced any of these differences in the child's feelings, after the loss of a loved one? Sadness, Anger, Anxiety, Loneliness, Fatigue, Helplessness, Guilt, Shock, Relief, Numbness.**

Sadness, Anger, Loneliness, Fatigue, Helplessness, Shock

- 6. Have you experienced any of these sensations in the child's behavior, after the loss of a loved one? Hollowness in stomach, Tightness in the chest, Tightness in the throat, Breathlessness, Lack of energy, Dry mouth.**

Lack of energy, Tightness in the chest, Tightness in the throat, Breathlessness.

- 7. Have you experienced any of these cognitions in the child's behavior, after the loss of a loved one? Disbelief, Confusion, Hallucinations, Sense of presence.**

Disbelief, Sense of presence, Confusion.

- 8. Have you, as a teacher, experienced any of these differences in the child's behavior, after the loss of a loved one? Sleep disturbances, Appetite disturbances, Social withdrawal, Absentminded, Dreams of the deceased, avoiding reminders of the deceased, Sighing, Restless, Hyperactive, Crying, Searching and calling out crying.**

Sleeplessness, Sometimes the child experiences social withdrawal, Dreams, Avoiding reminders, Restless, Crying, Searching and calling out crying.

Thank you for your cooperation!

The Teacher Participants Questionnaire

Participant T8

Gender Female

Age 42

Questions

1. **Do you think that the school provides enough support to bereaved children, after the loss of a loved one?**
No, the school can provide more support.
2. **Do you think that the bereaved child needs counseling to help work through their grief?**
No, I do not believe that counseling is necessary.
3. **Do you think that structuring a “self-help” system at school; where the child can work through their grief and monitor their progress on their own pace, in this regard will be beneficial to both you and the bereaved child?**
Yes, that will be great.
4. **Any suggestions on how to help a bereaved child at school?**
Teach the child’s parents on how to help them cope.
5. **Have you, as a teacher, experienced any of these differences in the child’s feelings, after the loss of a loved one? Sadness, Anger, Anxiety, Loneliness, Fatigue, Helplessness, Guilt, Shock, Relief, Numbness.**
Sadness, Anger, Anxiety, Loneliness, Helplessness, Shock.
6. **Have you experienced any of these sensations in the child’s behavior, after the loss of a loved one? Hollowness in stomach, Tightness in the chest, Tightness in the throat, Breathlessness, Lack of energy, Dry mouth.**
Lack of energy, Tightness in throat and chest together with breathlessness.

- 7. Have you experienced any of these cognitions in the child's behavior, after the loss of a loved one? Disbelief, Confusion, Hallucinations, Sense of presence.**

Disbelief, Sense of presence, Confusion.

- 8. Have you, as a teacher, experienced any of these differences in the child's behavior, after the loss of a loved one? Sleep disturbances, Appetite disturbances, Social withdrawal, Absentminded, Dreams of the deceased, avoiding reminders of the deceased, Sighing, Restless, Hyperactive, Crying, Searching and calling out crying.**

Sleep disturbances, Appetite disturbances, Social withdrawal, Absentminded, dreams, restlessness, Hyperactivity, Searching and calling out crying.

Thank you for your cooperation!

The Teacher Participants Questionnaire

Participant T9

Gender Female

Age 34

Questions

- 1. Do you think that the school provides enough support to bereaved children, after the loss of a loved one?**
No.
- 2. Do you think that the bereaved child needs counseling to help work through their grief?**
Yes, I believe that counseling is necessary.
- 3. Do you think that structuring a “self-help” system at school; where the child can work through their grief and monitor their progress on their own pace, in this regard will be beneficial to both you and the bereaved child?**
Yes, absolutely.
- 4. Any suggestions on how to help a bereaved child at school?**
A buddy-system might be a good idea.
- 5. Have you, as a teacher, experienced any of these differences in the child’s feelings, after the loss of a loved one? Sadness, Anger, Anxiety, Loneliness, Fatigue, Helplessness, Guilt, Shock, Relief, Numbness.**
Sadness, Sometimes anger, Loneliness, Helplessness, Shock.
- 6. Have you experienced any of these sensations in the child’s behavior, after the loss of a loved one? Hollowness in stomach, Tightness in the chest, Tightness in the throat, Breathlessness, Lack of energy, Dry mouth.**
Dry mouth, no energy, chest tightness.

- 7. Have you experienced any of these cognitions in the child's behavior, after the loss of a loved one? Disbelief, Confusion, Hallucinations, Sense of presence.**

Disbelief.

- 8. Have you, as a teacher, experienced any of these differences in the child's behavior, after the loss of a loved one? Sleep disturbances, Appetite disturbances, Social withdrawal, Absentminded, Dreams of the deceased, avoiding reminders of the deceased, Sighing, Restless, Hyperactive, Crying, Searching and calling out crying.**

Absentminded, Sleep disturbances, Appetite changes, Dreams of the deceased, Crying, Restlessness.

Thank you for your cooperation!

The Teacher Participants Questionnaire

Participant T10

Gender Female

Age 37

Questions

1. **Do you think that the school provides enough support to bereaved children, after the loss of a loved one?**
Yes, the child as well as the family receives support up until the funeral.
2. **Do you think that the bereaved child needs counseling to help work through their grief?**
Yes.
3. **Do you think that structuring a “self-help” system at school; where the child can work through their grief and monitor their progress on their own pace, in this regard will be beneficial to both you and the bereaved child?**
No, the child either gets over it, or they don't, regardless of the timeframe.
4. **Any suggestions on how to help a bereaved child at school?**
Group therapy.
5. **Have you, as a teacher, experienced any of these differences in the child's feelings, after the loss of a loved one? Sadness, Anger, Anxiety, Loneliness, Fatigue, Helplessness, Guilt, Shock, Relief, Numbness.**
Sadness, Anxiety, Loneliness, Shock, Numbness.
6. **Have you experienced any of these sensations in the child's behavior, after the loss of a loved one? Hollowness in stomach, Tightness in the chest, Tightness in the throat, Breathlessness, Lack of energy, Dry mouth.**
No energy, Breathless and dry mouth.

- 7. Have you experienced any of these cognitions in the child's behavior, after the loss of a loved one? Disbelief, Confusion, Hallucinations, Sense of presence.**

Disbelief, Sense of presence, Hallucinations.

- 8. Have you, as a teacher, experienced any of these differences in the child's behavior, after the loss of a loved one? Sleep disturbances, Appetite disturbances, Social withdrawal, Absentminded, Dreams of the deceased, avoiding reminders of the deceased, Sighing, Restless, Hyperactive, Crying, Searching and calling out crying.**

Crying, Sighing, Avoiding reminders, Dreams, Absentminded, Appetite disturbances.

Thank you for your cooperation!

The Teacher Participants Questionnaire

Participant T11

Gender Female

Age 55

Questions

1. **Do you think that the school provides enough support to bereaved children, after the loss of a loved one?**
Yes, the child as well as the family receives support up until the funeral.
2. **Do you think that the bereaved child needs counseling to help work through their grief?**
Yes, I do not believe that counseling is necessary.
3. **Do you think that structuring a “self-help” system at school; where the child can work through their grief and monitor their progress on their own pace, in this regard will be beneficial to both you and the bereaved child?**
Yes, it will help.
4. **Any suggestions on how to help a bereaved child at school?**
Teach the child’s parents on how to help them cope.
5. **Have you, as a teacher, experienced any of these differences in the child’s feelings, after the loss of a loved one? Sadness, Anger, Anxiety, Loneliness, Fatigue, Helplessness, Guilt, Shock, Relief, Numbness.**
Sadness, Anger, Anxiety, Fatigue, Shock.
6. **Have you experienced any of these sensations in the child’s behavior, after the loss of a loved one? Hollowness in stomach, Tightness in the chest, Tightness in the throat, Breathlessness, Lack of energy, Dry mouth.**
Lack of energy, Tightness in the chest, Tightness in the throat, Hollowness in stomach.

- 7. Have you experienced any of these cognitions in the child's behavior, after the loss of a loved one? Disbelief, Confusion, Hallucinations, Sense of presence.**

Disbelief, Sense of presence, Confusion.

- 8. Have you, as a teacher, experienced any of these differences in the child's behavior, after the loss of a loved one? Sleep disturbances, Appetite disturbances, Social withdrawal, Absentminded, Dreams of the deceased, avoiding reminders of the deceased, Sighing, Restless, Hyperactive, Crying, Searching and calling out crying.**

Sleep disturbances, Appetite disturbances, Social withdrawal, Dreams of the deceased, Sighing, Restless, Crying.

Thank you for your cooperation!

The Teacher Participants Questionnaire

Participant T12

Gender Female

Age 28

Questions

- 1. Do you think that the school provides enough support to bereaved children, after the loss of a loved one?**

Yes, all the children going through some sort of traumatic event, gets the needed support, from all of the school staff, as well as other parents.

- 2. Do you think that the bereaved child needs counseling to help work through their grief?**

No, I don't believe counseling is needed.

- 3. Do you think that structuring a “self-help” system at school; where the child can work through their grief and monitor their progress on their own pace, in this regard will be beneficial to both you and the bereaved child?**

No, it will take too much time.

- 4. Any suggestions on how to help a bereaved child at school?**

Perhaps group therapy sessions with a professional in the school environment can help the child as well as the parent/guardians and the teachers in how to deal with such a child correctly.

- 5. Have you, as a teacher, experienced any of these differences in the child's feelings, after the loss of a loved one? Sadness, Anger, Anxiety, Loneliness, Fatigue, Helplessness, Guilt, Shock, Relief, Numbness.**

Sadness, Anger, Loneliness, Fatigue, Helplessness, Shock

- 6. Have you experienced any of these sensations in the child's behavior, after the loss of a loved one? Hollowness in stomach, Tightness in the chest, Tightness in the throat, Breathlessness, Lack of energy, Dry mouth.**

Lack of energy, Tightness in the chest, Tightness in the throat, Breathlessness.

- 7. Have you experienced any of these cognitions in the child's behavior, after the loss of a loved one? Disbelief, Confusion, Hallucinations, Sense of presence.**

Disbelief, Sense of presence, Confusion.

- 8. Have you, as a teacher, experienced any of these differences in the child's behavior, after the loss of a loved one? Sleep disturbances, Appetite disturbances, Social withdrawal, Absentminded, Dreams of the deceased, avoiding reminders of the deceased, Sighing, Restless, Hyperactive, Crying, Searching and calling out crying.**

Sleeplessness, Sometimes the child experiences social withdrawal, Dreams, Avoiding reminders, Restless, Crying, Searching and calling out crying.

Thank you for your cooperation!

The Teacher Participants Questionnaire

Participant T13

Gender Female

Age 42

Questions

1. **Do you think that the school provides enough support to bereaved children, after the loss of a loved one?**
No, the school can provide more support.
2. **Do you think that the bereaved child needs counseling to help work through their grief?**
No, I do not believe that counseling is necessary.
3. **Do you think that structuring a “self-help” system at school; where the child can work through their grief and monitor their progress on their own pace, in this regard will be beneficial to both you and the bereaved child?**
Yes, that will be great.
4. **Any suggestions on how to help a bereaved child at school?**
Teach the child’s parents on how to help them cope.
5. **Have you, as a teacher, experienced any of these differences in the child’s feelings, after the loss of a loved one? Sadness, Anger, Anxiety, Loneliness, Fatigue, Helplessness, Guilt, Shock, Relief, Numbness.**
Sadness, Anger, Anxiety, Loneliness, Helplessness, Shock.
6. **Have you experienced any of these sensations in the child’s behavior, after the loss of a loved one? Hollowness in stomach, Tightness in the chest, Tightness in the throat, Breathlessness, Lack of energy, Dry mouth.**
Lack of energy, Tightness in throat and chest together with breathlessness.

- 7. Have you experienced any of these cognitions in the child's behavior, after the loss of a loved one? Disbelief, Confusion, Hallucinations, Sense of presence.**

Disbelief, Sense of presence, Confusion.

- 8. Have you, as a teacher, experienced any of these differences in the child's behavior, after the loss of a loved one? Sleep disturbances, Appetite disturbances, Social withdrawal, Absentminded, Dreams of the deceased, avoiding reminders of the deceased, Sighing, Restless, Hyperactive, Crying, Searching and calling out crying.**

Sleep disturbances, Appetite disturbances, Social withdrawal, Absentminded, dreams, restlessness, Hyperactivity, Searching and calling out crying.

Thank you for your cooperation!

The Teacher Participants Questionnaire

Participant T14

Gender Female

Age 34

Questions

- 1. Do you think that the school provides enough support to bereaved children, after the loss of a loved one?**
No.
- 2. Do you think that the bereaved child needs counseling to help work through their grief?**
Yes, I believe that counseling is necessary.
- 3. Do you think that structuring a “self-help” system at school; where the child can work through their grief and monitor their progress on their own pace, in this regard will be beneficial to both you and the bereaved child?**
Yes, absolutely.
- 4. Any suggestions on how to help a bereaved child at school?**
A buddy-system might be a good idea.
- 5. Have you, as a teacher, experienced any of these differences in the child's feelings, after the loss of a loved one? Sadness, Anger, Anxiety, Loneliness, Fatigue, Helplessness, Guilt, Shock, Relief, Numbness.**
Sadness, Sometimes anger, Loneliness, Helplessness, Shock.
- 6. Have you experienced any of these sensations in the child's behavior, after the loss of a loved one? Hollowness in stomach, Tightness in the chest, Tightness in the throat, Breathlessness, Lack of energy, Dry mouth.**
Dry mouth, no energy, chest tightness.

7. Have you experienced any of these cognitions in the child's behavior, after the loss of a loved one? Disbelief, Confusion, Hallucinations, Sense of presence.

Disbelief.

8. Have you, as a teacher, experienced any of these differences in the child's behavior, after the loss of a loved one? Sleep disturbances, Appetite disturbances, Social withdrawal, Absentminded, Dreams of the deceased, avoiding reminders of the deceased, Sighing, Restless, Hyperactive, Crying, Searching and calling out crying.

Absentminded, Sleep disturbances, Appetite changes, Dreams of the deceased, Crying, Restlessness.

Thank you for your cooperation!

The Teacher Participants Questionnaire

Participant T15

Gender Female

Age 37

Questions

1. **Do you think that the school provides enough support to bereaved children, after the loss of a loved one?**
Yes, the child as well as the family receives support up until the funeral.
2. **Do you think that the bereaved child needs counseling to help work through their grief?**
Yes.
3. **Do you think that structuring a “self-help” system at school; where the child can work through their grief and monitor their progress on their own pace, in this regard will be beneficial to both you and the bereaved child?**
No, the child either gets over it, or they don't, regardless of the timeframe.
4. **Any suggestions on how to help a bereaved child at school?**
Group therapy.
5. **Have you, as a teacher, experienced any of these differences in the child's feelings, after the loss of a loved one? Sadness, Anger, Anxiety, Loneliness, Fatigue, Helplessness, Guilt, Shock, Relief, Numbness.**
Sadness, Anxiety, Loneliness, Shock, Numbness.
6. **Have you experienced any of these sensations in the child's behavior, after the loss of a loved one? Hollowness in stomach, Tightness in the chest, Tightness in the throat, Breathlessness, Lack of energy, Dry mouth.**
No energy, Breathless and dry mouth.

- 7. Have you experienced any of these cognitions in the child's behavior, after the loss of a loved one? Disbelief, Confusion, Hallucinations, Sense of presence.**

Disbelief, Sense of presence, Hallucinations.

- 8. Have you, as a teacher, experienced any of these differences in the child's behavior, after the loss of a loved one? Sleep disturbances, Appetite disturbances, Social withdrawal, Absentminded, Dreams of the deceased, avoiding reminders of the deceased, Sighing, Restless, Hyperactive, Crying, Searching and calling out crying.**

Crying, Sighing, Avoiding reminders, Dreams, Absentminded, Appetite disturbances.

Thank you for your cooperation!

The Teacher Participants Questionnaire

Participant T16

Gender Female

Age 55

Questions

1. **Do you think that the school provides enough support to bereaved children, after the loss of a loved one?**
Yes, the child as well as the family receives support up until the funeral.
2. **Do you think that the bereaved child needs counseling to help work through their grief?**
Yes, I do not believe that counseling is necessary.
3. **Do you think that structuring a “self-help” system at school; where the child can work through their grief and monitor their progress on their own pace, in this regard will be beneficial to both you and the bereaved child?**
Yes, it will help.
4. **Any suggestions on how to help a bereaved child at school?**
Teach the child’s parents on how to help them cope.
5. **Have you, as a teacher, experienced any of these differences in the child’s feelings, after the loss of a loved one? Sadness, Anger, Anxiety, Loneliness, Fatigue, Helplessness, Guilt, Shock, Relief, Numbness.**
Sadness, Anger, Anxiety, Fatigue, Shock.
6. **Have you experienced any of these sensations in the child’s behavior, after the loss of a loved one? Hollowness in stomach, Tightness in the chest, Tightness in the throat, Breathlessness, Lack of energy, Dry mouth.**
Lack of energy, Tightness in the chest, Tightness in the throat, Hollowness in stomach.

7. **Have you experienced any of these cognitions in the child's behavior, after the loss of a loved one? Disbelief, Confusion, Hallucinations, Sense of presence.**

Disbelief, Sense of presence, Confusion.

8. **Have you, as a teacher, experienced any of these differences in the child's behavior, after the loss of a loved one? Sleep disturbances, Appetite disturbances, Social withdrawal, Absentminded, Dreams of the deceased, avoiding reminders of the deceased, Sighing, Restless, Hyperactive, Crying, Searching and calling out crying.**

Sleep disturbances, Appetite disturbances, Social withdrawal, Dreams of the deceased, Sighing, Restless, Crying.

Thank you for your cooperation!

The Teacher Participants Questionnaire

Participant T17

Gender Female

Age 28

Questions

1. **Do you think that the school provides enough support to bereaved children, after the loss of a loved one?**

Yes, all the children going through some sort of traumatic event, gets the needed support, from all of the school staff, as well as other parents.

2. **Do you think that the bereaved child needs counseling to help work through their grief?**

No, I don't believe counseling is needed.

3. **Do you think that structuring a “self-help” system at school; where the child can work through their grief and monitor their progress on their own pace, in this regard will be beneficial to both you and the bereaved child?**

No, it will take too much time.

4. **Any suggestions on how to help a bereaved child at school?**

Perhaps group therapy sessions with a professional in the school environment can help the child as well as the parent/guardians and the teachers in how to deal with such a child correctly.

5. **Have you, as a teacher, experienced any of these differences in the child's feelings, after the loss of a loved one? Sadness, Anger, Anxiety, Loneliness, Fatigue, Helplessness, Guilt, Shock, Relief, Numbness.**

Sadness, Anger, Loneliness, Fatigue, Helplessness, Shock

6. **Have you experienced any of these sensations in the child's behavior, after the loss of a loved one? Hollowness in stomach, Tightness in the chest, Tightness in the throat, Breathlessness, Lack of energy, Dry mouth.**

Lack of energy, Tightness in the chest, Tightness in the throat, Breathlessness.

7. **Have you experienced any of these cognitions in the child's behavior, after the loss of a loved one? Disbelief, Confusion, Hallucinations, Sense of presence.**

Disbelief, Sense of presence, Confusion.

8. **Have you, as a teacher, experienced any of these differences in the child's behavior, after the loss of a loved one? Sleep disturbances, Appetite disturbances, Social withdrawal, Absentminded, Dreams of the deceased, avoiding reminders of the deceased, Sighing, Restless, Hyperactive, Crying, Searching and calling out crying.**

Sleeplessness, Sometimes the child experiences social withdrawal, Dreams, Avoiding reminders, Restless, Crying, Searching and calling out crying.

Thank you for your cooperation!

The Teacher Participants Questionnaire

Participant T18

Gender Female

Age 42

Questions

1. **Do you think that the school provides enough support to bereaved children, after the loss of a loved one?**
No, the school can provide more support.
2. **Do you think that the bereaved child needs counseling to help work through their grief?**
No, I do not believe that counseling is necessary.
3. **Do you think that structuring a “self-help” system at school; where the child can work through their grief and monitor their progress on their own pace, in this regard will be beneficial to both you and the bereaved child?**
Yes, that will be great.
4. **Any suggestions on how to help a bereaved child at school?**
Teach the child’s parents on how to help them cope.
5. **Have you, as a teacher, experienced any of these differences in the child’s feelings, after the loss of a loved one? Sadness, Anger, Anxiety, Loneliness, Fatigue, Helplessness, Guilt, Shock, Relief, Numbness.**
Sadness, Anger, Anxiety, Loneliness, Helplessness, Shock.
6. **Have you experienced any of these sensations in the child’s behavior, after the loss of a loved one? Hollowness in stomach, Tightness in the chest, Tightness in the throat, Breathlessness, Lack of energy, Dry mouth.**
Lack of energy, Tightness in throat and chest together with breathlessness.

7. **Have you experienced any of these cognitions in the child's behavior, after the loss of a loved one? Disbelief, Confusion, Hallucinations, Sense of presence.**

Disbelief, Sense of presence, Confusion.

8. **Have you, as a teacher, experienced any of these differences in the child's behavior, after the loss of a loved one? Sleep disturbances, Appetite disturbances, Social withdrawal, Absentminded, Dreams of the deceased, avoiding reminders of the deceased, Sighing, Restless, Hyperactive, Crying, Searching and calling out crying.**

Sleep disturbances, Appetite disturbances, Social withdrawal, Absentminded, dreams, restlessness, Hyperactivity, Searching and calling out crying.

Thank you for your cooperation!

The Teacher Participants Questionnaire

Participant T19

Gender Female

Age 34

Questions

1. **Do you think that the school provides enough support to bereaved children, after the loss of a loved one?**
No.
2. **Do you think that the bereaved child needs counseling to help work through their grief?**
Yes, I believe that counseling is necessary.
3. **Do you think that structuring a “self-help” system at school; where the child can work through their grief and monitor their progress on their own pace, in this regard will be beneficial to both you and the bereaved child?**
Yes, absolutely.
4. **Any suggestions on how to help a bereaved child at school?**
A buddy-system might be a good idea.
5. **Have you, as a teacher, experienced any of these differences in the child’s feelings, after the loss of a loved one? Sadness, Anger, Anxiety, Loneliness, Fatigue, Helplessness, Guilt, Shock, Relief, Numbness.**
Sadness, Sometimes anger, Loneliness, Helplessness, Shock.
6. **Have you experienced any of these sensations in the child’s behavior, after the loss of a loved one? Hollowness in stomach, Tightness in the chest, Tightness in the throat, Breathlessness, Lack of energy, Dry mouth.**
Dry mouth, no energy, chest tightness.

7. **Have you experienced any of these cognitions in the child's behavior, after the loss of a loved one? Disbelief, Confusion, Hallucinations, Sense of presence.**

Disbelief.

8. **Have you, as a teacher, experienced any of these differences in the child's behavior, after the loss of a loved one? Sleep disturbances, Appetite disturbances, Social withdrawal, Absentminded, Dreams of the deceased, avoiding reminders of the deceased, Sighing, Restless, Hyperactive, Crying, Searching and calling out crying.**

Absentminded, Sleep disturbances, Appetite changes, Dreams of the deceased, Crying, Restlessness.

Thank you for your cooperation!

The Teacher Participants Questionnaire

Participant T20

Gender Female

Age 37

Questions

1. **Do you think that the school provides enough support to bereaved children, after the loss of a loved one?**
Yes, the child as well as the family receives support up until the funeral.
2. **Do you think that the bereaved child needs counseling to help work through their grief?**
Yes.
3. **Do you think that structuring a “self-help” system at school; where the child can work through their grief and monitor their progress on their own pace, in this regard will be beneficial to both you and the bereaved child?**
No, the child either gets over it, or they don't, regardless of the timeframe.
4. **Any suggestions on how to help a bereaved child at school?**
Group therapy.
5. **Have you, as a teacher, experienced any of these differences in the child's feelings, after the loss of a loved one? Sadness, Anger, Anxiety, Loneliness, Fatigue, Helplessness, Guilt, Shock, Relief, Numbness.**
Sadness, Anxiety, Loneliness, Shock, Numbness.
6. **Have you experienced any of these sensations in the child's behavior, after the loss of a loved one? Hollowness in stomach, Tightness in the chest, Tightness in the throat, Breathlessness, Lack of energy, Dry mouth.**
No energy, Breathless and dry mouth.

7. **Have you experienced any of these cognitions in the child's behavior, after the loss of a loved one? Disbelief, Confusion, Hallucinations, Sense of presence.**

Disbelief, Sense of presence, Hallucinations.

8. **Have you, as a teacher, experienced any of these differences in the child's behavior, after the loss of a loved one? Sleep disturbances, Appetite disturbances, Social withdrawal, Absentminded, Dreams of the deceased, avoiding reminders of the deceased, Sighing, Restless, Hyperactive, Crying, Searching and calling out crying.**

Crying, Sighing, Avoiding reminders, Dreams, Absentminded, Appetite disturbances.

Thank you for your cooperation!

The Teacher Participants Questionnaire

Participant T21

Gender Female

Age 55

Questions

- 1. Do you think that the school provides enough support to bereaved children?**

Yes, the child as well as the family receives support up until the funeral.

- 2. Do you think that the bereaved child needs counseling to help work through their grief?**

Yes, I do not believe that counseling is necessary.

- 3. Do you think that structuring a “self-help” system at school; where the child can work through their grief and monitor their progress on their own pace, in this regard will be beneficial to both you and the bereaved child?**

Yes, it will help.

- 4. Any suggestions on how to help a bereaved child at school?**

Teach the child’s parents on how to help them cope.

- 5. Have you, as a teacher, experienced any of these differences in the child’s feelings, after the loss of a loved one? Sadness, Anger, Anxiety, Loneliness, Fatigue, Helplessness, Guilt, Shock, Relief, Numbness.**

Sadness, Anger, Anxiety, Fatigue, Shock.

- 6. Have you experienced any of these sensations in the child’s behavior, after the loss of a loved one? Hollowness in stomach, Tightness in the chest, Tightness in the throat, Breathlessness, Lack of energy, Dry mouth.**

Lack of energy, Tightness in the chest, Tightness in the throat, Hollowness in stomach.

- 7. Have you experienced any of these cognitions in the child's behavior, after the loss of a loved one? Disbelief, Confusion, Hallucinations, Sense of presence.**

Disbelief, Sense of presence, Confusion.

- 8. Have you, as a teacher, experienced any of these differences in the child's behavior, after the loss of a loved one? Sleep disturbances, Appetite disturbances, Social withdrawal, Absentminded, Dreams of the deceased, avoiding reminders of the deceased, Sighing, Restless, Hyperactive, Crying, Searching and calling out crying.**

Sleep disturbances, Appetite disturbances, Social withdrawal, Dreams of the deceased, Sighing, Restless, Crying.

Thank you for your cooperation!

The Teacher Participants Questionnaire

Participant 22

Gender Female

Age 28

Questions

- 1. Do you think that the school provides enough support to bereaved children, after the loss of a loved one?**

Yes, all the children going through some sort of traumatic event, gets the needed support, from all of the school staff, as well as other parents.

- 2. Do you think that the bereaved child needs counseling to help work through their grief?**

No, I don't believe counseling is needed.

- 3. Do you think that structuring a “self-help” system at school; where the child can work through their grief and monitor their progress on their own pace, in this regard will be beneficial to both you and the bereaved child?**

No, it will take too much time.

- 4. Any suggestions on how to help a bereaved child at school?**

Perhaps group therapy sessions with a professional in the school environment can help the child as well as the parent/guardians.

- 5. Have you, as a teacher, experienced any of these differences in the child's feelings, after the loss of a loved one? Sadness, Anger, Anxiety, Loneliness, Fatigue, Helplessness, Guilt, Shock, Relief, Numbness.**

Sadness, Anger, Loneliness, Fatigue, Helplessness, Shock

- 6. Have you experienced any of these sensations in the child's behavior, after the loss of a loved one? Hollowness in stomach, Tightness in the chest, Tightness in the throat, Breathlessness, Lack of energy, Dry mouth.**

Lack of energy, Tightness in the chest, Tightness in the throat, Breathlessness.

- 7. Have you experienced any of these cognitions in the child's behavior, after the loss of a loved one? Disbelief, Confusion, Hallucinations, Sense of presence.**

Disbelief, Sense of presence, Confusion.

- 8. Have you, as a teacher, experienced any of these differences in the child's behavior, after the loss of a loved one? Sleep disturbances, Appetite disturbances, Social withdrawal, Absentminded, Dreams of the deceased, avoiding reminders of the deceased, Sighing, Restless, Hyperactive, Crying, Searching and calling out crying.**

Sleeplessness, Sometimes the child experiences social withdrawal, Dreams, Avoiding reminders, Restless, Crying, Searching and calling out crying.

Thank you for your cooperation!

The Teacher Participants Questionnaire

Participant T23

Gender Female

Age 42

Questions

- 1. Do you think that the school provides enough support to bereaved children, after the loss of a loved one?**
No, the school can provide more support.
- 2. Do you think that the bereaved child needs counseling to help work through their grief?**
No, I do not believe that counseling is necessary.
- 3. Do you think that structuring a “self-help” system at school; where the child can work through their grief and monitor their progress on their own pace, in this regard will be beneficial to both you and the bereaved child?**
Yes, that will be great.
- 4. Any suggestions on how to help a bereaved child at school?**
Teach the child’s parents on how to help them cope.
- 5. Have you, as a teacher, experienced any of these differences in the child’s feelings, after the loss of a loved one? Sadness, Anger, Anxiety, Loneliness, Fatigue, Helplessness, Guilt, Shock, Relief, Numbness.**
Sadness, Anger, Anxiety, Loneliness, Helplessness, Shock.
- 6. Have you experienced any of these sensations in the child’s behavior, after the loss of a loved one? Hollowness in stomach, Tightness in the chest, Tightness in the throat, Breathlessness, Lack of energy, Dry mouth.**
Lack of energy, Tightness in throat and chest together with breathlessness.

- 7. Have you experienced any of these cognitions in the child's behavior, after the loss of a loved one? Disbelief, Confusion, Hallucinations, Sense of presence.**

Disbelief, Sense of presence, Confusion.

- 8. Have you, as a teacher, experienced any of these differences in the child's behavior, after the loss of a loved one? Sleep disturbances, Appetite disturbances, Social withdrawal, Absentminded, Dreams of the deceased, avoiding reminders of the deceased, Sighing, Restless, Hyperactive, Crying, Searching and calling out crying.**

Sleep disturbances, Appetite disturbances, Social withdrawal, Absentminded, dreams, restlessness, Hyperactivity, Searching and calling out crying.

Thank you for your cooperation!

The Teacher Participants Questionnaire

Participant T24

Gender Female

Age 34

Questions

- 1. Do you think that the school provides enough support to bereaved children, after the loss of a loved one?**

No.

- 2. Do you think that the bereaved child needs counseling to help work through their grief?**

Yes, I believe that counseling is necessary.

- 3. Do you think that structuring a “self-help” system at school; where the child can work through their grief and monitor their progress on their own pace, in this regard will be beneficial to both you and the bereaved child?**

Yes, absolutely.

- 4. Any suggestions on how to help a bereaved child at school?**

A buddy-system might be a good idea.

- 5. Have you, as a teacher, experienced any of these differences in the child’s feelings, after the loss of a loved one? Sadness, Anger, Anxiety, Loneliness, Fatigue, Helplessness, Guilt, Shock, Relief, Numbness.**

Sadness, Sometimes anger, Loneliness, Helplessness, Shock.

- 6. Have you experienced any of these sensations in the child’s behavior, after the loss of a loved one? Hollowness in stomach, Tightness in the chest, Tightness in the throat, Breathlessness, Lack of energy, Dry mouth.**

Dry mouth, no energy, chest tightness.

- 7. Have you experienced any of these cognitions in the child's behavior, after the loss of a loved one? Disbelief, Confusion, Hallucinations, Sense of presence.**

Disbelief.

- 8. Have you, as a teacher, experienced any of these differences in the child's behavior, after the loss of a loved one? Sleep disturbances, Appetite disturbances, Social withdrawal, Absentminded, Dreams of the deceased, avoiding reminders of the deceased, Sighing, Restless, Hyperactive, Crying, Searching and calling out crying.**

Absentminded, Sleep disturbances, Appetite changes, Dreams of the deceased, Crying, Restlessness.

Thank you for your cooperation!

The Teacher Participants Questionnaire

Participant T25

Gender Female

Age 37

Questions

- 1. Do you think that the school provides enough support to bereaved children, after the loss of a loved one?**

Yes, the child as well as the family receives support up until the funeral.

- 2. Do you think that the bereaved child needs counseling to help work through their grief?**

Yes.

- 3. Do you think that structuring a “self-help” system at school; where the child can work through their grief and monitor their progress on their own pace, in this regard will be beneficial to both you and the bereaved child?**

No, the child either gets over it, or they don't, regardless of the timeframe.

- 4. Any suggestions on how to help a bereaved child at school?**

Group therapy.

- 5. Have you, as a teacher, experienced any of these differences in the child's feelings, after the loss of a loved one? Sadness, Anger, Anxiety, Loneliness, Fatigue, Helplessness, Guilt, Shock, Relief, Numbness.**

Sadness, Anxiety, Loneliness, Shock, Numbness.

- 6. Have you experienced any of these sensations in the child's behavior, after the loss of a loved one? Hollowness in stomach, Tightness in the chest, Tightness in the throat, Breathlessness, Lack of energy, Dry mouth.**

No energy, Breathless and dry mouth.

- 7. Have you experienced any of these cognitions in the child's behavior, after the loss of a loved one? Disbelief, Confusion, Hallucinations, Sense of presence.**

Disbelief, Sense of presence, Hallucinations.

- 8. Have you, as a teacher, experienced any of these differences in the child's behavior, after the loss of a loved one? Sleep disturbances, Appetite disturbances, Social withdrawal, Absentminded, Dreams of the deceased, avoiding reminders of the deceased, Sighing, Restless, Hyperactive, Crying, Searching and calling out crying.**

Crying, Sighing, Avoiding reminders, Dreams, Absentminded, Appetite disturbances.

Thank you for your cooperation!

The Teacher Participants Questionnaire

Participant T26

Gender Female

Age 55

Questions

- 1. Do you think that the school provides enough support to bereaved children, after the loss of a loved one?**

Yes, the child as well as the family receives support up until the funeral.

- 2. Do you think that the bereaved child needs counseling to help work through their grief?**

Yes, I do not believe that counseling is necessary.

- 3. Do you think that structuring a “self-help” system at school; where the child can work through their grief and monitor their progress on their own pace, in this regard will be beneficial to both you and the bereaved child?**

Yes, it will help.

- 4. Any suggestions on how to help a bereaved child at school?**

Teach the child's parents on how to help them cope.

- 5. Have you, as a teacher, experienced any of these differences in the child's feelings, after the loss of a loved one? Sadness, Anger, Anxiety, Loneliness, Fatigue, Helplessness, Guilt, Shock, Relief, Numbness.**

Sadness, Anger, Anxiety, Fatigue, Shock.

- 6. Have you experienced any of these sensations in the child's behavior, after the loss of a loved one? Hollowness in stomach, Tightness in the chest, Tightness in the throat, Breathlessness, Lack of energy, Dry mouth.**

Lack of energy, Tightness in the chest, Tightness in the throat, Hollowness in stomach.

- 7. Have you experienced any of these cognitions in the child's behavior, after the loss of a loved one? Disbelief, Confusion, Hallucinations, Sense of presence.**

Disbelief, Sense of presence, Confusion.

- 8. Have you, as a teacher, experienced any of these differences in the child's behavior, after the loss of a loved one? Sleep disturbances, Appetite disturbances, Social withdrawal, Absentminded, Dreams of the deceased, avoiding reminders of the deceased, Sighing, Restless, Hyperactive, Crying, Searching and calling out crying.**

Sleep disturbances, Appetite disturbances, Social withdrawal, Dreams of the deceased, Sighing, Restless, Crying.

Thank you for your cooperation!

The Teacher Participants Questionnaire

Participant T27

Gender Female

Age 28

Questions

- 1. Do you think that the school provides enough support to bereaved children, after the loss of a loved one?**

Yes, all the children going through some sort of traumatic event, gets the needed support, from all of the school staff, as well as other parents.

- 2. Do you think that the bereaved child needs counseling to help work through their grief?**

No, I don't believe counseling is needed.

- 3. Do you think that structuring a “self-help” system at school; where the child can work through their grief and monitor their progress on their own pace, in this regard will be beneficial to both you and the bereaved child?**

No, it will take too much time.

- 4. Any suggestions on how to help a bereaved child at school?**

Perhaps group therapy sessions with a professional in the school environment can help the child as well as the teachers.

- 5. Have you, as a teacher, experienced any of these differences in the child's feelings, after the loss of a loved one? Sadness, Anger, Anxiety, Loneliness, Fatigue, Helplessness, Guilt, Shock, Relief, Numbness.**

Sadness, Anger, Loneliness, Fatigue, Helplessness, Shock

- 6. Have you experienced any of these sensations in the child's behavior, after the loss of a loved one? Hollowness in stomach, Tightness in the chest, Tightness in the throat, Breathlessness, Lack of energy, Dry mouth.**

Lack of energy, Tightness in the chest, Tightness in the throat, Breathlessness.

- 7. Have you experienced any of these cognitions in the child's behavior, after the loss of a loved one? Disbelief, Confusion, Hallucinations, Sense of presence.**

Disbelief, Sense of presence, Confusion.

- 8. Have you, as a teacher, experienced any of these differences in the child's behavior, after the loss of a loved one? Sleep disturbances, Appetite disturbances, Social withdrawal, Absentminded, Dreams of the deceased, avoiding reminders of the deceased, Sighing, Restless, Hyperactive, Crying, Searching and calling out crying.**

Sleeplessness, Sometimes the child experiences social withdrawal, Dreams, Avoiding reminders, Restless, Crying, Searching and calling out crying.

Thank you for your cooperation!

The Teacher Participants Questionnaire

Participant T28

Gender Female

Age 42

Questions

- 1. Do you think that the school provides enough support to bereaved children, after the loss of a loved one?**

No, the school can provide more support.

- 2. Do you think that the bereaved child needs counseling to help work through their grief?**

No, I do not believe that counseling is necessary.

- 3. Do you think that structuring a “self-help” system at school; where the child can work through their grief and monitor their progress on their own pace, in this regard will be beneficial to both you and the bereaved child?**

Yes, that will be great.

- 4. Any suggestions on how to help a bereaved child at school?**

Teach the child’s parents on how to help them cope.

- 5. Have you, as a teacher, experienced any of these differences in the child’s feelings, after the loss of a loved one? Sadness, Anger, Anxiety, Loneliness, Fatigue, Helplessness, Guilt, Shock, Relief, Numbness.**

Sadness, Anger, Anxiety, Loneliness, Helplessness, Shock.

- 6. Have you experienced any of these sensations in the child’s behavior, after the loss of a loved one? Hollowness in stomach, Tightness in the chest, Tightness in the throat, Breathlessness, Lack of energy, Dry mouth.**

Lack of energy, Tightness in throat and chest together with breathlessness.

- 7. Have you experienced any of these cognitions in the child's behavior, after the loss of a loved one? Disbelief, Confusion, Hallucinations, Sense of presence.**

Disbelief, Sense of presence, Confusion.

- 8. Have you, as a teacher, experienced any of these differences in the child's behavior, after the loss of a loved one? Sleep disturbances, Appetite disturbances, Social withdrawal, Absentminded, Dreams of the deceased, avoiding reminders of the deceased, Sighing, Restless, Hyperactive, Crying, Searching and calling out crying.**

Sleep disturbances, Appetite disturbances, Social withdrawal, Absentminded, dreams, restlessness, Hyperactivity, Searching and calling out crying.

Thank you for your cooperation!

The Teacher Participants Questionnaire

Participant T29

Gender Female

Age 34

Questions

- 1. Do you think that the school provides enough support to bereaved children, after the loss of a loved one?**

No.

- 2. Do you think that the bereaved child needs counseling to help work through their grief?**

Yes, I believe that counseling is necessary.

- 3. Do you think that structuring a “self-help” system at school; where the child can work through their grief and monitor their progress on their own pace, in this regard will be beneficial to both you and the bereaved child?**

Yes, absolutely.

- 4. Any suggestions on how to help a bereaved child at school?**

A buddy-system might be a good idea.

- 5. Have you, as a teacher, experienced any of these differences in the child’s feelings, after the loss of a loved one? Sadness, Anger, Anxiety, Loneliness, Fatigue, Helplessness, Guilt, Shock, Relief, Numbness.**

Sadness, Sometimes anger, Loneliness, Helplessness, Shock.

- 6. Have you experienced any of these sensations in the child’s behavior, after the loss of a loved one? Hollowness in stomach, Tightness in the chest, Tightness in the throat, Breathlessness, Lack of energy, Dry mouth.**

Dry mouth, no energy, chest tightness.

- 7. Have you experienced any of these cognitions in the child's behavior, after the loss of a loved one? Disbelief, Confusion, Hallucinations, Sense of presence.**

Disbelief.

- 8. Have you, as a teacher, experienced any of these differences in the child's behavior, after the loss of a loved one? Sleep disturbances, Appetite disturbances, Social withdrawal, Absentminded, Dreams of the deceased, avoiding reminders of the deceased, Sighing, Restless, Hyperactive, Crying, Searching and calling out crying.**

Absentminded, Sleep disturbances, Appetite changes, Dreams of the deceased, Crying, Restlessness.

Thank you for your cooperation!

The Teacher Participants Questionnaire

Participant T30

Gender Female

Age 37

Questions

- 1. Do you think that the school provides enough support to bereaved children, after the loss of a loved one?**

Yes, the child as well as the family receives support up until the funeral.

- 2. Do you think that the bereaved child needs counseling to help work through their grief?**

Yes.

- 3. Do you think that structuring a “self-help” system at school; where the child can work through their grief and monitor their progress on their own pace, in this regard will be beneficial to both you and the bereaved child?**

No, the child either gets over it, or they don't, regardless of the timeframe.

- 4. Any suggestions on how to help a bereaved child at school?**

Group therapy.

- 5. Have you, as a teacher, experienced any of these differences in the child's feelings, after the loss of a loved one? Sadness, Anger, Anxiety, Loneliness, Fatigue, Helplessness, Guilt, Shock, Relief, Numbness.**

Sadness, Anxiety, Loneliness, Shock, Numbness.

- 6. Have you experienced any of these sensations in the child's behavior, after the loss of a loved one? Hollowness in stomach, Tightness in the chest, Tightness in the throat, Breathlessness, Lack of energy, Dry mouth.**

No energy, Breathless and dry mouth.

- 7. Have you experienced any of these cognitions in the child's behavior, after the loss of a loved one? Disbelief, Confusion, Hallucinations, Sense of presence.**

Disbelief, Sense of presence, Hallucinations.

- 8. Have you, as a teacher, experienced any of these differences in the child's behavior, after the loss of a loved one? Sleep disturbances, Appetite disturbances, Social withdrawal, Absentminded, Dreams of the deceased, avoiding reminders of the deceased, Sighing, Restless, Hyperactive, Crying, Searching and calling out crying.**

Crying, Sighing, Avoiding reminders, Dreams, Absentminded, Appetite disturbances.

Thank you for your cooperation!

APPENDIX D

The Parent Participants Questionnaire

Participant **P1**

Questions

Only answer "YES" for the applicable option

- Did the child receive the following from Grandparent, Family, Teachers?
Support, Nurturing, Continuity.

	<i>Family</i>	<i>Grandparents</i>	<i>Teachers</i>
<i>Support</i>	Yes		
<i>Nurturing</i>			Yes
<i>Continuity</i>			

Table 1 Funeral related questions

NR	Funeral Questions	Yes	No
1	Do you think it is necessary for the child to be part of the funeral arrangements?	Yes	
2	Do you think it is necessary for the child to attend the funeral?	Yes	
3	Do you think it is necessary for the child to view the deceased before the funeral?		No
4	Do you think it is necessary for the child to visit the grave?	Yes	
5	Do you think it is necessary that the child need ways to remember the deceased?	Yes	

Table 2 Counseling related questions

NR	Counseling – timeframe of mourning process	Yes	No
1	Do you think it is necessary for the child to go for counseling?	Yes	
2	Do you think it is important for the child to work through the mourning process?	Yes	
3	Time frame for mourning process –1 to 6 months	Yes	
	Time frame for mourning process – 6 to 12 months		
	Time frame for mourning process – 12 – 24 months		

Participant **P2**

Questions

Only answer "YES" for the applicable option

- Did the child receive the following from Grandparent, Family, Teachers?
Support, Nurturing, Continuity.

	<i>Family</i>	<i>Grandparents</i>	<i>Teachers</i>
<i>Support</i>	Yes		Yes
<i>Nurturing</i>			
<i>Continuity</i>			

Table 1 Funeral related questions

NR	Funeral Questions	Yes	No
1	Do you think it is necessary for the child to be part of the funeral arrangements?	Yes	
2	Do you think it is necessary for the child to attend the funeral?	Yes	
3	Do you think it is necessary for the child to view the deceased before the funeral?		No
4	Do you think it is necessary for the child to visit the grave?	Yes	
5	Do you think it is necessary that the child need ways to remember the deceased?	Yes	

Table 2 Counseling related questions

NR	Counseling – timeframe of mourning process	Yes	No
1	Do you think it is necessary for the child to go for counseling?	Yes	
2	Do you think it is important for the child to work through the mourning process?	Yes	
3	Time frame for mourning process –1 to 6 months	Yes	
	Time frame for mourning process – 6 to 12 months		
	Time frame for mourning process – 12 – 24 months		

Participant **P3**

Questions

Only answer "YES" for the applicable option

- Did the child receive the following from Grandparent, Family, Teachers?
Support, Nurturing, Continuity.

	<i>Family</i>	<i>Grandparents</i>	<i>Teachers</i>
<i>Support</i>	Yes	Yes	
<i>Nurturing</i>			
<i>Continuity</i>			

Table 1 Funeral related questions

NR	Funeral Questions	Yes	No
1	Do you think it is necessary for the child to be part of the funeral arrangements?	Yes	
2	Do you think it is necessary for the child to attend the funeral?	Yes	
3	Do you think it is necessary for the child to view the deceased before the funeral?		No
4	Do you think it is necessary for the child to visit the grave?	Yes	
5	Do you think it is necessary that the child need ways to remember the deceased?	Yes	

Table 2 Counseling related questions

NR	Counseling – timeframe of mourning process	Yes	No
1	Do you think it is necessary for the child to go for counseling?	Yes	
2	Do you think it is important for the child to work through the mourning process?	Yes	
3	Time frame for mourning process –1 to 6 months		
	Time frame for mourning process – 6 to 12 months	Yes	
	Time frame for mourning process – 12 – 24 months		

Participant P4

Questions

Only answer "YES" for the applicable option

- Did the child receive the following from Grandparent, Family, Teachers?
Support, Nurturing, Continuity.

	<i>Family</i>	<i>Grandparents</i>	<i>Teachers</i>
<i>Support</i>	Yes	Yes	
<i>Nurturing</i>			
<i>Continuity</i>			

Table 1 Funeral related questions

NR	Funeral Questions	Yes	No
1	Do you think it is necessary for the child to be part of the funeral arrangements?	Yes	
2	Do you think it is necessary for the child to attend the funeral?	Yes	
3	Do you think it is necessary for the child to view the deceased before the funeral?		No
4	Do you think it is necessary for the child to visit the grave?	Yes	
5	Do you think it is necessary that the child need ways to remember the deceased?	Yes	

Table 2 Counseling related questions

NR	Counseling – timeframe of mourning process	Yes	No
1	Do you think it is necessary for the child to go for counseling?	Yes	
2	Do you think it is important for the child to work through the mourning process?	Yes	
3	Time frame for mourning process –1 to 6 months		
	Time frame for mourning process – 6 to 12 months	Yes	
	Time frame for mourning process – 12 – 24 months		

Participant **P5**

Questions

Only answer "YES" for the applicable option

- Did the child receive the following from Grandparent, Family, Teachers?
Support, Nurturing, Continuity.

	<i>Family</i>	<i>Grandparents</i>	<i>Teachers</i>
<i>Support</i>	Yes		
<i>Nurturing</i>			Yes
<i>Continuity</i>			

Table 1 Funeral related questions

NR	Funeral Questions	Yes	No
1	Do you think it is necessary for the child to be part of the funeral arrangements?	Yes	
2	Do you think it is necessary for the child to attend the funeral?	Yes	
3	Do you think it is necessary for the child to view the deceased before the funeral?		No
4	Do you think it is necessary for the child to visit the grave?	Yes	
5	Do you think it is necessary that the child need ways to remember the deceased?	Yes	

Table 2 Counseling related questions

NR	Counseling – timeframe of mourning process	Yes	No
1	Do you think it is necessary for the child to go for counseling?	Yes	
2	Do you think it is important for the child to work through the mourning process?	Yes	
3	Time frame for mourning process –1 to 6 months	Yes	
	Time frame for mourning process – 6 to 12 months		
	Time frame for mourning process – 12 – 24 months		

Participant **P6**

Questions

Only answer "YES" for the applicable option

- Did the child receive the following from Grandparent, Family, Teachers?
Support, Nurturing, Continuity.

	<i>Family</i>	<i>Grandparents</i>	<i>Teachers</i>
<i>Support</i>			Yes
<i>Nurturing</i>	Yes		
<i>Continuity</i>			

Table 1 Funeral related questions

NR	Funeral Questions	Yes	No
1	Do you think it is necessary for the child to be part of the funeral arrangements?	Yes	
2	Do you think it is necessary for the child to attend the funeral?	Yes	
3	Do you think it is necessary for the child to view the deceased before the funeral?		No
4	Do you think it is necessary for the child to visit the grave?	Yes	
5	Do you think it is necessary that the child need ways to remember the deceased?	Yes	

Table 2 Counseling related questions

NR	Counseling – timeframe of mourning process	Yes	No
1	Do you think it is necessary for the child to go for counseling?	Yes	
2	Do you think it is important for the child to work through the mourning process?	Yes	
3	Time frame for mourning process –1 to 6 months	Yes	
	Time frame for mourning process – 6 to 12 months		
	Time frame for mourning process – 12 – 24 months		

Participant **P7**

Questions

Only answer "YES" for the applicable option

- Did the child receive the following from Grandparent, Family, Teachers?
Support, Nurturing, Continuity.

	<i>Family</i>	<i>Grandparents</i>	<i>Teachers</i>
<i>Support</i>			
<i>Nurturing</i>	Yes	Yes	
<i>Continuity</i>			

Table 1 Funeral related questions

NR	Funeral Questions	Yes	No
1	Do you think it is necessary for the child to be part of the funeral arrangements?	Yes	
2	Do you think it is necessary for the child to attend the funeral?	Yes	
3	Do you think it is necessary for the child to view the deceased before the funeral?		No
4	Do you think it is necessary for the child to visit the grave?	Yes	
5	Do you think it is necessary that the child need ways to remember the deceased?	Yes	

Table 2 Counseling related questions

NR	Counseling – timeframe of mourning process	Yes	No
1	Do you think it is necessary for the child to go for counseling?	Yes	
2	Do you think it is important for the child to work through the mourning process?	Yes	
3	Time frame for mourning process –1 to 6 months	Yes	
	Time frame for mourning process – 6 to 12 months		
	Time frame for mourning process – 12 – 24 months		

Participant **P8**

Questions

Only answer "YES" for the applicable option

- Did the child receive the following from Grandparent, Family, Teachers?
Support, Nurturing, Continuity.

	<i>Family</i>	<i>Grandparents</i>	<i>Teachers</i>
<i>Support</i>		Yes	
<i>Nurturing</i>	Yes		
<i>Continuity</i>			

Table 1 Funeral related questions

NR	Funeral Questions	Yes	No
1	Do you think it is necessary for the child to be part of the funeral arrangements?	Yes	
2	Do you think it is necessary for the child to attend the funeral?	Yes	
3	Do you think it is necessary for the child to view the deceased before the funeral?		No
4	Do you think it is necessary for the child to visit the grave?	Yes	
5	Do you think it is necessary that the child need ways to remember the deceased?	Yes	

Table 2 Counseling related questions

NR	Counseling – timeframe of mourning process	Yes	No
1	Do you think it is necessary for the child to go for counseling?	Yes	
2	Do you think it is important for the child to work through the mourning process?	Yes	
3	Time frame for mourning process –1 to 6 months	Yes	
	Time frame for mourning process – 6 to 12 months		
	Time frame for mourning process – 12 – 24 months		

Participant **P9**

Questions

Only answer "YES" for the applicable option

- Did the child receive the following from Grandparent, Family, Teachers?
Support, Nurturing, Continuity.

	<i>Family</i>	<i>Grandparents</i>	<i>Teachers</i>
<i>Support</i>			
<i>Nurturing</i>			
<i>Continuity</i>	Yes	Yes	

Table 1 Funeral related questions

NR	Funeral Questions	Yes	No
1	Do you think it is necessary for the child to be part of the funeral arrangements?		No
2	Do you think it is necessary for the child to attend the funeral?	Yes	
3	Do you think it is necessary for the child to view the deceased before the funeral?		No
4	Do you think it is necessary for the child to visit the grave?	Yes	
5	Do you think it is necessary that the child need ways to remember the deceased?	Yes	

Table 2 Counseling related questions

NR	Counseling – timeframe of mourning process	Yes	No
1	Do you think it is necessary for the child to go for counseling?	Yes	
2	Do you think it is important for the child to work through the mourning process?	Yes	
3	Time frame for mourning process –1 to 6 months	Yes	
	Time frame for mourning process – 6 to 12 months		
	Time frame for mourning process – 12 – 24 months		

Participant **P10**

Questions

Only answer "YES" for the applicable option

- Did the child receive the following from Grandparent, Family, Teachers?
Support, Nurturing, Continuity.

	<i>Family</i>	<i>Grandparents</i>	<i>Teachers</i>
<i>Support</i>		Yes	
<i>Nurturing</i>			
<i>Continuity</i>	Yes	Yes	

Table 1 Funeral related questions

NR	Funeral Questions	Yes	No
1	Do you think it is necessary for the child to be part of the funeral arrangements?		No
2	Do you think it is necessary for the child to attend the funeral?	Yes	
3	Do you think it is necessary for the child to view the deceased before the funeral?		No
4	Do you think it is necessary for the child to visit the grave?	Yes	
5	Do you think it is necessary that the child need ways to remember the deceased?	Yes	

Table 2 Counseling related questions

NR	Counseling – timeframe of mourning process	Yes	No
1	Do you think it is necessary for the child to go for counseling?	Yes	
2	Do you think it is important for the child to work through the mourning process?	Yes	
3	Time frame for mourning process –1 to 6 months	Yes	
	Time frame for mourning process – 6 to 12 months		
	Time frame for mourning process – 12 – 24 months		

Participant **P11**

Questions

Only answer "YES" for the applicable option

- Did the child receive the following from Grandparent, Family, Teachers?
Support, Nurturing, Continuity.

	<i>Family</i>	<i>Grandparents</i>	<i>Teachers</i>
<i>Support</i>		Yes	
<i>Nurturing</i>			
<i>Continuity</i>			Yes

Table 1 Funeral related questions

NR	Funeral Questions	Yes	No
1	Do you think it is necessary for the child to be part of the funeral arrangements?		No
2	Do you think it is necessary for the child to attend the funeral?	Yes	
3	Do you think it is necessary for the child to view the deceased before the funeral?		No
4	Do you think it is necessary for the child to visit the grave?		No
5	Do you think it is necessary that the child need ways to remember the deceased?		

Table 2 Counseling related questions

NR	Counseling – timeframe of mourning process	Yes	No
1	Do you think it is necessary for the child to go for counseling?	Yes	
2	Do you think it is important for the child to work through the mourning process?	Yes	
3	Time frame for mourning process –1 to 6 months		
	Time frame for mourning process – 6 to 12 months		
	Time frame for mourning process – 12 – 24 months		

Participant **P12**

Questions

Only answer "YES" for the applicable option

- Did the child receive the following from Grandparent, Family, Teachers?
Support, Nurturing, Continuity.

	<i>Family</i>	<i>Grandparents</i>	<i>Teachers</i>
<i>Support</i>			Yes
<i>Nurturing</i>			
<i>Continuity</i>			Yes

Table 1 Funeral related questions

NR	Funeral Questions	Yes	No
1	Do you think it is necessary for the child to be part of the funeral arrangements?		No
2	Do you think it is necessary for the child to attend the funeral?	Yes	
3	Do you think it is necessary for the child to view the deceased before the funeral?		No
4	Do you think it is necessary for the child to visit the grave?	Yes	
5	Do you think it is necessary that the child need ways to remember the deceased?	Yes	

Table 2 Counseling related questions

NR	Counseling – timeframe of mourning process	Yes	No
1	Do you think it is necessary for the child to go for counseling?	Yes	
2	Do you think it is important for the child to work through the mourning process?	Yes	
3	Time frame for mourning process –1 to 6 months		
	Time frame for mourning process – 6 to 12 months		
	Time frame for mourning process – 12 – 24 months		

Participant **P13**

Questions

Only answer "YES" for the applicable option

- Did the child receive the following from Grandparent, Family, Teachers?
Support, Nurturing, Continuity.

	<i>Family</i>	<i>Grandparents</i>	<i>Teachers</i>
<i>Support</i>			
<i>Nurturing</i>		Yes	
<i>Continuity</i>		Yes	

Table 1 Funeral related questions

NR	Funeral Questions	Yes	No
1	Do you think it is necessary for the child to be part of the funeral arrangements?		No
2	Do you think it is necessary for the child to attend the funeral?	Yes	
3	Do you think it is necessary for the child to view the deceased before the funeral?	Yes	
4	Do you think it is necessary for the child to visit the grave?		
5	Do you think it is necessary that the child need ways to remember the deceased?	Yes	

Table 2 Counseling related questions

NR	Counseling – timeframe of mourning process	Yes	No
1	Do you think it is necessary for the child to go for counseling?	Yes	
2	Do you think it is important for the child to work through the mourning process?	Yes	
3	Time frame for mourning process –1 to 6 months		
	Time frame for mourning process – 6 to 12 months		
	Time frame for mourning process – 12 – 24 months	Yes	

Participant P14

Questions

Only answer "YES" for the applicable option

- Did the child receive the following from Grandparent, Family, Teachers?
Support, Nurturing, Continuity.

	<i>Family</i>	<i>Grandparents</i>	<i>Teachers</i>
<i>Support</i>			Yes
<i>Nurturing</i>		Yes	
<i>Continuity</i>			Yes

Table 1 Funeral related questions

NR	Funeral Questions	Yes	No
1	Do you think it is necessary for the child to be part of the funeral arrangements?		No
2	Do you think it is necessary for the child to attend the funeral?	Yes	
3	Do you think it is necessary for the child to view the deceased before the funeral?	Yes	
4	Do you think it is necessary for the child to visit the grave?	Yes	
5	Do you think it is necessary that the child need ways to remember the deceased?	No	

Table 2 Counseling related questions

NR	Counseling – timeframe of mourning process	Yes	No
1	Do you think it is necessary for the child to go for counseling?	Yes	
2	Do you think it is important for the child to work through the mourning process?	Yes	
3	Time frame for mourning process –1 to 6 months		
	Time frame for mourning process – 6 to 12 months	Yes	
	Time frame for mourning process – 12 – 24 months	Yes	

Participant **P15**

Questions

Only answer "YES" for the applicable option

- Did the child receive the following from Grandparent, Family, Teachers?
Support, Nurturing, Continuity.

	Family	Grandparents	Teachers
Support	Yes		
Nurturing			Yes
Continuity			

Table 1 Funeral related questions

NR	Funeral Questions	Yes	No
1	Do you think it is necessary for the child to be part of the funeral arrangements?	Yes	
2	Do you think it is necessary for the child to attend the funeral?	Yes	
3	Do you think it is necessary for the child to view the deceased before the funeral?		No
4	Do you think it is necessary for the child to visit the grave?	Yes	
5	Do you think it is necessary that the child need ways to remember the deceased?	Yes	

Table 2 Counseling related questions

NR	Counseling – timeframe of mourning process	Yes	No
1	Do you think it is necessary for the child to go for counseling?	Yes	
2	Do you think it is important for the child to work through the mourning process?	Yes	
3	Time frame for mourning process –1 to 6 months	Yes	
	Time frame for mourning process – 6 to 12 months		
	Time frame for mourning process – 12 – 24 months		

Participant **P16**

Questions

Only answer "YES" for the applicable option

- Did the child receive the following from Grandparent, Family, Teachers?
Support, Nurturing, Continuity.

	<i>Family</i>	<i>Grandparents</i>	<i>Teachers</i>
<i>Support</i>	Yes		Yes
<i>Nurturing</i>			
<i>Continuity</i>			

Table 1 Funeral related questions

NR	Funeral Questions	Yes	No
1	Do you think it is necessary for the child to be part of the funeral arrangements?	Yes	
2	Do you think it is necessary for the child to attend the funeral?	Yes	
3	Do you think it is necessary for the child to view the deceased before the funeral?		No
4	Do you think it is necessary for the child to visit the grave?	Yes	
5	Do you think it is necessary that the child need ways to remember the deceased?	Yes	

Table 2 Counseling related questions

NR	Counseling – timeframe of mourning process	Yes	No
1	Do you think it is necessary for the child to go for counseling?	Yes	
2	Do you think it is important for the child to work through the mourning process?	Yes	
3	Time frame for mourning process –1 to 6 months	Yes	
	Time frame for mourning process – 6 to 12 months		
	Time frame for mourning process – 12 – 24 months		

Participant **P17**

Questions

Only answer "YES" for the applicable option

- Did the child receive the following from Grandparent, Family, Teachers?
Support, Nurturing, Continuity.

	<i>Family</i>	<i>Grandparents</i>	<i>Teachers</i>
<i>Support</i>	Yes	Yes	
<i>Nurturing</i>			
<i>Continuity</i>			

Table 1 Funeral related questions

NR	Funeral Questions	Yes	No
1	Do you think it is necessary for the child to be part of the funeral arrangements?	Yes	
2	Do you think it is necessary for the child to attend the funeral?	Yes	
3	Do you think it is necessary for the child to view the deceased before the funeral?		No
4	Do you think it is necessary for the child to visit the grave?	Yes	
5	Do you think it is necessary that the child need ways to remember the deceased?	Yes	

Table 2 Counseling related questions

NR	Counseling – timeframe of mourning process	Yes	No
1	Do you think it is necessary for the child to go for counseling?	Yes	
2	Do you think it is important for the child to work through the mourning process?	Yes	
3	Time frame for mourning process –1 to 6 months		
	Time frame for mourning process – 6 to 12 months	Yes	
	Time frame for mourning process – 12 – 24 months		

Participant P18

Questions

Only answer "YES" for the applicable option

- Did the child receive the following from Grandparent, Family, Teachers?
Support, Nurturing, Continuity.

	<i>Family</i>	<i>Grandparents</i>	<i>Teachers</i>
<i>Support</i>	Yes	Yes	
<i>Nurturing</i>			
<i>Continuity</i>			

Table 1 Funeral related questions

NR	Funeral Questions	Yes	No
1	Do you think it is necessary for the child to be part of the funeral arrangements?	Yes	
2	Do you think it is necessary for the child to attend the funeral?	Yes	
3	Do you think it is necessary for the child to view the deceased before the funeral?		No
4	Do you think it is necessary for the child to visit the grave?	Yes	
5	Do you think it is necessary that the child need ways to remember the deceased?	Yes	

Table 2 Counseling related questions

NR	Counseling – timeframe of mourning process	Yes	No
1	Do you think it is necessary for the child to go for counseling?	Yes	
2	Do you think it is important for the child to work through the mourning process?	Yes	
3	Time frame for mourning process –1 to 6 months		
	Time frame for mourning process – 6 to 12 months	Yes	
	Time frame for mourning process – 12 – 24 months		

Participant **P19**

Questions

Only answer "YES" for the applicable option

- Did the child receive the following from Grandparent, Family, Teachers?
Support, Nurturing, Continuity.

	<i>Family</i>	<i>Grandparents</i>	<i>Teachers</i>
<i>Support</i>	Yes		
<i>Nurturing</i>			Yes
<i>Continuity</i>			

Table 1 Funeral related questions

NR	Funeral Questions	Yes	No
1	Do you think it is necessary for the child to be part of the funeral arrangements?	Yes	
2	Do you think it is necessary for the child to attend the funeral?	Yes	
3	Do you think it is necessary for the child to view the deceased before the funeral?		No
4	Do you think it is necessary for the child to visit the grave?	Yes	
5	Do you think it is necessary that the child need ways to remember the deceased?	Yes	

Table 2 Counseling related questions

NR	Counseling – timeframe of mourning process	Yes	No
1	Do you think it is necessary for the child to go for counseling?	Yes	
2	Do you think it is important for the child to work through the mourning process?	Yes	
3	Time frame for mourning process –1 to 6 months	Yes	
	Time frame for mourning process – 6 to 12 months		
	Time frame for mourning process – 12 – 24 months		

Participant **P20**

Questions

Only answer "YES" for the applicable option

- Did the child receive the following from Grandparent, Family, Teachers?
Support, Nurturing, Continuity.

	<i>Family</i>	<i>Grandparents</i>	<i>Teachers</i>
<i>Support</i>			Yes
<i>Nurturing</i>	Yes		
<i>Continuity</i>			

Table 1 Funeral related questions

NR	Funeral Questions	Yes	No
1	Do you think it is necessary for the child to be part of the funeral arrangements?	Yes	
2	Do you think it is necessary for the child to attend the funeral?	Yes	
3	Do you think it is necessary for the child to view the deceased before the funeral?		No
4	Do you think it is necessary for the child to visit the grave?	Yes	
5	Do you think it is necessary that the child need ways to remember the deceased?	Yes	

Table 2 Counseling related questions

NR	Counseling – timeframe of mourning process	Yes	No
1	Do you think it is necessary for the child to go for counseling?	Yes	
2	Do you think it is important for the child to work through the mourning process?	Yes	
3	Time frame for mourning process –1 to 6 months	Yes	
	Time frame for mourning process – 6 to 12 months		
	Time frame for mourning process – 12 – 24 months		

Participant **P21**

Questions

Only answer "YES" for the applicable option

- Did the child receive the following from Grandparent, Family, Teachers?
Support, Nurturing, Continuity.

	<i>Family</i>	<i>Grandparents</i>	<i>Teachers</i>
<i>Support</i>			
<i>Nurturing</i>	Yes	Yes	
<i>Continuity</i>			

Table 1 Funeral related questions

NR	Funeral Questions	Yes	No
1	Do you think it is necessary for the child to be part of the funeral arrangements?	Yes	
2	Do you think it is necessary for the child to attend the funeral?	Yes	
3	Do you think it is necessary for the child to view the deceased before the funeral?		No
4	Do you think it is necessary for the child to visit the grave?	Yes	
5	Do you think it is necessary that the child need ways to remember the deceased?	Yes	

Table 2 Counseling related questions

NR	Counseling – timeframe of mourning process	Yes	No
1	Do you think it is necessary for the child to go for counseling?	Yes	
2	Do you think it is important for the child to work through the mourning process?	Yes	
3	Time frame for mourning process –1 to 6 months	Yes	
	Time frame for mourning process – 6 to 12 months		
	Time frame for mourning process – 12 – 24 months		

Participant **P22**

Questions

Only answer "YES" for the applicable option

- Did the child receive the following from Grandparent, Family, Teachers?
Support, Nurturing, Continuity.

	<i>Family</i>	<i>Grandparents</i>	<i>Teachers</i>
<i>Support</i>		Yes	
<i>Nurturing</i>	Yes		
<i>Continuity</i>			

Table 1 Funeral related questions

NR	Funeral Questions	Yes	No
1	Do you think it is necessary for the child to be part of the funeral arrangements?	Yes	
2	Do you think it is necessary for the child to attend the funeral?	Yes	
3	Do you think it is necessary for the child to view the deceased before the funeral?		No
4	Do you think it is necessary for the child to visit the grave?	Yes	
5	Do you think it is necessary that the child need ways to remember the deceased?	Yes	

Table 2 Counseling related questions

NR	Counseling – timeframe of mourning process	Yes	No
1	Do you think it is necessary for the child to go for counseling?	Yes	
2	Do you think it is important for the child to work through the mourning process?	Yes	
3	Time frame for mourning process –1 to 6 months	Yes	
	Time frame for mourning process – 6 to 12 months		
	Time frame for mourning process – 12 – 24 months		

Participant **P23**

Questions

Only answer "YES" for the applicable option

- Did the child receive the following from Grandparent, Family, Teachers?
Support, Nurturing, Continuity.

	<i>Family</i>	<i>Grandparents</i>	<i>Teachers</i>
<i>Support</i>			
<i>Nurturing</i>			
<i>Continuity</i>	Yes	Yes	

Table 1 Funeral related questions

NR	Funeral Questions	Yes	No
1	Do you think it is necessary for the child to be part of the funeral arrangements?		No
2	Do you think it is necessary for the child to attend the funeral?	Yes	
3	Do you think it is necessary for the child to view the deceased before the funeral?		No
4	Do you think it is necessary for the child to visit the grave?	Yes	
5	Do you think it is necessary that the child need ways to remember the deceased?	Yes	

Table 2 Counseling related questions

NR	Counseling – timeframe of mourning process	Yes	No
1	Do you think it is necessary for the child to go for counseling?	Yes	
2	Do you think it is important for the child to work through the mourning process?	Yes	
3	Time frame for mourning process –1 to 6 months	Yes	
	Time frame for mourning process – 6 to 12 months		
	Time frame for mourning process – 12 – 24 months		

Participant **P24**

Questions

Only answer "YES" for the applicable option

- Did the child receive the following from Grandparent, Family, Teachers?
Support, Nurturing, Continuity.

	<i>Family</i>	<i>Grandparents</i>	<i>Teachers</i>
<i>Support</i>		Yes	
<i>Nurturing</i>			
<i>Continuity</i>	Yes	Yes	

Table 1 Funeral related questions

NR	Funeral Questions	Yes	No
1	Do you think it is necessary for the child to be part of the funeral arrangements?		No
2	Do you think it is necessary for the child to attend the funeral?	Yes	
3	Do you think it is necessary for the child to view the deceased before the funeral?		No
4	Do you think it is necessary for the child to visit the grave?	Yes	
5	Do you think it is necessary that the child need ways to remember the deceased?	Yes	

Table 2 Counseling related questions

NR	Counseling – timeframe of mourning process	Yes	No
1	Do you think it is necessary for the child to go for counseling?	Yes	
2	Do you think it is important for the child to work through the mourning process?	Yes	
3	Time frame for mourning process –1 to 6 months	Yes	
	Time frame for mourning process – 6 to 12 months		
	Time frame for mourning process – 12 – 24 months		

Participant **P25**

Questions

Only answer "YES" for the applicable option

- Did the child receive the following from Grandparent, Family, Teachers?
Support, Nurturing, Continuity.

	<i>Family</i>	<i>Grandparents</i>	<i>Teachers</i>
<i>Support</i>		Yes	
<i>Nurturing</i>			
<i>Continuity</i>			Yes

Table 1 Funeral related questions

NR	Funeral Questions	Yes	No
1	Do you think it is necessary for the child to be part of the funeral arrangements?	No	
2	Do you think it is necessary for the child to attend the funeral?	Yes	
3	Do you think it is necessary for the child to view the deceased before the funeral?		No
4	Do you think it is necessary for the child to visit the grave?		No
5	Do you think it is necessary that the child need ways to remember the deceased?		

Table 2 Counseling related questions

NR	Counseling – timeframe of mourning process	Yes	No
1	Do you think it is necessary for the child to go for counseling?	Yes	
2	Do you think it is important for the child to work through the mourning process?	Yes	
3	Time frame for mourning process –1 to 6 months		
	Time frame for mourning process – 6 to 12 months		
	Time frame for mourning process – 12 – 24 months		

Participant **P26**

Questions

Only answer "YES" for the applicable option

- Did the child receive the following from Grandparent, Family, Teachers?
Support, Nurturing, Continuity.

	<i>Family</i>	<i>Grandparents</i>	<i>Teachers</i>
<i>Support</i>			Yes
<i>Nurturing</i>			
<i>Continuity</i>			Yes

Table 1 Funeral related questions

NR	Funeral Questions	Yes	No
1	Do you think it is necessary for the child to be part of the funeral arrangements?		No
2	Do you think it is necessary for the child to attend the funeral?	Yes	
3	Do you think it is necessary for the child to view the deceased before the funeral?		No
4	Do you think it is necessary for the child to visit the grave?	Yes	
5	Do you think it is necessary that the child need ways to remember the deceased?	Yes	

Table 2 Counseling related questions

NR	Counseling – timeframe of mourning process	Yes	No
1	Do you think it is necessary for the child to go for counseling?	Yes	
2	Do you think it is important for the child to work through the mourning process?	Yes	
3	Time frame for mourning process –1 to 6 months		
	Time frame for mourning process – 6 to 12 months		
	Time frame for mourning process – 12 – 24 months		

Participant **P27**

Questions

Only answer "YES" for the applicable option

- Did the child receive the following from Grandparent, Family, Teachers?
Support, Nurturing, Continuity.

	<i>Family</i>	<i>Grandparents</i>	<i>Teachers</i>
<i>Support</i>			
<i>Nurturing</i>		Yes	
<i>Continuity</i>		Yes	

Table 1 Funeral related questions

NR	Funeral Questions	Yes	No
1	Do you think it is necessary for the child to be part of the funeral arrangements?		No
2	Do you think it is necessary for the child to attend the funeral?	Yes	
3	Do you think it is necessary for the child to view the deceased before the funeral?	Yes	
4	Do you think it is necessary for the child to visit the grave?		
5	Do you think it is necessary that the child need ways to remember the deceased?	Yes	

Table 2 Counseling related questions

NR	Counseling – timeframe of mourning process	Yes	No
1	Do you think it is necessary for the child to go for counseling?	Yes	
2	Do you think it is important for the child to work through the mourning process?	Yes	
3	Time frame for mourning process –1 to 6 months		
	Time frame for mourning process – 6 to 12 months		
	Time frame for mourning process – 12 – 24 months	Yes	

Participant **P28**

Questions

Only answer "YES" for the applicable option

- Did the child receive the following from Grandparent, Family, Teachers?
Support, Nurturing, Continuity.

	<i>Family</i>	<i>Grandparents</i>	<i>Teachers</i>
<i>Support</i>			Yes
<i>Nurturing</i>		Yes	
<i>Continuity</i>			Yes

Table 1 Funeral related questions

NR	Funeral Questions	Yes	No
1	Do you think it is necessary for the child to be part of the funeral arrangements?		No
2	Do you think it is necessary for the child to attend the funeral?	Yes	
3	Do you think it is necessary for the child to view the deceased before the funeral?	Yes	
4	Do you think it is necessary for the child to visit the grave?	Yes	
5	Do you think it is necessary that the child need ways to remember the deceased?	No	

Table 2 Counseling related questions

NR	Counseling – timeframe of mourning process	Yes	No
1	Do you think it is necessary for the child to go for counseling?	Yes	
2	Do you think it is important for the child to work through the mourning process?	Yes	
3	Time frame for mourning process –1 to 6 months		
	Time frame for mourning process – 6 to 12 months	Yes	
	Time frame for mourning process – 12 – 24 months	Yes	