

**UNEXPECTED DEATH OF A CHILD: A CONSTRUCTIVIST  
APPROACH**

by

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submitted in part fulfilment of the requirements  
for the degree of

**MASTER OF ARTS IN CLINICAL PSYCHOLOGY**

in the

**DEPARTMENT OF PSYCHOLOGY**

at the

**UNIVERSITY OF SOUTH AFRICA**

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**OCTOBER 1998**

## ACKNOWLEDGEMENTS

I wish to express my sincere thanks to the following people who made this study possible:

Prof. F.J.A. Snyders, my supervisor, for his support and guidance, and for always making time to assist me.

Gary, my husband, for his constant support, love and extreme patience.

The participants of this study, for their commitment and willingness to share.

Jodi Waissbrod, for editing the text and for her support and guidance.

Claudette Nothnagel, for her editing skills.

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## SUMMARY

This thesis explores mothers' reactions to, and methods of dealing with, the sudden death of a child, using a constructivist approach. The study focusses on the meanings that mothers construe in relation to the sudden death of their child and the role of these constructions in her "recovery" from this loss. It also explores the grieving process, the effect of the loss on the mother, including a focus on changes in her value system, her role as a mother and as a wife, as well as the impact of this loss on the family system. The study was conducted on the basis of qualitative research methodology, making use of the case study method. The sample consisted of three mothers, selected purposively. The data gathered was analysed inductively.

### Key Terms:

Sudden death; Grieving process; Mourning; Meanings; Adjustment to loss; Stages of bereavement; Constructivism; Personal constructs; Family systems; Maternal bereavement.



# CHAPTER 1

## INTRODUCTION

Child loss is thought to be one of the most traumatic events possible in human experience. The unique stresses placed on the parents make this event a particularly difficult one from which to recover. When a child dies, the unique dynamics of the parent-child relationship cause parents to feel that they have not only lost a child, but also a part of themselves. The child represents a source of future investment, hopes and dreams that are suddenly destroyed. The pain of the loss is continually renewed as the future unfolds without the child (Bernstein, Duncan, Gavin, Lindahl & Ozonoff, 1989).

[Most research on the sudden death of a child focusses on grief theories, proposing various stages of the bereavement process. Kubler-Ross (1983) describes the mourning process as beginning with shock, followed by anger, bargaining, depression, and finally acceptance. Other theorists have proposed differently labelled stages and different numbers of them.] There has been a general dissatisfaction with the stage theories as they imply an orderly and linear progression of grief through clearly defined, mutually exclusive steps. Miles and Crandall (1983) state that the grief process is one of life's most profound and unique human experiences. The process of grieving is uniquely individual and no one model can be applied to this highly individualised experience (Bloch, 1991).

In contrast to the linear stage theories, this study is an attempt to explore the role of personal meanings and constructs in a mother's adjustment to the unanticipated death of a child. In studies addressing parental reactions to the loss of a child, most grief symptoms are reported to be experienced with more intensity in mothers than in fathers. Mothers are reported to have a longer grief period and to have more symptoms of depression and guilt feelings than fathers (Dyregrov & Matthiesen, 1987).

Romanoff (1993) posits that individuals who find a sense of meaning in the death of a loved one and a continuing purpose in their lives, have a more satisfactory long-term adaptation to bereavement. According to Miles and Crandall (1983), the death of a child sends the bereaved parents into a deep and painful existential search for meaning. The search for meaning is hypothesised to affect the type of resolution made to a child's death. Craig suggests that "an essential part of the grief work of the bereaved parents is the resolution of the meaninglessness of the crisis" (in Miles & Crandall, 1983, p.21).

Frankl (in Meyer, Moore & Viljoen, 1989) maintains that there is meaning in all of life's experiences, including death and suffering. He posits that suffering can become meaningful and that it is this meaning that makes the suffering more bearable.

The linear stage theories imply a resolution to the grieving process. This is questionable, however, and many theorists distinguish between recovery and adjustment to loss. Videka-Sherman (1982) posits that the adaptive task relating

to the death of a child “is not to change the reality of the loss, but to adjust to this reality” (p.688).

Kelly’s personal construct theory contrasts with the linear stage theories (Hoffmann, 1990). The personal construct theory posits that humans construct and reconstruct the meaning of events in the world. Individuals have unique construct systems that are used to make sense of the world. When faced with the loss of a child, their core constructs become invalid and they thus require a major change in their construct systems (Viney, 1991). Mourning involves the reorganisation of the mother’s personal construct system, which involves a search for meaning. This study is aimed at identifying these meanings and constructs and their role in the mother’s adaptation to her loss.

“The death of a child is a family crisis that threatens members both individually and as a social unit” (Rosen, 1986, p.389). All members of the family system experience powerful emotions in response to such a premature death. The loss of a family member triggers various reactions and many shifts in family functioning (Rosen, 1988). This study includes a focus on the family context within which the loss occurred. It explores personal changes within the mother, changes in her role as a parent, as well as changes in the marital relationship. Minuchin’s family systems approach explores family structure, including a focus on boundaries and subsystems, which has been applied in this study.

## **CHAPTER 2**

### **SURVEY OF THE LITERATURE: UNDERSTANDINGS AND THEORETICAL ASSUMPTIONS**

#### **Introduction**

The death of a child is one of the most tragic events that can strike a family. It affects the family with a tenacity that is difficult to comprehend. For some parents, years pass before they are able to resume their normal lives. Others never seem to find their way out of the turmoil and disorganisation of bereavement. When a child dies, it seems so inappropriate, unnatural and unacceptable, that it is difficult to comprehend. This is particularly true when the death is sudden and unexpected. There simply is no context within which such an event can be fitted. The death of a child represents the loss of future dreams, relationships, experiences and fantasies that have not yet been enjoyed. This loss of the future creates special problems for grieving parents. The sorrow, sadness, despair, depression, anger and bitterness are long lasting and exceedingly difficult to resolve (Knapp, 1987). The death of a child is the most severe and longest lasting of all griefs. It has been described as the ultimate tragedy. After the death of his daughter, Freud wrote: "To have a child predecease a parent is a monstrous thing" (in Volkan & Zintl, 1993, p.97).

When parents lose a child, they also lose a major functional role that may threaten their sense of identity. According to Rubin (in Bernstein et al., 1989), the loss threatens their sense of being an adequate parent, having been unable to fulfil parental duties of protection and nurturance. As a result, many parents experience a tremendous amount of guilt. Kubler-Ross (in Bernstein et al., 1989) argues that guilt is heightened for couples whose child dies suddenly. These parents do not have the benefit of time to prepare and begin to heal.

Consequently, it appears to parents, especially mothers, that survival for themselves is at best questionable. There appears to be no hope, no way of justifying their lives, and no way of continuing with life without the deceased child. Many parents therefore come to the point when they want to die themselves. Many parents attempt to search for a rational reason for the loss as a genuine search for a reason to survive. All survivors have a need to fit death into some kind of recognisable context. Parents have to develop a sense of control over the event and they need a way of justifying the death. They thus search for a meaning for the event (Knapp, 1986; 1987).

### **The Mother-Child Relationship**

The death of a child is an event that occurs in the mother's inner and outer world. It is in the inner world of her thoughts and feelings that the unique meanings of the loss develop. The meaning is sought through an understanding of motherhood, the meaning of that particular child and the history of the mother and child, all occurring in a specific context and period of development. For most women, motherhood represents an intense personal investment.

Two aspects of this investment are related to motivations for motherhood. The reproductive drive, expressed in the tendency to give and aid in times of distress; and the receptive tendencies from her own childhood that facilitate identification with her child.

As the tasks of parenthood are completed successfully, resulting in promoting the child's growth, the mother undergoes changes. Each maturational change completed in the child sees a concomitant development in the mother. Mothering requires ever-changing adjustments toward successful resolutions of each of the challenges in the rearing of an ever-changing child.

Loss of a child robs the survivor of the essential supplies that were provided by that child. What is it that a child supplies to its mother? Each dyad is unique and the loss of a child means the loss of that unique relationship. Each relationship has a different meaning.

The adjustments that a woman makes to motherhood, beginning with pregnancy and continuing throughout mothering, affect her life decisions. Given that a child is the major link to the future, loss is all the more devastating.

Multiple levels of loss occur with death. Edelstein (1984) identifies three types of loss:

- 1) Loss of a child as an aspect of oneself. Motherhood is more than a series of performed functions. It is a central aspect of personality development and losing a child assaults basic aspects of a woman's identity. Much of the

mother child relationship is based on the premise that there is a future and actions taken in the present have later rewards. The mother takes care of but also identifies with the child and when the child is lost, some aspects of the mother's identity are lost too.

- 2) Loss of future hopes and expectations. Successfully completed tasks of parenthood also promote growth in the parent. When the child dies, the mourning for him is for all the things that the child will miss.
- 3) Loss of illusions. Illusions that are shattered as a result of the child's death are existential in nature. Central losses include illusions of security and protection from tragedy, the illusion that there is fairness in and control over death, and illusions that there are answers to questions such as "why my child?" The comforting belief that bad things happen to other people is abruptly shattered.

Klass (1988) adds that parents experience the loss as a challenge to competence as well as a narcissistic loss. The sense of parental competence and sacred obligation is seriously challenged by the death of a child. Duration and intensity of grief is a function of the degree of perceived preventability of death. At the death of a child, the inner representation of a child as part of the self or as an extension of an inner representation of a significant relationship from the past is challenged. A narcissistic wound is the challenge to parental competence.

There is no preparation for dealing with the death of a child. The loss of a child causes a sense of "wrongness" in the order of things. The mother is robbed of the expectation that children should and will outlive their parents and that the time and investments made in a child will assure his future. There is an inherent

sense of “rightness”, that it is more justified, when the oldest die first. The fact that the child dies goes counter to the rules about death. In society, there is the expectation that a child will outlive a parent. The child’s survival beyond her life is a strong belief and expectation of the mother and the loss of the child results in illusions of orderliness, fairness, control, protection and future being shattered.

The attachment between parent and child is very complex. When that attachment is broken by the death of a child, all the issues involved in the development of the attachment are again at play. The death of a child creates two disequilibria in the life of the parent: A disequilibrium in the social environment; and a disequilibrium in the ongoing relationship with the inner representation of the child. Resolution to grief is finding new equilibria.

Hofer (in Klass, 1988) suggests that mourning may not be a single process, but may entail multiple processes. Each of the inner representations of the dead child must be resolved.

The death of a child creates disequilibrium in the social world and psychic structure of the parent. Grief is the process by which the parent moves toward new equilibria. It is evident that the relationship to the child is one of the major constellations of meaning for the adult, a constellation of meanings for which the adult often willingly sacrifices other meanings. The equilibria toward which the parent is grieving will include a sense of competence, but it can never include the sense of omnipotence in the way it once did. The death of a child has conclusively proven the parent’s fallibility. The resolution of parental grief



therefore includes a sense that the world is never what it once seemed to be (Klass & Marwit, 1988).

### **Parental Grief**

The relationship we have to a child is different from any other. It is this difference that creates the special quality of parental bereavement. The complex grief parents experience after the death of a child is a continuation of the complex dynamics by which the attachment to the child was created and developed.

The quality of parental grief is unique because the bond the parent has with the child is unique. The sense of selfhood involved in parenting is a central part of our being. Parenthood is a developmental process. It activates the memory of how one was parented and what it was like to be a child. To a parent, the child represents both the parent as a child and the parent's parent. Identification with a child creates an opportunity for parents to relive their own lives. Parents strive for a sense of competence in their relationship with the child. For many parents, the bond with the child is the most significant interactional relationship that they have.

The loss of a child involves many losses (Klass, 1988). Firstly, the loss of the part of the self is referred to as the "amputation metaphor". The child is a part of the parent's self. Having a child gives a person new social value and status. When the child dies, part of the self dies. A second loss is that of competence and power, leading to guilt. The sense of the person's competence

is seriously challenged by the death of a child. Competence is a major issue in parental bereavement because it was a major issue in parenting. The sense of the loss of power and competence is often experienced as guilt. It is guilt at not having lived up to the expectations of the sacred obligation of parenthood. "Guilt feelings in bereaved parents arise from a deep sense of helplessness in not having been able to prevent the child's death and from a sense of personal responsibility for the child's well being" (Klass, 1988, p.15).

The death of a child creates two disequilibria. First, between the self and the social world and second, in the inner life of the parent, because the child who died was part of the parent's self. Resolution of parental bereavement is achieved when the parent reaches new equilibria in these two areas.

Parental bereavement is a permanent condition. Parents do not "get over" the death of a child, but they do go on living. Individuals "recover" from grief when they replan their lives and achieve a new level of functioning. They give up their old roles and patterns of interaction and find new ones. This process involves intellectual recognition of the death, emotional acceptance of the loss and the reorganisation of the individual's model of self and social interaction to match the changed reality.

### **The Grieving Process**

Grieving following the death of a child tends to be intense and enduring, often resulting in diminished psychological and interpersonal functioning for surviving parents. Grief is not a unitary phenomenon. It is rather a complex

interaction of emotional, cognitive, spiritual, physiological and behavioural responses to bereavement. Grieving can be an intensely painful and disorganising experience that is sometimes perceived as outside the realm of normal experience (Romanoff, 1993). Although bereavement is a universal experience, the process of grieving is multi-determined and uniquely individual. Despite recognition of these features, an extensive body of literature suggests that there is a linear pattern and process of grief. Numerous stage models have been proposed and readily accepted.

According to Edelstein (1984), adaptation to a major loss is complex and emotionally overwhelming. Mourning begins with an initial shock reaction, including numbness and disbelief. Following this, is a searching and yearning for the lost person. The unexpectedness of death increases the time spent in the searching phase. Grief reactions include despair, sadness and depression. The awareness of loss changes into an acceptance of reality in the separation reactions. The period of separation reactions marks the subtle shift from the acute to the chronic stage of mourning.

According to Edelstein (1984), the stages in maternal bereavement are disorganisation, holding on \ letting go, and reorganisation.

According to Sanders (1992), the following characteristics differentiate parental grief from others:

- 1) Despair. The loss of a child is such an unthinkable loss and everything is intensified, exaggerated and lengthened. Guilt and anger are inordinate with grieving parents. Parental grief may never be resolved.
- 2) Confusion. The parent experiences doubt and wonders why this death has occurred.
- 3) Anger. There is no rational way to deal with the death of a child. The order of the universe has been altered and there are no guidelines to prepare us for this tragedy. Parents are left with a feeling of powerlessness.
- 4) Guilt. With the death of a child, guilt is doubly pronounced. We feel responsible for our children and when something happens to them we immediately blame ourselves.

According to Reed and Greenwald (1991), grief refers to a complex set of emotional, cognitive, physiological, and behavioural reactions to bereavement. The bereavement process as a series, begins with the initial reaction of “shock”. This phase is followed quickly by “yearning and protest,” which is then succeeded by “disorganisation”. Full expression and resolution of grief characterises the final stage of “reorganisation”.

Descriptions of these phases, while providing us with general prototypes, do not inform us as to the ways in which survivors with varying personal attributes and in various social relationships grieve differently.

According to Dyregrov (1990), the first reaction is usually a shock state characterised by disbelief, numbness or apathy. Depression and sadness are very common reactions as are feelings of hopelessness, worthlessness and emptiness. An increased sense of anxiety often prevails. For parents, the thought of losing a child raises special questions related to the innocence of youth and shortness of life. The parent then moves into a stage of yearning and protest. A major source of yearning and protest stems from the parental role. Parents have the responsibility for the growth and protection of their children. The final phase is that of disorganisation, characterised by pre-occupation with the deceased and depression (Reed & Greenwald, 1991). Guilt is another commonly experienced feeling among bereaved parents.

The search for a deeper meaning and a fuller understanding of the event seems to occupy the parents in the post-loss period. Many parents experience a change in values. Knapp (1987) identified that traditional values and goals of success and personal achievement were replaced by new commitments to more intangible values after the loss of a child. He also noted that the loss of a child tended to make parents more tolerant of other people and more sensitive to the suffering of others.

Theoretical approaches to grief appear to fall into two broad groups. On the one hand there are the descriptive theories; these depict the phenomenology of the grief process in a basic descriptive way and thereby they seek to make the course of grief more discernible. Process theories of grief, on the other hand, seek to model the psychological mechanisms underlying grief and to posit the purposes served by these mechanisms. Various theorists have proposed

differently labelled stages and different numbers of them. There is nevertheless a general dissatisfaction with stage theories in that they seem to imply an orderly, linear progression of grief through clearly defined, mutually exclusive steps, with each stage supposedly not commencing until the previous one has been completed.

According to Stroebe and Stroebe (in Barbato, 1992), process theories of grief may be dichotomised into depression models and stress models.

Depression models focus on the emotional response to loss, while stress models construe bereavement to be a stressful life event that taxes the individuals coping skills.

Rubin (1981) proposes a two-track model of bereavement involving the psychodynamic and personality change models of bereavement. It considers the bereavement response from the perspective of the bereaved's affective bond with the deceased and the bereaved's personality change. The bereavement response proceeds along this dual track. Initially, the loosening of the affective bond is intertwined with the personality changes of the bereaved. Gradually these processes diverge to become two distinct dimensions of the loss reaction. The loosening of the bereaved's affected relationship with the deceased and the changes in the bereaved's own personality function, reach their own equilibrium.

Grief is neither a unitary concept nor an unvarying experience. It is a highly complex, multi-dimensional concept. The nature of the relationship severed by death is an important determinant of the grief response. Just as each relationship has a unique meaning for the participants, so too does the grief

occasioned by the rupture of each relationship have a unique quality (Owen, Fulton & Markusen, 1982).

Grief has been described as a process with different stages, which is fraught with difficulties. Human emotions cannot be parcelled up with neat labels. How adequate is the general bereavement theory when applied to the death of a child? The model of stages and phases seems too rigid to describe the traumatic and chaotic disorganisation that parents experience following the death of a child.

### **Mourning**

Mourning is an adaptive process that includes reactions to loss as well as readjustment to an external environment that has changed. The work of mourning is a struggle in which repeated testing of reality shows the individual that the loved person is no longer in the external world. The internal work is adjusting to reality. Bereavement is a sub-category of the mourning process; it is a reaction to the death of a loved one.

Mourning is the survivor's struggle to let go of that which is already gone, or to hold on in some different, meaningful way. The physical living world containing the child must be relinquished, while memories, spirit and representations of him are integrated into a changed, ongoing life. The modified equilibrium allows an alliance with the past and a life in the present.

The entire process is one of adaptation, a continuous striving toward an acceptable compromise with life. Changes are made internally as a result of the continuing struggle (Edelstein, 1984).

### **Adjustment to Loss**

The adaptive goal of the bereavement response is the assimilation of the reality of loss. The manifestations of grief and mourning are the means by which the survivor gradually acknowledges, copes with and adjusts to the reality of the loss. Following a child's death, the mother begins her painful odyssey through the bereavement process. It is characterised by anxiety, depression, guilt, helplessness and hostility (Rubin, 1986).

The process of adjusting to the loss of a meaningful relationship does not necessarily proceed linearly and never reaches a fixed end point. The adaptive task of bereavement is technically complete when the psychologically intense relationship to the deceased is defused. This is typically accompanied by a resumption of pre-loss functioning and personality characteristics. There is now a constructive relationship to the memories, thoughts and images of the deceased (Rubin, 1986).

Resolution of grief is a difficult concept for parents. Peppers and Knapp (1980) coined the phrase "shadow grief" to describe the enduring sorrow of loss of a child.



Freud coined the term “the work of mourning” to describe the internal and external adjustments we make after loss. Two main components to a successful work of mourning involve conducting a review of the relationship in order to assess what it meant to us and then turning it into a futureless memory. In order to assess what the relationship meant to us and what we have lost, we conduct a review of the connection. We break up all the elements that comprised the relationship and replay them in memories. The object of the review is a way to reach an acceptance of the way things were. Each person we lose has a meaning that extends beyond its obvious external use or its assigned social role (Volkan & Zintl, 1993).

When does the work of mourning end? We never let someone important go, a loss can always revive and sting again. We can only speak of the practical end of grief, when we no longer routinely recall, review and emotionally respond to thoughts of the loss. We can take pleasure in remembering someone without the sting over his absence (Volkan & Zintl, 1993).

The stage theories imply a stage of resolution or recovery, but does a mother ever recover from losing a child? Lehman (in Stroebe, Stroebe & Hansson, 1993) posits that grief following the death of a child seems peculiarly resistant to recovery. In exploring what constitutes recovery from child loss, Rubin (1984) distinguishes between adjustment and resolution. According to Videka-Sherman (1982), the death of a child is a devastating experience and the task is to adjust to the reality of the loss. Kubler-Ross (in Bernstein et al., 1989) adds that the unique stresses placed on parents following the death of a child, make this experience a particularly difficult one from which to recover.

According to Parkes and Weiss (1983), those who recover from bereavement do not return to being the same people they had been before the loss. Nor do they forget the past, rather they recognise that change has taken place, accept it, examine how their basic assumptions about themselves and the world must change and go on from there. They identify three tasks in recovery:

- 1) Intellectual recognition and explanation of loss. The loss has to have a rationale; we must be able to understand it.
- 2) Emotional acceptance. This occurs when the person no longer feels the need to avoid reminders of the loss for fear of grief and pain. In order to reach this, there must be repeated confrontation with every element of the loss, until the intensity of distress is diminished to a tolerable point. This process is difficult, time consuming and painful. Emotional acceptance of loss is rarely complete. Few bereaved people ever arrive at a time when they are no longer susceptible to a memory or intense pain.
- 3) Finding a new identity.

According to Purpura (1986), there are multiple layers of meaning involved in the bereavement process. Firstly, loss of the child. The love, enjoyment and special relationship with that child is lost. The hopes, dreams and future expectations are lost. Secondly, the losses within the family system. The death of a child is a basic violation of parental function. A mother's role is to nurture and care for her children. She has failed in her basic function. The idea that the death of a child is a random and meaningless event is a stark, cruel reality, too painful to perceive. It must have some meaning.

## **The Search for Meaning**

According to Frankl (in Meyer et al., 1989), man is primarily a spiritual being with freedom and responsibility. His view of man is based on three premises:

- 1) Freedom of the will. Man has free will. He is free to take decisions about his own life. He can choose who and what he wants to be. Man chooses his life, yet is constrained by the limitations of his environment and ethical rules.
- 2) The will to meaning. Man is inherently inclined to search for values outside of himself. He wants to discover meaning in life. The will to meaning is a reality that cannot be regarded simply as a rationalisation of hidden drives. Man's most fundamental and important motive is the will to meaning. It is deeper and more powerful than any other motivation. The will to meaning is manifested in circumstances of destitution and of satisfaction. Via his experiences in the concentration camps of World War II, Frankl observed that only those who could create a meaning, took up the challenge to live with courage and dignity or to die heroically. More urgent than any other need was the need to find meaning. On the other hand, even in circumstances of success, a person may be depressed or unhappy if his life has no meaning.
- 3) The meaning of life. There is meaning in all of life's circumstances, even suffering and death. This meaning can be found in three types of experiences:
  - a) Creative values - what we contribute to life.
  - b) Experiential values - what we receive from life.
  - c) Attitudinal values - what we experience through attitudes towards life,

especially towards suffering.

“To live is to suffer, to find meaning in life is to find meaning in suffering. If there is a purpose in life, there must be a purpose in suffering and in dying” (Frankl in Meyer et al., 1989, p.431).

According to Frankl (in Meyer et al., 1989), suffering does not deprive the person of his freedom to decide how he will deal with his suffering i.e. his attitude towards his suffering. If a situation cannot be changed, if suffering cannot be avoided, what is retained is the individual's freedom to change himself.

Frankl (in Meyer et al., 1989, p.431) maintains that:

what then counts and matters is to bear witness to the uniquely potential at its best, which is to transform a tragedy into a personal triumph, to turn ones predicament into a human achievement. When we are no longer able to change a situation, we are challenged to change ourselves. By changing ourselves, by rising above and growing beyond ourselves, we exercise the most creative of all human potentials.

The moment suffering becomes meaningful it loses its unbearable quality and becomes another one of life's tasks which offers a special challenge. According to Frankl, the person who discovers meaning in suffering, guilt and death, has reached the highest peak of development.

Schiff (in Knapp, 1987) states that when one loses a child, one has lost the future. How then can one plan for a future and handle the feelings of hopelessness? According to Knapp (1987), when a child dies, parents have two choices: They can die themselves, spiritually, emotionally or physically, or they can begin the long hard struggle forward. The effort is extremely painful but there is a light at the end of the tunnel.

### **The Constructivist Approach**

In contrast to the linear stage theories, the constructivist approach focuses on humans as “active agents, who individually and collectively co-constitute the meaning of their world” (Neimeyer, 1993, p.222).

The personal construct theory approach to death and loss contrasts with a predetermined set of stages. Kelly (in Viney, 1991) states that people live their lives on the basis of a system of interpretations, each individual having their own unique system. These interpretations are used to make sense of the world. Our constructions are constantly being revised and when faced with sudden death, we require a major change in our reality and in our construct systems.

Because of the unique relationship between parent and child, the death of a child is a profound human loss, which ultimately sends bereaved parents into a deep and painful existential search for meaning. This search may ultimately be a key factor in a positive growth versus a negative despair resolution of the grief experience. (Miles & Crandall, 1983, p.19)

The loss of a loved one through death is virtually a universal human experience. The grief process that follows such a loss is considered one of life's most profound and unique human experiences. Because of the unique relationship between parent and child, the death of a child has been identified as one of the most profound human losses. To parents, children represent part of their own being and their immortality. In addition, the parental role carries with it a deep feeling of responsibility of the well being of the child. The death of a child, then, sends the bereaved parents into a deep and painful existential search for meaning. The search for meaning is hypothesised to ultimately affect the type of resolution made to the child's death.

### **Personal Construct Theory**

Kelly (in Engler, 1995) invited us to look at ourselves as scientists and suggested that the posture we take as we attempt to predict and control the events in our world is similar to that of the scientist who develops and tests hypotheses. In our efforts to understand the world, we develop constructs that act as hypotheses that make the world meaningful to us. If these patterns appear to fit our subsequent experience, we find them useful and hold on to them. If our constructs do not lead to behaviours that help us adjust to events in our world, we seek to change the constructs in order to develop better ones (Engler, 1995).

Kelly's theory rejects the behaviourist notion that people react passively to stimuli (in Engler, 1995). It explores the ways in which we respond to the environment by actively processing the information into mental representations of the world and thereby construe the world.

Kelly's theory is based on constructive alternativism, which postulates that "any one event is open to a variety of interpretations" (in Engler, 1995, p.398). The concept of constructive alternativism underlies Kelly's theory of cognition. It refers to the assumption that we are capable of changing or replacing our present interpretation of events. We are always free to reinterpret our experiences. Kelly believed that each of us attempts to predict and control events. We continually evaluate and re-evaluate our experiences and try to use our interpretations to understand and control the world around us. This makes our world more predictable and we change our constructs about the world if we are able to function effectively. As individuals we use our own personalised view of reality in making our judgements. We shift our view of reality to fit the world. According to Kelly (in Ryckman, 1989), we are not passive organisms, rather we actively relate to, and engage with, the environment.

The world does not automatically make sense to us. We have to create our own ways of understanding events. There is, thus, no reality outside our interpretations of it. In our efforts to understand the world we develop constructs that make the world meaningful to us. Each person views the world through his own lens. No one construct is final and a perfect reflection of the world. There is always an alternative construct that might fit better, therefore we change our constructs in order to understand the world more accurately.

According to Kelly (in Meyer et al., 1989), man's fundamental motivation is to understand his environment. He describes the individual as a scientist whose existence involves trying to interpret, predict and control events. This process of interpreting, predicting and controlling occurs by means of a set of

concepts, which each person develops individually, called a construction system. It is used to classify events in the world around us, to interpret them and to make predictions on the basis of these interpretations.

He identified three epistemological principles:

- 1) Constructive alternativism. There is no single true conception of the world. The world can be interpreted or construed in different ways. Kelly acknowledged the existence of an objective reality but posits that the individual does not know reality as it truly is and only knows it via his construction or interpretation of it.
- 2) Pragmatism. The individual's basic motivation has as its ultimate goal the development of an efficient construction system and the individual will change this system when it no longer functions effectively.
- 3) Phenomenology. The individual's interpretation of his world is his reality.

The basic assumption is that a person's processes are psychologically channelled by the ways in which he anticipates events. The way an individual predicts future events is crucial to behaviour and according to Kelly (in Epting & Neimeyer, 1984), the future is the primary impetus of behaviour.

Kelly's theory of personal constructs posits that "the sine qua non of human existence is our tendency to attribute unique meanings to the data of our experience" (Epting & Neimeyer, 1984, p.3).



These meanings, termed “personal constructs”, serve both as interpretations of past events and as hypotheses about events yet to be encountered. Kelly (in Epting & Neimeyer, 1984) defined life as a way of using the present to link the future with the past.

According to Kelly (in Viney, 1991), the process of construing involves comparing and contrasting classes of people, things or events. In general, a construct can be defined as a way in which some things are seen as similar, yet different from others. Each individual evolves, over the course of his life, a complex system of constructs. This system is organised hierarchically, with relationships of superordination and subordination among the interconnected constructs that comprise it. Superordinate constructs tend to be more abstract and permanent and play a more central role in the process of construing. The core constructs are among the most superordinate in the system. They govern a person’s maintenance process and enable him to maintain his identity. They cannot be changed without disturbing the roots of a person’s existence.

Construct theory views each person’s understanding of the world as a direct function of the organisation and content of his unique system of personal constructs. When an individual’s understanding is called into question, he experiences threat. Threat refers to “the awareness of imminent comprehensive change in one’s core structures” (Epting & Neimeyer, 1984, p.4).

Because a person’s whole construct system depends on the validity of the core constructs, their invalidation disrupts the organisation of the remaining constructs within the system and transforms the person’s previously well ordered

meaningful world into chaos. Kelly recognised that death represents a major threat to most people.

Grief can be understood as the attempt to maintain the continuity of the construct system that death has interrupted and the end of grief as reconstruing to form a new continuity. How death is construed is central to the construct system because it determines how the purpose of life is construed. (Epting & Neimeyer, 1984, p.11)

The individual world of meaning is a complicated, interconnected network of personal constructs. When someone close dies, we ask “why?” In grief, people search for an answer to the question “why?” so that they may pursue re-establishing the continuity of their lives. In early bereavement stages, people try to re-establish continuity by denying the death. No answer re-establishes the old continuity and people realise that they have to find a new continuity, a new meaning. Individuals impose their systems of constructs onto the event, which they then assume is reality.

The system of constructs we create links us to others and to the future. Death disrupts the continuity and reveals the construct system to be a fiction. An end to grief is found only when we accept that the continuity of the construct system has been disrupted, that the system is a fiction and that now it has broken, we can build something else, thereby establishing another continuity. In order to gain greater understanding of people, we need to understand what meaning they give to death and what implications this meaning has for the way they live.

Kelly (in Viney, 1991) proposed that all individuals continually attempt to predict and control behaviour. He asserted that construing is a process of appraising an event and creating a cognitive map that allows the person to note similarities and differences.

Bowlby (in Epting & Neimeyer, 1984) posits that perceptions of events are first appraised before the event has any effect on behaviour. It is this appraisal of reality that influences mood and action. Appraisals are based on the representational models a person creates of his world, so that events can fit more easily into a pre-existing structure. In order to understand appraisals of those who are grieving, we must attempt to understand the models that an individual builds around the lost objects. Bowlby suggests that with the loss of a significant person, the model is based on the extent and nature of attachment to the deceased. The death of a significant individual is information that challenges pre-existing models of the individual's relationship with the deceased. The easiest course of action is to slowly modify or replace old representations with new ones. The process of normal bereavement is a gradual inclusion of information that was excluded. The personal construct theory proposes that people replace or alter core constructs with new representations. When new constructs are replacing old, distress is often observed.

In building our systems of personal constructs, we place interpretations on events and we construct the meaning of events for ourselves. We then use our constructions to deal with new information from the environment. These interpretations are reality for us and determine how we act. They are also highly personalised. We may experience the same event as others, but we interpret the

event differently. The constructs that we form to make sense of our experience are based on our previous experience. We organise experiences according to similarities and contrasts.

### **Conclusion**

The death of a child is a devastating experience, severely taxing parents' adaptive capacities. A child's death is unexpected in our society, and the nature of the parent-child affective bond is such that the loss is experienced with severe consequences (Videka-Sherman, 1982).

When faced with the death of a loved one, people experience major changes in their reality. They may therefore require changes in their construct systems. With this personal construct approach, the bereaved can be regarded as active participants in their bereavement reaction (Viney, 1991).

Grief is both an individual and shared experience. It is thus essential to take the context in which a person grieves into account. Craig (1977) stresses the importance of understanding ways in which the bereaved understand their experience and reconstitute family life. The family system virtually always constitutes the most significant social group in which grief is experienced. Adopting a systemic approach is thus appropriate when attempting to understand loss (Kissane & Bloch, 1994).

According to Rosen (1988), a death in the family creates severe distress. Grief reactions are particularly intense when the death is unexpected or untimely.

The death of a child, the most untimely of all deaths, and its impact upon the family system, is severe and far-reaching.

Rubin (1986) points out that the family's functioning is severely affected by the loss of a child and that "the sudden and unexpected death of a child initiates a period of disequilibrium and crisis for all family members" (p.377).

## **CHAPTER 3**

### **PUTTING LOSS INTO CONTEXT**

#### **Introduction**

Grief is shaped by the social context in which it occurs. A useful theory in providing a perspective on the social context of grief is family systems theory. This theory emphasises how family rules and patterns shape loss experiences and how much a significant loss affects and is played out in a system of family relationships. It indicates how commonly family dynamics work to maintain the system as it was prior to the loss of a family member. Family systems have implicit and explicit rules regulating emotions that are appropriate to express, in what ways and in what situations. The family rules govern how a loss is dealt with (Rosenblatt, 1988).

Death of a family member imposes intense and disruptive stress on the family, which adapts to the loss by some kind of internal reorganisation. The family's structure, function and identity will be very different after the death of a family member (Geyman, 1983).

Coming to terms with the loss of a loved one is an intensely personal matter in which the bereaved undergoes a highly individualised experience. At the same time, however, in the context of a family's loss of one of its members,

all the bereaved continue to relate to one another and in so doing, their individual experiences of grief inevitably are influenced by and in turn influence the experiences of their relatives. Losses have repercussions in the family and its relationships. The family's reaction to and acceptance of loss, mourning and grief can hinder or help the individual family member (Bloch, 1991).

### **Family Systems Theory**

The systems approach proposes the following:

- 1) The whole is greater than the sum of the parts.
- 2) A system tends toward homeostasis.
- 3) A system must withstand transformation in the wake of life events, shifting through a series of transitional arrangements from one homeostatic pattern to another. In the case of loss through death, the homeostasis of the family system is inevitably disrupted and a corresponding transformation is required (Bloch, 1991).

A death in the family creates severe distress in survivors and grief reactions are particularly intense in cases of unexpected or untimely death. The death of a child is the most untimely of all and its impact on the family system is far-reaching and severe. The loss of a family member triggers powerful reactions and many shifts in family functioning (Rosen, 1988).

Families and family grief processes are inextricably linked to individual grief and recovery. Families can be described as systems in that they are

composed of interdependent members and are rule governed. Grief occurs on multiple systemic levels: individual, familial and societal. "Death in a family exposes a basic tension in family systems - it is a system wide event and a personal event for each individual in the family" (Moos, 1995, p.338).

Families are governed by certain rules according to family systems theorists. The family is seen as an organised whole, with interdependent members. Action of one member affects all others, which changes and affects the functioning of all others. The process of adaptation in family systems includes both stabilising and transformational mechanisms (Shapiro, 1994).

### **Adult Development and the Loss of a Child**

In order to understand parental grief from a systemic perspective, it is important to understand the role of parent-child relationship in the process of adult development. Grieving parents have invested important aspects of the self in their children, that in many cases cannot be relinquished.

The death of a child can be conceptualised as a developmental crisis. The adult's grief experience is centrally connected to the experience of the self as parent. Parents expect their children to outlive them and this expectation adds to the shattering blow and profound self blame that grieving parents experience.

Rando (1986) suggests that we need to understand parental bereavement in terms of important aspects of the self and hopes for the future that adults invest in their children. Parents who outlive their children feel devastated in their



basic competence as parents, for they have failed to fulfil the vital parental function of protecting their children. Grieving parents experience substantial survivor guilt. Although bereavement in general involves a rumination over circumstances of death, grieving parents are especially vulnerable to obsessing about the circumstances of death in an attempt to gain control and restore their sense of competence as a parent or to search for understanding and meaning. The age of the child does not alter the severity of parental grief; it changes the family developmental issues stimulated by the death.

Death of a child occurs at a particular moment in developmental time, for both the individual and the family. The death of a family member brings the delicately balanced process of shared family development to a halt. In terms of the systemic developmental perspective, parenting is an important component of the self and the death of a child shatters the organisation and stability of adult identity. Death of a child stimulates a life review. Aspects of the self that were invested in the child are suddenly lost to the self and need to be reintegrated into the self.

Each child has a unique place in the inner life of the parent. The death of a child launches a painful re-examination and reintegration of aspects of the self. It initiates a radical individual and family developmental crisis (Shapiro, 1994).

The renewal of family life after death of a child depends on the parents' capacity to accept the loss. For many grieving parents, spiritual or religious beliefs provide an important source of comfort and meaning.

The marital relationship is an important resource after the death of a child. It can, however, leave couples estranged and they retreat into private grief experiences. The integrity of the family system is shattered by the death of a child. Couples become pre-occupied with the attachment loss to the child. Surviving children are an important source of emotional comfort and often provide parents with a sense of purpose.

### **Adaptation to Loss**

From a systemic perspective, loss can be viewed as a transactional process involving the deceased and survivors in a shared life cycle that acknowledges both the finality of death and continuity of life. Coming to terms with this process is the most difficult task that a family must confront.

Death poses shared adaptational challenges, requiring both short and long term family reorganisation and changes in a family's definitions of its identity and purpose. Adaptation doesn't mean resolution; it involves putting the loss into perspective and moving on with life. Adaptation has no fixed timetable or sequence and traumatic losses may never be fully resolved.

According to Walsh and McGoldrick (1991), various factors influence family adaptation to death:

- 1) Sudden death. When there is no time to anticipate and prepare, to deal with unfinished business or say goodbye, adaptation to loss is complicated.

- 2) Family / social network. Adaptation to loss is facilitated by cohesiveness of the family, balanced with tolerance of different responses by various members. Extreme patterns of enmeshment or disengagement complicate adaptation to loss. Family structure, roles, rules and boundaries must be flexible yet clear. Communication should be open and extended family support assists adaptation. The role of the deceased also influences adaptation to the loss.
- 3) Life cycle timing. Timing of a loss may place a family at high risk for dysfunctional consequences. Complications are more likely in the case of untimely loss, multiple loss and unresolved loss. Family life cycle timing, social expectations as well as chronological years contribute to untimeliness of death and the impact of loss on survivors. The death of a child is the most tragic untimely death.
- 4) The sociocultural context of death. This refers to the ethnic and religious beliefs of the family.

### **The Loss of a Child**

In each family, the unique constellation of relationships affects the impact of loss on each member, each generation and the family as a whole. The meaning and consequences of the loss vary depending on the phase of the life cycle development that the family is negotiating at the time of the loss. The untimely loss of a child is the most painful since it reverses the natural order. Walsh and McGoldrick (1991) look at the loss of a child at the different stages in the family life cycle. At each stage the loss of a child carries different issues to deal with.

Death impacts on the individual as well as on those around him. Bowen (in Walsh & McGoldrick, 1991) speaks of open and closed systems in terms of describing death as a family phenomenon. An open system is one in which an individual is free to communicate a high percentage of his inner thoughts, feelings and fantasies. The closed system is an emotional reflex to protect the self from anxiety.

A family unit is in functional equilibrium and each member functions at a reasonable efficiency. The equilibrium of the unit is disturbed by either the addition or loss of a member. The intensity of the emotional reaction is governed by the functioning level of emotional integration in the family at the time, or by the functional importance of the member who is lost or added. The time required for a family to establish a new emotional equilibrium depends on the emotional integration in the family and the intensity of the disturbance.

Bowen (in Walsh & McGoldrick, 1991) speaks of the “emotional shock wave”, a network of aftershocks of serious life events. This occurs after the death of a family member. It operates on an underground network of emotional dependence of members on each other. Certain family deaths will result in shock waves, not all. The death of a child disrupts the family equilibrium for years.

The impact of a child’s death on the family system is powerful and pervasive. It is particularly traumatic because the death of a child violates one’s expectations of the natural order. The occurrence of death in the family is experienced in various ways, depending on the nature of the relationships within the family before the tragic event (Ponzetti, 1992).

## Family Grief

Moos (1995) identifies the following tasks of family grief:

- 1) Communicating the acknowledgement of death.
- 2) Experiencing pain and allowing mourning to occur.
- 3) Relinquishing the memory of the deceased.
- 4) Realigning family roles, both intra and extra familial.

Individual and family tasks following the death of a family member are interrelated. Loss cannot be studied as an individual phenomenon because the family system affects and is affected by the grief of its members.

Moos (1995) posits a model of family grief. She points out that the type of death and the age of the deceased and survivor affect how it will be interpreted. Accidental deaths are tragic and unexpected. The death of the child complicates grief since it is untimely. Our cultural backgrounds also determine what is acceptable in terms of the grieving process. She points to the family history, including intergenerational rules and expectations regarding death. Significant aspects including prior experience with death, rituals and rules surrounding death and grief, religious beliefs and gender roles.

Nuclear family functioning, patterns of interaction and functioning that families experience prior to death affect coping strategies. Aspects of family functioning include communication patterns and roles.

The function of families prior to the death of a member has a significant impact on grieving survivor's perceptions of the death. Families that maintain flexibility in roles and boundaries will typically be more successful and adaptable. Family interaction patterns change after the death of a family member.

Although individuals experience their own grief, this grief is influenced by both subtle and overt family factors, such as family functioning and history of the family. There are changes in communication patterns, roles, flexibility and rules. The emotional connection influences both family interaction and individual's level of differentiation (Moos, 1995).

The sudden and unexpected death of a child initiates a period of disequilibrium and crisis for all family members. The lives of the survivors have been irrevocably altered. Responding to child death, each member of the family passes through an individual mourning period. Each had a unique relationship with him, so he must embark on a personal odyssey through the mourning process. The family responding to sudden child loss undergoes major changes in organisation and in relationships among family members. To achieve resolution, each individual must deal with the relationship to the representations of the deceased and the meaning of the loss and adjustment process for him. Families and individuals are dynamic evolving systems (Rubin, 1986). When a death occurs in a family, the reactions of individual survivors will affect others and therefore trigger change throughout the family system.

The death of a child disturbs the equilibrium in the family and if it does not unite a family it can pull it irreparably apart as members struggle to make sense of the loss and to vent anger and guilt (Volkan & Zintl, 1993).

Walsh and McGoldrick (1991) emphasise the salience of the family life cycle in the wake of any loss through death. The timing of a loss at different stages of the family life cycle generates different sets of circumstances that are associated with the family's management of grief and its potential complications (Kissane & Bloch, 1994).

### **Minuchin's Approach**

Minuchin viewed the family system as made up of three major subsystems: spousal, parental and sibling. These subsystems are delineated by boundaries that may be permeable or impermeable. Each family member has roles that he or she plays within the subsystems and family system. When a family member dies, it becomes impossible for the subsystems and boundaries to exist as they did before the death. Role flexibility or rigidity within the family system becomes an issue when a family member dies (Lamberti & Detmer, 1993).

When a death occurs in a family, not only must each surviving individual bear the pain of grief and adjustment to the loss, the surviving family must do so as well. According to Goldberg (1973), the family must give permission for the grief process to proceed. Tasks include relinquishing the memory of the deceased and the realignment of extra and intra familial roles.

Minuchin's theory of family structure provides a logical way to conceptualise the process of family grief. A family is a group of interconnected individuals forming a complex whole. Systems theory examines the individual in terms of his relational system and the function of those people who comprise the system. The individual is considered within the context of his family.

Loss of a family member through death disrupts the family system, necessitating changes in interconnectedness and relationships. Although bereaved individuals grieve in their own way, the reality is that grief stems from the loss of a relationship and the presence or absence of other relationships facilitate or hamper grieving. Grieving is thus both an individual and family process.

One way to conceptualise the family system is to examine the subsystems of the nuclear family.

The death of a family member makes it difficult or impossible to maintain the subsystem and the boundaries as they were before the loss. The death of a child affects the family system profoundly. The sibling subsystem has lost a member. The grief and fear of losing another child may change the interaction within the parental and spousal subsystems.

Bowen's family systems theory ties in with Minuchin's theory (Detmer & Lamberti, 1991). Minuchin's theory is used to describe how the grief situation affects the subsystems while Bowen's theory explains the various processes a family and its members may use to cope with grief. One of these processes is



the multigenerational transmission process. Grief is not limited to one or two generations, but has an effect across the boundaries of generations. When bereavement occurs, it intensifies anxiety in a nuclear family and activates patterns of emotional functioning. When intense, they contribute to dysfunction. The family system responds in one of four ways: emotional distance, marital conflict, spouse dysfunction and impairment of children.

The family systems theory of Minuchin and Bowen illustrate how loss cannot only be studied as an individual phenomenon, as the family system affects and is affected by the grief of its members. When a family member dies, the structure and patterns of interaction change. The loss of the family member and loss of relationships affect the level of anxiety in the family. The resulting grief responses are related to the degree to which the subsystems become unbalanced at the time of the death, leading to the emergence of new behavioural patterns. These patterns may be healthy for resolving the grief, or dysfunctional, making family members vulnerable to pathological grief reactions (Detmer & Lamberti, 1991).

The following chapter describes the research methodology employed by the researcher. It describes the nature of qualitative research and introduces the idea of narrative, the method that the researcher used to extract themes to illustrate the theory.

## **CHAPTER 4**

### **METHODS OF INQUIRY**

#### **Introduction**

The history of humankind is replete with instances of attempts to understand the world. Our curiosity has been directed at the same fundamental questions throughout time. Traditionally, research in psychology has followed the natural science's scientific methods whereby a priori theory is imposed on data in order to establish causal relationships. This approach, known as positivism, assumes a realist ontology; a belief in a world of objective, discoverable facts independent of the observer. In positivistic, quantitative research, the assumption is that the objective study of observable variables is enough to produce knowledge about the structure of reality. The various assumptions underlying positivistic research include linear causality, contextual independence of observation, separation of observer and observed and a single tangible reality out there that can be broken down into pieces capable of being studied independently (Lincoln & Guba, 1985).

#### **A Paradigm Shift**

Researchers have argued for research methods that foster creativity, invention and the generation of new theory (Atkinson, Heath & Chenail, 1991).

The need for a paradigm shift is highlighted by the fact that traditional, linear, reductionist methods are inadequate for understanding circular, holistic systems. A new research paradigm has begun to impact the social sciences. It is characterised by a phenomenological and holistic perspective, advocating research that is qualitative, naturalistic and idiographic (Moon, Dillon & Sprenkle, 1990). New paradigm research moves deeper than surface events, it is structured and establishes meaning inferentially. It is more concerned with understanding than prediction and is probabilistic and speculative. It implies that there are multiple constructed realities and that the inquirer and object of inquiry interact to influence each other. The aim of naturalistic research is to develop a “working hypothesis”, describing each individual case (Lincoln & Guba, 1985). Post-positivism appreciates subjective reality and this enables the understanding of human behaviour in greater depth than that of objective study (Neimeyer & Resnikoff, 1982). The qualitative research paradigm provides an alternative to quantitative research and attempts to understand the meaning of naturally occurring complex events and interactions in context, from the point of view of the participants. It involves examining a small number of cases intensively and is concerned with holistic understanding of phenomena.

Lincoln and Guba (1985) identify various characteristics of naturalistic inquiry. It is carried out in the natural context of the “observed” and involves humans as primary data gathering instruments. It also acknowledges the importance of tacit knowledge. Qualitative methods are used as they are more adaptable to dealing with multiple realities and because these methods “expose more directly the nature of the transactions between investigator and respondent and are more sensitive to and adaptable to the many mutually shaping influences

and value patterns that may be encountered” (Lincoln & Guba, 1985, p.40). Qualitative research questions are open ended and exploratory, rather than based on prior assumptions. Observations are made in context, from a holistic perspective, rather than reductionalistically. Qualitative research designs are more fluid, flexible and responsive to data. The researcher plays a more active, egalitarian role, that of participant observer (Moon et al., 1990). Naturalistic inquiry emphasises purposive rather than random sampling and it involves inductive data analysis. Theory emerges from the data, as does the research design. It involves negotiated outcomes, as the inquirer wants to reconstruct constructions of reality. It is characterised by idiographic interpretation and tentative application of findings. These characteristics ensure that the full array of multiple realities will be uncovered and take into account the influence of the observer-respondent interaction.

Evidently, qualitative research is more appropriate for the study of circular, holistic systems. It emphasises social context, multiple realities, complexity, individual difference, circular causality and holism (Moon et al., 1990).

### **Research Method**

The research was carried out using the case study methodology. Definitions of the case study range from simplistic ones such as a “slice of life”, to more formal statements such as Denny’s (in Lincoln & Guba, 1985) “intensive or complete examination of a facet, an issue, or perhaps the events of a

geographic setting over time” (p.360). According to Spierer (1980), the case study involves an intensive, detailed analysis and description or explanation.

This research made use of the case study methodology as a means of describing specific experiences and testing the hypotheses.

The sample consisted of three mothers. The mothers were selected from The Compassionate Friends support group, an organisation offering support to bereaved parents. The chairlady of the organisation was informed of the research and conveyed an invitation to participate in the study to the members. Selection criteria included availability of participants and willingness to be involved in the study. Guy, Edgley, Arafat and Allen (1987) point out that this type of purposive sampling is illustrative of extreme sampling, where there is attention on an unusual area, one that is not typically studied.

A series of open-ended interviews were conducted as informal discussions. This allowed each participant and myself to co-create an understanding of their constructions and meanings related to the loss of their child. The interviews were not pre-planned and did not follow a pre-determined structure. This allowed them to flow naturally and to co-evolve. The interviews were audiotaped and then transcribed.

Various themes were identified from the data gathered. These themes include the context of the death; the grieving process; past loss; and the effect of the loss on the family system. The study also explores the effect of the death of a child on the mother, including a focus on changes in her value system and on

her role as a mother and wife. It focusses on the meanings that mothers construe in relation to the sudden death of their child and the role of these constructions in her “recovery” from this loss.

Data are constructions and data analysis leads to a reconstruction of these constructions. Inductive analysis begins with the data from which theoretical categories are arrived at by inductive reasoning (Lincoln & Guba, 1985). Throughout the process of inquiry, inductive data analysis was carried out. Thus, data was continually analysed so that decisions made took all the information at any point into account. Inductive data analysis is more likely to identify multiple realities and it helps to identify the mutually shaping influences that interact (Lincoln & Guba, 1985). The process of inductive data analysis leads to the development of grounded theory via the back and forth movement between the theory and the research encounters with participants. As the inquiry progressed, the theory became grounded in the relevant data (Reason & Rowan, 1981).

Personal construct theory provides an approach to research that avoids the problems of positivist research. It allows the complexity in the way individuals deal with death to be captured (Warren, 1983).

In this study, personal constructs were extracted via a co-construction process between the researcher and participant. The qualitative richness of experience was captured and there was a focus on meanings given to experience. The data are thus co-constructions.

The results of the study follow in the next three chapters. Each chapter is a “story” that the researcher constructed from the co-constructed data obtained in each interview.

## **CHAPTER 5**

### **EMMA'S STORY**

#### **Introduction**

Emma was a patient that consulted me for counselling when I worked as a social worker at the Johannesburg General Hospital a few years ago. She consulted me a few months after the sudden death of her child. She agreed to participate in this study when I contacted her telephonically some months later. We set up an appointment telephonically, which took place in her home. Emma and I met on two occasions for the purpose of this study.

Emma's home was filled with family photographs, as well as with interesting artwork. There were a few dogs loitering, and her baby daughter played on the floor during our first interview. Emma and I had developed a very warm relationship, which differentiates this interview from the others. I was aware of the history and had been exposed to Emma's rollercoaster of emotions throughout our therapeutic contact. This evidently affected our co-constructions.

The interview began with Emma acknowledging how difficult it was for her to talk about Adam. She has tried to move on, to keep the pain at a distance. This in itself is difficult for her as she feels a sense of guilt when she "puts it away." She admitted however that this is a necessary part of moving forward, as



it makes life more comfortable, easier. Emma pointed out how it is still difficult to talk about Adam at times and how she distances herself from people in order to avoid discussing it.

### **The Context of Death**

Emma lost her son Adam in an accident that occurred at home. He accidentally hanged himself while playing on his scooter and leaning with his neck over their gate. Adam was two days short of turning two years old. Emma was out with her husband, Gerry, buying Adam his birthday gifts at the time. Adam and his older brother, Larry were left in the care of the domestic worker, Betty.

Emma and Gerry returned home to sheer chaos. They were immediately informed of the incident and told that their son was in the hospital. At this point, Emma did not know how serious the situation was, and she and Gerry raced to see Adam. On arrival, they were told that the doctors were working on Adam and Emma describes that time as devastating and totally confusing. A variety of thoughts raced through her mind. A few hours later, they were told that Adam had passed away. Emma and Gerry went in to see their baby son and Emma describes with clarity, how he lay on the table, looking as if he were asleep. She remembers his little shoes next to the table. At this point, she describes sheer numbness.

Returning home and discovering the details of the accident threw Emma into a rollercoaster of emotions. Anger at Betty, guilt about not being there and

pure despair. She describes that night and the next few days as a blur. Gerry “took over”, making the funeral arrangements, dealing with the police and with the press. Emma remembers the article in a local newspaper, reporting on the tragedy, and her feelings of guilt were enhanced. Although no one ever said so out loud, she suspected that most people saw her as an inadequate mother. This guilt would take Emma years to work through.

In the days following Adam’s death, Emma remembers a multitude of people in her home and around her and her family. This support dwindled with time. Emma points out how, when they were around, she was so unaware of what was going on, living in a blur, yet when she finally started to acknowledge the reality of the situation, few people were there for her.

Emma and Gerry decided to have Adam cremated. Part of Emma’s reasoning for this, was that it would make it easier not to have a graveside to visit. Emma remembers not wanting to ever feel obligated to visit his graveside and feeling guilty if she didn’t do so. The family took Adam’s ashes to the country and spread them there, which Emma describes as a beautiful yet very painful experience.

### **Stages of Loss**

In terms of the stages of mourning, Emma’s first reaction was one of total shock and despair. She felt numb and had numerous thoughts of suicide. She was unable to sleep and often found herself staring at the gate where Adam died. She was unable to drive past the hospital, which was on her route home daily

and forced herself to take another route home. This continued for many months and to this day, she finds it difficult to be in any hospital at all. Emma describes the shock and numbness: "I couldn't sleep. I wanted to drive into the traffic. It is a numbness. I felt numb. It was an unreal situation."

Once the shock and numbness began to dissipate, anger set in. She was angry at herself for not being home, yet most of the anger was directed towards her domestic worker, Betty. Emma acknowledged logically that it was not Betty's fault, yet could not emotionally accept this fact. It took her a while to deal with this anger.

Emma and Betty spent a lot of time mourning Adam together and Emma has always acknowledged that Betty loved him dearly and herself was engulfed with tremendous guilt. She describes this time as follows:

I was so shocked. I also remember trying for Betty, that it was not her fault. The things came later, the anger came later. I suppose I was trying to hold it together. I think I have now come to terms with it.

Emma's guilt was overwhelming. Again, she logically understood that there would have been nothing she could have done, yet the guilt consumed her. She felt inadequate as a mother; she had not been there to protect her son. This guilt affected Emma's functioning in various ways. It held her back from moving within the mourning process and affected her functioning as a mother. She became overprotective of Larry and became paranoid that something would

happen to him too. Via months of therapy, Emma began to slowly work through her guilt and learn to trust herself again.

In the first month after Adam died, Emma describes being “totally devastated”. She left her job and was consumed with thoughts of suicide. The pain was so raw, and she describes not knowing how to go on. She identifies Larry as the only factor that kept her alive. The suddenness of Adam’s death contributed to the intensity of Emma’s grief: “One day he was there and the next day he was gone. The suddenness was too much to deal with. Nothing could take the pain away.”

Coupled with the guilt, Emma slipped into the stage of depression. She cried constantly and refused to go out, to ever partake in any activity and would never allow herself to feel happy. Emma was clearly not ready to say goodbye to her son and it seemed as if she would rather be in Adam’s grave with him than face the world. She describes being in a “black pit” and being unable to get out for a long time. Her thoughts were consumed with Adam, his mannerisms, how well behaved he was and how special and loved he made her feel. She describes his warm and bubbly personality and remembers with fondness how he used to race into her arms and shower her with love. She too would think about all that she had lost, acknowledging the she would never see his drawings, hear him read and so forth. She wondered what he would be and what kind of person he would’ve become. At this stage, Emma remembers feeling pressurised by Gerry and others to “move on, get it together.” This of course was not yet possible or desired by Emma at all. She needed to be with Adam some more and recalls feeling his presence in the car and while out shopping. Emma spent time talking

to Adam, keeping him with her. Emma spent many months in her “black pit” and just could not or did not want to move on without Adam. She was unable to give of herself emotionally and found it difficult to feel anything but heartache and pain.

### **Past Loss**

Emma feels that past losses are incomparable to the loss of her child. She remembers the time when her grandmother died, and describes it as follows, highlighting the difference between timely and untimely death:

It was sad, but not a trauma. She was old, it was par for the course. It didn't touch us too much. I was young, at college. But no-one knew how to deal with Adam's death. You are put in a position where you've got to know what to do. There are no others guiding you. I wanted to talk about it. I needed to, maybe I needed everyone to be there.

### **Effect on the Family**

Adam's death evidently had a major impact on the family. Emma's marriage was put under tremendous strain, with Gerry moving on with his life and Emma not. Coupled with this was Gerry's lack of understanding as to why Emma could not move on and Emma's disappointment that Gerry could. How could he leave Adam behind? This led to major conflict between the couple.

When Adam passed away, Emma remembers her and Gerry becoming very close. In the past, they had had serious marital problems but this tragic event brought them together in a very powerful way. They mourned him together, yet Gerry eventually began to move on. He started to work, exercise and go out for social enjoyment. Emma however, preferred to stay home and would never allow herself to enjoy anything, as this would result in tremendous guilt. How could she enjoy herself without Adam? Emma describes the effect Adam's death had on her marriage:

When Adam died, we became very close; we were like one person. Very soon afterwards, Gerry went back to work. It was his way of coping, which I could not relate to. It led to a lot of problems and conflict. I then started to understand that people move differently. Counselling helped me to understand him more. I tried to communicate where I was, that I was not ready to go on, but he wanted it for my own good. Then our relationship evened out, but Gerry is still not comfortable with my pain and tears.

During Emma's stage of depression, Gerry suggested that they have another child. Having attended groups at The Compassionate Friends and seeing how this had helped others, Emma thought it might be a good idea. She later decided that she was not ready for this but weeks later discovered that she was pregnant. This threw her into a state of total despair. She did not want another child and felt totally incapable of ever loving again. She did not want to risk being hurt again. The nine months of pregnancy were extremely difficult for Emma. She felt totally disconnected from the baby growing inside her and was

consumed with fears about the child's safety. She worried extensively about the birth process as well as about the future. How would she cope when the baby's second birthday approached, the time when her precious son was taken from her? More importantly, how would she love and give to this child? She felt totally depleted of all her energy and did not feel ready for a demanding baby.

Another major issue for her was that this child would be dependent on her, yet she had failed in this task with Adam and felt incapable of caring for another child. She also did not want to experience any joy, which a newborn inevitably invites. Another issue for Emma was that she felt extreme guilt about replacing Adam. Emma describes this time as follows:

I have always wanted to be in control. Falling pregnant was very hard. So soon. It was a blur, when I think of it. It was so sore, that I can't even remember, I don't really want to remember. When I think of my pregnancy with Mandy, it is a blur. I wasn't focussed on it, I was very distant.

Ironically, the birth of Mandy was the turning point for Emma. This lifted Emma out of her black pit and taught her to love again. Mandy helped Emma to feel worthwhile again and Emma actually enjoyed Mandy's dependence. She needed to be needed again. Naturally, Mandy reminded Emma of Adam but these were happy memories. Previously, Emma could not watch video recordings or sort out pictures of Adam and now she began to dress Mandy in his clothes and watch her play with his toys.

Emma describes this process as follows:

I felt very immobilised when she was born, the trauma... When she was born, that was when I started going up, because I was involved again, I was being a mother again. It gave me another chance. I could start from scratch again. Also, I realised that no one is perfect. I was so scared of having another child. Having her helped me realise that I could be a good mother, that I could love again. It just helped me to move on. By having another, I'm not leaving Adam behind. He's still going to be there, he will always be there. Mandy taught me to love again and to give.

Emma describes the impact Mandy has had on her and the family, pointing out how she has brought an element of normality to "the chaos". She describes enjoying the baby yet adds that she still dreads Mandy's second birthday. She still finds it very difficult to be around children that are two years old as this brings the pain of losing Adam to the fore.

Another issue linked to Emma's guilt was the sadness she felt for Larry, having lost his baby brother and playmate. She still feels this and realises that Mandy cannot replace Adam for Larry either, yet she still is grappling with seeing Larry almost as an only child due to the age gap between him and Mandy. Her and Gerry are considering having another baby.



Emma explains her feelings around Larry not having a sibling closer to his age:

I'm still trying to fix this whole mess, but I can never fix it for him because they are so distant. They have fun together, but it's not his friend, whereas Adam was his little friend. So I'm still trying to fix this and I don't know if I'm justified. In a way, with a new baby, she will have, I will have another two together. Now it's like I have two only children really, even though it's better than without her.

Emma's relationship with her son, Larry, shifted after Adam's death. At first, she felt unable to give to him on an emotional level, being overwrought with guilt and despair. With time, she began to feel closer to him, yet became overprotective of him, fearing that something tragic would happen to him too. Later, Emma was able to let go of this fear, and now she and Larry have a close and warm relationship.

The effect of Adam's death on the family is illustrated in Figures 1 and 2.

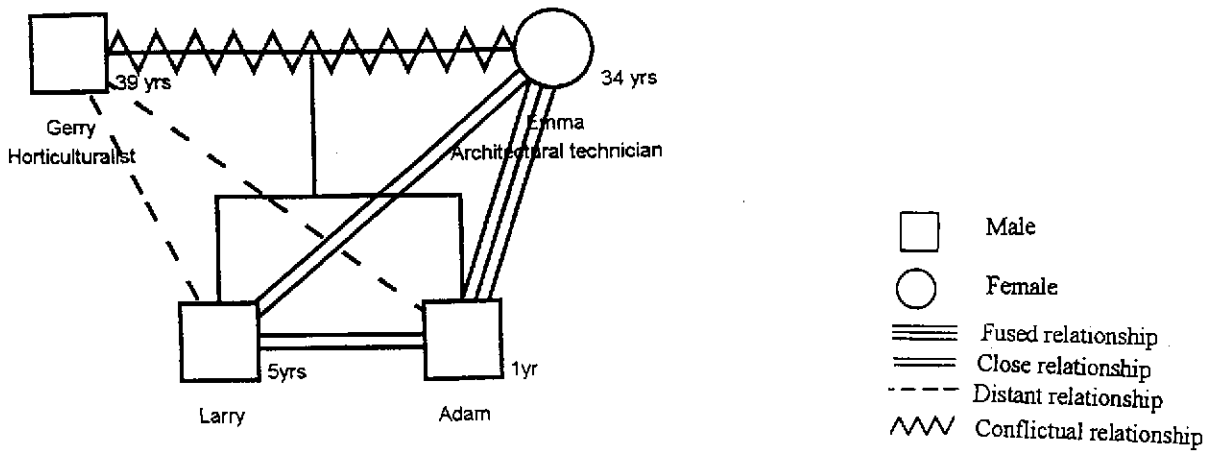


Figure 1. Family structure at the time of Adam's death

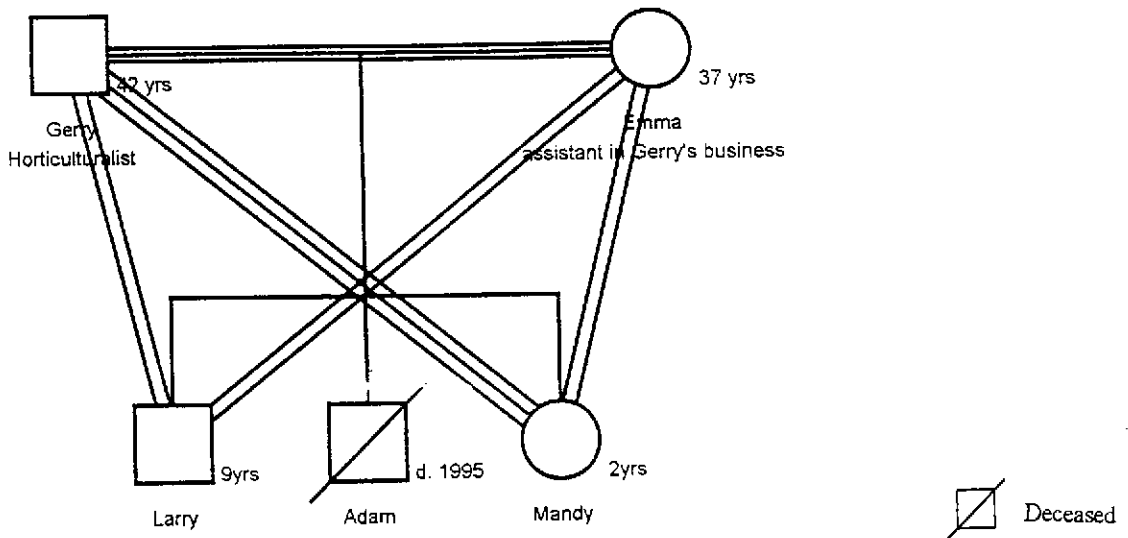


Figure 2. Family structure after Adam's death

### The Search for Meaning

Emma went through a stage where she needed to know where Adam was and whether or not he was safe. Religion helped her not to ask too many questions and to stop the "if onlys".

She describes her attitude toward death, her understanding thereof and the role of religion in this understanding:

I'm not scared of death. Death is difficult for me, because I have come so close to it. When I talk about death, maybe I'm detached from it. My understanding of death has changed, because we became Christians. Our lives have completely changed. I wasn't certain if there was a G-d out there and now I am. I think a lot of people get angry. If there is a G-d out there, how can he do this? A lot of people go the other way.

Emma points out the meanings that she has constructed around Adam's life and death:

I have a sense that he changed our lives. Maybe there was a purpose for us to have him; it did change our lives. Life is quite different from those days. I think, in a way, I think he had a reason for being here. I don't think he had a reason for going, but he has changed our lives around. He has instigated stuff in our lives, now we know there is a G-d out there. Life is very precious; we have come so close to death. I have a more comfortable place in terms of death, I'm not so afraid. Adam completed the family. He was the fun part of the family, he brought us joy. He was very loving and affectionate and made me feel so special.

Emma felt totally lost without Adam and felt that she needed an understanding of this tragic event, a meaning to help her to understand. She describes her search for meaning:

Right in the beginning, I phoned Compassionate Friends and went to a few sessions. I was searching for something that would make it better, that would take the pain away.

I think you need a meaning. I needed to find a meaning, a reason.

I think you have to learn something from the experience, otherwise you are in a loony bin.

I have a quite simplistic Christian view. I know I will see him again, we'll be together. That is my light at the end of the tunnel. I think I just accepted that he had to go and I didn't go looking for those answers. For some reason and I don't know why, one day I will know why. I don't think I can ask that question because that's going to make me mad. I think, it was an accident and it happened. Thousands of accidents happen. I have to accept it. I went through a time when I blamed myself; I should've been at home to prevent it, some days I still think like that. I don't think it's punishment because I was a bad mother or that it had to happen to our family. It was an accident, I accept it.

Emma was totally devastated and was unable and unwilling to move on, however, she acknowledged that she had to do so for the sake of her children: "I

had to get back to work and carry on. Just that despair, that life is carrying on and everything is different for you. Everything is absolutely foreign and just that missing him, longing for him.”

Emma describes what prompted her to start living again:

Having to give Larry love forced me to move on and deal with it. I had to go on for Larry. In a way, I also had to believe I would see Adam again. I just had to keep my sanity and go on. If I didn't have Larry, it would have been different. I'm not a suicidal kind of person; I just wanted to be rid of the pain. Now, with Mandy, I have something more to live for, but I just had to go on.

She points out how Mandy's birth and her needs also played a role in her moving on:

I think with Mandy, the love that she's given back and being able to love again has helped me to move on. It's an unconditional love; it's just there. It comes from right inside you, which is so special. I just love being a mother. It is so special.

Emma identifies various factors that played a role in helping her to work through the mourning process and finally reach the stage of acceptance. These factors include time, talking about the event and about her various emotions, attending psychotherapy sessions and having people supporting her.

Emma still misses Adam terribly but is able to enjoy her life and her other children. She still has days where she feels extremely depressed but feels that she has this under control and that she has finally reached the stage of acceptance, having moved on with the help of the meanings she construed around Adam's death and with the birth of her daughter, which taught her a great deal and helped her find a meaning in coming to terms with living without her son.

The black pit is still there. It comes again at anniversaries. Now I am more in control. Mandy helped. I had to love her. It was something to go on for. It forced me to look at the future, to be happy, to have fun and to be a mom again.

It is so much part of my life. It's not a separate thing. I mean I have put it away, but just a piece of it. It's not something I have put in a cupboard and forgotten about. Little things happen each day and little bits come back. But now I'm not so worried about losing it completely. I worry about stress but I don't worry so much about that dark hole and losing it if I let it in too close. I have more control. I used to be scared that I'd end up in a loony bin, I'm not scared of that now.

### **Personal Changes**

Emma's life changed dramatically after Adam's death. She suddenly felt totally out of control and realised that life certainly did not go the way we plan it to go. Her values changed too and she became impatient with other people who

worried about things that seemed so minor and trivial to her. She also became extremely overprotective of Larry, describing herself as “neurotic”. She still feels uneasy when he is away from her, be it at a party or if he sleeps out. She also feels uncomfortable allowing him to spend time at his friends’ homes. Emma describes how she has changed: “I think I am also more aware that lots of people have problems, not just me. I never really thought about these things before.”

Emma describes how she is more emotional towards children now, more sensitive. She also points out that all pleasures are dulled and that it was really hard to ever feel happy. Emma went through a stage of feeling tremendous guilt about ever enjoying herself, or feeling happy. How could she be happy without her son? This shifted for Emma over time and she now is able to enjoy herself and be relatively happy, yet it is not the same.

She feels that things aren’t as special as they used to be and describes a fleeting happiness:

I’m not reaching a great happiness. I think I am happy, I think I’m there. I still feel it could be better, but when I measure myself against others in the same position, I think I am okay.

Emma points out how she has difficulty in dealing with any other pressures or stressors in her life since Adam's death:

Every little thing fazes me. I feel sick inside, to try and deal with something else. I feel like I am just coping, don't give me anything else. It's not something you can put away. It keeps coming back. It affects your experiences forever. I no longer live in a dream world. I feel like a different person.

### **Conclusion**

Emma's story elicited a range of reactions within me. I was astounded by the fact that her son died a mere two days before his second birthday, as well as by the fact that at the time, Emma was out buying him birthday gifts. The tragic manner in which Adam died also moved me greatly, leaving me with a sense of uncertainty about life, and I too found myself asking: "why is it so unfair?"

Emma consulted me while she was suffering from extreme depression. I recalled her lack of will to live, as well as her desperate struggle to work through her agony and to move out of her "black pit". Her level of depression points to how traumatic this experience was for her.

Another aspect that touched me was Emma's intense guilt and sense of responsibility for Adam's death. It was so difficult for her to work through these emotions and it was difficult for me to observe her in such pain. It was however,



equally as pleasing to see how Mandy's birth as well as other factors, contributed to her relinquishing of this guilt.

I was counselling Emma during her pregnancy with Mandy and remember clearly her fears, anxiety and apathy. I was also privileged to watch Emma face and resolve these issues with the birth of her child, as well as her growth. This was the turning point in her bereavement process and I watched Emma become a loving and giving mother again, which was something I feel honoured to have been a part of.

It was my experience with Emma that prompted me to partake in this study. I was moved by her severe depression, intense guilt feelings, her agony and her lack of will to live. What prompted my deep interest in this study was how eventually she was able to move on, and the role that the meanings that she constructed played within this process. I was also enthralled about the effects this tragedy had on her as a person, a parent, a mother and a wife, as well as on the family system as a whole. I became very interested in exploring other mothers' experiences after the sudden death of a child, specifically in the meanings they discover in their "recovery" from this event. I am grateful to her for instilling this spark of interest and for allowing me to be a part of her journey.

## **CHAPTER 6**

### **BEV'S STORY**

#### **Introduction**

Bev volunteered to participate in this study after being informed of it at The Compassionate Friends support group. I was given her name and contact telephone number by the chairperson of the group. I contacted Bev telephonically and set up an appointment for the interview, which took place at her home. She was informed of the nature of the interview and told that it would be audiotaped. Bev's home was warm and comfortable, filled with family photographs. Bev seemed eager to share her story, yet became emotional at various times during the interview.

#### **The Context of Death**

Bev's son, Anthony, was shot and killed in his car outside his girlfriend's home in an attempted car hijacking. He was 19 years old. Bev, her husband Harry, and their children, Anthony and Kim were eating dinner one evening when Anthony decided to go and visit his girlfriend. Ten minutes later, Harry received a telephone call informing him that his son had been shot.

Bev describes her reaction of shock and disbelief to the phone call:

I didn't believe he had been shot. I thought he had had an accident and they told me he had been shot instead. I couldn't believe somebody would shoot him. I just couldn't comprehend that. That somebody could actually take a gun and shoot another human being. If you have an accident, it's by mistake. I couldn't believe it could be on purpose.

Bev describes the shock that she experienced: "When I got there, I still had my mouthful of supper in my mouth. I had forgotten to chew it. I was shocked out of my mind."

Bev telephoned the hospital, yet could not remember the address of the house, pointing to the state of shock she was in.

Bev describes how, after the paramedics had arrived, she was informed of her son's death and her reaction at the time: "A policeman came to the door and said 'I'm sorry, but he didn't make it', and I heard this screaming and eventually I realised that it was me; I was screaming."

Bev describes that day as "the worst day of my life. I'd rather it was me."

That evening, Bev's home was filled with people. She took medication to help her sleep and she describes a physical pain all over her body, which she understands as shock. She describes how she was half-awake the entire night

thinking: “How could this terrible thing have happened? How can I still be alive? What am I going to do?”

The next few days were a blur, surrounded by people bringing cakes, food, flowers. “It was chaotic.”

### **Stages of Loss**

Bev experienced the various stages of grief, feeling shock and disbelief, anger and then depression.

Bev describes feeling totally numb in the days following her son’s death:

It was like it wasn’t real. Like I would wake up from this terrible nightmare and it would all be all right. I thought this was... it was totally unreal.

The funeral was also like that. I don’t remember much of it. It was just a nightmare. It was really hard. There were a lot of people there. I just thought, this cannot be happening, and I couldn’t wake up from this horrible dream and I really wanted to.

Bev then points out how she sank into a depression. She cried incessantly for months and stopped eating: “It was like I fell into a deep pit and it took a long time to come out of it.”

Bev describes how she desperately wanted to be free from the pain:

At first, you actually wish that you could die. I wished that I could just die of natural causes in the night. I really didn't want to be here. But I didn't think of suicide. That would be too much of a slap in the face for other people. I just wished I could die of natural causes, that I could just die of heartache and go off into oblivion. This was too hard and sometimes I still think it's too hard. When other things are also pressing on you and there are other difficulties in your life, you think: "What is it all about, is it really worth it?"

You wake up in the morning and think: "Am I still alive, oh no! How did I live through the night?" You can't believe you are alive, you are in such physical agony. There is a pain in your heart and you don't know what it is, why it should be.

We lost our energy. Your energy is somehow depleted. I've usually got a lot of energy to spend on other people, but I lost it all. I could hardly even get myself to get through. It was an effort to get up in the morning and get dressed.

In terms of anger, Bev felt extremely angry because she believed that there wasn't enough being done to solve the crime. She did not experience anger towards her son's killers and understands this as never having the space or time for this. Instead, she felt a sense of anger towards the policemen involved in the

case as well as toward the government who she believed were too lackadaisical with regard to the high level of crime in South Africa.

She describes her anger as follows:

I was angry because the police didn't do enough. They didn't follow through and come back to tell us anything. Nobody ever came to see us to take a statement. They even send correspondence to the place where he was killed. I hate this government because they are not doing anything. I'm also angry with the person who ever invented a gun. I just think that they've caused a lot of deaths.

Bev became extremely depressed and began to realise that she was not coping or functioning well. She decided that she had to do something to shift from this state. She describes this time as follows:

For four months I struggled on my own virtually with all this and I realised I wasn't going to recover. I realised that I was just not coping with it. I didn't want to do anything. I went back to work ten days after it happened. I couldn't drive a car because I was too devastated. I would cry all the way home after work because it was too much for me. I felt so down, almost as down as a person can go and I knew I wasn't going to be able to climb back by myself.

At this point, Bev contacted a psychologist and started taking anti-depressant medication. She describes her reaction to this as follows:

It was amazing. It turned off the taps that you had no control over. Before that, all I could think about was what happened to Anthony and the whole situation and nothing else could come into my mind. Not my work, not my other child, not my husband, not the house, nothing. I could only think of that and I just knew that I wasn't coping because of that. With the anti-depressant, I still thought of it and still knew what was happening to me, but I could think of other things as well.

Bev identifies going to the psychologist for psychotherapy as well as attending The Compassionate Friends support groups as contributing factors in her recovery: "The people at Compassionate Friends didn't try and fix you. They just gave me a hug or a tissue. They were very non-judgemental and non-critical."

### **Past Loss**

Bev describes how she related to the other members of the support group and how she became frustrated with people who had not lost a child yet who tried to comfort her and compare their loss of other family members to her loss.

She feels that no other loss is comparable to that of a child and highlights the difference when remembering her father's death:

Losing your parents is very hard, but it's losing your past. It's horrible, but it's not the same. It is also difficult to deal with but it is the natural way of things. But to lose your child, you lose a whole big chunk of your future. I definitely lost a part of myself. I lost a part of my identity. It was part of my identity that was Anthony's mother. You put a lot of love into your child and most of the decisions I made in my life were around my children. I really and truly loved having Anthony as my child. He was very much on the same wavelength as me. I would say half a sentence and he would know the rest.

This was totally new. This was totally and utterly devastating. It was beyond compare, beyond compare to anything. The loss of your child actually takes away your will to live. That's such a strong thing, I think, your will to live. So that shows you how strong the loss actually is.

Nothing else took away your will to live.

I don't think you can ever quite accept the loss of a child although you learn to accept other deaths.

My future has been deprived, and I regret that.

### **Effect on the Family**

Each family member was evidently devastated by Anthony's death. Kim was aware of her parents' pain and according to Bev, stopped expecting them to



be parents to her. She did not share anything with them, so as not to burden them any more as she “knew we couldn’t handle one other thing.” At this point, the family consulted a therapist, who Bev perceives as becoming a surrogate parent to Kim. Bev points out that she and Harry had changed a lot and describes the family structure as being chaotic:

It was quite difficult. We had to work out a new way and it takes a while to work out this new way. We are still adjusting, all the time you do. It’s quite difficult. At first I found it so difficult. I used to go to the shops and want to buy all his favourite things.

Bev’s role as a parent evidently shifted when Anthony died. Initially she was unable to give to Kim on an emotional level. She describes how she and Kim have become close again and how her relationship with Kim is so different to her relationship with Anthony. She points out how, having become the only child, their relationship has shifted: “Now, because Kim does not have a sibling, some of the things that a sibling has to do, I have to do.”

Bev also points out how protective she has become:

I am petrified to lose her. In the beginning, we had a problem. We wanted to restrict her from doing things. We never treated Anthony that way, but we realised that the world is not a very safe place. We wanted to protect her.

Bev and Harry dealt with Anthony's death in their own individual manner. They moved through the phases of loss at different paces and this evidently had an effect on their marriage. Bev describes this process:

Everybody is bleeding on their own. You feel so terrible and you know that your husband's also feeling so terrible, so when you feel terrible you try not to show it because you don't want him to feel even worse. So there's definitely a block of communication, especially if you're caring about the other person's feelings. Sometimes you'll share, but a lot of the time you keep it to yourself because you see they're okay and you don't want to pull them down again.

We didn't communicate and we kind of drifted, but we used to communicate at the psychologist. Then we were able to talk about it in a safe place.

Bev describes how she and Harry dealt with the mourning in a different way and how he bottled up his emotions and withdrew. She points out how difficult it was for him to cope with her incessant crying and how difficult it was for her too, as she knew that he needed support, yet she could not give it to him: "You are always at a different place to someone else. You can never be in exact unison in the grieving process."

These changes in family relationships are illustrated in Figures 3 and 4.

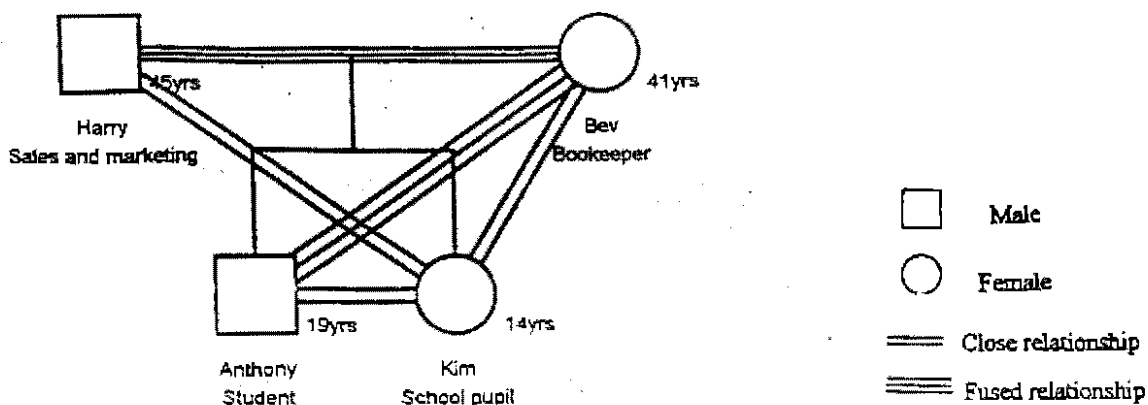


Figure 3. Family structure at the time of Anthony's death

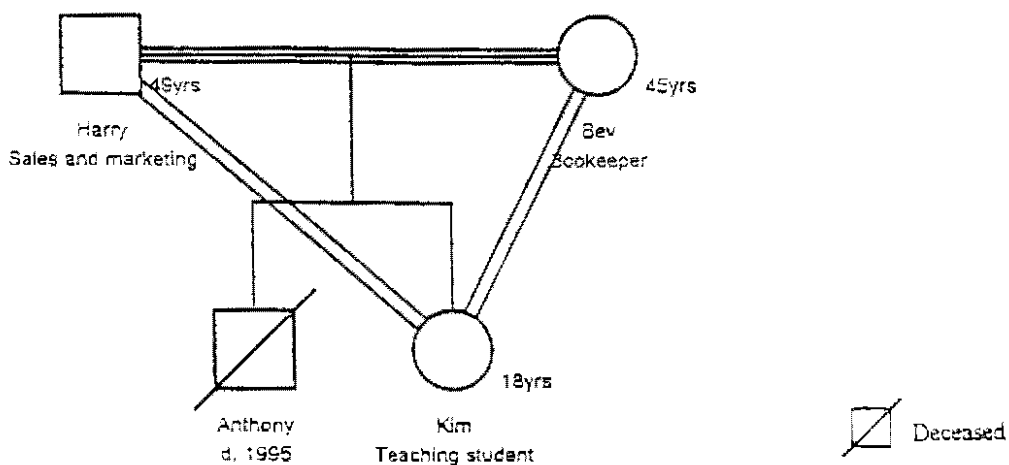


Figure 4. Family structure after Anthony's death

### The Search for Meaning

Bev describes how she tried to make sense of this tragic event in her search for meaning:

My mind went into speed mode because I've got to analyse things, that's how I am and I had to analyse every avenue. The thing that was wrong in this whole situation was nothing that I did, nothing that he did. The thing

that was wrong was being in the wrong place at the wrong time and how can you ever prevent your children from being in the wrong place at the wrong time? Those people should never have been there who shot him and that was what was wrong. I worked that out pretty quickly and I had no control of that.

Bev describes her attitude towards death before Anthony passed away and how that shifted after his death:

I was petrified to die. I thought it was the worst thing anyone could've invented. I didn't actually think much about it. But when Anthony died, I thought, he's my child, I hope he's all right, where is he, I've got to find out. I've got to know that he is somewhere. Then I started frantically trying to work out where he'd gone. I read books, I spoke to psychics. A lot of what I read was very comforting, but there is no scientific proof of anything. I spoke to Rabbis and asked many questions. I had to come to my own conclusions and I had to conclude in the end, when I could eventually think logically again, either there is not anything and he doesn't know anything, he is not suffering and when I die I, I'm not going to know either or on the other hand, if there is something after you die, then we'll see each other again. If there is something, how is it organised, how does it work? I actually believe he is in some other dimension that we don't understand and are not meant to understand because perhaps if we did understand, we'd be committing mass suicide to go there.

Bev describes how she needed to know where Anthony was and how she searched for answers by consulting a psychic who claimed to have seen and had contact with her Anthony. Bev became very involved in spiritualism, which she believes has helped her gain greater meaning. She describes this as follows:

My understanding of this is that we are only a pinprick in time in the whole scheme of things. I've had to try and conclude that even though Anthony's life was only 19 years, is it any less meaningful in the greater scheme of things? We've all had a time on this earth, we've all had to come and spend time, but in fifty years time, some of us will no longer be here and does it really matter that much? There will be other people here. I've tried to conclude that the amount of time we spend on this earth is not important. Anthony had a valuable life and had something to get out of his life. He packed a lot of things into his life.

Bev describes her confusion around whether she believes that it was Anthony's time to die, that it was fate and explains how she found a meaning in his death that freed her of guilt:

I'm not sure about that question, was it his time? You never really know the answer to that. That is one question I haven't answered yet. I don't know if I should feel guilty or not, sometimes I do and sometimes I don't. But I think "who are we, we are not in control". He was in the wrong place at the wrong time. Whether he was meant to be in the wrong place at the wrong time, I don't know. It's a question I have not answered.

That is something I leave unanswered. I will keep asking questions though. If I find answers, I keep them in my head, if not, I keep asking.

Bev points out how she has made sense of Anthony's death and how she found meanings to help her accept and deal with this tragedy:

It's only a maybe because you can never be sure, but maybe he had done all the things he had to do. That's basically it. I can't think of anything else. He learned everything he had to in this life. It does make me feel better. It gives it a meaning and makes it easier to move on - otherwise it is meaningless, so much more hurtful.

I don't like that meaning. I don't like the fact that it had to happen at all. It doesn't make it okay at all, but as I say, I hope somebody is in control, somebody has a plan. I hope someone understands better than me why it happened. I hope it fits into some sort of plan and that if there is a life after death, maybe he's got things to do up there as well, is learning things and just being. Let's hope that's how it is.

It's very, very hard. There's nothing you can do. You have to accept the things you cannot change. I didn't design the universe or human beings but somebody must've. You've got to try to come to terms with it, you've got to try to rationalise it and know you cannot change it, no matter how much you want to be superwoman and go and undo time, you cannot do that.

Bev eventually reached a stage where she had to start moving on and living without her child. She describes how she worked through this process:

By working through every little thing. You have to work through everything that comes into your mind, every little question, you have to work through yourself. If it takes six months or two years to work out the answer, whether you have to talk to people, read books, whether it comes out of the blue, from nowhere, you have to try and answer your questions that are in your mind.

There are not absolute answers. If they make sense to you and help you to go on, there is no other way. Don't believe in 'it's just G-d's will', we have to find answers.

It's not just time, it's what you do with that time. You've got to use the time to work through things and to rethink things. You also have to gather the people who help you around you and forget about people who don't. There is not only one thing that can help you alone; it's a combination of things that help you.

For Bev, these included her support system and analysing and thinking about all the questions she wanted to answer.

## Personal Changes

Bev's life changed drastically after the loss of her son. Her values, attitudes and understanding of life shifted dramatically. Anthony's sudden and untimely death has taught Bev that she has no control over the future and she describes how Kim's existence is often the only thing that motivates her to be alive. This is indicative of the severe anguish with which she lives.

I've realised that your future can't be planned for sure. I look forward to Kim's future. I live a lot for her because life on earth is much harder than in the other spirit world where Anthony is. I believe that it's got to be easier, it can't be like here. If there is another place, there may not be, but if there is, I'm sure it's nicer than here because of what people say about it. Perhaps this is the place where we learn our lessons. I must be here to help her. If anything happened to my daughter, I'd strongly consider suicide. It would be too hard. I sometimes feel sorry that any of us are here, life is too hard here.

Since Anthony's death, Bev has been able to experience happiness, yet is always aware of the void he has left behind:

Happy events are tinged with sadness because there's one person missing. I still can experience happiness but with reservations. There is always a segment of sadness.



I seriously asked myself what I would want Anthony to do if I had died. Because he was so similar to me, I think I can answer that. My answer is that he'd want me to live my life. I hope that somebody is in charge of this all, that somebody is in control and knows what the plan is because if there is a plan and I'm supposed to be living my life, I'd better try do it to the best of my ability, that's what Anthony would want me to do.

It's okay to be happy, because Anthony would want me to be. In the beginning I never thought I could be happy again, it is incomprehensible.

Bev's attitudes and values have also changed since Anthony died and she describes this shift as follows:

I'm more negative than I was now. I thought that the world was a safe place, that everything would be fine. If you strive hard enough, you'll get what you want. This destroys that to a large extent. It is chaos; there is no control.

It makes you really re-examine every priority in your whole life, every value system, everything you believe in, every little aspect of your life. Nothing is the same ever again. It's just a mind shattering moment, life changes forever. Trivialities become so trivial and there is no patience for other people's worries over trivialities. I became less patient with people. I am a different person.

Anthony meant a great deal to Bev and she remembers their close relationship. Bev describes Anthony's meaning to her in the following way:

He was, it's almost like he is a part of me. He meant the world to me. I was there for him. I enjoyed his life but I also respected him. I wanted him to be independent, well adjusted and I succeeded in that.

This evidently left Bev with a sense of success as a parent and also played a role in terms of their relationship. She describes their relationship as follows:

By 19, he wasn't really my child anymore; he was a very good friend. One of my overwhelming feelings when he died was that it was such a privilege to have a child like that, that I was his mother. I felt so privileged somehow.

### **Conclusion**

Bev's story was one that touched me deeply. Firstly, I was moved by the tragic way her son was killed, which exacerbated my personal fears and doubts regarding the safety of living in this country. As a citizen of South Africa, I was aware of the violent crime, yet had never come into contact with someone who had lost a loved one in this way.

I was surprised at Bev's lack of anger toward the government and at her lack of bitterness, emotions that I experienced while hearing her story. I was

also moved by the extent of Bev's depression, as described by her. It confirmed my previous ideas regarding the extent of trauma this tragic event results in.

Another issue for me, with regard to Bev's story, relates to her taking anti-depressant medication. I hoped that her anti-depressant medication was not a way of avoiding unfinished business and dealing with the pain of her loss. The fact that she consulted a psychotherapist and actively pursued meanings around her loss, helped to alleviate my concerns.

Another moving aspect of this story, was the way Bev actively searched for meanings. Her devotion to this process left me with a sense of admiration for her. It confirmed my belief that mothers need to discover meanings in order to move on after the loss of a child. Bev's total commitment to this search thus touched me very deeply.

## **CHAPTER 7**

### **DOT'S STORY**

#### **Introduction**

I met Dot at a coffee shop where I worked on a part-time basis. Dot had worked with me briefly and then became a regular customer. I was aware that she had lost her son suddenly some years earlier and contacted her to invite her to participate in this study. She was very eager to do so and we set up an appointment, which took place in her home. Dot's home was very clean and warm. She had a photograph of her late son displayed on the wall of the sitting room, where the interview was conducted. Dot was very strong throughout the interview, yet became tearful at certain times. She was very eager to talk about her experience and seemed very committed to the study.

#### **The Context of Death**

Dot's son, Ivan, was killed in an accident that took place while he was completing his military service. He was sent out in a vehicle, driven by an unsupervised learner driver. The vehicle overturned and Ivan was in a coma for six weeks. He was 20 years old.

Dot remembers receiving the telephone call and “breaking down”. She, her husband Bob, and their daughter, Kelly, rushed to the hospital where the doctor informed them that Ivan was very badly injured and that his prognosis was not good. Dot remembers feeling devastated, yet at the same time, denying the facts, not wanting to believe that this had happened to her son. When she saw Ivan, however, she realised how real the situation was. His head was swollen to three times its normal size and at this point, Dot describes being in a state of shock. She remembers feeling hopeful at this time and being grateful that he was alive.

The next six weeks involved Dot and Bob travelling an hour a day, spending each day from nine in the morning until nine at night at Ivan’s bedside. He was finally transferred from the Intensive Care Unit and Dot was again instilled with hope that her son would recover. However, the family was then informed that Ivan was paralysed from the neck down. Dot describes her reaction to this: “At first he looked terrible, his face was so swollen. Then he looked so perfectly normal that you couldn’t believe that he would never walk again.”

Days later, the family were called urgently to the hospital and Ivan died that afternoon. Dot remembers it as follows:

At four o’ clock that day, he died. As he died, his eyes opened for the first time. I put my arms around him and said: “We all love you.” It was a feeling of... I didn’t want him to go, but there was nothing I could do.

## Stages of Loss

Dot describes feeling totally lost when Ivan died. She remembers thinking back to the day he was born and remembering his childhood days. The house was filled with people and Dot remembers all the flowers they received. She remembers how she felt at the time:

I thought, I really did feel, I don't want these flowers, you know. Because it's a sad occasion. You feel you just want to be yourself and don't want all the flowers around you because every time you look at them, they remind you all the time.

Dot points out that she felt a need to be alone: "You did feel at times: 'I just wish people would leave me alone'. You did feel that."

Dot describes the anger that she felt about losing Ivan. She explains that her anger was directed at the military officer who allowed the vehicle to go out with an unsupervised learner driver. She describes the various emotions that she experienced at the time as follows:

I moved through phases. I know I was in denial and there was a time when I truly felt that it hadn't happened. When Ivan was out, he'd come back and come into my room and say "Hi mom, I'm home" and I'd lie in bed after he'd died and hear him come in and say "Hi mom, I'm home" and it gave me that sort of peace. But it was quite strange; but then again, the harder part is that you'd try to sleep and have nightmares, actually

seeing the accident happen. Although I never saw the accident happen, we went to see where it did happen. Every time I heard an ambulance, I'd freeze, absolutely freeze. Even now when I hear an ambulance, I think, somebody's been hurt and it always makes me think, Ivan was hurt. So I have had those nightmares when I think, how did he feel at the time? Terrible, terrible.

Although Dot was devastated, she did not have any suicidal ideations: "For me to commit suicide, I don't think would've gained anything. I did feel that I'd love to run away sometimes, I would've liked to be on my own somewhere."

Dot remembers the funeral as being particularly traumatic:

The funeral was very emotional. I think there's nothing worse than looking at the coffin and you're sitting in the front row of the church and it's right in front of you and all you can visualise is your son in that coffin, and that is hard to handle. It is a horrible and traumatic thing to go through.

Bob and Dot decided to have Ivan cremated and they held a service in Dot's home town and Ivan's place of birth. One reason that they decided to have Ivan cremated was so as to avoid having a grave to visit. Dot points out that they visit Bob's late mother's grave and how traumatic this still is, after 24 years. She didn't want a grave, "a body lying there, it's too morbid."

Dot describes her reaction at the ceremony of Ivan's cremation: "It made us feel very at ease. It was sad, but it made me feel at ease because he was back home. That was where he came from, where he was born, christened. It was a nice feeling."

Dot remembers regretting not being able to have another child. She feels it would not have been in order to replace Ivan, but that it would have given her something to live for.

Dot and Bob attended support groups at The Compassionate Friends, yet she points out that she found the groups to be repetitive and monotonous.

Dot believes that she helped herself to deal with this tragic loss and that this was crucial in her moving on: "I did break down at times, naturally I did. Especially with people phoning giving me advice. The only person I think that can really help is yourself. You have to help yourself."

Dot describes the various ways that she believes she helped herself:

I think I helped myself by firstly cleaning out all his clothes, which was two weeks afterwards. It was hard. I cried while I was doing it. I think we all need to cry. I cried while I was doing it, thinking he was still going to come home. You still can't accept that they're gone and I still thought he was going to walk in. By getting his clothes out and giving them to my nephew, I felt better. And I think when you can do it, I mean I don't think you can do it the same day it happens, but to do it quickly is the best.



It helped me to do it early because I think that it helped me to get over it quicker. To get over that part of it that he wouldn't be coming back.

Dot describes how she cried constantly while clearing out his clothes and had a sense that she was kicking him out and how she half expected him to come into the room. She describes how seeing her nephew in Ivan's clothes keeps him alive in her heart.

I helped myself a lot by talking to people. Talking about it was the most important factor. I would talk about things that we did together, how much he helped me around the house, how we did so much together. It made me think of the good times. And things that I baked, that Ivan loved. When I make them now, I still always think of him and I don't get teary.

### **Past Loss**

Dot lost her father, sister and aunt before Ivan died and describes how different dealing with Ivan's death was:

I found I could deal with theirs' pretty well and I couldn't deal with Ivan's very well. His was much more difficult, much closer to me, my flesh and blood. Much closer, I had given birth to him and I thought of the nine months I carried him and I went through all the stages of him being a little baby and his growing up and how cute he was and all the pleasures that he brought. He was such a lively little boy and always kind and affectionate.

Having experienced the other losses might've helped me to get stronger.  
It possibly did help me to get stronger.

### **Effect on the Family**

Ivan evidently played a vital role in Dot's life and she describes how she really misses him a great deal when she feels the need to talk to someone or a need for support.

Dot points out the just as she and Ivan were so similar, so too are Bob and Kelly. She feels that her and Ivan stuck together and supported each other and that since his death, she feels totally excluded from the family system.

That is a big void that I live with now, because Kelly is like her father. If Bob says something is black, it's black. Kelly is very kind, but she's got her father's streaks in her. When I really need support, she doesn't give it to me.

I am the outsider. Our family life was completely different. Because there was one missing, the one team was split up and the other team was still there. So the team that was still here, they were the ones that would always hit at me. And even today, I still get the hitting at me, whereas Ivan would've stuck up for me and we would've pulled together.

Dot evidently feels excluded from the family system, having lost her companion and support system. Ivan clearly was very special to Dot and played a significant role in fulfilling her needs.

Dot believes that her relationship with Kelly changed after Ivan's death and she describes this in the following way: "Our relationship improved. Kelly was never an affectionate person and she suddenly became more affectionate and would put her arm around me. She did really try and she still tries now."

Dot pointed out the history of her and Kelly's relationship, which impacted on their renewed relationship once Ivan died. Dot explains that her sister became very close to Kelly when she was a little girl, buying her gifts and spoiling her. Dot describes how this upset her as Ivan was ignored and Kelly obviously took a liking to her aunt and compared Dot to her. Being young, she didn't understand why her mother was not showering her with gifts and Dot believes that Kelly loved her aunt more than she loved her mother.

Dot points out how this made it very difficult for her to accept Kelly's support when Ivan died and to believe that she loved her: "It was very hard to try to become close to her. It was very hard for me to accept that she loved me."

The sudden loss of Ivan also impacted greatly on Dot and Bob's marriage. Dot describes her marriage as very unsatisfactory. She points out that her husband drinks too much and offers her no support, affection or love. She adds that at the times when she really needs someone to talk to, to connect with, her

longing for Ivan is exacerbated as Bob is never there for her and she knows that Ivan always was.

Dot points out that her and Bob pulled together while Ivan was in a coma yet when he died, they drifted. Dot believes that Bob suffers a tremendous amount of guilt related to Ivan. She describes their relationship as very distant and unhappy, Bob as a bad father, always criticising and scolding Ivan. She feels that Bob has been unable to deal with Ivan's death as a result of his guilt. She describes how he sobbed continuously and how she could not deal with this. She feels that they drifted because they were at completely different stages of the mourning process, she thinking of all the good times with Bob overwhelmed with guilt and remorse. Dot believes that Bob could not let go of Ivan due to his guilt while she was at peace with Ivan and more able to let go of him. Dot describes herself as being stronger than Bob and still feels that she supports him to this day.

We weren't moving together and we weren't supporting each other. We behaved like, almost like ships in the night. While Ivan was ill, we seemed to be pulling together but after he died, from the start, neither of us could accept it nor talk to each other about it. I think it's because we both had such completely different feelings. I really do think, we both had completely different feelings. I actually felt, I felt lost about losing him and I felt good about all the good things we did and good about me never clashing with him. Bob would feel bad because he didn't get on with Ivan and all of his ugliness and what have you; he couldn't come to terms with the fact that he hadn't got close to his son. So, if I talked, I might've said

the wrong thing, so we didn't talk. But he spent a lot of time crying and I cried, but he would sit night after night and cry. I couldn't pacify him. I mean I was going through the same thing as him and I would find that during the day, the tears would come and I'd see Ivan's photos and think 'my boy, where are you?' and carry on crying. But Bob would cry at anything and everything. If we went to a wedding he'd cry, if we went to a funeral he'd cry, if we went on an outing he'd cry. Now I wouldn't do that.

It was very difficult for me, very very difficult. I got to a stage where I would not go to a wedding with him or to a funeral because it would upset me. It upset me to think that he never got on with his son and that he was still affected by it.

Dot describes how things have shifted however and points out that she and Bob are able to talk about Ivan now. She explains that she always felt comfortable talking about Ivan, yet only was able to share this with Bob two years after Ivan's death: "I am happy to talk about it because I was happy with my life and this is why I'm happy to talk about it and can talk about it."

Figures 5 and 6 demonstrate the changes in the family structure after Ivan's death.

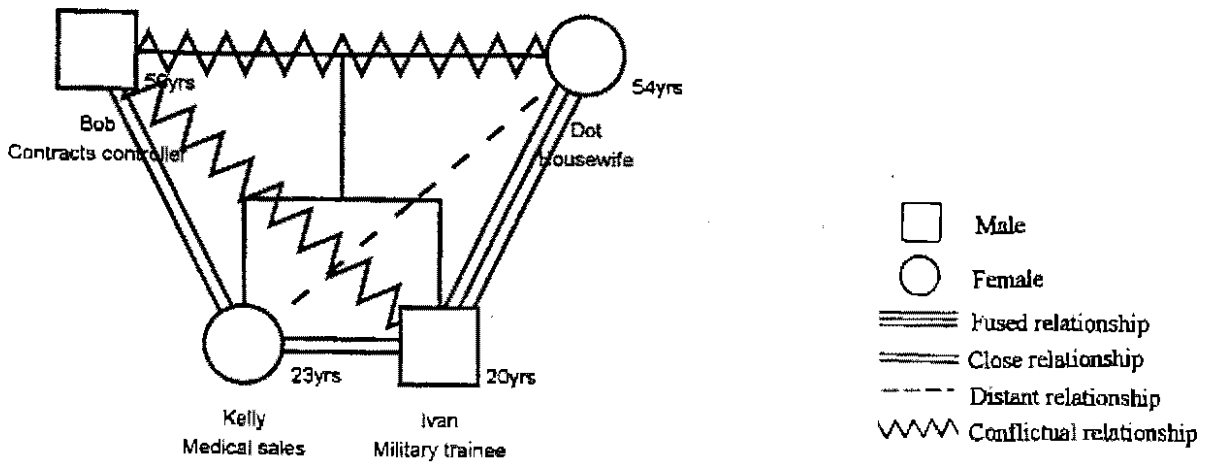


Figure 5. Family structure at the time of Ivan's death

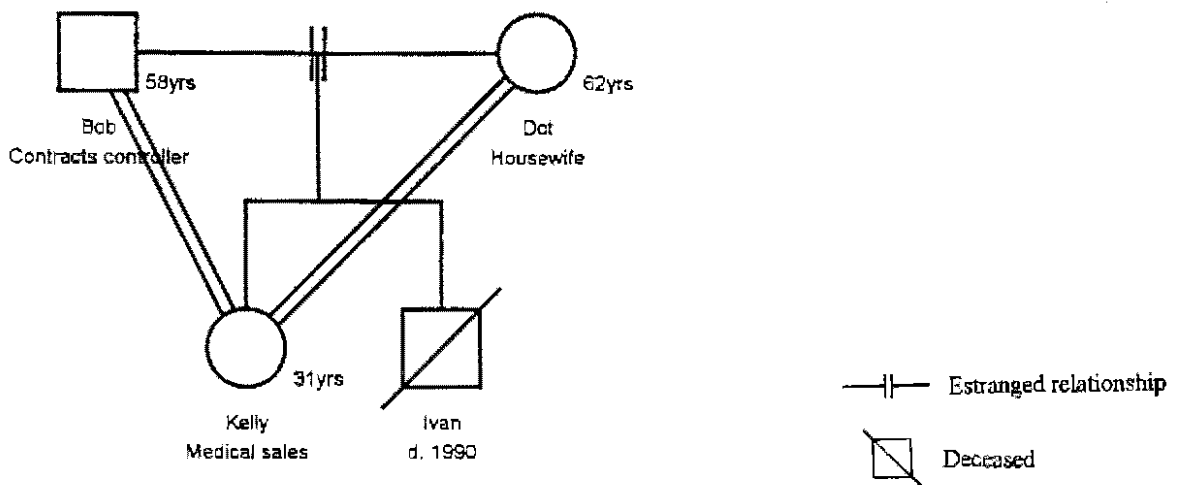


Figure 6. Family structure after Ivan's death

### The Search for Meaning

Dot points out that she moved on because she feels that Ivan would have wanted her to do so and because she felt that she needed to give energy and attention to Kelly.

Dot points out that she and Ivan were very similar in nature and describes herself as being very strong. She believes that this is what helped her to cope with Ivan's tragic death: "This is what helped me a lot. That I was strong. I really fought to handle it."

Dot points out how religion also played a role in her recovery. After Ivan's death, she received a letter from her minister of religion advising her to move on with her life and not to dwell on Ivan's death. The reason he provided for this advice was that he believed that Ivan would not like to see that his parents are permanently upset due to his death, as this would leave him upset. Dot understood that if she was suffering, so too was Ivan.

I don't know how true it is, when they say that a person who has passed away is not at peace if you keep on crying about him. The letter just made me think, he would not be happy and Ivan was a happy guy, he was a guy who enjoyed himself, he loved fun and he loved to enjoy himself. I think to myself that I must still enjoy my life and my fun and he would be happy to see that I am. He would be happy to see that I am moving on and that I'm happy.

So I don't actually sit and cry for Ivan. There are days when I feel down and I think: "where are you?"

Dot identifies three main factors that aided her to move on. Firstly, she feels that she was strong and helped herself to recover by clearing out his clothes and secondly by talking to people about Ivan and remembering the good times.

Thirdly, she found meaning in terms of understanding that he would be happy if she moved on.

Dot also feels that the nature of her and Ivan's relationship made it easier for her to recover. She feels it was easier to let go of Ivan and come to terms with his loss due to their closeness and not having any unfinished business. She had no regrets in terms of their relationship and believes that this helped her to recover and move on. She feels that she was at peace with Ivan at the time of his death and that this allowed her to make peace with his loss.

Ivan's death taught Dot many things and her understanding of death shifted:

I learnt one thing. The best seems to be taken, that I did learn. Out of my two children, he was the one who gave me the least trouble and the best one was taken. I mean, a person doesn't like to take sides, but definitely, he was the helpful one.

Dot describes her anger towards the military officers and points out that they believed and tried to convince Dot that Ivan's death was a will of G-d, which she disagrees with. She believes that the accident was the fault of the military, and that Ivan's subsequent death was decided by G-d as a means of relieving Dot and her family of a burden with which she feels they would not have been able to cope.



Dot describes her anger as follows:

The accident was caused by man, because they sent it out when they shouldn't have sent it out, so that accident was caused by man. You can't blame G-d for an accident that you yourself caused.

In Ivan's case, I believe the Lord took him because of his injuries. I believe that the Lord thought I'd never be able to cope and I wouldn't have been. I feel that the accident, that the Lord didn't make the accident happen.

You don't always die because it's your time to die. It's a confusing thing to think about, but I definitely would never say that the Lord puts you in a car and that that car is going to have an accident and the Lord is doing it. I can't accept that.

Ivan played an extremely central and important role in Dot's life. Dot describes them as being very similar in nature and character and describes Ivan as a tremendous source of support for her.

Dot explains that she is very unhappy in her marriage and that Ivan had all the qualities she was looking for in her husband, which he didn't have. Ivan was affectionate and kind, and always made Dot feel special and very loved. His loss meant more than losing a son for Dot.

She describes the void his death left in her life and the times when she misses Ivan the most:

When I'm going through a rough time, then I think 'where are you?' I know he would've supported me and that he would've been there for me. He showed affection, he showed love, he showed kindness, he did so much and that I really miss. It's when you're needing support and not getting it. I have nobody to talk to. If Ivan were here, we would've been talking. He was always there for me, to talk to, a support. He always told me I look nice, which Bob never says. He would always say he was proud to be out with me. We were real buddies. We went away on holidays together and were so close.

### **Personal Changes**

Dot explains that she was able to enjoy things after Ivan's death without feeling guilty: "If I was enjoying something, I almost felt he would be happy to be with us."

Dot was able to feel happy and not experience any guilt, as she believed that her happiness allowed Ivan to be happy too.

Dot describes her emotional state now and how she has integrated and finally accepted her son's tragic death:

For the rest of my life I will know that I've lost my son and when people ask how many children I've got, I say that I have two children, and that I lost my son in the army. People ask me how he died and I'm happy to talk about it.

Dot points out that she believes that she could teach people and help them to handle the loss of a child. She believes that her strength would help her in this task and she explains that she cannot understand why people seem to hang on to the loss and do not move on with their lives.

### Conclusion

Dot's strength moved me. I was astounded by her ability to talk about Ivan so openly, as well as by her acceptance of the whole situation. She seemed to be the most integrated of the three participants, perhaps due to the fact that her loss occurred many years before the others'.

A very interesting factor for me was how Dot's relationship with Ivan played such a pivotal role in her search for a meaning in his death. She seemed to be at peace with her loss, as a result of being at peace with him while he was alive. This somehow made her grief easier to deal with.

Dot's belief that she helped herself through this trauma also was significant for me, again pointing to her strength.

Dot's relationship with her husband saddens me. She experiences her marriage as unsupportive, and as a result, has had to deal with her loss alone. It is disconcerting that she continues to be part of an unhappy marriage, as she perceives it, which is exacerbated by the role her son played in her life. I was touched by her description of her husband's grief reaction, specifically by his guilt. I wondered what his meanings around the death are, if any, and how his guilt has affected his search.

I was also moved by the fact that Dot perceives herself as not belonging within her family system, having lost her "partner".

Dot's story gave me hope. I feel honoured to have been exposed to her way of coping and to her level of strength in this regard. It allowed me to see that some mothers do eventually achieve a sense of acceptance, which leaves me with a feeling of intense hope and satisfaction.

## **CHAPTER 8**

### **CONCLUSION**

#### **Introduction**

The “stories” that were co-constructed from the study of the three participants are descriptions that could include elements of the theories that were proposed in chapters 2 and 3 of this study. This conclusion will be devoted to how these descriptions fit the theoretical models and to the common themes that overlap and those that differ between the “stories”. It will also demonstrate how mothers’ personal constructs changed after the death of their children. Evidently their superordinate constructs shifted, which involves shifts in their subordinate constructs too.

The approach of this study is that of constructivism, which allows a variety of alternative descriptions to be created. No one description is more valid than another.

#### **The Stages of Loss**

Various theorists propose models that suggest that people move through stages of grief and mourning. A common theme that emerged during this study supported the theories that propose the various phases of grief. Although the

participants experienced the various phases of grief, each journey was unique and followed a different pattern.

All three participants described pure shock and disbelief on discovering that their child had died. They experienced a sense of numbness and described an overwhelming feeling of “unreality”. The participants remember their lives feeling totally chaotic and disorganised.

Another common reaction was anger. This was directed at various targets, ranging from self directed anger to anger at other people who at the time seemed responsible for the child’s safety.

In Bev’s case it was directed at the government and the police force for their lack of efficient service. Emma directed her anger toward her domestic worker who was attending to her son at the time of his death, but this anger was then redirected inwardly, resulting in overwhelming guilt. Dot, on the other hand, directed her anger toward the military personnel who she believed were responsible for her son’s sudden death.

Another phase postulated in the theory is that of depression, which all the mothers experienced with varying degrees of intensity. Bev describes her depression as being totally overwhelming. She was unable to think of anything but her son and was not functioning effectively, merely existing. Taking anti-depressant medication and seeking professional psychotherapy helped to lift Bev out of what she describes as a black pit. Emma too describes her depression as being in a dark pit. She sunk into a deep and overwhelming depression and

contemplated suicide many times. Her feelings of guilt exacerbated her devastation and she identifies psychotherapy and the birth of her baby as factors that helped her to overcome the depression. Dot's level of depression seems to have not been as severe or as long lasting as the other mothers', yet she remembers experiencing extreme sadness and despair. She believes that her close relationship with her son allowed her to deal with his death more effectively.

Evidently, these mothers moved through the various phases of loss, experiencing each phase uniquely.

### **Past Loss**

Another commonality in the "stories" is the fact that each mother believes that past losses are incomparable to that of a child. Dot believes that her past experiences of loss may have helped her to cope with the sudden loss of her child, yet was still incomparable in terms of the impact it had on her. Bev differentiates past losses and the loss of her son by the fact that the other losses she had experienced were related to the past, whereas the loss of her child meant the loss of a future. Emma agrees that no previous loss is comparable to that of a child. Loss of a child also involves a loss of identity for mothers and a sense of a loss of part of themselves.

### **Effect on the Family**

“Mourning is not restricted to one individual of a family, but, as in all family crises, is reacted to by all members and affects family interactions” (Jensen & Wallace, 1967, p.56).

Considering the fact that loss and grieving occur within a particular context, the loss of a child evidently has an effect on the family system, being the context within which the loss occurs. All the mothers in the study identified and acknowledged major changes in their families, in terms of spousal and parental subsystems and in terms of the system as a whole.

The sudden death of a child threatens a mother’s sense of adequacy as a parent. She may experience feelings of inadequacy related to her inability to protect her child. These emotions may lead to a tremendous amount of guilt, which evidently affect the mother’s relationship with her surviving children. As a result, mothers may become overprotective. Another factor that contributes to changes in the parent-child subsystem is the mother’s change of values or constructs. The world may seem unsafe and uncontrollable, leaving the mother with a sense of vulnerability, which not only may make her more protective, but also heightens her fear of losing another child.

According to Bernstein et al. (1989), the loss of a child seems to threaten the marital relationship in a way that other losses do not. When a couple loses a child, both partners usually experience tremendous pain, leaving them with little energy to provide emotional support for the other. Another difficulty relates to



the spouses grieving at different paces and with incompatible styles of grieving. The lack of synchrony may cause estrangement and block communication, or may aggravate existing problems in the spousal subsystem (Bernstein et al., 1989). However, as time moves on, most marital relationships seem to strengthen and spouses develop a new closeness.

The three participants in this study all experienced major changes in their family structures. All three mothers initially became distant, finding it difficult to give emotionally to their surviving children. Subsequently, however, they developed very close bonds to these children. Both Emma and Bev became overprotective of their surviving children and had a fear of losing them. A possible explanation for this not being the case for Dot, may be as a result of the fact that her surviving child was married and living out of the home at the time.

The three mothers also experienced major changes in their marital relationships. All three felt unable to be emotionally available to their husbands and described the varying grieving styles and processes as factors that contributed to the strain in the relationships. Bev and Emma, however, were able to rebuild strong relationships with their husbands. Emma's marriage improved after her son's death, while Dot's marital relationship worsened. Her son's death exacerbated pre-existing marital problems.

Evidently, the sudden loss of a child resulted in shifts for each participant as an individual, a mother and as a wife, as well as within the family system as a whole.

Bev describes how her family was thrown into a state of chaos and how they had to develop a new way of functioning and a new structure. Her daughter was aware of her parents' agony and withdrew from them, evidently dealing with her own grief and acknowledging the difficult space her parents were in. Bev's role as a parent shifted when her son died. She initially was unable to give to her daughter on an emotional level but later was able to be close with her when she felt more stabilised. Bev also became overprotective of her daughter and the fear of losing her was heightened. This fear subsided with time. Bev's marriage also underwent various shifts. Each partner was dealing with their grief on an individual level and had little time to be supportive to each other. Their communication dwindled and only resumed with the help of psychotherapy. Bev remembers how she and her husband dealt with the loss in totally different ways, which widened the gap between them.

Emma's experience was very similar. She too was unable to be there on an emotional level for her surviving child. She was also afraid to love her unborn child in fear of losing her and as a result of her inner anguish. Her guilt exacerbated this process as she felt responsible for her son's death on some level and was afraid to be responsible for or to love another child. Emma's relationship with her son shifted, as did her role as a parent. She has become overprotective and is constantly afraid of losing him. This, however, has lessened with time and she has started to trust again. Emma's marriage had been under strain before her son died. After his death, she and her husband became much closer. With time, however, Gerry began to move at a different pace to Emma which led to a lack of mutual understanding and support, as well as to a great deal of conflict. Each partner had to learn to respect the other's way of

copied and to accept the fact that they were dealing with this loss in very different ways.

The effect on Dot's family was very similar to the others'. She too had to shift her relationship with her surviving child. Since her son's death, Dot has become much closer to her daughter. She did not experience fears of losing her though, and did not become overprotective. Dot and Bob were experiencing marital problems when their child died. The death of their son seemed to exacerbate their problems and to widen the gap between them. Dot believes that this was due to the fact that Bob had a great deal of unfinished business and guilt related to their son, which complicated his grief and hampered his recovery. At the same time, Dot was able to deal with the loss quite effectively and this made it very difficult for her and Bob to support each other.

Evidently, each family was profoundly affected by the loss of one of its members. Boundaries shifted, functioning changed and roles were altered. The various subsystems underwent major shifts and the context of the loss had an evident impact on each member involved, as well as on the family system as a whole.

### **The Search for Meaning**

According to Kelly (in Viney, 1991), people live their lives on the basis of a system of interpretations, each system being unique to each individual. These interpretations are used to make sense of the world. Similarly, Frankl (in Meyer

et al., 1989) pointed out that people have a “will to meaning” and that people search for a meaning in suffering.

Miles and Crandall (1983) state that at first, the search for meaning involves an attempt to determine why the death occurred. Later, the search becomes deeper and more existential, involving questions about religion, self, life and others.

The loss of a child is undoubtedly an extremely traumatic and painful experience. Parents often experience suicidal thoughts and feel unwilling or unable to continue living without their child. However, most parents do exactly this. In the opinion of the researcher, it is these constructions and meanings that mothers develop that assist them in this process.

The mothers who participated in this study embarked on individual searches for meaning in their suffering and each developed unique constructions that assisted them in making sense of their tragic loss and in moving on with their lives.

Bev found meaning in the belief that there is an afterlife. She does not believe in fate and that it was the time for her son to die but does feel that her son had completed his tasks in this world. Bev believes that her son exists in another dimension and although she is still searching for a deeper understanding of this idea, she finds a sense of solace in this thought and can identify a meaning in her son’s sudden death. It took Bev a great deal of time to construct these meanings and her search was very active, involving much questioning and

various consultations with different people as well as within herself. Initially Bev was too depressed to even want to search for meanings and she identifies the medication as having played a vital role for her. She also identifies her other child as playing a role in her need to move on with her life. In summary, Bev identifies various factors that helped her to move on including consulting a psychotherapist, taking anti-depressant medication, her love for her daughter, the support received from The Compassionate Friends support group and the meanings she construed around her son's death.

Emma's search for meaning was less active than Bev's. She was too depressed and overwrought with guilt to embark on this process. She was consumed with thoughts of suicide and the only factor that prevented her from acting on these thoughts was her surviving son. When Emma fell pregnant she sank deeper into her dark pit of depression and was extremely afraid. The turning point came ironically when her daughter was born, the event she dreaded so intensely. She began to realise that she could love again and that she in fact could still be a giving and competent mother. This helped her to relinquish her guilt around the sudden loss of her son and enabled her to love again. It allowed Emma to understand her son's death in a different light and once she was able to deal with her guilt, she understood the death as being an accident. She chose not to question the incident and discovered a sense of understanding of the tragedy with the help of religion. She believes that she will see her son again and this meaning gives her a sense of peace and has enabled her to move on with her life. Emma believes that attending support groups at The Compassionate Friends as well as receiving therapy also aided her in the process of recovery.

Dot firmly believes that she helped herself within the mourning process. She feels that cleaning out her son's clothing was a major healing factor for her. She also spoke about him openly which helped to keep him "alive" on some level and constantly thought about shared experiences and other reminders of him. Dot believes that the nature of her relationship with her son played a significant role in her ability to move on with her life. She feels that their closeness and lack of unfinished business allowed her to accept his death more readily and to do so with no feelings of remorse or guilt, factors that evidently complicate the mourning process. She believes that it helped her to be at peace with the loss. Dot's understanding of the accident does not include an acceptance of fate, that it was her son's time to die. She does, however, believe that G-d chose for him to die due to his severe injuries and the trauma this would have lead to for him as well as for his family. Dot, unlike the other two participants, did not identify The Compassionate Friends support group as playing a role in her recovery. She does, however, feel that her surviving daughter played a role, yet she never experienced thoughts of suicide as did Emma and Bev.

Evidently, various factors play a role in the recovery from the sudden death of a child. Each participant in this study embarked on a search for meaning and each construed unique meanings and interpretations that helped them to move on with their lives and achieve a sense of acceptance of their tragedy. Each found unique meanings in their suffering. There are evident commonalities such as the importance of support as well as the role of surviving children in the recovery process.

## Personal Changes

The sudden death of a child evidently results in numerous changes within the mother. Knapp (1987) states that parents experience a shift in values after the death of a child. They develop a commitment to intangible values and there is a de-emphasis on worldly values. He posits that a sense of vulnerability dominates family life and that life is viewed as something that could be taken away at any moment, without warning.

All the participants of this study feel that their value systems and understanding of the world shifted after the loss. Bev and Emma both felt out of control and believe that nothing is predictable or expected. Life and the world are unpredictable. This feeling of lack of control is foreign to them, both having previously believed that they had a sense of control over life. The sense of freedom and carelessness no longer exists for them. The participants' entire value systems shifted and Emma pointed out how issues that previously seemed so significant, now pale in comparison to the experience she underwent. She also became more aware of and sensitive to other people's pain. Bev describes becoming more negative since her loss as well as becoming impatient and frustrated with what seemed to her to be trivial issues, which other people tended to dwell on.

## **Conclusion**

The three “stories” are co-constructions that include elements of the theories proposed in chapters 2 and 3 of this study. There are evident similarities and differences between these co-constructions.

All three participants experienced the various stages of grief, although they each moved through these stages at various paces. Each stage was also experienced in a different manner by each individual, with varying intensity.

Another common theme was the impact the loss of a child had on the mother as a person, in terms of her value system, as a parent and as a wife. All the participants describe changes in their relationships to their surviving and subsequent children, as well as changes in their marital relationships. These shifts evidently are linked to the major changes in the participants’ construct systems. After the sudden death of their child, each mother was left with personal constructs that no longer had meaning for them and they thus experienced a shift in their construct systems. Their superordinate constructs changed, resulting in changes in their subordinate constructs. The old constructs became invalid and were replaced with representations that are valid for the mother in her new identity.

The context in which the bereavement took place was also very significant. Each participant described major shifts in their family systems. Boundaries changed as did roles and functions within each system.



Personal constructs also played a role in the mother's search for a meaning in the loss of her child. Each participant embarked on a unique journey in her individual search for meaning and each discovered unique meanings, which helped her to move on and reach a point of "acceptance".

This study was very meaningful for me on a personal level. Meeting Emma and being a part of her journey toward the adaptation to the loss of her son, impacted on me in ways that, at the time, I was unaware of. In retrospect, I identify how her deep pain touched me and sparked my interest in exploring how mothers eventually adapt to their tragic loss, and how they go about this.

While trying to understand my intense interest in this field, I identified the issue of control. The sudden loss of a child represents the ultimate loss of control, something I personally fear. What was important for me, was how that control is regained, if ever. It was very important for me to discover and explore how mothers regain this sense of control after experiencing the ultimate lack thereof. This is how I identified the salient role of constructs or meanings in this process.

It has been a privilege for me to be a part of each participant's unique story. Their individual experiences, emotions and search for meanings touched me deeply. Evidently my own issues impacted on our co-constructions and in turn, taught me a great deal. I could at some level relate to the pain that these mothers described and was moved by their search for meaning in their suffering.

It was particularly important for me to have been exposed to each participant's discovery of these meanings and how each mother developed and explored highly individualised and unique meanings. Each participant identified constructions that helped her to deal with her devastating experience, and to adapt to the traumatic loss and its impact on her, and on her life in general. This instilled a sense of hope within me. Hope, and faith in mankind. It taught me that people are capable of dealing with events and experiences that seem unmanageable before they are experienced. The role of meanings within this process is evident. These mothers have taught me a great deal, and I feel honoured to have been exposed to their painful, yet inspiring experiences.

This study evidently enriched my understanding of mothers' experiences of the sudden death of a child. It also elicited many questions and unexplored issues, which are indications for future research. These include comparisons between mothers' and fathers' experiences and adaptation to child loss as well as siblings' reactions to the loss. The role and nature of meanings in long term adaptation to child loss could also be explored, with a focus on whether constructions shift and the effect of this on the recovery process.

Life is filled with loss. It is inevitable in the experience of loving. It is inescapable but necessary for growth. Loss means being robbed, deprived and separated. Loss through death is permanent and we cannot really achieve a state of resolution. Grieving is a process that involves coming to terms with loss, learning to live without, learning to live with emptiness, and to make meaning out of deprivation. The loss of a child is a loss like none other. A child's death is death of innocence, death of the most vulnerable and dependent. It signifies

loss of future, hopes, dreams and new strength. There is no relationship like that of parent and child. It is unique and special. It is incomparable in its complexities, responsibilities and vulnerabilities. On the death of a child, the sense of self is diminished. A parent's grief is endless when a child dies. A child's death is unnatural and unjust and the loss is not resolved. The parent continues to grieve and grieving becomes a way of learning to live without the child. Parental grief is complex and ever changing and cannot be categorised or ordered (Arnold & Gemma, 1994).

If the miracle of life is that it is a series of acquisitions, its reality is that it is also a series of losses. Thus, we all must mourn, and the extent to which we achieve this task will determine the extent to which we can face new challenges and the energy we will have to overcome them. (Lakoff & Azim, 1991, p.355)

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