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**Towards meaning reconstruction: A Caribbean study of the meanings that adolescents attach to bereavement.**

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Towards meaning reconstruction: A Caribbean study of the meanings that adolescents attach to bereavement.

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ABSTRACT

**TITLE: Towards meaning reconstruction: A Caribbean study of the meanings that adolescents attach to bereavement.**

Although there is a considerable body of knowledge regarding adolescent grief, few researchers have focused on the factors and developmental characteristics of adolescents that influence their perceptions and experiences of parental death, and the meanings which they attach to these experiences within schools. Adolescents who suffer the loss of a parent often present with trauma-related symptoms of emotional, cognitive and behavioural difficulties, and classroom teachers are ill-equipped to deal with these difficulties. In this study, which is conducted primarily in Trinidad and Tobago and to a lesser extent in New York, USA, 24 adolescents are interviewed as part of focus group discussions and semi-structured interviews. Secondary data are gleaned through family and expert interviews. Discussions reveal that school performance is impaired and school and familial relations are strained during bereavement. Contrary to some research, peer relationships remain intact and are a buffer to the adolescents. A grounded theory analysis of the narratives of the adolescents, indicate that grief and loss are largely misunderstood by educators who continue to be influenced by post-colonial mentalities of schooling, and who penalize and devalue the adolescent’s grief responses to some extent, within Caribbean schools. Findings conclude that the patriarchal nature of the home and school leads to internalized oppression, creating a ‘culture of silence’ among adolescents who ‘mask’ their grief. It is the hope that policy-makers and educators will depart from the language of ‘*sickness*’ in describing grief and loss in the bereavement process, and instead turn to a model of grief as a normative life-cycle event.

Keywords: *parental death; grief; adolescent bereavement; grounded theory*

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LIST OF ABBREVIATIONS

ABATT - Anti-Bullying Association of Trinidad and Tobago

CRCP – Caribbean Regional Conference of Psychology

FGD – Focus Group Discussion

MoE – Ministry of Education (Trinidad and Tobago)

NCSCB - National Center for School Crisis and Bereavement (United States)

NYC -- New York City

SBA – Student Based Assessment (for examinations at Form 5 level)

SES – Socio-Economic Status

TT – Trinidad and Tobago

T&T – Trinidad and Tobago

TTAP -- Trinidad and Tobago Association of Psychologists

UK – United Kingdom

UN – United Nations

UNDP - United Nations Office on Drugs and Crime

UNICEF - United Nations Children’s Education Fund

US – United States

UTT – University of Trinidad and Tobago

UWI - University of the West Indies

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Introduction – Chapter 1

**1.1. The Research Topic**

*‘Grief requires us to ‘relearn the self’ and ‘relearn the world’.*

(Neimeyer and Anderson, 2002, p.50)

Psychologists in the Western world have stated that the ensuing grief and loss as a result of a death, are ‘natural and expected parts of life’ (Graydon, Jimerson and Fisher, 2010), and that ‘schools must expect that a percentage of their students will be affected by the death of a loved one each year’ (p.2). Harrison and Harrington (2001) have found that as many as 92% of young people in the UK will experience what they see as a ‘significant’ bereavement before the age of 16. Other research suggests that between 4 and 7 per cent of children and adolescents in the UK will lose a parent (Ribbens McCarthy, 2006), and according to the National Center for School Crisis and Bereavement in the US (2013), approximately 5% of children and adolescents will lose a parent by age 16. The NCSCB (2013) further reports that most kids will experience grief through the loss of a friend or family member by the time they graduate from high school.

These statistics are high indeed and are representative of studies done with children and adolescents who have lost a loved one in their family: a sibling, a grandparent or a parent. The figures however, do not specify the percentages ascribed particularly to adolescent loss. In their article titled, ‘The impact of Bereavement and Loss on Young People’, Ribbens McCarthy and Jessop (2005) reveal that very little research has asked young people themselves to voice their own experiences of bereavement; a few autobiographies are available and some clinical and professional case studies exist. In their research, these authors acknowledge that relatively little is known about this vulnerable group of adolescents and the significance of bereavement in their lives. Ribbens McCarthy and Jessop (2005) continue that ‘some studies suggest that large numbers of bereaved young people never talk to anyone about their experiences [and the] evidence points to a risk of social isolation over time....as peers can also stigmatize and bully, or may lack confidence in their ability to help…and family support can be ambiguous…as clearly, at a time of major crisis due to bereavement, there may be further issues between family members’ (p.4)

The present study attempts to add information to the ‘little research’ that has been documented on adolescent bereavement as it seeks to explore the topic, ‘Towards meaning reconstruction: A Caribbean study of the meanings that adolescents attach to parental bereavement’. It further seeks to identify the different perspectives of adolescents within a school environment and the various factors and circumstances which may have contributed to the adoption of these perspectives during the bereavement period. Breen and O’Connor (2007) have posited that the motivation for a choice of research topic results from a combination of experiences and moments. My reasons for choosing this topic are twofold. *Firstly*, in Trinidad and Tobago there are few counsellors who work specifically with children exposed to trauma, and even fewer who are willing to work with adolescents who are exposed to trauma. I had heard it said by many a colleague that the adolescent population is a difficult group to understand. From my experiences as a therapist, I knew that teenagers will not talk about themselves unless they have first scrutinised you, summed you up and then decided to trust you or throw you out! For several years I was in a position where many adolescents were being referred to me for emotional and behavioural disorders exhibited in the classroom. I wanted to know more about teenagers, to understand why some therapists may have found them to be a ‘difficult’ group, and to explore the views which they held.

Stroebe and Schut (2001) and Stroebe, Stroebe and Hansson (1993) observe that bereavement theories are constructed from data collected from North American populations of mostly white, middle-class groups. Current theories of grief and its interpretations therefore, may not be culturally relevant to developing countries as ‘the transfer of theories developed in one culture to another culture can only occur when the behaviour sampled in one culture has approximately the same meaning in another culture’ (Rao and Pearson, 2015, p.8). In light of these views, my *second* objective was to examine the behaviours associated with bereavement and the meanings given to rituals and practices by adolescents within a Caribbean ‘habitus’ (Bourdieu, 1990), in order to determine whether similarities and differences existed with North American theories. I viewed this habitus as realized by local educators within a determinative structure (school) who were limited and/or constrained by rules and procedures that ‘disable’ them from moving toward issues of social justice and towards examining current student pedagogy in new ways.

With these objectives in mind, the research study is designed with the intent of creating a ‘space’ where adolescents would find it easy to speak freely as they recounted their experiences of grief, in an effort to relearn the self and to relearn the world. This space can be equated to that of the Caribbean yard - the crucible of our culture - considered to be the ‘melting pot’ where viewpoints are constructed and reconstructed within a familiar setting and amongst familiar faces. How can one be silent in the yard? Once you drink from the cup that has been dipped in the pot, language flows, facial and body expressions accompany speech and as the saying goes in our island, “*Mout open, ‘tory jump out*!” (When you open your mouth to speak, you begin to tell everyone your story: what has been happening with you!).

**1.2. Interpreting ‘Voice’.**

*“Give sorrow words; the grief that does not speak knits up the o’er wrought heart and bids it break”.* William Shakespeare, Macbeth.

In 2011, Caribbean psychologists met under the aegis of the Caribbean Regional Conference of Psychology (CRCP) to discuss matters of regional psychological significance (Arneaud and Albada, 2013). These authors state that ‘psychology is relatively new to the region and there does not seem to be an existing definition of Caribbean psychology’ (p.337), so that the goal of the CRCP participants was to acknowledge the region’s sui generis history and development, in the development of empirical research studies [which] would advance Caribbean psychological scholarship (Bullock, 2011).

How did the CRCP define Caribbean psychology? Of what significance is this attempt to define the Caribbean experience and voice, considered to be a ‘new way of seeing’ psychological constructs about bereavement as opposed to those constructs held by dominant Western thought? This new approach by the CRCP involves the construction of regionally-relevant theoretical frameworks that are germane to Caribbean socio-historic realities (Arneaud and Albada, 2013) such as the theory of plantation economy and Caribbean interpretations of race, class and ethnicity, as ‘essential to psychologically deconstruct socially-constructed variables in Caribbean identity research’ (p.1). Added to this discourse, other theorists posit that our beliefs, attitudes and values about death, grief and loss are molded by socio-historic and societal dictates (Parkes, Laungani and Young, 2015; Laurie and Neimeyer, 2008; Doka, 2006).

Parkes et al (2015) stress the point that our responses and behaviours during the bereavement period are refined by the rituals and practices of our colonial past. Rizvi and Lingard (2009) opines that ‘colonialism does not cease to have salience just because a country has become independent. It continues to affect all aspects of life in one form or another…and the colonial legacies often continue to shape post-independence and post-colonial futures’ (p.104). Best (2001) agrees with these views and proposed that an ‘historical understanding of the conditions that founded the Caribbean region is the sine qua non from which empirical works would follow’ (p. 344). But do families and schools understand the influences of the colonial past themselves and the legacies of the various African, East Indian, Syrian and Asian migrant groups that came to our shores, which have shaped their beliefs and attitudes? To what extent do these attitudes and beliefs influence notions about death and bereavement? Can local educators and parents be empowered to explore their lack of knowledge about the societal taboos surrounding death, so that the meaning-making of children and young people’s experiences are sufficiently understood and validated?

Many policies and agendas in both Western and Caribbean society, when they are drafted for the social concerns in education and health as stated above, are usually drawn from psychological theories of development. Burman (2008) states that developmental psychology ‘contributes to and reflects dominant assumptions and debates about families’ (p.117). Other critical theorists such as Madsen and Brinkmann (2011) assert that ‘psychology has become the preferred method of neo-liberal policy makers and society en masse, to explain an individual’s destiny’ (p. 186). These policies seem to be penned around the question, ‘What is best for children and adolescents and for their families’? It is my opinion that this question whilst it is a fair question, also implies a subjective, hierarchical viewpoint that suggests dominance and an arrogance that ‘what is best’ is already known, without guided research and investigation.

*Whose voice?*

This study aims to provide a platform for the voice of the adolescent who is parentally bereaved. It situates this voice within a historical context where the adolescent’s perceptions can be explored and assessed against the backdrop of the social constructs of family, school and the community, which are responsible for shaping and impacting his/her cognitive and socio-emotional development during adolescence. Silverman (2006) suggests that ‘by analyzing how people talk to one another, one is directly gaining access to a cultural universe and its content of moral assumptions’ (p.108). I agree with his statement and also concur with Breen and O’Connor (2007) who found in their study that, as a result of being silenced by those around them such as teachers and family members, the bereaved informants were keen to voice their experiences to someone willing to listen to them.

But would the voices that I have listened to, be able to influence decision-making? Would their stories move one educator/principal to steer change in his/her school where rigid social and administrative structures of schooling still exist, and where the colonial legacy of power relationships devalue the emotive behaviours of students? If this reflection happens in one school and in the mind of one principal, teacher or individual, perhaps your own, then change has occurred.

**1.3. The Research Question**

Qualitative inquiries and research involve asking the ‘kinds of questions that focus on the why and how of human interactions….on what a researcher wants to know about the interactions and perspectives of those involved in social interaction’ (Agee, 2009, p. 432). The ongoing process of questioning forms an integral part of understanding the unfolding lives and perspectives of others. In this research study, many questions are asked of the students that revolve around the focal point of meaning reconstruction. What therefore is meaning reconstruction? This is the sense-making, benefit finding and identity change that occurs as a result of being able to make sense of experiences (Stroebe and Schut, 2001). The ways in which students narrate about traumatic events are linked to the ways in which they create meaning-*meaning reconstruction*- (Kyalo and Odango, 2011) and how they create meaning influences how they would cope with an experience -*perspective-taking*. The developmental period of the student/adolescent, and the circumstances surrounding the event, has implications for these meanings and the coping skills which they do or do not develop (Santrock, 2014).

The aim of the research is to examine the experience of bereavement and the responses that adolescents make in a particular cultural setting, Trinidad and Tobago, with its own traditions, value systems and socio- historical rituals and beliefs. Despite my therapeutic experiences with adolescents, I wondered how these teenagers would respond to the questions that I would ask them on their experience of parental bereavement. Would they want to talk to each other with a stranger in their midst? Would they share their thoughts and feelings about a ‘private’ issue such as grief and loss? Koffman, Donaldson, Hotopf and Higginson (2005) believe that reactions to grief are socially constructed and patterned, even though grief is a universal phenomenon, and Silverman (2006) suggests that ‘if researcher and subjects have established good rapport, subjects will have enough confidence in the researcher to pass on information about themselves ranging from the details of daily life to sensitive matters’ (p. 431).

Armed with this knowledge and confident about the journey I was about to undertake, I was ready to begin the study, guided by the following specific research questions:

1. What are the meanings which adolescents attach to the bereavement period?

2. What perspectives do adolescents adopt to give meaning to their grieving experiences?

**1.4. Significance of the Study**

*‘Grief commonly manifests as academic, social and emotional difficulties, but educators often lack the knowledge and understanding about how to support students in the classroom context’.*

(Schonfeld and Quackenbush, 2010, n.p.)

The purpose of this study is to gain an understanding of the meanings which secondary school students (adolescents) attach to their experiences of bereavement. This qualitative inquiry offers an opportunity to better understand the lived experiences of adolescents against the backdrop of research done on adult beliefs about grief.

The results will hopefully show that there is the need for an inclusion of a module on grief and loss in the curricula in Teacher education for pre-service and in-service teachers. This inclusion is necessary so that schools will be cognizant of the factors surrounding Death studies, and become an appropriate environment for bereavement recovery among secondary school students.As quoted above, Schonfeld and Quackenbush (2010) stated that grief commonly manifests as academic, social and emotional difficulties, but educators often lack the knowledge and understanding about how to support students in the classroom context. Dealing with grief can be a challenge for some adults, but teachers trained in grief and loss studies may be able to support teens through this vulnerable time and help to make the experience a valuable part of a teen’s personal growth and development (Justin-Siena, 2013).

**1.5. Theoretical Considerations**

The purpose of applying theoretical frameworks to this research study is to make sense of the data, at the same time moving beyond the limitations of the research done in Western countries on bereavement. Theoretical frameworks also examine the applicability of post-colonial systems to the research design that I have proposed. An in-depth analysis of the existing literature on bereavement, grief and loss reveals that there are many generalizations across cultures (Laurie and Neimeyer, 2008; Parkes et al, 2015; Ribbens McCarthy, 2006; Rosenblatt and Wallace, 2013). These generalizations are shown as not reflective of the inherent, complex differences found within populations that have been displaced, and then replaced by various ethnic groups, as are the historical realities of Caribbean society. It would be foolhardy to deny that a multiplicity of factors attribute different meanings in varying social contexts to an event such as when a death occurs, despite the global premise that adolescents develop in similar ways, cognitively, emotionally and physically (Santrock, 2014; Cobb, 2010).

To what extent then, has the culture or cultures of Caribbean peoples impacted the grieving experience? The experiences of bereavement in the Western world have not been compared with the bereavement experiences of peoples in the Caribbean (in conversation with Balk, 2014) and it is assumed therefore that the responses to grief are similar. Clearly, this is not a fair assumption given the diversity of Caribbean people, specifically our peoples in Trinidad and Tobago. The ‘one-size fits all’ mentality of western research must not be allowed to ignore the inculcation of colonialist trajectories of the past, which continue to influence customs and practices in all spheres of everyday life, and the realities that exist within our schools. School systems are at various stages of recognizing and responding to grief, and many parents and teachers underestimate the extent of young people’s reactions to traumatic events (Rowling, 2003). Added to this viewpoint on the role of schools, Schonfeld and Quackenbush (2010) state that the teacher’s role can be a powerful and essential source for healing for a grieving student, and that schools need to create an environment where children feel comfortable coming forward when they are having personal problems that are impacting their day-to-day functioning.

What then are the limitations of Western psychology in the research on bereavement for peoples in the Caribbean region? To what extent has existing theory failed to address the cultural intrusions of English, French and Spanish colonizers (Arneaud and Albada, 2013) that have made the responses of Caribbean peoples, different and exclusive to peoples in other societies?

Let us take a look for a moment at the island of Trinidad and Tobago, to understand the sociocultural context within which this study is placed.

**1.6. Trinidad and Tobago in Context**

This section describes the physical layout of Trinidad and Tobago (TT) and highlights the geographical areas where the participants were sampled. It situates the island within a Caribbean context and cites the current statistics of the number of deaths from 2013 – 2015. The chapter also gives a brief account of the customs and practices that surround death and bereavement in the three dominant religions in TT. I decided to include the sociocultural realities and histories of Trinidad and Tobago, after reflecting on my experiences abroad with persons including those in academia, from many different global localities. I realized that there were many incorrect suppositions made about the Caribbean diaspora, especially those relating to our rituals and beliefs, many of which were based on superstition.

In May, 2012, I attended a conference in Chicago with teachers and educators from around the world, and the majority of them had no idea where Trinidad was located, especially those educators who were based in the US. I could not believe it! I knew in part that this ‘mis-education’ was linked to the history that was taught in North American and European schools which was focused on their geographical areas solely. A few persons indicated to me that they did not even know that Trinidad and Tobago existed. When an educator asked me at the conference, “*Do y’all still practice voodoo there*?” I knew that it was necessary to debunk a few myths and stereotypes. After all, who knows who may be reading this thesis?

This section also seeks to create a platform where the guided research that I have conducted on adolescent grief and the meanings which they attach to bereavement, can be examined against the backdrop of a multicultural society, rich in historical legacies and diverse social groupings. Such research is important at this time in our country’s development, as we move towards regional discourses that are construed around the social and psychological realities that exist amongst Caribbean peoples.

1.6.1. Physical Setting

(**Figure 1** – Map of Trinidad and Tobago)



Greenwich Mean Time. Com

The Republic of Trinidad and Tobago (TT) comprises of two tropical islands which are the most southern of the chain of Caribbean islands. Trinidad is located 11 km. north-east of Venezuela and has an area of 4,828 square km; Tobago has an area of 33 square km. In August 1976, the country of TT became a Republic after 14 years of being independent from Britain, its former colonial master country. In the 18th and 19th centuries, the population owed its origins to immigration from Africa and India and parts of Asia whose peoples came as slaves and as indentured servants to work on the sugar cane plantations (Mahabir, 2012). TT has a significant multi ethnic population and exhibits greater diversity in its religion and cultural practices (Marshall and Sutherland, 2008). In the diagram of TT as shown above, the participants for the study were chosen from the St. George district which has the second largest recorded number of homicides in the island. This area includes the counties as far east as Arima, central in Chaguanas and Couva, and to the north-east in environs outside the capital city of Port-of-Spain.

1.6.2. The Caribbean context

In TT society there have been many homicides, vehicular accidents, terminal illnesses and other incidents and/or accidents that have claimed the lives of many persons. When some persons die, they inevitably leave behind surviving children and adolescents to mourn their loss and to continue their daily lives in the midst of the trauma of bereavement. The higher prevalence of adult deaths make parental death during adolescence more likely than the deaths of siblings or peers (Balk, 2014). The fact that bereavement over parental death is the most examined cause of adolescent grief has led some [theorists] to argue that ‘focusing on such deaths is more useful than examining other types of adolescent bereavement’ (p. 146). What are the main causes of parental death? According to the United Nations Office’s report on Drugs and Crime (UNDP, 2013) the criminal activities in the inner cities across the world that lead to murder, become apparent as the crime rate increases. The Report emphasizes that during the past decade the murder rate has grown in the islands in the Caribbean. This is due in large part to the increase of illegal activities such as drug trafficking and other violent crimes such as homicides, in addition to the lack of economic development and unemployment. In examining the data in some of the islands, the UNDP report points out that Barbados and Suriname have low murder rates, unlike the other Caribbean islands which have reported high increases over the last 12 years.

**Table 1** cites the number of adult deaths via homicide, suicide, domestic violence and road traffic accidents that have occurred in the St. George district in TT, 2013-2015. These figures do not account for other deaths by illness and/or natural causes. Over a three-year period, 282 adults have died. What are the emotional, social and psychological repercussions of these deaths on children and adolescents? Are these factors taken into serious account, when constructing interventions in the classroom for bereaved students or in the provision of social services for families who may face financial difficulties after the death of a parent?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Year** | **Homicides Reported** | **Suicides** | **Domestic Violence** | **Road Traffic Accidents** | **TOTAL** |
| 2013 | 42 | 15 | 3 | 20 | 80 |
| 2014 | 51 | 24 | 7 | 24 | 106 |
| 2015 | 49 | 19 | 4 | 24 | 96 |
|  |  |  |  |  |  |

**Table 1 – Statistics on Types of Death**

**Table 1.** Number of deaths per year via Homicide, Suicide, Domestic Violence, and Road Traffic Accidents in the Eastern, North-Eastern and Central Divisions ftp 2013-2015.

**References** : Crime and Problem Analysis Branch (CAPA). Trinidad and Tobago Police Service (TTPS). The MATCO building, Henry Street, Port-of-Spain. Retrieved March, 2016.

1.6.3. Post-Colonial Trinidad and Tobago

In Trinidad and Tobago in the late nineteenth and early twentieth century, the post-colonial period was an era of assimilation and homogenization, when the dominant British colonials believed that the solution to bring all the ethnic groups together would be to have a ‘melting pot’ of cultures and ethnicities – a mono-cultural socialization of the dominant or core values of Britain (Ryan, 1999). As happened in other Caribbean territories also, this mono-cultural socialization was ‘British’ in nature and accepted by post-colonial peoples as ‘organic rather than contradictory and as legitimate rather than exploitative’ (Ryan,1999, n.p.). The society was expected to conform to this Eurocentric model which had a strong focus on the values, culture and viewpoints of Europe, to the exclusion of the achievements and actions of persons of African and Asian descent, even as that model was being modified by the accretion of ‘creole’ influences derived from African and Indian cultural forms and values. On this issue of mono-cultural socialization, Frantz Fanon had stated that the colonial people had been deprived of their varying cultural forms and had to mask themselves in the culture of their colonial masters. Many studies today such as Fanon’s work, seek to establish that colonialism has not ended; rather, in the post-colonial era, concepts such as ‘coloniality’, ‘decoloniality’ and ‘modernity’ assert that the legitimization of western and Eurocentric values, may be more entrenched and exploitative than ever, in Third world countries.

In her research, Alcoff (1996) argues that ‘the coloniality of power allows us to think through how the colonized were subjected, not simply to a rapacious exploitation of all their resources, but also to a hegemony of Eurocentric knowledge systems’ (p. 83) that sought to dominate and subvert any cultural forms and values that were considered as the ‘other’, as different, and as possibly a threat to the dominant culture. She continues that ‘the concepts of coloniality of power and the colonial difference are…conceptual tools for decolonizing both the metaphysics and epistemology of contemporary thought.’ (p. 92) as they are tools which would help a colonized nation to understand itself and to chart the way forward. In his writings, Quijano (2007) who had introduced the concept of the coloniality of power, suggested that there be a delinking and disengaging from Western epistemology. When summarizing his viewpoints, in my opinion he seems to suggest that the unity of the colonial matrix of power, of which the rhetoric of **modernity** and the logic of **coloniality** are its two sides, must be clearly understood: the former is constantly named and celebrated as progress, development and growth, whereas the latter is silenced or named as problems (poverty, misery, inequities, injustices, corruption, commodification and dispensability of human life) to be solved by the former. Mignolo (1995) further developed these concepts of modernity and coloniality as he critically analyzed the ways in which colonialism still ‘infected’ the way the world was viewed, that is, where ‘development’ is a continuation of western ideology and frameworks of meanings, and seen fundamentally ‘as a western cultural invention’ – the ‘socio-economic mythology...of more is better’ (Saunders, 2004, p.22), with a flagrant disregard for traditional values and cultures.

These many writings have led me to muse on the following questions: What is the ideology that allows Caribbean peoples to believe that we have truly departed from the western and colonial indoctrinations of the past? How do these western influences continue to shape our destiny, in a subtle and pervasive way, in the post-colonial era? Under colonialism, our ancestors **knew** that they were being subjugated as they were often physically whipped into submission. The writings of post-colonial theorists such as Mignolo, Quijano and Alcoff suggest that peoples in the Third World are still subjugated, but **we believe that we are not**, an inherent difference so much so, that the psychological ‘damage’ that has permeated our thinking in the decolonization era seems to me, to be more crippling than any colonial master’s physical whipping or branding could ever be! And what better and more available conduit could this permeation continue to flow, than through the patriarchal legacies of the education system?

Education, one of the conceptual ‘tools’ for decolonization, was seen as a lever to economic well-being and was much sought after by the masses of liberated peoples. Added to this, the legacies of the plantation continued to shape practices of ‘schooling’, as educators continued traditions of schooling that, while increasing academic qualifications, were ‘counterproductive to the socio-emotional well-being of students’ (in conversation with Dr. K. 2015). ‘The imposition of the use of the rulers’ own patterns of expression, and of their beliefs and images’…which served as an ‘efficient means of social and cultural control, when the immediate repression ceased to be constant and systematic’ (Quijano, 2007, p. 169), continued the ‘colonization of the imagination of the dominated’ (p. 169). As this thesis will show, these traditions and patterns of schooling were unable to address the psychological needs of a parentally bereaved group of adolescents who were instead, silenced into submission or who became overtly reactive to ‘norms’ of adult patriarchal and colonialized behaviours in response to their grief, which they perceived as unjust and oppressive.

1.6.4. Bereavement within a sociocultural context

The scientific study of bereavement within a sociocultural context is a new era of research that is receiving attention (Stroebe et al, 2001). Most contemporary writing about grief and mourning has been done in North America and Western Europe where theories and methods are grounded in the histories of these geographical areas. There is much to learn about death and bereavement based on behaviour patterns and on the interpersonal constructions of family and the individual (Marshall and Sutherland, 2008), as these constructs and behaviours will influence how persons grieve. Lofland (1985) posits that meanings are crucial in coping with loss, as losses have different meanings from person to person and culture to culture. Within the Caribbean, these meanings would differ from Euro-western interpretations, as the variations in religious and ethnic practices had their genesis in the plantation and slave experiences of the Africans (Patterson, 1973), and in the confluence of the various cultures emanating from groupings of indentured East Indian and Chinese peoples. The interactions of these various groups led to a syncretization of religious and bereavement practices throughout the Caribbean today (Marshall and Sutherland, 2008). They help to explain ethnic differences in perceptions, customs and conflicts and the meanings which these cultural groups would have given to death and bereavement.

In Trinidad and Tobago for example, what are the meanings that can be ascribed to the Christian and Muslim traditions in the island which celebrate a death after 40 days have passed, as this time period signifies the ascension of the deceased person’s soul into heaven. What are the origins of these beliefs and why is it important to understand these rituals if we are to make sense of the interpretations which adolescents give to the death and loss of a loved one?

1.6.5. Local bereavement practices

Dr. K, a local anthropologist at the UWI (University of the West Indies), Trinidad, views bereavement as a ‘multicultural event that brings different ethnic groups together in a space where there is seldom any animosity or ill-will’. Instead, he continues, ‘death has the power to allow one to lay aside one’s differences and for a moment, to pay respects to and honor the person who has died’ (in conversation with Kerrigan, 2015). Wolfelt (2010) states that after a death, the funeral is a gathering place for mourners, where the outward expressions of grief such as crying and sobbing are condoned and tolerated.

In TT, there are many inherent differences in bereavement practices, as some elements of traditional West African religions exist side by side with orthodox forms of Christianity, and with the Hindu and the Muslim faiths. The relative strengths of all the religious forms vary from one territory to another, and within territories (Thomas-Hope, 1980). Marshall and Sutherland (2008) state that because traditions are handed down from generation to generation, we find that the bereavement practices of the former colonial territories of Jamaica, Trinidad, Barbados and Guyana, represent a complex mix of encounters, adaptations, assimilation and syncretism. These authors view Caribbean societies as a socio-cultural religious mixture of values and practices from various nationalities, these values which are poignantly brought to the fore in times of grief, finding expressions through traditional religious practices.

The following accounts are adapted from Marshall and Sutherland’s (2008) article, titled ‘The Social Relations of Bereavement in the Caribbean’:

**Roman Catholicism**

In the Catholic faith, there is a period of mourning called a wake, where families, close friends and associates of the departed gather at the home to talk about the deceased. These informal and cordial discussions are usually conducted in subdued tones out of respect for the dead. On the third day, prayers are offered for the deceased since it is believed that this is the time when his soul shall rise from the dead and continue its journey after the resurrection. Burial takes place after 3 days where persons attend a service to pay their last respects. A funeral mass is held in the church followed by the final cemetery rituals where persons are invited to throw dirt on the coffin, signaling the return of the person to the earth from which he came. In many families, a memorial service is held at the church or at the home of the deceased after 40 days have passed, which signals the ascent of the soul into paradise.

**Islam**

The followers of the Muslim faith have different approaches to death and bereavement. Cremation is strictly forbidden and the deceased must be buried within 24 hours of death or as soon as circumstances permit. After the body of the deceased is washed by a family member of the same sex, it is placed in a shroud and turned slightly toward Mecca or the Qibla, before burial (Laungani, 2007). Mourning continues for a period of three days during which time family members may visit the grave and recite the Koran. Similar to the Catholic religion, there is a period of 40 days after the death when the family, once again, gathers at the home of the deceased for the final prayer and good wishes as the soul makes its way into heaven.

**Hinduism**

In this tradition, the deceased is more likely to be cremated within 24 hours. Hindus believe in reincarnation and that the behavior that the deceased had displayed in this life, has implications for the next life that he will undertake. Mourning is a social and communal affair and the family is expected to enter a period of grief for 12 – 15 days. Wailing, crying and sobbing are acceptable behaviours during this time. If a close family member was supposed to be married, this ceremony is postponed until after a year when the mourning period officially ends.

In all of the three main religious practices of bereavement in Trinidad and Tobago, there is a period of coming together and mourning, consistent with traditional religious practices. People rarely grieve in isolation as it is a time to lend support to the bereaved family and to let them know that they are not alone. This period of coming together after someone has died is known as a ‘wake’, and it is practiced not only in Caribbean society, but also in many parts of the world as in Ghana, India, Pakistan, Ireland and in some parts of Asia and the Pacific.

The importance of the ‘wake’

In Trinidad and Tobago, the wake is a public event to which many people are invited, not by a letter or word of mouth, but by association. That is, if one knew the deceased or any member of the family, one could come to the gathering at the home of the deceased. After the rituals are performed, for example, the formal prayers for the dead (Christian) are recited, the *bhajans* (Hindu songs) are sung and the stories are told, the camaraderie prevails where persons talk and laugh. This public event of the wake can be cathartic for the bereaved family in many instances, and can serve as a speedy way towards adjusting to an environment without the deceased.

1.6.6. Concluding thoughts

This section sought to bring into a closer perspective, the cultural practices surrounding death and bereavement in the island of Trinidad and Tobago and also, the influences of western values and concepts in a post-colonial society. Too often Euro-western appropriations of the experiences of our people, fail to consider that knowledge of these cultural practices is necessary, one that is structured and specific to the conditions inherent in our islands. The Caribbean experience is one where we have always constructed and reconstructed our thoughts and experiences, based on the changing socioeconomic structures of the islands and the intrusion of different ethnic groups. Qualitative research has not been written on meanings and meaning reconstruction in relation to death and mourning in this part of the world. More knowledge is needed about this topic as the social and psychological implications of grief and loss are many. The present study looks specifically at adolescent bereavement following the death of a parent. This is a start which hopefully would contribute to more understandings of our people, within the Caribbean diaspora.

**1.7. Positionality**

What then is my position in this study? How do I bridge the divide that exists between little Western research done on adolescent bereavement and no documented research done within the Caribbean on adolescent bereavement? I became very much interested in this research topic, as over the years I had seen where the fractured relationships that were created after the loss of a loved one, had devastating effects on the socio-emotional development of children and adolescents. I felt that I was therefore positioned to conduct the research in the following ways:

*As insider*

Insider research can be in the form of social interviews conducted between researcher and participant who share a similar cultural, linguistic, ethnic, national and religious heritage (Ganga and Scott, 2006). Even though I was aware that certain power imbalances were inevitable in the ways in which the teenagers may have perceived me, I intended to build constructive rapport as I moved across the generational divides within the adolescent community of learners. My past encounters with young people, aged 13 – 19, who were in different stages of their emotional and cognitive development, allowed me ‘insider status’, and gave me opportunities a) to question and deconstruct their thoughts as I explored the socio-cultural foundations of their reflections and b) to reconstruct the meanings which they attached to bereavement. As a result of this process I formulated my Thesis statement which reads thus:

**‘The meanings which adolescents attach to bereavement and the perspectives that they adopt, have been influenced by their cultural perceptions and experiences of family, school and society.’**

My aim was to seek to study and to understand the lives of adolescents, and to listen attentively to the ‘voices’ of these young people as they spoke of their experiences of grief and loss. At the same time I acknowledged that ‘there can be no “true” rendition of the “voices” of children or young people: not only may these voices themselves be highly contingent and ambiguous, but the researcher is always part of the context, production, selection and interpretation of such voices’ (Ribbens McCarthy, 2006, p. 54).

*As outsider*

Most research is done by persons linked to academia and who may not necessarily be engaged in continual discourse with the people who they intend to study. At present, I am a Senior lecturer at a University where Teacher education is the focus and where student pedagogy in the primary and secondary schools is of major concern. I am also a therapist, and I have been counselling children, young adults and their families for more than fifteen years. These encounters in both professions, allow me an advantage and a particular lens, a way of seeing, that not many researchers are fortunate to have access to. Would I be able to maintain a critical distance from my research as an ‘outsider’ to their experiences, and at the same time, to be an advocate for this group of young people whom I am researching? Spivak (1987) referred to the least powerful group in societies as the ‘subaltern’, and I believe that children and adolescents fall into this category. She advises that we cannot speak for the subaltern, and we have to let them speak for themselves. In the same way as Spivak (1987) writes, critical theorists have held out the hope that research could lead to…social justice for oppressed groups, if research understood and addressed unequal relations of power (Denzin and Lincoln, 2011). I may also encounter ‘power relations’ with this group of ‘subalterns’ as I move through the research process as an ‘outsider’, as these adolescents may perceive me as ‘different’ from them in terms of age, class and the standard English that I spoke, as opposed to the creolized English language that the students generally speak. Perhaps they may even consider me as one of the ‘oppressors’; but as the researcher, I want to deconstruct their thoughts. I want their stories to be told, as I gain new insights from the data that I gather.

*The space in-between…….As insider/outsider in a post-colonial society*

I had begun a journey where I wanted to survey the landscape of death studies as widely as possible, drawing upon theories and the socio-cultural histories of young persons that would add to the existing literature on bereavement and grief and loss. I envisioned that the group discussions that I held with the students, would mushroom into other groups formed within schools, led by competent facilitators who would be able to engage these young minds. As insider, I was able to recruit participants for my focus group discussions through organizations and school principals who knew of me, a task which would have been more difficult without their help.

But I needed to know more about this intriguing topic! I was not satisfied with the scant literature written by Caribbean authors on the subject of grief generally. As I could not find the answers within, I decided to go outside my post-colonial island to seek answers. When I travelled overseas to conduct research in a city that was different to my island, I became outsider again, this time in a different context. I attended a workshop over a five week period titled, ‘Mentors through Mourning’, conducted by Calvary Hospital in New York. At this workshop I met bereavement counsellors and engaged in discussions about children and adolescents within the schools there. Back home again, I found out through the local newspapers that there was a Ministry of Consolation in Trinidad, which was organizing a seminar to expose persons to trauma and loss. I attended this workshop and was able to speak on the topic of bereavement. Finally! I had begun to give voice to an issue which was affecting the development of adolescents in my society. My audience consisted of parents, teachers, school counsellors and teenagers themselves.

Feeling very confident, I began to consider creating another space on a larger scale where children and adolescents could meet to continue the conversations outside of a school setting. A space such as this does not exist in Trinidad and Tobago and as far as I have researched, neither does it exist in the Caribbean, for bereaved young people. In the Western world, I had heard of organizations like Winston’s Wish (UK) and The Dougy Center and Amelia’s Place (US), which provided peer support groups for grieving children and adolescents. What if such a setting existed locally for family caregivers where their young ones could go for healing?

Whilst I was very excited at all of the possibilities of this research topic, and the transformations that could take place, I had to be careful however, to stay grounded in the data. Pelling, Bowers and Armstrong (2007) state that the framework that we come from, our past experiences, will influence our approach to knowledge. Was I the counsellor researcher here? Or the researcher engaged in a counselling exercise? I had to proceed therefore with greater care and a heightened awareness of the potential for bias and pre-conceived assumptions, and to continually evaluate the power relations before and during the research activity.

**1.8. Plan of the Research**

This qualitative study adopts a Grounded theory approach. It examines and identifies categories and sub-categories using an iterative process (Charmaz, 2011). Social constructivism suggests that both the participant and the researcher are actively involved in ascribing and co-constructing meaning (Crotty, 2003) to events. The epistemology and methodology were therefore chosen as these assist in uncovering the multiple perspectives that exist within complex social and psychological phenomenon (Crotty, 2003; Patton, 2002).

The focus group discussion (FGD) formed the main method of investigation; this method enabled the adolescent to engage in discussions within a peer group setting. The individual semi-structured interviews which also included family and sibling interviews, allowed for the trustworthiness of the data. Added to this, were the expert interviews from the different paradigmatic perspectives of published authors and academia which further enriched the data. The themes were discussed within the frameworks of existing psychotherapeutic models, as well as cultural and religious beliefs within a local setting, in Trinidad and Tobago. The paper is divided into six chapters: the current Introduction inclusive of an overview of society in Trinidad and Tobago; a Literature Review; Methodology; Findings and Analysis; Discussion and Conclusion.

**1.9. Outline of the Chapters – Thesis Plan**

**Chapter 1** – provides a context for the research study. It introduces the research topic, the research questions and outlines the significance of the study. The theoretical underpinnings and my positionality in the research are explained. The current sociocultural context of Trinidad and Tobago is presented against the backdrop of existing data within the St. George district. It also provides a background to explore the influence of western psychological concepts that seems to negate the cultural diversity of Caribbean peoples.

**Chapter 2** - The Literature Review examines the theoretical concepts associated with grief, loss and bereavement. It presents the conflicting views on this subject, as it expounds the research conducted with groups of persons at different developmental levels and within health and education settings. The medicalization and sanitization of death in western culture is linked to an increase in psychological dysfunction and mental well-being, as rituals and cultural beliefs are ignored when a person dies, in these societies.

**Chapter 3** – The Methodology includes a discussion of the philosophical underpinnings of the research, the research methods, research design, the participants chosen for the study and the ethical considerations related to the sensitive nature of the study, which involves research done with children and adolescents. These empirical techniques allow us to understand the intent of the research and to examine the methods used to interpret the voices that are articulated through FGDs, semi-structured interviews, family, sibling and expert interviews.

**Chapter 4** – Findings and Analysis– This section addresses the research questions, identifying the emergent themes against the backdrop of the researched themes. It exposes the assumptions that have guided the social behaviours of families and educators within a Caribbean context. Researched themes in the literature are explored such as family conflict; dysfunctional coping styles; the impact on educational performance; and the influence of religion. Emergent themes are revealed such as the penalization of reactive grief behaviours; the devaluing of the grief response and the severing of the attachment bond before death has occurred. Secondary data are analysed from interviews with experts in their area of research, along with other key informants. A Resilience framework is proposed which allows the reader to understand why the adolescent participants would have adopted the perspectives which made them resilient, in the face of trauma.

**Chapter 5** – The Discussion revisits the research questions and discusses the main findings of the study which are then linked to the current literature. The implications from the data are explored. This Caribbean study stands out against western research and the differences are highlighted here.

**Chapter 6** – The starting point of my positionality and the end-point of reflexivity in this study, are presented in the final conclusion. The limitations of the research are posited, recommendations are made and directions for future research are suggested.

**1.10. Concluding Thoughts**

The increasing complexity of psychological methodologies, reflect the fact that social systems see things differently from their respective vantage points (Breen and O’Connor, 2007). With this in mind, in this study I attempt to situate the research on bereavement within a wider Caribbean context and to explore any emergent themes that are to be found. I have attempted to establish the relationship between the theoretical underpinnings of the study and the chosen methodology, justifying the need for the voices of the adolescents to be heard, as they battle against their own changing socio-emotional selves and their social and economic circumstances, during their period of bereavement.

It is hoped that the information provided by this study could be used by school counsellors and educators to introduce strategies within the classroom to help those students who are traumatized by grief and loss experiences. There is the need to raise awareness of the adolescent’s thoughts on bereavement which may facilitate effective adult consultation, and introduce appropriate pedagogy for positive transformation in the ethos of schools and in the attitudes towards grief and loss. It is the hope that policy-makers and educators would depart from the language of ‘sickness’ in describing grief and loss in the bereavement process, and instead turn to a model of grief as a normative life-cycle event (Stroebe et al, 2001) in the lives of adolescents.

Chapter 2: LITERATURE REVIEW

**2.1. Introduction**

This chapter reviews the literature regarding parental death and bereavement as it relates to the developmental period of adolescence. The aim of the study is to gain an understanding of the meanings which adolescents attach to their experiences of grief and loss after a parent has died. Theoretical frameworks are considered against the backdrop of bereavement. These frameworks provide a basis for the understanding of the ways of thinking of early, middle and late adolescents as they attempt to structure the sociocultural influences which have shaped their thinking. The chapter is divided into three sections.

**Section I** surveys *the landscape of death* *studies*. The section begins with a definition of the terms that are generalized in thanatology, such as bereavement, grief, loss and mourning. These distinctions are necessary to differentiate the psychological perspectives which persons adopt to cope with death. The section continues with an in-depth analysis of the existing literature on the traditional and contemporary theories of grief and the multifaceted stages and phases of grief and loss.

In **Section II,** the *focus is narrowed* and thematic concepts are presented towards positioning the research. This is followed by reviews of the developmental phases of the adolescent and the contextual influences such as the attachment bonds to family and school, on meaning making. As traditions give way to the influence of modern remedies, the medicalization of childhood and adolescence is given eminence as a ‘cure’ for all ills.

In **Section III** the literature *review* *zooms in* to the social relations of bereavement in Trinidad and Tobago. The section questions the necessity of researchers to know of a society’s culture and rituals, before applying remedies to solve problems that are indigenous to that society.

The Chapter concludes by a discussion of the current study, and the added benefits of this study to the body of research done on bereavement.

**2.2. SECTION I: SURVEYING THE LANDSCAPE OF DEATH STUDIES**

Bereavement is the state of grieving the death of a loved one with whom the individual has shared a relationship. Balk (2011) posits that ‘relationships with persons we care for combine both tangible and intangible elements. What matters is that the person is gone forever and that places us in a state of loss (what we call bereavement), eliciting complex reactions (what we call grief), and finding expression in a myriad of ways (what we call mourning)’ (p.35). Grieving the death of a loved one presents significant challenges regardless of the bereaved individual’s age or life circumstances, and can be especially daunting during times of developmental transitions (Zieher, 2012). Death and grief are deeply embedded within each person’s reality, ‘although they are considered to be universal, natural, and predictable experiences that occur within a social milieu’ (Irish, Lundquist and Nelsen, 2014, p.187).

Whilst the focus of the study is on parentally bereaved adolescents within school settings, and within the context of interactions and relationships shaped by cultural contexts (Rosenblatt, 2001), it is necessary to survey the landscape of traditional and contemporary stages and phases of death studies, which would have informed these trajectories.

**2.2.1. Definition of terms**

A brief discussion of the terms that are particular to death studies is necessary, as many theorists may at times, offer interpretations that are relevant only to the studies that they have done. Balk (1996) whose research was based on the developmental periods of adolescents and college students, suggests that **bereavement** can be ‘a paradoxical aspect of life crises that can promote growth and maturity while at the same time, threaten dysfunction and dissolution’ (p. 175). On the other hand, her work on coping strategies for pre-schoolers through adolescents, led Boyd-Webb (1993) to state that bereavement is theperiod which signifies the objective fact that a meaningful person has died and that the individual who has suffered a loss, may be experiencing psychological stress. This stress may be exhibited by symptoms of **grief**, which are ‘the emotions that are felt after a loss, such as emotional numbness, disbelief, separation anxiety, despair, sadness, and loneliness’ (Santrock, 2014, p.380). Stress symptoms may also include a sense of hopelessness and defeat, apathy, loss of meaning….and growing desolation (Buglass, 2010; Chiambretto, Moroni, Guarnerio, Bertolotti and Prigerson, 2010). Bowlby (1980) posits that the concept of **loss** (something that had been present but is no longer there) is rooted in theories of attachment and is resolvable at some level, an opinion which is disputed by Freud (1961) who asserts that loss and its associated grief are not retrievable.

The current research that I have undertaken, examines the thoughts of adolescents specifically. According to Erikson (1997), the period of **adolescence** marks the transition from childhood to early adulthood, entered at approximately 10 to 12 years of age and ending at 18 to 22 years of age. At this point in development, the pursuit of independence and an identity, coincide with the adolescent’s thought processes which are more abstract, logical and idealistic, than the cognitive development that was formerly displayed in childhood. It is opined that the teenager prefers to spend more time with peers and individuals outside of the family (Santrock, 2014) than the home or school. The psychological literature concurs that the death of a parent is significant in the context of tensions concerning the developmental crisis of dependency versus autonomy (Balk, 1996) and that ‘teenagers certainly grieve and have the cognitive maturity to understand death’ (Ribbens McCarthy, 2006, p.43).

In this study, the words for adolescent and teenager will be used interchangeably, as would grief and its attendant feelings of loss. Bereavement will be viewed as a specific form of loss associated with grief, while mourning is ‘the period of time during which signs of grief are made visible’ (Ribbens McCarthy, 2006, p.31). Confused yet? Please read on to be further enlightened as the landscape of grief and loss widens!

**2.2.2. Types of Grief**

*Normal grief* Grief was defined as the emotions that are felt after a loss. It is a widely- held belief that these emotions are normal and expected while other writers suggest that ‘normal’ grief should be regarded as complicated grief (Attig, 2002), since bereavement is a challenging time for most persons.

*Disenfranchised grief* Doka (2006) of the Hospice Foundation of America coined the term ‘disenfranchised grief’, when he suggested that there are losses that are disenfranchised, that is, the loss is not acknowledged or the griever is excluded and/or socially defined as incapable of grief. In these instances when the loss is not acknowledged, there is little or no social recognition of his/her sense of loss or need to mourn. These persons who are not ‘socially recognized’ may be the very old or the very young; or the relationship to the person who has died is not recognized by others in the social milieu, such as those persons who are step-parents, homosexuals, an extra-marital affair, and unmarried persons. Children and adolescents fall within the first two categories, that is, **their loss is not acknowledged and there is the belief that they are incapable of experiencing grief.**

*Complicated grief* Worden (1996) describes complicated grief as abnormal reactions to loss and may include chronic grief reactions which can disable persons and lead to phobias, physical symptoms and deviant behaviours. Both disenfranchised grief and complicated grief, if left unresolved, ‘may lead to social isolation and exacerbate feelings of guilt, depression and anger’ (Balk, 2014, p.124). Worden’s work on complicated grief (1996) drew upon extensive interviews and assessments of school-age children who lost a parent to death. His major findings were derived from the Harvard Child Bereavement study where he compared 125 children with a control group of non-bereaved children over a two year period. In his research, his objectives were to determine how children mourn when a parent dies, how their grief differs from that of adults and to examine the importance of the rituals surrounding death. Whilst his objectives are similar to some of the aims of the present research, the methodology used was a mixed-methods approach to gather data. Worden used interviews with children (in the presence of adults! What are the biases here then?), in addition to standardized assessment tools and questionnaires.

Many of these opinions and research done on bereavement can be classified into traditional and contemporary models, and they have set the stage for an increased understanding of the phenomenon of grief, bereavement and loss.

**2.2.3. Traditional Models of Bereavement**

*‘Melancholia’ Theory* In 1917, Sigmund Freud first wrote about the grief process in his book, “Mourning and Melancholia”, where he defined mourning as the normal process of letting go of the feelings of attachment to the lost person and developing feelings of attachment to someone new (Hurd, 1999). Although he was referring to adult mourning, his theory was widely used by therapists in the diagnosis and treatment of bereaved children from the 1920s through the 1970s (Brown, 2002) as it was the belief that children were not capable of mourning and did not grieve (so why research this group, I suppose?). This view differed from Bowlby’s (1980) assertion that even infants are able to experience grief.

*Attachment Theory* John Bowlby was a British psychiatrist whose theory of attachment provided a basis for understanding the grief reaction of children, to the loss and separation of a parent. The theory states that in a secure attachment relationship, children learn that their attachment figure will return after a temporary separation. When an ‘attachment figure’ dies….healthy mourning is the process of accepting that the parent is not returning and finding new ways to integrate their loved one into a world without their physical presence (Field, 2006). Bowlby’s processes derived from his work with institutionalized children who had lost parents in World War II. According to Stroebe, Stroebe and Hansson (1993), Bowlby described three phases of grief which were the Early Phase- attempts to recover the missing attachment figure; the Middle Phase- feelings of hopelessness and depression; and the Late Phase- one of emotional detachment and reorganization.

*Acute Grief Syndrome* Balk’s accounts of Erich Lindemann (2014, pps.115-117) cites this psychiatrist as having coined the term, ‘acute grief syndrome’ after his work with families who had lost their loved ones in a Boston fire in 1942. Lindemann states that there must be professional intervention in cases of intense stress and acute grief that a bereavement may produce, and persons need to give vocal expression to their grief. This position is not a revelation to the generalized research. What can be noted here however, is that these conclusions were made after much work was done with bereaved persons and many successes were attained, YET there continues to be large debates over the efficacy of such interventions after more than sixty years! In my opinion, it seems that the many theories have been influenced by topical crises, by the values of the researcher and perhaps, by the issues of social justice at that time with its particular political connotations. Have the current models of bereavement demonstrated different results and achievements in the face of bereavement?

**2.2.4. Current Models of Bereavement**

*Stages of Grief* During the bereavement period, Kubler-Ross (2011) suggested several stages to identify grief such as shock and denial, pining, reorganization and recovery. These stages had to be followed in a particular sequence for bereavement recovery.

*Tasks of Grief* Worden’s (1996) grief model identified a set of tasks for the bereaved person such as accepting the reality of death; dealing with the emotional impact of the loss; and adjusting to an environment in which the deceased is absent. These tasks were in any order, and varied with the age and developmental level of the child.

*Continuing Bonds theory* Silverman, Nickman and Worden (1992) looked at ‘internal connections’ or ‘continuing bonds’ by children to their deceased parent, which seemed to help them adapt more readily to life without their loved one. These connections were through dreams, waking memories and personal objects which they kept, that had belonged to the parent. According to Silverman et al (1992), a healthy part of the bereavement process for children, was the ability to construct an inner model of their parent with whom they can continue to relate through images and memories, as they adapt to life without the parent.

*Dual Process approach* Stroebe and Schut (2001) offered the dual process approach model which theorized grief over time, and paid attention to the web of psychological, cultural and sociopolitical factors which interacted to make loss experiences far more complex than traditional approaches (Ribbens MCCarthy, 2006).

*Meaning Reconstruction Theory* Neimeyer and Anderson (2002) introduced meaning reconstruction theory where they posited that ‘meaning reconstruction to loss is the central feature of grieving, a process which is deeply personal and intricately social’ (p.47) and where narrative was central to the reconstruction of meaning.

*Balk’s Tasks of grief* Balk (1996, 2004; 2014) is one of the few theorists to focus exclusively on adolescent development and the factors which enable or inhibit their development, as they move through the tasks of grieving. He does not offer phases or stages of grief, but like Worden (1996), he speaks of tasks to be completed. In his study, there is no order in which these tasks must take place and adolescents will move in and out of them at their own pace (Balk, 1996). There are five tasks to be completed. The *first* task is the intellectual understanding and acceptance of the finality of death. The *second* task is the adolescent‘s attempts to navigate through the events connected to the crisis, defined by the cultural and religious norms of their family, and the *third* task is his/her ability to maintain close relationships with friends and family members. Balk’s *fourth* task encourages adolescents to express their deepest feelings of anger and despair and to seek professional help if needed. The *fifth* task, after much reflection and support, is the adolescent’s sense of personal power that enables him or her to make plans and to set future goals.

**Exploration of the traditional and current models of bereavement**

As can be gleaned by the various models of bereavement, there continue to be many proffered stages or phases of grief. Once considered to be a topic that was private and not open for speculation, the topic of bereavement and grief and loss has stimulated much debate, especially as there can be long-term complications for the grievers. But there are inherent challenges in each theory. According to Stroebe et al (1993), Bowlby’s [enlightened] views rescued bereavement research theory from the traditional, narrow perspective offered by Freud and opened up the gateway for studies done on children and bereavement. Current research supports Bowlby’s view of the importance of the previous quality of the attachment bond by the parent who has died, ‘if this is to aid in the healthy bereavement period of the child’ (Balk, 2014, p.19). However, whereas Bowlby’s phases were dominated by emotional reactions to the loss of a loved one, Balk’s phases occurred against the backdrop of cultural and societal influences, as the adolescent attempted to rationalize and make sense of the death experience.

Hogan and De Santis (1994) suggest that there have been changes over time in the sorts of psychological outcomes that have received attention in bereavement research. The 1980s work on bereavement focussed more on psychosocial and cognitive development, ‘while the 1990s saw a shift towards implications for self-concept, grief, personal growth and ongoing attachment’ (Ribbens McCarthy, 2006, p.45) and an attempt to look at other examples of losses that are not universally recognized or accepted. These may include abortion, divorce, pet loss, job loss, disability, suicide or witnessing a loved one’s decline due to dementia (Patterson, 2010) and persons may exhibit different grieving cycles for these types of loss.

Conclusion:

The current literature suggests that there are ‘normative’ grieving cycles which everyone experiences after a loss has occurred (Kubler-Ross, 2011) such as the death of a parent or sibling. Other research states that one’s culture impacts the grieving process (Parkes, Laungani and Young, 2015). Let us move away from these generalized theories now, to consider how the present study positions itself within the wide and sometimes intricate, body of research that has been done on bereavement.

**2.3. SECTION II: NARROWING THE FOCUS**

**Figure 2**. Positioning the Research - A Conceptual Framework

In this section, I narrow the focus of the Literature review, as I move away from generalized theories of stages and phases of grief, to position the research among contemporary theories of adolescent development. As indicated in Figure 2, I propose that theories of attachment and meaning reconstruction can shape the perspectives of adolescents to develop coping skills or to display emotional and behavioural disorders, as they go through cognitive and socio-emotional changes during the adolescent period of development. The intervention of medicine will be discussed as having a dehumanizing effect on the experience of death and dying (Kubler-Ross, 2011), where death and dying now have to be hidden away to ensure that one can maintain the illusion of the *good life* in the here and now (Ribbens McCarthy, 2006). This section concludes by examining the social contexts of the adolescent, which make him/her resilient in the face of loss.

**2.3.1. Defining Adolescence and its Constructs**

The period of adolescence is a relatively ‘new’ concept as the life-span development of the individual up to the 1950s, was considered to incorporate two groups: the child and the adult. The adolescent ‘stage’ emerged out of a developing economic and political landscape in the Western world that necessitated extended time in education, dependence upon immediate family, extensive socialization within a peer group and self-identification as a teen (Noppe Cupit and Meyer, 2013). Many changes occur during adolescent development, which influence their physical, cognitive and affective growth. Some of these changes manifest in observed ways such as ‘interests in body image, sexuality, identity, interpersonal relationships, social reasoning, awareness of possibilities, shifts in abstract thinking, and challenges to become more engaged in critical thinking’ (Balk, 2014, p. 12). Balk views the developmental tasks of adolescence as a period which involves emotional separation from parents, achieving a sense of personal autonomy, and developing intimacy and commitment with others. This author suggests that these characteristics uniquely position adolescents in terms of their own mortality, as well as how they respond to the death of others.

*Adolescent Cognitions of Death*

Noppe Cupit and Meyer (2013) posit that ‘despite their mature understanding of death, the emotional needs and developmental tasks of adolescence create the “perfect storm” of a difficult grief experience, in a context of misunderstanding or benevolent negligence from the adolescent’s social environment’ (p.118). These authors state that the social and cultural upbringing of the adolescent lends to the understanding that the adolescent would view his grieving experiences through specific lens. That is, adolescent grief does not occur in a vacuum, but ‘the experience is rooted in a wider social, cultural, and historical context’ (p. 119). Noppe and Noppe (1991) had previously described the ambiguous relationship with death that develops during adolescence as characterized by four dialectic themes: biological, cognitive, social and affective. I will use these four dialectic themes as I explain the life course trajectory of the adolescent as he/she transitions between childhood and adulthood and attempts to make sense of grief.

The Biological dialectic refers to the adolescent’s understanding that physical maturation of the body ultimately ends in the cessation of bodily functions. Despite this fact however, Elkind (1967), theorized the ‘personal fable’ of the adolescent where the adolescent believes that no harm can come to him despite the many risks that are made. The teenager feels that he/she is invincible and there is a struggle to understand the concept of death as the ultimate ‘end’ of life.

The second theme is the Cognitive dialectic. In this formal operational period, adolescents have a greater ability to understand all the possibilities of life as they plan ahead, set goals and work out long-term strategies. These plans are often constructed on hypothetical thoughts of success and happiness as perceived by global imagery on social media and its many conceptions of what life should be. So that when ‘death’ comes in the form of a parental death or of a loved one, this occurrence can seriously disarm the adolescent and create mixed feelings of the afterlife and acceptance of the conclusion of life. Noppe and Noppe (1991) describe that ‘they fail to recognize how ordinary and human they are’ (p.34) and Balk (2008) agrees with this assumption as he states that, until an adolescent is personally affected by the death of someone significant, the concept of death remains mostly an abstract thought.

The third theme is the Social dialectic. For the teenager, the peer group is an important influence in his/her life, at times assuming more significance than family and other adults as adolescents seek to share their views with persons of their own age, and similar social status. Before the 1990s, much research indicated that the impact of death may marginalize adolescents from their peers as they struggle to cope with this different and ‘alone’ experience. In his earlier work, Balk (1996) had agreed with this view. He later disputed this ‘marginalized view’ in his research done in 2008 when he stated that the peer group plays an active role in the adolescent’s life, sometimes even more so than parents.

The final theme is the Affective dialectic. During adolescence, this phase includes an emerging sense of identity and a need for independence while still being emotionally and physically dependent upon parents. Mastery and self-control are becoming regulated here for the adolescent. When a death occurs, there is the possibility that cognitions and feelings will get out of control and either they may cause the adolescent to regress or progress in his/her socio-emotional development, depending on the secure/insecure attachment bonds that s/he has had with family members. Erikson (1997) describes this affective/socio-emotional dialectic of identity versus identity confusion, as important to the development of the adolescent.

These four dialectical situations as discussed above, appear within a biosocial context that includes the social circles of the teenager within his/her prevailing cultural and historical environment. Noppe Cupit and Meyer (2013) note that the confluence of all of these dialectics ultimately result in *making sense out of death*, within the context of development.

(adapted from Noppe and Noppe, 1991).

**2.3.2. Research with Children**

How do children and adolescents make sense out of an experience such as a parent’s death? Children younger than five see death as reversible (Elliott and Place, 2012) and ‘by the age of seven, there is a lack of emotional maturity to deal with it’ (p.99). With children over seven years, there is the fear that other significant persons will also die (Breier, Kelsoe, Kirwin, Beller, Wolkowitz and Pickar, 1988). Studies done in the late 1990s, found that children who lost a parent to death had greater levels of emotional and behavioural problems, than children who had not experienced this type of loss (Kirwin and Hamrin, 2005). The research also shows that parental death is a risk factor for the development of psychiatric and behavioural problems in adults who did not work through the tasks of grieving when they were children (Kirwin and Hamrin, 2005). Despite the fact that they were identified as ‘high risk’ by service providers, these children did not receive mental health services on a regular basis. It is my opinion that in many societies, this scant regard and lack of validation for the grief experience by service providers in health and educational institutions, has set the stage for emotional and behavioural problems in children and adolescents today.

Theories about children’s experiences about bereavement developed after research into bereavement with adults, and the experiences that adults had when they were children. Published research into the impact of death and the bereavement period for adults increased in the latter part of the 20th century, with a subsequent increase in research published about children’s experiences also (Neimeyer and Anderson, 2002; Worden, 1996). Reviews of studies from various countries, on childhood bereavement following parental death (Dowling and Osbourne, 2000; Haine, Wolchik, Sandler, Millsap and Ayers, 2006), report that children in this situation do experience a wide range of emotional and behavioural symptoms (Akerman and Statham, 2011).

**2.3.3. Research with Adolescents**

Losing a parent to death is a traumatic event for children of any age, but adolescents may have greater difficulty because of the developmental challenges which they experience at this stage (Brown, 2002). Kubler-Ross had labelled adolescent grievers as the ‘forgotten ones’ (Lenhardt and McCourt, 2000) because theorists have assumed that they either process their grief like younger children or in a similar, less intense way than adults grieve (Brown, 2002). The UN Human Rights Council (2013) declared that children and adolescents who grieve are the ‘hidden victims’ who face a higher risk of mental health issues, school dropouts, eating disorders and loss of self-esteem. Often, an adolescent will deny feelings of sadness or grief in response to the death of a parent, and this denial is at times, a way of protecting themselves from becoming overwhelmed and not wanting others to see their emotions. The level of adjustment to the bereavement depends to a large extent on factors such as the adolescent’s maturity level, the degree of attachment to the deceased, the presence of pathological symptoms prior to the death, the ability to communicate their feelings and the support structures that are in place by the surviving parent and extended family members (Haig, 1990). The absence or presence of these factors has categorized the adolescent as either experiencing ‘resilient’/ normal grief or experiencing ‘disenfranchised or complicated grief’.

Batten and Oltjenbruns (2010) state that while our understanding of adolescent bereavement has greatly expanded in recent years, one area yet to be clarified is the relationship between grief following a significant loss, and an adolescent’s spirituality and the meanings which he applies to this process. These authors explain that the developmental changes in cognitive capacity during the adolescent life stage make it possible to challenge one’s beliefs and search for new meaning. The bereavement period therefore serves as a catalyst for adolescent growth in many areas of his/her life. If this ‘spurt’ period is handled carefully by the significant others in the teenager’s life, this can be a period of positive renewal and growth. The results of this Finnish study concluded that the most important factors that helped adolescents cope with grief, were self-help and support from relatives and friends. The report asserted that the official social support system was not experienced as very helpful, and no-one reported being helped from school health services.

A quantitative and exploratory study on adolescent bereavement following parental death was undertaken by Harris (1991). Semi-structured interviews were used in combination with standardized measures, soon after (a period of six weeks) and in the first year, of the death of the parent. The ‘usual’ accompanied symptoms of stress, emotional, cognitive, physical and behavioural reactions associated with impaired school performance were recorded, along with findings of strained peer relations and sleep disturbances. Other studies done with adolescents suggest that they can talk about their feelings of loss with their peers (Gray, 1989). On the other hand, Balk (1990) in another of his earlier works, states that many teenagers report that their friendships deteriorate in the aftermath of a bereavement. (Again, this writer has drawn a different conclusion in his most recent book, ‘Dealing with dying, death and grief during adolescence’, published in 2014). So that concepts of death and bereavement seem to change, as newer studies attempt to explore these phenomena.

2.3.4. The Attachment Bond

Many of the studies cited above have not explored in any detail, the consequences and effects of the bonding or lack of bonding between the child/adolescent and the significant parent/caregiver during bereavement. Catalano, Haggerty, Oesterle, Fleming and Hawkins (2004) in an attempt to address this deficiency in the literature, state that ‘at least three child and adolescent development theories provide a central role for bonding: **attachment theory, social control (social bond) theory and the social development model’** (p. 252) which all describe the varied interactions between the child and caregiver. Fowler, Allen, Oldham and Frueh (2013) define attachment as a close emotional bond that takes place in the context of caregiving which provides the foundation for social learning, as adolescents learn about their ‘mental states’ by the responses of other persons to them. The relationship is usually reciprocal in nature and serves as a protective factor for the adolescent, as it provides feelings of security and safety in times of threat and emotional distress. In the literature, few theories have explored the importance of the emotional bonds between the adolescent and the caregiver, and in those studies which do emphasise this importance, many explanations have relied heavily on Bowlby’s (1980) theories of attachment between an infant and caregiver, as discussed earlier, and the conclusions which have been inappropriately generalized to other older, developmental groups of children and adolescents. Let us take a closer look at the relevance of the two latter theories and its applicability to the current research.

1. Social Bond Theory

This theory created by Hirschi (1969), was later developed into the Social Control theory, where he described the four elements of bonding as attachment; commitment; involvement in activities and an individual’s value system. This sociologist had theorized that bonds existed in all aspects of society, and when these bonds are weakened or broken, then unusual behaviour for that individual may occur (Hirschi, 1969). Whilst this theory is primarily used today in studies on deviancy and delinquency to explain the factors which give rise to the adolescent’s criminal activities, it was interesting to note that many of the principles of the social control theory such as the individual’s lack of attachment to family, his/her lack of involvement in social activities in school or in the community and his/her perceived conflict with parents and/or the lack of support from others - can also be applied to *disenfranchised* (Doka, 2006)and *complicated* (Worden, 1996) grief during bereavement. At times, according to Balk (1996), these types of grief laid the foundation for aggressive and reactive behaviours in both children and adolescents, especially among males who were grieving. In Hirschi’s analysis, the four main elements of bonding as stated above, support the necessity for resilience and stress the protective factors of family and school as essential to the adolescent in the bereavement process. Ozbay (2008) agrees with these views and states that when an individual had a greater level of bonding to these supportive factors, ‘when he is strongly attached to parents, friends and teachers and committed to the conventional goals of society (education)’ (p.3) he will not engage in reactive behaviours and aggressive acts.

1. The Social Developmental model

The Social development theory was first proposed by Hawkins (1996) who posits that ‘when the socializing contexts of family, school, religion and other community institutions and peers…are consistent, a social bond develops between the individual and the socializing unit. This [attachment] or control, inhibits deviant behaviours’ (p. 156) and decreases ‘risk factors such as family conflict, poor family management practices and low family bonding’ (p. 152). In contrast to social control theory, the social development model which was further developed by Catalano et al (2004) employs a narrower concept of bonding as composed of attachment and commitment to a socializing unit. The model asserts that ‘when socializing processes are consistent, a social bond of attachment and commitment develops between the individual and the people and activities…and the individual will be prosocial or antisocial depending on the predominant behaviours, norms and values held by those individuals or institutions to which/whom the individual is bonded…School bonding plays a central role as one of the important socialization domains that can inhibit antisocial behaviour and promote positive development in childhood and adolescence’ (p.252).

In addition to the models described, several studies have also discussed the significance of the attachment bonds of the individual to school (Rowling, 2003; Servaty-Seib, 2006) and to the home (Rutter, 2000). These studies posit that the attachments of children and adolescents to significant adult figures in their lives (the deceased parent, the surviving parent, family members and teachers), will determine the extent to which they are able to give meaning to their re/constructions of the bereavement period, and the directions which they will choose to take, after a parental death has occurred. There is caution against the application of these theories however, outside of the cultures in which they were developed, as attachment styles and bonds may differ based on the patterns of relatedness in the respective countries where the studies were done.

Another theory which seeks to identify with attachment theory is the Bowen family systems theory (Titelman, 2014) which describes the relationships between an overly close or ‘enmeshed’ mother-child dyad, where attachment theorists have sought to explore the interaction of the child’s ‘ambivalent’ attachment to a ‘preoccupied’ mother. I noted however, that this theory lacked consistency in its findings and was not applicable to cross-cultural research.

**2.3.5. Changing concepts of death and bereavement**

As there continued to be changing concepts of death and bereavement, several theories arose to surround this vulnerable group of persons (children and adolescents). The late nineteenth and early twentiethcentury saw a marked and widespread change in mortality rates in western society (Anderson, 1990) which led to a change in the predominant age of death from the young to the old, such that youth and death were seen as categories that were not expected to coincide (Ribbens McCarthy, 2006). People may have thought that it was tragic for a young person to die! If one were old, then it was an expectation. There were also many associated ‘adjustments’ in society. These adjustments included the public bureaucratization of death through the development of death registration processes (Armstrong and Barton, 2000) and removing the dying from family homes to sanitized hospitals and clinics; the distancing of death from everyday experiences and into the hands of specialists like doctors and mortuary directors whose expertise was rationalized, medicalized and secularized; and finally, discouraging the overt expression of emotions at funerals.

It was almost as if there was also a ‘sanitization’ of the death experience. Let’s get over it quickly! This can be viewed as the societal ‘knee-jerk’ response to what some persons consider an ‘abnormal occurrence’ such as death, and an attempt to bring back a sense of ‘normalcy’ as soon as possible to families, to schools, and to the workplace. For the most part, persons are expected to hide their feelings and emotions (by considering them private), to grieve alone and in silence, to keep up their schedules exactly as before, and to replace their loss as soon as possible (Hospice Foundation of America, 1999) with other activities. According to Ribbens McCarthy (2006) the meaning of death and the understandings of suffering ‘have become privatized…fragile and open to continual threat, leading to a fundamental problem of the potential for personal meaninglessness’ (p. 27) where people no longer know what to say or to do in the presence of a loved one who is dying. Media coverage of death, bereavement and grief is also widespread and it is estimated that children have witnessed several thousand fictional deaths before the teenage years (Katz, 2001).

**2.3.6. The Medicalization of the behaviours of children and adolescents**

Kinderman (2013) defines ‘medicalization’ as ‘the use of the medical model to describe behavior and to provide a framework for both management and intervention. Inherent is this approach is the notion that problem behavior is innate and outside of the control of the young person or the adults working with them, and implies that ‘the intervention also needs to be biological, usually in the form of medication’. (p. 28). The concern here is that many children and adolescents who experience stress-related difficulties, are at times prescribed medication to control their behaviours, without an understanding of the contexts and situations which may have influenced these emotional and behavioural responses.

Over the past four decades there has been growing concern within the disciplines of child psychiatry and child psychology about the proliferation of mental health categories and the evidence base for them (Hill, 2013). Since the first edition of the DSM (Diagnostic and Statistical Manual) in 1952 which identified 106 categories of mental health disorders, *‘*this figure rose to 357 in 1994, and is steadily increasing as the expansion reflects the increased reliance on a biomedical model, the use of medication……to treat identified difficulties’ (p. 27). Hill continues that the philosophical reaction to this development was the emergence of social constructivism, an alternative perspective in psychology which sought to question the way that *patterns of behavior have become labelled as indicative of disorders, and consequently linked to diagnostic categories*. [Social constructivism] ‘seeks to temper the biological view, by the inclusion of psychological and social understandings’ (p.28).

Medication is therefore considered as the ‘panacea’ for all ills within health institutions. Within the schools, what are the responses of teachers and schools to patterns of behaviours that are not easily understood? In TT, at the conclusion of one of the JSC (Joint Select Committee) meetings on school violence in Parliament in May 2016, a recommendation was made by some local physicians to ‘medicalise’ symptoms of misunderstood and mis-diagnosed behaviours (such as ADHD) in our schools, a first for the island and a troubling concern at best!

**2.3.7. Bereavement and Schools**

In TT, it seems that the ‘medicalization’ of the misunderstood behaviours in childhood and adolescence has reached our shores and into our schools, unfortunately so! Cobb (2010) states that the death of a parent or close loved one of the adolescent, is one of the most traumatic and stressful experiences of life, and within the school, bereaved students should be offered appropriate social and psychological support in which to re-channel their emotional energy, so that they can concentrate on their school work (Kyalo and Ochanga, 2011). In one of the few studies done with schools, and based in Kenya, these authors assert that the grieving process that follows death ‘has a negative impact on the physical, social and emotional well-being of the bereaved’ student’ (p. 14).

Holland (2008) concludes that the responsibility for the welfare of children within a school setting [rests] not only with the parents and teachers of children, but also with the various professionals that they encounter. These are persons such as guidance counsellors, school psychologists and other human resource personnel engaged in issues of inclusion in schooling such as ‘Every Child Matters’ (DfES. 2004) and ‘Common Assessment Framework’ (CWDC, 2006). Holland’s comment was in response to a study, Operation Iceberg, which was carried out at the University of York in 1999, where he interviewed one hundred subjects bereaved of a parent when they were children. He reports that ‘schools offered them little help when they returned to school after the death and indeed had done nothing to prepare them for the event’, and that ‘schools are in a unique position to help grieving children’ (p.413) as schools after all, aid in the secondary socialization of children and adolescents, assisting parents in their development.

Contrary to these opinions as stated above, Gillies (2011) posits that children develop a range of emotional skills to cope with their distress, which within a school context may not be viewed as an appropriate place to grieve. Reid (2002) disagrees with these views and comments that, although bereavement is a family issue, it will potentially affect children while they are at school, and a school has the potential to be a safe haven and even a secure ‘second family’ (Lowton and Higginson, 2003) to grieving children and their siblings.

*Complicated grief within schools*

As can be deduced by the conflicting arguments in many research studies, even though bereavement is a source of social, physical and emotional disturbance for students, it has not been given adequate attention in secondary schools. Students whose grief is complicated during bereavement, ‘may exhibit poor academic performance, indiscipline and even psychological problems such as depression, isolation’, when these are not well addressed (Kyalo and Ochanga, 2011, p. 20). A UK study done by Abdelnoor and Hollins (2004) found that within schools, bereaved participants underachieved significantly, are at risk of lower academic success (Haine et al, 2006) and were more absent from school than other children (Dyregov, 2004). As stated, bereavement usually disturbs an individual socially, emotionally and physically (Matlin, 2004) and even though the grieving process may take long, it is assumed by the adult world that the bereaved students would continue with their schooling as if nothing had happened. According to Kyalo and Ochanga (2011), ‘the profound negative effects of grief are indicated also by psychological problems such as loss of interest in life, isolation from peers, uncontrollable outbursts of crying and suicidal thoughts among others’ (p.15). McGlauflin’s (1998) earlier work produced similar findings when he agreed that school personnel have increasingly become concerned about students who often have difficulty coping with loss within the school environment.

In Trinidad and Tobago, school counselling is a recent introduction into few ‘high risk’ schools, when the issue of school violence reared its head in 2009, and guns were brought onto a school compound in the St. George district. Formerly, many schools had Guidance officers only, who dealt mainly with vocational counselling and career guidance issues. Within these fields of vocational and career counselling, not only are trauma-related behaviours overlooked, but the aspect of ‘grieving’ is and continues to be trivialized by educators, with significant effects on children and adolescents. These effects include academic underachievement, ADHD (Attention Deficit Hyperactivity Disorder), dropout rates and emotional and behavioural disorders (Greenwald, 2014). As early as 2003, the National Association of School Psychologists (NASP) in the US had made a recommendation that schools needed to allow students who were dealing with family death, to give them as much time as was needed, to grieve. To what extent has this recommendation been implemented by schools globally?

**2.3.8. Bereavement and Teacher Education**

Loss is a natural and expected part of one’s life and before reaching adulthood, the majority of children and adolescents globally, will experience the loss of a close or special person (Graydon, Jimerson and Fisher, 2010). These authors state that it is ‘very important for educators and staff at all levels to have a strong understanding of the ways in which they can support grieving students’ (p.2). Whilst Auge (2012) agrees with this statement, she claims ‘yet only 7 % of teachers have ever had training in how to deal with a grieving student’ (p.1). These statistics were some of the results of a survey of 1253 teachers, guidance counsellors and school staff done by the AFT (the American Federation of Teachers and the New York Life Foundation, 2011). Of the teachers surveyed, 67 % reported that the loss in a child’s life translated to poor academic performance, and 87 % said that bereaved children had trouble concentrating in class (Auge, 2012).

These are very poor statistics of trained teachers to address an issue that impacts negatively on the psychosocial development of the child and adolescent in the classroom. Dr. David Schonfeld (2012), Director of the National Centre for School Crises and Bereavement (USA), posits this view: ‘The fact is, our society is uncomfortable with death and uneasy with grief, particularly when it’s a child who is grieving. When kids don’t have the tools to express their grief, it can result in emotional, psychological and behavioural issues’ (p.2). This view is supported by Coyne and Beckman (2012) who assert that ‘if schools pressure students to resume ‘normal’ school activities without a chance to deal with the emotional pain that they are feeling, it may prompt additional negative problems while at school’ (p. 109). Beswick and Bean (1996) state that the fact that only psychiatrists and psychologists are seen in western society as having the skills to deal with bereaved children may also prevent support from being given at home or in school, as school communities often create the conditions for grief to be either normal, or complicated and disenfranchised (hidden). Disenfranchised grief may arise if the loss or death is not acknowledged or socially supported (Doka, 2006) by school staff and support systems within these school communities. These views further underscore the need for a module on grief and loss in teacher education and student pedagogy, globally.

Conclusion:

In Trinidad and Tobago, within our schools, a lack of attention has been given to the emotional responses of students as a result of a loss, as grieving is considered to be an ‘adult’ undertaking. There is the false belief that children easily ‘bounce back’ after grieving for a short period and that their ‘grief will progressively lessen until it is no longer there’ (Black, 2002, p.29). Ribbens McCarthy (2006) posits that ‘common concepts occur across the separate literatures of bereavement and young people, and many studies draw our attention to the ways in which not only experiences of death, bereavement and grief, but also meanings of what it is to be a child or young person, have to be considered alongside the particular cultural contexts’ (p.47). However, within these groups of students, there are considerable cultural contrasts, and religious affiliations and rituals to a very large extent, influence their responses to traumatic incidents (Worden, 1996; Parkes, Laungani and Young, 2015).

**2.4. Section III: ZOOMING IN to the Caribbean landscape**

**2.4.1. Defining culture**

Laungani (2007) has stated that the word ‘culture’ is difficult to define. Geertz (1973) identifies it as a historical pattern of meanings embodied in symbols, whilst Helman (2001) defines it as a set of guidelines for understanding one’s own behaviour, own interactions and relations with others, and one’s own constructions of the world. Culture can also be defined as the social heritage of a community, ‘the ways of thinking and behaviour which distinguish one group of people from another and which tend to be passed down from one generation to another’ (Parkes, Laungani and Young, 2015, p.10); specifically, it is the knowledge, attitudes, values and customs that characterize a social group. Laungani (2007) concludes that ‘the differences lie mainly in their theoretical orientations and the methodological strategies used to investigate the problems’ (p.35). Cultural concepts therefore, differ greatly from culture to culture and perceptions and experiences of grief and loss are placed in the context of peoples’ beliefs about ‘the origins of the events, the nature of the person, the proper way to behave, and the meaning of the loss’ (Irish, Lundquist and Nelsen, 2014, p. 14).

**2.4.2. The Social Relations of Bereavement in the Caribbean**

The varied definitions of culture as described above, can be applied to the Caribbean, which is a multicultural and multi-ethnic diaspora where race, language and ethnic origins continue to be socially significant. The lifestyle, the history, the values and the traditions that surround death and grief however, are influenced by the customs and mores of the migrant groups from Europe, Africa and Asia, and these traditions continue to shape, if not dominate, ways of being.

In examining the legacy of colonialism and slavery, theorists reveal that the school and family are part of the many systems of social control which structure peoples’ lives (Sutherland, 2011). The significance of these two ‘practices’ of colonialism and slavery lies in the ideas which they generated, ideas that were based on religious principles and generally underpinned by an unchecked desire for economic gain (Bosworth and Flavin, 2006). They state that the colonial masters sought to suppress the differences across the various ethnic groups and instead inculcate into Caribbean society, a culture based on Western concepts. These colonialists were not mindful of the concept of difference amongst Caribbean peoples; neither did they seek to identify these peoples as particular ethnic groups with their own family structure and ethnic identity; their cultural, psychosocial and historical realities.

As I attempt to link my research very closely to the Caribbean, especially in Trinidad and Tobago, I recognize the fact that any discussion of bereavement in childhood and adolescence needs to take into account ‘the psychosocial and historical realities and the influences of culture, on the bereavement process’ (Morgan and Roberts, 2010, p.209).

**2.4.3. Culture and bereavement**

It has long been recognized that adverse social environments play a major role in influencing the onset of behavioural issues associated with childhood bereavement (Neimeyer, 1999)) and culture often influences whether persons seek help, their coping styles and support systems (Santrock, 2014), and their beliefs about the causes and consequences (stigma) of their loss (Edgar-Bailey and Kress, 2010).

Gillies and Neimeyer (2006), in their book titled, ‘Toward a model of meaning reconstruction in Bereavement’, state that beliefs about grief and loss are molded by societal dictates; that is, religious and ethnic groups determine and refine the appropriate responses, behaviours, feelings and rituals of individuals when a loved one dies. Willis (2002) offers that children are being raised in cultures that avoid grief and deny the inevitability of death. The literature also highlights counsellors who report that ‘discussing topics related to grief and loss made them more uncomfortable than discussing other presenting problems’ (Kirchberg, Neimeyer and James, 1998, p. 71) that were trauma-related, as they too, recognize the role of cultural context in the bereavement experience (Doka and Davidson, 1998; Doughty, 2009; Humphrey, 2009). Bereaved individuals must reconstruct their personal world of meaning in the absence of their loved one and ‘meaning reconstruction in response to a loss is the central process in grieving’ (Neimeyer, 1999, p.67).

**2.4.4. Culture and Attachment**

In a similar way as the concept of bereavement, the concept of attachment seems to be molded by societal dictatesand cultural patterns. It is important to acknowledge here, the influence of attachment on the bereavement process, as the emotional bond between the adolescent and parent/caregiver can influence the verbal and emotional responses that are made after the death of a significant and primary caregiver. The type of the attachment relationship is the core of the child/adolescent’s mental health and well-being. Fonagy (2016), a clinical psychologist, writes that attachment is a key indicator to the infant in the first years of life and has a major evolutionary function in many societies – as it signals to the infant that an adult is around who would ‘look out for you’. In his opinion, it was very difficult for the infant/child to become violent in secure familial contexts as there was confidence in the relationship that the person was reasonably available and responsive.

In a different and more realist vein, Meins (2017) has argued that ‘the predictive power of attachment appears to have the ability to short-circuit people’s basic common sense…as attachment [theory] is wrongly being set up as a benchmark for all…to attain’ (p.2). She does not support the claim that parent-child attachment in infancy is critical to a child’s later development, as attachment is measured in different ways throughout the lifespan and dictated by one’s cultural contexts. Meins (2017) continues that ‘insecure attachment is pathologised and vilified’ (p.22) as there have been many misinterpretations in scientific journals which report inaccurate attachment relationships and many of these studies on attachment are not grounded in theory. Rothbaum, Weisz, Pott, Miyake, and Morelli (2000) support this argument, as they agree that ‘an awareness of different conceptions of attachment would clarify that relationships in other cultures are not inferior but instead are adaptations to different circumstances’ (p.1101).

Writers such as Meins (2017) and Rothbaum et al (2000) assert that attachment theory (as explained by Bowlby and Ainsworth) stresses ‘individuation’ within a western context, and that attachment theorists continue to use measures of sensitivity, competence and secure-based concepts that are biased toward western ways of thinking. The underlying ‘problem’ here is the reliance on a paradigm and its measures (such as Ainsworth’s ‘Strange situation’) which was designed by western investigators for use with western participants (Keller, 2013). When the concept of attachment is applied to a Caribbean context, Keller (2013) suggests that dependency theory and its links to the behavioural systems in these islands are important factors to consider, as the attachment styles are directly related to the individual’s compliance with others’ wishes and their responsiveness to social cues and norms which are based on cultural patterns.

Thus, environmental factors, parenting styles and parental involvement influence attachment styles and within particular cultural contexts, attachment theory loses significance in its ability to explain the experiences of a bereaved population if other factors are not considered. These factors include the relationships between the adolescent and the parent before the death happened; the social bonds of family and fictive kinships; and the religious rituals and beliefs. All these factors are seen as a ‘collective’ and not as an ‘individualised’ or singular entity, and are essential if one is to understand the grieving process within a cultural context, especially within the Caribbean diaspora.

**2.4.5. Culture and grief**

Grief is another social construction which has been shaped and molded by socio-historic realities. Although symptoms of grief such as crying, sadness, depression and anxiety are often assumed to be universal, the experience and expression of grief may vary widely between individuals and across different cultural groups (Stroebe and Schut, 2001). Laurie and Neimeyer (2008) propose that grief theories such as those outlined by Bowlby (1967) and Balk (1996), have relied largely on the experiences of the dominant white culture to explain how [persons] grieve in general. They state that cultural subgroups in the US, most notably African-Americans, have received little attention from grief theorists ‘though researchers have recurrently indicated the pitfalls of assuming that African-American grief mirrors that experienced by Caucasians’ (p. 174). Rosenblatt and Wallace (2013) suggest that although theories of bereavement aim to define grief in general terms….such theories may be ‘mute, misleading, or unhelpful in that they largely ignore the cultural differences that affect the ways in which African-Americans grieve’ (p.xiii). These opinions can also be applied across groupings and in plural societies such as the Caribbean, where cultural differences exist and where patterns of grieving may not be likened to Euro-western ways.

Few empirical studies have explored the grieving process among different ethnic groups and how they may differ in their experiences of loss. In their study, Laurie and Neimeyer (2008) examined the differences between African-Americans and Caucasians within the US in their expressions of grief. Results revealed that African-Americans experienced more frequent bereavement by homicide and maintained a stronger continuing bond with the deceased. This group also reported higher levels of complicated grief symptoms than Caucasians, as blacks tended to talk less with others about their loss, or to seek professional help. Other researchers support this view (Rosenblatt, 2001; Neimeyer, Prigerson and Davies, 2002) and proffer that vast differences exist between societies relative to how grief is shaped. Despite such claims however, few studies have focused on how different [cultures] express grief(Rosenblatt, 2001)and‘the study of culture and subcultural differences in response to bereavement has recently been identified as a major priority for future research’ (Laurie and Neimeyer, 2008, p. 174).

**2.4.6. Culture and Death**

In traditional cultures, death is often a natural and familial occurrence. The dying and dead are cared for by their own family and children are not only close observers of this but are often active participants in any activities or rituals (Parkes, Laungani and Young, 2015, p. 199). Children’s experience of and adjustment to death and bereavement therefore, is influenced to some extent by general cultural differences such as child-rearing practices and the status of children in a particular society, as well as ‘more specific influences such as how they acquire their understanding of death and how they are involved or excluded from mourning practices’ (p. 198).

While there is a considerable amount of clinical research in the literature on the psychological needs of bereaved parents and children, little attention has been given to [the impact of] cultural differences (Irish, Lundquist and Nelsen, 2014) and the specific and direct influence of culture on a child’s adjustment to death and bereavement (Black, 2002). Whilst these societal and cultural influences may be difficult to recognize, the contextual determinants are so fundamental to our ways of seeing the world that we often overlook their profound impact on how we feel and behave about loss (Doka, 2006). Hunter and Smith (2008) agree with Doka’s view as they stress the point that a lack of post-funeral rituals for many bereaved individuals are often not congruent with the long-term emotional needs and the making sense of the event, when a death has occurred.

**2.5. Perspective-Taking, Resiliency and making sense of death**

*Perspective-taking* is the cognitive capacity to consider the world from another individual’s viewpoint that helps the person to understand and to anticipate the other’s behaviour or thinking (Galinsky, Magee, Gruenfeld, Whitson and Liljenquist, 2008), that is, viewing the world from outside ourselves. The elements of perspective-taking are to understand the content of how a situation looks from the other’s point of view and to be able to convey empathy toward another whilst one’s emotion is on hold. *Resilience* can be defined as the ability to bounce back from some form of disruption, stress or change or ‘the demonstration of social competence or success at meeting any particular tasks at a specific life stage’ (Luthar, Cicchetti and Becker, 2000, p. 110).

Nearly fifty years of research in resiliency has brought forth various perspectives and voices (Dugan and Coles, 1989; Thomsen, 2002) yet there is little agreement on a single definition of resilience. Longitudinal studies were carried out on the children of mentally ill parents in the Isle of Wight by Rutter (1987) and on children who were separated from families in the aftermath of WWII (the Hawaiian island of Kauai) by Werner and Smith (1992). These researchers sought to identify the characteristics that either predisposed children and adolescents to maladjustment (risk factors) or shielded them (protective factors) in the face of adversity. In other studies, Benard (1991) argued that resilient children had an innate capacity for autonomy and critical consciousness, whilst some researchers viewed resilience not as a fixed attribute, but as a set of processes that can be fostered and nurtured (Padron, Waxman and Huang, 1999; Masten, 2001) through acculturation and socialization. In her book, ‘Fostering Resilience in Children’, Benard (1991) claimed that there were four common attributes of resilient children. These were *social competence* – the ability to establish positive relationships with others; *problem-solving skills* – being self- regulated and resourceful; autonomy – the *ability to act independently* and exert some control over one’s environment and *a sense of purpose* – persistent, hopeful and the outlook of a bright future.

*Adolescent meaning reconstructions of death*

Research on resilient adolescents who continue to thrive despite traumatic events has identified that the dependability and availability of the school are important elements in maintaining and strengthening young people’s well-being (Benard, 1991). It is my belief that the common attributes as cited above, when nurtured within an environment that is supportive and consistent during the individual’s upbringing, can help the adolescent to thrive in the face of adversity and to attach meaning to personal problems that may impact day-to-day functioning. However, the constructs of meaning-making cannot be shared or given by one society to another, as Euro-western ways of thinking may lead us to believe. Neither can they be scientifically ‘discovered’ or measured. In order to understand grief, the researcher cannot go around it and avoid its cultural implications; it is necessary that I go through it, and base my findings on the articulations of the persons who grieve. How can it be otherwise?

**2.6. How does my Research add to the Literature?**

*Current studies conducted*

The current study is unique to Caribbean research. There is some research done in the Western world on adolescent sense-making of bereavement, but I have not been able to locate any studies done in the Caribbean on this topic and on the meanings that adolescents in school settings, attach to grief and loss. Much documented western research has focused on how adults grieve (Moody and Moody, 1991; Wass, 2004), or interviews done with adults whose parents died when they were adolescents (Seidman, 2006; Ratti, 2011). The research, quantitative in nature, has been conducted in mental health settings (Felner, Stolberg, and Cowen, 1981; Edgar-Bailey and Kress, 2010) and has focused on the emotional impact of the death of a parent, on the grieving child. Many *assumptions* have been made about the emotional effects of a parental death, based on the developmental level and chronological age of the child (Coyne and Beckman, 2012).

In her book, ‘Young People’s Experiences of Loss and Bereavement’, Ribbens McCarthy (2006) reveals that there are a variety of qualitative literatures that provide insights and understandings into the experiences of young people with regard to issues of bereavement. These may include autobiographical, anecdotal, practice-based or case materials that are written into books (Wallbank, 1991; Mallon, 1998); case studies within academic, clinical and/or professional publications (Balk, 2004; Doka, 2006); videos produced by the Leeds Animation Workshop and the Child Bereavement Network (UK); research that is ethnographically framed, which pay careful attention to young people’s own use of language, concepts and sets of meanings; and ‘the use of individual interviews which seek to explore how young people construct and understand the significance of bereavement experiences in the context of their overall life story’ (pp.56 – 57).

From these various studies, the observations of Ribbens McCarthy (2006) reveal the following: the body of research done in the western world on adolescents *has been mostly positivist* in its orientations, or mainly focused on adult interpretations of death.

*The choice of the school as a place for research*

Why did I choose a school setting? Firstly, not many studies have been done on the meanings that adolescents attach to crucial events in their lives and secondly, few studies have been carried out within the space of the school. This study has attempted to combine these two factors. There are some advantages to the choice of the school as an appropriate place for the discussions to have taken place among the adolescents. The main advantage is that it was a familiar setting which was readily available for the students who were already positioned there. Using familiar spaces further diffuses the power of the researcher, decreasing the possibilities of ‘otherization’ (Madriz, 2000). Procter (2014) suggests that spaces of schooling can be considered as ‘social texts’ which work to characterize students in particular ways.

Freire (1970) situates the issue of the importance of the school for me, in my selection of the school as a potential research site. He states that ‘the school has been a social and historical institution, a safe haven for disabled students….and the school can be changed, not exclusively by a decree, but by a new generation of teachers, [and] of educators who must be prepared, trained and formed’ (p. 220) to address socio-emotional behaviours that are as a result of trauma associated with grief and loss. Within this safe haven, dialogue that is replete with ‘thick description’ and ‘rich in verisimilitude’ can be created in the company of others who have had similar life experiences and who are struggling with similar issues (Kamberelis and Dimitriadis, 2005).

One significant study on bereavement that was conducted within the school setting was that of Holland’s work (1993) on ‘Child Bereavement in Humberside primary schools’. This study concluded that death continues to be one of ‘our culture’s biggest taboo subjects’. Death is sanitized as the dead and dying are whisked away quickly, family support systems have declined and there are no longer the formal grieving structures (rituals) of the past. Holland’s sample included 75 schools chosen at random from 124 nursery, infant, junior and primary schools where he used a postal questionnaire which was directed to head teachers of the schools. He argued that bereavement is not a ‘priority’ in schools, there is no bereavement policy or procedure in many schools and that schools tended to seek help from church and social services as there was a ‘training gap’ in death studies for their staff. As can be deduced, his study attempted to impact policy and procedures from an administrative level only, with little influence informed from the voices of the researched children and their attitudes to bereavement.

A Caribbean study that was done within a school setting is Bristol’s research (2012), and in her discourse on ‘Plantation Pedagogy’, she posits that the pedagogy of teachers in Trinidad and Tobago has been formed and informed by both the colonial past and the colonial present. She offers a call for a pedagogy of liberation and a manifesto for postcolonial pedagogical change. In her research, she states that the current pedagogy that is taught in schools is simultaneously oppressive and subversive, and that the disciplines of social studies and history with its emphasis on cultural traditions and beliefs, must become the ‘vehicles’ or tools for teaching, educational research and social transformation. Whilst this is an ideal stance to hold, I believe that change cannot happen in schools, if educators are unaware that they ‘unconsciously’ support and are co-dependent on, a colonial past with its idioms and pedagogy of ‘plantation idealism’ (Bristol, 2012). Freire (1970) argues that there has to be a new generation of educators who must be trained and prepared to address attitudes and inequalities that are influenced by a patriarchal colonial past and hooks (2014) supports this view as she asserts that ‘the classroom remains the most radical space of possibility’ (n.p.) for change to occur.

As I explore the school as a research space and its influences on the meanings that adolescents attach to bereavement, other questions come to my mind in light of the views of the various theorists cited above. These questions are:

* In what ways would my research bring to light, the continued ‘oppression’ of a subaltern group of adolescents?
* Would my perspectives be influenced by the cultural values of the patriarchy?
* In the social contexts of the students, what are some of the binaries that may exist between the students and educators, such as conformity which is valued and non-conformity which is seen by educators as a just cause for punishment and the exclusion of students from their ‘human right’ to be educated in ways that are transformative.

*Walking the ground, bare-footed*

As noted in the literature, many of the primary studies done on adolescent bereavement (Harrison and Harrington, 2001; Robin and Omar, 2014) were conducted by medical doctors, nurses, psychiatrists and health providers who struggled to differentiate between normal grief and complicated grief. To obtain their conclusions, a review study was done on bereavement by Robin and Omar (2014). Harrison and Harrington (2001) used a Questionnaire measure of Bereavement to gather data from 1746 adolescents, aged 11- 16 years, in two secondary schools in Northern England. These writers admitted that their studies done with adult groups were not applicable to child and adolescent trauma and its resultant symptomology, and they acknowledged that bereavement was not a normal adolescent developmental task, and as such, it seemed likely to influence a teen’s self-definition.

Why then, should a researcher do an in-depth study such as I have done? In my study, I wanted to have conversations with teenagers, to see their facial expressions and body language, to listen actively and to observe the silences between their narratives! Essentially, to walk the ground barefooted with them as they journeyed, open to whatever was thrown my way in terms of angst, confusion, and so on. I think that little is known about loss and the critical aspect of how this impacts the adolescent as s/he goes through the varying developmental stages. Many assumptions are made, based on the beliefs and values of the researcher, who then constructs meaning-making based on his/her own assumptions and not on the voices of the teenager.

I would also hope that the current research can be a lever for change within Caribbean schools. Balk (1996) had first started a literary conversation about college students and their experiences of grief, loss and bereavement while they were on a school campus setting. In my opinion, the school can be a medium for change and transformation and it is in a unique position today, more than any other institution, to be a powerful change agent in the lives of children and adolescents. To change power relations and inequalities within any society is not an easy task, but change can happen and it does happen, when research can inform development and is active in its pursuit for social and institutional change (Smith, 1999).

**2.7. Personal Reflection**

From the perspective of those who work with children, as I do, the scant research done in educational settings reflects an incomplete view of the development of children. The inference drawn in much of the literature which reflects adult meanings and interpretations, is that children, especially young children, cannot understand or give meaning to death and bereavement (Breier et al, 1988; Elliott and Place, 2012) so therefore – they do not grieve. Other theorists such as Schoen, Burgoyne, and Schoen (2004) assert that improvements are ‘sorely needed in American culture where children are typically protected from discussions of death and overlooked in the mourning and grieving process’(p.1).

I would like to suggest that this improvement is also needed in Trinidad and Tobago. As I document the opinions of my participants of students and shed light on an issue that has been stigmatized and privatized in this society, especially among young persons, it is my hope that attention may be drawn to the plight of this vulnerable group.

**2.8. Concluding Thoughts**

A key theme in the bereavement literature is the recognition that whilst every grief experience is unique, there are characteristics that would determine whether grief is complicated or normal: the circumstances surrounding the death; the relationship with the deceased; the availability of support and the coping mechanisms of the adolescent. In addition to these factors, a myriad of sociocultural determinants were discussed (Breen and O’Connor, 2007). The models of adolescent development proposed by the different theorists cited in this literature review are used as theoretical guidelines for this research.

Many of the studies described above used questionnaires and/or standardized assessment tools of measurement, in addition to the interviews that were conducted. These interviews were mostly with adults about their children and the perceptions that these adults had about how bereavement affected them, when they were children. The voices of children and adolescents are neither fully investigated nor researched, and much of the results are data that are collected from the lens of the adults.

A deeper look into the demands of the methodology used in the current research will highlight the study’s unique social and cultural landscape, even as the study elaborates on the deficiencies that are inherent in any research undertaken with vulnerable and sensitive participants.

Chapter 3 - Methodology

**3.1 Introduction**

This chapter introduces the research methodology and the methods that are used for this study which have guided the data collection, data analysis and the development of theory. The study is concerned with the subjective experiences of the participants – adolescent students – and how they have constructed meanings of bereavement. The philosophical underpinnings of epistemology and ontology are essential as they inform the qualitative mode of inquiry that is adopted, that of interpretivism. Grounded theory (GT) analysis is used to code the data into ‘discrete chunks’ (Bryman, 2008) and the background and fundamental guidelines common in the different approaches to grounded theory methodology are provided (Charmaz, 2011).

The chapter continues by exploring the ethical considerations and limitations of conducting research with sensitive and vulnerable groups such as children and adolescents and concludes with a personal reflection on the choice of the analytical approach undertaken for this research.

**3.2. CHOICE OF RESEARCH PARADIGM**

In this section the philosophical debates pertinent to this research will be discussed, as I move from defining qualitative research, to examining grounded theory against a backdrop of voices that have explored this mode of inquiry.

*Defining Qualitative research*

Qualitative research is a form of inquiry that attempts to explore phenomena in their natural settings; it uses multi-methods to interpret, understand, explain and bring meaning to them (Anderson and Arsenault, 2001). Good qualitative research can be rigorous (Berg, 2007) and the data collection employed a number of strategies and methods which were ‘systematic and had the ability to be reproduced by subsequent researchers’ (p.7). Hastrup and Hervik (2003) states that ‘the ethnographic experience cannot be taken at face value but must be studied in its sensational depth’ (p. 224). I wanted to ensure that there was both rigour and sensational depth as I engaged with the students. This was done through observation of their non-verbal knowledge (their body language and facial expressions), semi-structured interviews and focus group discussions. The data that were collected in these face-to-face settings were collected through audio recordings and field notes.

A fundamental assumption of the qualitative paradigm that I subsequently employed was that an understanding of the world could be gained through conversation and observation in natural settings, rather than through experimental manipulation under artificial conditions (Anderson and Arsenault, 2001). Therefore, this qualitative research invoked the ‘studied use and collection of a variety of empirical materials – personal experience, interviews, observations – that describe routine and problematic moments in individuals’ lives’ (Denzin and Lincoln, 2011, p.2).

To answer the research questions, I considered both the deductive and inductive theoretical approaches as to their applicability to the research questions and the objectives of my study. Deductive theory represents the commonest view of the nature of the relationship between theory and social research (Bryman, 2008) and is concerned largely with a positivist discourse. On the other hand, when a researcher uses an inductive approach, theory is the outcome of the research and involves drawing inferences out of observations. This process also involves some deduction as ‘once the phase of theoretical reflection on a set of data has been carried out, the researcher may want to collect further data in order to establish the conditions in which a theory will and will not hold’ (Bryman, 2008, p.12). This strategy is referred to as *iterative* as it involves a weaving back and forth between data and theory. In the current study the iterative pattern between theory and data was interactive and continuous, one informing the other. The complementary interchange of ideas, where one dynamic or factor supplemented and/or was influenced by the other, was observed in the verbal exchanges of the students where their narratives revealed categories upon categories that continuously informed one with the other.

As the adolescents shared their experiences, new concepts also emerged that I had not read about in the literature on death studies, and that I was able to link to their socio- historical positionings. I noted in my research that whilst the data revealed many ‘insightful empirical generalizations’ that could be linked to existing theories (Strauss and Corbin, 2008), in the analysis of the data there seemed to be a core category that was constantly generated, which was not linked to any topic in the literature. I would therefore want to identify this core category and the theory derived from this category, as grounded theory.

Even as I write this, I wonder at my emboldened claim to grounded theory (GT) in my research. I hesitated many times to make this claim, and read and re-read the literature on bereavement and grief and loss, and it seemed easier to ‘go with the flow’ and state that my research has ‘features of grounded theory’ (Charmaz, 2011). I was somewhat thwarted by scholars who stated that the ‘theoretical significance of many supposedly inductive studies is not clear’ (Glaser and Strauss, 2009; Strauss and Corbin, 2008; Bryman, 2008). What makes this claim to grounded theory so elusive for many researchers?

*Grounded Theory – a brief overview*

Grounded theory methodology (GTM) provides useful tools to learn about the perceptions and feelings which an individual may have about a particular research topic. GTM was first proposed as a strategy for analyzing qualitative data in 1967 by Glaser and Strauss. Since that date, this framework for analyzing qualitative data has been the subject of much controversy about what it is and what it entails (Charmaz, 2014). Bryman (2008) suggests that grounded theory is not a theory but an ‘approach to the generation of theory out of data…that is iterative, meaning that data collection and analysis proceed in tandem, repeatedly referring back to each other’ (p. 541).

What is interesting to me is that many authors seem to agree that a definition of grounded theory can be complicated and problematic. Such complications are that reports using a grounded theory approach tend to generate concepts rather than theory (Creswell, 2013); that GTM is used where there are no existing theories (Denzin and Lincoln, 2011); and/or GTM is used where there are limited theories regarding the process that is of interest to the study (Bryman, 2008). As the researcher, should I therefore look for *concepts*, or for *theory*, or for *limited theory* in the research that is conducted?

*Data collection, data generation and analysis using grounded theory*

As part of the data collection process, GTM sometimes uses a form of purposive sampling known as theoretical sampling, where participants are selected according to criteria specified by the researcher. In the research, data are collected until theoretical saturation is reached and until no new or relevant data emerge regarding a category; whilst data collection is continuing, relationships between categories are established (Charmaz, 2014). The deductions that are made are first based on the initial findings derived from the pilot study, the interviews and the discussions and then from the continuing relationships between the categories.

This process of data collection can also be described as an iterative cycle of deduction and induction, consisting of the generation of data and a constant comparison between results and new findings in order to guide further data collection (Huberman and Miles, 1998; Strauss and Corbin, 2008). According to these authors, the categories that emerge have analytic power due to their potential to explain and to predict. Also, the constant comparisons between the collected data, codes, categories and initial findings help to crystallise ideas which can become part of the emerging theory (Charmaz, 2011).

*Substantive and formal theory*

Two types of theory are generated from GTM: *substantive* theory which is used to explain problems in a particular setting and *formal* theory which is more abstract and which provides a theoretical dealing of a generic issue which can be applied to a wider range of disciplinary concerns and problems (Strauss and Corbin, 2008; Charmaz, 2014). It is my belief that the current study has developed both substantive and formal theory. Why is this? I think that the generation of data and its interpretation focused on the explanation of a specific process, that is, the relationship between educators and families in their responses to grief and loss and the adolescents’ perceptions of these responses during the bereavement period (*substantive theory*).

The core category that was constantly generated was the ‘power differences’ between the groups of educators/caregivers and the adolescents, and the punitive methods that were used to devalue the grief responses (*formal theory*). The theory from the core category – **power differentials theory** - to explain responses to grief, has not been mentioned in the written work on death studies. Charmaz (2014) may hopefully agree with my claim to theory as part of GTM. She does not support the view that theories are discovered but rather, she believes that the studied world needs to be portrayed in an interpretive way as both the researcher and the researched embark together on the process of constructing reality, as I have sought to do.

**3.2.1. Evaluating grounded theory research**

Guba and Lincoln (1994) propose that it is necessary to specify terms and ways of establishing and assessing the quality of qualitative research that provide an alternative to reliability and validity. Charmaz (2011) posits that GT uses a combination of credibility and originality to enhance other criteria such as resonance and usefulness. As the information unfolded in the discussions, I wanted to use a variety of strategies to establish *trustworthiness* and *authenticity* as I attempted to deconstruct the meanings behind the responses of the students. These multiple strategies – focus group discussions and the various semi-structured interviews of family, siblings and expert persons - added rigour, complexity and a depth to my inquiry (Denzin and Lincoln, 2011).

*Trustworthiness of Data*

A question that I often asked myself during the process was, “what have I done to ensure that my data are trustworthy’? Trustworthiness is made up of four criteria. There is credibility – the use of multiple methods such as the focus group discussions, semi-structured interviews and observations; transferability – a thick description of data with the possibility of transferability to other settings such as cross-cultural research (NYC and Trinidad); dependability – as seen in the problem formulation, the selection of the research participants, the records that I made of fieldwork notes and the interview transcripts; and confirmability - where I did not allow my personal values to sway the conduct of the research and the findings from it. To add to these criteria, I piloted my interview questions to determine if I needed to reexamine the questions and add to them. I also asked two of my colleagues – an Assistant Professor and a Neuroscientist unrelated to my field but familiar with the research methodology, to review my data. Finally, I did Member checks of the transcripts when I invited twelve of the participants to verify the data - to read the transcripts and to confirm that their responses were correctly represented.

*Authenticity* of the data speaks to the political impact of the research, and to social justice issues such as fairness and ontological authenticity. I support Yardley’s (2000) proposal of authenticity in one’s research which looks at sensitivity issues, commitment and rigor, impact and transparency. I considered the topic of parental bereavement to be a social justice issue and one of social and political concern. To add to the *transparency* of the research, reflexivity of the entire process allowed for the preservation of my ‘self’, as the many interviews and focus group discussions were personal and intense interactions between the researcher and the researched so that some self-debriefing was necessary (Bell, 2005). As a therapist, I have had to do this self-debriefing on occasion, especially when presented with challenging situations, so that this was a familiar and necessary process for me.

**3.2.2. ONTOLOGICAL CONSIDERATIONS**

Ontology is concerned with the nature of reality, our beliefs about reality and what we think truth is. This philosophical stance can be both realist and relativist. This belief embraces an emic or subjective approach to reality where the researcher has to interact with participants in order to get at the truth of a process. This is necessary if the researcher is to understand the context which has shaped the participant’s experiences. I adopted an emic, interactive and interpretivist approach to the research.

This emic reality is subjective and multiple (Galt, 2008), as seen by the participants in the study who gave many interpretations and meanings to their social contexts. In the discussions, what was the nature of reality for the students and what kind of ‘being’ emerged as they engaged with each other and allowed their stories to be told? Multiple realities were described as they took part in the conversations and attempted to make sense of their experiences in the family and school settings that they were part of. Albeit unconsciously, the participants in the study used historical and social frames that influenced their thoughts and shaped their behaviours. In my analysis of their voices, I was aware that their individual personalities and the originality of their thoughts dominated the views which they held.

Becker (1982) states that modern culture is an emergent reality where knowledge is in a continuous state of construction and reconstruction. I agree with this statement based on my frames of reference as a therapist, where I had occasion to encounter the ecological and psychological effects of the environment on an individual, which influenced how he/she behaved and the different perspectives which they held. I was able to witness the continuous reconstructions in the different perspectives of the teenagers, who attempted to rationalize the behaviours of family members and school personnel to their loss; even as they also condemned the actions taken by teachers and principals who responded to their trauma and grief in negative and sometimes hostile ways.

**3.2.3. EPISTEMOLOGICAL CONSIDERATIONS**

Any instance of social inquiry is based upon the dual fundamental principles of ontology and epistemology (Galt, 2008). Epistemology is the issue of knowledge, that is, how do we know what we know? In this study I used the interpretivist framework to acquire an understanding of this knowledge using a grounded theory analysis. As the researcher, I was aware that what I saw and heard depended to a large extent upon my ‘prior interpretive frames, biographies and interests, as well as the research context’ (Charmaz, 2011, p.509). My interpretations also depended on my relationship with the students. According to Denzin and Lincoln (2011) and Schwandt (2000), we do not come to our studies ‘uninitiated’, so that during the discussions and interviews I was aware that my values could inevitably influence the research process. As the researcher, could my personal beliefs and feelings be suppressed whilst I was conducting the research? Should they be suppressed?

It is important to restate here, as was noted in the Introduction, that the present study on adolescent bereavement is the first study on this topic to be done in the Caribbean diaspora. As I question the epistemological underpinnings of the research and the conditions under which knowledge production is realised, the aspects of the identity of the researcher is important in this debate: *my beliefs and values which have shaped my identity*. My gender is female; my ethnic grouping is a mixture of East Indian, African and Scottish heritage; and I am a product of a ‘colonised’ people, all of which will affect the epistemic authority of the knowledge itself (Alcoff, 1996) that I seek. The biases that are inevitable and involved in my ‘identity’, must therefore be made transparent in the production of this knowledge. Most of the already established studies on the topic of bereavement and on issues of adolescent development (Balk; Bowlby; Erikson; Freud; Holland; Lindemann; Santrock; Worden), have been written by white, middle and upper class, intellectual males who, if time and circumstances had allowed, may have been part of the colonialist, patriarchal group, with their morals and value system which would undoubtedly influence the production of the theories of knowledge, of which we know today. Alcoff (1996) asserts that their epistemologies, their understandings of knowledge, their objectivities of knowledge and the production of their theories have been shaped by their particular identities.

The question therefore of *‘How do I know what I know?’,* the fundamental question of epistemology, is a political one, as knowledge is political and based on the relationships of power and privilege, between researchers and ‘knowers’ (Alcoff, 1996) and the language that is used in the production of this knowledge.

*Positioning the research for knowledge production*

With these thoughts in mind, I was therefore careful in the phrasing of the questions that were posed to the students, in the language that I used, to ensure that they understood what was being asked of them. In this endeavor I was also constantly conscious of the requirement to establish trustworthiness of data (Lather, 1986) and I hoped that the in-depth study that I was about to do and the ethical approach that I had undertaken would minimize any error and improve and protect the status of the data. During the interviews, as the teenagers told their stories in the ‘space’ that I had created (a secluded section of their school – the library or the computer room) and as they constructed knowledge, I often reflected on the process which led them to attempt to make sense of the world around them. All of the methods that were used in the production of this knowledge, were influenced by my particular values, but knowledge is not ‘individualistic’ (based on my meanings and interpretations only), but rather a ‘collective’ endeavor that requires social relevance and dependent on other ‘knowers’ (Alcoff, 1996), that is, the students. I was using an interpretivist approach which sought to *understand* their behaviours, rather than solely to explain these behaviours, and as Spradley (1979) explains, the difference between ethnographic observation and ethnographic interviewing, is to establish the importance of the interviewer’s human-to-human relationship with the respondents, where the desire should be to understand, rather than to explain the information that was being captured. In the research, the interviews and the focus group discussions became conversations which produced situated understandings grounded in specific episodes and testimonies of their life (Denzin and Lincoln, 2011) to which they applied their meanings and interpretations. In this instance, the specific ‘episode’ for the adolescent was that of parental bereavement.

As the data unfolded, some of the questions that needed to be redefined in the research were:

* In what ways do adolescents give meaning to the cultural traditions that exist when a death occurs?
* Does gender influence the adolescent’s responses to grief and loss?
* When did ‘shifts’ in their reconstructions occur?

As the different themes emerged in the conversations and as the teenagers questioned each other and themselves, the concept of ‘social reality’ took on a new meaning for the adolescents. One of these meanings was the perception of death by others in the home/school. The adolescents realized that at times, they tended to re/act on the basis of the meanings that they attributed to the actions of others (family, teachers, siblings, church) in their environment. For example, some adolescents were angry when family members did not recognize or ‘value’ their grief; whilst others were disappointed that school personnel punished them for grieving rather than support and understand the bereavement ‘process’.

**3.3. THE RESEARCH DESIGN**

In this section, the research objectives, the research questions and the research strategy will be explained. Using the interpretivist framework, the questions allow the participants to try to understand their own world, even as I also attempt to understand the nature of the adolescent’s subjective experiences. I identified the objectives of the study as follows:

**3.3.1.**  **The Research Objectives**

(a) To gain an understanding of the meanings that adolescents attach to the bereavement process

(b) To determine how adolescents make sense of their grieving experiences based on the perspectives that they adopt

(c) To analyse the meanings with a view to providing more appropriate interventions for adolescents within their social contexts

**3.3.2. Arriving at the Research Questions**

*‘No social study that does not come back to the problems of biography, of history and of their intersections within a society, has completed its intellectual journey’.*

(C. Wright Mills, 2000, p.6).

In the above comment, the author sought to impress the importance of identifying cultural, historical and personal links within a society if one is to properly document qualitative research and ethnographies. Culture provides the ‘blueprint that determines the way an individual thinks, feels and behaves in society, [and it] becomes the lens through which we see the world’ (Gollnick and Chinn, 2009, p.26). I believed that the legacies of socio-historical rituals in Trinidad and Tobago, may impact the thought processes, responses and decisions of adolescents. Furthermore, I wanted to analyse the influence of factors such as culture, religion, parents, school and friends, in their cognitive and socio-emotional development and to interpret how these factors may shape and guide the adolescent’s belief systems (Kelley and De Graaf, 1997).

As my data collection expanded, I visited New York (NYC), USA, on several occasions and I conducted interviews with adolescents who were born and raised in the USA and who had lost a parent. I wanted to identify if there were similarities and differences in adolescent responses to bereavement. I also wanted to assess if these similarities and differences were in fact shaped by the ‘normative’ developmental patterns of the adolescent or if they were shaped by cultural factors.

The key Research questionsare as a result of these critical insights:

1**.** What are the meanings which adolescents attach to the bereavement period?

2. What perspectives do adolescents adopt to make sense of their grieving experiences?

**3.3.3. The Research Strategy**

The research strategy that I eventually employed was the use of semi-structured interviews and focus group discussions; follow-up interviews on more than one occasion with the adolescents; semi-structured interviews with siblings and family; expert interviews; individual semi-structured interviews in two cultural contexts – USA (NYC) and in the Caribbean (Trinidad); detailed transcriptions of interviews and a thematic analysis using Grounded theory’s coding techniques

As was noted, an in-depth analysis of strategies emerged as the discussions unfolded, allowing me to examine the data fully and strengthen the qualitative research I had undertaken. This research strategy can be said to have been trustworthy, as it enabled the interpretation of diverse data sources and different methods of study. These processes yielded a more meaningful typology of the voices of the bereaved groups of adolescents, than I had initially foreseen.

**3.4. ARRIVING AT THE RESEARCH METHODS**

The methods employed in a research study can be defined as ‘the techniques or procedures used to gather and evaluate data related to the research question’ (Crotty, 2003, p.3), and ‘constructing a picture that takes shape as you collect and examine the parts’ (Bogdan and Biklen, 1992, p.29). In my research, the ‘picture’ took shape only after the pilot study was completed. I then had to revise the Interview guide (*see Appendix* *7*) and include questions that were focused on the cultural implications and expectations surrounding death and bereavement. The research methods are described in detail as well as the procedures that were adhered to in the collection of the data.

**3.4.1. DATA COLLECTION**

*Selecting the participants*

In the study, there were 24 adolescents: 17 were female and 7 were male (*see Appendix 9*). It is suggested that participants should be selected based on the characteristics they have in common (Franz, 2011). These characteristics included the common theme of *bereavement* (loss of a parent)**;** the *age* group (13 – 19)**;** and they all attended *secondary school*. (After the first FGD, two students left school in order to provide financial assistance to their families).

I conducted four individual, semi-structured interviews with 2 females (TT) and 1 male and 1 female (NYC), and five focus group discussions which were comprised of three to seven participants each. Two family interviews were conducted, one in NYC and one in TT; in addition to one sibling interview (TT). Data also came from four semi-structured interviews conducted with experts in their respective fields from New York and Trinidad.

I thought it necessary to include the four expert interviews, given the limited documented accounts and/or research done on bereavement or death studies in the Caribbean. These interviews were conducted with two academic specialists, in their offices at UWI and at Brooklyn College, NYC respectively. One is a well-known local anthropologist, Dr. K., who is a Senior lecturer at the (UWI) St. Augustine, Trinidad and who was able to speak at length on the influence of TT culture on the bereavement period. The other expert is a Thanatologist **-** Professor David Balk, (NYC), a respected author, well known for several books written on adolescent development and death and dying. His views included the paucity of cross-cultural research. Two guidance counsellors (one works in a high school in NYC and the other is based in the St. George district in Trinidad) also informed the research, based on their experiences with adolescent grief and loss in their schools respectively.

*Sourcing the participants*

I was fully aware that in our education system, the beginning of a school Term was crucial as school principals sought to put an agenda in place for their schools. To get a sample of students for the study, I contacted 15 schools in the St. George district in Trinidad via letters by mail. I then visited the principals of seven of the schools to ensure that they had received the letters and I invited them to participate in the study, citing the proposed benefits of group discussions for their students. In the letters which I had sent, each school was informed that once they expressed interest, this would be followed by a face-to-face interview where I would further describe the study, the research objectives and the ethical implications.

Out of the 15 schools that were contacted, four schools responded positively to the invitation. However, when the Ethics Committee at Sheffield had finally given its approval for the study, only 2 schools were able to follow through with a commitment. Of the schools that withdrew their consent, one principal had ‘changed his mind’ as he thought that the research would ‘upset’ his students who were parentally bereaved. Another principal had forgotten about the proposal and stated that it would no longer fit into the school’s already hectic schedule. I then met with the principals of the two schools to discuss the research and to outline its aims and objectives. One Principal had informed her staff of the possible benefits of the interviews and upon my arrival at the school, the staff engaged me with many questions. The Principal of the second school greeted me and said, “Finally I am getting someone to engage my boys in grief therapy. They are waiting for you! Come on!” I again had to explain the procedure, the necessity of the Consent forms that had to be signed by each student and inform him that it was a discussion and not a therapeutic exercise. This diffused his anxiety and enthusiasm somewhat!

Luckily for the study, the Birch Foundation (established in 2010 in TT, in memory of a 19 year old male, who died from Bacterial Meningitis) had heard through its church members, of the study that I was doing, as I was a consultant to the Grief Support Group at the church where I attended. This institution was able to source adolescents from three other schools who matched the requirements of the research, so that I had a cross-section of students from different schools within the same area. This added to the richness and depth of the study.

*Location of the study*

The study was carried out in five secondary schools, along the East-West corridor in Trinidad and Tobago, in the St. George district. This area was chosen for the study as it was reputed to have high rates of homicides and violent deaths, inclusive of the deaths of parents of secondary school students. I had based my choice for the location of the study on a report by the Central Statistical Office (CSO) in Trinidad and Tobago (*see Ch.1 - Introduction*).

The research was conducted at a previously selected section of the secondary school (in the computer room, the library or in the meeting room) where the students attended and/or within the area where they lived. The site of the school was chosen for the following reasons: the relatively easy access for the participants and it limited the amount of time spent by the participants in journeying elsewhere (Glesne, 2006). Whilst I was putting things in place to begin my data collection in the schools, I conducted the pilot study.

*The Pilot Study*

The participants in the pilot study *(see Appendix 6)* were between the ages of 18 – 22 years old, the period of late adolescence. They all attended a University and were in their first year. I had issued an invitation to the classes which I taught, for any student who was interested in the topic of bereavement, to participate in a discussion. Eight persons responded, all female. I told them about confidentiality issues, the right to leave the discussion whenever they chose, without explanation, and I conducted a ‘warm-up’ session to establish rapport, before the start of the discussion. The students were familiar with each other and with me, and I think that these factors allowed for openness as they related their personal narratives.

The aim of the pilot study was to elicit raw data on the feelings and reasoning skills of these late adolescents and the meanings which they attached to their experiences of bereavement. Throughout the interview, the students demonstrated an eagerness to discuss the topic of bereavement (*I never spoke about this to anyone before; I need to talk about my mother’s death. I need to get it out*; *I’m glad I decided to come – I was hesitant at first*). They described how they felt about death in general and especially how their grief responses related to parental loss. Verbal cues were given as a stimulus to inspire them to talk about the subject and to encourage the flow of the conversation (**R:** *Tell me about your family’s reactions to the death*). Qualitative analysis of their responses revealed several consistent themes in the literature and also emergent themes that laid the groundwork for further exploration and analysis.

After the pilot study was completed, I began to collect data from the schools which I had contacted and where the discussions would be held. The individual semi-structured interviews were held at different locations – at the school, at my office or at the offices of the various expert participants who were part of the research.

I will now examine the research method of the Interview in some detail.

**3.4.1. The Interview**

Kvale (2008) likens the qualitative interview to a ‘wandering together’ with the interviewee. He sees the interviewer ‘as a travelling companion of the interviewee, trying to elicit his/her stories of the lived world’ (p.4). He goes on to state that ‘if we genuinely want to hear, to understand an individual we must provide a way for him/her to speak in a genuine voice’ (p.7). To elicit this ‘genuine voice’. I conducted one-on-one meetings (at my office in TT and at my sister’s home in NYC) with students who were not part of the FGDs and who were able to give their personal views about how parental death affected them. These participants were asked the same questions as were asked of the participants in the focus group discussions. I chose to include individual interviews as I wanted to hear the adolescent’s voice, in a private space apart from other voices, for two reasons. Firstly, to compare the narratives with the adolescents in the focus groups and secondly, to determine if the adolescent’s viewpoints were similar, in a setting (my office) where he/she was not ‘influenced’ by other voices.

In my research, as the FGD progressed, I thought it necessary to also include ‘key informants’ in the process (family and sibling interviews). These interviews were included to give more clarity to the analysis in light of the research questions that were asked, and the narratives as told by the students. Denscombe (2007) suggests that group interviews such as these, can be added to the research process, as a broader spectrum of persons are covered by the research and a greater variety of experiences and opinions can emerge. Even though I had prepared questions, I allowed the respondents to talk spontaneously and uninterrupted on the topic of bereavement. The information gathered in these subsequent interviews, forced me to sharpen my reflections on my findings during the fieldwork phases (Finch and Mason, 1993).

Data analysis occurred continuously throughout the research and as the analysis of the data gained momentum, I conducted the four expert interviews. This is a kind of distinctive interviewing which involves talking to people who are especially knowledgeable about a particular context of the research (Gillham, 2005). The learned perspectives gleaned here, helped me to understand the socio-cultural contexts within which the adolescent accounts of experiences were situated. Hoffman (2009) argues that understanding the relational dynamics of interviews from different perspectives ‘enables the researcher to be better equipped to learn more about the interviewee’ (p. 343). These interviews were largely non-directive and gave freedom for the respondents to express his/her own ideas. Interview protocols were reviewed before each interview was conducted. (*see Appendix 5*). As I had surmised however, it was the focus group discussions where much of the data were gathered and where, as the stories unfolded, the adolescents were able to volunteer information on the subject even when questions were not posed to them.

**3.4.2. The Focus Group Discussion**

*Using focus groups with young people*

Ribbens McCarthy (2006) states that very little research has been done, using focus groups with young people. She asserts that this style of research – the use of focus groups - is ‘almost entirely absent in research literature concerning bereavement and young people’ (p. 57). This author also notes that while the various studies such as autobiographies, case studies and videos may provide important insights into the bereavement experiences of young people, the studies ‘generally give no information about who exactly these young people might be considered to represent, how they came to be included and on what basis their experiences have been voiced and written up’ (p.58).

Ribbens McCarthy (2006) questions the way in which the narratives are written up, and how the voices are presented as she asserts that many of the young people’s perspectives are re-framed and re-presented in particular (highly selective) ways by the writers. Absolutely true! I like these viewpoints as they have touched upon all of the inferences that I have alluded to in the current study. These inferences are firstly, that the language spoken by the respondents is central to the research and there is the need to transcribe their responses verbatim. Secondly, the sampling procedures that are engaged in, and the approach to the focus group discussions and the interviews, must be carried out both ethically and with cultural sensitivity. I was aware that I had to consider not only what was said, but how the meanings unfolded, that is, the narrative procedures of knowledge production that were offered by the teenagers.

In the discussions, the adolescents were able to feel comfortable and talk at length about bereavement and how it affected them. At times they forgot that I was present in the midst of the group as their body language turned into each other and away from me; I interjected only when the discussions veered away from the focus of the research. The common topic of parental bereavement was such that it generated deep and rich conversation, making it possible to study the processes whereby meaning was collectively constructed. There were predetermined questions which I used to elicit conversation, but I also had to be alert to the responses of the students which at times, guided the narratives in unforeseen ways. Some of the questions from my Interview Guide were omitted or at times modified, to suit the flow of the conversations.

To minimize any bias that could occur, I used interviewing techniques and skills which I learnt as a therapist. These were techniques such as listening carefully and not interrupting; asking open-ended questions; asking the same questions to all the participants and using probing questions as needed. I was able to obtain credible data and responses from the respondents and these techniques limited the opportunities for dominant viewpoints.

*Composition of the focus group*

A study by Colluci (2007) concluded that in order for a FGD to be fruitful it should comprise of people who are not too familiar with one another. I disagree with this conclusion as the ‘fruitfulness’ is dependent on the type of research to be conducted. In the present study, in some of the groups, a common theme was that the students were from the same schools or may have known each other. This was of benefit to me as the researcher as in some instances, it minimized the need for ‘warm up’ sessions for the group. The sampling that I used can be described as *purposive sampling* as the sample of participants was chosen based on specific criteria relevant to the research questions (Bryman, 2008). This author further states that ‘one of the problems that the qualitative researcher faces is that it is difficult to establish at the outset how many people will be interviewed….because as the investigator proceeds, it may become apparent that groups will need to be interviewed who were not anticipated at the outset’ (p. 461). This ‘problem’ did happen in some instances.

**3.4.3. Un/structured Observations**

*Field Notes*

With the use of field notes, I was able to record my observations on the body language and facial expressions of the respondents (the students) to ascertain their reactions to the comments of their peers or to certain questions that were raised. According to Kincheloe and McLaren (2005), they cite Carspecken who recommends that ‘critical ethnographers need to take note of body language carefully, because the meaning of an action is not [only] in the language that is spoken but in the actor’s bodily states’ (p.328). It must be noted that caution is necessary in the interpretations that are made here.

*Audio Recordings and Transcriptions*

Data obtained from electronic means (the digital audio recorder) were transcribed or written down, especially those responses which answered to the research questions (Barbour and Kitzinger, 1998). The digital audio recorder was placed strategically (on a table in the middle of the group) where it recorded what was said by each of the participants. I ensured that there was minimal noise and disturbances in the room that was selected for the discussion, as this would have interfered with the clarity of the voices in the recordings. Attention to detail in the analysis of the conversations was a key factor to this study so that prior to the recordings, I had reminded the students of the importance of turn-taking (Hutchby and Wooffitt, 2008). In most instances this was adhered to, as it allowed the voices to be heard and distinguished, one from the other. The recorded sessions were then transcribed. The transcription was somewhat difficult at times because of the multiple voices, but mostly it was time-consuming. I played and replayed the interviews myself as it brought me closer to the data and allowed me to identify key recordings. I did not want to miss any of the opinions expressed by the adolescents (also it was hugely expensive to hire someone for transcription purposes!). As I identified the themes in the research, I was made keenly aware of the similarities and differences between the literature and the grounded theoretical approach that I had undertaken; also, the importance of the proper selection of research methods which would stimulate conversations and narratives.

**3.5. THE DATA ANALYSIS PROCESS**

In this section, I will describe the data analysis process and provide a detailed application of the use of grounded theory methodology (GTM) in my research.

*Thematic analysis of the Interview Data*

Data analysis occurred in two phases. In the first phase, interview material was analyzed through thematic analysis (Guest, MacQueen and Namey, 2012) which took the form of an iterative process. I made notes after each FGD, so as not to forget my observations of expressions, anecdotes and so on, and especially to highlight the places where a student had questioned a viewpoint that was proffered or had added to it. I then began to group the themes and to identify the core categories that were emerging. Interview notes were used to construct a Coding scheme in order to guage the number of recurring themes throughout the conversations. There were new themes which emerged and these were added to existing ones. They began to form substantive theory for the research and the existing themes were then further analysed.

In the second phase, data were revisited at many points during the transcriptions to assess if changes were to be made to the coding scheme. This was also done to cluster the themes in accordance with the research questions. From the conversations, quotes were selected that were representative of the themes. These quotes were then used in the presentation of the data, to balance the voice of the researcher and the voices of the researched. Multiple data sources and data collection methods such as were previously described, were used to validate the findings. Many questions arose as I reviewed the data, and when I could not find answers, I went back to the source – possibly an expert interviewee. After a while, I stopped the data collection when the questioning ceased, when there were no new codes being generated and when theoretical saturation had been reached (Glaser, 1992).

*Analysis of the Data*

The analysis of the data truly began after the pilot study was completed. In the pilot study, new information that I had not previously considered was revealed, and I was keen to revisit the interview schedule which I did, and to formulate new questions arising out of this new data. I found that I had begun to analyse the data as it were being gathered and this simultaneous analysis allowed me to begin to make connections between the students’ narratives and to begin to identify categories and to code them. The coding techniques as identified by Charmaz (2014) suggested that I be ‘open’ to new ideas about the data. Open coding was the first stage of analysis proposed by these authors, so after I had transcribed the interviews I read the transcripts and then coded them, line by line. As the codes emerged, I underlined and labelled them. I started to write memos on the codes and noted that the categories seemed to be explaining the process. This coding was by no means a simple procedure, as the more I got immersed into the data and re-read the scripts, the more new categories were generated.

Constant comparison analysis was also being done and showed consistencies in the data. When this happened, I armed myself with different coloured markers, colour coded the categories, and began to focus on the similarities in the data. If the data did not fit into a previous category, then a new category was created. I also had to identify all the voices that contributed to the data including the voice of the researcher, my voice. As I read and re-read the data several times, I marked the places where particular voices were heard (Denzin and Lincoln, 2011). This technique is known as illumination and explication (Anderson and Arsenault, 2001), as seen in **Figure 3**.

**Figure 3.** LINE BY LINE CODING (from the transcription)

**AR. U**: The morning he died, I cried. (inaudible as she has begun to cry. She continues)…I went to school and heard everybody talking about it. Mummy said he would never forgive me for what I said – I had told him I was ashamed of him….(Father was ill and looked funny)…But I don’t see them crying….I feel as if they forgetting him!

Last week was the worst..I always feeling like ‘why he not here?’ I always use to be happy. When he died, I am just sad all the time. Mom don’t understand…

**AYAN:** Mummy said I have to worry about the future. She dismiss everything too; my sister also, as if I am the disrespectful one, because I am a teen. I don’t trust my mother and my sister. I don’t tell them how I am feeling. They are comforted by the fact that it was the Lord’s time. I am not! Mom says I’m blasphemous of the Bible.

**SHAN**: My Dad and Mom was divorced. My Dad didn’t grow us up. When she died, he come down. He kept asking me, “You still have emotions?” I don’t really talk to him so I stayed quiet. He talk mostly to my brother. Mom used to go to church, always reading the Bible, saying something good to somebody. I don’t know if I believe in anything right now…

R: How did your family react?

**AYAN:** My Mom is fair. Dad is dark. His family didn’t really like us. Right now they fighting us for his estate. For what? I was angry at the funeral so that I was barking at everybody. At the wake, I see people coming just for the food, just for the drinks, just for the ole talk. I felt like I was having a panic attack. I felt as though no-one was taking the death seriously.

**AR. U**: Everybody on me real plenty! When they gather, I is the topic. MY mother would say, “Why you so sickening! I feel like cuffing you down!” Since after he die, everybody is be on me. I don’t know why! Is because they see me going down into a depression….Sometimes I go in the toilet and lock up myself, just to get away from everybody.

A month ago, I felt like killing myself…But I had to snap out of it – I feel as if my father was holding me back…

O Perceived lack of emotion O Family conflict O Misunderstanding of ‘wake’

O Disenfranchised grief O Avoidance of family O Religious connotations

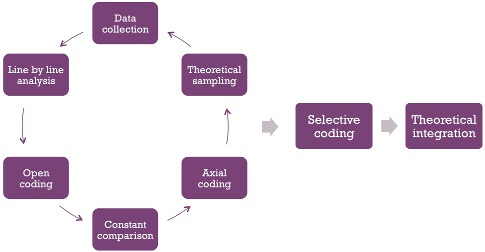
O Presence of deceased O Devaluing of grief O Survivor’s Guilt

When I could no longer find new categories and had reached saturation, I began to use axial coding which focused on the underlying assumptions (Charmaz, 2014) that came out of the language of the adolescents and which were central to the research question. In their narratives, the older adolescents stated that they were ‘*trying to manage’; ‘living for their family’; ‘exercising control over their feelings*’. Their younger siblings were *‘acting up’; ‘crying all the time’;* and were *‘withdrawing from everybody’*. Based on the research question which looked at the meanings which adolescents attach to bereavement, I was able to selectively pick out certain codes and core categories which seemed to provide an overall explanation to the study.

As I analysed the data, I began to make memos. These are notes that the researcher writes throughout the research process to elaborate on ideas about the data and the coded categories…always searching for the broader explanations at work in the process (Creswell, 2013). What served as a ‘memo’ for me also, in addition to the written memos that I had accumulated, was the recording of the categories with the use of my audio recorder. It was as if I had to verbally state what was happening in the process, out loud, and this ‘oral’ memoing worked for me and added clarity to the process. These conversations with myself were like my diary, except that the recordings were orally done! I adopted this alternate approach to the written memos at times, for two reasons. Firstly, I was able to replay the notes as I drove the 2 hour highway stretch back and forth to work every day. Secondly, this constant replay allowed for greater clarity of the interconnections within the data and I often (not always) jotted down my thoughts on writing pads when I came to the end of my journey

Theoretical sampling was engaged when I was able to see the material in a new way by asking analytic questions of the data and of the codes. (**Figure 4**).

**Figure 4.** - A representation of the GT analysis and coding which I adopted for this study.



The content of the data was therefore analysed, using typologies (groupings based on similar characteristics) or structural analogies (searching for patterns, for example). Since much of the data was obtained from audio recordings, it was transcribed into a readable format. Using grounded theory analysis, the focus was on generating ideas, explanations and understandings of the data, from the data. Atkinson and Coffey (2003) sees drawbacks of this coding as it breaks up the narrative and can be time-consuming. It was! Charmaz (2011) adds that there are interpretations that I would bring to the data as well as the interpretations that students would bring, and this comment was taken into consideration as the various themes began to emerge from the data as I transcribed. But the thematic analysis was an exciting process for me, nevertheless!

**3.6. THE ROLE OF THE RESEARCHER**

What is the good of the study, if the researcher is not skilled or tooled in certain ways to do what is required of her effectively? In this section, I will explore my skills as the researcher, and why it was necessary to engage in a process of reflexivity whist conducting the study.

Qualitative researchers commonly speak of the importance of the individual researcher’s skills and aptitudes. The researcher…is the ‘instrument’- the more honed the researcher, the better the possibility of excellent research (Richardson, 1994). In this research, my skills and experience as a therapist was of great benefit, as I was very familiar with the best practices for facilitators which included respect for participants, empathy, background knowledge on the topic being discussed, clear written and oral communication, good listening skills, the ability to control personal views, a sense of humour and the ability to handle unexpected situations (Krueger and Casey, 2014). Among the peer groups, diffusing any tensions that existed especially at the start of the gatherings proved to enrich the lively discussions that ensued. I was able to do this by stimulating laughter and by listening keenly to what the adolescents were saying within the focus groups.

*The skills of the researcher*

The outcome of the focus groups builds upon a group process. The group leader or researcher ‘can be skilled in both interviewing and group dynamics….and facilitates the discussion by posing initial and periodic questions’ (McMillan and Schumacher, 2014, p. 360). The value of the focus group discussion often relates directly to the skills and background of the facilitator (Grudens-Schuck, Lundy-Allen and Larson, 2004) and Culver (2007) suggests that facilitators of FGDs are successful when they keep the conversation moving, balance opinions in the group, paraphrase responses to ensure accuracy and review strands of conversation as the group proceeds. Even when all this is done however, there may be instances when the conversations may stray away from the focus of the study. In the present study where the discussions were to generate views on the meanings that participants gave to grieving and loss, could the participants (students) possibly become unfocused?

Unfocused wanderings did happen when the conversation veered towards a discussion of the lack of empathy among teachers in their school to their bereaved situation. These adolescents perceived that the school’s emphasis was on their academic achievement solely, to the exclusion of their socio-emotional challenges. Even though this issue of the lack of empathy was important to the teenagers, Grudens-Schuck et al (2004) suggest that it is important to keep participants (students) from moving the discussion in their own direction, especially when strong personalities may influence and in some cases, actually take over the group and make it difficult for the less assertive members to speak. In the larger focus group of seven participants, there was one personality whose views stimulated much discussion. This was the voice of a 15 year old female adolescent whose hilarious accounts of the behaviours of her deceased parents provoked much laughter, which encouraged the other participants to also provide amusing anecdotes of the deceased parent. I allowed this ‘wandering’ to happen, as I knew that it was a necessary part of the process of healing to take place. Even though I was present as the researcher, my values and skills as a therapist allowed for this digression to happen, and to happen uninterrupted, as transformation took place and the adolescents in their own way, tried to make sense of their experiences.

Krueger and Casey (2014) assert that the facilitator needs to keep the group focused and refrain from a wandering discussion. But who can be sure of what constitutes a ‘wandering discussion’ which may draw attention to pertinent issues that were not previously considered by the researcher? When the interviews were being transcribed, I realized that these ‘wanderings’ of the students contributed to the data that were collected and allowed me to add different thematic dimensions to my initial research questions. As the data evolved into new and interesting ways of interpreting the study, I tended to agree with Smithson (2008) who states that research interests are best met by providing a balance between the research protocol and ‘healthy’ discussions by participants. That is, some unfocused wanderings in a focus group discussion can result in personal reflection, in the discovery of new things and can introduce new themes related to the goals of a project. This happened when the discussions revealed that the siblings of the adolescents were reacting negatively to the parental death and that the surviving parents were unable to cope in many instances. These reflections shaped the continuing journey of the research that I had embarked upon.

*The Role of Reflexivity*

To be reflective means to think about ourselves but without an awareness of the implications of our actions, whereas reflexive actions make us more aware of ourselves and our actions. Horton and Freire (1990) state that ‘researchers who hope to educate others must increase their historical and cultural sensitivity’ (p. 124) as they engage in critical reflection on what they did. In the study the transformative ‘change’ that occurred was reciprocal, that is, not only did change occur with the students but with me, the researcher. Why do I think this?

*Shifting my ‘positionality’*

As I pondered on the findings and shifted my ‘positionality’ at times to redefine the research questions, the students had also moved from solely reflecting on their tragic situations and feeling somewhat self-piteous, to becoming reflexive and aware of how their actions could possibly influence others in their social circles. Even though I had attempted to employ various qualitative methods to conduct my research in a way where the students would feel comfortable to share their stories, some researchers believe that a ‘dilemma’ still exists, as much research is presented from the perspective of western-trained indigenous researchers, such as myself. (I had a scientific background and was trained in psychology in the USA). Tillman (2002) argues that even if one may ‘represent’ the community under investigation (as insider), ‘it is also important to consider whether the researcher has the cultural knowledge to accurately interpret and validate the experiences…of the phenomenon under study’ (p.4). As a solution to this dilemma, Smith (1999) suggests that there needs to be a ‘repositioning’ of the researcher, neither as insider or outsider, but as someone involved in critical reflexivity…about the processes, relationships, and the quality and richness of the data and analysis. I sought to do this, even as I was aware of the biases of my *epistemic identity* that would shape my beliefs. After each FGD, I sought to analyse my notes as regularly as possible; to write down all the observations or to record them orally; and to step back from the process and ‘see’ the situations from the participants’ points of view. Sometimes the interactions were not planned as in the family interview in NYC, where the aunt and mother of the two bereaved adolescents, began to share openly how the brother and husband’s death respectively, had affected the entire family. The discussion was so intense and flowed so naturally, that I did not want to ask permission to get a pen and paper to jot down notes or to record their voices; and as soon as the family departed, I rushed to write down as much information as I could remember and to begin to code their responses.

A similar process of analysis occurred after all of the interviews and the FGDs. In the process, the many writings of the Spanish poet, Antonio Machado, came to mind when he states that “we make the road by walking”. The varying viewpoints of the students were explored as I employed the qualitative methods of the interview and the FGD, which enabled them to express their views and to critically reflect on the thoughts which they held. The formal and hypothetico-deductive reasoning and abstract thinking which occurs during the developmental phases of the adolescent (Piaget, 1995), enabled the teenagers in my study to process these critical insights. I then coded their responses, to determine to what extent were these critical insights informed by the multiple realities which they experienced in their social contexts.

**3.7. ETHICAL ISSUES**

Ethical issues are present in any kind of research. In all cases, the research process creates tensions between the rights of the participants to maintain privacy and the aims of the research to make generalizations for the sake of others (Denzin and Lincoln, 2011). In this study, the concerns of my research were twofold: *firstly,* the protection of the child and adolescent research participants and their families from any harm and *secondly,* the promotion of opportunities for the advancement of knowledge derived from the findings of this study (Hoagwood, Jensen and Fisher, 2014).

*The University of Sheffield – the process unfolding*

The University of Sheffield had provided the foundation for a course of proper ethical action as its ethical guidelines allowed me to identify and critically evaluate the moral ambiguities that may have arisen when children and adolescents are the focus of a study. Some of these ambiguities were the adolescent’s developmental fluctuations; obtaining consent from the caregiver; determining the extent of the researcher’s autonomy in balancing the requirements of the research against the realities of the adolescents’ emotional ‘imbalances’, should they occur and the disclosure of information within a peer group setting, using the method of a focus group discussion (FGD).

The use of a focus group in my research was of major concern, ‘given the topic and the relative closeness of such a major bereavement’ (as stated in the University of Sheffield’s ethics inquiry into my research proposal, July 2014). As a therapist engaged in adolescent counselling for more than 15 years, I knew that many teenagers were reluctant to talk at length in face-to-face interviews, about issues that adults considered to be private, and which adults thought may provoke further distress if discussed within a group setting (as some of the principals assumed). This is a realistic assumption. But I also knew that teenagers respected the views of their peers more than the views of their own parents and other adults at times, and this was connected to their emerging selves during adolescence and David Elkind’s ‘personal fable’, as discussed by Cobb (2010). This theory states that teenagers think that they are unique and invincible and that adults are unable to understand them. As a therapist I had used groups to discuss topical adolescent issues such as substance abuse, pre-marital sex and identity conflicts, and I found that this medium produced proactive results for adolescents. I was eager therefore to know how the group process would unfold, when the discussion was generated for the most part by the teenagers themselves, and would involve an issue that was stigmatized and privatized in TT (Marshall and Sutherland, 2008), such as parental loss and bereavement.

The Ethical reviewers had also queried if there were any ‘steps or a process in place to judge the suitability of preparedness of participants for a group discussion, that is, disclosing to peers and listening to others’. I took this comment into careful consideration and as I had stated in my proposal, two procedures were followed: *firstly,* I engaged the teenagers in informal discussions prior to the focus group discussions and outlined the issues of confidentiality to them; *secondly*, I discussed with the teenagers their willingness to engage in the discussions and assured them that they could choose to leave the focus groups at any time during the discussions, without any explanation whatsoever to me or to the group. Fortunately, most teenagers who had given consent before the FGDs chose to stay, even when participants began to cry, as happened from time to time. At one college, two males opted to leave after the FGD had started (their fathers had been murdered in suspicious circumstances and they were embarrassed to talk about the deaths). From the interactions with the teenagers and from the queries made by the Ethics reviewers, two issues were highlighted throughout the FGDs: these were the issues of Trust and Confidentiality.

*Trust*

Once the discussions got underway, I noted that there seemed to be a degree of trust among members of the focus group. They seemed to relax more and this was noted in their body language. At the beginning of the FGD, the teenagers sat upright in their chairs. As the discussions progressed, they slouched, put an arm across the chair of another person, and turned their body inward to the participant as they listened. If the participants (students) were suspicious of the purpose of the study, or if they felt threatened by others’ viewpoints in the group, this was not evident.

*Confidentiality*

I was also aware of the issues of confidentiality and these concerns were highlighted at the beginning of the conversations. The students were reassured to know that no-one other than myself, the researcher, would be privy to what they said. This reassurance stimulated and encouraged conversations that were free-flowing. I repeated to them that the data that I collected were to be used exclusively for the purposes of the research and not for any other reasons. Ethical researching demanded that I use only the information gathered that addressed the focus of the study and discard all that was beyond the scope of my research topic (Denscombe, 2007). After the data were collected and transcribed, the transcripts were stored and locked in the filing cabinet at my office.

**3.7.1. Ethical Considerations**

Due to children’s special vulnerabilities, society has established special legal and ethical protections for them, including protection from research risk (Hoagwood et al, 2014). After careful thought and consideration, I believe that the current study can be said to have posed ‘minimal risk’ for the children and adolescents who participated in the research. Minimal risk means that the risks of harm anticipated in this research are not greater than those ordinarily encountered in daily life. Risk was minimized by the implementation of procedures (pre-and post-debriefings offered to the participants in the groups) to safeguard any after effects of the discussions.

At the post debriefing, I gave my telephone contact to the participants who could call me if they needed further clarity on the aims of the research or if they needed to talk after the FGDs were concluded. I did this because I knew that talking about a parent’s death could stimulate feelings of anxiety and sadness that would occur as a result of having reflected on the death. Three of the students made use of this opportunity- I spoke with one female participant over the phone and I met with two other female students subsequently, not as part of the research, but to provide therapy and counselling as they were struggling to cope with the death of the parent. These added developments of the research process led me to reflect more upon what it meant to be ethical when researchers do studies with children. No ethical transgressions were seen to be made, even as Bryman (2008) observes that ‘ethical transgression is pervasive and that all research involves elements that are at least ethically questionable’ (p. 116). Other researchers offer that some transgressions are admissible (Douglas, 1976; Homan, 1991; Denzin, 1994; Goode, 1996), provided the work has a ‘scientific’ purpose, does not harm participants, and does not deliberately damage the discipline (Bryman, 2008). Sikes (2006) asserts that ‘each research situation generates its own ethical questions and issues that demand their own, unique answers’ (p. 106), whilst Morrow (2008) argues that ‘ethics questions weave their way throughout research, and are not separate questions that need additional considerations’ (p. 52).

**3.8. LIMITATIONS**

There were some minor challenges which occurred in the collection of the Data.

*Decline in the Number of participants*

At times there were ‘no-shows’ of some participants, due to unforeseen events that occurred on the day of the interview. As happened in two instances, some participants no longer wanted to be a part of the discussion on grief and loss as they felt that they were ‘not ready’ to talk to others, especially within a group setting. These were reasonable excuses as I understood that at times, there would be those persons who would experience complicated grief (Doka, 2006). Other students were disappointed because they were not selected to be part of the focus group as they did not ‘fit’ the criteria. This happened in instances where the adolescents were younger than the stipulated age, or the bereavement period was outside of the required time period.

*Time Lapses*

Time to gather the data was crucial. The time lapses that occurred between the ethical approval from Sheffield University to conduct the study and the beginning of the semester at some schools, made the recruitment of the participants somewhat difficult. In certain situations, the principals no longer wanted to participate in the study, as the semester was already underway and their students had become involved in other activities. Thankfully these challenges were at a minimum.

*Misunderstandings by the gatekeepers*

A particular group of resource-providers whose importance is overlooked are the ‘gatekeepers’ who control access to the sampling frames and/or sample members, or who have a personal relationship with the subject (Burgess, 2005). In the study the gatekeepers were the principals and caregivers of the adolescents. Some principals, even when they were informed of the aims of the research, felt that such a topic was an ‘intrusion’ on the student’s privacy, and so withheld their cooperation and denied access to their students. Their misunderstandings here had to be respected and acknowledged as part of the outcome of such sensitive research.

The data collection focused on adolescents between the ages of 13 – 19 years old which was the period of early, middle and late adolescence. After the pilot study was completed, I went to a FGD at my first school. I was expecting nine students to be there, as the Principal had listed this number of students who had suffered a parental loss. After meeting with the principal at the school and going through the specific requirements of the study, this figure was reduced to three students. In her eagerness to provide ‘grief therapy’ to her students, she had included teenagers who did not fall within the parameters of the research, such as those who had recently suffered a loss (2-3 weeks) and those who had suffered a loss more than two years ago. These misunderstandings led to a reduction in the number of participants in the study, but if a well-rounded theory had to be developed, the participants had to have experienced the process of interest within the time period of loss that was established at the outset.

**3.9. PERSONAL REFLECTION**

When writing the methodology for a dissertation thesis, many books and articles state that there is a particular framework to follow if one is to achieve a well-structured chapter. After reading many documents and sources, I had previously written what I thought was a fine account of the methodology to be used in the study, only to be told by my supervisor that the chapter lacked my usual passion! I had to take it apart, piece by piece, introduce soul and fire into it, and put it back together again. I hope that I have done that.

The selection of Grounded theory in this research allowed me to unearth core categories of importance to the study. The tenets of GTM seemed logical and practical. I had begun with only an idea of what I wanted to do but as the research gained direction, focus and momentum, the methods of coding and constant comparison allowed for thorough construction and analysis. The reader may realise that it can become increasingly difficult for a researcher to adhere to the principles of this mode of analysis, when GTM is itself fraught with complications and nuances. Glaser and Strauss (2009) differed on the original principles and concepts of GTM, and Charmaz (2014) and others (Fernandez and Lehmann, 2005) continue to debate as to what is considered to be a ‘grounded’ approach. A newcomer to the debate, such as I was, I had to find my way through the many debates and become grounded in what I proposed to do. I must admit that at times I was ‘lost’ as the many concepts swept me off my feet (and not in the way that I wanted life to do!).

But GTM made sense. The guidelines were systematic and structured and designed to build theory (Glaser and Strauss, 2009). The emerging data allowed me to change the way I had previously thought about the cultural implications of grief and loss, and to devise ways of obtaining secondary data based on the new evidence that emerged.

**3.10. CONCLUDING THOUGHTS**

In this chapter, there were many methods used which sought to provide a sensational depth and rigour to the study. The coding strategies as defined by GTM revealed core categories of meaning and the relationships which I perceived, and these categories and relationships will be expanded in Chapter 4. Did I build theory upward from my data, and was the theory that was generated close to the data that I collected? I believe this to be so, and I will further explore this in Chapter 6.

My main method of data collection was the focus group discussion. It is the hope that the use of a FGD can be adopted by other researchers who wish to engage adolescents, so that their narratives can be told in an environment where they feel safe, and where their information will be treated with confidentiality. The ethnographic experience of this method of inquiry was such that it allowed for interpretative data, and this was also done through observations and semi-structured interviews.

The following chapter – Findings and Analysis – discusses in detail the findings of the data collection phases of the pilot study, the discussions and the interviews.

Chapter 4-FINDINGS AND ANALYSIS

4.1. Introduction:

Bereavement support after a parental loss requires data about what adolescents want or would find meaningful and effective. The primary aim of this chapter therefore, is to provide an in-depth account of adolescents’ experiences of grief and loss and the meanings which they have attached to the bereavement period so that they can be properly supported in their social contexts, after a death happens. Their accounts are given within the context of their perceptions of school and family support, and within the sociocultural context of histories and rituals.

Primary data analysis occurred through focus group discussions and semi-structured interviews. A thematic discourse analysis (Charmaz, 2011) was conducted of the transcripts, with attention to the meanings attached to bereavement, and attention was paid to the ideas grouped under the themes which speak to the main research question. The data presented will be interspersed with the narratives of expert interviews, as well as individual and family interviews, and my field notes.

4.2. The Research Question

(Part 1) - **What are the meanings which adolescents attach to the bereavement period?**

As I had previously commented, the analysis of data will always be influenced by our ‘sensed’ interpretations (Procter, 2014). Writing is a tool to deconstruct and make sense of these interpretations, and/or give new meanings to them. As I went through the data and transcribed the responses, I was constantly aware that my analysis was informed by my sensed interpretations – my need to understand and make sense of human behaviour. Some of the questions that came to mind as I recorded the responses of the teenagers to this first question were:

1. How would these adolescents appropriate, transform and construct meaning as they presented their emotional selves within the groups?

2. Within these informal spaces, how were their particular gender identities enacted, outside of the ‘formal’ learning spaces to which they were accustomed?

3. Would I be able to adequately capture their emotional responses such as crying, silence, laughing and add these emotions as valuable sources of my data?

4. Would I recognize when **‘**shifts’ occurred in their processing, the ‘moments’ that were transformative in their understandings?

5. What of my own shifts as I tried to make meaning of all that was occurring?

I knew that researching *meaning* posed many challenges. I now had to go below the surface of the presenting behaviours of the adolescent, through their thoughts and feelings, to discover what was meaningful to them, as they interacted in various contextual settings. The easy part was listening to them. Would I be able to adequately (re)present their thoughts and give *voice* to their narratives, as I analysed the data through the various themes that emerged?

**The emergence of the various Themes**

Through an iterative process, I was able to identify themes and subthemes within and across the conversations. One core category was generated and could be identified as formal theory using a grounded theory analysis. This was the ‘power differentials’ theory which can be used to explain the substantive theories emerging from the data, that is, the emergent themes where the behaviours of parents and educators can be linked to a patriarchal system of education that is linked to the legacy of the colonialist era.

**Table 2** - explores these various themes:

**TABLE 2** – Themes and Sub-themes

|  |  |
| --- | --- |
| **Researched Themes observed** | **Emergent Themes observed** |
| THEME 1. – FAMILY CONFLICT  Sub-theme: Dysfunctional Coping Styles | **Formal Theory – Power Differentials Theory**  THEME 1. – PENALIZATION OF REACTIVE BEHAVIOURS DURING BEREAVEMENT  Sub-theme: The suppression of adolescent male grief – impact of gender socialization  Sub-theme: The patriarchal culture of the school influences penalization |
| THEME 2. – ADOLESCENTS AS ‘CAREGIVERS’  Sub-theme: Impact on academic performances  Sub-theme: School drop-outs | THEME 2. – DEVALUING THE GRIEF RESPONSE  Sub-theme: Perceived lack of empathy by teachers and parents  Sub-theme: Use of ‘shock’ therapy as a deterrent |
| THEME 3. – SURVIVOR’S GUILT  Sub-theme:Perception of missed opportunities | THEME 3. – SEVERING OF THE ATTACHMENT BOND BEFORE THE DEATH  Sub-theme: The ‘stigma’ of loss  Sub-theme: The shame of a parent’s death |
| THEME 4. – INFLUENCE OF RELIGION | THEME 4. – THE ADOLESCENT PEER GROUP AS SUPPORT  Sub-theme: Fostering a ‘culture of care’ |

4.2.1. EMERGENT THEMES

In this Section, I analyze the findings of the research question by examining how the participants have described their experiences and in what ways have they made sense of their interactions in their specific cultural environment. Many themes were revealed. Some of the themes are researched themes. However, new themes pertinent to Caribbean culture and socialization practices in the schools and within family systems, are not examined in the literature on the topic of bereavement. Based on the thematic analysis of the interview transcripts, I have identified four main emergent themes that have not been previously explored and which I propose as Grounded theory.

**The results of Grounded Theory analysis**

Both formal and substantive theories were generated out of the data. One category that constantly recurred was that of the differentials of power in the relationships between parents and educators and that of the adolescents in their care. I propose this recurrent category as grounded theory and I will show where it can be applied to a wider range of disciplinary concerns and problems (Charmaz, 2014) within the school and home environment. The term ‘*power differentials’* is not a new term. This concept is a generic term which has been discussed in sociology as applied to sociological issues such as elitism, class, and gender; and to certain mathematical equations. It has also been used to explain the power paradox (Barstow, 2008) in political situations and in business organizations. It has not been used to explain and examine the psychological constructs in the perceptions of adolescents as they give meaning to their social contexts.

The core category that was generated is the **Power Differential theory**. I like the definition given by Barstow (2008) to describe this term, when she states that a power differential is the enhanced amount of role power that accompanies any position of authority. She theorizes that when people get into professional positions of power and rank and of trust and authority, the inborn, natural impulses that they possess for empathy and altruism tend to be negligible and this impacts their leadership style and their clients. Most of these persons – teachers, doctors, administrators, politicians and therapists (What?!) – ‘assume that their positions require force and coercion for their jobs to run smoothly’ (p.54). This change is unconscious but more compellingly, individuals really believe that society needs leaders who are willing and able to use power in this way (Keltner, Van Kleef, Chen and Kraus, 2008).

The term ‘*power differentials’* aptly described the power roles of educators and parents who used their positions of authority to coerce students to conform to their expectations of a ‘disciplined’ child in the school – one who was obedient and followed the rules at all times; a child who was seen but not heard. Coming out of the study, there was a lack of empathy and compassion for children and adolescents who displayed reactive behaviours as a result of grief and loss, by the very adults who were entrusted to treat their charges with ‘respect and dignity’, to ensure that ‘the best interests of the child shall be a primary consideration’ (Article 3, UNCRC, 1989). Their misunderstandings of bereavement and the ensuing trauma that could occur as a result, influenced the adults’ punitive methods of responding to grief by giving detention, suspensions, verbal chastisement, solitary confinement and other harsh methods of discipline. I wondered at this *unconscious* attitude (hopefully it was this) in many of the leaders in our schools, presumably intelligent and strong persons, and I linked this punitive attitude as was perceived by the adolescents, to the legacies of our colonial past of slavery and indentureship, where the patriarchy dominated.

The patriarchy was considered to be a male-oriented, hierarchical system of rules and regulations, of differences in the status of power, that were strictly adhered to and anyone who disobeyed or did not conform to the traditional way of behaving (pliable and docile) was punished. In the Caribbean island of Jamaica, McClowry and Spellmann (2016) attribute the historical roots of harsh, disciplinary practices in Jamaican schools to ‘slavery and other oppressive circumstances emanating from colonialism….where even minor infractions are met with punitive consequences, including corporal punishment, disproportionate to the child’s misbehavior’ (p.75). As in Trinbagonian schools, Jamaican ‘children suffer because teachers do not understand them and…often mistake the child’s temperament to be rudeness’ (p.76). These continuing practices of punitive methods being dispensed by educators in Caribbean schools, in response to reactive behaviours and misunderstandings of grief and loss, contravene the human rights of the child as stated in the UNCRC (1989). It is therefore imperative that governments and other inter-agencies and stakeholders in education, make a commitment to social justice issues. This commitment would seek to improve the rights and treatment of children and adolescents (Articles 2, 12, 13, 14, UNCRC, 1989) and engage in critical inquiry which would include considerations of how power imbalances are evidenced in educational and social institutions and how one may seek to address ways to remedy such imbalances.

It was difficult to imagine that the ‘indoctrination’ that had occurred during that time of enslavement in the 19th.century, still lingered on in the dispositions of Caribbean administrators today, to the extent where there was a *dis-connect* between power and heart – between forceful methods and empathy and compassion. Unfortunately, the narratives of the adolescents revealed this disconnect. I could not merely observe what was happening to these adolescents and record and analyse the results. As stated before, the one-off method of engagement, the first FGD, gave way to further discussions as I sought to understand their ‘ways of being and knowing’, as they constructed meaning around their experiences. The landscape of the long-term effects of grief required that, in my roles as both researcher and educator, I would continue to promote their views through rigorous research, reflective practice and a consideration of the implications of my research for policy makers and administrators.

THEME ONE: **The Penalization of reactive behaviours during the bereavement period**

Penalization or punishment can be defined as ‘a form of social control exacted actively by a group’ (Eggen and Kauchak, 2013). In this case, the ‘group’ is the teachers and educators in the school. Different forms of penalization can occur in educational settings. These can be

* Suspensions – removing students from school for a period of time
* Detention – taking away free time from students
* Chastisement (verbal punishment) – embarrassment or humiliation
* Disciplinary measures – such as Timeout
* Corporal punishment - beatings

In all of the FGDs, there was some mention made of these various types of punishments meted out by educators and also by family members to grieving children and adolescents. These were instances when the bereaved child/adolescent was penalized for acting out in the school or in the home, by fighting, aggressive acts, crying, off-task behaviours, sulking, or perhaps for just not being *quiet* enough!

One student related what occurred with her younger brother who was threatened with disciplinary action and a beating in his own home, when he couldn’t cope and had begun just simply to cry uncontrollably, after the death of his mother:

**Ch. R:** My little brother…well, he started to give problems to go to school. He started acting out. He scream down the place, didn’t want to bathe or change. The neighbours upstairs had to come down and ask us why he getting on so. Daddy tell him that he would **carry him to the police station if he don’t behave**.

Another student related an incident that occurred in the school where her younger sibling (male) attended:

**Che. R:** My brother is act up too. He does fight, he does quarrel, he does beat up the little children in school. He get suspended too. He is do [does] that when they tell him about his mother. And the school is not doing anything about it and allow the other children to tell him about his mother dead. He must act up! So Danny don’t like to speak to nobody! He don’t like to talk about mummy ‘cause it make him get emotional…..Right now he trying to behave because the Principal tell him, ‘**The next time you do anything, I will kick you out of school”. And he is only in Standard 3 and they want to expel him!**

One of the older adolescents who was already engaged in counselling after the death of her father, also shared what she had observed about a student:

**Ni.K:** I remember this boy at a school where I was working. He was in Standard 5. I was going counselling at the time, so whatever she [the counsellor] use with me, I try to use it too. **He was behaving badly and they put him in a room by himself**. They told me that his father had been shot and had engaged in criminal activity. I went and spoke to him and told him that his Daddy would not like what he was doing. At that point he broke down and started to cry and after, he calmed down…It felt good that I was able to help someone.

MEANINGS:

In the above scenario, Cohen, Mannarino and Knudsen (2004) state that the more traumatic the death of a parent, the more reactive the child’s behaviours will be. Many of the overt reactions seemed to come from male students. St.V., one of the boys in the FGD who was 15 years, stated that he too had been suspended because of the ‘sadness’ he was experiencing after his parents’ deaths and the fights he had gotten into as a result: ‘*I just couldn’t keep it in and I act up!*

In the examples, males were penalized by detention, suspensions, corporal punishment and disciplinary measures such as Timeout. When teachers remove a student from the class and physically isolate him or her in an area away from classmates, this action (timeout) can result in individuals becoming even more defiant after receiving the ‘punisher’, demonstrating similar behaviours as undesirable side effects (Bandura, 1986). Some critics suggest that punishment should never be used to curb behaviours, as whilst it may temporarily decrease unacceptable behaviours, it does not teach desirable ones (Eggen and Kauchak, 2013).

On the other hand, female adolescents reported that they were verbally chastised on occasions when they displayed overt grief responses:

**Ar.U**: (of her mother’s response to her depressive moods) Why you so sickening! I feel like cuffing you down!

**Ch. R**: Daddy sister does come and buff we up [scold] just so. She don’t seem to care that we mother die!

**Car. N**: Daddy is be on we all the time. [scolding us]. We always quarreling. He don’t understand us at all.

Sub-theme: The suppression of adolescent male grief – the impact of ‘gender socialization”.

In the FGD at HCC, a boys’ college, there was a target group of 3 males who fit the criteria of the study and who had consented to be interviewed when asked by the school Principal. After the interview had gotten underway and we began to discuss the circumstances surrounding the death of the parent (all 3 males had suffered the death of a father), two of the students asked permission to be excused from the discussion. Both their fathers had been murdered and there had not been closure surrounding the death as the perpetrators had not been found.

**Douane**: Is it okay if I leave? I don’t want to talk about it. (He gets up to leave the room).

**Nigel:** I think I going too. I want to go back to class. (As he leaves, he turns around and says)… They never find my father’s killers, you know!

One male student chose to remain in what had gone from a FGD to an individual interview. (I asked him if he wanted to continue now that his peers had gone and he stated that he wanted to talk). His father had died from natural causes, an illness, and his family members had prepared themselves for the death.

**Shiva:** We knew that my father was dying. My bigger brother and me, we use to talk about it all the time. My big brother was there for me. He help me through this. We real close now.

MEANINGS:

Interestingly, Saldinger, Cain, Porterfield and Lohnes (2004) note that sometimes anticipated deaths are considered to be the ‘good’ deaths (can there be a *good* death?) with forewarning providing loved ones the chance to come to terms with death ahead of time, emotionally, cognitively and practically. For this student, protective factors were in place for him in the face of the trauma of a father’s death, such as supportive family networks, a good relationship with an older brother who often spoke to him about their father and his future goals – a knowledge of what he would like to do as a career. In the interview, he stated that he wanted to join the army, just as his father had done.

Sub-theme: The patriarchal culture of the school influences penalization of emotive behaviours

Based on the accounts of the students, there seems to be a hierarchy in the roles and relationships within the schools and within the family – the power differentials in the relationships between perceived unequals such as teacher/student; parent/ child. These relationships set invisible boundaries and can foster emotional growth or discomfort. The commonalities in the responses made by both parents and teachers, to punish what they considered to be ‘inappropriate behaviours’ such as crying, and the emotional and behavioural reactions of adolescents during bereavement, seem to be culturally reinforced and defended by the social institutions of home and school. In many instances, these social institutions did not provide the protection and encouragement for the youngsters to understand why they were behaving in such ways after a parental death.

There seemed to be cognitive dissonance in the minds of these students when they were asked to engage in discussions with persons (for example the guidance counsellors/psychologists/teachers) whom they perceived to be *different* and who appeared not to understand their emotions or what they said, during the period of bereavement:

**St. V.** 15: And the Principal so dotish [silly] that **she don’t understand nothing**!

**Cin. D.** 13: [They have to] learn to understand how children does feel. We still young and **we need somebody to understand us…**

**Che. R.** 15: They put teachers in schools, and they not doing what they supposed to do with the children. It have children brutalizing other children. You try to tell teachers what is the problem, **they not taking you on.**

**T. L.** 19: My form teacher **did not notice the changes in me…he should have!** My grades dropped, I didn’t pay attention in class. I was there physically but my mind was elsewhere.

I also wondered whether the students felt connected to the adults when they spoke to them. For example, in talking about the guidance officers in their schools there was the implied suggestion that these adults did not really understand their bereavement and that they also indirectly represented a culture that distanced the students from the counselling approach.

Some of the comments about the school counsellors were:

“I don’t like to talk to them people; they don’t understand me”. (**St. V**.)

“They is tell yuh (your) business to the other teachers and them; nothing is private” (**J. A.)**

“My mother get real vex when she realise that the counsellor had talk about what I tell her”. (**A.Y**.)

The Interviews with the guidance counsellors revealed that they too found it difficult, both to relate to the adolescent group, and to discuss a ‘private’ topic such as a death:

**Reverly (NYC**): Adolescents feel as if they are the only ones experiencing the grief. They generally don’t like to talk unless a relationship is built between the counsellor and the teenager. They need to feel the ‘realness’ from the counsellor, as kids get vibes that we don’t care….The influence of culture plays a big role in America. How do we really address kids and their culture? We don’t know enough…

**Joanne (TT)**: We need more workshops in specific grief counselling – it’s a difficult topic to talk about. I lost a father myself and it is still difficult for me.

From the data, it also seems that the patriarchal structure of ‘culture’, that is, the disapproval of outward displays of grief – crying, sulking, acting out, in both the family and the school still exists in Caribbean society. These overt behaviours continue to be penalized by intelligent academe in the schools, who seem to be unable to link or relate these reactive displays by their students, to bereavement and parental death.

THEME TWO: **Devaluing the grief response**

Devalue means ‘to attach no importance to’ or ‘not have a high opinion of someone or something’ (Concise Oxford Dictionary). From the data, this theme emerged as a result of the ‘lack of understanding’ by adults of the process of grief and loss and the resulting trauma that can be created during bereavement. This devaluing of the emotional trauma of children and adolescents is metaphorically understood as a reflection of the socio-historical responses to trauma, separation, loss and death in Trinidad and Tobago.

Even though the death of a parent is acknowledged in our local schools as it may be announced at a school assembly and prayers are said for the deceased, many students have stated that in most instances, the expectation is that they should not show emotion and instead, should concentrate on their academic work. After the customary 2 days to attend the funeral of their parent and to stay at home, the student usually returns to class and is expected to carry on as if nothing has happened:

**Ran. K.,** 17 (Individual Interview): Miss told me that I have to finish my SBAs [student based assessments for exams] as the deadline was near. She told me that after I finish my tests and everything, I will have enough time to cry for my mother.

**Che. R.** 15**:** A lot of these schools don’t have any activity to handle stress…When my mother die, I use to give a lot, a lot of trouble! I use to be angry with everybody. I use to just quarrel with you for nothing….They [the teachers] could take all the negative energy and turn it into something positive.

Many of the students in the FGDs felt that responses to grief were neither validated nor recognized by educators within the schools. In their developing adolescent minds, they know that this reaction to trauma (by persons who are entrusted with caring for them within the hours of a school day) is unfair and unjust:

**Kre. O.** 18**:** Teachers need to understand why the children misbehave…If somebody tell you something like, ‘Yuh [your] father die!’ That is thing to get you mad and make you fight.

**K. Fi.** 15**:** It does trip you off [get angry]. If you do something and they say, ‘That is why yuh [your] father dead!” you feel angry and you trip off. Teachers need to understand that.

MEANINGS

Based on the responses of the teenagers within the FGD, one may deduce that educators in our schools seem to assume that the reactive behaviours of the child and adolescent during bereavement are due to mischief and being off-task in the classroom. As a result, teachers and principals as reported in the FGDs, tend to isolate these behaviours and they perceive the child/adolescent as being ‘different’ and unable to conform to rules and structure. These perceptions justify their actions when the child/adolescent is excluded from the normal events within the school, or segregated from his classmates and put in a room by himself. There is the need here however, for teachers to examine the grief responses during the bereavement period within the contexts and the relationships that have influenced these behaviours.

Inter-related Sub-themes

* Perceived lack of empathy by teachers and parents
* Using ‘shock therapy’ techniques as a deterrent

Some family members do not understand the behaviours that grief evokes, and are unable to act in an empathic way. They tend to use what I have termed as ‘shock therapy’: (verbal exclamations of disgust, indignation and horror expressed at displays of grief by adolescents), as a way of curbing the grief behaviours of the adolescent; as if to jolt or ‘shock’ them into being normal again. As seen in the following examples, it appears as if families continue to de-value and disbelieve that their bereaved adolescents continue to grieve and to display signs of sadness and loss, even when perhaps they felt that it was time to stop grieving.

**R** (researcher): In what ways do you think your family does not understand your grief?

**Ar. U.,** 16: Everybody on me real plenty! When they gather, I is be [am] the topic. My mother would say, “Why you so sickening! I feel like cuffing you down!” Since after he die [her father], **everybody is be on me [quarrelling]. Is because they see me going down into a depression**….Sometimes I go in the toilet and lock up myself, just to get away from everybody….**My grief made my mother react. She says hurtful things to me and everybody would laugh**.

**A. Y.,** 17: When I come home from school, sometimes I would have a panic attack and want to cry. Mom would say, “The others would hear you!” I don’t care! Sometimes when I go to Mummy she would say, **“Why you looking like that?” I feel as if she doh [don’t] want to take me on; as if I talking about it again.**

**Sh. A.,** 13: I think people should be there for me. **Stop telling me I get my mother sick!** Just be there for me.

**A. Y.,** 17: I wish my mother could give me individual time, for me! She gives everything else her time. I just want her individual time. She’s not a bad mother, but she kinda (is) cold sometimes and not sensitive. I wish she could appreciate the kind of person I am, who helps out with my siblings…I coulda (could have) be pregnant, or dead, or go off with a maxi (cab) driver! But she don’t see me! **She thinks because I’m older, I could deal with things better, but I really can’t! Sometimes I don’t want to put on a brave face and watch out for my younger siblings…**

In some instances, blaming/shamingis used by family members to curb the grief behaviours:

**Sh. A.,** 13: When my mother was in the hospital, my aunts and dem [others] would say is we (her brother and her) who cause her death! When we tired and don’t feel like doing anything, they would say, “**All yuh [both of you] get yuh mother sick! All yuh never used to help her** in the house…

**Ar. U.** 16: Mummy said **she would never forgive me for what I said** – I had told him I was ashamed of him (her father looked ‘funny’ during his illness/cancer). I always use to be happy. When he died, I am just sad all the time. Mummy don’t understand.

MEANINGS:

From the examples given above, at times the surviving parent may be perceived by the adolescent to lack empathy, but instead the parent may be emotionally depleted and unable to recognize and respond appropriately to the adolescent’s reactions to the death (Haine et al, 2006).

The data from the family interviews which I had conducted, both seem to suggest that parents and family members may have unrealistic expectations about their teenagers’ abilities to manage their emotions over the death of a parent. In the family interview, some of the comments of the surviving fathers in Trinidad were:

* *Why is my son giving trouble? His mother died nearly two years now!*
* *Why he still acting up…I think he got worse, you know. He taking too long to get over this thing!*

One of the fathers, whose wife had died leaving him with four children to care for, had broken down and had begun to cry, lamenting the fact that he did not know how to cope any more. (His teenage daughter eventually left school after the mother’s death, and had begun to work and to provide both emotional and financial assistance to the family).

In the family interview which I conducted in NYC, the mother revealed about her daughter, 16 years old and her son, 12 years old:

* *She dreams about her father and does not want to let go of his memory. I want her to smile again!*
* *My son is still having nightmares*!

Family members fail to understand that death can be both frightening and incapacitating (Saldinger et al, 2004) for the bereaved adolescent, and that sometimes, the only way to cure grief is to allow the teenager to grieve (Grollman, 2014).

THEME THREE: **Severing of the familial attachment bond BEFORE the death occurs**

This was an interesting theme which unfolded in the discussions. The comments made around this concept were based on the belief that the living should not behold or be in the presence of the dying person.

**Chan. D.,** 20: (from the Pilot study) - I grew up with my grandmother until I was 12 years. I was her first granddaughter. **She pushed me away when she started to get sick and she refused to look at me**…..She told me that she wouldn’t be here for my graduation and I got mad with her. That day when I pass by [her house], **she refused to watch me**. My uncle told me don’t come up the hill to see her anymore.

**T. L., 18**: In the hospital, my father did not want me near him, to come close to him, to hug him. **He started to push me away. I couldn’t touch him or hug him. He told me, “Move away. I don’t need you by me. I don’t want to see you”.** Maybe he knew he was going and it would be hard for me, so he pushed me away…..

MEANINGS:

Attachment is a close emotional bond between two people (Santrock, 2011). Attachment does not emerge suddenly but develops in a series of phases that allow persons to develop expectations for a caregiver’s behaviour, ‘and to determine the affective quality of their relationships’ (Laible and Thompson, 2000, p. 193). The situations cited in the data above are viewed as examples of the anticipated death of a parent by Saldinger et al (2004), who state that personality and emotional changes that accompany anticipated parental death can be heartbreaking for children as they feel that these states are personally directed at them, rather than as manifestations of, or responses to, terminal illness. From the adolescent’s perspective, T.L. reported that her father had said: – ‘*Move away! I don’t need you by me. I don’t want to see you’!* It would be natural for her to conclude that she was no longer important to her father. In reality, according to these theorists, it was her father’s retreat from the ‘intolerable, impending loss’ (p. 103) of his parental role and from life itself that caused him to disengage from his daughter, as he faced the inevitability of his own death.

How can the adolescent be expected to understand this submission to death and the reasoning behind the severing of the attachment bond by the parent? The words of Harry Belafonte’s classic calypso reflects: *Back to back, belly to belly. I don’t care a damn, I done dead already!* The departed can no longer care as s/he has died, but there has to be care for the survivor who is left traumatized after a parent has died! I believe that insufficient research has been done on the impact of the severity of this un-attachment or dis-engagement bond, on the socio-emotional development of the adolescent, and these factors will be further discussed in Chapter 5.

Sub-theme: The shame of a parent’s death

This theme was synonymous with the view expressed above, that death is sometimes considered as a ‘negative’ experience rather than as a normal transition or occurrence of life, an opportunity for growth and change in an individual. The cultural ‘taboo’ of death in Trinbagonian society (which views death as a private/bad/stigmatized occurrence), seemed to be a determinant for the social and power constructs or perceptions that were given to the grief experience. The ‘shame’ of a death seemed to influence this disengagement or severing of the attachment bond, between the dying person and the adolescent. Analysis of the data revealed that some adolescents struggled to understand the meanings that were attached here and even after many years, expressed that they were affected negatively as there was no closure between them and their primary caregiver.

**Ran. K.** 17, (Individual Interview): When my mother died, no-one asked me how I felt. They give counselling to my younger sister (6 years), because she was in the car when my mother was murdered, but not to me. My mother was my friend! My friend! We use to talk about everything, everything. **But my grandmother never want to talk about her death! Nobody talks about it!** My grandfather looks sad all the time. She was his only daughter. I want to talk about it! She was my friend. I loved my mother.

**Sharma,** 22, (Pilot Study): On my wedding day, I bawl down the place. I was just remembering my mother (her mother died suddenly when she was 15) and that she was not there to see me get married. I could not hold it in any longer!

Sub-theme: The stigma of ‘loss’.

Worden (1996) comments that ‘for some children, having only one parent created a sense of stigma and whenever possible, these children preferred to hide the fact that one of their parents is dead’ (p. 47). This statement was seen in the data at times, as the loss of a parent was viewed as an experience to resent or to hide away from. Some students reported how other classmates, especially in the primary schools, reacted to them during the bereavement. There was the perception that death had changed their status from being ‘normal’, to being ‘different’. It had left them increasingly vulnerable, sometimes at the mercies of their ignorant and unkind classmates.

**Che.R.:** ( of her younger brother, 10 years): They tell him he [his] mother dead! That is why he getting on so.

**Rianna:** My friends teased me. They ran away as if I had an illness; they scorned me. Around that time was swine flu. When the death happened, my friends ran away as if I had a cow disease.

Calls to Childline (the UK anonymous phone helpline available to children and young people) about bereavement highlight the fact that not only do many children not get the support that they need from their families, but that peers can be extremely hurtful and unsympathetic in the face of loss (Ribbens McCarthy, 2006). This viewpoint was seen in the responses of the siblings and early adolescents in the study, but was not present in the responses of middle and late adolescents whose peers were supportive and a system of strong social interaction for the teenagers, boosting their self-esteem.

These findings are also in contrast to studies done by Brown (2002) and Ringler and Hayden (2000), which found that adolescents had more difficulty in talking about their feelings during bereavement. The teenagers in my FGDs wanted to talk! They needed to share. They craved the emotional support of their peers.

THEME FOUR: **The Peer group as support**

Much of the literature on peer relationships during adolescence (Cobb, 2010) stress that the peer group during this developmental period tends to be less supportive and more private as some of the findings suggest. Bereaved teenagers frequently feel different than their friends because of the loss and ‘often feel that their friends do not understand how it is to lose a parent to death’ (Worden, 1996, p. 54). Professor Balk (in conversation with Balk, 2014) concurs with this statement as he states:

‘We have more evidence to suggest that adolescents [may say] “I have to camouflage my feelings or I will lose my friends”. Coming out of England also [is the belief] that if I don’t hold this in, then I will eventually lose my friends [which is] a secondary loss. The experience people have is to [pretend that] everything is o.k. until they find somebody who can listen’.

In the Individual interview that I conducted with **Jus.T**. 18 years old, in New York, the same questions in the Grief questionnaire were asked of him, and his responses tended to support the westernized view above, as stated by Worden and Balk: that bereavement is indeed a private time. In this adolescent’s opinion, even though his friends came to his mother’s wake and were crying because he was crying, they were unable to provide the support and the understanding that he needed:

**R:** Who supported you the most during this time?

**Jus.T; 18 (NYC)** (death of mother, illness): My family was most supportive. There is no one out there that can really, really help you. Staying with your family and just talking about it, helps…Friends don’t understand it until it actually happens to them. They don’t really feel what you feel. They may say, ‘I am sorry for your loss’ but in my head I’m saying, You don’t really understand. You don’t understand how I feel…In American culture I think that we don’t want to talk about it to anyone. It is a private issue.

In his analysis of the interactions within the peer group, Professor Balk (in conversation with Balk, 2014) continued that,

‘There’s a growing understanding in this country (the US) that people who are grieving learn, is that unless someone has experienced grief themselves, they don’t want to hear about this. If I start to talk about [death], I would get the quick message that you’re uncomfortable, and if I keep talking about how this affects me…then you’ll just disappear!’

These views are in contrast to my analysis of the peer group in Trinidad, where support was shown by friends in many instances during the bereavement:

**Shan**; **13** (death of mother, illness): My friends in school….When Mom died, I just wanted to come back in school, away from home, and be with my friends. They use to call every day and check up on me. I felt good.

**Che. R**; **15** (death of parents: mother/ illness; father/heart attack): My friends use to think that I was going crazy! ‘Cause every day I use to talk about it all the time, every day I use to talk about my mother. But they know I was missing she. My friends would listen to me.

**Jon.T; 16** (death of father, illness): Sometimes I’m shocked at how supportive my friends are. Some of them treat me as if I’m their own brother. Some of my friends’ fathers have also passed away. They try to stay strong and always act as best as possible so I don’t get sad…My relationships with them became stronger.

**K. Fi; 15** (death of father, homicide**).** My relationships with my friends also became stronger. Daisy used to say, ‘stay strong’. She is my best friend.

**Kre. O**; **18** (death of father, homicide): Friends are easier to talk to...they wouldn’t judge you!

The dynamics of the peer group in Trinidad and Tobago therefore seemed to be different, and there emerged a common understanding of sentiments expressed which fostered a ‘culture of care’ amongst the teenagers.

**T.L**.: Some of my friends were supportive. They brought breakfast and lunch for us.

**J.A**.: When I was going to St. Fran (a high school) the girls there was really supportive. My best friend would be in my face all the time [always close to her].

MEANINGS:

Hawkins (1996) had posited that elements of social bonding included attachments to family, to peer groups and a commitment to schools; more importantly, it was a belief held by adolescents, that these things were important to them. Bowlby (1980) suggested that attachment to social groups starts to develop in adolescence as young people shift their focus from caregivers to the wider social world. The common membership and sense of belonging to a greater human whole, provide the essential glue holding together individuals who share the same goals and… the same views (Sochos, 2014). Adolescents may thus greatly benefit from a support group with other grieving teenagers.

**Ran.K**. 17, (Individual Interview) reported that after her mother’s death, five of her friends spent a week at her home and they talked about everything else but the death of her mother. There was a routine to the visit. They would ‘*bathe, go downstairs for the wake, sleep, watch T.V., play cards’*. But she was comforted by their support as many times she ‘*felt hopeless and confused’*. The ‘healing power of knowing that one is not alone is important in the work of grief at any age and is crucial at this critical juncture of the teenager’s life’ (Patterson, 2010, p.14).

Sub-theme: Fostering a ‘culture of care’.

The culture of care was transformative! As I listened to the narratives of the adolescents, I could not help but notice when the tone of the conversations changed – from halting sentences at the beginning of the FGDs, then to longer interchanges with each other. The looks of suspicion with which they greeted each other as they were unsure of the intent of the meeting, soon gave way to bursts of laughter and exchanges of ‘picong’ (banter), as if they were friends who knew each other and time had passed and here they were, meeting again! In all of the FGDs, whether there were just three persons or seven persons in the group, I was able to identify when the critical ‘shifts’ began to occur in the adolescent’s understanding of:

* The emergence of empathy; altruism; and engagement with others
* Self – in relation to others
* The grief experience

a. **The emergence of empathy, altruism, compassion and engagement with others.**

Balk (2014) points out that bereavement is a life crisis that can serve as a transforming experience which promotes ‘new understandings of self, of the purpose of existence, and of relationships with the world and with other persons’ (p. 238). In adolescence, this transformation manifests itself as expressions of hope, faith, resilience, courage and forgiveness. In the space of the FGD where the culture of care was transformative, there were no gender hierarchies and binaries as the adolescents all responded in ways that would serve to create lasting relationships. Ultimately, the characteristics of courage and resilience that were shown provides a mandate for social change and for social justice issues that must be considered. I had previously stated that the lingering ‘power constructs’ of a patriarchal plantocracy had meandered down into the education system and weaved its way into the attitudes and ways of behaving of educators and parents. If these behaviours were to change, this necessitated that persons change their belief systems ‘from risk to resilience, from control to participation…from seeing youth as problems to seeing them as resources’ (Sergiovanni, 1993, n.p.), in a world that doesn’t place a high priority on children and youth or on educational, social and justice issues.

In the study, there were many instances of care such as empathy and compassion shown towards others even as the adolescents were grieving themselves, reflecting the teenager’s natural ability to connect spontaneously and deeply with the suffering of others (Balk, 2014):

**A.Y.:** (Form 6 student). Don’t worry, Miss. I will look out for her. I will see that she’s alright (of a Form 2 student)

**Cin. D**: When I was in the same school with him (her younger brother), they use to leave him alone. When he start crying he use to come by me…If anybody touch my brother now, they know I would come for them!

**Ni. K:** (after calming down a student whose father was tragically murdered). Afterwards, it felt good that I was able to help someone.

Compassion and empathy within the peer group were also observed when there was sobbing/crying (outward expressions of grief). I pause here to consider that these expressions were also transformative and brought healing to the adolescent as they told their stories:

**From my Field Notes (dated April, 2015):** Ch. R. has begun to cry again. They tell her not to worry; things are going to be okay. J.A. becomes teary-eyed also - she holds it in. St.V. keeps his head down. Maybe he is somewhat embarrassed by it all. Everyone is waiting for Ch.R. to calm down. The room is quiet. No-one talks. No-one looks at me. All eyes are on Ch.R. except St.V. Murmurs of comfort are heard by the older girls.

In all of the FGDs, at some point in the discussions there were adolescents who cried (only female) as they related accounts of the parental death and their experiences with bereavement. As a therapist, I knew that this release of emotion was a purifying and necessary part of the grieving process and had ‘therapeutic’ value. As a researcher I observed that the teenagers in the group waited patiently for the sobbing to subside, and there were no awkward silences to suggest that the crying was unwarranted or undignified. Even though the male students averted their eyes somewhat, they too did not appear to be uncomfortable or embarrassed by this public display of emotion. The dual role of researcher/therapist was evident in the process and this dual relationship will be further discussed in Chapter 5.

MEANINGS:

According to Laungani (2007), crying and weeping has an effect on the mental well-being of the individual as it allows the person ‘to be able to talk of the deceased without restraint’ and within a group or community of bereaved individuals, ‘to realize that he or she is not alone with death’ (p.64).

**b. The grief experience and the self – in relation to others**

For many of the adolescents there was light at the end of the tunnel experience of grief. Perhaps it was an *ah-hah!* moment when they had some chance to reflect on what was said in the FGDs by both the researcher and the participants, and were able to come to a resolve on how to proceed or to cope with their own grief:

**C. Rin**: My friend hang himself 2 weeks ago. He was 15 years old. I remember you said in the last session that if you like yourself, you wouldn’t want to hurt yourself. Why would somebody want to hurt themselves? It means that they don’t like themselves? You have to learn to love yourself, so you wouldn’t have to hurt yourself.

Listening to this adolescent, I knew that whilst engaging in the conversation, she was also questioning the realities of life and death and coming to a decision on a course of action to take. For her, it seemed that the grief experience was transformative. In addition to this, the provision of mutual support and similar responses within the group can help the teenagers to develop compassion and a greater sense of perspective – which serve as powerful healing tools in the work of grief and growth (Patterson, 2010).

(*P.S. It must be noted here that the teenager quoted above, after interacting with her in other sessions, inquired about becoming a peer mediator, as she stated that she would like to help other teenagers understand about the experiences of being bereaved).*

**4.2.2. RESEARCHED THEMES**

At times in some of the conversations, a teenager might talk about his/her feelings in such a way that his/her story touched upon many of the researched themes all at once, albeit with different emphases. Such was the stimulus of the FGDs where there were changing ‘shifts’ in the adolescent’s reasoning and his/her ‘positionality’: from a position of weakness, to confusion, and then to strength, and at times the reversed occurred. I found these changing shifts to be significant to the research and testimony to the ‘power’ of the methodological approach which was able to release these conflicting emotions, as the adolescents sought to bring meaning and clarity to the traumatic experience of bereavement.

THEME ONE: **Family Conflict**

Although there is much literature about the types of issues that may cause conflict between adolescents and their parents (Cobb, 2010; Eggen and Kauchak, 2013; Santrock, 2014), relatively little is known about its meanings to family members, and less so in the face of bereavement, as few studies have related the social-cognitive changes of adolescence to the changing family structures during this time. Changes in daily life and routine are also’ more likely to be experienced by children who lose mothers than fathers, especially in the early months after a loss’ (Worden, 1996, p.53). When there are changes to the existing family structures, tension is created - for example a marriage, the birth of a child, divorce and also death.

**R**: How did your family cope with the death?

**Na. L**: My **family broke up** after my mother’s death. I hold my Dad responsible for the family breaking up. My mother was the glue that held people together.

**Ri. An (**Pilot Study**):** I still hold grudges against my mother. My grandfather wanted to see me before he died but my mother did not want me to see him. I blame her…she had an issue with me talking to him because she didn’t have a relationship with him….I can never forgive her for that. **I hold a grudge against her** especially as his last words were to see his granddaughter. **We do not talk really, up to this day….**

**Ch. R**: Every time I say I going out, he looks to pick on them. To me, I feel is a power thing with him. “Do what I say! You have to do what I say!’ Whenever I open my mouth, I wrong… He still stuck in his ways. That is how he know parenting to be. We are his children, and **nobody can tell him nothing!**

**Che. R**.: Our family (extended) trying to break us up. They causing too much confusion. They not trying to bring us together and form a family. They only trying to split us up….Do this and do that. We are in the middle and all of us confused…

Sub-theme: Dysfunctional Coping Styles

In the following example, Ayan is 17 years old. Her father, a policeman, had been killed in the line of duty. Nearly two years had passed since his death, and she still struggled to deal with the sudden traumatic death of a beloved parent whose killers had not been found. Many different coping styles and societal attitudes to death are revealed in the following narrative:

**Ayan**: I was crying at the funeral so that I was barking at everybody. At the wake I see people coming just for the food, just for the drink, just for the ole talk! I felt like I was having a panic attack! I felt as though no-one was taking the death seriously…..my friends were taking selfies. I felt like throwing them in the hole….Imagine one of my friends asked me, ‘What is your Dad’s name again?’ I cut ties with her one time! I would rather be by myself. Some of my friends even shared the wake on Facebook! I felt hurt.

At the funeral she remembers experiencing a range of emotions that were a combination of the impact of the sudden death of her father and the insensitivities of family and friends. Many of the researched themes on coping styles are evident in her related account as follows:

**1.** **Anger and Anxiety**

* ‘I was barking at everybody’
* ‘I felt like I was having a panic attack’.

The expression of anger is identified as one of the stages of the grieving process (Kubler-Ross, 2011) and considered as normal. The death of someone who is a significant part of one’s life is associated with strong emotions, and reactive behaviours are common when support networks are weak. ‘Anxiety is highly associated with an increased number of changes and disruptions in daily life, and with feeling less in control over one’s circumstances….and is higher for girls than boys’ (Worden, 1996, p. 59).

Ayan further states that:

Daddy was an amazing person. He was more like a friend than a father…I modelled myself after him. I wanted to be just like him. He liked to read, cook; I wanted to do everything he did. Frank Sinatra is my favourite artist – my father liked old time music. He was a mirror image of what I am now. I feel lost without him.

The nature of the attachment or relationship influences ‘the degree to which it is experienced as leading to a sense of disruption and isolation’ (Ribbens McCarthy, 2006, p. 89).

**2.** **Complicated grief**

* ‘I felt as though no-one was taking the death seriously’
* ‘My friends were taking selfies…shared the wake on Facebook’.

When the death is sudden and unresolved, complicated grief is identified (Doka, 2006). In Ayan’s example, her grief is made even more complicated when her own friends seem to lack empathy and saw the wake as an event for amusement and gossip. A lack of maturity and the influence of technology characterize the developmental period of the early adolescent. This is shown in the example of her friends’ behaviours at the funeral, where her father’s death was regarded by the young teenagers as an event to ‘show off’ on social media.

Ayan also grieved the fact that:

* **‘**people coming just for food, just for the drink, just for the ole talk’

In Trinidad and Tobago, death is a cultural event and when a person dies, the ‘wake’ is considered as a meeting place for friends and family. In this space, ethnic barriers and divides may be temporarily forgotten as the common theme is that of acknowledging that a death has occurred. Unfortunately, for this adolescent whose grief is intense and recent, peoples’ merry faces and dispositions add to a confused soul and can further complicate her grief.

THEME TWO: **Adolescents as ‘caregivers’**

In some instances, older adolescents in the study took on the financial and emotional tasks of the family and became ‘care-givers’ for their younger siblings when a parent died and/or when they perceived that the surviving parent was unable to carry out their parental duties.

**R:** How has the death affected your relationship within your family?

**J.A.,** 19: Basically, I take care of the family. They [the family] send money for us and I pay all the bills…I had to leave school this year. Last year it was really stressful and frustrating and I get depressed...They [her younger siblings] like to nag you. I don’t get vexed often but I get vexed with Che. R. because she like to quarrel with everyone…..She does rant up and rave up when she gets mad…so some days I take them to the mall to watch a movie.

**Ch. R.,** 19: I can’t talk to them (her siblings) about serious things. When they want to lime [have fun] with me, I have to sleep. I work now, but they don’t allow me to have no life. I go to work. I have class. When I reach home, I want some downtime…They don’t understand. They all come down on you [want my attention at the same time]. Cin. want something. Adri need help with his homework. I may just want to read a book by myself! Maybe when I get older I might finish the book!

MEANINGS: As seen in the data, two older female siblings left school to provide financial support to their families after the death of a mother, thrusting themselves quickly into adulthood and in many instances, wanting to fill the vacuum that was left.

According to Balk (2014), a parent’s death can present a severe threat on many levels. It can ‘create financial and emotional strains that can ….destabilize core developmental issues such as a) trusting others and the world b) gaining a sense of belonging and c) gaining a sense of mastery’ (p. 145). In the examples above, the two older teenagers felt overwhelmed and frustrated many times, even though they wanted to assume the new role of looking after their families.

Sub-theme – The Impact on academic performance and School- Dropouts

Studies have shown (Greenwald, 2014; Noppe Cupit and Meyer, 2013) that after a parent’s death, grades and study habits are affected, as adolescents in all of the developmental phases (early, middle and late) found it difficult to concentrate and to reestablish academic readiness and fervour in their schools. In this study, the data revealed that children and early adolescents are more affected than the later groups, and were off-task and reluctant to engage in the learning process. Late adolescents (18 – 22) preferred to drop out of school, get a job and possibly take evening classes rather than continue in the formal school setting, as was shown in the above accounts related by J.A. and Ch. R.

THEME THREE: **Survivor’s Guilt**

In the FGDs, the adolescents who spoke of feeling guilty that they did not do or accomplish certain acts when the parent was alive, were male teenagers or older females. Guilt took the form of ‘regrets for things done or not done – apologies not extended or affection not expressed’ (Worden, 1996, p.61).

**St.V**. (blaming himself for not being at home when his father died): I wish I coulda [could have] drive him to the hospital. If I was there, I coulda save him…he should have waited (to die) until I is a big man.

**Ar.U**. (blaming herself for shouting at father): I had told him I was ashamed of him.

**Car. N**. (blaming herself for quarrelling with mother): I wish that I had stopped quarrelling with her.

Sub-Theme: Perception of missed opportunities.

**Ch. R**.: Sometimes it just hits you hard! Mom not there anymore…and I start to bawl like a big bake! (a fool). When new things happening these days, you want to share it with someone, especially like her…it hits you. Now that I’m working, I wish I had the chance to buy her anything she wanted!

THEME FOUR: **The Influence of Religion**

In many of the islands, religion is a very strong influence in most families. It is deep-seated in the psyche and social behaviours of Caribbean people (Mustapha, 2013) and ‘it is a reflection of the different traditions and cultures that have occupied the Caribbean region’ (p.161). The data analysis revealed that the adolescents questioned their religious beliefs more during the bereavement, and sought to attribute meanings to the death of their parent(s), within a religious framework.

**R:** How has the death affected your relationship with God?

**J.A**.: I always say I going to church, but for some reason I doesn’t reach. They say you mustn’t question God, but I make myself try to understand how somebody can give a woman five children and then take her away! I can’t understand that! I does pray. I does cry. I does pray. I does cry. And like the more I pray, the worse things get! I feel God too busy! Is He trying to show me something? I don’t know…

**St.V**: Sometimes I get vex with God, ’cause I miss my mother the most, and I just stop praying.

**Ayan**: Mummy is annoy me! She and grandma say it was the Lord’s time! I don’t want to hear that! I want physical evidence to understand that! They are comforted by the fact that it was the Lord’s time. I am not! Mom says I am blasphemous of the Bible.

MEANINGS:

Questions of meaning are unavoidable for persons facing situations of significant loss. The adolescent’s ability to reason and to critically think of the existential analogies of death and life were evident in the narratives and pointed to the cognitive development of the adolescent and his/her dissatisfaction with simple explanations at times.

**4.3. The Research Question**

(Part II) – **What perspectives do adolescents adopt to make sense of their grieving experiences?**

After conducting numerous interviews and analyzing the data, I found that I had not tapped into sufficiently enough, those factors that made the groups of adolescents into the loquacious *storying beings* that they were, with their various perceptions and viewpoints. I wanted to ask different kinds of questions, to determine the reasons for their motivations and for their resiliency. I wanted to know more about how they were able to get to that place in their cognitive development, that made them resilient as they faced adversity, or lacked the coping skills to do so, that is, their *Resilience Trajectory*: Whose perspectives (the cognitive capacity to consider the world from another individual’s viewpoint), did they adopt? What were the various influences in their social contexts?

**4.3.1. THE RESILIENCE TRAJECTORY**

Adolescents in a Resilience Trajectory - frames of reference which influence their thoughts (*see Appendix 11*) have intense feelings of sadness after a death has occurred, but fairly quick resiliency – ‘the demonstration of social competence or success at meeting any particular tasks at a specific life stage’ (Luthar, Cicchetti and Becker, 2000, p. 110) - and low symptoms of grief. They find happiness and solace when thinking about or talking about the person who died (Balk, 2014).

The following are some examples of questions that were asked in the follow-up FGDs that were conducted, to determine the adolescent’s resilience or lack thereof. The motivation for the question formulation was derived from the many theorists who write that resilient adolescents are those who have developed productive strategies to cope with their difficulties.

* Q2 – Tell me how your family has been coping with these experiences?
* Q3 – Is there anything that you remember, about what your (deceased) parent may have said about coping with painful experiences?
* Q5 – Do you think that you are in control of situations in your life at present?
* Q11 – Who supported you the MOST during this time? Is there any one person you can identify who was there for you? What qualities did this person have?
* Q12 – Can you describe your ability to solve problems or to cope with difficult situations?

From the analysis of the data, the conclusions made are that resilient adolescents are able to respond positively in the face of challenging odds (Balk, 2014); are resourceful and flexible (Bandura, 1986); and when adolescents observe adults coping in a positive way, they are more likely to choose the same kind of response for themselves (Cobb, 2010).

Based on the questions listed above, three social constructs were examined (family, school and personal attributes), identified by Benard (1991) as being influential during the adolescent period of development. The factors within these constructs may have contributed to their adoption of a particular perspective which in turn, may have provided meaning and influenced their ability to cope or not to cope with traumatic situations.

The concept of Resilience throws light therefore, on whether or not there are social support structures in place to meet the needs of the child or the adolescent, and if those needs are not met, there needed to be alternative systems put in place to rectify this. It is noteworthy to mention that ALL of the teenagers have been exposed to a RISK factor, that of the death of a parent (s). For many of the adolescents in the sample, the persons who may have provided emotional support included the surviving parent, elder sibling, extended family member (an aunt usually), a teacher or a church member.

**4.3.2 Parenting Styles and Teacher’s Empathy**

From the data, two important factors were seen to have shaped the belief systems of adolescents. These were the parenting styles that existed between the parent and the adolescent before the death and the affective experiences that the adolescents had with the educators, counsellors and other adults in their school.

1. *Parenting Styles*

When the mother was the parent who died, in many instances the older sibling especially if she is a female, felt responsible to continue the ‘familiar’ relationship in the family and step in as the ‘mother’ to her younger siblings, a role which she modelled after the deceased parent. Modeling is a general term that refers to behavioural, cognitive and affective changes deriving from observing one or more models (Schunk, 2008). Adolescents pick up social cues from significant others (parents, teachers) and ‘learn ways of behaving by observing the attitudes, values and behaviours of their parents and other adults in their environment’ (p.88) as can be seen in the two examples below:

**Ch. R.,** 19 years old, left school and found a job as she realized that the home could not depend on her father who was not coping well with his wife’s death. She also asked for additional counselling to be had for one of her siblings who also had to cope with the death of two of her school friends, both males – one from illness and the other who had committed suicide. During the discussions, Ch. R. would often state that she missed her mother and that **her mother had taught her everything that she knew. She felt it was her responsibility, out of duty to her mother** and to carry on the legacy of learning that her mother had left, to be there for her younger siblings.

**J.A**., 19 years old, also left school and found a job. Her reasons were that she wanted to protect her siblings from other family members whom she described as ‘vultures’ and who were after their late mother’s inheritance. **She believed that her mother who had died, would have wanted her to take up her present role as ‘protector’ as this is what her mother had been to the family** when she was alive.

1. *Teacher’s Empathy*

For many adolescents, the experiences of teachers/educators in their schools also fostered resiliencethrough caring and empathy**.** Caring refers to a teacher’s empathy….which helps to meet a student’s need for belonging (Maslow, 1970) and relatedness (Ryan and Deci, 2000), which are two central factors which determine resilience in an adolescent. Perry, Turner and Meyer (2006) posit that students who perceived that teachers cared about their feelings, reported more prosocial and social responsibility goals, academic effort and greater internal control beliefs; ‘it appears that students want teachers to care for them, both as learners and as people’ (p. 341). From the data, there were too few instances of a teacher’s empathy but even in these instances, the students felt heartened that their bereavement was recognized and the death of the parent was acknowledged:

**Che. R**: It have this **one teacher, Ms. Ramcharan** who was always asking if we doing okay. She would buy things for us, and bring it to our home.

**Ni.K:** It had this one guy, **Mr. Pinto, he was a Psychologist** who was willing to talk to me. It was like good to get all of it out and stuff. He told me if I ever need anyone to talk to, I could call him.

**J.A.:** **My boyfriend’s mother**.When my Mom died, she would come for my parents’ day. She would come and check me from work.

When I questioned him on the scant response of educators in schools to a student’s grief and loss, Professor Balk (in conversation with Balk, 2014) concluded that,

‘I seriously doubt that there are many schools that have given attention to this… At the junior high level (secondary), my guess is that predominantly there are no procedures in place. **People have no clue what grief is.** They would probably have the same expectations…that we expect this to be over soon. **There is a concern that if we identify this as a problem, then we are supposed to do something about it. [And] what if we don’t do it right?** I also think that people say that ‘I’ve been through that, I got over it’. [So the thinking is that] there’s no need to do any kind of intervention as the person will recover…[**but] the emotional and cognitive development of an adolescent is not quite the same as an adult. Adolescents do not process grief like adults.** Any loss - divorce, trauma - they take personally! They feel no-one understands them…Schools do not focus on this!’

**4.4. Personal Reflection**

As the researcher, it was very difficult for me at first to have a precise map of HOW I wanted to present the analysis of the data. A moratorium was created where all I saw was a wall of data, instead of a bridge. This ‘wall’ was in the form of the combination of the richness of the transcriptions; the many theories and assumptions in the literature on grief and loss which traversed many decades of research and were at times, in conflict with contemporary views, and my professional experience with students over the years. Added to these were my encounters with the students’ emotional and behavioural issues, as a result of traumatic experiences linked to the loss of a loved one. I had to step away from the data to regain my foothold here. I was unable to see my way clearly and I postponed my writing for days on end.

In the midst of these deliberations, I considered if my work was really going to make a difference to the adolescent population that I had committed myself to serve. I had become engaged in, and responsive to, the social justice issues of my participants and I had taken an advocacy stance as I began to raise awareness of grief and loss in small circles of teachers, parents and mental health professionals. But was this what was desired of me? Could my work be just another cog in the wheel of colonial, exploitive and oppressive patterns and relationships (Swadener and Matua, 2008) that I was oblivious to? I had earlier posited that as educators in a colonized territory, the psychological conditioning and adoption of patterns and behaviours of the patriarchal colonisers, often went unheeded and unnoticed in our practices of schooling. Could oppression be ‘unlearned’? However, I noticed that change was occurring when I ruffled many a feather, through the newspaper articles that I had begun to write, the concerns that I raised about systems of school and home, and the regressive effects of doing ‘new’ work in education with ‘old tools’ and practices. I engaged my colleagues also in these deliberations, as I knew that collaboration was necessary, if we hoped to ‘disturb’ entrenched patterns of knowing and behaving.

As I continued to analyse the responses of the participants, this work involved my personal beliefs and ideologies of morality, intertwined with the systematic practices of engagement with the research in a way that would capture the information that was presented to me. I had previously thought that it would have been relatively ‘easy’ to step away from the process and be ‘objective’, in a way, to ‘bracket’ the process (Burns and Miller, 2017). Bracketing refers to ‘`having an informed awareness of self…to prevent or at least decrease [one’s] potential for imposing [one’s] values and/or personal ideologies’ (p.4-5) on the participants in the study. But this was not an easy feat.

Were there moments when I was unsure of what the ‘truth’ was, as there was so much information to decipher and understand? Of course there were! Many times I hoped for an ‘epiphany’, such as the students had had in their FGDs with each other. Despite these dilemmas, the challenge for me now, was to examine the data and to give all the various voices a ‘hearing’. As the researcher, I now had a duty to report, to tell the ‘truth’ of my research findings despite the challenges and denial of this ‘truth’ by my learned colleagues. Light came at the end of this tunnel experience when I finished the transcriptions, stepped away from the process and began to analyse the information without my notes, without writing it down. I allowed the data to engulf me as I began to search for common themes among the voices. I constantly asked the questions:

What is the **voice** in these experiences? How do I give **meaning** to their stories?

**4.5. Concluding Thoughts**

The data analysis can be seen therefore, as an attempt to establish my voice and my positionality regarding bereavement through the discussions with young adolescent voices and their stories. My understandings have been further informed and enhanced by their perceptions and by their accounts which were at times, intercepted by emotions and facial expressions. The rigour of the research and the need to inform and reform the data by the inclusion of sibling, family and expert interviews, attempts to give creditability to the study and to re (present) it in such a way that it is easily understood and critical to the meanings which these adolescents have given to bereavement, after a parent has died.

Chapter 5 - Discussion

5.1. Introduction

This chapter is divided into four sections. In *Section One*, I will present the research questions and discuss the main findings of the study against the backdrop of the substantive and formal theories that were generated. *Section Two* links the main findings to the current literature in an attempt to identify similarities and/or differences in the research. *Section Three* discusses the implications of my findings from the data and in *Section Four*, I state how my research is differentiated from other research done on adolescent bereavement. The chapter continues with a personal reflection on the process and ends with concluding thoughts.

**5.2. The main findings – Section One**

In this section, the main findings will be summarized and linked to the research question which comprised of two parts. Each part will be discussed separately and in some detail.

5.2.1. The MAIN Findings

The main findings in the study were put into two categories: The emergent themes and the researched themes. The emergent findings which are *culture specific* to TT are the invalidation and devaluing of the grief responses; the penalization of grief behaviours and the severing of the attachment bond between the adolescent and the parent while the parent is dying. The sub-themes of these emergent findings explore the impact of gender socialization, the peer group as support and the shame of a parent’s death. The researched themes which are cited in western literatures are concepts such as family conflict; adolescents as caregivers and the influence of religion. The various sub themes of the researched themes explore the stigma of loss and the impact on academic achievement.

I will now link the various themes to the research questions.

**The Research Question:**

**(Part 1): What are the meanings which adolescents attach to the bereavement period?**

The narratives of the adolescents are central to the reconstruction of meaning. Neimeyer and Anderson (2002) suggest that this process of benefit-finding and making sense of their situations is not purely a cognitive process, but an ‘impassioned effort to find sustaining meanings that offer new and practical reorientation in the world with others’ (p. 49). The interviews clearly show that for the most part, the teenagers’ behaviours during bereavement are misunderstood by educators and family members. These misunderstandings increase their reluctance to speak about their thoughts to adults, who further assume that ‘nothing seems to be amiss’ with them, when a parental death occurs. The various themes will now be discussed against the backdrop of the recurring theme of the influence of a ‘patriarchal’ system, within which lies the differentials of power in the schools. Power differential theory (Formal Theory) generated other categories which I also propose as substantive theory. These theories are that:

1. The patriarchal culture of Caribbean schools influences **the penalization of emotive behaviours**

2. The patriarchal culture of Trinbagonian (Trinidad and Tobago) society of the home and school, **devalues grief responses** of children and adolescents

3. The patriarchal culture of Trinbagonian society **impacts gender socialization**

**Emergent Themes that are culture specific**

*The patriarchal culture of the school*

In the study, I hesitated to use the term ‘patriarchy’ at first. A patriarchy is a political-social system that insists that males are inherently dominating and superior to everything and endowed with the right to dominate and rule over the weak through various forms of psychological manipulation (Gandsman, 2012). I hesitated to use the term because I did not want to locate my argument within the circles of feminist ideology or women’s liberation groups ,where the word ‘patriarchy’ is often used to suggest male dominance and weakened gendered identities. The directions of these feminist views are not particular to the aims of the research. However, the more I thought about the findings of the study and the disciplinary measures that were used by educators (such as punishment, invalidation, devaluing and verbal chastisements equated to a kind of ‘shock or jolt’ therapy), the more I was inclined to think that these measures indirectly led to overt acts of aggression and violence, and to psychological illnesses such as depression and suicidal ideation in our students. I likened the similarities of punitive discipline in the schools to the rigid and inflexible patriarchy of colonialist rule, and I noted the lingering effects of domination and authoritative rule that continued in the homes and schools of the teenagers, as narrated in their conversations.

Yet still I wondered about the social systems in TT society. Our educators are the learned, ‘elite’ groups who are in large part committed to the principles of high standards in our nation’s schools. How could the indoctrination of a patriarchal system – a colonialist trajectory - still permeate homes and schools, and in the hearts and minds of parents and teachers after so many decades? I viewed the power differentials within this system as a continuous bargaining tool for conformity and obedience within schools and families, and where the segregation between adults and children is such, that invisible barriers are created to preserve the autonomy of teachers and educators. I also think that the perception of ‘power’ is a pervasive and subtle indoctrination by educators who assume that their positions require force and coercion for results! (Barstow, 2008). Are such perceptions easily changed?

Popkewitz, Franklin and Pereyra (2001) posit that to change the patriarchal, colonialist trajectory and to ‘decolonize’ the institution of the school, would require a shift in the thinking patterns of those who teach, as the cultural history of schooling places sanctions on concepts such as ‘identity’ and ‘difference’ and welcomes instead ‘uniformed appearances’. These uniformed appearances or the masking of the true ‘self’ are some of the legacies of the structures of power, control and hegemony that emerged during the era of colonialism. Martinot (2017) writes that ‘we have to face the question of who we are. The power of coloniality, as a structure of control, is that it speaks for us so forcefully that we see no recourse but to represent it, to uphold its existence, to ratify its dispensing with ethics and with the sanctity of human life in everything we say and do…It is the acceptability of that corruption to those who should most be in opposition to it [such as educators], that strikes hardest, and gives measure to the success of the coloniality of power!’(n.p.).

As shown in the discourses of the students, the patriarchal, colonialist trajectory in Caribbean classrooms adopted an informal rule in the face of grief and bereavement, a lack of ethical standards and a disregard of the sanctity of the human person, in the vulnerable, bereaved student. This rule was that students who ‘rocked the boat’ or who were not silent and obedient in schools, even as they overtly demonstrated that they were unable to cope with a parental death, they would be penalized, as was shown in the data collected.

**1. The penalization of reactive behaviours and the invalidation of the grief response**

In the study, the adolescents spoke about punitive measures taken by teachers and educators during the bereavement to stop the grief responses from being displayed in the space of the school. The younger male adolescent tended to be physically and verbally aggressive in the face of a parental death. The older male or female adolescent would be withdrawn, physically or verbally abusive and not involved in school activities or class learning, and this inevitably led to a decline in academic performance, suspensions and drop-outs. Procter (2014) states that ‘emotions, which are conceptualized within educational discourses as interior states, are positioned as a means to ensuring children’s academic success and future well-being’ (p.319). Any attempts by educators (teachers, principals) to subdue these emotions and to ‘correct’ them, would lead to problematic behaviours. This view alludes to emotional states of students within schools and can be applied to the accounts of the teenagers when they discussed the school principal’s attempts to ‘correct’ reactive behaviours, by issuing suspensions and exclusions to their younger brothers who were acting out, and who had become aggressive in the face of a parent’s death.

In the study, it was noted that in the schools of the participants, grieving is trivialized and not considered to be a ‘normal’ experience, therefore mechanisms are not put in place to deal with grief responses such as aggression, withdrawal, or apathy. Instead, it is the mistaken belief that confronting the issue can trigger problems (Rowling, 2003) and for many teachers, emotional reactions are ‘discounted, discouraged and disallowed’ (p. 161) especially among male groups who are perceived as strong and able to cope. Across the Caribbean, the patriarchal system of strict rules and punitive discipline for unwonted behaviours, continue to colour the lens of our educators, and to blind them to social justice issues of the rights of a child: to be listened to and to be treated with respect. Gordon (2016) believes that Jamaica is still a patriarchal society, as is Trinidad and Tobago. She writes that, ‘We have a hierarchical system which supports and promotes the values of the traditional male, a narrow view of masculinity which has hardly evolved and where males are expected to be void of emotion as though they are not human’ ( *n. p.*).

I sought further clarification on the legacy of patriarchal/colonialist culture within Caribbean schools when I interviewed Dr. K. (in conversation with Kerrigan, 2015). He termed this lack of relatedness by educators to the emotions of students in the schools, as an ‘empathy deficit’. His observations were that:

‘The culture of the classroom is not designed to ask students how they feel, but only about the content in books, what it’s about. There is no impetus to allow students to develop the emotion side of themselves; and this is ironic especially as the British have moved away from this [in their own systems in the UK] but we seem to hold on to this in the Caribbean’.

He continued:

‘Culturally, the British model [of education] was the segregation between adults and children. There may not be causality but discursively we can say that there are colonialist elements up ‘til today. The system of colonialism was designed not to show emotion….as the classroom is a place strictly for learning – doing the books, doing well. That respectability ethos is still the conditionality of the past. Our learned systems and ways of being are echoes of our culture. So that [the classroom] is not organic, but rather top-down. We continue to build institutions which cater to the academic, whilst sacrificing the emotional well-being [of our students].’

I asked why this concept of a top-down, inorganic, closed system of education continued to be the norm in our schools, despite the thrust towards globalization and the advent of technology. Dr. K. surmised that:

‘We do not have very good experts who are making proper decisions….and who have confidence in its own people who may be rooted (have knowledge) in what can happen in our schools. This is a ‘colonial’ holdover. We continue to venerate those outside, in Canada, the UK, France, telling us how to be multicultural, and our institutions suffer as they hold on to what they think is best (foreign). Unfortunately’, he concluded, ‘our society is not comfortable with itself”.

In the narrative disclosures, as the adolescents attempted to rationalize why their siblings and peers were engaged in fighting, verbal aggression and off-task behaviours in the classroom, they could not understand how the adults in their home and school environments did not give proper meaning to these emotive grief reactions. They suggested that adults should take the ‘energies’ exhibited by the reactive students (usually younger brothers or older male adolescents) and provide interventions that would be proactive and humane in content.

**2. The impact of gender socialization on grief and loss**

In Trinidad and Tobago, the culture of the society also influences gender roles to a large extent. Boys are socialized not to display emotion or talk about their feelings, but to *‘put on a façade…a bravado…and not to articulate their trauma’* (in conversation with Kerrigan, 2015). Jamaican society faces a similar dilemma of socialized male gender roles, as do many islands in the Caribbean. In Jamaican society, Gordon (2016) notes that ‘the socialization of men in our country places tremendous pressure on them to continuously reinforce their masculinity in ways that are actually toxic and self-destructive. They are not allowed to be expressive or depressed, but they are allowed however to be angry. Violence is continually portrayed as the masculine way of conflict resolution’ (n.p.).

It is my belief that masculine roles where emotions are neither displayed nor expressed, have not changed to any significant extent in TT society. When I was a child, I often remembered my father playing a musical clip on Beethoven’s life: young Ludwig’s mother had died when he was just a teenager and he was close to tears. A relative rebuked him, saying, ‘Men don’t cry! They work!’ The first and only time I saw my own father cry was on the day my mother died, many years ago when he held on to me – and only for a few, heart-wrenching seconds, most likely embarrassed himself at this display of emotion in front of his four sons. For males in the Caribbean, ‘crying, being expressive and open about their emotions is heavily discouraged. Such things are definitely feminine traits; instead, [males] must be unshakable in the face of adversity’ (Gordon, 2016, n. p.). Rowling (2003) agrees that ‘gender can be a significant disenfranchising issue for young males in schools and uncertain about their identities, they can be greatly influenced by the confining behaviours of perceived masculine patterns’ (p.158).

This inability or lack of desire to display emotion and talk about the significance of the bereavement was only observed in the male adolescents. In the FGDs and in the interviews, there were 9 male adolescents who signed the consent form. Two of them, both African in ethnicity, asked permission to leave during the FGD as their fathers had been murdered under questionable circumstances and there was no closure. The impact of gender’s influence on the meanings that male adolescents attach to bereavement, is a recurring theme in the study. The male adolescents were reticent to discuss the parental death especially if it was a violent death as with homicide; other male teenagers had to ‘trust’ the group first before engaging in the discussion.

Gender also impacted the surviving male parent as the three fathers who were interviewed, expressed that it was difficult for them to understand their children’s emotional needs and to cope with the death of their wives. Silverman (2000) argues that the death of a spouse weighs more heavily on women because it presents a massive identity crisis for them, but I think Margaret and Wolfgang Stroebe (2001) were on point when they examined the influence of socialization on gender roles. In their study they concluded that women suffer high rates of depression in general…but relatively speaking, men suffer more from being bereaved, an assertion also confirmed by Konigsberg (2011). This view is supported by Gordon (2016) who asserts that ‘we must allow our men to be human; hiding depression is not brave. It is only toxic and destructive. It should be okay for [males] to feel depressed and vulnerable, without feeling as though their masculinity has been compromised’ (n. p.).

*Gendered role of female - Parentified*

Parentification is a form of role-reversal when a child or adolescent is inappropriately given the role of meeting the emotional and physical needs of the parent or the family’s other children. In her article, titled ‘Parentified children suffer later’, retired US District judge, Anne Kass states that ‘parentified’ children do not advance through the necessary developmental stages, and they find it difficult to balance their own needs with the needs of their family. In the Caribbean, girls are culturally conditioned to be caretakers in their families and there is a ‘subconscious’ link between mother/daughter roles. When a mother dies, as was seen in three of the maternal deaths in the narratives, the adolescent has to repress her own developmental needs in order to accommodate the needs of her family. This is a cultural expectation of Caribbean society. At times if the father is present, he is no longer the emotional base that the adolescent can depend on: (**Ch.R***: He believing everything his sister says and he don’t listen to his own children…he don’t try to understand us*!), and the older adolescent accepts the role as necessary and inevitable (**Ni.K**: *I had to leave school…I work now….I don’t have a life!*).

The teenager has now become the ‘parentified’ daughter, who is robbed of her adolescence (girlhood interrupted?) and who suppresses her needs, to now care for the needs of her family. This seems to be a common dynamic in certain SES households, where the surviving father inappropriately depends on the daughter to provide him with mental, emotional and financial support (**Ch.R**: *I pay the bills…help him buy groceries…everything*!). It also reinforces the culture of the patriarchy within the family which is based on the gender identification of the girl as female, as mother, and as ‘culture-bound’ to fill a certain gap; and where gender roles and expectations are reversible in some convenient instances, as long as the image of the male as dominant is maintained.

In her research on adolescence, Gilligan (1996) seems to equate the ‘parentified’ role of the female to an ‘ethic of care’. She states that an ethic of care is where the cultural expectations of the adolescent female affect her social reasoning, as she considers interpersonal responsibility to her family, to be as important or more important, than her own personal needs. Gilligan (1996) further notes that there are differences in the way that females and males define themselves in relation to others, and that gendered differences exist in the way that individuals think of this responsibility. She posits that an ethic of care influences the female’s moral decisions and are based on compassion, as well as reason, and that her feminine ‘goodness’ is more clearly defined by taking care of others. My research revealed this dynamic factor of an ‘ethic of care’, in the late adolescent female who felt duty bound and responsible to care for, not only her siblings, but for the surviving father, after a mother’s death. It was a cultural expectation to fill the ‘gap’, after a mother’s death as expressed in the following comments: (**J.A**.19 – *Basically, I take care of the family…I had to leave school this year* and **Ch.R**. 19 – *I work now, but they (siblings) don’t allow me to have no life!*).

It seems that this capacity for empathy and the emotive qualities of care, are qualities that are perhaps devalued and considered only as ‘feminine’, in a patriarchal society where gender is socially constructed and where there is the legacy of persistent gender hierarchies. Webster (2014) argues that ‘patriarchal thinking…is usually taught unconsciously by mothers…as women perpetuate patriarchal attitudes…and on the collective level, these are the dysfunctional coping mechanisms that have resulted from generations of female oppression’ (n.p.). Gilligan questions the moral paradigm that is evident in this dynamic and reflects that care ethics is contextual and situational, that is, the female adolescent’s decisions are based on how her actions would affect her family, as was revealed in the findings, and what was the responsible thing to do that is selfless and responsive to everyone’s needs, now that her mother has died. These moral and social constructions of the adolescent female seem to consider that the culture of the patriarchy is ‘natural’ and ‘normal’, one that is expected, one that has been operationalised through generations of male domination and gender bias, so much so that hooks (2014 ) exclaims that we have to highlight the ways women perpetuate and sustain patriarchal culture!

I want to posit that both these constructions of *femininity* and *masculinity* need to be directly challenged in social and educational settings where they were constructed in the first place, as they do not set the standards for equitable teachings and education on social justice issues. In Caribbean society as in many other societies, gender is traditionally seen through the lens of the *rational male* and the *emotive female* (Gilligan, 1996) and the human ‘rights’ of the female are trivialized and ignored. I would place this viewpoint symbolically on the steps of the patriarchal ladder where the female still occupies the lower rungs. On this ladder, care is not considered as a universal concept, one that is principled and where there are no gender hierarchies. Instead, care is still viewed as a feminine ethic which leads to the ‘self-silencing’ of the adolescent female’s needs in the name of ‘goodness’ and marks her as possibly deficient in moral development **because** she seems to accept that role willingly!. (The power of the coloniality of the psyche?) Webster (2014) concludes that ‘the patriarchal messages daughters receive from their mothers are more insidious and damaging than any of the cultural messages combined…as they come from the one person the daughter bonds with in order to survive’ (n.p.) her childhood; that person is her mother.

Sub-theme: Shame of a parent’s death

The sub theme of *the shame of a parent’s death* and the circumstances surrounding the death on the cognitions of the adolescent, triggered different gendered responses in the students. If the death was violent through homicide, if it was an unresolved death or was a result of domestic violence, the grief responses were complicated and enduring, especially among males. The adolescent in this context would be angry, withdrawn, unwilling to talk about his experiences and somewhat embarrassed that persons would know that his parent (usually a father) had died a violent death. If male adolescents do not want to speak about their feelings when a traumatic and ‘shameful’ event has occurred, how can they be helped?

In two of the FGDs, there were female adolescents whose fathers, also African in ethnicity, were killed. The female adolescents were angry and wanted to seek closure to the death. The difference in the gendered response was that the female teenagers *wanted* to talk about how they felt about the death, and the effects of the death on their family and on their psyche. In both instances, the female adolescents lashed out verbally at their mothers who had ‘moved on’ after the death, possibly to another relationship, and they could not understand how the mothers were ‘okay’ so quickly. In contrast to this type of death by violent means, if the parental death was due to illness or by natural causes, there was more acceptance and a willingness to talk about the incident by both male and female teenagers - this acceptance was in large part due to the fact that the adolescent was prepared for the death when it occurred.

On the topic of gender socialization and the stigma attached to death in the Caribbean, Dr. K. (who also works with male groups in a low socio-economic locality, one of the hotspots noted for the highest homicide rates in the island) had this to say:

‘Within the Caribbean, gender talks. It preys on the idea that males do not have qualities of empathy. The culture of being ‘a man’ takes us heavily into the ways [males] handle trauma. They put on a façade, a bravado…They do not have access to persons who would help him to articulate the trauma…to off-load the experience. [Male boys] are really just scared, sad persons. They have been taught how not to talk about how they grieve…And there is a stigma attached to how the death occurred – how the father died…they do not want to articulate it’ (in conversation with Kerrigan, 2015).

1. **Severing of the Attachment Bond before the death**

The severing of the attachment bond by the dying parent, while still alive, was an interesting theme in the findings. In the past decade, researchers have explored whether secure attachment is an important concept in adolescents’ relationships with parents and their peers, and they have concluded that securely attached adolescents were less likely to have problem behaviours, such as juvenile delinquency and drug abuse (Schunk, 2008), and that they developed better relations with others in social settings. The severing of the attachment bond by a primary caregiver therefore, serves as a possible gateway for conflicting emotional turmoil in the child and adolescent, if the reasons for this dis-attachment are not understood.

Klass, Silverman and Nickman (2014) state that a cross-cultural theory based on attachment remains elusive and the template that has been used in attachment bereavement theory in many studies, is that of young children’s responses when separated from their mothers. How can these theories based on infant attachment (Bowlby and Ainsworth), be appropriately applied to understand the attachment bonds of adolescents? In some of the narratives, the close relative who was dying did not want the adolescent to be a ‘witness’ to the death in the final moments, and refused to see or touch the grieving teenager. These final moments were the moments that were meaningful to the adolescents, who voiced that it was important to them that the parting should be spent in the presence of their loved ones.

In some instances, these final moments did not happen and the teenager was not allowed to be part of the final farewell. Bowlby (1980) had explained that bereavement, grief and mourning are the responses that occur when bonds of attachment are broken after death. What happens when these attachment bonds are severed before death? How does the adolescent construct meaning here, other than to suffer great emotional stress and doubt, especially if the bonds that were established between the adolescent and the caregiver were close bonds? In my opinion, in these situations as described by the adolescent, there was no opportunity for closure and this presented a *triple jeopardy* for the grieving teenager: the experience of being rejected by a loved one; losing the beloved person to death; and then being told to ‘move on’ and reengage in the world with other persons (Parkes, Laungani and Young, 2015) during the bereavement.

In the study, all of the adolescents continued to be adversely affected by the severing of the attachment bond in such a seemingly crude manner, and they found it difficult to ‘reengage’, as there was blame (*I don’t talk to my mother up to this day*!); self-guilt (*What did I do to deserve this?*); and feelings of helplessness (*since my father died I’m sad all the time*). These anxious and sometimes hostile emotions do not auger well for Bowlby’s fourth phase of bereavement recovery, or Silverman, Nickman and Worden’s (1992) ‘continuing bonds’ with the deceased, seen as necessary for a healthy bereavement by these writers. Some theorists have referred to this severing of the attachment as a ‘disengagement’ by the parent, who knows that he/she is about to die (Worden, 1996). **I disagree with these analyses.**

I believe that this occurrence is more traumatic to the adolescent than to merely *disengage* from the parent. Disengagement implies a gradual withdrawal, with some explanation. To sever means to ‘cut’ the attachment bond without explanation (as was noted in the discussions), or without any opportunity for the grieving child or adolescent to say a final farewell, a last goodbye. The presumption here by the dying parent and the family, is that death is considered to be an adult undertaking (Silverman, 2000; Balk, 2014) and without realizing it, (as I do believe it is not the intention of the dying parent to be callous and cold-hearted), this ‘thoughtless’ act by the dying adult, has negative repercussions for the grieving adolescent.

In the literature (Bowlby; Parkes; Worden), secure attachments have been found to influence normal bereavement responses, while insecure attachments complicate resolution of bereavement (Balk, 2014). What is the result therefore, when [secure] attachments between parent and teenager are severed *before* death, leading to confusion, an inability to construct meaning, and eventually to complicated bereavement patterns? This dynamic has not been considered, and perhaps the importance of the attachment bonds in the days prior to a parental death needs to be reviewed and revisited in the literature. In the chaos of an anticipated death, what should be the sensitivities of caregivers to the children and adolescents within the family? Does grieving begin AFTER a death occurs, as the many stages of grieving discussed in the literature review (Kubler-Ross; Balk; Lindemann) seek to impress upon us? Or does acute grieving really begin in those moments whilst the dying parent is still alive and the adolescent desires those ‘last words of wisdom’ from a loved parent but is prevented from even seeing the beloved? The phases of grieving describe the bereavement responses after a death occurs. *Complications to the attachment bonds between the adolescent and the dying parent before a death occurs, and the severing of the attachment bond while the parent is still alive, warrants further research and inquiry.*

In this analysis also, one cannot fail to recognize the cultural implications of the attachment bond in Caribbean families. It is considered a Euro-western practice that adolescents leave the family home at 18 years of age, as they are perceived to be adults. In Caribbean societies, few adolescents leave the home at 18 years, and usually only when they are married. Some persons may return to the family of origin after marriage, especially in the extended family-type of East Indian households. The ‘attachments’ to family therefore are differently aligned to cultural patterns of socialization, and to the practice of the matrifocal type of family that creates lingering, continuing bonds long after adolescence.

Sub-theme: The stigma attached to parental loss in the schools

In the sibling interviews and as reported by the older adolescents, the death of a parent was seen as an event where one was excluded from play activities in schools and ostracized by peers. This was due to the misunderstandings that occurred in the minds of younger children – that death was a loss, and that if you suffered that kind of loss, that you were a subject of ‘hard luck’ and an object of derision and ridicule. These attitudes were in large part due to the lack of dissemination of information on the topic of death that exists in Caribbean society, and the misconceptions that may occur when the event is open to conjecture and speculation.

In primary schools among young children, stories about death and dying abound and are situated within cultural superstitions where a parental loss is stigmatized: (*Yuh father dead. That is why yuh getting on so stupid!* OR *She get swine flu because her mother died*). Misunderstanding largely occurs through the inability of young children to construct and give meaning to this event in the lives of their friends, so that death often stimulates laughter and provokes ridicule (Worden, 1996). The stigmatized attitudes towards their siblings, gravely affected the adolescents and shaped their perspectives.

**4. The importance of the Peer group**

In all of the responses given, without exception, the peer group was pointed out by the teenagers as an avenue where emotions and opinions could be validated, listened to, empathized with, and essentially given a ‘high five’! As compared to the adolescents who were interviewed in NYC, who had indicated that the group was not a space where they felt comfortable to talk about a parent’s death, the teenagers in TT welcomed the group, even though they began the discussions by being strangers, not having met before. As an observer in the process, I was witness to these interactions and at each encounter I was reminded of a banner at the chapel of the University where I attend Mass which reads: ‘*A stranger is a friend whom you have not met as yet’.*

The changing perceptions of the adolescents could be observed through peer interactions in the focus group, which created a different ‘space’ for the teenagers. The commonalities between them, that is, age, similar interests and the issue of bereavement, provided an arena where conversations could be shared. The space also became ‘an active medium for the construction of subjective and objective identities’ (Howard, 2000, p. 382-383). Through the relationships that were formed within the space, and as the teenagers gave meanings to their perceptions of the grief experiences, they were able to co-construct social and subjective identities that situated them outside of the academic, objective identities that they were expected to adopt when they were at school. The conversations allowed their silent (previously silenced?) voices to be heard. The space of the FGD allowed them to speak about their feelings and to give meaning to their perceptions. In the silence of their home and the school, anger and aggression were emotions that created obstacles to academic success and to proactive behaviours in the classroom. These emotions were perceived negatively by the adolescent’s family and by teachers. Once the silences were broken and in the context of the group, feelings of empathy, kindness and compassion were elicited. These feelings were reflected in expressions such as:

‘*I will look out for her!’* (Form 6 student to a Form 2 student)

‘*We must come together and talk this out again. It really feels good!*’ (The general feelings expressed after a FGD was held with the teenagers.

Conclusions from the main findings

The following conclusions are thus drawn from the main findings: The patriarchal culture of TT society, influences the penalization of emotive behaviours related to grief and bereavement, devalues the grief responses, and impacts gendered roles, both male and female. The younger the adolescent (usually the early adolescent male), the more overtly reactive he became to the parent’s death and this was exhibited in fights, verbal abuse, crying and withdrawal within the schools. These were the teenagers who were more likely to be punished for their ‘off-task’ behaviours.

Some families hold more restrictive views toward mourning and bereavement practices. In these families, there is a severing of the attachment bond and a refusal to engage with the child or adolescent who found it difficult to understand the behaviours of family members, and could not give significant meaning to it. The results of this ‘un-attachment’ has serious long-term consequences for the adolescent and underscores the importance of the sensitivity of caregivers to the needs of the [adolescent] and the responsiveness in meeting these needs for healthy development (Cobb, 2010). Generally, within the peer group, the adolescents in the study were found to be emotionally expressive as they spoke about the death of a parent, and they did not try or struggle to maintain emotional control. There was no embarrassment shown among their peers who welcomed the interactions, as it gave the teenagers an opportunity to give voice to the meanings which they attached to bereavement.

Even though the ethnicity of the teenagers was not a factor that was explored, it was noted that the adolescents of African descent were more likely to have experienced a parental death in violent ways, than other ethnic groups. The meanings that they gave to the death were also attributed to the type of death that had occurred. The older adolescents, both male and female, were more likely to profess a belief in the afterlife and to have dreams about their loved ones, than the younger participants. The older female adolescents considered it their ‘duty’ to take on the role of mother and to care for their families – both emotionally and financially, thus becoming ‘parentified’ daughters in the process.

**The Research Question:**

(Part II) **What perspectives do adolescents adopt to make sense of their grieving experiences?**

In the literature review, Benard (1991) had posited that there were four common attributes of resilient children. These were autonomy; social competence; problem-solving skills and a sense of purpose that were nurtured within supportive environments such as the family, school and the community. It seemed therefore, that if adolescents were exposed to protective factors they would develop self-systems which included high self-esteem, self-regulation, personal goals and a belief in themselves that they would succeed.The literature is rife with statistics which cite these characteristics and its proven results! What were theorists missing, when they connected these factors with the research on bereavement and the effects on adolescents? Why then, didn’t the various stakeholders in education promote resiliency factors in our schools?

From the data, there were three main findings that were seen to promote resilience (or a lack of it) in the teenagers. These were the *social contexts* that were either supportive or contributed to family conflict; the *reasoning skills* of the teenager where he /she had begun to internalize and construct meanings; and the *cultural rituals* that were practiced after a death, which gave a sense of being ‘grounded’ in a communal togetherness, and established continuing bonds for the adolescent with the deceased parent, long after death. Let us discuss these three main findings.

1. **The Social Contexts**

Grief was described as normal or complicated depending on the supportive systems in place for the student. If there was a lack of social support, and there was a perceived lack of attachment bonds to any adult, this resulted in complicated grief for the adolescent. If there were supportive systems, a feeling of being cared for and loved, there was a sense of secure attachments to family and/or school and the adolescent went through the ‘normal’ phases of grief – of questioning the bereavement, looking for meaning in the loss and then finally making sense of the bereavement (Neimeyer and Anderson, 2002). The importance of the social context is a recurring theme, cited by these authors as an important construct which gave meaning for the teenager, and which allowed him to cope and to ‘move on’ in bereavement.

The findings allude to the fact that the adolescents’ engagements with the persons (educators, surviving parent/family members) in their social contexts, were crucial to two developmental areas. *Firstly,* these engagements either led the teenagers to believe that they can overcome the trauma and cope with the loss or *secondly*, the introspections led them to believe that persons in their immediate environments did not care about how they felt, or understood why they continued to grieve long after a parental death. If the latter occurred, adolescents did not cope well during the bereavement period.

**2. Cognitive and socio-emotional development**

*“Grief is a normal life experience, a process to be dealt with. The process of accommodation is different for everyone”.*

Dr. Phyllis Silverman, Harvard Medical School (2013, n.p.)

Cognitive Deliberations

Throughout the many conversations, I was amazed at the ability of these teenage respondents to express themselves. The use of language was a main contributory factor in the ability to narrate at an in-depth level about their experiences. Balk (2014) opines that,

‘The increasing capacity to engage in reflective thinking manifests itself in the adolescent’s growing awareness of other points of view; …such perspective taking emerges not only from changes in cognition but also from experience [and[ encounters outside one’s frame of reference that cause a person to change his or her social perspective’(p.18).

The cognitive development of the adolescent is linked to his/her socio-emotional well-being and both stages of development are important to the meanings which he or she attaches to bereavement and shapes the perspectives which he or she adopts. After the death of a parent, the adolescent is usually in a state of disequilibrium. This cognitive state of disequilibrium, according to Piaget (1995), is one of unease and confusion. As a researcher and therapist, I would posit that the adolescent, after ‘accommodating’ or acknowledging in his/her schema that the death has in fact happened, then equilibrium is reached only when ‘assimilation’ or a sense-making of the incident has taken place: (***Ch.R:*** *I think everything happens for a reason*).

Equilibrium is a cognitive state where the individual is able to explain new experiences by using existing understandings of situations, and these understandings are to a significant extent, influenced by his/her sociocultural environment: (***Jus.T*** (NYC): *At her death we came to realise that life was too short and that all that we had were each other*). This cognitive deliberation and sense-making of experiences is by no means a simple process, but if understood, can guide the adolescent to make sense of any trauma that may happen in his/her life.

Based on my interactions with the adolescents in the study, and noting their attempts to rationalize and attach meaning to the parental death, I have designed the following diagram, using Piagetian terms, to illustrate this necessary developmental stage in the adolescent’s cognitive and reasoning process. This process can be stated simply:

**Disequilibrium----🡪Accommodation----🡪Assimilation--------🡪 Equilibrium**

(Death) (It really did happen!) (Rationalization) (Deciding path to take)

Socio-emotional Deliberations

Erikson’s (1997) observations on the socio-emotional development of the adolescent were that it is from the group’s identity that members derive their sense of identity (Cobb, 2010). After a death, the ‘reframing’ that takes place, that is, the constructions about the meanings attached to bereavement, can make the adolescent resilient enough to withstand external pressures if and when they did occur. In the conversations however, there were teenagers who struggled to understand the parental death.

*Complicated grief and a lack of meaning reconstruction*

The teenagers who experienced complicated grief (a lack of benefit-finding and sense-making) were unable to cognitively process the parental death and to come to satisfactory conclusions. The attendant symptomology were feelings of disbelief, anger, despair, and depression as when **J.A.,** 19, said, ‘I *can’t understand how God could take my mother, and leave her five children behind to suffer!’* and **Ar. U**., 17, who exclaimed, ‘*The police protecting the killers! Is because my father knew too much!’*

As these teenagers tried to explain how they felt to the group, I observed both the cognitive and socio-emotional struggles to accommodate the information in their schema, and to rationalize it, without success. Even when the other adolescents offered responses to them, they were unable to connect their ‘powerlessness’ to the disruptive relations within their social contexts, and disequilibrium continued to overwhelm their cognitive deliberations. Patterson (2010) informs that intense emotions of anger, confusion, acting-out behaviors, guilt and even depression can accompany teen grief. If the grieving teenagers ‘feel abandoned in their pain or they feel that they don’t have the right to grieve, disenfranchised grief can occur. Validation, acknowledgement and support are therefore vital to the healing of grief’ (p.13).

**3. The importance of Rituals**

The influence of the adolescent’s religion reinforced the observance of the cultural rituals that were observed after a parental death. Rituals are symbolic activities that help us to express our thoughts and feelings about the death of a loved one and a way of reorganizing the attachments that we had to the deceased, to match the new reality of life without the presence of the loved one (Klass, 1996). Writers such as Klass, Silverman and Nickman (2014) have alluded to these symbolic activities as ‘continuing bonds’ of emotion and meaning with the dead, where the rituals of mourning install the dead into…the individual memories of those who knew them.

In the study, the adolescents who spoke of conducting annual commemorative ceremonies seemed to be more positive in their outlook on life. They made sense of the death through a continued social interaction with others in their groups whom they perceived as interested in their well-being, and they were able to rationalize the deaths according to their religious beliefs. Some of the rituals included lighting a candle, visiting the grave or having prayers said on the anniversary of the death. (**Jon**: *My mother and I light a candle for my father every month on the 14th. It makes us feel that he is with us*).

Rituals seem to exist across cultures and it allowed the adolescents to feel a sense of togetherness with other family members. This communal construction across cultural groups, gave meaning to the experience of death, as if the shared meaning and symbolism made the ‘death’ more livable for the teenager. (**Jus. T**. (NYC): *I kept my mother’s scarf. We have a shelf with her things at home in memory of her. Whenever we pass by, we would say a prayer for her*).

Conclusion of the main findings in Part 2:

The findings consider the actions of the family of the adolescent and the attempts by the teenager to make sense of his/her grieving experiences against the backdrop of these actions. To this end, the cognitive moratorium of sense-making and benefit-finding are central to resilience and for the development of coping mechanisms. The adolescents’ views of the death reflect the particular relationship with the parent who has died, their personal world views and their experiences over the life course. Metaphysical and motivational meaning constructions also contributed to the teenager’s ‘resilience’ and when these were processed and there was sense- making of these constructions, they were able to ‘move on’ with their lives.

From the data it can be concluded that the adolescents who were resilient were the ones who sustained meaningful relationships with family, friends and close relatives like aunts and grandmothers. It was also found that support from family and friends lessened symptoms of grief for the adolescent.

**5.3. Relation to other research – Section Two**

In this section, the findings of the study will be discussed. Even though there have been no parallel findings in the literature on bereavement, I will attempt to compare certain aspects of the emergent findings to other empirical studies that have been researched on adolescent bereavement. I also acknowledge that western constructs of bereavement may prove to be of only partial or limited value in explaining expressions of grief when applied to people from other cultures….and this is an area worth further study (Bhugra and Becker, 2005).

**5.3.1. Power Differentials**

The main emergent theme that seemed to have influenced other themes, was that of the power differentials which continue to exist within the patriarchal system of schooling in the Caribbean, with specific reference to Trinidad and Tobago. These power constructs by the adults in the social contexts of the adolescent (*see Appendix 10*), influenced the penalization of the reactive behaviours and the attempts to devalue and invalidate the grief responses. Whilst there is some discussion as to the lack of power experienced by adolescents because of their social positioning in the developmental cycle (Ribbens McCarthy, 2006), there is no mention in the literature of these themes. This theorist explains that this ‘lack of power’ may raise particular issues both within their immediate social relationships (families) and within the context of wider institutional structures, such as the school. Their awkward social position is perhaps not in their favour, as they are perceived as no longer children to be treated with kids’ gloves, yet ‘old enough to take increasing responsibility for the management of their own emotions’ (p.143). In the study, power relationships were evident in the dynamics between teachers and students and parents and their children. These ‘negative’ power relationships as were noted from the data, need to be acknowledged by educators and converted into a powerful and essential source for healing for grieving students.

**5.3.2. The Patriarchy of the schools**

Much literature is written on the benefits of schools (Rowling, 2003; Servaty-Seib, 2006), but no literature has examined the perceptions of students of the top-down, punitive relationships that may continue to exist in these institutions. Research on adolescents who continue to thrive despite traumatic events, has identified that the dependability and availability of the school are important elements in maintaining and strengthening young people’s well-being (Benard, 1991). These are schools which create an environment where children feel comfortable coming forward when they are having personal problems that are impacting their day-to-day functioning (Schonfeld and Quackenbush, 2010).

Freire’s (1970) ‘banking concept of education’ addresses an oppressive, patriarchal structure when he posits that ‘knowledge is a gift bestowed by those who consider themselves knowledgeable, upon those whom they consider to know nothing’ (n.p.). In the present study, the teachers treated the grieved adolescents as marginal persons who deviated from the general configuration of a ‘good, organized, and just’ school and their actions instilled in the bereaved children and teenagers, a ‘negative, silenced and suppressed self-image’ (n.p.). Schools need to serve as a protective buffer for children against the adverse effects of stress and ‘more than any other way, [they can] build resiliency in students through creating an environment of caring, personal relationships’ (Henderson and Milstein, 2003, p. 17). These viewpoints support the ‘collective efficacy’ model of schools, as spaces where educators and teachers are positive role models and facilitators of care, empathy and good will. In my opinion, these views are rather utopian in content and reflect possibly, those few teachers in schools who willingly go beyond the call of duty to assist those students who are ‘at-risk’. They may represent the minority rather than the majority, and fall within the category of ‘what *should* happen in our schools’ rather than what actually exists.

**5.3.3. Using the Peer Group as an Interventionist tool**

The influence of the peer group is emerging as a powerful construct for mediation in the bereavement literature. It can also serve as an intervention tool for young people who are often reluctant to talk to adults as they fear that their confidentiality will be breached as was highlighted in the study: (*My guidance counsellor told my story to the other teachers. I don’t trust her anymore!*). Some theorists suggest that peer group interventions might seem to have much to offer to vulnerable young people (Cowie, 1999). Newman (2002) agrees with this view and suggests that peer group support groups can enhance resilience, while Tedeschi and Calhoun (1996) believe that group work with bereaved young people helps to overcome isolation and helps to both ‘contain and express emotions in a supportive setting’(p. 171).

Harris (1991) posits that many adolescents respond to parental loss by ‘inhibiting’ their grief, and this reluctance or inability to grieve expressively (as shown in the study especially by male adolescents), often contributes to a lack of response by adults in the aftermath of a significant loss (Lenhardt and McCourt, 2000). The peer group can be instrumental in mediation here as too often, parents, teachers and mental health professionals assume that, ‘since adolescents do not appear to be distressed, they are adjusting to the death without difficulty’ (p.1).

**5.3.4. The impact of the Attachment bond**

In the literature review, various theories of attachment were cited in many studies to explain childhood experiences involving relationships with caregivers, protective factors which inhibit deviant behaviours in adolescence, the effects of separation and loss on an infant (Bowlby, 1980) and the secure familiar contexts (Fonagy, 2016) which were able to stem outbreaks of ‘violence’ in childhood and adolescence. Catalano, Haggerty, Oesterle, Fleming and Hawkins (2004) stated that theories of bonding such as attachment theory, social control theory (Hirschi, 1969) and the social development model, all provided the foundation for the social learning experiences of children and adolescents and the bonding relationships that developed if supportive factors in the environment were present. Cobb (2010) states however, that ‘with few exceptions, studies of adolescents’ relationships with parents [and attachment bonds], have involved European American middle-class families’ (p. 80) so that these studies therefore, cannot be culturally relevant to Caribbean histories.

The lack of cultural relevance calls into question the universality of the application of attachment theory in different cultural settings, as more attention has been paid by Western research, to the validation of infant patterns of attachment, than to the interactive effects of maturation and experience at the developmental stages beyond infancy (Keller, 2013). Attachment theory has been often cited as the dominant theoretical perspective when one examines relationships among individuals, and the effects of secure or insecure bonds on the social competencies of individuals. Rothbaum, Weisz, Pott, Miyake and Morelli (2000) assert that attachment theory is ‘infused with cultural assumptions, leading to misguided interpretations of research findings and unfortunate consequences for assessment, intervention and intercultural understandings’ (p. 1102). These writers propose that ‘a new generation of research and theory on attachment, specifically attuned to ways in which the attachment process is tied to the cultural context’, is best achieved when indigenous psychologists examine ‘whether processes posited by extant theory are operative in their own cultures’. They advise that indigenous theorists should ‘move instead toward a more context-conscious theory of attachment which attends to historical, social class and other differences within each culture’ (p.1102).

In light of the above, what are the challenges that researchers encounter when they attempt to apply attachment theory to their contexts? Within Caribbean families, our social contexts are the determining factors for the types of attachment styles that are linked to later patterns of adolescent development. As researchers, we cannot ignore that attachment bonds are influenced to a significant degree by the socialization patterns and parenting styles within the various ethnic groups. In *Western* social contexts, mothers leave their infants in nurseries soon after birth to return to the world of work and during adolescence, there is a push towards independence and leaving ‘home’ by the age of eighteen years. On the contrary, within *Caribbean* societies and specifically in Trinidad and Tobago, the extended family type of grandmothers, aunts and uncles within African and East Indian households, provides early care for babies and few infants are cared for in nurseries even though their mothers may return to work. There is also little push towards independence during adolescence as teenagers and late adolescents are instead, encouraged to stay within the ‘safety net’ of the home, even after marriage.

These indigenous behaviours are embedded within a larger network of relationships – the ties of the extended family; fictive kinship ties which are not based on birth or marriage ties, but on the knowledge that there are many ‘aunties and uncles’ who support the family; religious rituals and cultural practices– all of which are based within the social institutions of school, home and church. To a Westerner therefore, the closely-knit behaviours and the bonds that have developed between the child/adolescent/parent may be viewed as clingy, maladaptive or regressive, but they are normative and accepted in Caribbean contexts.

The **term** ‘attachment’ therefore is contextual but the **word** itself is generic and has been used to describe the lingering bonds from infancy through adolescence within many social contexts, even in the Caribbean diaspora. There is the need therefore, not only to break away from unquestioned adherence to concepts in Western research (Alcoff, 1996) that are reflective of their particular insights, but also to elicit conversations which can explore and generate new ‘hybrids’ of words in the research space. Ethnographic research may also consider that Caribbean cultural differences of attachment and adolescent development are largely ignored, not because they are irrelevant; rather, there is little documentation that can be comparable to other cultural environments.

In the study, there were varying degrees of attachment to the deceased parent in the narratives of the teenagers, yet no-one was detached or displayed a lack of emotion. All the adolescents seemed to have been affected by the death of the loved ones – however, the intensity of the grief was influenced by many variables, such as the type of death that occurred, the emotional and physical support that was offered to the bereaved, the response of the surviving parent to the death of the spouse and the quality of the attachment patterns that existed, before the parental death occurred.

**5.3.5. Adolescent ‘meaning-making of bereavement**

When the parental death occurred, in all of the narratives the death seemed to challenge the bereaved teenager’s ability to integrate his/her past, present and future into a coherent story line (Noppe Cupit and Meyer, 2013). The construction of such a narrative was a major task for the adolescent in his/her struggle to cope with the death. It provided a sense of stability and allowed him/her to seem to be in control of the many changes that were occurring instantaneously (family conflict/school upheavals/financial instability/stigma of loss/severing of the attachment bond) which seemed to disrupt the routine and normalcy of his/her life (Balk, 2014). Making sense of death is a difficult challenge for most bereaved persons (Currier, Holland and Neimeyer, 2007) , but the conflict with identity construction, especially if there is a strong identification with the deceased, may render meaning making especially hard for the adolescent (Balk, 2014). As was highlighted in the study, the power of the peer group in this process was significant in identity construction. Peers were able to help the adolescent to work through the meaning-making process, by offering their own interpretations of the loss (Walker, 2009).

Conclusion:

In the study, there were many ‘new’ themes that emerged as a result of grounded theory analysis. The phenomenon of adolescent bereavement leads me to conclude the following: There is a need to bring a more diverse insight into our understanding of grief and loss. We must seriously question whether the issues that are fundamental to our understanding of deviance in adolescence, are not biased and prejudiced by a lack of knowledge of the effects of bereavement on this particular group of young people, with their specific developmental insights. When parents and educators react to deviance and delinquency, perhaps these reactions speak to another level of trauma that is largely ignored and misunderstood – that level of trauma which is associated with grief and loss of a parent’s death.

**5.4. Implications of Findings – Section Three**

Bereavement and the meanings associated with this period for adolescents is the central theme of this study, so that the inferences to be considered will be gleaned from the research questions: In what ways did Caribbean students interpret their bereavement; What were the meanings that they gave to their grief and loss experiences and were there any dimensions in the narratives that need to be further considered for future knowledge production.

In Trinidad and Tobago, the topic of bereavement has come to the attention of policy makers as it has been cited as a high risk factor for school violence and for juvenile delinquency (ABATT, 2016). Some writers have agreed that there needs to be a concern about the possible relevance of bereavement in the life histories of particularly vulnerable or deviant young people (Ribbens McCarthy, 2006) and the relationship of grief and loss to school violence. The inferences that were made in the main findings of the study suggest that:

**5.4.1. Bereavement has to be understood within a sociocultural context**

If informed interventions are to be made in schools, bereavement has to be understood within a sociocultural context. The guidance counsellors in both TT and NYC had indicated that they lacked training in interventions and had done ‘their own thing’ in their schools. They also spoke of the need to better understand their students who came from diverse cultural backgrounds, more notable in the US such as Pakistan, Korea, China and both Latin American and Caribbean countries.

Grief and loss is universal and most times, loss is unexpected. When a person is bereaved, this state can influence his /her cognitive and affective sensibilities and can be pervasive from childhood, through adolescence and into adulthood. As was determined in the study, the adolescent’s mental constructions of the experiences of bereavement are linked to his/her social and familial contexts and to cultural and religious experiences. The Caribbean region provides a ready opportunity to explore cultures, religious diversity and social relations within the various bereavement practices, and these various practices can foster family ties and strengthen group relationships (Marshall and Sutherland, 2008). Bereavement also holds implications for non-grievers who may identify with loss and in the process of grieving, learn to appreciate the various meanings attached to death, grief and its social consequences (Marshall and Sutherland, 2008).

I believe that the inability of educators and teachers to respond in a humane manner to the grief responses speaks to the culture of the school, and the hesitancy by teachers to intervene in a sensitive area such as death, speaks to the culture of the society. However, it is insufficient to question cultural difference and diversity solely, without also understanding the processes and interactions which take place within the social contexts of home and school, and which continue to contribute to the construction of meanings for the adolescent during bereavement.

**5.4.2**. **The patriarchal nature of the school/home creates a ‘culture of silence’**

As I continued my search for meaning, the voices of the adolescents grew stronger and stronger in my head – (*Whenever I open my mouth, I wrong! /Mom would say: The others would hear you!/ They don’t want to take me on, ‘cause I talking about it again!/ I go in the toilet and lock up myself to get away from everybody/You try to tell teachers what is the problem, they not taking you on!*)…And I realized that this misunderstood minority was being forced, literally, to ‘shut up!’ The adults did not want to hear about how grief affected the teenagers. The patriarchal nature of the school and home was perpetuating a ‘culture of silence’ that had existed for generations, a legacy of ‘internalized oppression’ that suppressed their voice and forced them to either conform to rules and regulations, or be suspended, put in detention or asked to transfer to another school! According to Frantz Fanon, this was a ‘systematic negation of the other person’. In that moment of acknowledging this fact, I came to understand myself more clearly and give meaning to my role as ‘insider researcher’. Why was this?

I recognized the teenager who was often slapped for being rude and ‘out of place’ when I spoke out against issues; the undergraduate student who locked arms with fellow ‘comrades’ and stormed the University’s Administration building in protest as police batons rained blows down on us; the History teacher whose classes were never quiet because the students were enacting slave voyages and Uriah ‘Buzz’ Butler riots in their seats; the Vice Principal who took the Form 5 classes into the hall just before their CXC exams and allowed them to scream at the top of their voices, to let their frustrations out, before they settled down to study; and the University lecturer whose students ‘create’ psychological constructs rather than read about them! I had always attempted to give voice, and subconsciously perhaps, to rebel against a system of indoctrination that I had begun to recognize from my adolescent years. “Girls should be seen and not heard!” my mother had drummed into our heads – my two sisters and myself -, in vain.

But the culture of silence was destructive and pervasive. It influenced the suppression of male grief (*If you don’t behave, you going to the police station!*). It muffled and devalued voices who wanted to speak (*Why you so sickening?*). It stigmatized a normal occurrence such as death and severed attachment bonds (*Move away – I don’t want to see you*). Professor Balk had stated that adults really did not understand grief! They did not know how to relate to adolescents who were grieving, and in so doing, isolated and attempted to silence these teenagers, who coped by further distancing themselves from their gatekeepers, and masking their grief.

**5.4.3. Adolescents become adept at ‘masking’ their grief**

The best way to find out how persons feel about an issue is to ask questions. If they are not given the opportunity to talk, many adolescents will continue to mask and hide their grief, silenced into doing so by adults who misunderstand and ignore their voices: (*I don’t like to talk, I keep it in/ Danny don’t speak to nobody*). It is wrong to conclude that adolescents will not talk about a traumatic loss such as the death of a parent. In my opinion, masking is a learned behaviour, a defense mechanism used so that they will not be ridiculed or embarrassed by adults.

Unfortunately, masking serves to ‘isolate’ adolescents in their grief and build barriers between themselves and adults, who are often confused by their ‘strange’ and impulsive behaviours. From the narratives, these masks seemed to have assumed many forms such as: the Mask of Contempt - always on the defensive – (*the Principal so dotish, she don’t understand nothing!*); the Mask of Silence - so no one bothers them – (*I don’t talk about it; I keep it in*); the Mask of Victim - who feels injustices are done and directs frustration and anger towards everyone – (*Everybody always on me!/I feel like throwing them in the hole!)* and the Mask of Aggression – feels misunderstood and powerless – (*I act up! I beat up everybody in school).* In the discussions, the teenagers believed that they did not have a ‘voice’ in their situation. If they expressed it, they were ‘disabled’: asked to leave the school, suspended, given detention or verbally chastised. **They became adept at masking their grief.**

**5.4.4.** **Emotional grief responses made by children and adolescents in response to bereavement are neither validated nor valued**

Research shows that expressions of grief are usually therapeutic and if emotional responses are validated and valued by significant adults (Holland, 2008) then the bereavement can add value to the lives of these young persons (Worden, 1998). One of the psychological difficulties that face the bereaved adolescent is the suddenness of death (Parkes et al, 2015) and many bereaved students stifle their feelings for the most part, in social contexts where they are expected to cope with parental death and get on with life. They are faced with the dilemma of ‘how to relate to the dead’ and not forget their deceased parents; and at the same time, ‘how to relate to the living’ (Ribbens McCarthy, 2006), put on a façade, control their feelings and get on with their lives.

Professor Balk (in conversation with Balk, 2014) had indicated that talking about death makes most people uncomfortable and adults hope that with the passage of time, children and adolescents will be ‘normal’ again. In schools, modules on grief and loss need to be included as part of a structured Teacher education plan for pre-service and in-service teachers, to increase awareness and enable educators to support children and teenagers if and when a death occurs in their family. A failure to address grief responses in a humane and non-threatening manner, a failure to validate and recognize the grief of adolescents could lead to reactive behaviours in schools, which can then lead to more rebellious behaviours of bullying and school violence.

**5.4.5.** **Bereavement can be considered as a cathartic event**

Bereavement can be considered as a catharsis - a social cleanser - where groups may find identity, as well as strength, in cultural practices that are accepted…and by identifying with the group’s loss (Marshall and Sutherland, 2008). One of the Caribbean’s ‘defining characteristics is our cultural diversity, and bereavement offers an opportunity for a society to be grief-tolerant, and to encourage expressions of grief…which may lead to ‘*fewer health and psychological problems*’ (p.29). After a death has occurred, there is an opportunity to express grief in the cultural tradition of a ‘wake’ for many mourners. As stated previously, the ‘wake’ is a familiar occurrence across many cultural settings. In Caribbean society, a space (usually the front or back yard of the home of the deceased) is created for the mourners to speak of their grief, and to pay tributes to the deceased. It is not just a time for ole talk, or to drink and to eat; the ‘wake’ is a meeting place where language gives voice to their stories of the deceased. After the mourners speak, they eat, and in the sharing, they speak again. There is much laughter as persons are encouraged to give witty accounts of the person who has died; there is seldom any crying at these gatherings as crying and wailing are emotions that are reserved for the funeral.

This event where public expressions of grief are welcomed and even encouraged, is contrary to contemporary, Euro-western ‘tolerances’ after a death. Laungani (2007) states that the western way of grieving is private and designed to keep crying to a minimum, and ‘*to burst into uncontrollable sobs is often considered hysterical, undignified and even vulgar*’ (p.70). If this statement is true, I must admit that I became hysterical, undignified and vulgar on the day before my mother’s funeral service in 2004. The funeral home had called me to ask if I would view my mother’s body and make any adjustments necessary to her general appearance. This was my first experience of a close death in the family, my parental death, and with a heavy heart I went to the funeral home.

I remember the funeral director telling me that I had ten minutes with my deceased mother. His wife, on seeing my facial reaction to his statement, sharply rebuked him saying, ‘Leave her alone! She can have as long as it takes!’ On reflection, these last moments alone with my mother were therapeutic, cathartic and healing for me. I combed her hair and applied make-up to her face, just as I had done for her when she was alive. I spoke to her dead body as if she could hear me. I had not cried since she died, as being the eldest daughter of seven children, I had to assume the role of the matriarch of the family and take charge of all the funeral arrangements. But there….in the quiet and privacy of the funeral room, the plug was out, the dam broke, and my tears flowed like water.

On further reflection, this cultural experience was more than a catharsis for me. I was allowed to view my mother’s body, continue an attachment bond that had existed for decades in that time of sorrow, and cry for as long as I needed to. There was no ‘sanitization’ of the mourning- no hospital to keep me apart from my loved one and put her away in a drawer, never to be seen again. In Britain, therapists and mental health practitioners have lamented the absence of ritual in bereavement for mourners, as medical practitioners are recognizing that the influence of cultural practices and beliefs are relevant for closure for the family when a death happens (Hill, 2014).

*The focus group as ‘catharsis’*

The psychotherapeutic principle of catharsis through the use of the FGD, as was noted in the cultural setting of the wake, was one of the main findings in the study. The analytic discourses in the peer group seemed to have aided in the release of emotions that were perhaps never given an outlet for expression. Kubler-Ross (2011) advises that *you must get it out. Grief must be witnessed to be healed*, unlike Konigsberg (2011) who states that there is little evidence that ‘telling your story’ helps to alleviate suffering. However, most of these studies were conducted with adult groups who were interviewed and were not conducted with adolescents whose coping mechanisms and cognitive views of reality are different. These studies cannot therefore be analogous to the adolescent’s cognitive ability and developmental realities.

Conclusion

The implications of the study highlight the importance of cultural practices and beliefs in an understanding of the adolescent’s experience of bereavement. They also examine the necessity to assist adolescents as they focus on reconstructing meaning and reframing crises in their lives. Even though it is a reality that western society has set the barometer from which other less developed countries interpret practices and ways of behaving, Third World countries must take the lead in developing their own interventions, based on the cultural constructions of their societies and the legacy of a post-colonial era that continues to shape and impact our approach to child and adolescent development.

**5.5. Differentiation from other research – Section Four**

*‘Soon we must take a side or be lost in the rubble*

*In a divided world that don’t need islands no more;*

*Are we doomed forever to be at somebody’s mercy?*

*Little keys can open up mighty doors’.*

(song: Rally Round the West Indies by David Rudder, Calypsonian and Musician)

In this section, I would like to suggest how this study can be the ‘little key’ that can ‘open up mighty doors’ to more advanced research, in an era where there is insufficient research in Caribbean psychology generally, and where localities like Trinidad and Tobago are unknown and misrepresented, known only for its Carnival, steel pan and calypso or associated with cultural practices that are not indigenous to the society: (*y’all still practice voodoo there?*). In the study it is evident that my values and beliefs about adolescents and their well-being would have influenced the emphasis that I placed on the analysis and interpretations of their narratives. The philosophies and values of the researcher does not render the research unscientific; on the contrary, any coherent account of an educational science requires that the relationship between philosophy, values and educational research be formulated in a way that renders them compatible rather than antithetical (Carr, 1995).

I will further show that the current research can be differentiated from previous research and not ‘lost in the rubble’ of generalizations of western research. Rather, the present study can be considered as an ‘otherization’ (Smith, 1999) where language and culture impacts the lens of our children and adolescents and where their views are examined against the framework of a colonialist legacy of unequal power differentials. Smith (1999) cautions however, that there are inherent challenges to the way that local research is conducted, when moving into a ‘domain with new methodologies, epistemological approaches and challenges’ (p. 85). These challenges are not only what is deemed ‘possible and ethically acceptable, but include the countervailing conservative forces that seek to disrupt any agenda of social justice…have little tolerance for public debate…alternative views…and…qualitative richness or complexity’. (p.85). Fanon (1967) adds to this viewpoint and argues also for the necessity to enact research that is decolonizing; the need to ‘liberate self from the pretensions of civilisation’ (n.p.). In Fanon’s view, the researcher in a post-colonial society must begin a process which he terms ‘epidermalization’; that is, s/he must shake off the skin of colonialism and begin to recognize the power constructions for what they are and which work to ensure that structural dominance is maintained.

In this study, in my search for meaning reconstruction of the meanings that adolescents attach to bereavement, the power constructions and the unequal relations of power between the adolescent and the educator/ parent were revealed. These findings led me to explore the ‘power’ of language and culture and to understand that grief and loss are to be viewed as a social justice issue. In the space of the FGD, ‘the foundations of the [adolescent] memories were disturbed’ and ‘a space created for [their] imaginings to be voiced…and to be heard’ (Smith, 1999, p.87). The critical role of the researcher therefore, allowed for the development of methodology that was culturally relevant and for the FGD to be considered as a tool for cultural analysis.

**5.5.1. Culturally relevant Methodology**

In recent years, grounded theory has been adopted as a qualitative research method for psychological research and it features as a key method in psychology methods textbooks (Frost, 2011). Other studies question grounded theory’s ability to capture the meanings that a particular experience holds for an individual. These studies query the use only of one-off interviews with participants which results in a systematic map of concepts and categories which, they state, are merely descriptive and do not constitute a theory (Dey, 1999). The present study has not used one-off interviews which are merely descriptive in content. The use of both follow-up interviews and focus group discussions with the participants, led this inquiry into a direction where the mapping of the students’ experiences were explanatory and geared towards the development of theory.

**Methodology has to be culturally relevant.** In my opinion, one-off interviews did not allow the researcher to clearly identify the connections made in the social interactions between the adolescents and their environments. Neither were they sufficient enough to understand why certain actions of educators and parents may have led to the behaviours and meaning constructs that were adopted by the teenagers. These techniques - the combination of interviews, focus group discussions and follow-up interviews - allowed for the development of categories to be generated from the data and have led me to posit the following derivatives – the FGD as a tool for cultural analysis and the concept of language - as different from other research conducted in the field of bereavement studies.

In addition to the use of multiple interviews and discussions which are relevant within a Caribbean context, the skills of the researcher were also important in the process of knowledge production.

**5.5.2. The FGD as a tool for ‘cultural analysis.**

The use of the peer group as therapy is not new to counselling as it has been cited as one of the most effective interventions for bereaved adolescents (Tonkins and Lambert, 1996). However, the FGD using the peer group as a method for analysis has not been cited often as an investigative tool in qualitative research done on bereaved adolescents. I would like to propose three possible limitations for this. The *first limitation* is that many of the persons who are engaged in research with adolescents are academics and /or health personnel who have not used this method sufficiently enough to assess its relevance, in research with vulnerable and sensitive groups as children and adolescents. *Secondly,* most of the studies that are done with adolescents are quantitative in nature and do not use representational sample sources for qualitative research (Felner, Stolberg and Cowen, 1981). Balk (1996; 2004; 2014) and Ribbens McCarthy (2006) are exceptions here even though much of Balk’s work has focused mainly on bereaved college students (late adolescence) and Worden (1996) on children in early and middle adolescence. The *third limitation* is that the FGD has been largely used as a qualitative research tool by companies for marketing purposes and to explore the meanings of survey findings (Krueger and Casey, 2014).

*The parallel between the FGD and the Caribbean ‘wake’*

As the discussions got underway in the FGDs, I realized that there were many similarities of the focus group discussion and the social phenomenon of the ‘wake’ which can provide a means for analysis. The meaning of ‘wake’ is that it is a deliberate opening of the eyes in defiance of the closed eyes of the deceased (Memories Specialist Production, 2013). This group identified the following as characteristics of this cultural event:

‘The ‘wakers’ would sing songs and chat with the bereaved as a show of support. There were expressions of sympathy, concern and camaraderie which accentuated the moments for the bereaved. It helps the mourners heal through the songs, the rhythms, the drinks, the food…and the games. Persons who attend the wake are buoyed by the rhythms and it releases pain as it assures the mourners of care’.

The symbolisms and meanings of the occasion of the ‘wake’, (its similarities to the purpose and intent of the FGD used as a method of analysis in this study) cannot be overlooked. In a similar manner to the ‘wake’ which takes place after a death, the space that was created for the adolescents sought to a-waken their thoughts and give voice to their stories. After the narratives were explored and recorded, there was a debriefing of the FGD, and then an opportunity for the camaraderie among the students that was started in the FGD to continue.

***After one time, is two time.***

This local saying means that ‘there is always more to an event that you were not expecting’. After the research was concluded and when food and drink was served after each group discussion, stories continued to be told. I had completed the job as the researcher but I also recognized that there were positive elements that came out of the FGD that could be sustained just a bit longer. Feelings such as crying, frustration, indifference, being upset and doubtful, were changed to more optimistic emotions. The students were more at ease with each other, confident in their responses, sympathetic to the plight of another, hopeful and enthusiastic and they were able to continue conversations, perhaps on different topics that were lighter and less heavy as death and bereavement. In the communal setting, hearing the voices of their peers out loud was transformative for the adolescent.

*The Role of the researcher is as important as the method used*

The chosen methodology of the FGD was therefore able to facilitate the aims and objectives of the research. It was very important before the FGD took place that I achieve some rapport with the adolescent, and this communication began with short, informal interviews. This ‘relationship’ was necessary to the success of the FGD as it encouraged the respondent to want to participate in the discussion (Bryman, 2008), especially if they perceived that I was ‘friendly’ and that the group was non-threatening.

When I addressed the ‘power’ dynamics (strangers meeting each other/ students at different levels in the same school) at the outset, it was possible to weave meaningful strands between the conversation that eventually formed a tapestry on its own, filled with humour, speculation, questions, silences and answers to questions. As the researcher, I noted that the ‘storying beings’ had emerged. I was excited at each of these encounters, as I had begun to see a transformative process of the individuals, both in their body language and in their speech! The students were able to explore ‘spaces of identification’ (Horton and Freire, 1990) and the conversational and passionate character of the focus group was ‘ripe’ for ethno-methodological treatment in situationally appropriate ways. Within the group, the local understandings of the students and the descriptions that they used were specific to their peer group and their cultural environments. The students found it relatively easy, once rapport was established, to identify with each other in their groups.

As the researcher in the process, how was I affected by the results of my research? As I recognized the issue of the ‘power differentials’ between the student/teacher/ parent, was I **apart and separate** from this complex relationship or was I **a part of** the subtle ‘oppression’ of the adolescents, the group that I was researching for my **own a**ims and my **own** objectives? Smith (1999) argues that ‘researchers must be self-aware of their position within the relationship…and aware of their engagement’ (p.77) in the research. The discussions and the conversations that took place, sought to explore the dynamic relationship that exists between the givers (researched adolescents) and the receivers (researcher) of knowledge. What were the difficulties here, of my positioning as researcher?

*Research as transformative practice*

Some writers (Bowers, Minichiello and Plummer, 2007) have posited that ‘research and counselling are very much related and complimentary…as the practice of research contains essential elements that are similar to the counselling practice’. (p.132). Throughout the thesis, I had stated that I had to ‘observe, keep an open mind, look for the unusual and exceptional, keep records, and reflect critically’ (p. 132) both during the FGDs and in the analysis of the data. Pelling, Bowers and Armstrong (2007) assert that counsellors who take the time to do research, may find their practice better informed, their ability to respond to ideas and issues enhanced, and their conceptual frames expanded, while Bowers et al (2007) argues that the best research that exists in the field tends to be closely linked with practical counselling concerns. These views are affirmative of the actions of the therapist/researcher, but what could be the factors of power, influence and control in this relationship? How does my role as therapist/researcher impact my participants?

So that as I reflected more on the complexities of both of these roles, I was able to identify a concern that I had expressed in Chapter 1 of the Thesis, where I was caught in the space ‘in-between’, as both insider and outsider in a post-colonial society. I had previously argued that, even though I was an insider as a therapist and sensitive to the concerns of my respondents, that my values and philosophies did not render the research unscientific; rather, it required me to formulate my aims and objectives in a way that rendered the research compatible, than antithetical (Carr, 1998). Was this concern addressed? I believe that such a dilemma will continue to exist, as an adult researcher in a post-colonial society where the power differentials are inherent and lingering and where I am constantly reminded that the pervasiveness of the power constructs of authority and control are such that I myself can be caught unawares in this exercise. I had to do as Fanon had advised: recognize the power constructs for what they were, and consciously seek not to emulate the ‘oppressors’.

**5.5.3. The concept of Language as culturally unique**

In the study, there are some linguistic concepts that emerged that differentiates this study from western writings and situates it within a Caribbean context. I was told at first, to change the language of the students to reflect a ‘nicer’ way of speaking, so that persons reading the thesis may not think of our Trinbagonian (Trinidad and Tobago) students as ‘illiterate and backward’. I believe that the language that the students spoke was rich in emotion, especially evident as they got ‘comfortable’ with each other in the FGD. Their expressions are intrinsic to an understanding of our cultural medley– a combination of influences on the English language that we speak. In his dictionary of the language of Trinidad and Tobago, author John Mendes writes that,

‘*Our language, while Britannic in essence, is thoroughly marinated in First Peoples’ raw defiance, the elusive Spanish gold, French assaults steeped with Indian Taalkadhii; a History rich from the Negre Jardin, the bus’-head blood of the Ba^tonye, seasoned by the colourful expletives of the Jamettes, and finally sautéed over the fires of the retaliatory Cannes Bru^les by the vicissitudes of aristocracy’.* (Mendes, 2014, p.2).

This rather lengthy sentence, beautifully describes the culture of ‘the majority of the people in TT of African and Indian heritage, French-Creole, Middle East, Chinese, Portuguese and other exotic tongues’ (p.3). When I did a Member check for authenticity purposes, one student gave advice to any audience who chose to read their quotes; she said to: ‘Think of us like an English B (literature) exam: go deep into our story, read our words carefully and you will get to know us better’ (Carina, 15 years old).

1. *The Mocking Pretender*

Therefore, the researcher who chooses to conduct a qualitative study in the Caribbean cannot be a ‘Mocking Pretender’ (Carnival image of someone who pretends to know what everyone is saying) – that is, unfamiliar with the sociocultural lexicography of Caribbean students. Pat Bishop, Trinidadian musicologist notes in an excerpt from Eye to Eye, ‘the foreign [researcher] cannot go below the surface of his notes to understand the nuances of our people. He cannot tell us more than we already know. Not until he has taken off his shoes and walked the ground first, barefooted’. (Gayelle, 1990, n.p.) The ‘decoding’ of the language and the explanations were such that only a researcher particular to the cultural context of the Caribbean could easily understand. Western researchers would find the parlance somewhat difficult to understand and to interpret as they continue to be ‘outsiders’ to a historically colonized group of people in the Caribbean. Throughout the research it became clearer to me that when Western psychologists attempt to generalize Caribbean ways of behaving and seeing, they become colonizers once again (Arneaud and Albada , 2013) as they purport to tell ‘our’ story from their own lens**;** to understand ‘our’ children from the sidewalks of their own differences and customs and rituals.

From the responses in both the pilot study and the focus group discussions, there was the recognition of the students’ more personal language, that of creole or kweyol that weaved through the discussions as they sought to construct their stories. I pause to consider this recognition here, not because of **their** shifts only, but essentially due to **my** own ‘shifts’ that were occurring. Why did these shifts take place?

*2. The Moko Jumbie emerges*

The ‘Moko Jumbie’ is a Carnival character on stilts (aloof from the real concerns of others, masking his true self and top-down in his regard of persons). I found that in my earlier transcriptions of the data, I had begun to isolate the students’ language with quotation marks; in a sense, to be a ‘moko-jumbie’ to what they represented. As I translated, I had to be constantly aware that even though I was a multicultural subject also, influenced by history and research traditions, that I was not conducting my research in a way that reflected a legacy of language supremacy or allowing myself to slip into Eisner’s ‘pit of solipsism’! I had to reflect on the imbalances that were temporarily created in my mind, and I welcomed the opportunity to refocus my gaze through the lenses of the language of these Caribbean adolescents.

As I sought to understand the experiences of the students through their stories, I again wondered how ‘language’ was appropriated by these adolescents. As the researcher, in my interactions with the adolescents, I used the ‘standard’ English language. Did I come across to them as the ‘intelligent’ researcher or should I be the ‘grounded’ researcher, speaking the creolized English that the students used? Was this perception important to them, I wondered. What could be the ‘power differentials’ here, the disparity of power between the researcher and the researched (Fisher and Rosendahl, 1990) even in the language that I used. Are parents and educators also ‘moko-jumbies’ when they use their authoritative roles in top-down, patriarchal ways, to divide and to separate the real concerns of students and children?

I believe that students’ voices and narratives are critical to the decision-making process in education. Ricoeur (1991) uses the term ‘narrative identity’ to highlight how people’s lives and identities were entangled through acts of storytelling, which connect their experiences to the world in which they live. In the discussion groups, I witnessed changes taking place in mere moments, through laughter, words and the creolized language that was common to these adolescents. These students literally enacted for me (and for each other), ‘the structuring process through which their friendships began to take form and meaning’ (James, 2007, p.314) through their language.

Conclusion

To conclude, First world countries may ‘need our islands no more’ and may urge us to ‘*forget the past and move on*’, as the British Prime Minister in September, 2015, urged the Caribbean islands so to do, when the question of Reparation to Britain’s former colonies again surfaced as an immediate concern to be addressed. How unfortunate and culturally myopic was his comment! As seen in the narratives of the students, our schools and our homes continue to wield ‘power differentials’ that are reflective of a colonialist trajectory. This myopic trajectory of educators and parents, invalidates and albeit unconsciously devalues the emotive responses of our young people when a loss occurs. As researchers and educators within the Third world, there is the need to allow our research to make a difference and to impact policy that is relevant to the cultural needs of our most important human resource – our children and young people.

**5.6. Personal Reflection**

It would be interesting to assess another researcher’s analysis, of the meanings which adolescents have attached to the bereavement period, using similar methodological approaches as I have done, especially if the researcher is one from a different cultural perspective. Cross-cultural research ‘has considerable appeal at a time when social scientists are more attuned to the processes associated with globalization and with cultural differences’ (Bryman, 2008, p. 299) and where re-analysis of bereavement and grief and loss may offer new insights and interpretations, especially within an educational setting.

**5.7. Concluding Thoughts**

Future research may consider that Western appropriations of Caribbean knowledge production must re-visit the Caribbean experiences of adolescents, in the context of their traditions of mourning and their reconstructions of grief and loss. Irish, Lundquist and Nelsen (2014) insightfully conclude that ‘in looking at the emotions and experiences of people from other cultures, it may be easy to adopt an ethnocentric stance [as] we will never understand people whose language or culture is different from ours if we [continue] to translate what they say into our own terms, and assume the transcendent reality of those terms’ (p.14).

Chapter 6 - Conclusion

6.1. Introduction

In this final chapter, as I come to the close of the study when I have reached the end-point of reflexivity, I am duty bound again to question my beliefs and values in light of the outcome of the study, when I would apply meaning and integrate my values into the final product (Greenbank, 2003). As I conclude my research, the research topic, questions and findings will be revisited. I will state how this study has contributed to knowledge even as I recognize the limitations of the research. Directions for future work will be considered, recommendations will be made and a tribute to the many voices will be my final thoughts.

**6.2. The research topic, questions and findings revisited**

**6.2.1. The Research Topic**

This research aimed to explore, **the meanings which adolescents attach to the bereavement period after a parental death, within a Caribbean context**. The perspectives which they adopted were examined in relation to resilience factors, family relationships, and engagement with others in social contexts such as educators, teachers and other family members. The study attempted to understand their narratives as they searched for meaning, through the lens of the researcher, the use of FGDs and the simultaneous use of semi-structured individual interviews and observations.

**6.2.2.** **The Research Questions**

The research questions were answered. The objectives were 1) to analyse the meanings and 2) to assess the influences of the social contexts on the perspectives which they adopted, within a school setting. From the data it was concluded that bereavement offered the adolescents some opportunities for growth in many ways – self-understanding and empathy. ‘Not all deaths provide challenges to meaning-making, and there are bereaved adolescents whose reactions fall more typically into a resilience trajectory’ (Balk, 2014, p. 164).

Gendered differences in perceptions were linked to socialization processes. There was no significant difference in the male and female responses to an unexplained death, as complicated grief was compounded by conflict and poor communication in some homes. The age of the adolescents seems to influence their hypothetico-deductive reasoning skills, and early adolescents were more likely to blame others for their grief, whereas middle and late adolescents considered the factors within their social contexts. But the many *voices* were unified in one prevailing thought – adults do not understand their grief, and in every discussion, this seemed to be the consensus about the attitudes of teachers and educators to grief and loss. The message of the ‘culture of silence’ had weaved its way insidiously throughout the narratives, catching me off guard in the final moments of analysis.

**6.2.3. The Findings**

A grounded theory analysis was used, which challenged to some extent previous research that has been done with adolescents. The findings suggest that when there is a struggle to find meaning from the death of a loved one, children may scream, shout and fuss when they are confused. Adults may talk with others or seek therapy. What about adolescents? Now, ‘there’s the rub!’ In their search to find meaning in the bereavement experiences, if they are not given the opportunities to question or to vent, they cease to speak! *This is new and significant knowledge!* The ‘suppression’ of their voice is seldom of their own volition, as they have learned the ‘rules’ of the patriarchal legacies of a post-colonial society which says to them: “Do your work! Be seen but not heard. Don’t rock the boat!” It is no surprise that adolescents are most times viewed as a misunderstood minority, eager to join groups, gangs or clubs where they can laugh and talk among their peers. These groups can become fertile grounds for discovery of self, or for mischief and anti-social behaviours.

The findings therefore, provide us with three key conclusive points: *Firstly*, the data show a consistency in the literature which states that the developmental phases of the adolescent shape his/her cognitive and socio-emotional constructs and inform his or her abilities to cope with experiences. The findings also contribute to the ongoing qualitative research which stresses the importance of conducting research with children and adolescents, thereby limiting the applicability of adult studies to explain these particular transitory phases of development – that of childhood and adolescence. New findings have examined under-researched psychological constructs such as the severing of the attachment bond whilst the dying person is still alive, and the resultant emotional stresses that may occur if social support systems for the grieving adolescent are not in place.

*Secondly*, the present research strengthens the debate that there is the need for policy makers to revisit educational policies that exclude students who are perceived as ‘different’ in the classroom and who may *mask their grief*, choosing at times, to exhibit grief responses in violent and reactive ways within schools.

*Thirdly,* the results indicate that, whilst the period of bereavement is a global issue and there may be similarities in the perceptions of adolescents and the responses that they give to the period after the death occurs, there are differences that exist across cultures. These differences are evident among adolescent groups in the Caribbean where they would prefer to converse with peer groups about their feelings as they seek to make sense of, and find meaning in their experiences of bereavement.

**6.3. Contribution to Knowledge**

The findings reveal that *the ‘culture of silence’ not only constrains the voice of the adolescent, but creates an environment conducive to complicated grief and to violence and reactive behaviours*within homes and schools. These silences, according to Charmaz (2011) ‘pose significant meanings…in any research that deals with moral choices, ethical dilemmas and just social policies. Silence speaks to power arrangements [and] the powerless [as these adolescents were], may retreat into silence as a last refuge’ (p.359).

Gender differences are also pronounced in the study, and there is *the need to address more male-focused initiatives in interventions and to revisit gender-based approaches to grief and loss.* Few researchers have investigated the use of language as an exploratory factor to describe the experiences of these groups. As seen in the study, even young children (siblings) are able to clearly explain ‘loss’ and describe their feelings of sadness, loneliness and confusion; whereas adolescents described feelings of guilt, disbelief, anger, anxiety and disillusionment in their narratives. Whilst their social competencies have been alluded to in some research, the quality of the emotional attachments that children and adolescents develop with their caregivers warrants further study as this would help us to understand why they develop resilience in the face of trauma or are unable to cope. Their adaptive and coping skills during bereavement have not been sufficiently explored; neither has their perspective taking and the various ecological factors which have influenced these perspectives. This study has underscored the need for a change of focus of the research on adolescents. The lack of data in the Caribbean must be remedied, not only by local writers, but by recognized, international bodies such as UNICEF, in the context of ensuring that the human rights of the child are not violated.

*Personal engagement with the research in Trinidad*

I have come to believe that this study was as a result of my journey over the years with adolescent groups, as both practitioner and researcher. On April 29, 2016, I was given the opportunity to present on the issue of violence and bullying in schools, before the Joint Select Committee (JSC) in Parliament. Parental bereavement was cited as a high risk factor for the escalation of school violence by the Anti-Bullying Association in TT (ABATT, 2016). As a representative of the Trinidad and Tobago Association of Psychologists (TTAP), I was able to talk briefly on the topic of ‘parental bereavement and school violence’ as necessary for public and policy consideration. Then, on July 5th. 2016, I was invited by the Ministry of Consolation (TT) to do a workshop on parental bereavement and grief. On July 30th 2016, I did a similar presentation before my colleagues at the TTAP, after which I was asked to write a position paper to present to Parliament and to the public, on this issue.

**6.4. Limitations of the research**

There were several implications of the study based on the main findings. Perhaps there were many other questions that could have been asked of the teenagers in respect to other types of loss, or questions asked of their caretakers to engage them in a narrative, where they too could tell their stories. There is always the desire to gather more data and to expand one’s findings. The following limitations of the present study stand out however:

**1. Comparisons cannot be made**

Research has not been done in the Caribbean on parental bereavement, so that no comparisons can be made in the literature. Most published work to date, has taken place outside of the Caribbean. Local sociologists (Mustapha, 2006; Marshall, 2008) have explored death rituals within societies but meanings and reconstructions about this normative event in the lives of individuals have not been done. Balk’s work (2014) is the most recent compilation of dying, death and grief during adolescence. He talks about causes of death for adolescents in developing countries in Latin America such as Cuba, Brazil and El Salvador. Definitions of Caribbean psychology have also emanated from mostly Latin American research (Arneaud and Albada, 2013). Balk made no mention of any countries in the Caribbean in his studies and again, I believe it is not through indifference but a lack of knowledge and research done in this part of the world. No one ‘needs islands no more’, perhaps?

**2. What about other voices?**

There is value in the triangulation of sources (Glesne and Peshkin, 1992) and data that are collected from teachers and parents would offer a comprehensive look at the views of educators and their responses to the comments made by the participants, that they were punished and misunderstood. It would be interesting to assess their comments to see if they viewed themselves as punitive and not committed to addressing the issues of ‘difference’ and ‘engagement’. The voices of the gatekeepers are important. What may they say in their defense? Would they identify with a post-colonial patriarchy and a system of indoctrination that has coloured their lens, so that they are perceived by their students as unsympathetic and cold? The ‘cultural myopia’ of Caribbean mentalities of schooling warrants further investigation.

**3. One type of bereavement investigated**

This was a study on a singular type of bereavement, parental loss, suffered by the adolescent and linked to theories of attachment. In one instance in the study, a 15 year old female had experienced complicated grief over the deaths of two of her peers, occurring within months of each other – one by illness and the other by suicide. The teenager seemed to accept the death of her mother who had died a year earlier, more readily than the deaths of her friends. She revealed that she found it difficult to come to terms that they had died. ‘The death of a friend violates basic assumptions which adolescents make about fairness and justice…and this can challenge assumptions about the predictability of events’ by adolescents (Balk, 2014, p. 161). It would add to the research on adolescent bereavement in the Caribbean, to investigate other types of death such as the death of a sibling or a friend, which are two significant attachment figures in the life of a teenager, as these particular deaths would affect their developmental changes during this period.

**6.5. Directions for future research**

*Shifting the post-colonial paradigm*

Shifting the post-colonial paradigm means breaking through the bonds of ‘internalized oppression’ and the culture of silence, preparing teachers and parents to teach, and to raise their children differently. As teachers and educators, how can an understanding of adolescents during bereavement, help us in practice? The value of the perspective of ‘masking’, locates the behaviour within the patriarchal structures and practices that continue to exist within schools and homes, and which continue to contribute to the ACTIVE construction of silence, which is itself a ‘power construct’ which begins to shape and to mould the adolescent’s personality.

A key implication in shifting the post-colonial paradigm, is that children and adolescents should not be penalized for exhibiting reactive behaviours, when the contextual messages conveyed to them are oppressive and invalidating. The educational system of home and school has to be a vehicle for lowering the teenager’s defense mechanisms, as we allow them to ‘unmask’ their stories, express their feelings and structure their realities.

*Grief speaks a different language*.

Misappropriations by the Western world that stereotype the experiences of groups in different cultural contexts, often fail to consider that a specific language for grieving is needed, one that is structured and specific to the rituals and traditions in that cultural construct. The data has shown that adolescents express themselves in ways that are uniquely their own and manage their grief responses based on the parenting/caregiver styles that have been part of their sociocultural upbringing. A conversation needs to be provoked which is not dependent on the rhetoric of grievance that exists presently and which lacks an understanding of the historical legacies of colonialism – *the patriarchal mentality and the power differentials-* which have shaped and continue to shape the lens through which the parent and educator view their children and students.

*Developmental changes in adolescence would affect meaning-meaning*

In light of the present findings, future research into the effects of death and bereavement among the adolescent group, needs to continue to explore the ways in which the beliefs and attitudes of this developmental group – positioned between childhood and adulthood – continue to change. These changes would affect the meanings and interpretations which they give to significant events in their lives, especially those events which are traumatic and which hinder their cognitive and socio-emotional development. Death issues are perceived as matters for the most part that pertain to older persons (Hayslip and Peveto, 2005) and one wonders if teachers and educators would respond differently to grief responses during bereavement, if there were compulsory modules in death studies within teacher education and within guidance counselling programmes.

*Interventions specific to a cultural context are needed*

Any change in education is a political issue. Only a government can, by its policy changes, by its action and its leadership, bring about the necessary interventions in our schools. On a *global* level there is the need for the recognition of bereaved adolescents who may be ‘at risk’ in our schools, so that teachers are trained to empower them and validate and value their grief responses in their classrooms. On a *local* level one wonders to what extent do the Reports drafted by the many stakeholders in education, address the chronic issues of an education system that lacks cultural relativity and the support structures to assist ‘different’ students and their families. It is important that T & T’s educational system to a greater extent, consider a socially just way to improve opportunities for these students to minimize academic failure, suspension, detention and school dropouts.

*Cross-cultural comparisons are needed*

Cross-cultural comparisons amongst this age group would enlighten the generalized research which abounds in this area. From a psychological perspective, cross-cultural psychologists might also consider exploring the indigenous theories and discourse of populations external to their own (Arneaud and Albada, 2013), to both identify and clarify whether proposed Caribbean psychologies might also be relevant in broader contexts. A major limitation may be the lack of familiarization of my data by another researcher who is unfamiliar with the structure and cultural coding that is necessary. There may be the need to develop a sensibility to Caribbean culture and research, to ‘walk the ground barefooted’, if cross-cultural research on Caribbean bereavement is to be effective.

**6.6. Recommendations**

The following are suggested:

1. There is the need for a discussion forum on the topic of bereavement at the public level where the *voices* of policy makers can be advocates for change, as they foresee the benefits that can be derived from an understanding of grief and loss and the meanings that adolescents may attach to bereavement. These benefits include boosts in the economy and reductions in deviance and delinquency rates when resources and policies are put in place to address the fallouts that can occur when children and adolescents are traumatized.
2. In schools, adolescents can be given the opportunity to give *voice* to their experiences and to break the bonds of ‘internalized oppression’ that silence their thoughts. The *voices* of educators and teachers are encouraged to include structured interventions to address grief and loss in their schools as part of their guidance and counselling initiatives and service provisions. Training and Development programmes for teachers in grief and loss can begin at both the pre-service and in-service levels.
3. Intervention and Bereavement recovery sessions may target affected families as a means of empowerment and knowledge. The *voices* of surviving parents and caregivers are encouraged to be empathic and to adopt strategies that can lead to resilience in their adolescents in the face of adverse traumatic situations that threaten to destabilize their charges.

6.7. Final Thoughts

*This above all*! Bereavement, grief and loss are social justice issues. Let all the *voices* then be full of sound and fury, signifying change that is critical to the implementation of policy which can provide new interpretations and new understandings of teenagers who are bereaved by parental death.

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APPENDICES

**APPENDIX 1: APPROVAL LETTER FROM ETHICS REVIEWERS**

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**APPENDIX 2: Letter to the Principal.**

To: The Principal.

September, 2014.

Dear Madam/Sir,

Pleasant Greetings. I am a Doctoral student, presently engaged in Research for my doctoral thesis. This thesis is titled, “**Towards meaning reconstruction in the meanings that adolescents give to the period of bereavement**”. I have been a Psychologist for the past 15 years, and have worked with children and teenagers in schools. I have observed that when teenagers suffer a loss, especially the death of a close loved one or parent, that this loss affects their academic studies and their relationships with others.

To this end, I am asking your permission to have a discussion with any teenagers in your school, 13 – 19 years old, who may have suffered a loss of this kind, in the last 2 years. This is a one-off discussion which will last for an hour. There is a Protocol in place for this Research from my University, the University of Sheffield in the U.K.; in association with the Ministry of Education in Trinidad. If you agree, I will be happy to come in to discuss this project with you.

Please let me know your decision as soon as possible. I will like this discussion to take place before the 15th. November, 2014, as I know that the students will soon have end-of-term exams.

Thank you kindly for your assistance in this Project.

I remain,

Yours respectfully,

………………………………..

Margaret Nakhid-Chatoor*. M.A. m.BPsS.*

**APPENDIX 3: INFORMATION SHEET TO THE PARTICIPANTS**

1. **Research Project Title:**

Toward a Model of Meaning Reconstruction in the meanings adolescents attach to bereavement.

2. **Invitation**

You are being invited to take part in a research project. Before you decide, it is important for you to understand why the research is being done and what it will involve. Please take the time to read the following information carefully. Please ask if there is anything that is not clear or if you would like more information. Take your time, and decide whether or not you wish to take part in this project.

**Thank you for reading this.**

3. **What is the project’s purpose?**

The aim of the study is to gain critical insights into the meanings which adolescents within the secondary school system in Trinidad and Tobago, attach to their experiences of bereavement.

The duration of the project is for two years. You will be involved in a discussion that will last for two hours maximum, only.

4. **Why have I been chosen?**

Like other participants, you have been chosen because you have suffered a loss of a parent, or both parents, within the last two years.

5. **Do I have to take part?**

It is up to you to decide whether or not to take part. If you do decide to take part, you will be given this information sheet to keep (and be asked to sign a Consent form). This research is entirely voluntary, and if you refuse to participate, this will involve no penalty or ill will towards you in any way. You may also discontinue your participation in this project at any time. You do not have to give a reason.

6. **What will happen to me if I take part?**

You will be asked to participate in a discussion with some of your peers. This will be for one session only. However, if a follow-up session is needed, you will be invited to participate again.

The conversation will be recorded to enable me to better understand what you have said. I will ask your permission first, before this audio recording is done.

The audio recordings made during this research will be used only for analysis and for illustration in conference presentations and lectures. No other use will be made of them without your written permission, and no one outside the project will be allowed access to the original recordings.

After the Project is completed, all of the recordings will be discarded in an appropriate manner.

7. **What do I have to do?**

You are invited to engage in a conversation with your peers, on a topic that hopefully may be of interest to you. This topic will be on grief and loss where ideas will be shared.

There will be about 6 – 8 persons in each group and there will be one conversation per group. This will last for no more than two hours.

Please note that you can withdraw from the discussion at any time, without giving any explanation.

8. **What are the possible disadvantages and risks of taking part?**

All of the participants, like you, have suffered a loss of a parent, or of both parents. There may be some discomfort when the discussion is under way. If this occurs, please inform me immediately.

You can withdraw from the discussion, at any time that you wish to do so.

9. **What are the possible benefits of taking part?**

Whilst there are no tangible benefits for participating in this project, it is hoped that this discussion will alleviate some of the stressors that are associated with grief and loss, and that you will be better able to make sense of the grieving process.

10. **Will my taking part in this project be kept confidential?**

All the information that we collect about you during the course of the research will be kept strictly confidential. You will not be able to be identified in any reports or publications.

11. **Who has ethically reviewed the project?**

This project has been ethically approved by the University of Sheffield’s Ethics Review Committee.

12. **Contact for further information**

Each participant will be given my Contact details: my Name, Address and Telephone number, which are available on my card. These details are as follows:

Name – Margaret Nakhid-Chatoor Address: UTT (University of Trinidad and Tobago)

**You can call me at any time, should you require additional information or need to speak to me on any issue pertaining to the group discussion or interview.**

**Thank you for your time.**

**APPENDIX 4: Participant Consent Form**

|  |
| --- |
| Title of Research Project: Toward a Model of Meaning Reconstruction in the meanings Adolescents attach to bereavement.  Name of Researcher:  **Participant Identification Number for this project: Please initial box**   1. I confirm that I have read and understand the information sheet dated*………………………………………*explaining the above research project and I have had the opportunity to ask questions about the project. 2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason and without there being any negative consequences.   In addition, should I not wish to answer any particular question or questions, I am free to decline.   1. I understand that my responses will be kept strictly confidential. I give permission for members of the research team to have access to my anonymised responses. I understand that my name will not be linked with the research materials, and I will not be identified or identifiable in the report or reports that result from the research.   4. I agree for the data collected from me to be used in future research.   1. I agree to take part in the above research project.   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of Participant Date Signature  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of person taking consent Date Signature  (*Principal of school/Authorised person or Researcher*)  *To be signed and dated in presence of the participant.*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Researcher/Principal Date Signature  *To be signed and dated in presence of the participant*  Copies:  *Once this has been signed by all parties the participant should receive a copy of the signed and dated participant consent form, the information sheet and any other written information provided to the participants. A copy of the signed and dated consent form should be placed in the projects main record (e.g. a site file), which must be kept in a secure location.* |
|  |
|  |

**APPENDIX 5:**

**PROTOCOLS FOR THE FOCUS GROUPS, INDIVIDUAL INTERVIEWS AND EXPERT INTERVIEWS**

1. **PROTOCOL FOR THE FOCUS GROUPS**

I began the discussions in the Focus Groups by providing the participants with introductory comments:

1. I welcomed everyone to the discussion and thanked them for volunteering to participate in the research
2. I introduced myself and told them the purpose of conducting the Research. I wanted to speak with adolescents, to listen carefully to them, and to understand the meanings which they attached to grief and loss.
3. I gave out an Information Sheet to each participant and read out the summary of the research.
4. I asked them if there were any questions. I then handed out the Consent form for them to sign.
5. I asked the participants to review the Consent Form before signing. They were to ask questions on anything that was unclear to them. Then they had to sign the Form.
6. After they all signed the Form, I stated the procedure for the group discussions.

*(Where necessary, the gatekeepers also signed the Form, giving consent. These were the principals in the schools, or the parents /caregivers of the participants).*

These procedures were as follows:

1. Any participant was allowed to leave the group interview, if they felt uncomfortable. No questions would be asked. There would also be no consequences for leaving, as the participation in the group was voluntary.
2. I spoke on the issue of Confidentiality. All the narratives that were shared in the room were to remain in the room. No one was to tell another person what a participant would have shared in the group or disclose the identity of those in the group. The responses would be filed securely in a cabinet at my office.
3. Everyone’s ideas were to be respected.
4. There were no wrong or right answers. They were to relax and feel free to ask any questions.
5. If a question was asked, and the participant did not want to respond to the question, this was permitted.
6. I asked for their consent to use an audio recorder which would record their voices. No-one disagreed. I then explained what turn-taking meant. One person speaks at a time – so that all voices can be heard and recorded.
7. If anyone desired to leave the room in order to use the bathroom or to have a drink of water, this was permitted.

After the FGDs were completed, I thanked all the participants. I gave out tokens and gifts to all of the participants as a gesture of appreciation for their time and effort in coming to the discussions. I also handed out cards with my name and contact information, to all those who desired it. I then invited them to partake of the food and the drink that was prepared for them.

1. **PROTOCOL FOR THE INDIVIDUAL INTERVIEWS**

I began the discussions in the individual interviews by providing the participants with introductory comments:

1. I welcomed the participant to the discussion and thanked him/her for volunteering to participate in the research
2. I introduced myself and stated the purpose of conducting the Research. I wanted to speak with adolescents, to listen carefully to them, and to understand the meanings which they attached to grief and loss.
3. I gave out an Information Sheet to the participant and read out the summary of the research.
4. I then asked if there were any questions. I gave the Consent form to be signed.
5. I asked the participant to review the Consent Form before signing, so that I could clarify any questions that were unclear. The Consent Form was then signed.
6. After the Form was signed, I stated the procedure for the interview.

These procedures were as follows:

1. The participant was allowed to stop the interview, if he/she felt uncomfortable. No questions would be asked. There would also be no consequences for leaving, as participation was voluntary.
2. I spoke on the issue of Confidentiality. I reminded the participant that his/her views were not going to be disclosed or discussed with anyone. Also, that his/her comments were to be stored in a filing cabinet for safety purposes.
3. There were no wrong or right answers. The participant could relax and feel free to ask any questions also.
4. If a question was asked, and the participant did not want to respond to the question, this was permitted.
5. I asked for his/her consent to use an audio recorder to record the responses.
6. If the participant desired to leave the room in order to use the bathroom or to have a drink of water, this was permitted.

After the Interview was completed, I thanked the participant. I gave out a token as a gesture of appreciation for the participant’s time and effort in coming to the Interview. I also gave my card with my name and contact information, if the participant needed to contact me at any time, for further clarification, or for any other issue connected with the research.

1. **PROTOCOL FOR THE EXPERT INTERVIEWS**

Before I met with the various experts, I sent an email asking permission to interview them. Once they agreed to be interviewed, I then sent an Abstract of the study and the questions that I would like to ask them, based on their particular area of expertise.

*(I had previously researched the areas of interest, and found that these persons fitted well into the research that I was about to do).*

A set Time, Date, and Location was arranged for the meet-up.

At each Interview, I asked permission to record the responses of the interviewee. This was given. I also took notes where necessary. The questions that I formulated, served as a guide, even though the responses of the participants led the Interviews into interesting directions that were not previously thought of, but which I considered relevant to the study.

After the Interviews were conducted, I thanked the participants.

Profiling the Experts:

*Professor David Balk, May 2014*: Before I met with the Professor, I had sent an email asking permission to interview him. I was in New York on a visit, and whilst doing some research, I realized that his location was within walking distance of where I was staying. To my surprise and delight, he responded the same day to the request and we agreed to meet two days later.

At the Interview, I asked permission to record his responses to which he agreed. I had previously cited his work in one of my assignments, so that I was familiar with some of his research. This interview lasted more than an hour. The time really flew quickly! After the interview, I thanked him for his time. I had brought him some condiments from Trinidad as a token of appreciation, which were not familiar to him, especially the pepper sauce and the ‘kurma’ (Indian delicacy)! In turn, Professor Balk gave me a signed copy of his new book, ‘Dealing with Dying, Death, and Grief during Adolescence’.

I promised to keep him abreast of the research, as he noted that my aims and objectives were topical and relevant.

*Dr. Dylan Kerrigan, September, 2015*: Through his newspaper articles in the dailies, I was familiar with his topics such as ‘Cultural Relativism’ so I was looking forward to meeting this scholar. He agreed to be interviewed and I sent him an Abstract of the study and questions of interest to the research. This young Anthropologist was a bundle of energy and enthusiasm, and we talked about rituals, bereavement practices and cultural relevance for an hour and a half! Dr. Kerrigan commented that it was a long time since he had had such an intelligent conversation on a topic of interest to him also. I must admit that I felt quite learned then! During the conversation, I had mentioned the name of a local author, Dr. R. Marshall, who had written on the Social Relations of Bereavement in the Caribbean. Dr. Kerrigan said, ‘His office is next to mine. Do you want me to call him?’ and he was out the door. Unfortunately, Dr. Marshall was not there, but I was glad to know that this was yet another person who was close to the research that I wanted to do.

*(I did contact Dr. Marshall who was quite busy. When he called me on an available possibility, I was out of the country, so this interview did not happen).*

*Reverly, Guidance Counsellor (NYC)*: I met Reverly through my sister who is a teacher in the High schools in Brooklyn. This Counsellor had more than 15 years of experience, having worked in both elementary and high schools, and she readily agreed to be interviewed. Her contact groups of children and adolescents came from many cultures, including Korea, Columbia, Latin America and the Caribbean. She indicated that ‘specific grief counselling programmes’ needed to be done for providers in the schools, as counsellors were not ‘comfortable’ with death and bereavement.

*Joanne, Guidance Counsellor (Trinidad):* I knew Joanne for more than14 years, and had worked alongside her on several Projects in schools that were termed ‘high risk’. I knew of her expertise and her interactions with many groups of children, especially teenagers. She readily said that she did her own research and essentially ‘did my own thing with the children’, as grief counselling was not a topic of concern to those in Administration. Joanne had developed a Grief Counselling Intervention with strategies for bereavement recovery, based on her experiences over the years.

**APPENDIX 6: The Pilot Study**

*Please note: (The original Pilot study was to be conducted with a group of fifteen participants, aged 14 – 20 years old who were part of a workshop conducted by an NGO which had given permission for the youngsters to be interviewed. These adolescents were selected from amongst 75 students and who fell within the parameters as described in the Information List. The workshop ended in August, 2014. Consent was given by Sheffield to carry out research in October, 2014, so that this group was no longer available for study).*

**Participants** – The Pilot study was conducted with a group of first year university students (18 – 22) years of age, the period of late adolescence (Balk, 2014). N = 8.

These students were recruited to give their views on the questions that I had posed in the Grief questionnaire, and to determine whether any adjustments to the questionnaire had to be made based on their responses and questions.

**Location** – A local University.

**Measures** – An Audio Recorder was used to tape the discussion for analysis and transcription. Oral consent was obtained from the participants to conduct the interview, and to tape their voices.

**Results** - Based on their responses, the following occurred:

1. Additional questions were included into the original questionnaire (*please see Appendix)*. These questions related to:

* The moments shared with the child and the dying parent just before death occurred
* Family support
* Family conflict
* Different types of grief

1. No questions were deleted.

**APPENDIX 7: The Interview Guide**

The following are some of the questions that were used as a stimulus for the Individual interviews and the Focus Group Discussions with the students:

**Family:**

What was your Dad/Mom like?

Tell me, how did the death affect the family?

How supportive were your friends/ family during this time?

Do you talk about the death at all? If so, with whom?

Is there anyone who stands out, as being very helpful during this time? Tell me a bit about this person.

**Religion:**

Has the death affected your relationship with God?

What meanings have you given to how this happened?

Tell me what else has been going through your mind since this happened?

**Rituals:**

What about memories? Did you keep any memories of your parent?

Tell me, how does the family/you remember the death? What do you do?

What do you remember about the funeral? Anything stands out in your memory?

**Self:**

How did you cope? How do you cope now?

When do you feel the loss the most?

What do you take from this experience?

Does anyone blame themselves for the death?

**APPENDIX 8: TRANSCRIPTION OF AN AUDIO RECORDING**

**Recording: 702 0009**

**Date: 15th. November, 2014**

**Time: 8:54 a.m.**

**Place: School - ARIMA, Trinidad.**

**Focus Group Discussion: Persons present were:**

* **JA- 19, St. V. – (male) 16, Che. R - 15 – lost both parents.**
* **Ch - 19, Car – 15,** **and Cin -– lost a mother.**
* **N - 19 – lost a father.**

The Researcher introduces the Session.

This is done after the Consent forms have been signed, and the Instructions read.

I then ask the adolescents to state their name and to come closer to the microphone. Each person states his/her name, then I begin the FGD.

|  |  |
| --- | --- |
| AUDIO TRANSCRIPTIONS | MY NOTES |
| **R**: How did Daddy take the death of your Mom?  *Cin*: He **bang up the wall and shout** ….  *Ch:* When Mummy was alive, he used to be just there. So now he now trying ways to talk to them. **He now want to play like he coming back**, **but that** **don’t work for** us. (*All the sisters agree in unison*). Car. have a way of talking to him, and he don’t like that so he is come down very hard on her. **He just……..confused**.  *Ch*: I understand where he is come from. But………He want to push his way on us and he expect it to be like that. He does not believe that children have stress. **She has a lot of stress.** (*Car.*). He like to make you feel sorry for him. He is not sympathetic to their cause (*her siblings*) which is get me mad.  **R**: Car., how do you cope with it, when Daddy comes down on you?  Car.: **Music. I play it all the time**. But I accustomed to it….  **R**: Do any of you feel as if there is anything that is unresolved about the death? Anything that is incomplete about the death?  *St.V.*: **They should have waited until I is a big man**. I can’t be angry with him. Is not his fault he dead.  *J.A***: I told Daddy that he can’t go as yet. I am not married**. He have to wait. I started to cry…  *Che. R*: Even though they die and ting, I think everybody expect me to do all kinds of thing. If I don’t understand my sisters acting up and ting, I coulda go by mummy.  *J.A.*: My grandmother **don’t care.** She takes all our Social Welfare money we was getting,to fix up she house. **She don’t care**. Just that we go to school.  She lock up everything and we have to do work before we can eat. **I think our family shoulda come together and help us out**. But all they want is the Social Welfare money.  *Che.R.*: My aunt want us to come by her. But my grandmother stopping her in every way. I look like a ‘money tree’ to her. I sing in contests and I get money for singing. My grandmother take more than $3000 that I have for me. I can’t see my money up to this day. **She want** **to call Social Welfare for anybody who want us.**  *(All the members of the family begin to speak loudly so that their voices are inaudible)*  **R**: Alright everyone. You have to speak one by one. I will not be able to understand you if you speak together. (*The voices settle).* So is it that your family seems to be capitalizing on the fact that they can get money for you? What do you think, St.V.?  *St.V.*: **I don’t think about it.** I don’t depend on them because I know what would happen.  *Che.R.*: Remember it have 3 girls and 2 boys. Living in a house without a fence, on the corner. And **my grandmother don’t care**. She sit me down and tell me that she care. I watch her “like really?” (*Everybody laughs*).  *J.A.*: It have an aunt who wanted us, but our grandmother don’t want that.  **R**: Is your family now trying to get a relationship with you, now that your parents are gone?  *Che.R*: No. **They trying to break us up. They causing too much confusion.** They not trying to bring us together and form a family. They trying to split us up. Do this and do that. We are in the middle and all of us confused.  *J.A.*: **Basically, I take care of the family**. They send money for us and I pay all the bills. **I had to leave school**. I finish school this year. I only get 3 passes. Last year it was **really stressful and frustrating**. So I start to take evening classes. **It really stressful and I is get depressed**. My little sister like to nag you. I don’t get vex often. But **I get vex** with Che.R. because **she like to quarrel with everyone.**  **R**: St.V. doesn’t look like he quarrels at all! (*Everybody laughs).* So how does it feel like, taking care of your siblings?  *J.A.*: **It real stressful**. They like to fight……..My younger sister does rant up and rave up when she gets mad. **Some days I take them to the Mall** **to watch a movie.**  *Che.R.*: He (*St.V.*) know how to get out of a quarrel and just take a walk.  *Ch.*: My little brother who came with us today, well, **he started to give problems to go to school.** He started acting out. He scream down the place, didn’t want to bathe or change. The neighbours had to come down and quarrel with him and ask us why he getting on so. Daddy tell him that **he would carry him to the police station if he don’t behave.**  **R**: Why is Adri behaving like this?  *Car.*: I don’t know. My aunt had to come down and she sort it out. **He** **was in baby stage when Mummy died so that is why**. He was only 5 when she died. It have people who working with him (*counsellors)*…  *Cin*: When I was in the same school with him, they use to leave him alone. Everybody did ‘fraid me. When **he start crying, he use to come by me**.  **R**: Why were they afraid of you, Cin.? (*Cin. is a big 13 year old who looks very mature for her age, about 16. But once she speaks, you know that she is still quite young).*  *Cin*: If anybody touch my brother, they know I would come for them! (*Everybody laughs*).  **R**: Adri doesn’t seem to be coping too well. **We’ll have to look at that** **some more**……..What about other family members? Are they supportive to you?  *Ch*: We have an aunt (*father’s sister*) right, she controlling, who would listen to what Daddy has to say and not to us. When Mom died she came and did all the arrangements for the funeral home and everything, so **Daddy started to rely on her. That was his weak moment.** But she would want to come by us. She does not know my situation. She does not know their situation. She don’t listen to us, to what we have to say, and she would only listen to Daddy and just quarrel with us. **That is not the way to do it.** She suppose to ask what is, what is our point of view, but she just……….. Well, I can’t stand the woman because of how she does act. If I can’t see them, if I have to work or go to school, I drop them by my grandparents.  **But they sick right now, (*grandparents*) so I don’t know**…….  *(****Ch. begins to get emotional and teary****. I console her………)*  **R**: N.Ki, what about the relationships in your family when Dad died?  *N.Ki*: I have a very big family. When it happened, everybody was very supportive. The only problem now at home is if there is something bothering me, **I don’t ever talk about it, I push it in the back of my mind,** and then randomly I would go into a state of depression for no reason……..It’s just 3 of us at home now. If something is wrong, I would just go out more than usual……If things are bothering me, I wouldn’t deal with it. **I know that talking is not an option. That is one of** **my downfall**. Hence the reason I have to go to counseling**. Things pile up and get worse.** I end up getting an anxiety attack.  **R**: At what point do you feel the loss the most?  *Car.*: Her birthday.  *St.V.*: My Mom birthday is the 24th December. I miss her cooking. (*All laugh)*  *J.A.*: I miss my Mom the most when I have to correct my brothers and sisters. If they do something wrong, she correct it. If they not wrong, she stand up for them. **These people in our life now, is all about what they could get from we.**  *Che.R.*: Well, **I hear them talking about their little brother** (*she points to the R.* *family*). My little brother is act up too. He does fight, he does quarrel, **he does beat up the little children in school**. **He get suspended too**. He is do that when they tell him about his mother. And the school is not doing anything about it **and allow the other children to tell him about his mother**. He must act up! They bully him. So Danny don’t like to speak to nobody. **He don’t like to talk about my mummy ‘cause that is make him get emotional and ting.**  Danny is only 10. Right now he trying to behave because the Principal tell him, ‘**the next time you do anything**, **I will kick you out of school’**. And **he is only in Standard 3 and they want to expel him.**  *J.A.:* A big school like that. **The Principal, she don’t communicate with** **children properly.** I think at that school they suppose to have Counsellors and people like social workers. When I was going to school, my Mom died, my father died and my whole class had break down. And it was because my mother had a good relationship with the school.  **R**: Do you think the Principal understands what is happening with Danny?  (***All say NO! and shake their heads****).*  **R**: What do you think should be done to support students like Danny and those who grieve?  *J.A.*: It have this one teacher, Miss Yearwood who does try. They try to talk to students. And Ms. Ramcharan who was always asking if we doing okay. She would buy things for us, and bring it to our home.  **But at the same time the Principal** **should try to get somebody to come in**. Cause nowadays it have a lot of children who lose their parents and grandparents and the school allows other children to bully them. **And when they act up, they is the ones who get suspended.**  *N. Ki*: I want to add to what she said. I remember this boy at a school where I was working. He was in Standard 5. I will never forget that. I was going counselling at the time so whatever she use with me, I will try to use it too. He was **behaving badly and they had put him in a room.** They told me that **his father had been shot and had engaged in criminal activity.**  I went and spoke to and told him that his Daddy would not like what he was doing. At that point he broke down and started to cry and after that he calm down. Afterwards, **it felt good that I was able to** **help someone**. But the school itself, there are a lot of students who don’t have like a mother or a father and it have children who are all over the place and give trouble because they have no- one…And they are looking for attention and wherever they could get it, that’s where they will go. **They have to have someone in place in these schools to help these children.**  *J.A*: Yes. Because people tend to judge you with every little thing that you do **and they always thinking that nothing is wrong with yo**u, so yeah….  **R**: When have you all felt the loss the most?  *Car.*: When Dad is quarrelling.  *Ch*: It doesn’t have times. It have situations, **like when everything** **get out of control. Mom used to do everything**. I don’t know how she used to do it. I mean EVERYTHING….That used to send me mad. I mean everything, everything.  *Che.R.*: My friends use to think that I was going crazy, cause every day I use to talk about it all the time. Every day I use to talk about my mother. But they know I was missing her. **My friends listen to me**.  **R**: What about you, St. V.?  *St.V.*: **I don’t talk about it.**  **R**: Ok. What about you, J.A.?  *J.A.*: I don’t really talk about it so. But when I was going to St Fran (*a* *high sch*ool), the girls there was really supportive. **My best friend use to** **be up in my face all the time**. But I **don’t think that nobody really** **understands.** It had this one guy, Mr. Pinto, he was a Psychologist who was willing to talk to me. He talk to me and stuff. **It was like good to get all** **of it out and stuff**. He told me if I ever need anyone to talk to, I could call him.  *Ni.K.:* As I said before, I am not really a talker about things that bother me. But **the support was there from teachers, family and my friends.**  *Car.*: Well, it was my best friend and….. **(*She is silent. She begins to cry again).***  *Ch.*: When Mummy died, her (*Car***) best friend was there for her**. **But he died too**.  **R**: I’m sorry to hear that, Car.. Take a moment….Can I ask how long ago he died?  *Ch.:* **In August this year. Not long ago…..**When it gets to her, she would quicker go **and listen to her Music and stay by herself**. I would say something stupid to make her laugh….We would try to laugh it off.  **R**: And what about you, Ch.? How have you been dealing with everything?  *Ch.:* I have a friend**. His Mom would do for us.** Just general stuff……  *J.A.*: **My boyfriend’s mother.** When my Mom died, she would come for my parents’ day. She would come and check me from work. And my friend, Nats. Her mom is a Social worker. She would talk to me.  **R**: St.V.? Is there anyone who supported you during this time?  **(*St.V. is silent*).**  *Che.R.:* It have a lady who I call Miss Anne. She does help me, get vegetables for us. She would talk to me.  *N.Ki*: My Mom and a good friend of mine.  *Ch.*: I have a friend who makes these outrageous jokes. When I am down she would give me good advice. When I am having a problem with daddy, she is always there.  …………………………………………………………………  *St.V.* I **have a religion but I doh practice it.**  *J.A.*: Well, my big brother is Muslim and he (*St.V.)* began to follow him.  *Che.R.*: I would say yes. My religion help me in this. But when I don’t have no -one to turn to, I does turn to God. **My friends and I, we have a passion for singing Gospel. That is how I is let it out.** Mummy use to tell us, **everybody have to die for a purpose**, not to be afraid of death.  J.A.: I always say I going to church, but for some reason I doesn’t reach. **They say you mustn’t question God, but I is make myself try to understand how somebody can give a woman 5 little children and then take her away**. **I cyah understand that!** And people in church like bacchanal, so I is just stay home.  **R**: Has this affected your relationship with God?  *J.A*: Kinda. **I does pray, I does cry. I does pray, I does cry.** And like the more I pray, the worse things get**. I feel God too busy**. It have World war going on in some countries. I just here with my ‘lil problem and I try not to make it into a big problem. Is He trying to show me something? I don’t know………  **R**: **Any thoughts here, St.V.?**  *St.V*: **Sometimes I get vex with God, ‘cause I miss my mother the most, and I just stop praying**. My Muslim brother is tell me not to think so.  *N. Ki*: What St.V. said, that is happen to me too. I miss him a lot (her father) and **I** **question Him….**and I question myself as to why it happen now, just so…..  *Car.*: I does say that I do something wrong for this to happen. **Like is my** **fault** (*very tearful*) that my friend die.  **R**: What about you, Cin? (*Cin. shakes her head*).  *Ch.R*: **I believe that everything happens for a reason.** She out of her pain. She not in pain anymore. I think everything happens for a reason.  Che.R: **When I in my grieving moments, I question God**. Why he take my mummy? And then you get the feeling that she is sometimes there. You can’t see her, in sight or in flesh but you get the feeling that she is still there**. I feel her in school, at home, everywhere I go. I don’t feel as if she gone…..**  **R**: Do you believe that people who die, are with you?  *J.A:* Well, my Mom was cremated and we never see the ashes so I feel like some day she will just show up! | **Adult grief (Wass, 2010)**  **Resentment towards surviving parent**  **Inability to cope of male surviving parent**  **Unresolved grief**  **Coping mechanism of teenager - Music**  **Loss of security;**  **Perception of invincibility (Elkind)**  **Loss of dreams (Grollman,1993)**  **Perceived lack of empathy**  **Perceived lack of family support**  **No attachment bond**  **(Bowlby)**  **Avoidance of stressor**  **Repetition here of feelings towards grandmother**  **Family conflict**  **Adolescent turned caregiver**  **Adolescent giving up studies/school dropout**  **Effects of death on this adolescent**  **Repetition of stress**  **(critical ‘shifts’ in this adolescent)**  **Reactions to grief and loss by child**  **The ‘penalization’ of grief behaviours by adults**  **An attempt to rationalize the behaviours of her younger sibling by the adolescent**  **Protective of sibling after the loss by 12 year old**  **(Their reactions prompted the Sibling Interviews..)**  **Adult grief**  **Deductive reasoning skills (Piaget, 1990)**  **Fear of further losses in the family – the grandparents’ death.**  **Avoidance of feelings**  **This would lead to ‘complicated grief’ if not resolved (Worden)**  **Perceived lack of family support**  **The conversation among the peers, stimulates memory and encourages sharing of situations – dynamics here**  **Reactive behaviours to grief and loss**  **Stigma associated with loss of parent – sociocultural issue**  **Unresolved grief**  **The ‘penalization’ of the grief behavior**  **Development of Moral reasoning skills (Piaget, 1990)**  **Lack of understanding by educators and an inability to know what to do**  **Need for Death Education in schools and in Teacher Education**  **Attempting to rationalize the issue**  **Lack of understanding;**  **The ‘penalization’ of the behavior**  **Reactive behaviours**  **The more traumatic the death of the parent, the more reactive the child’s behaviours will be (Cohen and Mannarino, 2004)**  **Grief as Transformative (Carr; Giroux, )**  **Development of empathy; rationalization of issue;**  **Educators who lack understanding of the issue**  **Caribbean society – Mother as the driving force of the home**  **Support of friends – most important at this age (Santrock, 2000)**  **Male socialization? Internalization of feelings**  **Support of friend;**  **Unable to relate one-on-one with friend**  **Importance of skilled counsellor in the bereavement period**  **Examine the attachment bonds of this teenager, that makes her resilient (Stroebe, 2002)**  **Unresolved grief (Field, 2006)**  **Death of a peer is harder for adolescents to accept (Balk, 1996)**  **Recent and traumatic grief**  **Coping mechanism of Music; avoidance of the stressor**  **Male expression of grief Gender socialization**  **Loss of faith**  **Music as a medium for grief release**  **Rationalization; existential belief**  **Loss of faith**  **Loss of faith;**  **Unresolved grief**  **(Stephen’s body language signals to me that he may be ready to engage with the group)**  **The response of the teenager before could have triggered this…….**  **Questioning – existential beliefs**  **Loss of trust**  **Existential beliefs**  **Connections/continuing bonds to the dead as part of coping** |

**APPENDIX 9 – Table 3. Focus Groups and Participants**

STUDY ONE

|  |  |  |  |
| --- | --- | --- | --- |
| **FGD based on AGE/School** | **Participants** | **Females** | **Males** |
| **HFC (14 – 18)**  **Malabar (13 – 20)**  **HCC (15 – 16)**  **Arima ( 14 – 16)**  **St. Augustine ( 13 – 20)** | N = 3  N = 7  N = 3  N = 3  N = 4 | 3  6  0  1  4 | 0  1  3  2  0 |
| Subtotal  STUDY TWO  **Individual Interviews**  **TOTAL no. of adolescents interviewed** | N = 4  N = 24 | **14**  3  17 | **6**  1 (NYC)  7 |
| STUDY THREE  Sibling interview (7 – 12)  Family Interviews  **TOTAL**  **STUDY FOUR**  **Expert Interviews** | N = 5  N = 2  Anthropologist (TT)  Guidance Counsellors  Thanatologist (NYC) | 3  1 (TT)  2 | 2  1 (NYC)  Male  Female  Male |

**Appendix 10 – Table 4 - The Social Constructs of Family, School & Community – examining the ‘power codes’**

|  |  |  |
| --- | --- | --- |
| FAMILY | SCHOOL | Community/CHURCH |
| Penalization of Reactive behaviours.  Power Code – ‘*I will carry you to the Police if you don’t stop de crying’; ‘you want me to cuff you down! Why you looking so?’* | Penalization of Reactive behaviours  Power Code – *‘you will get suspended if you continue your behaviour!’* | Stigma of loss through death  Power Code – *‘dey looking at we as if something wrong with we’* |
| Devaluing the Grief Response  Power Code – ‘*don’t cry’; ‘don’t embarrass me’; ‘people will hear you!’* | Devaluing the Grief Response  Power Code – ‘*postpone crying until after exams’; ‘you have to finish your SBAs first’.* |  |
| Severing of the Attachment Bond  Power Code – *‘I don’t want to see you any more’; ‘don’t come near me’; ‘I don’t want you to hug me or kiss me’*; |  |  |
|  |  |  |

**Appendix 11 – Table 5 - THE RESILIENCE TRAJECTORY**

The following Table represents the questions that were asked of the adolescents in the study, in the follow-up FGDs that were conducted (adapted from Steyn (2012).

|  |  |  |
| --- | --- | --- |
| Resilience Factors | Question | Motivation for Question Formulation |
| AUTONOMY – A SENSEOF CONTROL | Q1 – What meanings do you attach to these experiences of grief and loss? | Resilient adolescents are able to respond positively in the face of challenging odds (Balk, 2014) |
|  | Q2 – How have you/your family been coping with these experiences? | Self–efficacy theory - resilient teenagers are resourceful and flexible (Bandura, 1986) |
|  | Q3 – Is there anything that you remember, about what your (deceased) parent may have said about coping with painful experiences? | When adolescents have observed adults coping in a positive way, they are more likely to choose the same kind of response for themselves (Cobb, 2010) |
|  | Q4 – How strong do you think you are, in certain situations? | Resilient adolescents are able to take charge of themselves and to seek solutions to problems (Eggen & Kauchak, 2013) |
|  | Q5 – Do you think that you are in control of situations in your life at present? | If adolescents feel that they have a sense of power over their environment, it becomes possible for them to be autonomous, to hope and to plan and to set personal goals (Marcia, 1992) |
| SOCIAL COMPETENCE | Q7 – Can you describe in what ways, did your family support you during the bereavement? | Support and affection from adults are cited as crucial factors for buffering the effects of risk and promoting healthy adolescent development |
|  | Q8 – What kind of person are you to your family? To your friends? | Resilient children have a positive self-concept and a feeling of self-worth (Santrock, 2011) |
|  | Q9 – What are the qualities that you possess, that you add to your family? To your friendships? | There are core skills that are needed for effective social relationships – sense of humour; social skills;  relationship building (Cobb, 2010) |
|  | Q10 – Describe the relationship that you have with your family? | Involvement with family members is necessary for self-direction and increasing resiliency |
|  | Q11 – Who supported you the MOST during this time? Is there any one person you can identify who was there for you? What qualities did this person have? | The presence of an adult with whom adolescents can identify and whose characteristics they have modelled and imitated, have improved self-esteem (Eggen & Kauchak, 2013) |
| PROBLEM SOLVING SKILLS | Q12 – Can you describe your ability to solve problems or to cope with difficult situations? | Resilient adolescents are those who have developed productive strategies to cope with their difficulties |
|  | Q13 – Was there any particular person who taught you to deal with issues that may arise from time to time? |  |
| A SENSE OF PURPOSE | Q14 – Describe some of your future goals. |  |
|  | Q15 – What kind of skills do you think is needed to succeed/ face the future? |  |

**Appendix 12 - Summary of adolescents’ responses from the Resilience Questionnaire**

The concept of Resilience throws light therefore on whether or not there are social support structures in place to meet the needs of the child or the adolescent, and if those needs are not met, the alternative systems that are in place to rectify this.

A. The Role of the Family

Among the most important sources of support in adolescents’ lives are their relationships within the family, especially with parents (Hillaker, Brophy-Herb, Villarruel & Haas, 2008). When there are no parents and/or only one surviving parent, what are the factors that will assist the adolescent to continue to thrive and to develop healthy relationships with others?

Were there protective factors that existed BEFORE the death of a parent that were effective enough to have impacted on the adolescent to see him/her through the period of bereavement and beyond? As can be determined from the responses below, there is the need for supportive adult network structures in the form of additional adults such as grandparents, godparents or good neighbours (Jarrett, 1995) who can be called upon to provide care.

Based on the FGDs and the follow-up interviews, these adolescents were able to discuss the impact of the family during their bereavement. Summaries of their responses are given:

**A.Y.:** She was despondent about her interactions with her mother where she feels misunderstood, unappreciated and rejected. She feels that her mother has not been there for her during the bereavement and does not understand her daughter’s need for closer interaction and displays of affection from her.

**Che. R.:** Her sense of humour and good socialization skills have helped her to establish viable relations with others in the community and to learn to cope with the social systems of family and school.

**J. A.:** Her extended family was not supportive and was unpredictable. There was the perception of exploitation and deception and an unstable family structure. She therefore kept both an emotional and physical distance from her grandmother and other family members.

**Ch. R.:** Her aunt was supportive in challenging times (*Aunty is be the voice of reason and try to help, when everything just going out of control*) and motivated her to cope with family circumstances and with work. Her boyfriend’s mother and her peer group were supportive and she forged strong bonds with them. Her relationship with her father was not close, but she sees herself as making efforts to maintain the peace in the home and to establish relationships with her father and her siblings, as her deceased mother would have wanted.

**St. V.:** He believed that the best way to keep the peace in the home, was to be silent about issues. In his mind, everyone betrays your trust after a while and he grew to resent his grandmother and aunts whom he felt had betrayed his deceased mother in their after-care of her family.

**Ar. U.:** Her responses indicate a lack of confidence and a sense of loss across the social contexts in her life. She is not coping well within her family, where she feels misunderstood and rejected by her mother, in favour of her mother’s new boyfriend who provides for them financially. She also feels rejected by other family members who laugh at her moods.

**Jus. T (NYC):** He believes in the concept of ‘family’ as he is the youngest and his siblings and father have supported him throughout the bereavement. He advocates that persons talk to family members as they will always be there for you.

**N. Ki.:** Her deceased father was a strong provider and comfort for the family. After his death, she forged strong bonds with her mother to the dismay of her younger sister who felt excluded from this ‘new’ relationship. As the eldest in her family, she left school and assisted in taking care of her siblings. (*I am very independent. That is definitely one of the qualities that Daddy passed on to me*).

B. The Role of the School

Schools contribute to positive development when they enable adolescents to feel safe and supported…..and to function more effectively (Colarossi, 2001; Ozer & Weinstein, 2004). In fact, the emotional support that adolescents receive from teachers has been found to be importantly related to their achievement (Malecki & Demaray, 2003).

The above definitions stress the involvement of the school/teachers/educators in the academic lives of teenagers. It is within the school environment where the relational and ethical work of understanding each other, teacher/student is of extreme importance. Classrooms must seek to become epistemological centres of learning, knowing and being.

In too few instances however, adolescents believed that they had the emotional support of the school during their bereavement or that teachers cared about their mental health and emotional well-being.

**A.Y.:** This student has few friends at school and states that her friends have betrayed her in their responses to her grief. She is irritated by all those who do not address her emotive behaviours and who fail to recognize that she is grieving. At school, she is strong academically and presents with no behavioural problems but she has verbal fights with her mother on a regular basis. She views the Guidance officer at her school as unsupportive and untrustworthy. She sees herself as a ‘victim’ of her bereaved circumstances.

**J.A.:** She sees the necessity of schooling but has chosen to drop out of school in order to take care of her younger siblings. She notes that her experiences with educators were not supportive to her brother and those negative experiences have indirectly affected the rest of her family who now regard the school system as a failure.

**St. V.:** Generally, he does not feel a sense of belonging in the social context of the school. He has little respect for educators and finds them to be unfriendly and punitive in their approach to children who have suffered a loss. They do not take the time to help teenagers with their problems and he regards the present happenings of his interactions with his Principal as negative. His tone throughout the session was one of pessimism and a sense of helplessness.

**Jus.T (NYC):** He had the support of a guidance Counsellor in his school with whom he was able to speak with for more than a year after his mother died. Support systems were in place both at home and at school for this adolescent.

**N. Ki.:** Her experiences of the school have been more positive. She views educators as supportive and who have made efforts to understand the difficulties that she faced after the loss of her father.

C. The Personal Attributes of the Adolescent - The personal qualities that adolescents possess serve as protective factors that equip them to deal with situations in a better way and engage them to others, enabling them to recruit the support that they need (Cobb, 2010). These factors may include a ‘positive outlook on life, intelligence, competence, a sense of efficacy and religious beliefs’ (p. 423).

**Che. R.:** At only 15 years old, there is a self-awareness and maturity that is evident as she seems to be comfortable with the person that she is becoming. She has begun to use her own resources to better herself financially (her singing talent) as this offers her stability and a sense of control.

**Ch.R**.: Kindness and empathy are demonstrated in her willingness to abandon her leisure time and ‘lime’ instead with her siblings after work, or take them on an outing. She shows initiative and the ability to problem solve. She has patterned her role in the family after that of her deceased mother and is resourceful and intent that her family stays together. Her relationship with her father is ambivalent as she perceives him to be authoritarian and dictatorial in his parenting style.

**St. V.:** He ignores issues and prefers to leave them unresolved. He appears to lack self-efficacy. This participant feels that he has ‘let down’ his father who has died as he was ‘unable to help him’ in his final moments. His present passive attitude may impact negatively on his interactions with his family and school and reinforce his feelings of helplessness. He has a sense of humour which was shown towards the end of the interview.

**Ar. U.:** This participant has a lot of pain as a result of past incidents in the home, in addition to the loss of her father where she is experiencing disenfranchised grief.

**Jus. T (NYC):** This teenager has already selected his college for further study and has chosen his career. According to Marcia (2002) his identity has been achieved and he is on the path for future academic success. He comes from a stable family economically and his support networks are strong.

**N. Ki.:** At 19 years old, she is philosophical about life and about her problems, and sees them as manageable. She exudes self-confidence in her own capabilities and helps others in their distress. She demonstrates strength, confidence and commitment to self and to others.

The Summaries presented above were examined against the 3 social constructs which have large bearing on the cognitive and socioemotional development of the adolescent. Based on these summaries, I was able to identify the Risk factors and the Protective factors of several of the teenagers.